

Health, Housing  
& Human Services



CLACKAMAS COUNTY

**SOCIAL SERVICES DIVISION**

OLDER AMERICANS ACT AREA PLAN

2013-2016

**CLACKAMAS COUNTY SOCIAL SERVICES  
2013-2016 AREA PLAN**

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## **SECTION A – AREA AGENCY PLANNING AND PRIORITIES**

### **A – 1 Introduction:**

Clackamas County Social Services is a division within the larger Clackamas County Department of Health, Housing and Human Services that includes Behavioral Health, Public Health, 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 minority individuals 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 Board of County Commissioners appoints an Area Agency on Aging Advisory Council (AAAAC). The AAA Advisory Council consists of representatives of the general public who reside, work or serve those who live within the boundaries of Clackamas County. Over 50% of AAAAC members are aged 60 and over.

Purpose of the AAA Advisory Council 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 senior 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 the service recipients, 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 Clackamas County senior residents

## 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 seniors residing in all areas of the county, Clackamas County Social Services utilizes a single entry approach, working with a comprehensive network of ten Senior, Adult or Community Centers, to ensure that every senior 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 their true 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 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, 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 are expected to operate five days a week (a minimum of 32 hours per week), and to 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

- Clackamas Resource Connection – connecting seniors, persons with disabilities, their families and caregivers, with information about needed services
- 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
- Family Caregiver Support (FCSP) – helping unpaid family caregivers with information, support and respite
- Transportation Reaching People (TRP) – providing transportation to seniors and persons with disabilities to medical, shopping, work, and other vital appointments
- Retired Senior Volunteer Program (RSVP) – helping seniors 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 seniors
- Senior Health Insurance Benefits Assistance (SHIBA) – helping Medicare beneficiaries understand their health insurance benefits
- Gatekeeper – training community members to identify the signs of abuse or neglect and how to follow up with concerns
- Money Management – assisting older adults and individuals with disabilities who need help with budgeting, balancing checkbooks, and bill paying
- Energy Assistance – seniors and persons with disabilities are prioritized populations for this program, which assists low-income households to pay their utility bills

### Other Senior Programs Operating in Clackamas County

- DHS/APD – providing Medicaid Long Term Care services and Adult Protective Services
- Senior Citizens Council – providing guardianship services and health equipment loans
- 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
- Clackamas County Behavioral Health Division provides services to seniors experiencing mental health and addiction issues. In addition to counseling and crisis services, Clackamas County has initiated two campaigns. The first helps seniors understand the importance of preventing the misuse of prescription medications. The second helps the community understand mental health in an effort to reduce the stigma of mental illness

### Services to Younger Persons with Disabilities

Several of the programs operated by CCSS serve younger persons with disabilities. This includes TRP (Transportation Reaching People), SHIBA and Money Management.

### **Coordination and Planning**

Coordination and planning among all providers of services to seniors 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. CCSS also participates in regional Special Needs Transportation coordination by participating in the RTCC (Regional Transportation Coordinating Council) and several AAAAC members sit on the Special Transportation Fund Advisory Committee (STFAC). CCSS staff and advisory council members have also participated in the update of the Clackamas County Transportation Service Plan.

CCSS Administrative Services Manager and 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 monthly Information and Referral Networking meetings and meet as a group after the I&R meetings to share best practices and staff cases.

CCSS has a good working relationship with the local DHS/APD office. There is a Memorandum of Understanding between CCSS and DHS/APD around Clackamas Resource Connection referrals between the two agencies. The DHS/APD District Manager regularly attends AAAAC meetings, and both offices are working closely together to maximize opportunities under the Coordinated Care Organization model.

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

### **A – 2 Mission, Vision, Values:**

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.

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).

### **A – 3 Planning and Review Process:**

Clackamas County Social Services initiated a comprehensive senior needs assessment in August of 2009. In partnership with AARP Oregon and OSU Extension Service, *engAGE in Community* has documented community need and has worked with hundreds of county residents to help make Clackamas County more age-friendly.

Components of the needs assessment include:

- One-on-one interviews with over 100 seniors who utilize senior center services and activities, and seniors residing in low-income housing
- A county-wide telephone survey
- Community asset and barrier inventories and community conversations in six Clackamas County communities
- An in-depth analysis of the needs of Hispanic seniors in Clackamas County

*engAGE in Community* assessments include areas essential for age friendly foundations and infrastructures.

- Physical environment - outdoor spaces and buildings, transportation, housing
- Social environment - respect and social inclusion, social participation, communication and information
- Service environment - employment opportunities and community support and health

#### Persons and groups consulted:

*engAGE in Community* has provided a way for seniors, their advocates and caring networks to express what they need to age successfully in the community of their choice. Key project partners include Clackamas County Social Services, Oregon State University Extension, Family and Community Health-Clackamas County, and AARP Oregon. Survey tools and project assessment planning consultants include but are not limited to *engAGE in Community* key partners, Portland State University (PSU) Survey Research Lab and School of Community Health: Institute on Aging, the *engAGE in Community* Steering Committee, Clackamas County's ADRC staff, the Clackamas County AAA Council, and Focal Point (senior and community center) directors.

*Please see Appendix I for a comprehensive analysis of the Community Assessment and Telephone Survey results, and Appendix J for the full Hispanic report.*

In summary, the community assessment, one-on-one interview, and telephone survey results found that:

## Transportation

The most commonly mentioned barrier in community conversations was transportation. This contrasts to the results of the telephone survey, where nearly 54% of respondents indicated that there is adequate public transportation in the county, and 60% indicated that there is adequate special needs transportation. This discrepancy may be attributable to the fact that those who participated in community conversations are more interested in, and therefore more knowledgeable about, the actual sufficiency of public and special needs transportation than is the general public.

Nearly all of the telephone survey respondents (98%) indicated that they seldom or never use public transportation. Reasons stated include that they prefer to use a personal vehicle; public transportation is not convenient; bus stops are not close by; or there is no public transportation in the area where they live.

## Housing

The majority of telephone survey respondents agreed or strongly agreed that housing options, including long-term care, is available in their community (67% for general housing options, 78% for long-term care). As with transportation, information gathered through community asset mapping and community conversations contrasts to what was found in the telephone survey. Community members mentioned affordability, energy efficiency and accessibility as barriers to aging in community. Twenty-four of the 106 individuals who participated in one-on-one interviews had moved in the last three years. Reasons for moving include needing a smaller or more accessible housing unit, changes in family composition, and financial concerns.

## Social Inclusion

Opportunities for community involvement by residents of all ages and abilities make for stronger communities. Social activity is a positive factor in healthy aging. The vast majority of telephone respondents (87%) agree that there is respect, kindness and courtesy shown in their community. Of all the questions asked, this one had the most positive responses in terms of the importance placed on social inclusion. Some of the barriers to social inclusion mentioned during community conversations included challenges due to sensory differences, mobility barriers, and the cost of attending some events. Similarly, 78% of those who participated in one-on-one interviews felt part of a social community. Responses varied somewhat depending on the size of the community in which the respondent lived. While 99% of those living in urban environments reported being part of a social community, 71% of those living in suburban areas felt a part of a social community.

## Hispanic Seniors

The population of Hispanics in Clackamas County tends to be younger than the general population, due in part to migration patterns and a desire by some older Hispanics to return to their country of origin as they age out of the workforce. For those seniors who do reside in Clackamas County, placing an emphasis on independence when promoting age-friendliness may not have the desired effect in a community where, for many, great importance is placed on the group rather than the individual. Many people interviewed for the study expressed their feelings that Hispanics respect their seniors more than does the overall US population.

Many of the Hispanic seniors interviewed for this survey reported feeling marginalized and isolated. While there is a Spanish speaker employed by the Clackamas Resource Connection, this resource is not yet well known in the Hispanic community. Many feel that a single point of entry for information and access to services is needed.

The report recommends that the county, through partnership with other organizations that serve Hispanics, develop a venue where seniors can gather informally to share information, socialize and access programs.

Data and information from engAGE in Community are included throughout this Plan.

### Review Process

The Area Agency on Aging Advisory Council provided excellent feedback as members reviewed portions of the plan. Members of advisory councils at senior centers will also review the Plan before it is adopted by the Clackamas County Board of Commissioners.

## **A – 4 Prioritization of Discretionary Funding:**

Clackamas County Social Services prioritizes discretionary OAA and non-OAA funding for programs and services that protect vulnerable seniors and provide opportunities for seniors to remain engaged in their communities through volunteer service.

### Non-OAA Discretionary Funding

The top goal for the Clackamas County Board of Commissioners is to keep vulnerable residents safe. To move forward on this goal the BCC has adopted an Abuse Prevention Initiative that funds a variety of programs, including programs to help vulnerable children and women experiencing domestic abuse.

In response to the needs of vulnerable seniors, 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 provided for forensic accountant services to aid in the prosecution of those who financially take advantage of vulnerable residents, and to revive the Gatekeeper Program for Clackamas County.

### OAA Discretionary Funding

Services funded by OAA IIIB discretionary dollars include Guardianship, Money Management Program, and volunteer recruitment activities that benefit a number of programs that serve seniors, including volunteer-based transportation services, Senior Medical Patrol and the Senior Health Insurance Benefits Assistance (SHIBA) programs.

## **Process for Determining Priority Services**

### Criteria

Programs that serve those seniors who:

- Have incomes under 185% of Federal Poverty Level
- Have a physical or mental disability
- Are geographically or socially isolated
- Are members of a minority population

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 CSBG (Community Services Block Grant) and CNCS (Corporation for National and Community Service).

Methods used to weigh elements will be based on the relative size of the various populations within Clackamas County. According to the 2010 Census and American Community Survey, 36% of the county's senior population lives in rural areas, 9% have incomes below the federal poverty level, 24% have a disability and 4% are members of minority populations.

### **Implementation**

In the event of significant funding increases or decreases, AAA staff would review all available data on existing programs that inform the criteria and factors mentioned above. Qualitative data, including client surveys, would also be reviewed to augment the objective data. The Area Agency on Aging Advisory Council (AAAAC) would play a key role in any decision to de-fund a program.

## SECTION B – PLANNING AND SERVICE AREA PROFILE

### B – 1 Population Profile:

#### Number of Persons 60 and Over

Oregon is beginning to see the first baby boomers join the age group of “older adults”, and in the coming years both the State of Oregon and Clackamas County’s population will include an increasing percentage of older adults. The Clackamas County total population grew by 11% between 2000 and 2010. During this same time frame the 60 + population of the county grew 51%. The 60+ population now represents 20% of the total Clackamas County population. Between 2000 and 2010, the median age in the county grew from 37.5 years of age to 40.6 years of age. The 2010 US Census Bureau data indicates that the 60-64 age group almost doubled with an increase of 94.5% between 2000 and 2010. As the chart below indicates, the Clackamas County 85+ population also increased significantly.

#### Clackamas County 2000 & 2010 Comparison

Source: US Census Bureau 2010 & 2000

Tabulated by Population Research Center, Portland State University

Population/Age Group	2000	2010	% Change
<b>Total Clackamas Population</b>	<b>338,391</b>	<b>375,992</b>	<b>11.1%</b>
60 to 64 years	12,753	24,803	94.5
65 to 69 years	9,874	17,227	74.5
70 to 74 years	9,042	11,224	24.1
75 to 79 years	8,145	8,210	0.8
80 to 84 years	5,482	6,722	22.6
85 years and over	4,885	7,848	60.7
<b>Total 60+</b>	<b>50,181</b>	<b>76,034</b>	<b>51.5%</b>

#### Rural Population Over 60

According to the 2010 Census, the over 60 population in the rural parts of Clackamas County is 28,036, or 36% of the 60+ population. Thirty-one percent of all county residents reside in rural areas.

#### Number of Minority Persons 60 Plus

Race and ethnic data from the 2010 Census, encompassing all age groups, indicates that 91% of the county population is white alone or in combination with another race. For the aging population of Clackamas County, the minority population represents just 4% of the over 60 age groups. The following chart shows the Census for major racial groups and their representation in Clackamas County.

## 2010 Census Clackamas County

Source: 2010 Census Data

	Number	Percent	Number 60 +	Percent of Population
Total Population (all races)	375,992	100%	76,034	20.2%
				<b>Percent of 60+ race group</b>
<b>Race</b>	<b>Number</b>	<b>%</b>	<b>Number 60 +</b>	
White alone or in combination	342,641	91.1	72,947	95.9
Black or African American alone or in combination	5,342	1.4	348	0.46
American Indian & Alaska Native alone or in combination	7,068	1.9	828	1.09
Asian alone or in combination	18,167	4.8	2,061	2.7
Native Hawaiian & other Pacific Islander alone or in combination	1,934	0.5	122	0.2
*Two or more races	13,740	3.6	737	0.9

\*Note: This grouping can be in multiple categories per Census tabulation of data.

The Hispanic population of the county also shows a higher percentage of Hispanics in the total population than the 60+ age group. Hispanic residents make up 13% of the total Clackamas population. Of the 60+ population, only 5% are Hispanic.

### Clackamas County 2010: Hispanic or Latino

Source: 2010 Census Data

	Number	Percent of County
<b>Total Clackamas County Population</b>	<b>375,992</b>	<b>100</b>
People who are Hispanic or Latino	29,138	12.9
60 plus total population who are Hispanic or Latino	1,450	4.90%
60 plus males who are Hispanic or Latino	684	2.3
60 plus females who are Hispanic or Latino	766	2.6

### Native American Population

The Native American/Alaska Native population in the county is 7,068, approximately two percent of the county's population. The 2010 census identified 828 elders of American Indian/Alaska Native descent. This represents 1.09% of the over 60 population, a slightly lower percentage than the total population. There are no recognized tribal lands within the Planning and Service Area (PSA).

### Number of Persons with Limited English Proficiency

In Clackamas County, data from the American Community Survey reports that 6.5% of the 60 and over population speak a language other than English. Three percent of those over 60 speak English less than very well. The largest ethnic group with limited English proficiency in Clackamas County is the Spanish-speaking population.

### Adults with Disabilities

The 2010 American Community Survey reports that an estimated 47,166 non-institutionalized persons with disabilities reside in Clackamas County. 18,717, or 24%, of those persons are over the age of 65. This translates to nearly 40% of those aged 65 and over having a disabling condition.

#### Clackamas County: Disability Status

Source: 2010 American Community Survey

Population/Age	Number	Percent of County Population
Total Population	375,575	
With a disability	47,166	12.6
	Number	Percent of Persons with Disability by Age
Under 18 with a disability	5,200	11.02
18 to 64 years of age	23,249	49.29
With a disability 65 years and over	18,717	39.68

### Number of Low-Income Persons

In Clackamas County 38,265 individuals, or about 10 percent of the population, have income levels below the federal poverty line. Nine percent of the over 55 population have incomes below the poverty level.

#### Clackamas County

Source: 2010 American Community Survey

Age	Number in Poverty	Percent in Poverty	
All Ages	38,265	10.2	
	Males	Females	Total
55 to 64	1,774	2,213	3,987
65 to 74	645	470	1,115
75 years and over	343	1,563	1,906
<b>Total</b>	<b>2,762</b>	<b>4,246</b>	<b>7,008</b>

Federal Poverty Level 2012		
Family Size	Annual	Monthly
1	\$11,170	\$931
2	\$15,130	\$1,261
3	\$19,090	\$1,591
4	\$23,050	\$1,921
5	\$27,101	\$2,258

## 60 Plus Population in Labor Force

The 2010 Census data indicates that for the 60+ population in Clackamas County, 29,158 individuals (38%) are still working. The largest group of working seniors is between 60 and 64 years of age.

### Clackamas County

Source: 2010 American Community Survey

#### Employment Status for Population 60 Years and Over

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Age	Number in Labor Force	Percent of Total Labor Force
60 to 64	20,416	10.3
65 to 69	5,514	2.8
70 to 74	2,468	1.2
75 years and over	760	.3
<b>Total</b>	<b>29,158</b>	<b>14.6</b>

In summary, the Clackamas County senior population is growing much faster than the general population. Seniors in Clackamas County are more likely to live with low-incomes than does the general population, even as 38% are still active in the workforce. The minority population is quite low, which creates challenges to providing support in culturally appropriate ways. The large number of seniors living in rural areas also creates challenges for service delivery since Clackamas County lacks a robust public transportation system.

As Clackamas County's population of older residents grows and experiences high levels of disability, resources at the state and national levels are shrinking. In response to these two trends, CCSS launched engAGE in Community in 2010. The goal of engAGE is to create more age-friendly communities in Clackamas County by educating county residents on what it takes to remain in your community of choice as you age, and to provide community members with the tools they need to help make their communities more age friendly. As part of the engAGE process a report that specifically explores the experiences of Hispanic elders in Clackamas County was produced. The findings of the report will be used in coming years to create programming that will better meet the needs of the Hispanic elder population.

## B – 2 Target Population:

In Clackamas County, outreach about available services, coupled with the provision of high quality Information and Referral services, ensure that all interested seniors and their caregiving networks are aware of available services. A network of ten senior centers provide services throughout the PSA including residents living in remote sections of the county. The Clackamas Resource Connection (CRC), which is the Aging and Disability Resource Center (ADRC) for Clackamas County, is in contact with an average of 150 callers each month. In addition, CRC staff regularly attend health and information fairs where information on services to seniors is made available. RTZ, the call tracking software used by ADRCs in Oregon, will be operational in Clackamas County by July 2012. As a result, more complete data on race, income, and other caller demographic data will be available in future Area Plan updates.

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

Over 12,000 low-income individuals over the age of 55 were served through Clackamas County's Community Action Program.

Ongoing training on current issues in aging and disability is provided to CRC staff. Topics include Options Counseling, services to individuals with developmental disabilities, Medicare, and Guardianship. The issue of responsiveness to the lesbian, gay, bisexual, transgender (LGBT) senior community is growing in importance. In response, CCSS provided training for CRC staff on issues important to LGBT seniors. Staff from Aging and Disability Services providers and the DHS/APD offices were invited to participate. All CRC staff are AIRS certified.

Follow-up from the recently completed Hispanic Senior Report will result in higher numbers of minority residents receiving services in the future.

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. Better data collection methods have been implemented that will result in more complete data in the future.

<b>Program</b>	<b>#/% of low-income participants</b>	<b>#/% of minority participants</b>
OPI	46/73%	1/<1%
Congregate Meals*	Data Not Available	53/2.26% (Based on Registered Participants)
Home Delivered Meals*	193/15%	51/4%
Senior Companion Program	24/100%	Data not available
SHIBA	519/32%	Data not available
Money Management	295/99%	Data not available

\* Data pulled from FY10/11 SPR report

## **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 and state 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.

### Advocacy

The Joint Advocacy Committee – 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 Clackamas Resource Connection (CRC) provides focused, intensive one-on-one information and referral services to older residents of the county seeking assistance. CRC also serves persons with disabilities, along with family members and caregivers. The CRC offers Options Counseling on how to find the best long-term care option for each individual circumstance, and offers short-term case management services to a small number of individuals. The CRC includes one Spanish-speaking staff member. CRC staff makes regular presentations at information and health fairs and hosts monthly Information and Referral Networking meeting. Written I&R material is available in both Spanish and Russian. Additionally, Clackamas County has begun to produce a series of 10 minute videos addressing a variety of issues of concern to vulnerable populations. The first one focused on the impact of hunger and resources in the community available to combat hunger. Social Services is also a key partner in a prescription drug mis-use campaign targeted to seniors, their family members and care givers.

### Volunteerism

Clackamas County maintains an online database that helps connect county residents interested in volunteering with opportunities that meet their skills and interests. Social Services' Volunteer Connection maintains the database.

### Planning and Coordination

Clackamas County Social Services facilitates the Transportation Consortium. The Consortium submits coordinated applications for 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.

engAGE in Community is a partnership between Clackamas County Social Services, OSU Extension and AARP Oregon with a goal to increase the “age-friendliness” of Clackamas County communities. engAGE has educated hundreds of county residents on the importance of creating age friendly communities and has worked with six communities to map the assets and barriers to place based aging.

### Protecting Vulnerable People

Clackamas County Social Services funds a Gatekeeper program where individuals who come into contact with potentially vulnerable individuals learn the signs of abuse or self neglect and how to access resources. Social Services’ staff and advisory committee members participate in the Multidisciplinary Team (MDT). 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 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.

