Health, Housing & Human Services
CLACKAMAS COUNTY

# SOCIAL SERVICES DIVISION

## OLDER AMERICANS ACT AREA PLAN

## 2017-2020

**Clackamas County Social Services**

**2017-2020 AREA PLAN**

**TABLE OF CONTENTS**


**Section A** **Area Agency Planning and Priorities**

| | | |
|---|---|---|
| A-1 | Introduction | **1** |
| A-2 | Mission, Vision, Values | **5** |
| A-3 | Planning and Review Process | **6** |
| A-4 | Prioritization of Discretionary Funding | **9** |

**Section B** **Planning and Service Area Profile**

| | | |
|---|---|---|
| B-1 | Population Profile | **11** |
| B-2 | Target Populations | **20** |
| B-3 | AAA Services and Administration | **22** |
| B-4 | Non-AAA Services, Service Gaps and Partnerships to Ensure Availability of Services Not Provided by the AAA | **28** |

**Section C** **Focus Areas, Goals and Objectives**

| | | |
|---|---|---|
| C-1 | Local Focus Areas, Older Americans Act (OAA) and Statewide Issue Areas: | **30** |

1. Information and Assistance Services and Aging & Disability Resource Connection
2. Nutrition Services
3. Health Promotion
4. Family Caregivers
5. Elder Rights and Legal Assistance
6. Older Native Americans

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

D-1 Administration of Oregon Project Independence (OPI)
D-2 Services provided to OAA and/or OPI consumers

**Section E** **Area Plan Budget**

**Appendices**

A Organization Chart
B Advisory Councils and Governing Body
C Public Process
D Final Update on Accomplishments from 2013-2016 Area Plan
E Emergency Preparedness Plan
F List of Designated Focal Points
G OPI Policies and Procedures
H Partner Memorandums of Understanding
I Statement of Assurances and Verification of Intent

**A – 1 Introduction:**

Clackamas County Social Services is a division within the larger Clackamas County Health, Housing and Human Services Department that includes Behavioral Health, Public Health, Health Centers, Community Development, the Housing Authority, Community Solutions (workforce programs) and Children Youth and Families.

Clackamas County Social Services (CCSS) was created through the merger of the Area Agency on Aging and the 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 programs to provide opportunities and services for the elderly, people with disabilities, low-income persons, rural residents, and communities of color in Clackamas County. In addition to being an AAA and a Community Action Agency, CCSS includes the County Developmental Disability Program, the County Veterans Service Office, and the Volunteer Connection.

The goal of the Area Agency on Aging 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 through direct programming, contracting with other organizations, engaging in regional collaboration, and planning efforts. The primary planning document that is used by the AAA to guide its 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, and includes demographic information, 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 area of focused attention for the agency and the Aging Services Advisory Council is the creation of Age Friendly Communities.

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

Purpose of the ASAC is to:

- Serve as an advisory body to the Director of the Clackamas County Area Agency on Aging
- Advise the Clackamas County Area Agency on Aging on all matters relating to the development and administration of the Clackamas County Area Plan and 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 Area Agency on Aging 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 diverse county, covering 1,879 square miles with 17 incorporated cities and towns, as well numerous unincorporated communities. The more urbanized northern section of the county contrasts sharply with the rural and frontier nature of the southern and eastern portions of the county. In order to serve older adults residing in all areas of the county, Clackamas County Social Services (CCSS) utilizes a single entry approach, working with a comprehensive network of ten Senior, Adult or Community Centers, to ensure that every older adult in Clackamas County has easy access to information and services. (Please note, for ease of reading each Center will be referred to as a Senior Center even if its actual title is Adult Center or Community Center). In 2010, Clackamas County launched the Clackamas Resource Connection, an Aging and Disability Resource Center (ADRC), to provide additional services for all residents of Clackamas County. 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, the service delivery system in Clackamas County includes a number of organizations including ten Senior Centers, Senior Citizens Council, Clackamas County Behavioral Health, four branch offices of DHS/APD (State Department of Human Services/Aging and Persons with Disabilities), 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 ten 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

The Hoodland Senior Center does not have the capacity to fulfill the Focal Point criteria so is considered an Access Point.

Clackamas County Social Services Programs operating under the auspices of the Area Agency on Aging

- Clackamas Aging and Disability Resource Connection – connecting older adults, persons with disabilities, their families and caregivers, with information about needed services and supports

- Oregon Project Independence (OPI) - a state funded program for those not financially eligible for Medicaid and who need assistance to remain living independently in their homes

- Options Counseling – supporting individuals, families and support networks in developing informed long-term care plans.

- Care Transitions – reducing the number of preventable hospital readmissions by providing evidenced-based transitions for persons being discharged from hospitals

Volunteer Connection Programs

- Family Caregiver Support (FCSP) – helping unpaid family caregivers with information, support and respite

- Transportation Reaching People (TRP) – providing transportation to older adults and persons with disabilities to medical, shopping, work, and other vital appointments

- Retired Senior Volunteer Program (RSVP) – helping older adults stay active and engaged in their communities through volunteer services

- Senior Companion Program (SCP) – providing stipends to low-income older adults so they can stay independent while providing companionship and support to other older adults

- Senior Health Insurance Benefits Assistance (SHIBA) – helping Medicare beneficiaries understand their health insurance benefits

- Money Management – assisting 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 14/15, 15 percent of all individuals served in the program were over the age of 60, and 19 percent of program participants had a disability.

- Housing Programs – Seven programs that 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 regarding fair housing and landlord tenant issues as well as general and low-income housing resources.

Regional Programs

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

initiative is to increase access to care and services through more effective multi-system collaboration and coordination through a well trained workforce with competencies in older adult behavioral health.

- Older Adult Behavioral Health Interventions - In mid-2015, Clackamas County Social Services, in partnership with our regional Aging and Disability Resource Connection (ADRC) established capacity to provide older adult behavioral health services throughout the region. Evidence-based services provided to older adults include PEARLS (Program to Encourage Active Rewarding Lives for Seniors), and an outreach program specifically for older adults and persons with disabilities.

- Dementia Capable Training – Providing person-centered training for ADRC staff and partner agencies who work with individuals experiencing dementia, their family members and caregivers

Senior Programs Operating in Clackamas County Not Provided by CCSS

- DHS/APD – providing Medicaid Long Term Care services and Adult Protective Services

- Senior Citizens Council – providing guardianship and guardianship diversion services, and case management

- Legal Aid Services of Oregon – providing legal services to low-income seniors

- Senior Community Service Employment Program – assisting low-income people over the age of 55 with skill training and job search activities

Services to Younger Persons with Disabilities

Several of the 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.

**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 Transportation Consortium convenes all Clackamas County providers of special needs transportation three times a year to coordinate services, share best practices, and meet with representatives from Ride Connection. CCSS prepares annual Special Transportation Fund (STF) funding requests for Consortium members. In the funding cycle covering the year 2014 to 2016, grant awards totaled $901,509. For the 2016-2018 period, the amount increased to $940,392. CCSS also participates in regional Special Needs Transportation coordination by participating in the RTCC (Regional Transportation Coordinating Council) and staff, as well as ASAC members, sit on the Special Transportation Fund Advisory Committee (STFAC).

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 office. The APD District Manager regularly attends ASAC meetings. Staff new to the APD office 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 the two Coordinated Care Organizations that operate in the region (Health Share and Family Care), 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 Coordinated Care Organizations.

The Metro ADRC Operations Committee is staffed by CCSS staff, and meets every other month to provide direction and support for the Metro ADRC. The group recently completed a comprehensive Strategic Plan which will assist in guiding and prioritizing regional ADRC activities over the next three years. In months when the Operations Committee does not meet, directors from the Area Agencies on Aging, Independent Living Resources, and the APD district managers meet to discuss issues of regional importance.

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 Social Services Division seeks to provide 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 and paid staff; contract agencies and other organizations; 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 relates to legitimate confidential matters).
The Mission Statement was approved by the Clackamas County Board of Commissioners more than 25 years ago. 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, painted by a former staff member, with the words "Everyone will be treated with dignity and respect" in three languages; English, Spanish and Russian.

More recently, the agency has 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:**
Clackamas County Social Services (CCSS) conducted a needs assessment for older adults and persons with disabilities from the fall of 2014 through winter 2016. In partnership with other social service agencies, advisory committees, and adult community centers, CCSS documented individual needs and identified ways to make communities more age-friendly.

Components of the needs assessment include:

- Focus groups with older adults who utilize Senior Center services, both in rural and urban settings
- Older adults with low-incomes
- Surveys documenting the experiences of older adults and persons with disabilities, caregivers, and social service staff (offered in Spanish and English)
- Surveys and focus groups to understand the transportation challenges of older adults
- Surveys to learn about how older adults use technology
- Focus groups with organizations addressing food security
- A review of annual agency program reports
- US Census data
- Oregon Department of Human Services data
- 2015 Clackamas County Poverty Report
- 2015 Food Security Roundtable
- 211 Info data
- Feeding America data
- Oregon Food Bank data
- 2015 Point in Time Homeless Count
- Targeted outreach to organizations serving gay, lesbian, bisexual and transgender older adults
- ADRC call data

**Scope of Need**

The community assessment found common challenges for older adults and persons with disabilities in both urban and rural communities in the areas of transportation, housing, warmth, social inclusion and food security. Poverty is an underlying cause of housing and food insecurity, and under-funded public transportation programs are creating challenges for many to access the services and supports they need 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 participants reported relying on friends or family, or Senior Center shuttles for transportation. However, many said there were places they wanted to go but simply couldn't for lack of public transportation.

For those respondents who still drive, many said that in addition to friends or family, they would depend on public transportation when they can no longer drive. However, almost half said there is not adequate public transportation and another 8 percent said they didn't know if there was adequate public transportation. Almost 30 percent said there is not adequate special needs transportation and an additional 20 percent said they do not know whether there is or not adequate special needs transportation. These figures show that while people expect they will depend on public transportation at some point, they don't believe the resources will be there to help them when they need it.

Housing Affordability

Affordable housing is a serious concern for many survey and focus group respondents. The 2015 *County Report on Poverty* found that 6.2 percent of older adults are living in poverty. The report adds that disproportionately higher healthcare costs may exacerbate challenges that lower income older adults and persons with disabilities have in meeting their basic needs.

Clackamas County has the third highest property taxes in the state, and rental prices have been steadily rising. Adding to this is an increase in no-cause evictions associated with properties being sold or rented at a higher cost. Of the survey respondents, more than 30 percent said they disagreed or strongly disagreed that their rent or mortgage was affordable and would remain so. The issues raised in the survey are echoed by callers to 211info. Among callers in 2015, almost 20 percent were over age 50. The vast majority of callers live at or below the poverty line, and more than 2,000 housing assistance calls were made to 211info during the first three quarters of 2015. Housing affordability is especially challenging for people of color. The 2013 US Census data shows that African Americans comprise about 1 percent of the county's population, yet 22.4 percent are living in poverty. American Indians/Alaska Natives comprise 1.1 percent of the county's population but approximately 25 percent are living in poverty. Among the people surveyed in the 2015 Homeless Count, two percent were over age 65.