### Transportation

Special Needs Transportation is provided by the CCSS Transportation Reaching People program (TRP) as well as through reimbursement contracts with designated Focal Points. The TRP program’s primary focus is volunteer-based transportation dispatched throughout the county to provide transportation to seniors and persons with disabilities. In addition to providing staff support to the Clackamas County Transportation Consortium, CCSS is actively engaged in seeking ways to enhance special needs transportation through grant writing, travel training, program development, and participating in planning and policy development initiatives at the county, regional, and state levels.

### 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. Reductions in any of these funding sources is possible considering the current economic conditions and the uncertainty at the federal level. However, the diversity of funding received by Social Services allows for some flexibility in the face of any funding reductions.

An associated concern is the inability to keep up with demand. Clackamas County experienced a 50% increase in its senior population between 2000 and 2010. Program enrollment may need to be capped in some programs if demand exceeds staff’s capacity to successfully administer programs.

### 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 E-1.

### **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. (OAA 301-308)

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. (45 CFR 1321.61(b)(1-5))

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. OAA 102(a)(33); OAA 307(a)(11)(E), 3321(a)(6)

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

OUTREACH TO INDIVIDUALS (Matrix #14) – Services or activities that provide information to individuals, in a one-on-one setting, regarding available services for the elderly. These include active discussions of the benefits of all County and State DHS programs. A unit of service is one contact.

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

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

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

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

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

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

### **OAA TITLE III-C AND NSIP FUNDED SERVICES**

HOME-DELIVERED MEAL (Matrix #4) - A meal provided to a qualified individual in his/her place of residence that meets all of the requirements of the Older Americans Act and state and

local laws. (AoA Title III/VII Reporting Requirements Appendix – [www.aoa.gov](http://www.aoa.gov)) A unit of service is one meal delivered.

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

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

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

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

### **OAA TITLE III-D FUNDED SERVICES**

PHYSICAL ACTIVITY AND FALLS PREVENTION (Matrix #40-2) - Programs based on best practices for older adults that provide physical fitness, group exercise, and music, art, and dance-movement therapy, including programs for multi-generational participation that are

provided through local educational institutions or community-based organizations. Programs that include a focus on strength, balance, and flexibility exercise to promote physical activity and/or prevent falls, and that have been shown to be safe and effective with older populations are highly recommended. (OAA 102(a)(14) E, D, F.) A unit is one class session.

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

MEDICATION MANAGEMENT (Matrix #40-9) - Screening and education to prevent incorrect medication and adverse drug reactions, including individual medication reviews or group-based programs that contain information on medication management (including Stanford's

Chronic Disease Self-Management program (Living Well). (OAA 102(a)(14) I) & (H.R. 2764; P.L. 110-161) 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](http://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](http://www.aoa.gov)) Note: Case management and information and assistance to caregivers are an access service. A unit of service is one documented contact with an individual.

RESPIRE (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](http://www.aoa.gov)) Note: Supplemental service priority should always be given to caregivers providing services to individuals meeting the definition of 'frail'. A unit of service is one activity.

CAREGIVER COUNSELING (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](http://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. (Definition based on OAA 721(b)(1, 2, & 6))

### **OPI FUNDED SERVICES**

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

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

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

## **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.

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 special needs housing - Staff work cooperatively with the County's Community Development Department, Behavioral Health Division, Housing Authority and state agencies to develop housing to close gaps in the supportive housing continuum
- Addressing homelessness - Through the Homeless Council and Homeless Policy Council, CCSS develops and expands services to those experiencing homelessness and strives to change policies in order to lessen the impact of homelessness on families and communities. CCSS also operates the Fair Housing Program for Clackamas County
- 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.

Volunteer Connection:

The Volunteer Connection (VC) connects interested county residents with volunteer opportunities in their community. The VC also provides direct services through a variety of programs that rely heavily on volunteers to deliver services

- Transportation Reaching People – Volunteers provide rides to seniors and persons with disabilities to medical appointments and essential errands
- Money Management – Volunteers assist older adults and persons with disabilities who need help budgeting, balancing their checkbook and paying their bills. The support that this program offers can help people remain living independently in the community
- Senior Health Insurance Benefits Assistance (SHIBA) – Certified volunteers provide information to Medicare beneficiaries on enrollment, billing, supplemental insurance policies and access to prescription discount programs

- Senior Companion Program – Senior Companions receive a small stipend to provide assistance, transportation and companionship to low-income seniors and persons with disabilities
- RSVP – The Retired Senior Volunteer Program connects individuals 55 and over to meaningful volunteer opportunities that make an impact in their community
- LifeSpan Respite Care - This program is coordinated in concert with OAA Family Caregiver Support programs. The program provides information and referral services and limited respite care to caregivers needing respite care and/or supplemental services where no other programming or support is available. Caregiver training, assistance and support are provided by Social Services' Family Caregiver Program Coordinator
- Healthy Start – Volunteers support new parents as hospital visitors and playgroup coordinators

### **Clackamas County Social Services' Role in Significant County and Regional Initiatives**

#### Transportation

Clackamas County Social Services works with senior centers, Ride Connection and representatives of the five transit systems that operate in Clackamas County to coordinate and expand special needs transportation services to seniors and persons with disabilities in Clackamas County. CCSS takes the lead in writing and submitting Special Transportation Fund (STF) applications.

CCSS staff and members of the Area Agency on Aging Advisory Committee (AAAAC) sit on the Regional Transportation Coordinating Committee (RTCC) and the Special Transportation Fund Advisory Committee (STFAC) and are helping to develop the county's Transportation Service Plan.

#### Health Care Transformation

A number of county staff, including the directors of both the Department of Health Housing and Human Services and Clackamas County Social Services participated in the development of the Coordinated Care Organization (CCO) for the Portland metropolitan region. As the CCO model develops further there will be ongoing involvement by county staff and advisory committee members.

#### Regional ADRC Development

Directors and staff from the Area Agencies on Aging from Clackamas, Columbia, Multnomah and Washington Counties have met for over a year to develop a regional Aging and Disability Resource Center. The four counties have submitted a joint application for federal funding for a Care Transitions Program. Care Transition Programs assist individuals who are leaving the hospital or skilled nursing facilities to safely transition back to their home and reduce the risk of re-hospitalization.

### Multi-Disciplinary Team (MDT)

CCSS staff participate in the MDT facilitated by the District Attorney's office.

### Emergency Preparedness for Vulnerable Adults

CCSS staff participated in the development of a countywide Emergency Response Plan to meet the needs of persons with disabilities in the event of a natural or man-made disaster. CCSS staff are also key players in the response to disaster, including managing spontaneous volunteers and providing information and referral services.

### Community Health Improvement Plan

The CCSS director has participated in the development of the county's Community Health Improvement Plan.

## **Other Agencies that Serve Seniors and Persons with Disabilities**

### State Department of Human Services/Aging and Persons with Disabilities (DHS/APD Offices)

CCSS has a good 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. CCSS has an MOU with DHS/APD for CRC referrals, and two of the more rural SPD offices offer CCSS office space for Energy Assistance appointments. APD staff are invited to attend CRC trainings and 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.

## SECTION C – ISSUE AREAS, GOALS AND OBJECTIVES

### C – 1: Family Caregivers

Family support is key to successful aging in place and decreased institutionalization of individuals with long-term care needs. Nationally, 66% of older persons rely on unpaid family caregivers for some level of support.

The county wide telephone survey determined that 32% of those reporting caregiving responsibilities “never” or “seldom” receive the support they need. Eighty percent of participants who participated in the one-on-one interviews and who, as a group, had lower incomes and more frailty than the telephone respondents, indicated that their care needs were not being adequately addressed. The need for family caregivers will grow since the population of those aged 85 and over is the third fastest growing cohort in the county, and 40% of those 65 and over have at least one disabling condition.

The Hispanic Report found that most Hispanic seniors rely on family to provide care, and for more traditional families this is generally a positive experience that reflects a culture of multi-generational households and respect for elders. However, some respondents indicated that, as their children became more acculturated, their interest in providing care for an older loved one diminished.

It is also important to note that many newly returning veterans have significant care needs, and veterans of past wars are aging and will need additional assistance.

**The Program:** The Family Caregiver Support Program (FCSP) helps unpaid family caregivers by providing emotional support, respite care stipends, educational classes, information and access to other programs.

The services provided by FCSP in conjunction with its partners help promote healthy aging, aging in place and family caregiver self-care. This holistic approach to care can delay or avoid client entry into the Medicaid system, provide an alternative to individuals at risk of institutionalization, and support the needs of family caregivers. Caregivers who participate in FCSP programs report reduced stress and depression, and are able to keep their loved ones in their home longer.

Some family caregivers find that asking for help is very difficult. The program strives to help family caregivers understand that seeking help proactively can have tremendous benefits to their own stress and depression and their loved one’s quality of care. Additional barriers reported include geographic access to services, time commitment, availability of respite care, and transportation. Some family caregivers also find it difficult to find time to complete the required paperwork, submit proper receipts, or even ask for help. The amount of funding available restricts the FCSP’s ability to assist caregivers on an ongoing basis.

**Screening and Assessment:** The FCSP program utilizes a phased screening and assessment tool called “Road Mapping”. The process includes five major components:

- The **initial assessment** involves an intake by phone or in-person that is tailored to address the time constraints of family caregivers and is focused on getting basic needs addressed
- The FCSP Coordinator summarizes each initial assessment with **benchmarks for future care** and action planning

- An **in-depth evaluation** for services is developed based on the specific needs of each caregiver. This generates a resource packet of applicable programs and services available to support the caregiver’s care and action planning efforts
- A **care/action plan** is developed that helps facilitate the “road mapping” needed to increase the caregivers’ capacity to care for themselves and their loved ones
- An **evaluation** of each care/action plan is done on an annual basis that screens for increased knowledge of services and resources, self management skills, and reduction in stress

Clackamas County’s implementation of the Seven Core FCSP Elements.

**Core Element #1: Information Services and Group Activities**

FCSP participates in information and referral meetings, resource fairs and community events designed to highlight services for family caregivers.

**Core Element #2: Specialized Family Caregiver Access to Services (one-on-one)**

Each caregiver who contacts FCSP receives specific information pertaining to his or her caregiving situation. One-on-one sessions are done by phone or in person. In some cases, a home visit is scheduled to further assess the need for services. The FCSP process specifically recognizes each family caregiver’s individual needs and differences.

**Core Element #3: Counseling**

Counseling is done through referral and the use of Supplemental Services grants when they are available.

**Core Element #4: Training**

Powerful Tools for Caregivers and Living Well with Chronic Conditions workshops are provided directly through the FCSP. Other trainings are available through FCSP and partner agencies on topics of relevant and applicable nature. Trainings are also available through the Supplemental Service component of the FCSP, which further supports the unique needs of each family caregiver and the issues he or she is currently facing.

**Core Element #5: Support Groups**

FCSP does not directly manage support groups or networks. Program staff works to empower family caregivers to create sustainable ways to keep each other connected, engaged, informed and mentored.

**Core Element #6: Respite Care**

Respite care is provided through grants to family caregivers. Grants of up to \$250 per year for each qualified participant are available as funding allows. The use of the grant funds are self-directed by the caregiver and can include personal care, adult day services, overnight placement, homemaking services, and errand running. While use is self-directed, all services must fall within the FCSP standards.

**Core Element #7: Supplemental Services**

As with respite care, supplemental services are provided through grants of up to \$250 and are intended as flexible enhancements to caregiver support. Examples of services include home repairs, assistive technologies, caregiver survivor kits, professional consultations, training materials, emergency response systems, and legal assistance.

**Issue Area:** Family Caregiver Support

**Profile:** The Family Caregiver Support Program (FCSP) works in partnership with numerous local community organizations to complement the network of services available to Clackamas County family caregivers. Senior centers, non-profits, faith-based organizations, government agencies, Oregon Project Independence and many other programs collaborate on outreach projects and services such as resource fairs, workshops, support groups, Powerful Tools for Caregivers and Living Well with Chronic Conditions. FCSP conducts a road mapping assessment of each client’s case to determine which services would be applicable and makes recommendations on how to access services needed immediately and over time. FCSP offers direct information services and group activities, specialized one-on-one service screening, referrals to counselors, training, support group referrals, and limited grants for respite and support services.

**Problem/Need Statement:** In order to provide Clackamas County family caregivers with the relief they need and to tailor service to unique situations and individual characteristics of caregivers, FCSP will continue to engage in outreach efforts focused on marginalized individuals and groups of caregivers. FCSP’s specific efforts to address barriers identified by Clackamas County family caregivers are summarized below:

<b>Issue Area:</b> Family Caregivers Self-Care Resources/ Addressing barriers to participation in the program.					
<b>Goal:</b> Provide tailored self-directed support and services with respect for unique situational and individual characteristics including but not limited to cultural, socio-economic, geographical and other differences of FCSP program participants and beneficiaries.					
<b>Measurable Objectives</b>	<b>Key Tasks</b>	<b>Lead Position &amp; Entity</b>	<b>Timeframe for 2013-2016 (By Month &amp; Year)</b>		<b>Accomplishment or Update</b>
			<b>Start Date</b>	<b>End Date</b>	
Increase by 10% each year, for four years, the number of individuals from underserved populations accessing Family Caregiver services.	Assess current outreach plan and implement changes to effectively reach underserved populations.	FCSP Coordinator	Prior to 1/1/13 start of Area Plan	6/30/13	
	Analyze the screening and assessment process and make applicable changes to reduce access barriers.	FCSP Coordinator	Prior to 1/1/13 start of Area Plan	6/30/16	
	Evaluate the effectiveness of the outreach plan through an annual survey that includes documenting the number of caregivers from underserved populations served	FCSP Coordinator	7/01/13		
<ul style="list-style-type: none"> <li>• Families affected by Alzheimer’s</li> <li>• Ethnic minorities</li> </ul>					

<ul style="list-style-type: none"> <li>•LGBT seniors and families</li> <li>•Families affected by mental illness</li> <li>•Social and geographically isolated caregivers</li> <li>•Caregivers will assess functional and access needs</li> </ul>	<p>For each underserved population:</p> <ul style="list-style-type: none"> <li>•Conduct baseline analysis on FCSP client demographics</li> <li>•Convene community conversations with family caregivers and service partners around diversity and service equity</li> <li>•Hold focus groups on population specific needs to ID improvement areas in service delivery</li> <li>•Implement targeted messaging based on community conversations and focus groups</li> </ul> <p>Conduct an evaluation of efforts to assess service access changes by targeted caregiver populations</p>	<p>FCSP Coordinator, VCP Program Manager at CCSS</p>	<p>1/1/13</p>		
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## **C – 2 Information and Assistance Services and Aging & Disability Resource Connections (ADRCs)**

The Census Bureau anticipates that by 2050, one American in 20 will be 85 years old or older, compared to one in 100 today. From 2000 to 2010, the number of people in Clackamas County ages 60 to 64 years increased 94.5%. During that same time period the number of persons aged 65 to 69 increased by 74.5%.

Because many seniors, their families and caregivers, as well as younger people with disabilities, do not know where to turn when they are faced with increasing needs associated with aging and disability, Clackamas County made the decision to create an Aging and Disability Resource Center in keeping with a national trend. ADRCs are single point-of-entry, highly visible and trusted places to which all people can turn for a full range of long-term support options and information. Typically, 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, the Clackamas Resource Connection, is to provide consumers with expert cost-effective pre-crisis planning for long-term needs emphasizing consumer self-determination. Although the Clackamas County-based program serves anyone who requests assistance, the Clackamas County program's *target* population is seniors and people with disabilities who are not Medicaid eligible but who cannot afford or are not inclined to purchase this type of service from the private sector. Much of the service provided is short term and informational in nature. More intensive and comprehensive options counseling, and short-term case management services are provided to those actively seeking assistance in a change in their level of care due to frailty or the advancement of disease.

The Clackamas Resource Connection comprises I&R Specialists in aging and the Oregon Project Independence Program. Clackamas County Social Services' Volunteer Connection programs including the Lifespan Respite Family Caregiver Program, RSVP and Senior Companion, Transportation Reaching People, SHIBA are also a part of the Clackamas Resource Connection. The County Veterans Service Office is, as well. Community partners with whom the Clackamas Resource Connection works closely are the adult centers, Seniors and People with Disabilities, Senior Citizens Council and various providers of behavioral health services. Relationships are developing with hospitals, other medical providers and private entities such as long-term care facilities, which provide key resources to seniors and people with disabilities.

Clackamas County Social Services supports the statewide ADRC initiative and has also been participating with Area Agencies on Aging in Columbia, Multnomah and Washington Counties and local hospital systems on ADRC readiness activities and on an application to CMS to provide care transitions services.

The Clackamas Resource Connection works closely with 211 to ensure referrals are made appropriately. CRC staff is responsible for updating web-based information and referral guides and in attending numerous health and information fairs.

Clackamas County was able to establish an ADRC by realigning existing funding. Historically Social Services has used both OAA and CSBG (Community Services Block Grant) funds to support a comprehensive Information and Referral system that includes trained staff, an on-line database, and regular involvement in community health and resource fairs. In August of 2010, after months of discussion and planning with 211 Info and various stakeholders, Social Services transferred to 211 Info the responsibility of answering 211 calls from Clackamas County. This change allowed the existing I&R staff to focus their efforts on addressing the concerns of seniors, persons with disabilities, their families and caregivers. Since the transfer of responsibilities I&R staff (now ADRC staff) have received Options Counseling training along with other specialized training in issues relating to age and disability. Current federal and county funding is sufficient to maintain current capacity. As call volumes increase there will be a need to identify other funding sources in order to ensure that all county residents who are in need of ADRC services receive them.

**Issue Area:** Information and Assistance Services and Aging and Disability Resource Connection (ADRC)

**Profile:** The ADRC in Clackamas County, Clackamas Resource Connection was implemented in the summer of 2010. Program design, engagement of an advisory committee, streamlining of the referral process, outreach, staff training including Options Counseling and other activities occurred simultaneously.

**Problem/Need Statement:** The software program that was selected as infrastructure to the ADRC, called RTZ, has not yet been implemented by the Clackamas County CRC. This software has the capacity to provide a discrete listing of available resources and includes a call module. In order to operate effectively, the CRC needs the ability to track calls, provide the community with a comprehensive resource list, and produce reports that will help determine needs. The implementation of the RTZ software, as well as a comprehensive Quality Improvement Plan, is critical to the ongoing enhancement of the CRC.

<b>Issue Area:</b> Information and Assistance Services and Aging and Disability Resource Connection					
<b>Goal:</b> Implement and fully utilize the RTZ software					
<b>Measurable Objectives</b>	<b>Key Tasks</b>	<b>Lead Position &amp; Entity</b>	<b>Timeframe for 2013-2016 (By Month &amp; Year)</b>		<b>Accomplishment or Update</b>
			<b>Start Date</b>	<b>End Date</b>	
By January 1, 2013, CRC staff is fully trained in the use of RTZ.	Training CRC staff in use of RTZ call module.	CCSS Program Manager and CRC Staff	Prior to 1/1/13 start of Area Plan	6/30/13	
By June 1, 2013, the resource listing is up to date.	Populating RTZ with Clackamas County resources; listing is accurate and comprehensive.	RTZ Staff and CRC Data Specialist	Prior to 1/1/13 start of Area Plan	6/30/13	
By December 1, 2013, RTZ reports are being regularly reviewed and used to track program outcomes.	Management review of RTZ reports.	CCSS Program Manager and CRC Staff	7/1/13	Ongoing	
	Analyze generic RTZ reports for usefulness and create custom reports as needed.	CCSS Program Manager and Director	3/1/13	12/31/13	

**Issue Area:** Information and Assistance Services and Aging and Disability Resource Connection

**Goal:** Improve quality and effectiveness of Clackamas Resource Connection by creating and maintaining a Quality Improvement Plan.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2013-2016 (By Month & Year)		Accomplishment or Update
			Start Date	End Date	
A minimum of 12 CRC staff trainings each year.	Schedule and deliver one relevant training per month.	CRC Staff	Prior to 1/1/13 start of Area Plan	Ongoing	
Twice yearly client satisfaction surveys indicate continual improvement of client satisfaction.	Conduct semi-annual client satisfaction survey	ADRC Advisory Board Members	Prior to 1/1/13 start of Area Plan	Ongoing	
Annual Quality Improvement Plan	Create Quality Improvement Plan that includes RTZ data, survey results and other pertinent information.	CRC Program Manager	1/1/14	Annual Updates	

### **C – 3: 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, 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. On April 1, 2012, the LASO Oregon City office was closed due to funding reductions. The LASO Portland office will 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. Estate planning is not an eligible legal service under the OAA funded legal assistance program. Since many seniors wish to consult with a legal professional prior to completing estate planning documents, the Senior Law Project gives low-income seniors that opportunity.