Warmth

Energy costs can fluctuate throughout the year, which is especially burdensome for people on fixed incomes such as older adults and persons with disabilities. The county's energy assistance program receives over 17,000 calls annually from people who cannot afford to pay their heating bills. The program offers assistance with paying bills as well as home weatherization and works on a priority basis, serving older adults, persons with disabilities, families with children six and under first, and then all others. During fiscal year 2014/15, 3,936 individuals over the age of 60 or persons with a disability received assistance paying their home energy bills.

Social Inclusion

A 2015 Clackamas County survey of older adults found that older adults with lower incomes are unable to afford computers or smart phones, and of those who do have them, there is great interest in technology training. The lack of digital access can contribute to isolation for those who are home bound or prevented from accessing social and cultural opportunities due to lack of transportation. This may be especially challenging for communities of color seeking to connect with people who have shared experiences. For example, a rural focus group participant lamented the lack of easy access to regional gatherings of SAGE, a peer support organization dedicated to gay and lesbian older adults.

Among survey respondents, about 12 percent said they feel isolated in their home, and about 17 percent said they do not feel actively engaged in their community. A majority said that they do not know if home visitors are available for homebound people, but about an equal number feel this is an important service to have.

Food Security

Like energy and rental costs, food prices can present a disproportionately high cost for low-income people. Many older adults rely on home delivered meals, as well as congregate meals, of which 237,932 were served in fiscal year 2014/2015. The Oregon Department of Human Services data shows that in 2014, only 8.4 percent of the total older adult population living below the poverty line in Clackamas County received help from the Supplemental Nutrition Assistance Program.

Persons with disabilities are also at risk of food insecurity and are more likely to suffer from chronic conditions that are made worse by poor nutrition. The US Census Bureau reports that 11.52 percent of Clackamas County residents, 43,647 people, have a disability. 34 percent 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.

Review Process

The Aging Services Advisory Council provided feedback throughout the development of the Area Plan and the Needs Assessment. The Board of County Commissioners will be responsible for adopting the Area Plan in the fall of 2016.

Efforts to ensure that the needs of Latino community members are reflected in the Plan included offering the survey in Spanish and reaching out to Latino service organizations. The response rate for the survey among this population was small (about 3 percent). Additional population data from a recent health department survey that engaged larger numbers of Latino community members will be reviewed when it becomes available. Survey respondents included about 13 percent people of color. Additional outreach was made toward the LGBTQ community, including a focus group. Again, response was small but valuable information was shared.

The focus groups, and emphasis on working with Senior Center staff to implement the surveys, helped 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.

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 in the community of their choice with safety and dignity. 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. For example, a decrease in state funding for Options Counseling resulted in a need to support that program with OAA funds in FY 15/16, where in FY 14/15, state funds covered the entire cost of the 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. Funds have also been allocated for forensic accountant services to aid in the prosecution of those who financially take advantage of vulnerable residents.

Community Services Block Grant

The Community Services Block Grant (CSBG) is one of the core funding sources for Community Action Agencies. CSBG 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 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. In FY 16/17 the agency will work with advisory council members and other stakeholders to determine how fund balance will be used in the future.

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.

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

**Waitlists**

Currently CCSS operates one AAA program that maintains waiting lists; 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 June of 2016, there were 279 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 2017-2020 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. Oregon is facing a billion dollar budget shortfall for the 2017/19 biennium. If new funds are not secured, it is likely that programs receiving state general funds will see reductions in funding. One of the issues that is causing the anticipated state budget deficit is the Public Employees Retirement System (PERS) issue. As a public entity, Clackamas County will also see its PERS costs rise. The County has a contingency plan to cover some of these increases, but the ultimate costs to programs is not yet known. An additional challenge to maintaining the current level of programing is the agency's historic reliance on fund balance and the fact that this is a diminishing resource.

In the face of these challenges, the agency will continue its ongoing efforts to secure new funding. At the same time, in FY 16/17, the agency will embark on a comprehensive analysis of the impact of each of its program so that, if program reductions are necessary, they will be done in a way that will minimized 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

Demographic Information

Since the last Area Plan, Clackamas County's overall population has grown, and there has been a significant increase in the number of older adults residing in the County. According to US Census Bureau estimates, Clackamas County's population of seniors ages 62 and older has grown since the last Area Plan, from 60,400 (16.3 percent) to 73,452 (19.1 percent.)

As a whole, Clackamas County residents are mainly white (89.6 percent) and thirty-one percent of all county residents reside in rural areas. For those 60 and older, only 5.4 percent identify as non-white or multiple races. According to the 2010 Census, the over 60 population in the rural parts of Clackamas County is 28,036, or 36 percent of the 60+ population.

Since the last Area Plan the percentage of Hispanic and Latino residents aged 60 and older has increased from 1.7 percent to 2.2 percent. The overall Hispanic population has also increased, from 7.3 percent to 8 percent.

The overall number of people living below the poverty line is slightly higher in 2016 than it was in the 2010 census, as is the number of people aged 60 and older living in poverty, which has increased from 4,139 to 5,603. This means that 6.6 percent of the people 60 and older in Clackamas County live below the poverty level.

The number of people with a disability has declined since the last Area Plan in all age groups except for those aged 65 and older, which increased from 18, 717 to 19,692.

Transportation

More than 8,000 households in the county do not have a motor vehicle 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. Seniors living in rural areas are isolated if they do not drive, however, focus group participants in urban areas also reported feeling isolated because of little or no public transportation options. Among survey respondents, nearly 50 percent disagree or strongly disagree that there is adequate public transportation in their community.

Older Adults in the Workforce

The percentage of people aged 65 and older in the workforce has remained steady since the last Area Plan, at about 38 percent.

Health

The county has slightly more favorable or comparable health outcomes with neighboring counties in several key areas such as types of cancers, heart disease deaths and adults engaging in physical activities, according to the *2013 Health Status Assessment.* The report does, however, point to areas of concern, some of which are associated with low-income, under-served populations. For example, Clackamas County adults report eating fewer fruits and vegetables, and have higher rates of smoking and obesity than in neighboring counties. Poverty is strongly correlated with poor nutrition and food insecurity. Both of these are risk factors for diminished emotional health, and greater risk for chronic disease. A particular challenge is the lack of comprehensive affordable dental care. While Medicare may help seniors get occasional cleanings, more complicated dental care must be paid for out-of-pocket.

Housing

Older adults and adults with disabilities face many challenges finding affordable housing throughout Clackamas County. Of the more than 1000 people who called the Clackamas County Coordinated Housing Access program in 2015, more than 600 either had a disabling condition or a member of their household did. This program helps individuals and families experiencing a housing crisis find a place to live. However, for each of the 15 housing providers operating in the County, an average of 76 people are on a waiting list. For some programs the waiting list is as high as 162.

Similarly, 211Info reports that, of the 2,245 calls received in 2015 from Clackamas County residents seeking housing assistance, nearly 20 percent of callers were over 50 years old.

The Aging and Disability Resource Connection assists community members with a variety of social service concerns. Between November 2014 and October 2015, 17 percent of the callers with housing needs such as finding a homeless shelter, rent assistance, or home repairs, were over age 70.

Food Insecurity

It is difficult to obtain data showing the food insecurity for seniors and people with disabilities, but there is ample research indicating food insecurity is greatest among those with lower incomes and less access to grocery stores. The rural nature of much of Clackamas County, combined with a less than adequate public transportation system, means that many older adults and adults with disabilities struggle to get enough nutritious food. From poverty data and demographics of participants in the Supplemental Nutrition Assistance Program (SNAP), food insecurity rates can be inferred. In 2014, only 8.4 percent of the senior population living below the poverty line in Clackamas County received SNAP, according to the Oregon Department of Health and Human Services. The Food Research & Action Center reports that, nationally, half of food insecure households that include adults with disabilities experience "very low food security," compared to one-third of all food insecure households.

Survey Results and Information from Focus Groups

A survey was administered, and focus groups conducted in order to obtain information about the current state of older adults and adults with disabilities in Clackamas County. 171 people responded to the survey, 19 people participated in focus groups held in senior centers around the county. Certain concerns were expressed by nearly all participants, including the rising cost of housing, lack of dental care, and inadequate public transportation which leads to isolation, difficulty running basic errands, and challenges getting to medical appointments.

Survey respondents who indicated the highest level of need are those who have a disability, are living below the poverty line, and live in rural areas. Areas where they indicated the greatest need include walkable communities, adequate public transportation, and feeling engaged in their community.

Of the 171 respondents, many expressed a lack of awareness about social services, pointing to areas where additional outreach is needed. The number of people who answered "I do not know" is shown in parentheses next to the related statement.

- Home visitors are available for those who cannot leave their home (72)
- There is a driver network to assist people who cannot drive themselves (56)

- Assistance is available for home repairs and maintenance (54)
- There is adequate Special Needs Transportation (37)

*Minority Populations*
Fourteen individuals who identified as non-white completed the survey that was administered as part of the development of the Area Plan. While there were many areas of overlapping responses between people of color and white respondents, there were some critical differences.

Non-white respondents were more likely to **disagree, strongly disagree, or mark "do not know**" in response to the following the statements:

- *My rent/mortgage is affordable now and in the foreseeable future (nearly twice as likely)*
- *Long-term care options are available in my community (twenty percent more likely)*
- R*espect, kindness, and courtesy are shown to older adults and people with disabilities (more than twice as likely)*
- I always know who to call in an emergency *(thirty-three percent more likely)*
- I have an emergency plan *(almost 10 percent more likely)*

And, 40 percent seldom or never participate in physical activities to improve strength and balance, as compared with 27.9 percent of white respondents.

*Caregivers*
Those caring for an older adult or a person with a disability have certain areas of concern that aren't reflected as strongly among non-caregivers.

*Caregiver respondents were* more likely to **disagree, strongly disagree, or mark "do not know"** in response to the following the statements:

- My community is walkable *(about 20 percent more likely)*
- Public buildings are accessible to people with different abilities *(around 10 percent more likely)*
- There is adequate public transportation (*almost 20 percent more likely)*
- There is adequate special needs transportation *(about 14 percent more likely)*
- There is a driver network who will provide rides for people who cannot drive themselves *(about twice as likely)*
- My rent/mortgage is affordable now and in the foreseeable future *(just over 14 percent more likely)*
- There are long-term care options available in my community *(almost 12 percent more likely, however, a higher percentage of non-caregivers marked "I don't know")*
- Respect, kindness, and courtesy are shown by the community towards older adults and people with disabilities *(about nine percent more likely)*
- Home visitors are available for those who do not or cannot leave their homes *(more than twice as likely, although 50 percent of non-caregivers said they do not know)*
- I can access healthcare professionals *(nearly 10 percent more likely )*
- I can access mental health professionals *(close to six percent, although a significantly higher percentage of non-caregivers marked "I don't know")*

And, 28 percent said they seldom get the help they need for caregiving.

*LGBTQ Community*

A focus group attended by a small number of LGBTQ seniors living in Clackamas County elicited the following insights.

The primary concerns for older LGBTQ community members were expressed by two members of SAGE, a regional advocacy and community-building group for LGBTQ people ages 60+. Participants shared many of the same concerns heard by other seniors in the county. These include the rising cost of housing which is forcing seniors to move, limited public transportation which leads to isolation, and a need for help with housekeeping. Concerns specific to the LGBTQ population include a lack of gay-friendly housing. Many LGBTQ seniors may feel they have to keep their sexual orientation secret in order to get along in senior housing and in smaller communities in the county. It was noted that some members of this population move to Multnomah County which is perceived to be more welcoming. Suggestions for improving conditions include:

- Political leaders openly welcoming LGBTQ community members so they feel safe
- Specific welcoming outreach by housing and medical facilities, and a higher profile at community events
- More support groups throughout the county, including Behavioral Health support groups
- A county-sponsored group that meets regularly to address issues important to this population
- LGBTQ-friendly doctors; this is especially needed for transgender people.

*Hispanic Community*

Several attempts were made to pull together a focus group of Hispanic elders but were not successful, even though Department has a full time Minority Outreach worker. The lack of success indicates a need for the agency to make more efforts to connect with the Hispanic community. A very comprehensive study done on Hispanic elders for the 2013 Area Plan showed that this community tends to rely heavily on family members for support.

*Rural Residents*

Overall rural residents gave a wide range of responses, but those in a Small Rural Town (population under 25,000) expressed the greatest number of concerns. Fifty percent earn $21,999 or less annually, whereas a majority of those in rural cities or remote rural agricultural or woodlands earn at least $41,000

A majority of Small Town Rural respondents were more likely to **disagree, strongly disagree, or mark "do not know"** in response to the following the statements:

- My community is walkable
- Street signage is adequate and easy to see
- Home maintenance help is available
- There is adequate public transportation

And. a near even split agree or disagree with the following statements:

- My rent/mortgage is affordable and will stay so in the future
- I can access information of interest
- I can access mental health professionals

The areas of highest concern among all rural residents differed in certain areas as compared with urban and suburban respondents.

*Rural respondents were* more likely **disagree or strongly disagree** with the following statements:

- My community is walkable *(more than 15 percent more likely)*
- Street signage is adequate and easy to see *(almost 17 percent more likely)*
- There are long-term care options available in my community *(slightly more likely)*

This demographic was also about twice as likely to say they seldom or never know who to call when help is needed. And among those caring for a friend or relative, almost twice as many said they seldom or never get the support they need

The few differences between the responses of those 71 and older and those younger are shown below.

*Respondents who are 71 or older were:*

- almost eight percent more likely agree or strongly agree that they feel isolated in their home
- nearly five percent more said they seldom or never walk around their neighborhood
- almost five percent more seldom or never engage in physical activities or exercises to improve strength and balance
- about 10 percent more earn $21,999 or less annually

An open ended question asked, "If you could no longer drive, how would you get around?" Across all categories, the top three responses were the same:

- Friends/Family
- Public Transportation
- Senior Center Shuttle

Other responses included, "I would have to move" and "I would be stuck at home." It is clear that residents are counting on public transportation of some kind to help them stay at home and meet their normal daily needs. However, the survey shows that many don't think the current transportation system is adequate.

The other open ended question was, "*Please add any additional comments or insights that you would like to tell us."* Answers ranged from a request for better survey outreach to people with disabilities, to a call for more social service assistance in mobile home parks. The complete responses are available as an appendix.

<u>In Summary</u>

The analysis of demographic trends, survey results, focus group input and a review of a variety of reports and studies support the strategies that have been used by Clackamas County Social Services in the past; namely, focusing on low income rural residents though a strong Information and Referral presence and a vibrant network of Senior Centers . The results also support the focus that the agency has on meeting transportation needs, and the emerging focus on affordable, accessible housing. The lack of minority participation in the survey and focus groups highlights the need to continue to work on increasing access to the services provided by the agency and its contractors.

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

| Report Year | Total Population |
|---|---|
| 2013 | 370,479 |
| 2016 | 384,697 |

**Senior Population by Age in Clackamas County** (Source: U.S. Census American Community Survey, 2006-2010 and 2010-2014)

| Report Year | *Population (Total all ages) | Ages 60 to 64 | Ages 65 to 74 | Ages 75 to 84 | Ages 85 years and over |
|---|---|---|---|---|---|
| 2013 Area Plan | 370,479 | 22,177(6%) | 25,358 (6.8%) | 15,312 (4.1%) | 7,310 (2%) |
| 2016 Area Plan | 384,697 | 27,473 (7.1%) | 33,516 (8.7%) | 16,193 (4.2%) | 7,725 (2%) |

**Population (all ages) by Race Alone**

The number of those identifying as Black or African American, Asian or some other race increased, the number of those who identify as white decreased slightly**.** (Source: U.S. Census American Community Survey, 2006-2010 and 2010-2014)

| Report Year | Black or African American | American Indian or Alaska Native | Asian | Native Hawaiian or other Pacific Islander | White | Some Other Race | Two or More Races |
|---|---|---|---|---|---|---|---|
| 2013 Area Plan | 0.7% | 0.6% | 3.4% | 0.3% | 89.6% | 1.8% | 3.5% |
| 2016 Area Plan | 1.0% | 0.6% | 4.1% | 0.3% | 88.6% | 2.4% | 3.1% |

**Population Age 60+ by Race Alone, Percent** (Source: U.S. Census American Community Survey, 2006-2010 and 2010-2014) *Note: The 2013 Area Plan used Census, which showed race data that was broken differently than more recent data, for example "white alone or in combination" is no longer presented as such. For comparison's sake, the 2016 Area Plan uses only 60+ by one race.*

| Report Year | White | Black or African American | Native American / Alaska Native | Asian | Native Hawaiian / Pacific Islander | Some Other Race | Multiple Race |
|---|---|---|---|---|---|---|---|
| 2013 Area Plan | 95.1% | 0.5% | 0.4% | 2.4% | 0.1% | 0.4% | 1.0% |
| 2016 Area Plan | 94.6% | 0.5% | 0.6% | 2.9% | 0.0% | 0.5% | 0.9% |

**Population Age 60+ by Ethnicity Alone, Percent** (Source: U.S. Census American Community Survey, 2006-2010 and 2010-2014, Portland State University Population Research Center) Hispanics may be of any race, so also are included in applicable race categories

| Report Year | 60+ White Alone, Not Hispanic or Latino | Percent Hispanic / Latino (60+) |
|---|---|---|
| 2013 Area Plan | 93.9% | 1.7% |
| 2016 Area Plan | 93.0% | 2.2% |

**Population Aged 60+ in the Workforce** (Source: U.S. Census American Community Survey, 2006-2010 and 2010-2014)

| Report Year | Aged 60 and Older |
|---|---|
| 2013 Area Plan | 28.7% |
| 2016 Area Plan | 30.4% |

**Population with Any Disability by Age Group** (Source: U.S. Census American Community Survey, 2010-2014)

| Report Year | Under Age 18 | Age 18 - 64 | Age 65 + |
|---|---|---|---|
| 2013 Area Plan | 5,200 | 23,249 | 18,717 |
| 2016 Area Plan | 3,874 | 22,211 | 19,692 |

**Over 60 population in the rural parts of Clackamas County** (Source: US Census Bureau, 2010)

| Report Year | Age 60+ |
|---|---|
| 2013 Area Plan | 28,036 (36%) |
| 2016 Area Plan | Current data not available |

**Estimated Percent of People Who Speak a Language other than English at Home** (Source: U.S. Census American Community Survey, 2006-2010 and 2010-2014)

| Report Year | Non-English Speakers over 5 years of age | Age 65 and Older Spanish or Sp. Creole | Age 65 and Older Indo-European languages | Age 65 and Older Asian or Pacific Island languages | Age 65 and Older Other Languages |
|---|---|---|---|---|---|
| 2013 Area Plan | 11.2% | 724 | 1275 | 879 | 152 |
| 2016 Area Plan | 11.9% | 915 | 1388 | 1,063 | 182 |

**Population Below 100% Federal Poverty Level – Total and 60 and Older** (Source: U.S. Census American Community Survey, 2006-2010 and 2010-2014, percentage of Population for whom poverty status is determined)

| Report Year | Percent Population **(all ages)** in Poverty | Percent Population **60 and olde**r in Poverty |
|---|---|---|
| 2013 Area Plan | 33,187 (9.0%) | 4,139 (5.9%) |
| 2016 Area Plan | 37,031 (9.7%) | 5,603 (6.6%) |

**Food Insecurity Rate** (Source: Community Commons)

| Report Area | Total Population | Food Insecure Population, Total | Food Insecurity Rate |
|---|---|---|---|
| Clackamas County, OR | 384,697 | 47,990 | 12.47% |

**Households with No Motor Vehicles** (Source: Community Commons, US Census Bureau American Community Survey 2010-2014 estimate)

| Report Area | Households with No Motor Vehicle | Percentage of Households with No Motor Vehicle |
|---|---|---|
| Clackamas County, OR | 8,106 | 5.49% |

**Self-Sufficiency Income.** The Self-Sufficiency Standard was developed at the University of Washington to address the shortcomings of Federal Poverty Level and Average Median Income by establishing incomes based on the cost of basic services and needs in a given area. Self-sufficiency Income takes into account:

- Housing costs
- Child Care costs
- Food
- Transportation
- Health Care
- Taxes and Tax credits
- Age ranges of children

**Self Sufficiency for Clackamas County 2014**

| Monthly Costs | Adult | Adult + Preschooler | Adult + Infant Preschooler | Adult + Preschooler School-age | Adult + School Age Teenager | Adult + Infant Preschooler School-age Infant | 2 Adults + Infant Preschooler | 2 Adults + Preschooler School-age |
|---|---|---|---|---|---|---|---|---|
| Housing | $807 | $961 | $961 | $961 | $961 | $1,417 | $961 | $961 |
| Child Care | $0 | $880 | $1,977 | $1,377 | $498 | $2,474 | $1,977 | $1,377 |
| Food | $257 | $389 | $510 | $585 | $678 | $689 | $732 | $803 |
| Transportation | $279 | $287 | $287 | $287 | $287 | $287 | $547 | $547 |
| Health Care | $125 | $383 | $395 | $401 | $430 | $414 | $451 | $457 |
| Miscellaneous | $147 | $290 | $413 | $361 | $285 | $528 | $467 | $415 |
| Taxes | $425 | $878 | $1,343 | $1,087 | $614 | $1,951 | $1,422 | $1,163 |
| OR Working Family Child Care Credit (-) | $0 | $0 | $0 | $0 | ($179) | $0 | $0 | $0 |
| Earned Income Tax Credit (-) | $0 | $0 | $0 | $0 | ($85) | $0 | $0 | $0 |
| Child Care Tax Credit (-) | $0 | ($50) | ($100) | ($100) | ($55) | ($100) | ($100) | ($100) |
| Child Tax Credit (-) | $0 | ($83) | ($167) | ($167) | ($167) | ($250) | ($167) | ($167) |
| Self Sufficiency Income | | | | | | | | |
| Hourly | $11.59 | $22.35 | $31.93 | $27.23 | $18.56 | $42.10 | $17.87 (per adult) | $14.51 (per adult) |
| Monthly | $2,039 | $3,934 | $5,620 | $4,793 | $3,267 | $7,410 | $6,290 | $5,458 |
| Annual | $24,469 | $47,211 | $67,442 | $57,515 | $39,208 | $88,924 | $75,485 | $65,490 |

Between 2008 and 2014 (the most recent data available) the salary needed to be self-sufficient in Clackamas County increased by 16 percent The Federal Poverty Level (FPL) was established in 1964 as a way to measure if a family's income was adequate to cover basic needs. FPL assumes that a family of three will spend one third of its income on food. This is no longer correct, but the formula has not been revised.