#### Elder Rights

Clackamas County Social Services 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” 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.

Clackamas County Social Services facilitates the Gatekeeper Program. This program educates community members to keep their eyes and ears alert for seniors and people with disabilities who are at risk, particularly those who are isolated, living alone and potentially in need of some type of assistance to maintain their independence. The program provides training to community members who have regular contact with the public, such as postal workers, utility workers, bank tellers, and health care professionals. Trained community members know how to identify people at risk and to call the Clackamas Resource Connection.

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 and 2012-13, this local non-profit was awarded a Board of County Commissioners grant to increase the capacity and sustainability of this program.

Senior Citizens Council of Clackamas County serves clients throughout Clackamas County. Of the clients served, 50% have incomes at or below Federal Poverty Level; 58% have been diagnosed with dementia; 34% have a diagnosed mental illness or other mental/cognitive disability; and 10% 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 is a participant in Computer Assisted Audit Techniques (CAATS). CAATS brings together providers of service to seniors and persons with disabilities (including the local SPD office) along with staff from the District Attorney's office, to review cases of clients who are at risk of self-neglect, abuse, or exploitation. The goal of CAATS is to prevent abuse and neglect while maintaining the highest degree of independence possible for the individual. In addition, CCSS staff and AAA Advisory Council members participate on the local Multi-Disciplinary Team (MDT).

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

**Profile:** Legal services for older adults seeking assistance in ensuring their rights on issues such as income security, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

**Problem/Need Statement:** The closure of the Legal Aid Service of Oregon (LASO) office in Oregon City has the potential to create barriers to low-income older adults seeking legal assistance.

<b>Issue Area:</b> Legal Assistance					
<b>Goal:</b> Reduce barriers to low-income older adults seeking legal assistance					
<b>Measurable Objectives</b>	<b>Key Tasks</b>	<b>Lead Position &amp; Entity</b>	<b>Timeframe for 2013-2016 (By Month &amp; Year)</b>		<b>Accomplishment or Update</b>
			<b>Start Date</b>	<b>End Date</b>	
No decline in the number of seniors accessing legal assistance in service area.	Distribute information about accessing Legal Aid Services through their Portland office.	Region Manager LASO-Portland and CRC Staff	1/1/13	Continuous	
	Provide transportation to older adults to access appointments for legal services.	Transportation Reaching People at CCSS	1/1/13	Continuous	
	Ensure eligible residents know how to access legal services through Clackamas Resource Connection, Citizen News, and other information outlets.	CRC Staff at CCSS	1/1/13	Continuous	

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

**Profile:** The Gatekeeper Program educates community members to keep alert for seniors and people with disabilities who are at risk of abuse, neglect, or exploitation; particularly those who are isolated, living alone and potentially in need of some type of assistance to maintain their independence. The Gatekeeper Program also educates community members on who to call when abuse or neglect is suspected.

**Problem/Need Statement:** Increase public awareness of elder rights and prevention of abuse and increase understanding of who to call when abuse or neglect is suspected.

**Problem/Need Statement:** The Gatekeeper Program is funded through June of 2013. There will be an ongoing need to provide Gatekeeper information after the program is gone.

<b>Issue Area:</b> Elder Abuse Awareness with Gatekeeper Program					
<b>Goal:</b> Increase number of Clackamas County residents who understand the signs of abuse or neglect among vulnerable populations and who know who to call when abuse or neglect is suspected.					
<b>Measurable Objectives</b>	<b>Key Tasks</b>	<b>Lead Position &amp; Entity</b>	<b>Timeframe for 2013-2016 (By Month &amp; Year)</b>		<b>Accomplishment or Update</b>
			<b>Start Date</b>	<b>End Date</b>	
500 community members participate in Gatekeeper training	Conduct at least 12 Gatekeeper trainings each year.	Gatekeeper Coordinator - CCSS	1/1/13	6/30/13	
	Conduct satisfaction surveys after each training to determine effectiveness of training program.	Gatekeeper Coordinator - CCSS	1/1/13	6/30/13	
Gatekeeper page on CCSS website receives a growing number of "hits" annually	Identify other entities to receive Gatekeeper materials in various venues.	Gatekeeper Coordinator - CCSS	1/1/13	6/30/13	
	Maintain Gatekeeper information on Clackamas County website.	CRC and Admin Staff - CCSS	1/1/13	Ongoing	

## C – 4: Health Promotion

Clackamas County Social Services, 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 senior centers offer evidence-based, self-management programs in partnership with CCSS.

Social activity has been shown to increase an individual's health outcomes. Seventy-three percent of all respondents to the telephone survey indicated that events and activities in their community are available to people of all ages. Sixty-six percent reported that they felt that these activities and events are an important part of their community. Community conversation participants noted that, in one community, there is a lack of support for Hispanic residents. Others commented on a lack of social activities in the evening hours. Many participants noted the key role that their local senior center plays in facilitating social interactions.

A similar number (65%) of those participating in one-on-one interviews indicated that they socialize as much as they would like. For those who do not socialize as much as they would like, reasons include lack of transportation and health concerns. Fifty-nine percent indicated they got as much physical activity as they should. The majority indicated that poor health limited their ability to exercise.

### Physical Activity

The nine senior centers that offer classes promoting physical activity have offerings such as Tai Chi and yoga classes at beginner and intermediate levels, and Sit and Be Fit, a long-standing senior fitness program. The tenth center, which does not have an actual senior center facility, assists Hoodland area seniors with scholarships to the local health club to participate in classes that promote physical activity.

Sit and Be Fit is a non-profit organization that produces this award winning exercise series. Each exercise program is carefully researched and designed by host Mary Ann Wilson, RN, and a team of physical therapists, doctors, and exercise specialists. *Sit and Be Fit* has been broadcast since 1987 on PBS stations to over 82 million U.S. households annually and is recognized by the National Council on Aging (NCOA) as a "Best Practice" program in health promotion and aging. This exercise is peer led at the sites that continue to offer this long-standing program. When possible this program participates in studies to evaluate participant benefit. In the last 10 years the program has been part of a Medicare Primary and Consumer-Directed Care (PCDC) Demonstration Study.

While the Tai Chi offered at the senior centers is not the Tai Chi: Moving for Better Balance program that 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 Better Bones & Balance program continues 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.

A variety of other fitness/physical activity classes are offered throughout the network of senior centers. These range from seated classes for people who do not want to be on the floor to the high-energy Zumba and Zumba Gold for those who really want to get their blood moving.

### Health Promotion

Regular wellness programming offered at each center includes a foot care clinic to provide basic foot care for those who need assistance with foot care or may be at risk of foot issues 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 senior 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 support groups offer support and education specific to the chronic condition. This assists participants in their effort to learn to manage their chronic health conditions. Workshops that target specific healthy aging issues are offered throughout the county by the AAA and by senior centers.

In addition to the support group offerings, the AAA has a trained Living Well with Chronic Conditions (LWwCC) facilitator and several Powerful Tools for the Caregiver (PTC) facilitators who provide these evidence-based self-management courses throughout the county. These courses are scheduled periodically at senior centers, churches and other locations throughout the county. Classes are offered weekdays, evenings, and weekends as appropriate for a particular group of participants. This is done in an attempt to make these evidence-based self-management courses accessible to all who wish to participate. The PTC course is funded through OAA Title III-E. To further increase caregiver participation, the Family Caregiver Program Coordinator works to ensure that caregivers are aware that stipends are available to pay for respite services so that they may attend.

In an effort to raise awareness and address the emotional and mental health wellbeing of the area’s seniors, the AAA is working with the county’s Behavioral Health Division to implement VIEWS (Volunteers Involved for the Emotional Well-being of Seniors), a peer counseling program. This program will initially be offered in the North Clackamas urban service area with plans to expand throughout the county as the program and the ability to support it grows. The AAA is also partnering with Community Health and the Oregon Pharmacy Association to raise awareness of issues around prescription drug misuse among seniors.

With the advent of social media sites many of the senior centers in the Clackamas County network have developed Facebook pages to increase their marketing of activities and events including but not limited to healthy aging workshops.

**Issue Area:** Health Promotion

Profile: Studies demonstrate that providing health promotion services, including physical activity programs, can decrease or delay a person's need for long-term care services. Some physical activity programs have been shown to reduce the risk of falling.

**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 programming to assist them in their efforts to maintain or improve their health-promoting behaviors.

<b>Issue Area:</b> Health Promotion					
<b>Goal:</b> Increase access to evidence-based physical activity programming					
<b>Measurable Objectives</b>	<b>Key Tasks</b>	<b>Lead Position &amp; Entity</b>	<b>Timeframe for 2013-2016 (By Month &amp; Year)</b>		<b>Accomplishment or Update</b>
			<b>Start Date</b>	<b>End Date</b>	
Increase by 5% each year number of seniors participating in OAA funded physical activity programs.	Maintain and distribute a list of low-cost and no-cost evidence-based health promotion physical activity services to targeted populations.	CCSS Admin Staff, CRC Staff, Seniors Centers and Community Partners	1/1/13	Ongoing	
	Promote Living Well with Chronic Conditions self-management series	CCSS Admin Staff, CRC Staff, Seniors Centers and Community Partners	1/1/13	Continuous	
Increase by 5% each year the number of no-cost, low-cost programs offered.	Work with OAA contracted providers to access low-cost, no-cost evidence-based health promotion physical activity programs.	CCSS Admin Staff, Seniors Center Staff	1/1/13	Continuous	

## **C – 5: Older Native Americans**

The 2010 census data counted 828 Native American county residents who are over the age of 60. 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 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.

**Issue Area:** Older Native Americans

**Profile:** While there are no recognized tribal lands within the Clackamas County service area, the 2010 census identified 828 county residents over age 60 who are Native American.

**Problem/Need Statement:** Due to the small number of older Native Americans living in Clackamas County, developing programming specific to the population is not feasible. Current state computer systems do not allow us to track participation in existing programs by ethnic group.

<b>Issue Area:</b> Older Native Americans					
<b>Goal:</b> Increase participation by Native American seniors by reducing barriers to older Native Americans in accessing services and partnering with neighboring counties when appropriate					
<b>Measurable Objectives</b>	<b>Key Tasks</b>	<b>Lead Position &amp; Entity</b>	<b>Timeframe for 2013-2016 (By Month &amp; Year)</b>		<b>Accomplishment or Update</b>
			<b>Start Date</b>	<b>End Date</b>	
Increase participation of older Native Americans in OAA funded programs.	Outreach to Native American community leaders.	Social Services Director	3/1/13	Ongoing	
	Outreach to programs and organizations that provide targeted services to Native Americans.	Social Services Director and Program Manager	5/1/13	Ongoing	
	Develop capability to pull demographic data from Oregon ACCESS that is service specific.	SUA Staff / CCSS Admin Staff	1/1/13	1/1/14	
	Provide assistance to older Native Americans in accessing services.	Clackamas Resource Connection Staff at CCSS	1/1/13	Continuous	

## **C – 6: Nutrition Services**

The study, “The Causes, Consequences, and Future of Senior Hunger in America” conducted jointly by the University of Kentucky Center for Poverty Research (UKCPR) and Iowa State University, with funding support from the Meals on Wheels Association of America (MOWAA), documents that 11.4% of all seniors nationally experience some form of food insecurity. While some seniors are at higher risk of food insecurity than others, this study documents that senior hunger issues cross the income spectrum. 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. The state ranking information ranks Oregon 29<sup>th</sup> in food insecurity among seniors with a rate of 5%.

Nutritional risk and food insecurity issues carry dire consequences. 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 assists the older adults in Clackamas County in meeting their nutritional needs.

### Meal Service

Clackamas County Social Services (CCSS) contracts for all nutrition services. The network of ten senior centers operates the OAA/NSIP funded meal sites. These sites provide both congregate dining and Home-Delivered Meals (HDM) for their service area as well as being responsible for the provision 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 centers are also the Medicaid HDM provider for their area, further enhancing coordinated service efforts.

In order to meet the needs of the diverse communities served by the network, the program delivers services in a variety of ways. Five of the meal sites 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, 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 the AAA's contracted registered dietitian 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 quarterly 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.

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 via a center's newsletter, discussion of the material is part of the programming for congregate participants. Speakers with backgrounds in nutrition make presentations at congregate meals, workshops, health promotion events and chronic conditions support groups. 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.

**Issue Area:** Nutrition Services

**Profile:** Seniors who have been identified as being more likely to be at risk of hunger are those who live alone, are at or below the poverty line and are between the ages of 60 and 64.

**Problem/Need Statement:** Nutritional risk and food insecurity issues carry dire consequences. The lack of adequate nutrition increases functional dependency, morbidity, mortality and utilization of health care resources.

<b>Issue Area:</b> Nutrition Services					
<b>Goal:</b> To reduce nutritional risk and food insecurity of program participants while improving quality of life					
<b>Measurable Objectives</b>	<b>Key Tasks</b>	<b>Lead Position &amp; Entity</b>	<b>Timeframe for 2013-2016 (By Month &amp; Year)</b>		<b>Accomplishment or Update</b>
			<b>Start Date</b>	<b>End Date</b>	
Increase community awareness of various meal programs.	Work with meal sites, Clackamas Resource Connection and other community contacts and sources to maintain a primary listing of available nutrition services to targeted populations.	Clackamas Resource Connection staff	1/1/13	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	6/1/13	1/1/15	
	Outreach to community leaders of specific minority groups, including LGBT seniors, to raise awareness of the program.	AAA Program Staff	6/1/13	Continuous	

**Issue Area:** Nutrition Education

**Profile:** As life expectancy increases, the need for accurate and culturally sensitive nutrition information and instruction to promote better health and encourage improved nutrition behaviors also increases.

**Problem/Need Statement:** There is a growing need for education on how to eat well to maintain or improve one’s health. Providing accurate information or a trusted resource to turn to with questions is critical to the wellbeing of an aging population in this era of information, and misinformation, overload.

<b>Issue Area:</b> Nutrition Education					
<b>Goal:</b> To increase access to appropriate nutrition information to program participants to encourage better self-care.					
<b>Measurable Objectives</b>	<b>Key Tasks</b>	<b>Lead Position &amp; Entity</b>	<b>Timeframe for 2013-2016 (By Month &amp; Year)</b>		<b>Accomplishment or Update</b>
			<b>Start Date</b>	<b>End Date</b>	
Increase awareness of nutrition education services.	Work with meal sites, Clackamas Resource Connection and other community contacts to develop and share a listing of available nutrition education services to targeted populations.	AAA Staff / Contracted Meal Site Staff	1/1/13	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 Program Staff	1/1/13	12/31/13	

## **C – 7: 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 due to 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.

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, South Clackamas Transit District, Sandy Area Transit and Canby Area Transit). An estimated 14% of the county's population is without public transportation. This compares to 0.7% of the population in Multnomah County and 4.2% in Washington County who are without public transportation.

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

### Services

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

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

During Fiscal Year 2010/11, the network of the Clackamas County Transportation Consortium provided over 86,000 rides to seniors and persons with disabilities with 432,000 vehicle miles logged.

The Clackamas County Department of Health, Housing and Human Services (H3S) has identified accessible and reliable transportation as one of the most frequently listed barriers that prevent clients from accessing essential services such as medical appointments, education and employment opportunities. Many of the divisions within H3S provide some level of transportation-related assistance to their clients, ranging from contracting for taxi services to providing direct rides with county owned vehicles.

H3S will analyze current transportation options available to clients of H3S programs, particularly those directly offered by or paid for by the divisions; recommend strategies to enhance coordination and increase cost effective service delivery between divisions; and identify gaps in service and potential service models to fill those gaps for future service planning. Clackamas County Social Services staff are a key part of this project.

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.

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 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 are participating in these efforts and ongoing advocacy efforts are important to this work.

**Issue Area:** Transportation

**Profile:** Transportation is an essential need for seniors who can no longer drive. Transportation allows individuals access to vital services, such as medical care, nutrition services, and shopping. A department wide transportation study is being conducted by the Health, Housing and Human Services Department which will be completed by June, 2012. The intent of this study is to focus on identifying gaps in service and provide recommendations for improved service.

**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. TriMet and other public transportation providers are reducing service levels. In order to maintain the viability of the Transportation Reaching People program, new volunteers will need to be recruited and current volunteers will need to be retained.

<b>Issue Area:</b> Transportation					
<b>Goal:</b> Expand transportation options					
<b>Measurable Objectives</b>	<b>Key Tasks</b>	<b>Lead Position &amp; Entity</b>	<b>Timeframe for 2013-2016 (By Month &amp; Year)</b>		<b>Accomplishment or Update</b>
			<b>Start Date</b>	<b>End Date</b>	
Maintain the number of rides provided by Consortium members.	Work with OAA, TriMet, rural transit districts and other community partners to effectively coordinate services and leverage existing resources for cost-effective service delivery.	AAA Program Staff	1/1/13	Continuous	
	Work with local, state and federal sources to advocate for stable, long-term solutions to increase funding and resources available for transportation of seniors and persons with disabilities.	AAA Program Staff	1/1/13	Continuous	
	Implement recommendations from H3S transportation study to improve coordination and increase service options.	AAA Program Staff	1/1/13	12/31/2014	
	Participate in regional planning and coordination groups such as RTCC.	AAA Program Staff, Advisory Board	1/1/13	Continuous	
	Continue participation as a lead organization in the Clackamas County Transportation Consortium to improve coordination between providers	AAA Program Staff	1/1/13	Continuous	

## **C – 8: Volunteering**

**The Need:** Local volunteers play an important role in providing services to Clackamas County residents. Challenging economic conditions and a growing population of seniors provide opportunities for increased volunteer engagement during a time of increasing demand for volunteer services. The Clackamas County Volunteer Connection Program (VCP) works with numerous community partners to provide meaningful opportunities for volunteer engagement. Volunteering builds the capacity of Clackamas County's local community to enhance the quality of life throughout neighborhoods and communities. It gives volunteers a sense of connectedness and benefits their overall health. It gives Clackamas County clients a network of services which otherwise would not be available without volunteers' time, skills, and passion. VCP engages volunteers at multiple levels including grassroots projects, ongoing and long-term placements, referrals to agency partners, developing volunteer leaders, spontaneous projects and much more. In order to effectively engage potential and affiliated volunteers, VCP works with its community partners on targeted outreach through directed marketing, focusing on multigenerational opportunities for harder to reach and underrepresented individuals. Furthermore, VCP is engaged in equitable service enhancement efforts intended to streamline access to CCSS programs and services for both clients and volunteers. In order to deliver great volunteer engagement opportunities supporting social service solutions, VCP must continuously reinvent itself in response to community needs, demographic changes, economic and health conditions and trends, and emerging efforts of local partner organizations.

**The Program:** Since 1986, Volunteer Connection Program (VCP) has been a vital link in Clackamas County for volunteer placement and volunteer engagement. VCP is a program provided by Clackamas County Social Services. VCP connects potential volunteers with opportunities to serve throughout the county. Approximately 750 volunteers are registered directly with VCP as volunteer drivers, senior companions, youth mentors, emergency volunteers, support aides and many other support roles. VCP also offers a one-stop volunteer referral service through [www.clackamasvolunteers.org](http://www.clackamasvolunteers.org) where local organizations post volunteer opportunities and volunteers are matched with those opportunities via a profile assessment. The program also provides direct service to county residents through a variety of volunteer led initiatives. VCP works in cohort with 200+ community organizations to provide meaningful volunteer opportunities with local senior centers, food pantries, youth and family oriented programs, homelessness reduction effort programs, and many other community support programs. VCP improves the quality and delivery of social services in Clackamas County through volunteer opportunities, advocacy, education, empowerment and partnerships with public, private, faith-based and non-profit agencies. VCP strives to strengthen the community by increasing and fostering opportunities for individuals and families to be self-reliant and live healthier, safer and more socially connected. In 2011, VCP volunteers contributed over \$1,600,000 in-kind time to support critical services for individuals and families.