The FPL does not take into account costs of living such as housing, transportation, taxes, or medical care. The FPL is not adjusted for differences in cost of living by area of the country.

**2015 Federal Poverty Level**

| Persons in Family/Household | Poverty Guideline |
|---|---|
| 1 | $11,770 |
| 2 | $15,930 |
| 3 | $20,090 |
| 4 | $24,250 |
| 5 | $28,410 |
| 6 | $32,570 |
| 7 | $36,730 |
| 8 | $40,890 |

**B – 2 Target Population:**

In Clackamas County, regular outreach about available services, coupled with the provision of high quality Information and Referral services, helps to ensure that all interested seniors, persons with disabilities, and their caregiving networks are aware of available services. A network of ten senior centers provide services throughout the PSA including residents living in rural areas. The Metro Aging and Disability Resource Connection (ADRC) coordinates ADRC activities throughout the Portland Metro region, including Clackamas County. Calls from Clackamas County residents average 142 per month. In addition, ADRC staff regularly attend health and information fairs where information on services to seniors is made available. Examples include Senior Market Days at local Farmers Markets, Gay and Gray Expo, Portland Pride, the Clackamas County Latino Festival, and Clackamas County Compassion Events. ADRC staff also host a bi-monthly Information and Referral networking meeting, where community members and partners can learn about programs and services available in the community. Data from RTZ, the call tracking software used by ADRCs in Oregon, indicate that 47 percent of all callers identified as being over the age of 60, 7 percent identified as being Hispanic or Latino, 6 percent identified as being a race other than white, and 15 percent identified as being a veteran or spouse of a veteran.

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.

Nearly 4,000 senior and disabled households were served by the Clackamas County Energy Assistance Program in 14/15. In 2015, Social Services homeless housing programs housed 51 adults with disabilities, which equals 39 percent of all adults housed. During 2015, 31(5 percent) of homeless callers assessed through the Coordinated Housing Access system were 62 or older, and 330 or 51 percent of adults reported having a disabling condition. Ongoing training on current issues in aging and disability is provided to ADRC staff. Topics include Options Counseling, Assertive Engagement, Trauma Informed Stewardship, Medicaid, Dementia-Capable Training, and abuse prevention. All ADRC Information and Referral staff are AIRS certified. CCSS is committed to service equity. One ongoing activity is active, regular participation in the Health, Housing and Human Services (H3S) Department's Welcoming Environments Committee. This committee includes representatives from all Divisions within the Department: Social Services, Behavioral Health, Health Centers, Public Health, Children, Youth and Families, Housing Authority, Community Development and Community Solutions (employment and training). The H3S Welcoming environments initiative ensures that H3S public spaces and work areas are welcoming to the public we serve as well as to fellow staff. Recent initiatives include:

- A full assessment of each division using a number of domains, resulting in substantial environmental and procedural improvements
- Initiating a Department-wide client feedback process, which includes data on race and ethnicity that will be analyzed to check for disparities. If disparities are discovered, multiple strategies will be tested until the disparities are completely eliminated.
- Training 50 hiring supervisors and managers on equity, implicit bias and continuing to build a racially and ethnically diverse workforce.
- Providing all 56 hiring supervisors and managers with updated interview question examples that focus on equity.

- Training staff on how to utilize language interpreters in a culturally and linguistically appropriate manner.
- Funding an outside equity expert to help the Committee and Department significantly advance equity, inclusion and diversity work.

In 2012 the Board of County Commissioners adopted a Valuing Diversity in Clackamas County resolution that reads in part "The Board of County Commissioners establishes as a key priority the goals of striving for high quality customer service and equal access opportunities to people of all backgrounds who live in or do business in Clackamas County, including but not limited to people who live in rural areas, people from historically disadvantaged groups, English Language Learners, senior, youth and veterans. The following goals have been adopted:

- By 2019, 100 percent of county departments will set targets for providing equitable access to services for diverse populations; and
- By 2019 there will be an 80 percent reduction of job classifications where women and minorities are underrepresented.

Clackamas County Social Services has established a goal that all of our programs will serve minority populations at a level that these groups are represented in the population of individuals living below the federal poverty line. This decision reflects the fact that the percentage of minority residents is higher in the lower income population, as compared to the overall population. While not all programs serve only low income individuals, this goal sets a high standard for all programs to strive for. Of the overall poverty level population, 17 percent are non-white, and 27 percent are Hispanic. Due to the small number of non-white older adults, agency programs that primarily serve older adults may not be able to meet these goals but instead will strive to serve clients in relation to their numbers in the over-65 population.

Accurate and comprehensive data is one way to confirm that ethnic minorities, people living with low incomes, and other underserved populations are receiving the support that they need. Information on programs for which data is available on the number of low-income and minority clients served is included below (current as of June 2016).

| **Program** | **Number of low-income participants** | **Number of minority participants** [c] |
|---|---|---|
| OPI [a] | 51 (15.89%) | 7 (2.12%) |
| Congregate Meals [a] | 77 (9.40%) [b] | 20 (1.69%) |
| Home Delivered Meals [a] | 211 (18.28%) [b] | 29 (2.34%) |
| Case Management [a] | 221 (20.29%) [b] | 27 (2.29%) |
| Family Caregiver Support Program | 114 (23%) | 6 (5.2%) |
| Senior Companion Program | 27 (100%) e | 1 (4%) |
| SHIBA | 794 (33%) | 282 (11.8%) |
| Money Management | 241 (84%) [d] | 79 (28%) |
| Transportation Reaching People | unknown | 129 (4%) |

[a] Data from the 2014-15 SPR (State Progress Report)

[b] Number of Unduplicated Clients that provided Income information

[c] Number of Unduplicated Clients that provided Race information

[d] = 150 percent% of poverty

[e] = 200 percernt of poverty

*Summary*

Almost 10 percent of county residents are living below the Federal Poverty Level, as are almost seven percent of those who are aged 60 or older. Each of the programs listed above serve low-income populations, with Senior Companion (100 percent) and Money Management (84 percent) reaching the most people with low-incomes, and Congregate Meals including the fewest (9.4 percent).

In comparison to the white population of 88.6 percent, minorities represent a small percentage of the county's population (6 percent). Including those who identify as some other race or two or more races, this figure increases to 11.5 percent. Those who are 60 and older and identify as non-white, some other race, or two or more races, comprise 5.4 percent of the total 60 and older population. These relatively low ratios are reflected in the referenced programs. The Congregate Meals program serve the fewest minorities (1.69 percent), while Money Management and SHIBA include the most (28 percent and 11.8 percent respectively).

**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 County's Public Services Building. Direct services are also provided from this location.

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

<u>Advocacy</u>

Clackamas County Social Service facilitates a monthly meeting of members of County Health, Housing and Human Services Department and DHS/APD sponsored advisory committees to discuss and take action on State legislative and Congressional issues that impact the populations represented by the committees. Committees involved include: Area Agency on Aging Advisory Committee, Community Action Board, Mental Health and Addictions Advisory Committee, Veterans Advisory Council, Youth Provider Network, Developmental Disabilities Council, and DSAC. Activities include sponsoring a biennial candidate's forum, visiting legislators, and writing letters to lawmakers and op-ed pieces.

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 propose new ADRC policies and procedures; and share appropriate information in a public setting and in a transparent manner.

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

In addition to providing comprehensive Information and Referral services, 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 16 paid staff and more than 335 volunteers, the six programs in the Volunteer Connection portfolio serve more than 1,500 seniors and persons with disabilities in fiscal year 14/15.

Planning and Coordination

Clackamas County Social Services 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 has recently completed a Transportation Report that examines gaps and identifies opportunities to expand transportation resources throughout the 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.

Social Services 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. County General funds have been allocated to secure the services of a Forensic Accountant to aid in the development of financial abuse cases prosecuted by the District Attorney. Social Services' SHIBA program is a recipient of a Medicare Patrol grant, which is designed to help prevent and identify Medicare fraud.

Role in Disaster Response

Social Services 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. The County Social Services and Behavioral Health divisions have a Continuance of Operations Plan (COOP), which dictates how service delivery will be maintained in case of a disaster (see Appendix E).

Funding Constraints

Social Services is able to operate a diverse set of programs by accessing over 50 separate funding sources, including federal, state, county and foundation. In part because of the diversity of funding sources, CCSS has been able to maintain a fairly stable array of programs over the years. Due in large part to a large projected deficit at the state, and increasing PERS costs that will impact the agency, it is possible that in the future, program reduction will need to be made.

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 Section E-Service & Method of Service Delivery. 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 or #30-7a Supplement Services.

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

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

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

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

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

PUBLIC OUTREACH/EDUCATION (Matrix #70-10) - Services or activities targeted to provide information to groups of current or potential clients and/or to aging network partners and other community partners regarding available services for the elderly. Examples of this type of service would be participation in a

community senior fair, publications, publicity campaigns, other mass media campaigns, or presentations at local senior centers where information on OAA services is shared, etc. A unit of service is one activity.

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

## OAA TITLE III-C AND NSIP FUNDED SERVICES

HOME-DELIVERED MEAL (Matrix #4) - A meal provided to a qualified individual in his/her place of residence that meets all of the requirements of the Older Americans Act and state and local laws. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov) A unit of service is one meal delivered.
Note: 45 CFR 1321.69(b) states: The spouse of the older person, regardless of age or condition, may receive a home-delivered meal if, according to criteria determined by the Area Agency, receipt of the meal is in the best interest of the homebound older person. Refer to Section 3.b. of the OAA Nutrition Program Standards for additional eligibility requirements www.oregon.gov/DHS/spwpd/sua/ .

CONGREGATE MEAL (Matrix #7) - A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older Americans Act and state/local laws. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov) Note: OAA 339(2)(H) permits AAAs to establish procedures that allow the option to offer a meal, on the same basis as meals provided to participating older individuals, to individuals providing volunteer services during the meal hours. OAA 330(2)(I) allows for meals to spouses of eligible participants and to individuals with disabilities regardless of age who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided. Refer to Section 3.a. of the OAA Nutrition Program Standards for additional eligibility detail www.oregon.gov/DHS/spwpd/sua/ .

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

## OAA TITLE III-D FUNDED SERVICES

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

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

## OAA TITLE III-E FUNDED SERVICES

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

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

RESPITE (Matrix #30-4, 30-5 and 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 (Matrices #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 (Matrices #30-7& 30-7a) - Services provided on a limited basis that complement the care provided by family and other informal caregivers. Examples of supplemental services include, but are not limited to, legal assistance, home modifications, transportation, assistive technologies, emergency response systems and incontinence supplies. (AoA Title III/VII Reporting Requirements Appendix – www.aoa.gov)
Note: Supplemental service priority should always be given to caregivers providing services to individuals meeting the definition of 'frail'. A unit of service is one activity.

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

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

## OAA TITLE VII-B FUNDED SERVICES

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

## OPI FUNDED SERVICES

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

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

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

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

HEALTH/MEDICAL /ASSISTIVE TECHNOLOGY 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 Community Services Not Provided by the AAA:**

The following programs are administered by Clackamas County Social Services 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 are working in coordination with regional partners to develop MOUs with the newly formed CCO, and 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 ten 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.

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

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

Many older adults, younger disabled adults and their family members, caregivers and advocates are unsure where to turn when they are faced with increasing needs associated with aging and disability. The Area Plan survey shows that 17.11% of respondents seldom or never don't know who to call when help is needed. The Clackamas County Aging and Disability Resource Connection (ADRC) was created in 2010 to provide a No Wrong Door infrastructure that serves all populations needing access to long term service and supports, regardless of age, ability, income or resources. The ADRC assists with streamlined access to home and community supports and services for consumers of all ages, income and abilities and their support networks. Through integration or coordination of existing service systems, the ADRC raises the visibility about the full range of options that are available, provides objective and trusted information, advice, counseling and assistance, empowers people to make informed decisions about their long term supports, and helps people more easily access public and private long term supports and services.

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

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

The Clackamas ADRC is composed of Information and Referral Specialists, Case Managers and Options Counselors providing a range of services and assistance to consumers. Clackamas County Social Services' Veterans Service Office and Volunteer Connection are also part of the ADRC. The Clackamas ADRC also works closely with many of our community partners throughout the area, including area Senior Centers, The Department of Human Services Aging and People with Disabilities, Senior Citizens Council and various providers of behavioral health services. Relationships have also been developed with hospitals, other medical providers and private entities such as long-term care communities, which provide key resources to older adults and persons with disabilities. An active local and regional advisory committee exists to serve our community and advocate on behalf of Clackamas County residents.

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

**Problem/Need Statement:**

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

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

| **Focus Area**: Information and Assistance Services, Person Centered Options Counseling and Aging and Disability Resource Connection | | | | | |
|---|---|---|---|---|---|
| **Goal:** Increase community knowledge, understanding, awareness of and access to ADRC programs, services, resources, and population served in Clackamas County. | | | | | |
| **Measurable Objectives** | **Key Tasks** | **Lead Position & Entity** | **Timeframe for 2017-2020 (By Month & Year)** | | **Accomplishment or Update** |
| | | | **Start Date** | **End Date** | |
| Increase number of contacts made to ADRC by 10% each calendar year.<br><br>Increase number of consumers from under-served or under-represented communities accessing ADRC services. | • Participate in regional- and statewide marketing committees and activities.<br>• Explore options for advertising ADRC services and resources in other languages.<br>• At least twice yearly, topics covered at the bi-monthly ADRC I&R Networking meeting will include topics meaningful and impactful to providing services to under-served and/or under-represented communities.<br>• 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.<br>• Identify, recruit and train ADRC volunteers and champions from members of communities of color, the LGBTQ community, and/or Eastern European communities to assist with raising awareness and outreach for ADRC. | ADRC Program Supervisor<br><br>ADRC Program Supervisor<br><br>ADRC Staff & Program Supervisor<br><br>ADRC Staff & Program Supervisor<br><br>ADRC Program Supervisor | Prior to 1/1/17 start of Area Plan<br><br>Prior to 1/1/17 start of Area Plan<br><br>Prior to 1/1/17 start of Area Plan<br><br>Prior to 1/1/17 start of Area Plan<br><br>1/1/17 | Ongoing<br><br>Ongoing<br><br>Ongoing<br><br>Ongoing<br><br>6/30/2020 | |

| | | | | | |
|---|---|---|---|---|---|
| | • Explore alternative methods for consumers contacting the ADRC.<br>• As vacancies become available, increase representation in ADRC workforce who can appropriately communicate and address the cultural diversity of the population in Clackamas County.<br>• Develop and maintain relationships with local skilled- and intermediate care facilities and provide education about ADRC services.<br>• Explore options to develop process for MDSQ referrals for non-Medicaid eligible consumers. | ADRC Program Supervisor<br>ADRC Program Supervisor<br>ADRC Staff & Program Supervisor<br>ADRC Program Supervisor | 1/1/17<br>Prior to 1/1/17 start of Area Plan<br>1/1/17<br>1/1/17 | 6/30/2020<br>Ongoing<br>Ongoing<br>12/31/2018 | |
| Increase ADRC staff awareness, knowledge and understanding of communities served, resources and services available, and services to special populations (Veterans, ID/DD, and other populations with unique needs) in Clackamas County. | • 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.<br>• Attend Assertive Engagement and/or Person-Centered Approach Training by 2020<br>• Complete cultural competency and responsiveness training by 2020. | ADRC Staff and Program Supervisor and<br>ADRC Staff and Program Supervisor<br>ADRC Staff and Program Supervisor | Prior to 1/1/17 start of Area Plan<br>Prior to 1/1/17 start of Area Plan<br>Prior to 1/1/17 start of Area Plan | Ongoing<br>6/30/2020<br>6/30/2020 | |
| Increase number of eligible and complete referrals from ADRC to Medicaid screeners.<br><br>Increase number of non-Medicaid eligible clients | • Continue with ongoing Medicaid pre-screening and outreach to ADRC consumers.<br>• Explore possible Memorandum of Understanding with APD to establish agreements for referrals to and from ADRC. | ADRC Staff and Program Supervisor<br>ADRC Program Supervisor | Prior to 1/1/17 start of Area Plan<br>1/1/17 | Ongoing<br>12/31/2017 | |

| | | | | | |
|---|---|---|---|---|---|
| warm-transferred from Medicaid screeners to ADRC. | | | | | |
| All consumers seeking OPI services and placed on the waiting list will be offered PCOC services. | • PCOC services will be offered at completion of the OPI Risk Assessment Tool to eligible consumers. | ADRC Program Staff | Prior to 1/1/17 start of Area Plan | Ongoing | |
| Increase membership and involvement of Clackamas County ADRC Advisory Committee. Increase membership representation from communities of color, LGBTQ communities and Eastern European communities; 51% of members will be consumers. | • Develop a Charter and By-Laws for advisory committee.<br>• Recruit volunteers from members of communities of color, the LGBTQ community, and/or Eastern European communities | ADRC Program Supervisor and ADRC Advisory Committee members. | 1/1/17<br><br>1/1/17 | 12/17/2017<br><br>Ongoing | |

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

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

| **Measurable Objectives** | **Key Tasks** | **Lead Position & Entity** | **Timeframe for 2017-2020 (By Month & Year)** | | **Accomplishment or Update** |
|---|---|---|---|---|---|
| | | | **Start Date** | **End Date** | |
| Increase referrals made to SNAP from ADRC staff over the next three years. | • All consumers connecting with the ADRC will be given an elective and brief food security assessment. Eligible consumers will be offered food resources and assistance applying for SNAP benefits.<br>• ADRC staff will be trained in basic SNAP eligibility and completing the 539F.<br>• Explore options for regional collaboration in addressing issue of food security (211 and other ADRCs). | ADRC Program Staff and Supervisor<br><br>ADRC Program Staff and Supervisor<br><br>ADRC Program Supervisor | 1/1/17<br><br>1/1/17<br><br>1/1/17 | Ongoing<br><br>Ongoing<br><br>Ongoing | |

| **Focus Area**: Information and Assistance Services, Person Centered Options Counseling and Aging and Disability Resource Connection | | | | | |
|---|---|---|---|---|---|
| **Goal:** Improve quality and effectiveness of the Clackamas ADRC | | | | | |
| **Measurable Objectives** | **Key Tasks** | **Lead Position & Entity** | **Timeframe for 2017-2020 (By Month & Year)** | | **Accomplishment or Update** |
| | | | **Start Date** | **End Date** | |
| Client satisfaction surveys of I&R callers and PCOC consumers indicate continual improvement of client satisfaction and meeting person-centered service standards. | • Conduct weekly satisfaction surveys of 5% of all consumers that contacted the ADRC for I&A services.<br>• Conduct monthly satisfaction surveys of 5% of all PCOC consumers within 30 days of their services ending.<br>• Language line and/or interpretive services will be used to survey consumers in their preferred language. | ADRC Advisory Board Members, Social Services interns and ADRC Program Supervisor<br><br>ADRC Advisory Board Members, Social Services interns and ADRC Program Supervisor<br><br>ADRC Advisory Board Members, Social Services interns and ADRC Program Supervisor | Prior to 1/1/17 start of Area Plan<br><br>Prior to 1/1/17 start of Area Plan<br><br>Prior to 1/1/17 start of Area Plan | Ongoing<br><br>Ongoing<br><br>Ongoing | |

| **Focus Area**: Information and Assistance Services, Person Centered Options Counseling and Aging and Disability Resource Connection | | | | | |
|---|---|---|---|---|---|
| **Goal:** In collaboration with other core partners, develop a framework of ADRC sustainability. | | | | | |
| **Measurable Objectives** | **Key Tasks** | **Lead Position & Entity** | **Timeframe for 2017-2020 (By Month & Year)** | | **Accomplishment or Update** |
| | | | **Start Date** | **End Date** | |
| Develop a framework for ADRC sustainability. | Explore options for ADRC sustainability/ funding in collaboration with local, regional and statewide ADRC partners. | ADRC Program Supervisor, Manager and Division Director | Prior to 1/1/17 start of Area Plan | Ongoing | |

**C– 2: Nutrition Services**

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

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

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

<u>Meal/Nutrition Service</u>

Clackamas County Social Services (CCSS) uses the Title IIIC funds to support a network of nutrition services providers through the area. This network is comprised of ten area Adult Community Centers (see attached Meals Sites in Clackamas County). All sites provide both congregate dining and Home-Delivered Meals (HDM) for their service area as well as being responsible for delivery of nutrition education. Nine of the ten sites are designated Focal Points with the tenth site, the Hoodland Senior Center, operating as a designated Access Point. This network creates a well-known, accessible place for seniors and their families to turn for information, services, and opportunities that further reduce a senior's risk of food insecurity and isolation. All ten providers are also the Medicaid HDM provider for their area, further enhancing coordinated service efforts. All sites offer a full range of Older American's Act supported programming to include but not limited to health promotion, transportation and access to family caregiver support.