## **Issue Area:** Volunteer Engagement

**Profile:** In Clackamas County volunteer engagement efforts add value throughout the community. Numerous organizations rely on volunteer supported programs including local non-profits, government agencies, faith-based organizations, emergency management, and public safety networks. Since 1986, VCP has been a vital link between volunteer placement and volunteer engagement in Clackamas County. VCP connects potential volunteers with opportunities to serve throughout the county. Approximately 750 volunteers are registered directly with VCP as volunteer drivers, senior companions, youth mentors, emergency volunteers, support aides and many other supportive roles. VCP uses a one-stop volunteer referral service through [www.clackamasvolunteers.org](http://www.clackamasvolunteers.org) where local organizations post volunteer opportunities and volunteers are matched with those opportunities via a profile assessment.

**Problem/Need Statement:** In order to deliver great volunteer opportunities, VCP 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. Based on a VCP 2012 volunteer survey, Clackamas County knows that most of the VCP volunteers are 55+, very few are members of ethnic minorities, less than 1% of volunteers speak a language other than English, and less than 15% live in a rural area. To improve engagement strategies, VCP is developing a communications strategy. The strategy will help clarify VCP brand identity, audiences, key messages, and outreach tools, all needed to engage volunteers and to focus on underrepresented communities who are currently less engaged in CCSS programs.

<b>Issue Area: Volunteer Engagement</b>					
<b>Goal:</b> Establish an all-inclusive communications strategy to help clarify VCP brand identity, audiences, key messages, and outreach tools used to promote the program and to engage volunteers, focusing on opportunities that are multigenerational for harder to reach and underrepresented individuals.					
<b>Measurable Objectives</b>	<b>Key Tasks</b>	<b>Lead Position &amp; Entity</b>	<b>Timeframe for 2013-2016 (By Month &amp; Year)</b>		<b>Accomplishment or Update</b>
			<b>Start Date</b>	<b>End Date</b>	
<p>Increase volunteer referrals by 10% year to year while maintaining a retention rate of 90%.</p> <p>Document increase in number of volunteers under the age of 65.</p> <p>Document increase in number of volunteers who are ethnically diverse.</p>	Review and assess existing communications strategies	RSVP Director at CCSS	Prior to 1/1/13 start of Area Plan	4/1/13	
	Conduct a volunteer-wide survey	VCP Program Manager and RSVP Director at CCSS	Prior to 1/1/13 start of Area Plan	Annually	
	Create partnership categories based on opportunities to engage volunteers in the greatest positive community impact work	RSVP Director at CCSS	Prior to 1/1/13 start of Area Plan	4/1/15	
	Develop a list of target audiences and key stakeholders; Conduct focus groups with key stakeholders	VCP Manager and RSVP Director at CCSS	Prior to 1/1/13 start of Area Plan	4/1/13	
	Develop a set of specific brand and identity elements and principles	VCP Manager and RSVP Director at CCSS	Prior to 1/1/13 start of Area Plan	5/1/13	
	Enhance volunteer recruitment/retention process	RSVP Director at CCSS	Prior to 1/1/13 start of Area Plan	6/30/16	
	Evaluate the plan's effectiveness on volunteer engagement	RSVP Director at CCSS	Prior to 1/1/13 start of Area Plan	6/30/16	

## SECTION D – AREA PLAN BUDGET

### Summary Budget By Service Category

Area Agencies on Aging Area Plan Budget		Budget by Service Category											
AAA:	Clackamas County Social Services Division												
BUDGET PERIOD: 07/01/2012 - 06/30/2013 - Year 1													
		OAA											
Matrix #	SERVICE NAME	Contract or Direct	T III B	T III C-1	T III C-2	T III D	T III E	T VII	OAA Total	NSIP	OPI	Other Cash Funds	Total Funds
<b>ADMINISTRATION</b>			\$67,295	\$0	\$0	\$0	\$17,365	\$0	\$82,430	\$0	\$33,546	\$76,125	\$194,604
20-1	Area Plan Administration		\$64,795				\$17,365		\$82,430		\$33,546	\$76,125	\$192,101
20-2	AAA Advocacy		\$2,500						\$0				\$2,500
20-3	Program Coordination & Development		\$0						\$0				\$0
<b>ACCESS SERVICES</b>			\$446,358	\$0	\$0	\$6,992	\$0	\$0	\$453,350	\$0	\$70,023	\$682,721	\$1,206,094
6	Case Management	C/D	\$69,420						\$69,420		\$70,023	\$52,748	\$192,191
9	Assisted Transportation		\$0						\$0				\$0
10	Transportation	C/D	\$87,359						\$87,359			\$628,690	\$711,568
13	Information & Assistance	C/D	\$249,957						\$249,957			\$1,283	\$251,240
14	Outreach								\$0				\$0
40-3	Preventive Screening, Counseling, and Referral	C/D	\$29,572			\$6,992			\$36,564				\$18,408
70-2	Options Counseling	D	\$7,500						\$7,500				\$7,500
70-10	Public Outreach/Education	C	\$2,550						\$2,550				\$2,550
<b>IN-HOME SERVICES</b>			\$33,490	\$0	\$0	\$0	\$0	\$0	\$33,490	\$0	\$285,321	\$10,000	\$328,094
1	Personal Care	C							\$0		\$26,000		\$26,000
01a	Personal Care - HCW								\$0				\$0
2	Homemaker/Home Care	C							\$0		\$52,000		\$52,000
02a	Homemaker/Home Care - HCW	D							\$0		\$207,321		\$207,321
3	Chore	D							\$0			\$4,500	\$4,500
03a	Chore - HCW								\$0				\$0
30-1	Home Repair/Modification	D							\$0			\$3,000	\$3,000
40-5	Health and Medical Equipment	D							\$0			\$2,500	\$2,500
60-3	Reassurance	C/D	\$33,490						\$33,490				\$32,773
90-1	Volunteer Services								\$0				\$0
<b>LEGAL SERVICES</b>			\$19,534	\$0	\$0	\$0	\$0	\$0	\$19,534	\$0	\$0	\$0	\$19,534
11	Legal Assistance	C	\$19,534						\$19,534				\$19,534

<b>NUTRITION SERVICES</b>			<b>\$0</b>	<b>\$209,897</b>	<b>\$308,425</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$515,271</b>	<b>\$155,890</b>	<b>\$0</b>	<b>\$0</b>	<b>\$671,161</b>
4	Home Delivered Meals	C			\$306,773				\$306,773	\$92,817			\$399,590
7	Congregate Meals	C		\$208,496					\$208,496	\$63,073			\$271,569
12	Nutrition Education	C		\$1	\$1				\$2				\$2
<b>FAMILY CAREGIVER SUPPORT</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$164,712</b>	<b>\$0</b>	<b>\$164,712</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$164,712</b>
15	Information for Caregivers	D					\$14,944		\$14,944				\$14,944
15a	Information for CGs serving Children	D					\$1,478		\$1,478				\$1,478
16	Caregiver Access Assistance	D					\$32,303		\$32,303				\$32,303
16-a	Caregiver Access Assistance-Serving Children	D					\$2,898		\$2,898				\$2,898
30-5	Caregiver Respite	C/D					\$48,888		\$48,888				\$48,888
30-5a	Caregiver Respite for Caregivers Serving Children	D					\$7,500		\$7,500				\$7,500
30-7	Caregiver Supplemental Services	D					\$35,797		\$35,797				\$35,797
30-7a	Caregiver Supplemental Services-Serving Children	D					\$1,500		\$1,500				\$1,500
70-2a	Caregiver Counseling						\$1,000		\$1,000				\$1,000
70-2b	Caregiver Counseling-Serving Children						\$500		\$500				\$500
70-9	Caregiver Training	D					\$16,404		\$16,404				\$16,404
70-9a	Caregiver Training - Serving Children	D					\$1,500		\$1,500				\$1,500
<b>SOCIAL &amp; HEALTH SERVICES</b>			<b>\$78,621</b>	<b>\$0</b>	<b>\$0</b>	<b>\$13,571</b>	<b>\$0</b>	<b>\$5,505</b>	<b>\$97,697</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$97,697</b>
40-2	Physical Activity & Falls Prevention	C				\$8,036			\$8,036				\$8,036
50-1	Guardianship/Conservatorship	C	\$40,093						\$40,093				\$40,093
50-3	Elder Abuse Awareness and Prevention	D						\$5,505	\$5,505				\$5,505
50-4	Crime Prevention/Home Safety								\$0				\$0
60-4	Volunteer Recruitment	D	\$3,074						\$3,074				\$3,074
71	Chronic Disease Prevention, Management & Ed					\$5,535			\$5,535				\$5,535
72	Cash & Counseling								\$0				\$0
80-5	Money Management	D	\$35,454						\$35,454				\$35,454
<b>GRAND TOTAL</b>			<b>\$645,298</b>	<b>\$208,497</b>	<b>\$306,774</b>	<b>\$20,563</b>	<b>\$182,347</b>	<b>\$5,505</b>	<b>\$1,368,984</b>	<b>\$155,890</b>	<b>\$388,890</b>	<b>\$768,846</b>	<b>\$2,682,610</b>

**SECTION E - SERVICES AND METHOD OF SERVICE DELIVERY**

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

**SERVICE MATRIX and DELIVERY METHOD**

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

<p><input checked="" type="checkbox"/> <b>#1 Personal Care</b> (by agency)</p> <p>Funding Source: <input type="checkbox"/>OAA <input checked="" type="checkbox"/>OPI <input type="checkbox"/>Other Cash Funds</p> <p><input checked="" type="checkbox"/>Contracted <input type="checkbox"/>Self-provided</p> <p>Contractor name and address (List all if multiple contractors): Adams &amp; Gray, DBA: Marquis at Home (for profit agency) 7644 Mohawk, Bldg. J, Ste. A Tualatin, OR 97062</p> <p>Note if contractor is a “for profit agency”</p>
<p><input type="checkbox"/> <b>#1a Personal Care</b> (by HCW) Funding Source: <input type="checkbox"/>OAA <input type="checkbox"/>OPI <input type="checkbox"/>Other Cash Funds</p>
<p><input checked="" type="checkbox"/> <b>#2 Homemaker</b> (by agency)</p> <p>Funding Source: <input type="checkbox"/>OAA <input checked="" type="checkbox"/>OPI <input type="checkbox"/>Other Cash Funds</p> <p><input checked="" type="checkbox"/>Contracted <input type="checkbox"/>Self-provided</p> <p>Contractor name and address (List all if multiple contractors): Adams &amp; Gray, DBA: Marquis at Home (for profit agency) 7644 Mohawk, Bldg. J, Ste. A Tualatin, OR 97062</p> <p>Note if contractor is a “for profit agency”</p>
<p><input checked="" type="checkbox"/> <b>#2a Homemaker</b> (by HCW) Funding Source: <input type="checkbox"/>OAA <input checked="" type="checkbox"/>OPI <input type="checkbox"/>Other Cash Funds</p>
<p><input checked="" type="checkbox"/> <b>#3 Chore</b> (by agency)</p> <p>Funding Source: <input type="checkbox"/>OAA <input type="checkbox"/>OPI <input checked="" type="checkbox"/>Other Cash Funds</p> <p><input type="checkbox"/>Contracted <input checked="" type="checkbox"/>Self-provided</p> <p>Contractor name and address (List all if multiple contractors):</p> <p>Note if contractor is a “for profit agency”</p>

**#3a Chore (by HCW)**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#4 Home-Delivered Meal**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; City of Molalla-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr. (see Appendix F for address and phone numbers)

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#6 Case Management**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; City of Molalla-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; City of Wilsonville-Wilsonville Comm. Ctr.; and Senior Citizens Council of Clackamas County (non-profit) (see Appendix F for address and phone numbers)

Note if contractor is a "for profit agency"

**#7 Congregate Meal**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; City of Molalla-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr. (see Appendix F for address and phone numbers)

Note if contractor is a "for profit agency"

**#8 Nutrition Counseling**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#9 Assisted Transportation**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#10 Transportation**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; City of Molalla-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr. (see Appendix F for address and phone numbers)

Note if contractor is a "for profit agency"

**#11 Legal Assistance**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

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

Note if contractor is a "for profit agency"

**#12 Nutrition Education**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; City of Molalla-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr. (see Appendix F for address and phone numbers)

Note if contractor is a "for profit agency"

**#13 Information & Assistance**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; City of Molalla-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr. (see Appendix F for address and phone numbers)

Note if contractor is a "for profit agency"

**#14 Outreach**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a “for profit agency”

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a “for profit agency”

**#20-2 Advocacy**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a “for profit agency”

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a “for profit agency”

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a “for profit agency”

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a “for profit agency”

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

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

Note if contractor is a “for profit agency”

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a “for profit agency”

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a “for profit agency”

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; City of Molalla-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr. (see Appendix F for address and phone numbers)

Note if contractor is a “for profit agency”

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; City of Molalla-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr. (see Appendix F for address and phone numbers)

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#40-8 Registered Nurse Services**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#40-9 Medication Management**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#50-1 Guardianship/Conservatorship**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

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

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#60-1 Recreation**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#60-3 Reassurance**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; City of Molalla-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr. (see Appendix F for address and phone numbers)

Note if contractor is a "for profit agency"

**#60-4 Volunteer Recruitment**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#60-5 Interpreting/Translation**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#70-2 Options Counseling**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#70-5 Newsletter**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Canby Adult Center (non-profit); Estacada Community Center(non-profit); City of Gladstone-Gladstone Sr. Ctr; Hoodland Sr. Ctr. (non-profit); City of Lake Oswego-LO Adult Comm. Ctr.; North Clackamas Parks & Rec.-Milwaukie Ctr.; City of Molalla-Molalla Adult Comm. Ctr.; City of Oregon City-Pioneer Comm. Ctr.; City of Sandy-Sandy Sr. & Comm. Ctr.; and City of Wilsonville-Wilsonville Comm. Ctr. (see Appendix F for address and phone numbers)

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#72 Cash and Counseling**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#80-1 Senior Center Assistance**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#80-4 Financial Assistance**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#80-5 Money Management**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

**#90-1 Volunteer Services**

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

## **E - 2 Administration of Oregon Project Independence:**

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

Case manager returns all calls within 24 hours during the work week.

- b. Explain how clients 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 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, 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 mental health providers. The case manager will advocate on behalf of the client with such programs as necessary.

- c. Describe how eligibility will be determined.

After the initial OPI Risk Assessment is administered, a follow-up home visit is made which includes a CAPS assessment. The CAPS assessment ultimately determines eligibility. The Clackamas County OPI program serves SPL levels 1-18. The Clackamas County OPI program provides a level of service that is adequate to meet the safety, nutrition, and home and personal care needs of OPI clients. Most clients have a high degree of need and receive up to 45 hours of assistance each month.

- d. Describe how the services will be provided.

Clients can choose either an in-home care worker or a worker from a contracted agency. When the OPI budget allows, other services such as respite care, home repair/modification, DME, and home delivered meals will be provided by the appropriate contractor(s). The OPI case manager sees each client once a year, at a minimum. A small number of "case management only" clients may be seen each year.

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

A wait list is kept for potential OPI clients. Reassessment occurs as program capacity allows. The OPI case manager administers the OPI risk assessment tool to each individual on the OPI wait list. Those individuals with the highest risk scores will be served first, as funding is available.

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

Potential or current clients may be denied or terminated from services for various reasons. They may fail to meet the survival priority level, refuse to engage in services, act out inappropriately toward the OPI staff, as examples. Reduction of service may occur if a client's condition improves and needs decrease. A family member may increase involvement, taking on additional responsibilities for the provision of care. Following Medicaid standards, a ten day notice of reduction or termination of services is given. The case manager always consults with the supervisor before making these decisions.

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

The Clackamas County Social Services grievance policy applies. Notice will be given within 24 hours of an assessment leading to an adverse eligibility decision, via verbal contact with a client. Written notice is provided within three business days.

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

Each annual OPI assessment includes a fee determination. In some cases monthly fees are assessed. In these situations, the case manager generates fee coupons. Each client is mailed 12 coupons and 12 envelopes. Clients are asked to send payments via US mail to the OPI case manager. Those who are not assessed monthly fees are required to pay \$5.00 per year. Annually, a request for this annual fee and an envelope are sent to those who are not assessed monthly fees. Receipt of all fees is narrated in the client record. The fees comprise a discretionary fund that provides needed goods and services to enrolled OPI clients, at the case manager and supervisor's discretion.

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

Non-payment of fees will be tracked by the case manager. If a client is in arrears for three consecutive months, there will be a discussion with the client regarding the reason for non-payment, and a remedy put in place. Once the remedy has been put in place, clients must follow the plan. If the plan is not successful and three months elapse, the client may be terminated from the program. Exceptions to billing may be made on a case-by-case basis in consultation with the supervisor.