In order to meet the needs of the diverse communities served by the network, the program delivers services in a variety of ways; which, at this time, we have no plans to change the systems in place for meal production and/or delivery. Each site has currently a mechanism in place to accommodate a specific menu item changes due to religious or cultural preferences. Unfortunately, we do not have the means, or facilities, to accommodate menu changes to accommodate food allergy issues.

Of the ten meal sites, five choose not to cook on site so the AAA contracts with a food service provider on their behalf. Meals are prepared by a cook-chill system and delivered chilled by the food service provider the day prior to serving. Meals are then finished off at the meal site and then either packaged to be delivered hot to HDM recipients, or served on-site for congregate dining. Each meal site manager orders meals in writing a week or more in advance of delivery. These sites package HDM on site for delivery to their HDM participants. Hot meals are delivered weekdays with frozen meals provided for weekends. Sites have the option of purchasing frozen meals directly from the contracted food service provider in order to offer greater meal variety to participants. This system provides an economy of scale in the production of the meals. The meal sites, the food service provider and AAA program staff have quarterly meetings to plan the menus for the next

quarter. A registered dietitian is on staff with the food service provider and is part of these meetings. Each meal is evaluated to ensure compliance with program requirements regarding nutrients.

Four sites cook on-site. These sites produce both HDM and congregate meals. These sites also provide frozen weekend meals to HDM participants. If they choose, frozen meals can be purchased directly from the contracted food service provider for weekend meals to supplement their HDMs and increase the variety to participants. Each of these sites submit their menus to a registered dietitian under contract with the AAA who analyzes and evaluates each meal for compliance with program requirements regarding nutrients. CCSS partners with the County's Community Health Division for this service. The cooks from these sites, the contracted registered dietitian, and AAA program staff meet as needed to share information and address challenges.

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

Nutrition Education

The required nutrition education component of the Senior Nutrition Service Program is provided by the senior center network. This service is not funded as a separate activity of the Senior Nutrition Service Program but is part of the contract scope of work under Meal Site Management. At this time we do not fund nutritional counseling or other such services nor do we anticipate doing so in the future.

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 specific, targeted needs of participants in these programs. For participants that self-identify a need for nutritional counseling due a change in health status Community Center staff assist in finding services in their area that are appropriate to the need.

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

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

**Focus Area:** Nutrition Services
**Goal:** To **r**educe nutritional risk and food insecurity of program participants while improving quality of life

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2017-2020 (By Month & Year) | | Accomplishment or Update |
|---|---|---|---|---|---|
| | | | Start Date | End Date | |
| Increase community awareness of various meal programs. | Work with meal sites, Clackamas Aging and Disability Resource Connection and other community contacts and sources to maintain a primary listing of available nutrition services to targeted populations. | Clackamas ADRC staff and AAA Admin Staff | 1/1/17 | Continuous | |
| Increase SNAP participation of older adults that participate in OAA Nutrition Program | Work with local ADP office, Oregon Food Bank and Community Centers to develop outreach plan to engage older adults in applying for eligible SNAP benefits | APD and AAA Admin Staff | 1/1/17 | Continuous | |
| | Work with local APD to provide application assistance to older adults eligible SNAP benefit | APD and AAA Admin Staff | 01/01/18 | Continuous | |
| Increase participation of older racial minorities and other underserved populations. | Develop reporting tools within Oregon ACCESS that will pull client demographics by site/provider so that changes in racial minority participation and participation by younger seniors (aged 60 to 69) can be documented, tracked, and monitored by site. | SUA Staff / CCSS Admin Staff | Ongoing | Ongoing | |
| | Outreach to community leaders of specific minority groups, including LGBT seniors, to raise awareness of the program. | AAA Program Staff | 6/1/17 | Continuous | |

**Focus Area:** Nutrition Education

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

| **Issue Area:** Nutrition Education | | | | | |
|---|---|---|---|---|---|
| **Goal:** To increase access to appropriate nutrition information to program participants to encourage better self-care. | | | | | |
| **Measurable Objectives** | **Key Tasks** | **Lead Position & Entity** | **Timeframe for 2017-2020 (By Month & Year)** | | **Accomplishment or Update** |
| | | | **Start Date** | **End Date** | |
| Increase awareness of nutrition education services. | Work with meal sites, Clackamas Aging and Disability Resource Connection and other community contacts to develop and share a listing of available nutrition education services to targeted populations. | AAA Admin Staff / Contracted Meal Site Staff | 1/1/17 | Continuous | |
| Each meal site to provide nutrition education quarterly. | Work with meal sites to access and provide appropriate nutrition education to congregate and HDM participants as well as making information available to participants of other services. | SUA Staff / AAA Admin Staff | 1/1/17 | Continuous | |

## C-3 HEALTH PROMOTION

**Profile:** According to the National Council on Aging, evidence-based programs offer proven ways to promote health and prevent disease among older adults. The programs are based on research and provide documented health benefits. Older adults who participate in evidence-based programs can lower their risk of chronic disease and falls. These programs can also improve the long-term outcome when chronic diseases or falls happen.

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

To address these and other social determinants of health, Clackamas County Social Services (CCSS), in partnership with a network of ten Senior Centers and other community partners, has a long history of providing health promotion activities to older adults in Clackamas County. Of the ten Senior Centers in the network, nine have full senior center facilities and offer a wide variety of classes that promote physical activity, access to preventative health screenings and social interaction. Many sites offer chronic disease specific support groups and assist in the coordination of influenza and pneumonia vaccinations. All ten adult centers offer evidence-based, self-management programs in partnership with CCSS.

Physical Activity

Physical activity has been shown to increase an individual's health outcomes. With the allocation of dedicated evidence-based health promotion funding in 2016, each of the ten Senior Centers in Clackamas County are contracted to provide programing in their respective communities. Physical activities being offered at these sites include: Tai Chi: Moving for Better Balance, Better Bones and Balance, Walk with Ease, and Stepping On. Other fitness/physical activities offered at the centers include yoga, Sit and Be Fit, Zumba and Zumba Gold classes.

The County-funded evidence-based Tai Chi class offered at the Senior Centers is the Tai Chi: Moving for Better Balance program, which was developed and studied by the Oregon Research Institute. It should be noted that studies conducted in both the US and abroad have documented that Tai Chi may be an economical and effective exercise program for improving balance and balance confidence in older adults. Tai Chi has also been documented to be helpful in the treatment of several medical conditions when combined with standard treatment.

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

Health Promotion

Regular wellness programming offered at each center includes a clinic to provide basic foot care for those who need assistance with foot care or may be at risk due to medical conditions. Blood pressure screenings and hearing clinics to have hearing and hearing aids checked are provided by volunteer nurses or nursing students. The adult center network partners with various providers to offer coordinated influenza and pneumonia vaccinations. Several Centers have support groups specific to chronic disease. The most common are those for persons with arthritis or diabetes. These groups offer support and education specific to the chronic condition. This assists participants in their effort to manage their chronic health conditions. Workshops that focus on specific healthy aging issues are offered throughout the county by Clackamas County Social Services and adult centers.

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

**Problem/Need Statement:**

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

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

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

| **Focus Area**: Health Promotion | | | | | |
|---|---|---|---|---|---|
| **Goal:** In collaboration with other core partners, develop a framework of evidence-based health promotion programing sustainability. | | | | | |
| **Measurable Objectives** | **Key Tasks** | **Lead Position & Entity** | **Timeframe for 2017-2020 (By Month & Year)** | | **Accomplishment or Update** |
| | | | **Start Date** | **End Date** | |
| Develop a framework for evidence-based health promotion programing sustainability. | Explore options for evidence-based health promotion programing sustainability in collaboration with local, regional and statewide partners. | ADRC Program Supervisor, Manager and Division Director | Prior to 1/1/17 start of Area Plan | Ongoing | |
| | Apply for federal grant offered by the Administration on Community Living to provide chronic disease self-management programs to residents in the four-county metro area, in partnership with the Metro ADRC. | Division Director | Prior to 1/1/17 start of Area Plan | Submitted | |

**Issue Area:** Health Promotion

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

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2017-2020 (By Month & Year) | | Accomplishment or Update |
|---|---|---|---|---|---|
| | | | Start Date | End Date | |
| With ongoing funding, increase the number of older adults participating in OAA funded physical activity programs by 5% each year. | Maintain and distribute a list of low-cost and no-cost evidence-based health promotion physical activity services to eligible populations. | CCSS Admin Staff, ADRC Staff, Seniors Centers and Community Partners | Prior to 1/1/17 area plan start date | Ongoing | |
| | Promote Living Well with Chronic Conditions self-management series | CCSS Admin Staff, ADRC Staff, Seniors Centers and Community Partners | Prior to 1/1/17 area plan start date | Ongoing | |
| Increase participation in health promotion activity participation in under-served/under-represented populations by 5% each year. | Explore options for alternative database for participant information data. | CCSS Admin Staff and ADRC Supervisor | 1/1/17 | Ongoing | |
| | Establish demographic baseline of participants in EBHP activities. | CCSS Admin Staff and ADRC Supervisor | 1/1/17 | Ongoing | |
| | Promote evidence-based health promotion programming to under-served/under-represented communities and populations through ADRC outreach and marketing activities. | ADRC program staff and supervisor | 1/1/17 | Ongoing | |
| | Explore option for RFP to provide culturally and linguistically responsive EBHP activity to under-served/under-represented communities in Clackamas County. | ADRC program supervisor and CCSS Division Director | 1/1/17 | 6/30/2020 | |
| | Explore option for recruiting and training volunteers to deliver LWwCC series in other languages. | Volunteer Connection Program Manager | 1/1/17 | Ongoing | |
| | Explore option for recruiting and training volunteers through Volunteer Connection Program to deliver evidence-based health promotion activities at local senior/community centers. Emphasis to be placed on recruiting volunteers from communities of color and under-represented/under-served communities. | Volunteer Connection Program Manager | 1/1/17 | Ongoing | |

## C-4: Family Caregivers

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

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

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

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

Provision of these services helps to promote healthy aging and aging in place for both caregivers and their family members in need. This holistic approach can help delay or even avoid institutionalization and entry into the Medicaid system. Caregivers who participate in FCSP services report reduced stress and are able to keep their loved ones at home longer.