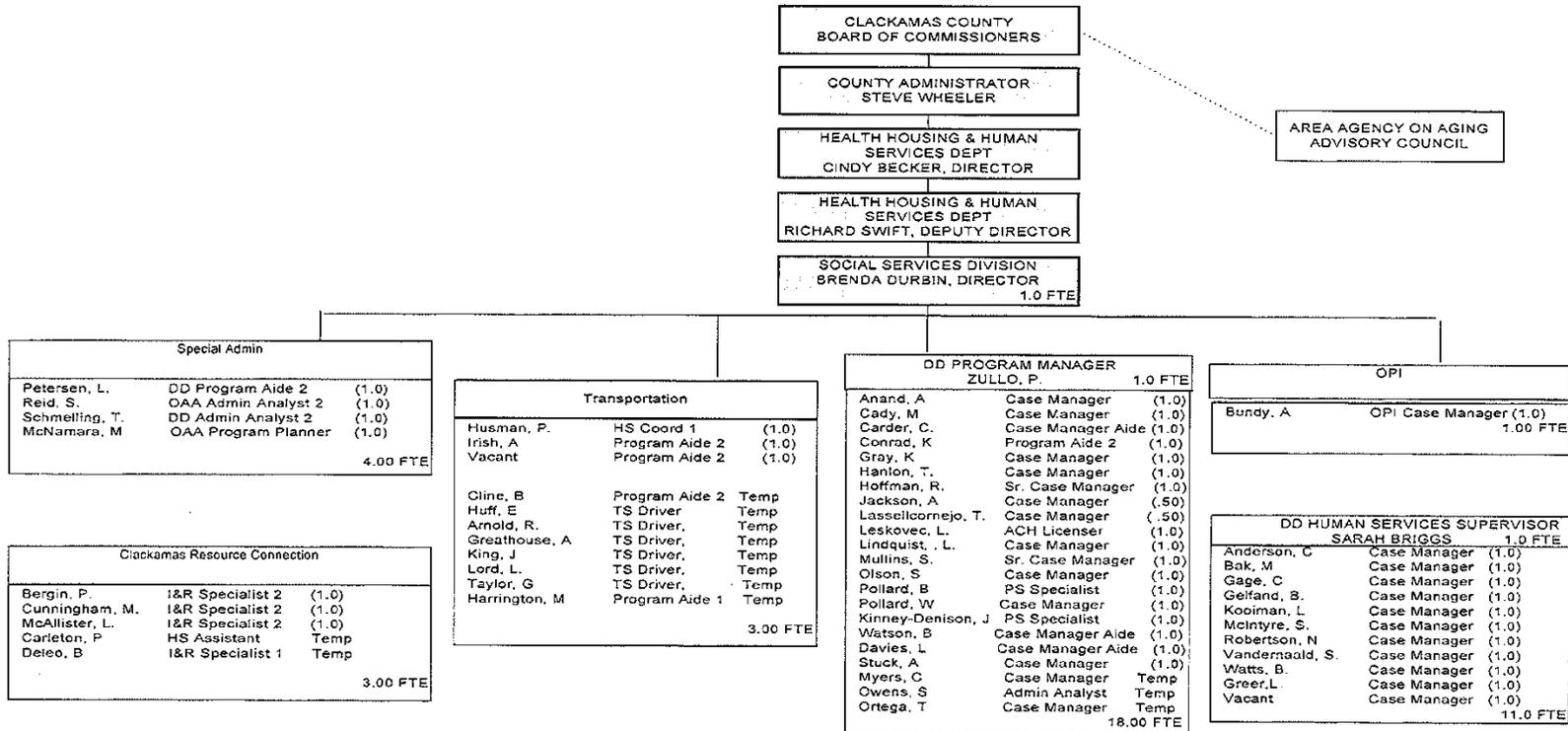
## APPENDICES

- A: Organization Chart
- B: Advisory Council(s) and Governing Body
- C: Public Process
- D: Report on Accomplishments from 2011-2012 Area Plan Update
- E: Emergency Preparedness Plan
- F: List of Designated Focal Points
- G: Partner Memorandums of Understanding
- H: Statement of Assurances and Verification of Intent
- I: *EngAGE in Community* Report
- J: Overview of Hispanics in an Aging Population Report
- K: Clackamas County Policy on Aging
- L: Acronym List

# Appendix A Organizational Chart

August 21, 2012

**HEALTH HOUSING & HUMAN SERVICES DEPT**  
**SOCIAL SERVICES DIVISION**  
ADS Org Chart  
FISCAL YEAR 2012 / 2013



Total FTE 38

**Appendix B**  
**Advisory Council(s) and Governing Body**

**AGENCY'S GOVERNING BODY**

Agency's Governing Representative Name & Contact Information	Date Term Expires (if applicable)	Title/Office (if applicable)
Charlotte Lehan	12/31/12	Chair, County Commissioner
Jim Bernard	12/31/14	County Commissioner
Jamie Damon	12/31/12	County Commissioner
Ann Lininger	12/31/12	County Commissioner
Paul Savas	12/31/14	County Commissioner

**AREA AGENCY ADVISORY COUNCIL**

Name & Contact Information	Date Term Expires	Category of Representation
Berg, Valerie 215 Greenridge Drive 315 Lake Oswego, OR 97035	6/30/2014	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> <u>Under 60</u>
Bering, Rika 21215 S. Sweetbriar Rd. West Linn, OR 97068	6/30/2014	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> <u>Under 60</u>
Breiling, Mary 17685 S. Holly Lane Oregon City, OR 97045	6/30/2014	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> ____

Name & Contact Information	Date Term Expires	Category of Representation
Brothers, Sharon K. 5281 Windsor Terrace West Linn, OR 97068	6/30/2013	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> Under 60
Buckley, Lora 68590 E. Birdie Ln, Po Box 257 Welches, OR 97067	6/30/2014	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Burns, Ellen 7550 Charolais Court Gladstone, OR 97027	6/30/2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Cavataio, Pat PO Box 1717 Sandy, OR 97055	6/30/2014	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Christensen, Yvonne 16802 S. Redland Road Oregon City, OR 97045	6/30/2015	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Graebert-Rodriguez, Gabriele 170 Linn Ave. Oregon City, OR 97045	6/30/2014	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Jones, Dick 3205 SE Vineyard Rd. Oak Grove, OR 97267	6/30/2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input checked="" type="checkbox"/> Family Caregiver <input checked="" type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Koehrsen, Glenn 15144 S. Graves Rd. Mulino, OR 97042	6/30/2013	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public

Name & Contact Information	Date Term Expires	Category of Representation
Lasko, Bethany 13281 SE 119th Ct Clackamas, OR 97015	6/30/2014	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input checked="" type="checkbox"/> <u>Under 60</u>
Lowe, Joseph 39635 Dubarko Rd. Sandy, OR 97055	6/30/2012	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> <u>Under 60 &amp; Disabled</u>
Petersen, Charles 17971SE River Rd, #302 Milwaukie, OR 97267	6/30/2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input checked="" type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input checked="" type="checkbox"/> <u>Disabled</u>
Renk, Marilyn 15115 SE Bartell Rd Boring, OR 97009	6/30/12	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Tobias, Daphne 39706 Evans St. Sandy, OR 97055	6/30/2014	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Youso, Marlene 2422 Pimlico Drive West Linn, OR 97068	6/30/2015	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public

## **Appendix C Public Process**

An overview of the Area Plan was presented at all meetings. This included an Executive Summary that outlined why the Area Plan is required and how the funds are used. A public comment period for comments, questions, and/or objections was also part of these meetings. All comments, questions, and/or objections were noted.

City and Hearing Location: Milwaukie, NCPR-Milwaukie Center

Date: 8/10/12

Number in Attendance: 12

Number of 60 y/o+: 7

City and Hearing Location: Estacada, Estacada Community Center

Date: 8/16/12

Number in Attendance: 12

Number of 60 y/o+: 7

City and Hearing Location: Oregon City, Clackamas County Development  
Services Building

Date: 9/10/12

Number in Attendance: 25

Number of 60 y/o+: 15

City and Hearing Location: Oregon City, Clackamas County Public Services  
Building

Date: 9/27/12

Number in Attendance: 21

Number of 60 y/o+: 9

**Appendix D**  
**Report on Accomplishments from 2011-2012 Area Plan Update**

<p>A=Administration  B= Advocacy  C=Coordination  D=Development  E=Outreach</p> <p style="text-align: center;"><b>GOAL DESCRIPTION</b></p>	<p style="text-align: center;"><b>MEASURABLE OBJECTIVES</b></p>	<p style="text-align: center;"><b>ACTIVITIES</b></p>	<p style="text-align: center;"><b>DURATION</b></p>	<p style="text-align: center;">(Complete this column as achieved and submit this section with your annual AP updates)</p> <p style="text-align: center;"><b>OUTCOMES/ ACCOMPLISHMENTS</b></p>
<p>[X]A [X]B [X]C <input type="checkbox"/>D <input type="checkbox"/>E</p> <p>Increase nutrition services for elderly county residents.</p>	<p>\$X raised annually for senior center meal programs.</p>	<p>Provide information, resources, and marketing to support fundraising efforts of new non-profit, Clackamas County Meals on Wheels.</p>	<p>Ongoing</p>	<p>FY07/08 CCMOW &amp; the Meal Sites sold Entertainment Books. Total funds raised by the Meals Sites \$2,800; total funds raised by CCMOW \$1,800. Also sold books in FY08/09 FY09/10, and FY10/11 raising over \$6,000 each year. This activity raises awareness of the program as well as being a fund raiser.</p> <p>All Meal Sites participate in the MOWAA March for Meals campaign. This effort is to both fund raise and raise awareness of the program and it's needs.</p> <p>FY08/09 The Milwaukie Center site was honored by MOWAA for its March for Meals campaign rising over \$25,000.</p>

<b>A=Administration</b> <b>B= Advocacy</b> <b>C=Coordination</b> <b>D=Development</b> <b>E=Outreach</b>  <b>GOAL DESCRIPTION</b>	<b>MEASURABLE OBJECTIVES</b>	<b>ACTIVITIES</b>	<b>DURATION</b>	(Complete this column as achieved and submit this section with your annual AP updates)  <b>OUTCOMES/ ACCOMPLISHMENTS</b>
Increase nutrition services for elderly county residents. (con't)				FY09/10 The program received a \$20,000 grant from Kaiser Permanente to increase client consumption of fruits & vegetables.  The partnership between the meal sites, CCMOW, and AAA continues to grow and develop.

<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p><b>GOAL DESCRIPTION</b></p>	<p><b>MEASURABLE OBJECTIVES</b></p>	<p><b>ACTIVITIES</b></p>	<p><b>DURATION</b></p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p><b>OUTCOMES/ ACCOMPLISHMENTS</b></p>
<p>[X]A [X]B [X]C <input type="checkbox"/>D <input type="checkbox"/>E</p> <p>Engage local advocates to monitor, evaluate and comment on issues affecting older persons.</p>	<p>On an annual basis: 10 communications with local officials</p> <p>10 communications with state legislators</p> <p>10 communications with federal lawmakers and/or administration officials</p> <p>(Note – communications may be in person, via phone or email.</p>	<p>Annual advocacy training</p> <p>Create and distribute information for advocates to use</p> <p>Monthly advocacy meetings</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>10 Residents and AAA-AC members participated in the O4AD Advocacy Day at the Legislature</p> <p>8 Letters to the Editor were written by AAA-AC Advocacy members to local papers</p> <p>3 AAA-AC Members met with the Board of County Commissioners (BCC) regarding concerns and issues around the Transfer of the Medicaid Long-term Care program back to the State</p> <p>1 BCC member attended an AAA-AC meeting FY09/10, FY10/11 &amp; FY11/12.</p>

<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p><b>GOAL DESCRIPTION</b></p>	<p><b>MEASURABLE OBJECTIVES</b></p>	<p><b>ACTIVITIES</b></p>	<p><b>DURATION</b></p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p><b>OUTCOMES/ ACCOMPLISHMENTS</b></p>
<p>[X]A [X]B [X]C [X]D [X]E</p> <p>Increase access to special needs, community based transportation services in the county.</p>	<p>Number of rides provided increases 2% each year.</p> <p>Number of riders increases 2% each year.</p> <p>Amount of funding allocated to special needs transportation increases 2% each year.</p>	<p>Quarterly meeting of the Clackamas County Transportation Consortium (CCTC) to ensure coordination and sharing of best practices.</p> <p>Participate in regional RTCC meetings.</p> <p>Submit STF grant applications.</p> <p>Submit one transportation related grant application annually in addition to STF grants.</p> <p>Post transportation information on agency website.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>By June, 2008</p>	<p>In comparing FY07/08 to the same time period in FY08/09 we see a slight increase in Rides and a decrease is in the average miles per ride.</p> <p>The number of Riders FY07/08 compared to FY06/07 decreased by 9.89%. We are also seeing a decrease in comparing FY07/08 to the same time period in FY08/09.</p> <p>Received continued STFF for FY07/08, FY08/09, FY09/10 &amp; FY10/11 and FY11/12 to continue services</p> <p>Received funding (STFD &amp; BETC) for Mt Express – new service in Welches area.</p>



<b>A=Administration</b> <b>B= Advocacy</b> <b>C=Coordination</b> <b>D=Development</b> <b>E=Outreach</b>  <b>GOAL DESCRIPTION</b>	<b>MEASURABLE OBJECTIVES</b>	<b>ACTIVITIES</b>	<b>DURATION</b>	(Complete this column as achieved and submit this section with your annual AP updates)  <b>OUTCOMES/ ACCOMPLISHMENTS</b>
<input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E  Provide services that appeal to and are accessible to low-income ethnic minority individuals	Increase the percentage of minority seniors who participate in Older American Act services by 2% each year.	Provide translation services.  Employ minority and bi-lingual staff  Provide program material in Spanish and Russian  Participate in Hispanic Interagency Networking Team.	Ongoing  Ongoing  Ongoing  Ongoing	We continue to contract for translation services as needed.  We have staff who speak Spanish, Russian, and Chinese  Our Community Resource Guide is printed in English, Spanish and Russian for distribution around the County

## **Appendix E Emergency Preparedness Plan**

Please refer to separate PDF documents:

Clackamas County H3S Continuity of Operations Plan (COOP)

Clackamas County Emergency Plan for Serving People with Access and Functional Needs, June 2011

Clackamas County Social Services has submitted the county's Emergency Plan for Serving People with Access and Function Needs as Attachment E of the Area Plan. The following information helps readers of the Area Plan locate sections of the Emergency Plan relating the responsibilities of Clackamas County Social Services.

Assessment of Potential Hazards can be found on page 7 of the County Plan and include fires, floods, gas leaks, and serious snow storms.

Agreements detailing coordination between agencies can be found in Appendix H – Intra-County Mutual Aid Agreement of the plan.

Descriptions of Social Services' role in local planning and coordination can be found in section 3.1 (Sheltering and Mass Care) and section 3.3.2 (Volunteer Support). On page 20, the reference to H3S' responsibilities includes the role of Social Services staff in disseminating information to and providing real-time problem solving for vulnerable populations. The Volunteer Connection, reference on page 23, is a program of Clackamas County Social Services and is charged, through Annex J of the County's Emergency Operations Plan, for deployment of a Volunteer Reception Center

**Appendix F**  
**List of Designated Focal Points (OAA Section 306(a)(3)(B))**

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

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

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

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

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

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

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

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

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

**Designated Access Point**

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

## **Appendix G**

### **Partner Memorandums of Understanding**

# Metro Aging & Disability Resource Connection Consortium

## Memorandum of Understanding

This Memorandum of Understanding is between the following parties:

- Clackamas County Social Services (CCSS),
- Community Action Team, Inc. (CAT),
- Independent Living Resources (ILR),
- Multnomah County Aging and Disability Services Division (MCADS),
- Washington County Disability, Aging and Veterans Services (WCDAVS), and
- Oregon Dept. of Human Services, Aging and People with Disabilities, Clackamas, Washington and Columbia Counties (APD)

### **Vision:**

All individuals will have easy access to long-term support resources through comprehensive information, awareness, education, and guided assistance through an integrated approach.

### **Mission:**

To honor and support the desire of individuals with disabilities or who are aging to remain independent, healthy, safe and active in their home communities. To provide services that promote dignity, choice, personal responsibility and quality of life.

### **Values:**

- Maximum freedom and independence
- Informed choice
- Person-centered & directed
- Inherent dignity of the individual
- Personal responsibility and engagement
- Culturally responsive
- Based on collaboration
- Commitment to quality

### **Background:**

The Oregon Aging and Disability Resource Connection (ADRC) consists of highly visible and trusted Resource Centers in communities where individuals can turn for information on the full-range of long-term care options and entry to public long-term support programs and benefits. Individuals may access ADRC services by phone, in person or on-line. ADRC core services include Information & Assistance (I&A), Options Counseling (benefits counseling & long-term services & supports counseling), Care Transitions and Evidence-based Chronic Disease Management/Health Promotion.

The Oregon ADRC system is led at the state level by the Department of Human Services, Aging & People with Disabilities (APD). APD has responsibility for establishing standards for Oregon's ADRCs and providing monitoring and oversight of ADRC activities.

The organizations identified in this memorandum recognize that communities in the four county region (Clackamas, Columbia, Multnomah and Washington) have developed a continuum of services that are responsive to unique local needs and leverage local resources. This memorandum of understanding seeks to utilize the strengths of this network of services to offer long-term resources and supports to individuals, families and community/health professionals. Members understand that the consortium will implement ADRC services in a sustainable manner, as funding and resources allow.

**Terms of Agreement:**

All Metro ADRC Consortium partners agree to:

- 1) Develop an operational plan for regional ADRC program expansion
- 2) Provide streamlined access to public benefits and services
  - a) Partners will establish a process for facilitated transfer of individuals across Counties, organizations and services
- 3) Provide basic information, referral and assistance functions
  - a) Utilize ADRCofOregon resource data base and call module to capture call contact information
  - b) Partners will participate in regional and state-wide coordination of data resource management to ensure that resource data in the ADRCofOregon is accurate, up-to-date, and presented in a consistent format.
- 4) Assist older adults and people with disabilities to avoid institutional care and unnecessary utilization of health care resources by implementing such services as:
  - a) Options counseling
  - b) Care coordination/management
  - c) Care transitions
    - i) Nursing facility transition/diversion
    - ii) Partnering with regional Coordinated Care Organizations
  - d) Evidence-based health promotion and chronic disease self-management
  - e) Protection for vulnerable adults – through education and referral/reporting to Adult Protective Services
- 5) Ensure consumer involvement and satisfaction
  - a) Regional ADRC Advisory Committee will meet at least quarterly. Each agency will provide 1 staff representative to sit on the committee and recruit 1-2 consumers/community members. At least 51% of advisory committee members will be consumers. Consumers may be older adults, people with disabilities (physical, mental/behavioral health, and intellectual/developmental), veterans, family caregivers or professionals representing the aging/disability network or healthcare.
  - b) Consumer satisfaction surveys – partners providing core ADRC services agree to conduct standardized consumer satisfaction surveys and share summary results with the quality improvement workgroup and advisory committee.
  - c) The Consortium, in consultation with the Advisory Committee, will annually develop additional opportunities for consumer feedback, such as focus groups, etc.
- 6) Participate in continuous quality improvement
  - a) Partners to participate in developing and implementing regional quality improvement plan to implement State quality/performance protocols
  - b) Coordinate and share training resources, including:
    - i) Coordinate annual CIRS-A training, testing, and recertification for I&A staff

- ii) Create developmental opportunities for staff to become resource specialists in our consortium with training that support CRS certification;
- iii) Develop Options Counseling Train-the-Trainer resources to be shared in the region
- iv) Establish an annual plan for ADRC core training topics, such as:
  - (1) Medicaid Eligibility Basics
  - (2) Medicare Basics
  - (3) Options Counseling 101
  - (4) Serving Veterans
  - (5) Consumer Self-Direction
  - (6) Motivational Interviewing
  - (7) Inclusive programs that address the needs/preferences of people with disabilities
  - (8) ADRCofOregon – web-site search, resource database, call module & care tool
  - (9) Sharing of I&A best practices
- c) Partner with Coordinated Care Organizations in the region to ensure collaboration across health, long-term care and social service systems for older adults and individuals with disabilities.

Area Agencies on Aging (CCSS, CAT, MCADS, WCDAVS) agree to:

- 1) Provide streamlined access to public benefits and services
  - a) Screening for public benefits will be conducted by ADRC Information & Assistance staff and cross-referral protocols established to ensure seamless and timely access to public benefit eligibility. Each partner agrees to ensure that staff conducting screening activities are familiar with public benefits eligibility and protocols for cross-referral with Medicaid eligibility intake. ADRC partners will establish coordination and oversight processes to ensure streamlined access for consumers and effective coordination across programs/agencies.
  - b) Provide Senior Health Insurance Benefits Assistance services, including:
    - i) Outreach and education to Medicare beneficiaries
    - ii) Outreach and enrollment for Medicare Low-Income Subsidy
    - iii) Education, advocacy and reporting of Medicare fraud and abuse (Senior Medicare Patrol)
    - iv) Coordination of SHIBA activities with Medicaid Medicare Modernization Act (MMA) staff and services
    - v) Coordination with and training of ADRC and other community partners regarding Medicare benefits and issues
- 2) Provide comprehensive information, referral and assistance functions
  - a) Staff providing ADRC Information & Assistance will meet State standards for certification and training
  - b) Follow State standards for the provision of Information and Assistance services
  - c) Develop protocols for partners to provide back-up coverage for each other for I&A and other key ADRC functions

Independent Living Resources agrees to:

- 1) Provide comprehensive information, referral and assistance to consumers with disabilities
- 2) Connect consumers with disabilities to peer and training supports
- 3) Provide training and technical assistance to Metro ADRC Consortium and other related partners on issues pertaining to people with disabilities

Medicaid Long-term Care Programs (MCADS & APD) agree to:

- 1) Conduct eligibility for a variety of public benefits, including:
  - a) Supplemental Nutrition Assistance Program (SNAP)
  - b) Oregon Health Plan
  - c) Medicaid Long-Term Care & Case Management
- 2) Provide care coordination for individuals enrolled in Medicaid Long-Term Care programs
- 3) Provide Adult Protective Services and Multi-Disciplinary Team supports for individuals experiencing self-neglect or abuse and with complex needs.

**Authorized Signatures:**

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Brenda Durbin, Director  
Clackamas County Social Services

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Date

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Genevieve Sundet, District Manager  
Clackamas County  
Aging & People with Disabilities

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Date

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Jim Tierney, Executive Director  
Community Action Team, Inc.

---

Date

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Barry Fox-Quamme, Executive Director  
Independent Living Resources

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Date

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Peggy Brey, Division Director  
Multnomah County Aging & Disability Services

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Date

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Sia Lindstrum, Sr. Deputy Asst.  
County Administrator  
Washington County Disability, Aging &  
Veterans Services

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Date

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Jessica Soltesz, District Manager  
Washington & Columbia Counties  
Aging & People with Disabilities

---

Date

## Appendix H

### Statement of Assurances and Verification of Intent

For the period of January 1, 2013 through December 31, 2016, the Clackamas County Social Services (AAA) accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) (P.L.106-510) and related state law and policy. Through the Area Plan, the AAA shall promote the development of a comprehensive and coordinated system of services to meet the needs of older individuals and individuals with disabilities and serve as the advocacy and focal point for these groups in the Planning and Service Area. The AAA assures that it will:

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

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

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

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

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

- A. Information concerning whether there is a significant population of older Native Americans in the Planning and Service Area, and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under the Area Plan
- B. An assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides with services provided under Title VI of the Older Americans Act

C. An assurance that the Area Agency on Aging will make services under the Area Plan available; to the same extent as such services are available to older individuals within the Planning and Service Area, to older Native Americans.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Glenn Koehrson  
Advisory Council Chair

\_\_\_\_\_  
Date

CLACKAMAS COUNTY  
Commissioner Charlotte Lehan, Chair  
Commissioner Jim Bernard  
Commissioner Jamie Damon  
Commissioner Ann Lininger  
Commissioner Paul Savas  
  
Signing on Behalf of the Board

\_\_\_\_\_  
Cindy Becker, Director  
Health, Housing, and Human Services Dept

**Appendix I**  
**engAGE in Community Report**

Please refer to separate PDF documents



# OVERVIEW OF HISPANICS IN AN AGING POPULATION

Policy Analysis for Clackamas County, Oregon

A Supplement to the *engAGE in Community* initiative

Mary L. Soots, B.A., M.A.  
May, 2011

# OVERVIEW OF HISPANICS IN AN AGING POPULATION: Policy Analysis for Clackamas County, Oregon

Mary L. Soots, B.A., M.A.  
May 2011

## INTRODUCTION

This report was produced for Clackamas County as an adjunct to the *engAGE in Community* initiative, a collaboration between Clackamas County Department of Social Services, Oregon State University Extension Family and Community Health Service, and AARP-Oregon. The *engAGE in Community* initiative seeks to understand the age-friendliness of Clackamas County. According to the U.S. Census, the average age of the population of the U.S. will be older in the coming years than it has been. Between 2011 and 2029, as the Baby Boomer generation reaches the retirement age of 65, the median age for the general population will increase, and the dependency ratio, the number of people depending on the labor force to care for them, will continue to increase. Using the World Health Organization's categories for age-friendly communities, this portion of the *engAGE in Community* assessment reached out to the older Hispanic population in Clackamas County, evaluating access to the Physical Environment (housing, transportation, outdoor spaces and buildings), Service Environment (community support and health services; communication and information), and Social Environment (civic participation and employment; respect and social inclusion; and social participation), the *engAGE in Community* initiative is working to address the needs of communities as this happens.

Another demographic that is on the increase is the Hispanic population. According to projections in 2008, the Hispanic population in the U.S. is expected to triple by 2050, increasing its share of the total population from 15 to 30 percent (U.S. Census Bureau, 2008). This report seeks to understand the confluence between the future increase in retirement age population and the growth of the Hispanic demographic. If the *engAGE in Community* initiative is seeking to understand the needs of communities in order to prepare for an older population, this supplement explores the needs of older Hispanics and cultural differences in the perception of aging in order to guide effective decision-making in policy to address the needs of both population groups.

The Hispanic population is not a homogenous group but rather represents a large and ethnically diverse population. The U.S. Census classifies the "Hispanic/Latino" population in the sub-categories of Mexican Americans, Puerto Ricans, Cubans and Central and South Americans. As with every nation, each of these ethnic groups has a distinctive social and historical background, unique cultural norms and patterns of interaction. As with most foreign-born cultural groups, there are concentrations in various regions of the United States. In the case of Clackamas County, the population that participated in this project was exclusively Mexican, although I found pockets of people from various regions of Mexico where sub-cultures with distinct language and historical roots maintain their identity within the dominant

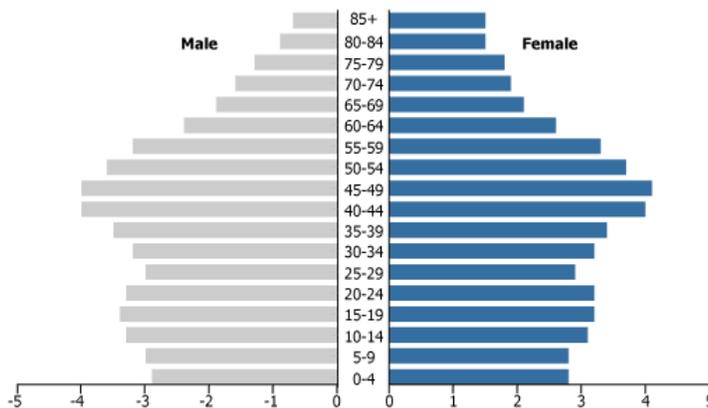
Spanish-speaking group. For example in Estacada I found a large population of residents from the Yucatan, an area of Mexico with a large Mayan population.

Although there is no general agreement on their etymology, for the purpose of this report, the terms “Hispanic”, which refers to countries where Spanish is spoken, and “Latino”, which refers to Latin American countries alone, are used interchangeably. These terms refer to ethnicity and not to race. Race, other than noted in statistical data, was not differentiated for this study.

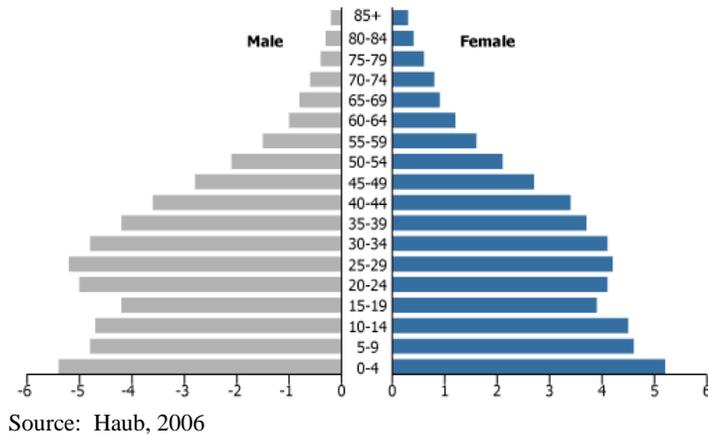
## HISPANIC POPULATION IN THE U.S.

With an increase in the Hispanic population, it is expected that there will be an increase in the number of aging Latinos as well. At the time of the 2010 Census, there were 308.7 million people residing in the U.S., an increase of 27.3 million people, or 9.7 percent from 2000 census. The Hispanic population accounts for over half of the increase during that time (Humes, et al 2011). The report will explore statistical data to provide an understanding of population growth and distribution and how that differs from the non-Hispanic population. The population triangles depicted below use 2000 U.S. Census figures to illustrate the age and gender distribution in White Non-Hispanic population and the Hispanic population of the U.S.

### White Non-Hispanic



## Hispanic

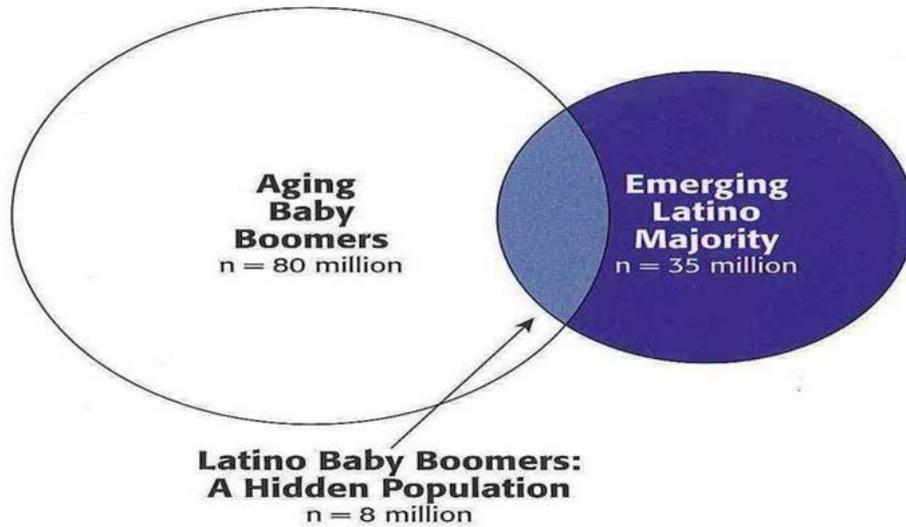


In looking at the statistical data, there is no parity between the compositions of these populations' demographics. The Hispanic population reflects a younger demographic than that of the non-Hispanic population of the U.S. In 2009, the median age of the Hispanic population was 27.4 years, compared to 36.8 years of age for the population as a whole.

The growth in the Hispanic population in the U.S. is not attributed solely to immigration, but includes the number of children who were born to Hispanic immigrants. In 2009, Hispanics comprised 22 percent of children younger than 18 and figures showed that 61 percent of the 10.5 million Hispanic households in the United States included children younger than 18 ([www.infoplease.com/spot/hhmcensus1.html](http://www.infoplease.com/spot/hhmcensus1.html)). Statistically there are more Hispanic women in their child-bearing years, and first-generation Hispanics generally tend to have higher birth rates (although with each generation there is a greater degree of assimilation and that number tends to drop in succeeding generations).

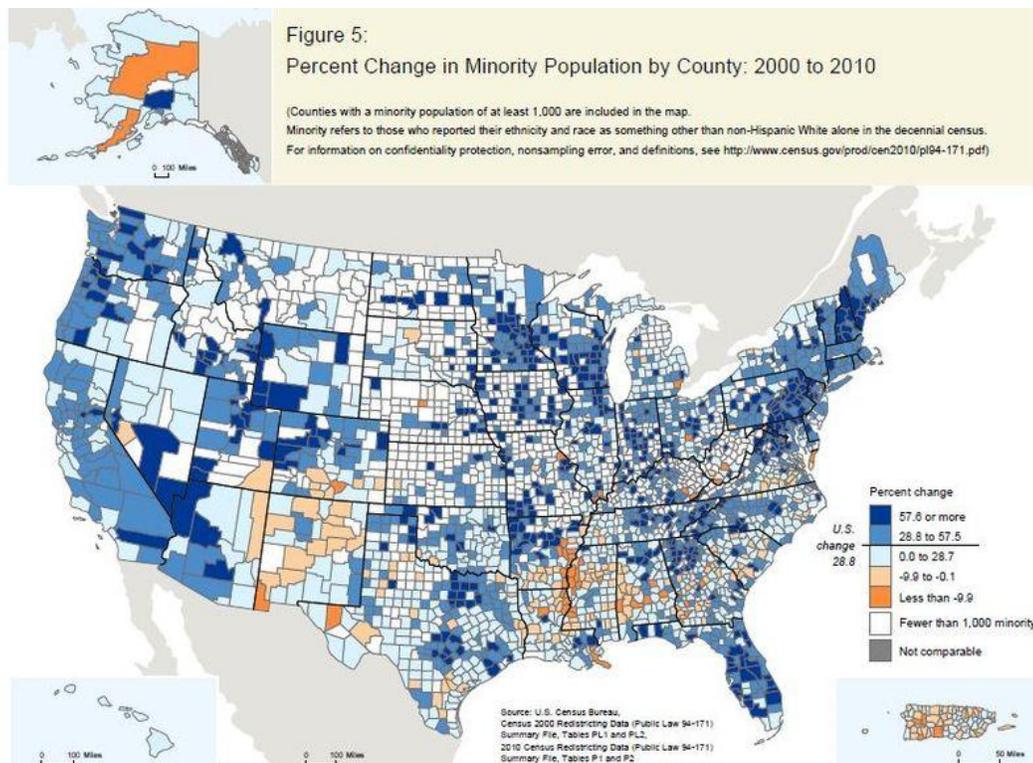
The White non-Hispanic population has a lower birth rate and as the Baby Boomer generation (reflected in the bulge that begins in the 40's) grows older, the pyramid will begin to look more like a cube. By contrast, the population triangle of the Hispanic population resembles that of a developing country with a higher birth rate and an increase in immigration, with greater numbers of working age males than that of the white non-Hispanic population.

One of the most significant differences between Whites and Hispanics is the proportion of older people. Among Whites, 15 percent are age 65 and over. For Hispanics, it is 5 percent (Haub 2006). At the time of the 2000 U.S. Census, the Baby Boomers numbered 80 million. In contrast, the total Hispanic Population numbered 35 million, with older Hispanics numbering 10 million. How these numbers overlap is illustrated in the diagram below.



Source: Torres-Gilab; Bikson Mogaa, 2002

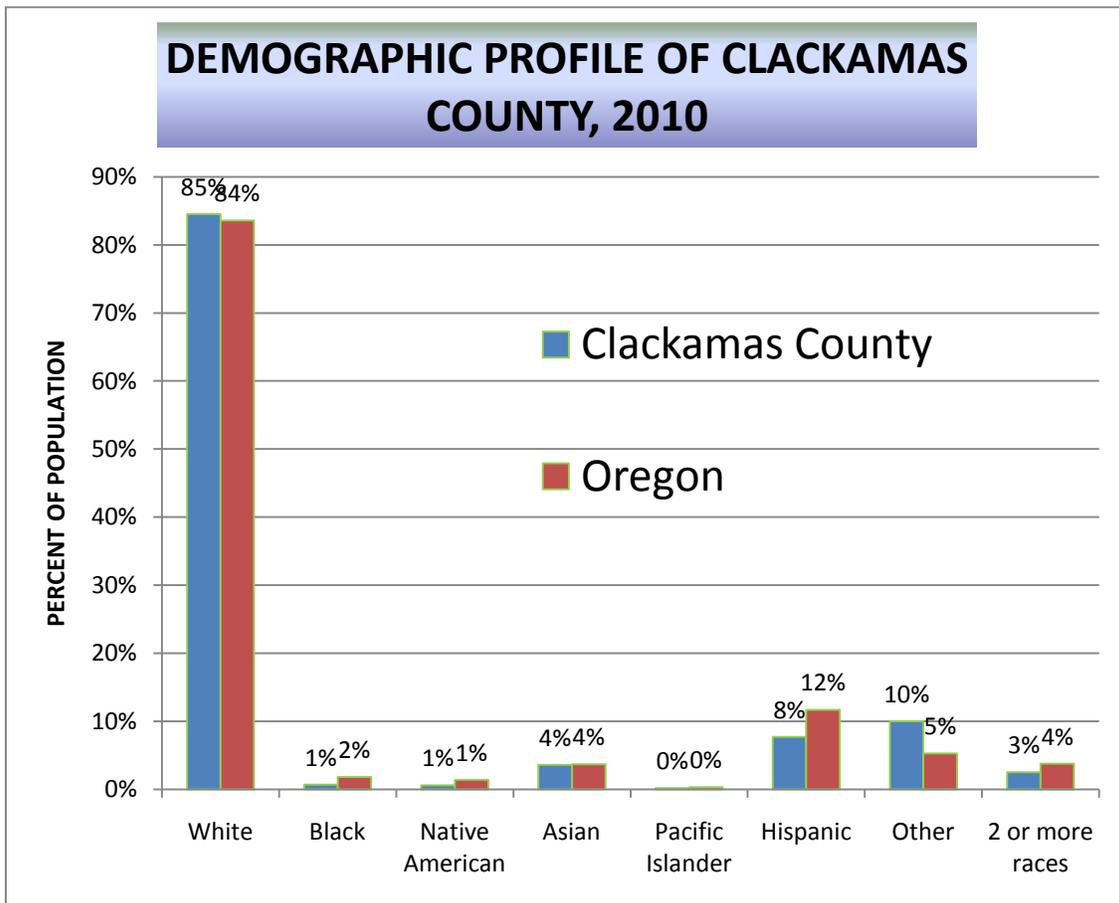
The geographic distribution of Hispanics in the U.S. is not uniform. With greater concentrations in former Mexican territories such as California and the southwestern U.S., the map below indicates the growth in all minority populations by county between 2000 and 2010. Although the map outlines the percentage of growth, there is no differentiation made between increases in minority populations attributable to migration versus growth by natural increase.



(Source: <http://blogs.census.gov/.a/6a0120a61b56ed970c0147e36f25e0970b-popup>)

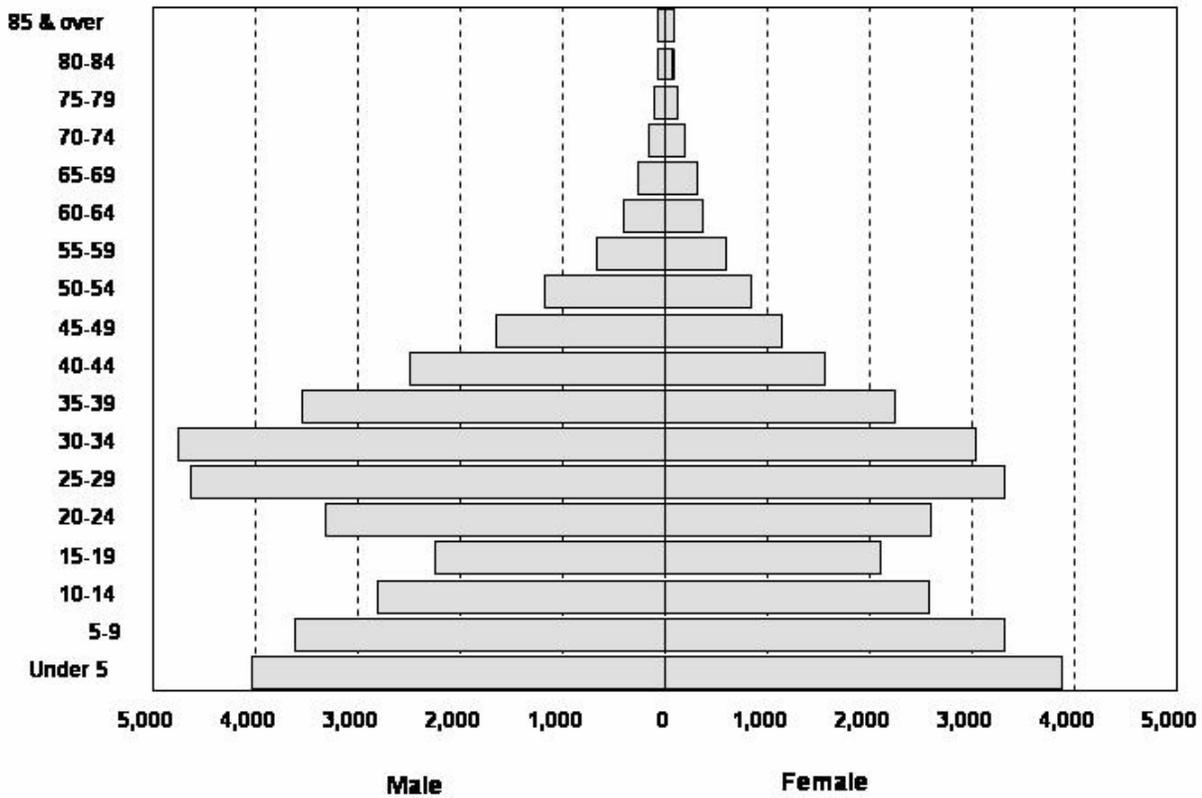
## HISPANIC POPULATION IN OREGON AND CLACKAMAS COUNTY

Population trends in Oregon are similar to those of the greater U.S. The 2010 U.S. Census estimated Oregon’s total population at 3,831,074 residents. Of those, the Hispanic population numbered 450,062, or 11.7 percent. Compared to the state’s percentage, there was a notable disparity in the percentage of Hispanic population in Clackamas County. The county’s Hispanics represented only 7.75 percent of the overall population compared to Oregon’s 11.7 percent. The county’s total population numbered 375,992, and the Hispanic population was estimated at 29,138. A more detailed view of the demographic profile of Clackamas County’s to Oregon’s overall population is illustrated below.