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

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

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

- 32.5 percent of caregivers served live in rural communities

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

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

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

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

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

Research suggests that psychoeducational interventions and psychotherapy, or a combination of the two, are most effective for caregiver well-being in the short term. (Sorensen, Pinquart, Habil, and Duberstein, 2002). To improve targeted outcomes, such as caregiver burden and care recipient well-being,

supportive interventions alone have shown to be effective (Sorensen, et al., 2002). The research on respite care alone has been found to be inconclusive; however when respite is used it has shown to reduce barriers to caregivers attending groups and classes (Gaugler, Jarrot, Zarit, Stephens, Townsend and Greene, 2003).

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

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

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

| **Issue Area:** Addressing barriers to family caregivers receiving and benefitting from program services | | | | | |
|---|---|---|---|---|---|
| **Goal:** Modify program services to make them more user friendly by simplifying and streamlining service access. | | | | | |
| **Measurable Objectives** | **Key Tasks** | **Lead Position** | **Timeframe for 2016-2020**<br>**Start Date** | **End Date** | **Accomplishment or Update** |
| Redesign and implement provision of respite care services and supplemental services | • Begin delivering respite care services per the re-designed system<br>• Evaluate service delivery model and make modifications as needed<br>• Implement client satisfaction survey | FCSP team | 7/2016<br>7/2017<br>7/2017 and then annually | 6/2020<br>9/2017 | |
| Increase the number of individuals from ethnic minority populations accessing Family Caregiver services to more accurately reflect the demographics of the county (approximately 13% of the low income population in Clackamas County is non-white) | • Conduct baseline analysis on FCSP client demographics<br>• Convene community conversations with family caregivers and service partners from diverse backgrounds around inclusion and service equity<br>• Implement targeted messaging based on community conversations<br>• Conduct an evaluation of efforts to assess service access changes by targeted caregiver populations | FCSP team, VC Program Manager<br>FCSP team<br>FCSP team<br>FCSP team | 7/2016<br>10/2016<br>7/2018<br>7/2019 and then annually | 9/2016<br>6/2018<br>9/2020 | |

## C – 5: Elder Rights and Legal Assistance

Clackamas County Social Services (CCSS) works with a number of community partners to assist older adults in meeting their needs to ensure their rights on issues including income security, health care, long-term care, nutrition, housing, utilities, adult protective services, defense of guardianship, abuse, neglect, and age discrimination.

### Legal Assistance

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

In addition to contracted legal assistance services through LASO, the Focal Points within the AAA participate in the Senior Law Project. The Senior Law Project assists those 60 and over with access to local volunteer attorneys who donate one afternoon a month on a rotating basis to provide pro bono 1/2 hour appointments. Clients needing further help on the original consultation matter, who have an income below 125% of the Federal Poverty Level, may have continued pro bono assistance but are responsible for any out-of-pocket expenses. A person may have additional appointments if or when other matters arise. Since these services are not funded under the OAA contracts, participants are able to consult on their estate planning needs. While estate planning is not an eligible legal service under the OAA funded legal assistance program, many of our older adults with limited means have voiced their need for having this sort of access. The Senior Law Project gives them that opportunity.

### Elder Abuse

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

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

### Elder Rights

Clackamas County Social Services (CCSS) has worked with a network of ten senior centers over many years to develop an integrated system to serve seniors. This network has continued to work to improve systems to protect elder rights by utilizing the local gatekeepers and the “natural network” of neighbors, clerks, bank tellers, and others within the community to protect seniors from abuse, neglect, isolation, and exploitation. Towards this end, staff and trained volunteers at each senior center regularly conduct reassurance checks on elders who may be at risk and assist them in maintaining the highest degree of independence possible and, when needed, provide a referral if they feel it will be helpful for the individual.

CCSS contracts with the Senior Citizens Council of Clackamas County (Senior Citizens Council) for guardianship, guardianship diversion, and case management services for seniors who are at risk of abuse or exploitation, or have been evaluated to be incapable of making competent decisions about their wellbeing. OAA funding to this organization assists individuals at risk of exploitation or abuse to maintain the highest degree of independence possible. During Fiscal Years 2011-12, this local non-profit was awarded a Board of County Commissioners grant to increase the capacity and sustainability of this program. The Board of County Commissioners continues to award this funding each fiscal year since.

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

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

In addition, CCSS staff participate in the department-wide H3S (Health, Housing & Human Services Dept.) Problem-Solving MDT. This is a recent innovation with strong participation from line and leadership staff within Behavioral Health, Social Services, Housing Authority and Health Centers. Meetings are scheduled regularly twice a month. Line staff as well as supervisors and managers can confidentially staff participant/consumer situations with this group which often leads to increased collaborations and partnership in support of “shared” consumers who are receiving housing stability, physical and behavioral health, and/or supportive services from the County. Since each partner in the Problem-Solving MDT has resources that they can bring to help solve consumer problems. While not everyone is an expert in other systems eligibility and the specific services that may be available to help solve problems, the MDT helps consolidate resources to avert crises from worsening and in many cases avoid crises from occurring. Meetings intentionally follow the LEAN principles and almost entirely focused on problem solving as opposed to procedural or administrative issues.

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

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

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

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

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2017-2020 (By Month & Year) | | Accomplishment or Update |
|---|---|---|---|---|---|
| | | | Start Date | End Date | |
| Maintain and/or increase current levels of legal assistance in service area. | Distribute information about accessing Legal Aid Services through their Portland office. | Region Manager LASO-Portland and ADRC Staff | 1/1/17 | Continuous | |
| | Provide transportation to older adults to access appointments for legal services. | Transportation Reaching People at CCSS | 1/1/17 | Continuous | |
| | Ensure eligible residents know how to access legal services through Clackamas ADRC, Citizen News, adult centers, and other information outlets. | ADRC Staff at CCSS | 1/1/17 | Continuous | |

**Focus Area:** Elder Abuse Awareness with Gatekeeper Program

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

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2017-2020 (By Month & Year) | | Accomplishment or Update |
|---|---|---|---|---|---|
| | | | Start Date | End Date | |
| Increase awareness of financial fraud | Coordinate (2) presentation each year on how to protecting against fraud and financial scams. | AAA Admin Staff, Community Partners, ADRC Staff | 1/1/17 | Continuous | |

## C – 6: Older Native Americans

The 2010 census data counted 828 Native American county residents who are over the age of 60. That number has since dropped to 510, according to the 2014 American Community Survey. There are no recognized tribal lands within the service area. Clackamas County Social Services reaches out to organizations throughout the metropolitan area that provide services specifically targeted to the older Native American population. NAYA Family Center and the Native American Rehabilitation Center are regularly invited to attend the bi- monthly Information & Referral Networking meetings. This networking meeting provides a forum for a variety of community organizations to share information and to stay up-to-date on aging and other services offered in the AAA service area.

**Focus Area:** Older Native Americans

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

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2017-2020 (By Month & Year) | | Accomplishment or Update |
|---|---|---|---|---|---|
| | | | Start Date | End Date | |
| Increase participation of older Native Americans in OAA funded programs. | Outreach to Native American community leaders. | Social Services Director | Ongoing | Ongoing | |
| | Outreach to programs and organizations that provide targeted services to Native Americans. | Social Services Director and Program Managers | Ongoing | Ongoing | |
| | Develop capability to pull demographic data from Oregon ACCESS that is service specific. | SUA Staff / CCSS Admin Staff | Ongoing | Ongoing | |
| | Provide assistance to older Native Americans in accessing services. | Clackamas ADRC Staff | Ongoing | Ongoing | |

## C-7 Older Adult Behavioral Health

**Profile:** According to the American Psychological Association, 15-20 percent of older adults in the United States have experienced depression, with another 11 percent who have experienced anxiety disorders. The risk of suicide increases with age, with depression being a major risk factor for suicide. Symptoms of depression and anxiety in older adults are often overlooked and untreated because they can coincide with other later life experiences, like the loss of a loved one or reduced independence. Depression and anxiety are common, potentially debilitating, but highly treatable conditions. Older adults with depression visit the doctor and emergency room more often, may incur high outpatient charges and stay longer in the hospital. As the aging population grows in number and diversity, the provision of behavioral health services that meet the needs of older adults, and adults from communities of color, will be critical to support a healthy population. These demographic trends will require training in the provision of culturally competent care now and in the coming decades.

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

In early 2015, the Oregon Health Authority launched the Older Adult Behavioral Health Initiative. This initiative aims to improve the current systems for delivering behavioral health services to older adults and persons with disabilities. The goal of the initiative is to increase access to care and services through more effective multi-system collaboration and coordination through a well trained workforce with competencies in older adult behavioral health.

Older Adult Behavioral Health Specialists (OABHS) were brought on staff in the Tri County Region as a result of the Older Adult Behavioral Health Investment. The OABHS provides the following services in the tri-county area: collect data and produce reports to improve the delivery of substance abuse and mental health services for older adults; build coordination between systems and service providers that result in the delivery of quality, timely and accessible behavioral health services; provide recommendations that build community capacity at the local and regional level through organization and systems change; provide training, coaching and technical assistance to improve the ability to address the behavioral health needs of older adults and people with disabilities; and participate in complex case consultations.

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

has provided assistance with complex case consultations, service coordination throughout various systems, and older adult behavioral health training.