(Source: U.S. Census)

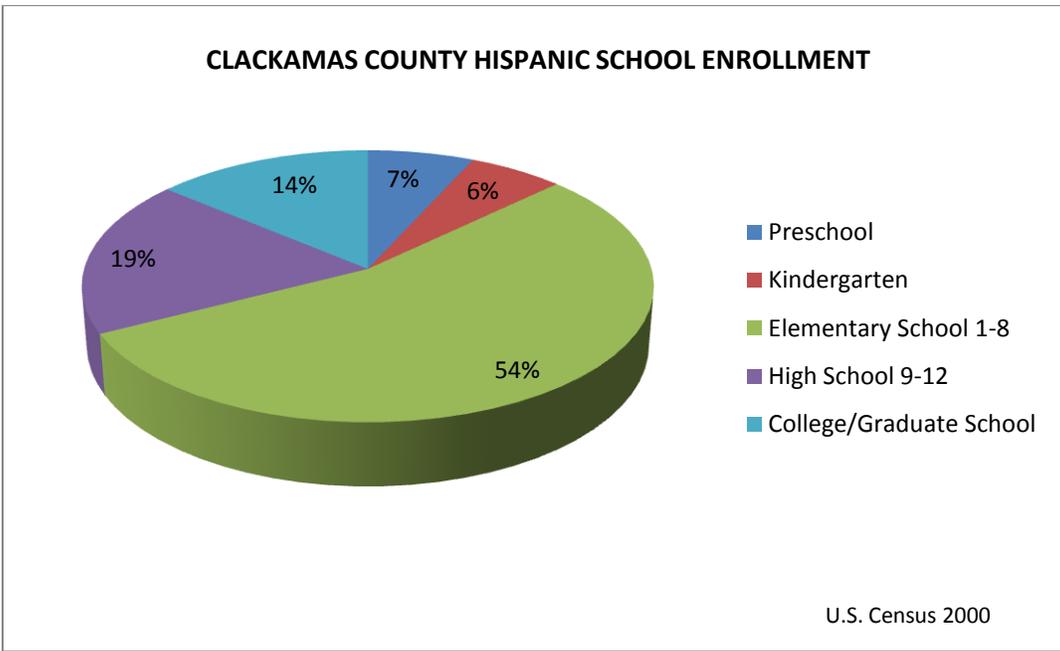
Although census data by age and gender was unavailable at the time of this report for Hispanics in Oregon, a report published for Multnomah County in 2008 may give us some indication. It shows very few elders of either sex. The greatest numbers of Hispanics are in the child-bearing age of 25-40 years, or are less than 18 years of age, with the greatest number being children under the age of 5 years.



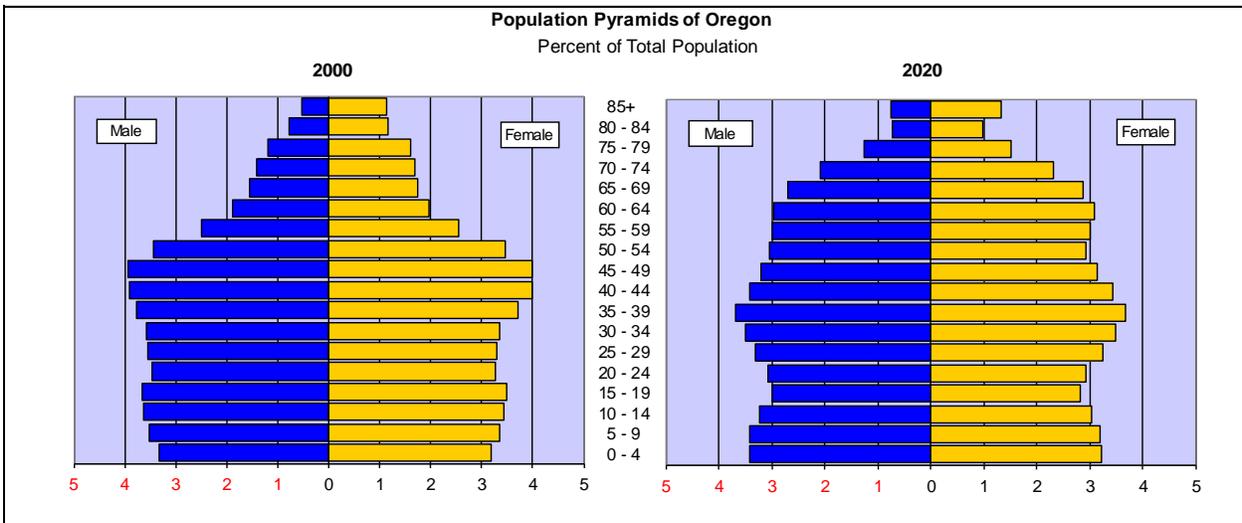
Graph 4: Multnomah County, 2005  
Hispanic Population Distribution

Source: 2005 National Center for Health Statistics Estimates

Another significant difference between Clackamas County’s populations as compared to the state of Oregon’s was that those over 18 years of age in Clackamas County represented 76.27 percent of the population while in Oregon’s overall population, those over 18 was a higher 79.46 percent. This would indicate that there are a larger number of children in Clackamas County. While Hispanics comprise 11.7 percent of the population, new figures from the Oregon Department of Education show nearly 20 percent of K-12 kids are Hispanic (2010 Jacob Lewin). The diagram below illustrates the 2000 Census grade distribution in Clackamas County.



As the overall population of Oregon ages and the younger Hispanic population growth levels off, the projected population triangle will eventually become less of a triangle and more of a cube as is illustrated below.



Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005

The change in demographics with the aging of the Baby Boomers and a leveling off of birth rate will raise Oregon’s median age from 36.3 in 2000 to 38.5 in 2020. This will be reflected in an increase of the dependency ratio for those 65 and over while the lower birth rate will decrease the dependency ratio for those under 20.

Demographic Indicator	2000	2020	Change
Median Age	36.3	38.5	2.2
Male	35.1	37.6	2.5
Female	37.5	39.4	1.8
Dependency Ratio (1)	67.8	72.1	4.3
Youth (2)	46.3	43.6	-2.7
Old Age (3)	21.5	28.5	7.0

(1) Dependency Ratio = (Age under 20 + Age 65 and over) / (Age 20-64) X 100

(2) Youth dependency ratio = Age under 20 / Age 20- 64 X 100

(3) Old age dependency ratio = Age 65 and over / Age 20 - 64 X100

Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005

## THE HISPANIC SENIOR POPULATION IN OREGON

In looking at the current demographics of Oregon, it is notable that there is a scarcity of Hispanic seniors, and there are a number of reasons given. One researcher argues that “This is evidence that Hispanic populations need long term care sooner than other populations due to the effects of chronic exposure to toxic conditions in the workplace, most notably to farm and orchard chemicals” (Holcomb, 2008). I theorize that the lack of older Hispanics is due to a combination of factors. While it is true that Hispanics have a shorter life expectancy, migration patterns play a significant role in the small number of senior Hispanics in our community.

In Human Geography, migrations are generally attributed “Push/Pull” factors, those reasons that push people out of their current location and those that pull people to another place. People will remain in place until the push/pull factors reach a tipping point that makes them choose a different location. Historically, migrant workers in Oregon were young male seasonal workers who returned to their home country and their families each year. In an interview with one individual, we discussed the change in the Hispanic community in Oregon. She described that in the 1980’s, migrant workers such as her father would be contracted while living in Mexico to migrate through California, Oregon, Washington and British Columbia to work in the agricultural fields. At the end of the harvest season, they would return home to their families. As they grew older, seasonal workers simply stopped making the circuit and remained at home.

However in the past 20 years, economic conditions in their home countries, some driven by globalization and a shift from small subsistence farming to a concentration of agri-business have created push factors driving out-migration of former small farm workers to seek employment elsewhere. People are pulled toward the U.S. where employment is available,

and the possibility exists of having a better life for themselves and their children. Rather than seasonal migration as a rite of passage for those seeking higher wages and adventure, entire families began to migrate and to settle rather than returning home each year. Many of the woman with whom I spoke indicated that they came to the U.S. to be with their husbands.

Groups of individuals, families or community members are pulled to the same area because of the support they will receive. Many of the individuals with whom I spoke indicated that they had immigrated as a family even when there were years between the time that different family members immigrated. In one example, three siblings had been in the U.S. 16, 21 and 27 years respectively.

This migration included a large number of undocumented workers. A study by the Pew Hispanic Center in 2009 of Hispanics in the Northwest estimated the number of Latinos at nearly 1.3 million, triple the number from 20 years ago. Of the immigrants, it was estimated that 60 percent are unauthorized to be here (Lewin 2010). As more families settle in the U.S. and start families, the number of U.S.-born Hispanic children is increasing. A recent census sampling shows that 60 percent of self-identified Hispanics around the Northwest were born in the United States (Lewin 2010).

For older Hispanics, the Push/Pull factors may differ from those of younger individuals who migrate in search of employment and opportunity, seeking a better life for themselves and their children. Rather than choosing to migrate into the U.S., some seniors in the U.S. choose to migrate back to their home countries. This out-migration by older Hispanics is described as the “Salmon Effect” by Markides and Eschbach (2005).

Senior Hispanics who have been in the U.S. for extended period of time may find themselves without access to health care. Affordable health insurance in the U.S. is often inextricably linked to employment. Low-income Hispanics, employed at temporary, low-wage jobs without health or retirement benefits may be drawn to return to their home countries where they have access to free socialized medicine.

In addition to lack of health care, other factors that were identified in pushing foreign-born senior Hispanics back to their home countries included lack of available transportation in a society that heavily depends on personal vehicles to get around outside of the major urban areas, as compared to their pedestrian-based transportation system, and the lack of social inclusion and preferred a culture that respects its seniors and includes all generations in family activities. Extended family also played a role. One person indicated that life in the U.S. revolves around work. Working sons or daughters may have less time to care for their parents, but there are other relatives in Mexico who can.

The push/pull factors are amplified for those seniors who have not been in the U.S. long enough to have established relationships. Many times they are unable to adapt to their new environment and their familiar culture becomes more enticing. Some families who have settled in Clackamas County have elderly parents whom they have brought with them. Initially drawn by the desire to be with their children and families, after they arrive, the parents find themselves isolated and alone without an extended family support network. Language may be

a barrier, and they feel that the culture does not lend itself to social opportunities. Perhaps due to the lack of a larger senior Hispanic population, they felt isolated from each other, and identified a lack of social opportunities available to elderly Hispanics. Often their only opportunity was at the Spanish religious services, but one individual described the difficulty in getting to the service, citing the 30-mile distance to reach the church and the high cost of gasoline. One person with whom I spoke told of his father who lives alone in Mexico. The son went through the bureaucracy of getting a passport for his father and bringing him to Oregon, but when he finally arrived and had been here for a time, the father became depressed and insisted on returning home, preferring to live alone.

## **RESEARCH METHODOLOGY**

The greatest challenge to interviewing older Hispanics within Clackamas County in order to assess their needs was gaining access to this population. Knowing that the county has a network of Senior Centers, my first approach was to contact each one and ask if they could put me in contact with any Hispanic seniors that might be using their services. Repeatedly I was told that there were no older Hispanic individuals who came to their center. Only the Oregon City Community Center acknowledged that there was one older woman who occasionally would ask for their assistance with transportation, but that it would not be possible to contact her due to mental health issues.

I quickly learned that in order to reach out to the senior Hispanics, a two-pronged approach was necessary. The first was a direct approach. It entailed broadcasting a public service announcement through the radio station, approaching individuals more directly at the places where it was felt older Hispanics might frequent. These included the county's Primary Care Clinic and another low-cost clinic in the area. I went to places of employment such as nurseries, hotels, and restaurants where I hoped to connect with individuals, and I identified places of worship that held Spanish-speaking services, and located apartment building throughout the county that housed migrant workers. Knowing that many Hispanics and seniors live below poverty levels, I approached people at community food baskets where they can gain access to low cost food. Additionally, I was able to make contact with the family members of younger Hispanic individuals. More often than not, I was told that they did not know of any older Hispanic members in the area.

The second approach was to contact senior Hispanics through "gatekeepers" such as natural leaders in the community and through organizations that work with the Hispanic community. Through the Hispanic Inter-agency Networking Team (HINT), I was able to connect with various organizations that work throughout the county.

One of the defining attributes of the Hispanic population in Clackamas County is the element of fear. Because of the large proportion of undocumented individuals as noted earlier, the fear of deportation and separation from family is significant. This was coupled with the aggressive anti-immigration sentiment and legislation that has spread throughout the country in recent years. As the preacher at a community church in Estacada described during his service, they live in fear of going anywhere other than to work and then directly home, even when they are in the country legally. This siege mentality permeates the Hispanic community

and stems from the inability to move about freely due to lack of access to transportation, to services and information, and often to a lack of language skills. Underlying this fear is a distrust of government, fear of authority and race, class and power relations that are inherent in Latin American society. Therefore in order to break down barriers, it was necessary to approach the community as a member of their own, one who came to speak on behalf of the government rather than as an enforcer of immigration law. Because of the above, it was necessary to forego standard research criteria in order to assure complete anonymity, vowing I would not jeopardize their position by asking for any personal information such as name, address or legal status.

Secondly, the generally accepted American definition of the “older” population as calculated in Census and statistical data refers to those aged 65 and older (Vincent and Velkoff 2010). As I approached either Hispanic individuals or gatekeepers and inquired about any “older” community members, I became aware that perception of aging is a cultural construct. Researchers in the area of culture and aging observe that through social and cultural processes, “How we define aging is derived from complex interactions of socially constructed and culturally organized meanings of aging, social norms and expectations of a society” (Fry and Rubinstein 1990). In a research study, participants defined old age through socially and culturally embedded meanings of self-esteem and physical conditions rather than through chronological age. This was beautifully illustrated in Molalla when I was invited to visit with a group of ladies in an ESL class. I was assured that they were older individuals, but when I arrived, I found three women in their late 40’s and early 50’s. The same occurred a number of times when I was directed to other individuals who were in their 50’s. It became clear that the definition of old age is not a universal one. One measure when describing individuals as “older” that I found used by some Hispanics was when they become grandparents.

I identified several assumptions in carrying out this study. Initially when I was able to speak with older individuals, I utilized the questionnaire developed for the *engAGE in Community* initiative (see attached). However, as time went on I came to realize that the questions being asked told very little of the needs of the community I was investigating. There were assumptions about what resources they had available and of what was desirable. For example, when asking questions about what services such as transportation, cooking, cleaning, yard work, personal care might be needed to allow the individual to continue living independently, the assumption is that the older individual is a burden to those who help them, and that they would prefer to live independently.

As cultural differences became more evident, and I began to realize that there were very few older Hispanic individuals in Clackamas County indeed, I began to change the nature of the questions that I asked, and who I asked them of. Instead of asking younger people if they knew of any older community members, I began to ask open-ended questions about themselves, their age, the number of people in their household, how many children, how long they had lived in Oregon, if had access to health care, if they planned to remain in the U.S. when they were older if they faced health issues. I also asked about their parents and/or grandparents, where they lived, who they lived with, and who took care of them.

I conducted interviews between January and March and to what degree the seasonal nature of migrant work may have affected the data is unknown. I interviewed a total of 72 individuals ranging in age from the mid-20's to 90. The gender distribution was nearly equally split, with 38 females and 34 males. This does not reflect the larger number of males that was identified earlier. I theorize that the large number of females I encountered was due to the site selection where I looked for individuals to interview. I chose several apartment complexes, and as interviews were conducted during the daytime, men were away at work or seeking work. I also encountered a large number of women at the community food baskets as they are traditionally charged with food acquisition. Likewise, I encountered more women working in restaurants, but more men when I asked at places like nurseries and other places of employment. I found a more equitable distribution at churches and medical clinics.

With only a few exceptions of young people who were born in Oregon or one individual who was born in Texas, nearly all of the Hispanics with whom I spoke were born in Mexico. Seven individuals were widowed, 6 were divorced, but the overwhelming majority was married, which reflects a strong cultural view of the traditional family. The data that I gathered may reflect only that of foreign-born immigrants that have not integrated into the larger society. There are others who, though identified as "Hispanic", especially in more affluent areas, have assimilated and their perceptions of aging and needs cannot be separated from those of the larger non-Hispanic society.

The majority of the interviews were conducted in rural areas such as Sandy, Estacada, Molalla, and Canby that have large concentrations of Hispanic residents. A small number were conducted in Oregon City and in Clackamas and Milwaukie. An attempt was made to locate individuals in Lake Oswego and Wilsonville, but did not yield any results as the population in those areas is more integrated. In addition to the individual interviews, I was able to arrange a group forum with 11 women in Molalla at the Plaza Los Robles, an apartment community primarily for migrant farm workers.

Traditionally the spring, summer and fall bring an increase in agricultural migrant workers to the area. Those who I was able to make contact with because of the off-season nature of the agricultural work were nearly all permanent rather than temporary residents. Length of residency in the U.S. ranged from 6 months to 27 years, with an average length of 13.3 years.

The results of interviews and the forum will be loosely organized according to the World Health Organization's categories for an age-friendly community, and will incorporate some observations about culture.

## **PHYSICAL ENVIRONMENT**

### **Housing**

The most significant observation in the sub-category of Housing is that nearly everyone I spoke with lived in rental housing. Only 2 individuals indicated that they owned the houses that they live in, with one being a manufactured home. In years past when migration patterns were more transitory as previously noted, migrant farm workers lived in communal buildings.

As more families have come into the area, housing needs have changed and there are a number of apartment complexes such as Casa Verde Apartments in Canby, Plaza Los Robles in Molalla, and Sandy Vista Apartments in Sandy that were built specifically as farm worker residences.

The lack of home ownership may be attributed to a number of factors including financial factors such as low income, inability to accumulate sufficient money for down payment (many indicated that any money left over was sent back to their families), or the inability to qualify for mortgage loans due to the transient nature of their employment, or their legal status.

To understand the responses to the questions I asked, two important aspects of Hispanic culture should be noted. The first is that the extended family has been and continues to be the most important institution in this society. This holds true “regardless of their country of origin, length of residency in the United States, and social class” (Guarnaccia et al. 1992; Sotomayor & Applewhite 1988; Vega 1995; Sotomayor & Randolph 1988; Sanchez-Ayendez 1988). This familism plays a central role in Hispanic culture and values. The good of the family is generally accorded precedence over the individual (John et al. 1997; Korte 1982; Keefe 1984; Markides et al. 1983; Maldonado 1979). These values may be dissonant with values based in the U.S. culture such as an emphasis on youthfulness and personal independence. The former results in more age-integrated immigrant community as family may include grandparents or other relatives. The Hispanic culture gives the elderly a higher status than they have in the dominant American culture. They are respected and often sought out for their advice (Beyene, Becker and Mayen 2002).

The second is that Hispanic families are characterized by strong norms of reciprocity that emphasize interdependence among the various family members, especially those in the immediate family. It is expected that the parents should support their children during their upbringing, and the children will in turn support their parents when they are older. Neither is perceived as a burden to the other, but simply a natural procession of life. It is expected that the parents should live with at least one of their children when they can no longer care for themselves. Oftentimes the parents may choose to circulate among their children as the case with an 85-year old gentleman I interviewed who resides with his daughter’s family in Oregon for only 3-4 months each year. The remainder of the year he spends with a daughter in Los Angeles, another in Virginia, and some months with extended family in Mexico. The cost of care for the parents is generally shared by the siblings who contribute as they can.

Therefore when asking about housing, it was not uncommon to learn that the household comprised of three generations. The grandparents were often the caregivers for the grandchildren while their parents were away from the home.

## **Transportation**

Questions around transportation generally brought responses about challenges to getting around. There were a number of reasons including the lack of car ownership, many women who did not know how to drive, the high cost of gasoline, and lack of available public transportation between communities, particularly rural communities. Furthermore, Oregon’s

new regulations requiring proof of legal status to obtain either a license or state-issued identification card made driving in the state illegal.

Most people I spoke with in smaller communities felt that they were able to walk to the services they needed, but that it was more challenging to get to services outside of their immediate vicinity. As an example, one woman who had lived in Oregon for nearly two decades indicated that her driver's license had expired and as an undocumented resident, she was unable to renew it. As the sole means of transportation for her elderly mother and for extended family members, she felt she had no choice but to drive without a license or auto insurance.