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

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

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

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

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

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

**Goal:** Increase access to and use of evidence-based older adult behavioral health services in Clackamas County.

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2017-2020 (By Month & Year) | | Accomplishment or Update |
|---|---|---|---|---|---|
| | | | Start Date | End Date | |
| With continued funding, increase number of older adults participating in evidence-based behavioral health services in Clackamas County by 5% each year. | Work with regional partners to establish baseline data on participation in evidence based behavioral health services by under-served/under-represented communities in Clackamas County. Use the baseline data to develop strategies to increase participation from these communities. | Older Adult Behavioral Health Coordinator<br>. | 1/1/17 | Ongoing | |
| | Coordinate with local senior and community centers to do provide outreach to older adults and persons from under-served/under-represented communities. | ADRC Program Supervisor | 1/1/17 | Ongoing | |
| | Coordinate with primary care providers at Clackamas County community health clinics and the Housing Authority (for Section 8 recipients) to increase awareness of OABH services for patients and residents. | Older Adult Behavioral Health Coordinator | 1/1/17 | Ongoing | |
| | Include information about available evidence-based behavioral health services in all ADRC outreach and marketing activities. | ADRC Program Staff and Supervisor | Prior to 1/1/17 start of Area Plan | Ongoing | |
| | Explore Memorandum of Understanding (MOU) between Clackamas County Behavioral Health, Health Centers and Clackamas County Social Services Aging and Disability | ADRC Program Supervisor | Prior to 1/1/17 start of Area Plan | 6/30/2020 | |

| | | | | | |
|---|---|---|---|---|---|
| | Resource Connection to allow streamlined information-sharing, accessibility and referrals. | ADRC and OPI Program Staff | Prior to 1/1/17 start of Area Plan | Ongoing | |
| | Continue to promote evidence-based older adult behavioral health services to Clackamas County. | ADRC and OPI Program Staff | Prior to 1/1/17 start of Area Plan | Ongoing | |
| | Attend Clackamas County MDTs on a regular basis. | ADRC and OPI Program Staff | Prior to 1/1/17 start of Area Plan | Ongoing | |
| | Participate in county-wide Zero Suicide initiative. | ADRC and OPI Program Staff | | | |

| **Focus Area**: Older Adult Behavioral Health Services | | | | | |
|---|---|---|---|---|---|
| **Goal:** In collaboration with other core partners, develop a framework of Older Adult Behavioral Health services sustainability. | | | | | |
| **Measurable Objectives** | **Key Tasks** | **Lead Position & Entity** | **Timeframe for 2017-2020 (By Month & Year)** | | **Accomplishment or Update** |
| | | | **Start Date** | **End Date** | |
| Develop a framework for Older Adult Behavioral Health services sustainability. | Explore options for Older Adult Behavioral Health services sustainability in collaboration with local, regional and statewide partners. | ADRC Program Supervisor, Manager and Division Director | Prior to 1/1/17 start of Area Plan | Ongoing | |

## C – 8: Volunteering

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

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

**The Program:**

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

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

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

- financial guidance to those who no longer can manage their finances on their own;
- transportation assistance to critical appointments;
- food access, delivery, and security for the hungry;
- health care guidance for those approaching age 65;
- access to health care options; and,
- social activities and interaction for lonely and homebound residents.

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

**Issue Area:** Volunteer Engagement

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

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

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

| Measurable Objectives | Key Tasks | Lead Position and Entity | Timeframe Start | End | Accomplishment or Update |
|---|---|---|---|---|---|
| Document increase in number and overall percentage of volunteers who are under-represented, including people defined by color, ethnicity, race, physical abilities, disabilities, age, sexual orientation and rural communities, etc.<br><br>Solicit feedback from volunteers and the community to assess and then strengthen the provision of services by utilizing a person centered approach. | Develop a list of target audiences and key stakeholders, reach out to solicit input on volunteer recruitment and retention | CCVC Program Manager<br>CCVC team | 7/1/16 | 10/1/16 | |
| | Include questions on the annual volunteer satisfaction survey regarding outreach and retention of volunteers from underserved and/or under-represented communities | CCVC Program Manager | 7/1/17 and then Annually | | |
| | Incorporate learnings into volunteer recruitment and retention process. Provide a minimum of 4 Volunteer Fairs provided in different locations throughout the county which are 50/50 staff/volunteer lead. | CCVC Program Manager | 11/1/17 and then Annually | | |

## C – 9: Age Friendly Communities

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

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

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

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

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

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

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

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

| **Goal:** Raise awareness among multiple sectors, including the general public, about the importance of creating age-friendly communities that are all-age-friendly, and insert all-age-friendly language into planning documents and policy statements | | | | | |
|---|---|---|---|---|---|
| **Measurable Objectives** | **Key Tasks** | **Lead Position and Entity** | **Timeframe Start** | **End** | **Accomplishment or Update** |
| Annually at least one concerted effort to engage elected officials from municipalities within Clackamas County on the issue of Age Friendly Communities.<br><br>Creation of Age Friendly dashboard to present to Board of County Commissioners on an annual basis. | Schedule a study session with the Clackamas County Board of Commissioners to discuss the importance of age-friendly communities | CCSS Director | 7/1/16 | 1/1/2018 | |
| | Include at least one age-friendly related goal in the 2017 O4AD legislative agenda | CCSS Director and members of the Joint Advocacy Committee | 5/1/2016 | 1/1/2017 | |
| | Provide the elected officials from one city within Clackamas County each year with information on the age-friendliness of their city and ways to increase the age-friendliness. | CCSS Director and members of the Age-Friendly sub-committee of the Aging Services Advisory Council | Ongoing | | |
| | Incorporate information about the importance of creating age-friendly communities in the Regional Special Needs Transportation Plan | AFC/ASAC members who are also members of the STF Advisory Council | Ongoing | | |
| | Host one event or initiative each year, for the general public, that highlights the need to create age-friendly communities | | Ongoing | | |

**C – 10: Transportation**

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

Clackamas County encompasses 1,879 square miles. One eighth of the county is urban, the remainder is suburban, small town and rural. Five different transit agencies serve the county (TriMet, SMART (Wilsonville), South Clackamas Transit District, Sandy Area Transit and Canby Area Transit). In addition, the Mt Hood Express provides service in the Hoodland area. An estimated 14 percent of the county's population is without public transportation. This compares to 0.7 percent of the population in Multnomah County and 4.2 percent in Washington County who are without public transportation. The 2016 Area Plan survey, along with earlier focus groups, revealed that older adults and people with disabilities who do not drive struggle to attend medical appointments, run routine errands, and travel in the evenings or on weekends due to limited bus or shuttle hours.

As Clackamas County's population ages, the demand for transportation will continue to grow. Public transit services are only available within very constrained service boundaries so there will continue to be unmet needs for other forms of transportation for seniors.

<u>Services</u>

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

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

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

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

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

coordination of services. Clackamas County Social Services staff participates in these efforts and ongoing advocacy efforts are important to this work.

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

**Issue Area:** Transportation

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

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

**Issue Area:** Transportation

**Goal:** Improve transportation options

| Measurable Objectives | Key Tasks | Lead Position & Entity | Timeframe for 2017-2019 (By Month & Year) | | Accomplishment or Update |
|---|---|---|---|---|---|
| | | | Start Date | End Date | |
| Maintain service levels for existing services that provide accessible transportation | Work with OAA Contracted Providers, TriMet, rural transit districts and other community partners to effectively coordinate services and leverage existing resources for cost effective service delivery. | AAA Program Staff | 1/1/2017 | Continuous | |
| | Work with local, state and federal resources to advocate for stable, long term solutions to increase funding and resources available for transportation of seniors and persons with disabilities | AAA Program Staff | 1/1/2017 | Continuous | |
| Improve service options for transportation for chronic medical conditions, such as dialysis | Work with Ride Connection and ODOT to identify innovative strategies to improve rural medical transportation. Seek funding for expanded service. | AAA program staff | 1/1/2017 | 1/1/18 | |
| Maintain involvement in regional planning efforts | Participate in regional planning and coordination groups such as RTCC, STFAC and others as needed. | AAA Program Staff, advisory board members | 1/1/2017 | Continuous | |
| | Continue participation as a lead organization in the Clackamas County Transportation Consortium to improve coordination between providers | AAA Program staff | 1/1/2017 | Continuous | |

**Section D – OAA/OPI SERVICES AND METHOD OF SERVICE DELIVERY (Policies and Procedures)–**

D-1 Administration of Oregon Project Independence (OPI):

a. **Delineate how the agency will ensure timely response to inquiries for service. Include specific time frames for determination of OPI benefits.**
Case managers have set up a shared screening schedule to cover the OPI Intake line. Efforts are made to answer all inquiries for services live. Case managers return all calls and respond to inquiries within 24 hours during the work week, or by the end of the next business day. Case managers also provide back-up coverage to one another 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.

b. **Describe how consumers will receive initial and ongoing periodic screening for other community services, including Medicaid.**
Initial comprehensive, strengths-based assessments including CAPS (CAPS is a statewide system to determine functional abilities) are completed at least yearly on 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.

c. **Specifically explain how eligibility will be determined and by whom.**
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: CAWEM, 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.

**d. Plainly state and illustrate how the services will be provided.**

The determination of Oregon Project Independence (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, DME, and home delivered meals will be provided by the appropriate contractor(s).

**e. Describe the agency policy for prioritizing OPI service delivery for both the waiting list and hours/types of services for the individual.**

Priority for authorized services will maintain 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. Exceptions are made by the program supervisor on a case-by-case basis. The protocol for temporary increase of OPI service hours are as follows:

1. No more than 10 percent 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. If the client's service plan is 20 hours/month, a temporary increase can only be accommodated with the approval of the division director.
3. The need for increased services will be reviewed and evaluated every 30 days by the case manager. The OPI Case Manager will follow up with the OPI Program Supervisor in writing supporting the need for continuing the increased service plan hours.
4. 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, end of life/hospice, transitioning to Medicaid.
5. Prior to submitting a request to increase hours, OPI case managers will ensure that all other options have been explored (natural supports, private resources, FCSP, Senior Companion, etc.).

Authorized OPI Services:
(A) Home care supportive services limited to the following:
(i) Home care;
(ii) Chore;
(iii) Assistive technology device;
(iv) Personal care;
(v) Adult day services;
(vi) Registered nurse services; and
(vii) Home delivered meals.
(B) Assisted transportation

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.

**f. Describe the agency policy for denial, reduction or termination of services, and, if the AAA is terminating services, illustrate how the goals of OAR 411-032-001 are being accomplished.**

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 should 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 (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 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.

**g. Specify how the agency informs consumers of their right to grieve adverse eligibility and/or service determination decisions and how the agency handles consumer complaints.**

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 five business days of the request unless an assessment has been done within the past 30 days. If the assessment has been completed within the past 30 days and there is no significant change, then the current assessment will be considered valid. Consumer may proceed to step 2.
2. The consumer may contact the OPI Program Supervisor in writing within ten (10) business days of the date of the denial letter. If the consumer uses this approach, within five business days of the consumer's letter, the OPI Program Supervisor will contact the consumer and discuss the decision and the review process. If the consumer still disagrees with the decision they may follow Step 3 below.
3. The consumer may file a written grievance within 10 business days of the conversation with the OPI Program Supervisor. Their grievance should be submitted to: CCSS Director, PO BOX 2950, Oregon City, OR 97045. If the consumer uses this approach the 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.

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.

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 is not grievable.

**h. State the cost of authorized services per unit and explain how fees for services will be implemented, billed, collected and utilized.**

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 Supervisor 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 Supervisor before approval.

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

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

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

Billing is sent out monthly by 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. All efforts will be made to work with consumers on payments for services (current and past due) to ensure that services will continue.

If the consumer pays the past due amount after the OPI case has been closed 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, and new date of request.

**j. Delineate how service providers are monitored and evaluated.**

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.