Reliance on public transportation was significant although in some communities like Sandy, it was not easily accessible. People who live in the farmworker apartment complex must walk a considerable distance along a major highway that does not have a sidewalk.

Older people who lived with their adult children had the fewest complaints about transportation because they could rely on their children or their grandchildren to take them to the places they needed to go such as medical appointments and religious services.

### **Outdoor Spaces and Buildings**

I did not receive any notable comments about access to outdoor spaces and buildings. People as a whole felt that they had sufficient parks where they could relax and take their children to play. Especially in farmworker apartment communities, there were community gathering spaces where people could gather, take classes, and participate in organized events.

## **SOCIAL ENVIRONMENT**

### **Social Participation**

The level of social participation for any subculture within a dominant group has two layers – that of social participation within the individual's own culture group, and that of participation with the outside dominant culture.

Within the communities where there was a concentration of Hispanics living together, there were opportunities for more participation within their own subculture, to be a part of a church congregation, or other networks and there was a sense of mutual support. Without exception, everyone I spoke with felt they led active social lives and were involved in their community. There was evidence of strong support between Hispanics simply because of a sense of shared experience. For example, at one religious service, the leader invited anyone to accompany him on a trip to Tacoma where a member of their community, although not a member of their church, was being detained and processed for deportation. The pastor knew that the individual, a young man whose family was in Mexico, was alone and afraid, and would welcome the comfort of others.

There was a much lesser involvement of Hispanics outside of their communities. Once again, fear is a driving force for keeping Hispanics feeling segregated from the larger society. At times it is lack of cultural understanding, lack of language skills, transportation, or other barriers that keep people apart.

### **Respect and Social Inclusion**

As with Social Participation, there is a large disparity in the area of Respect and Social Inclusion within and outside of the Hispanic community. Due to the strong emphasis on familialism, nearly every individual with whom I spoke felt that they were a respected part of their family. The only exception was one woman who lamented that her grown children were becoming acculturated and no longer wanted her to live with them, so she was forced to live on her own. She felt isolated even though her children lived nearby, were involved and helped her with her business. In cases where extended family did not live nearby, a fictive kinship group formed as a support network. They shared resources, information and helped each other with child care in cases when a woman needed to be away.

In traditional Hispanic culture, this familialism ensures that when there is an occasion to be celebrated, that the entire family is included. If it is a child's birthday party, a quinceaños (the coming out party of a 15-year old girl), or a wedding, invitations are not extended to only designated individuals, but to their entire families. This ensures that no one feels excluded, and children and grandparents welcome the social interaction.

The cultural emphasis on family also defines each individual's role within the family. When this order is disrupted, it results in a significantly negative effect on elderly seniors. According to one study on senior Hispanics,

participants' feelings of well-being were influenced by the type of family interaction and sense of fulfillment that they had a culturally defined place in their family. Those who expressed unsatisfactory family relations defined their health status as poor even if their health problems were minor. They felt lonely, and perceived old age as a very sad phase of their life. Those who had satisfactory family relationships defined their health status as good to excellent, and perceived aging as a blessing and a gift from God, even when they were housebound due to their illness. (Sotomayor 1992).

In contrast to American culture that places emphasis on the desirability of independent living, elderly Hispanics self-actualize within the context of their family. To them, living independently equates to loneliness and a loss of purpose in life. The only exception I encountered was a divorced woman in her 50's who after living in the U.S. for 30 years, preferred to live alone, although she enjoyed having her children nearby for support.

Outside of their own communities, Hispanics in Clackamas, County felt that they were under scrutiny, felt threatened, and as a whole, regardless of age, did not feel that they were respected. This was illustrated in an advertisement on a Spanish radio station for a car dealership that asked "do you want to go where you're treated with respect?" Neither did most

feel that they were included in the greater society for various reasons such as lack of citizenship rights, lack of cultural understanding, language skills, transportation, or other reasons.

### **Civic Participation and Employment**

Because the majority of the individuals whom I interviewed were of working-age, employment was important in their lives. They noted that they had come to the U.S. to work so that they could have a better life for themselves and for their children, one that they could not provide for them in their home country. Employment allowed them to send money to their families at home to help with expenses, although one woman said that she had been laid off for some time and it was her family members in Mexico who were sending *her* money.

Various people described finding only part time work or temporary work, and having to work more than one job in order to make ends meet. One man for example, would get up at 4:00 a.m. to work seasonally as a landscaper until his second full-time job in maintenance began at 9:00 a.m.

Although some of the young women who had moved to the U.S. to accompany their husbands did not work, childcare was provided by their parents if they lived with them, or by neighbors of the family's support network.

Civic participation outside of the community was limited. One individual whom I interviewed had been heavily involved in advocating for the rights of Hispanics in their community for two decades and held an elected political position in their community.

Although several people expressed a desire to be involved in volunteer work, they indicated that there were few opportunities and many barriers that prevented them from doing so, including time constraints, language, transportation, and lack of opportunities.

## **SERVICE ENVIRONMENT**

### **Communication and Information**

There is no formal method of communication for Hispanics in Clackamas County where they can get the information they need on available resources. Information was disseminated through informal networks. Often it is the children who are bilingual who act as translators for their parents. As I sat during a Spanish mass, behind me sat a row of ten children with an estimated average of 8 years, I overheard one child ask another in English, "Does your mother speak English?" The other child responded to the negative, and the first agreed, "Neither does mine". Despite the well-intended efforts of the county to make information available in Spanish, there are challenges to disseminating it to the Hispanic community. For one, illiteracy and lack of education (the 2000 Census notes that a majority of Hispanics have less than a 9<sup>th</sup> grade education) make it impossible to read even when posted in their own community.

There are opportunities for ESL classes, and citizenship classes are offered at a number of locations, but one woman in Molalla noted that her husband wants to become a U.S. citizen but has no means to do so as he is illiterate in both Spanish and English. In

speaking with organizations doing outreach, one felt there was also a need for Spanish literacy education.

Online access to information and resources requires not only literacy but access to a computer and internet service. But even when individuals had access, making their way through the bureaucracy to services at times required assistance from others more familiar with the system.

### **Community Support and Health Services**

A 67-year old woman who has lived in the U.S. for 17 years is the mother of three women who have lived in the U.S. between 15-27 years. The mother suffers from schizophrenia. The three sisters pay for all of their mother's medical care and medication. One of the sisters has a 65-year old husband who is diabetic. Another of the sisters requires kidney dialysis. None of the family members have medical insurance and all expenses are paid out of pocket. They go to a clinic in Woodburn where they receive free care and occasional medication.

The lack of medical insurance is a burden on a segment of the population that has limited employment opportunities. Only 14% of the individuals who responded stated that they had health insurance. Accessible medical care is through the Primary Health Clinic in Oregon City. Alternatives to the Primary Care Clinic include other low-income clinics in Woodburn or Gresham, the Silverton Hospital which is convenient to Molalla, and the Willamette Hospital when Medicaid is available. One woman noted that when she was pregnant, she was sent to OHSU in Portland. Additionally, those who are unable to acquire a driver's license or identification card are further restricted in their access to services as important as filling a prescription, or as inconsequential as exchanging a purchase at a major retail store.

Pregnant women and their children have access to limited medical services through their eligibility for Medicaid. They identified a lack of vision and dental care except during pregnancy, but even then were difficult to access. The cost of medical care, including emergency care, is generally paid out of pocket.

When questioned if they planned on returning to Mexico or if they would return if their health declined, two-thirds of the individuals responded that they would return to their home even if their children and grandchildren chose to remain in the U.S. As one woman described, their children will have received an education which will afford them opportunities both here and in Mexico that they would otherwise not have had. These findings were consistent with the findings from a study of older Hispanic immigrants who had been in the U.S. for over 20 years. Most said that although they received better medical care here, and social and financial assistance such as social security that were not available in their home countries, their emotional well-being was linked to cultural criteria that would not be fulfilled here. They preferred to live out the remainder of their lives in their home country (Beyene, Becker & Mayen).

A final note on health is the question of exercise. Generally speaking, there is not a culture of organized exercise in the Hispanic community. I was not able to locate any exercise classes or programs. One individual noted that many people who live in small communities without transportation get sufficient exercise by walking around town. Another individual noted that often the jobs they hold are physically demanding and there is no need for additional work-outs.

## **FUTURE POPULATION TRENDS**

It is impossible to know with any certainty how much of the current population of working-age immigrant Hispanics will remain in the U.S. as they grow older without access to health insurance, or just choose to return due to the afore-mentioned “salmon effect”. However as the number of U.S.-born children of Hispanic immigrants increases, it is important to note that those children are U.S. citizens. According to Alberto Moreno, former migrant health coordinator for the state of Oregon. “This changes the dynamic, because those children are citizens and not expected to work in the fields.” (<http://www.hispanicmarketinfo.com/2011/02/10/latino-professionals-settle-in-portland-oregon/>). Access to education is creating a shift to white collar service employment, and to self-employment. According to statistics, the number of Hispanic-owned businesses between 2002 and 2007 increased by 43.6 percent (<http://www.infoplease.com/spot/hhmcensus1.html>). Economically speaking, the Baby Boomers will be depending on young Hispanics to pay for their retirement benefits.

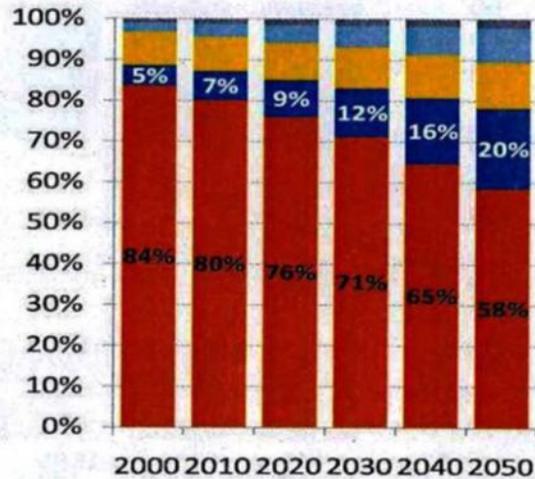
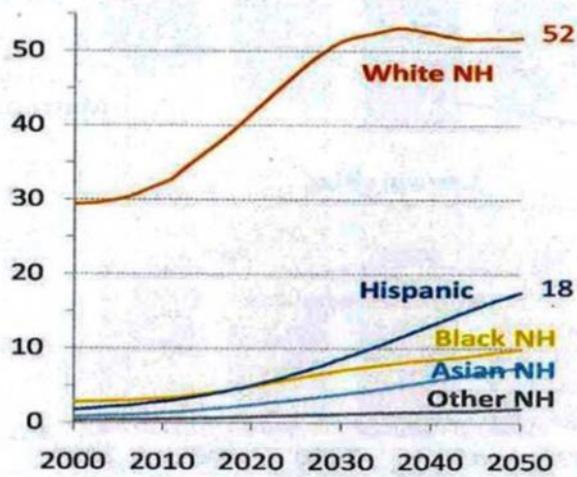
The current senior population in the U.S. is primarily comprised by non-Hispanic whites. However, as the percentage of Hispanics in the population increase, so will diversity in younger age distributions. This will have implications in a future retirement population starting in 2042. A report by the U.S. Census explored the question of Race and Ethnicity in the aging population states the following:

In terms of race, the share of the population that is White alone is projected to decrease by about 10 percentage points among those 65 years and over and by about 9 percentage points among those 85 years and over between 2010 and 2050 ... Although the older population is not expected to become majority minority in the next four decades, it is projected to be 42 percent minority in 2050, up from 20 percent in 2010. Among the 85 years and over population, 33 percent are projected to be minority in 2050, up from 15 percent in 2010.

### The older population will remain majority white non-Hispanic through 2050.

Population 65+ by race and ethnicity

Millions



Source: U.S. Census Bureau, NP2008\_D1

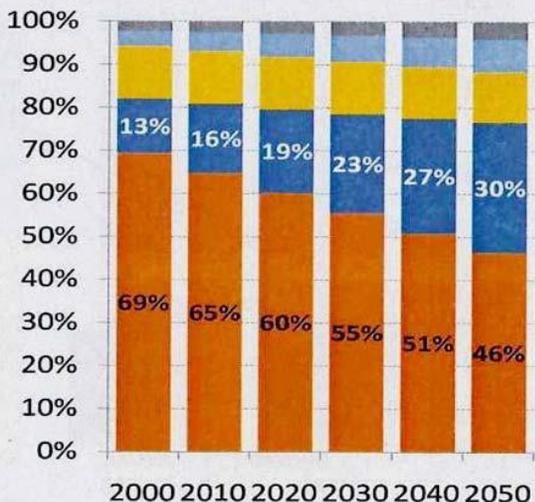
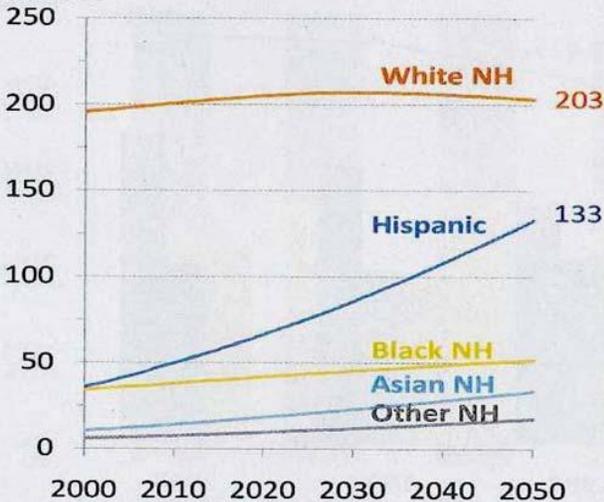
Stanford Center on Longevity

The American population is becoming more ethnically diverse. White non-Hispanics will continue to make up the largest segment of the population until 2042 (See figure below).

### The US population will be majority-minority starting in 2042.

Total population by race and ethnicity

Millions



Source: U.S. Census Bureau, NP2008\_D1

Stanford Center on Longevity

A second wave of senior citizens will occur as the large numbers of Hispanic children under the age of 18 now reach retirement age. The needs of Hispanic seniors differ from those of non-Hispanics. Logistically, their needs are generally filled by living with their children's families when they can no longer care for themselves, or relying on family members to provide services even when they live independently.

## **CONCLUSION**

Based on my findings, the population of Hispanics in Clackamas County at the current time is a relatively younger population due to a number of factors. For reasons of migration patterns, older Hispanics may not be immigrating in the same numbers as younger individuals and families. Secondly, those who have migrated to the U.S. may choose to return to their homeland for reasons such as access to health care, or for emotional attachment.

Differences in cultural values must be taken into account in order for policy decisions to be effective. Placing a high emphasis on independence when promoting age-friendliness may not have the desired effects in a community where greater importance is placed on the group rather than the individual. Age-friendliness is a given in a community whose cultural norms include familialism and reciprocity and whose senior citizens are cared for within the family.

While the current number of older Hispanics is not a significant one, it remains that many feel marginalized and isolated. A lack of a single point of entry for information and access to senior services prevent many from availing themselves of resources. A venue where seniors can gather informally to share information, socialize and have programs would go a long way in helping the senior Hispanics residents of Clackamas County feel respected and valued. One such program exists in Multnomah County as part of *El Programa Hispano* in Gresham, a division of Catholic Charities that also has programs for children and families. I was able to attend a senior luncheon sponsored by Loaves and Fishes and spoke with a group of senior Hispanics (see photo below) who offered to help the county should they choose to implement a similar program.



Culture is not stagnant, and neither Hispanic nor American culture are exceptions. Current differences exist in the perceptions of aging, with American culture placing a high value on independence, and Hispanics placing a higher value on intergenerational interdependence. The second significant perceptual difference is that Hispanics felt that generally there is less respect for older people in the U.S. than in their own countries. As the number of Hispanics, especially senior Hispanics increases in the coming decades, it remains that there will be some melding of cultural norms and a shift in these perceptions.

## REFERENCES

- 2002 Beyene, Yewoubdar, Gay Becker and Nury Mayen *Perception of aging and sense of well-being among Latino elderly*. *Journal of Cross-Cultural Gerontology* Volume 17, Number 2, 155-172, DOI: 10.1023/A:1015886816483.
- 2008 Chavez, Leo. *The Latino Threat: Constructing Immigrants, Citizens and the Nation*. Palo Alto, CA: Stanford University Press.
- 2006 Haub, Carl. *Hispanics Account for Almost One-Half of U.S. Population Growth*. Population Reference Bureau. Washington, DC. April 11, 2011. <<http://www.prb.org/Articles/2006/HispanicsAccountforAlmostOneHalfofUSPopHispanicsAcco.aspx>>.
- 2008 Holcomb, Ralph, MSW, Ph.D. *The Coming Age Wave: Planning, Performance, and Policy Report to Accompany the ADS Performance and Policy Forum Presentation. March 15, 2011*. <<http://www.co.multnomah.or.us/dchs/mgmt/The@20Age%20WaveFinalReport.pdf>>.
- 2010 Humes, Karen R., Nicholas A. Jones, and Roberto R. Ramirez. *Race and Hispanic Origin and the 2010 Census*. April 11, 2011 <<http://blogs.census.gov/censusblog/2011/03/race-and-hispanic-origin-and-the-2010-census.html>>.
- 2011 Infoplease. *Hispanic Americans: Census Facts*. © 2000–2007 Pearson Education, publishing as Infoplease. April 7, April 2011. <<http://www.infoplease.com/spot/hhmcensus1.html#ixzz1LjEt3D9i>>.
- 2005 Kyriakos S. Markides and Karl Eschbach *Aging, Migration, and Mortality: Current Status of Research on the Hispanic Paradox*. *The Journals of Gerontology: Series B*, Volume 60, Issue Special Issue 2, Pp. S68-S75.
- 2010 Lewin, Jacob. *New Studies Paint Surprising Picture of NW Hispanics*. June 10, 2010. Northwest News Network| Portland, Oregon. <<http://news.opb.org/article/new-studies-paint-surprising-picture-nw-hispanics>>.
- 2011 Moreno, Rubén. *Latino Professionals Settle in Portland, Oregon*. Feb 10, 2011. <<http://www.hispanicmarketinfo.com/2011/02/10/latino-professionals-settle-in-portland-oregon>>.
- 2007 Oregon Department of Human Services, Office of Community Health and Health Planning. *Demographic Profile of Clackamas County, 2005*. March 15, 2011. <<http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Documents/VistaPH/Clackamas.pdf>>

- 1986 Torres-Gil, Fernando. *The Latinization of a Multigenerational Population: Hispanics in an Aging Society*. Daedalus. Vol. 115, No. 1, The Aging Society (Winter, 1986), pp. 325-348. The MIT Press on behalf of American Academy of Arts & Sciences. <<http://www.jstor.org/stable/20025036>>.
- 2010 Torres-Gil, Fernando M.,MSW, Ph.D. *Health Care, Aging and Diversity: Global Challenges and National Politics*. A Presentation to Catalan Observatory and Stanford University May 6, 2010. <[http://sgec.stanford.edu/training/catalan2010/20100506\\_PM0115\\_Fernando\\_TTorre\\_Gil.pdf](http://sgec.stanford.edu/training/catalan2010/20100506_PM0115_Fernando_TTorre_Gil.pdf)>.
- 2005 U.S. Census Bureau. *Interim State Population Projections, 2005*. Internet release date April 21, 2005. <<http://www.census.gov/population/www/projections/statepyramid.html>>.
- 2008 U.S. Census Bureau. *An Older and More Diverse Nation by Midcentury*. August. 14, 2008. <<http://www.census.gov/newsroom/releases/archives/population/cb08-123.html>>.
- 2010 U.S. Census Bureau. *Aging Boomers Will Increase Dependency Ratio, Census Bureau Projects Older American Population to Become More Diverse*. May 20, 2010. <[http://www.census.gov/newsroom/releases/archives/aging\\_population/cb10-72.html](http://www.census.gov/newsroom/releases/archives/aging_population/cb10-72.html)>.
- 2010 Vincent, Grayson K. and Victoria A. Velkoff. *The Next Four Decades: The Older Population in the United States:2010 to 2050*. Issued May 2010. P25-1138. U.S. Department of Commerce, Economics and Statistics Administration, U.S. Census Bureau. <<http://www.census.gov/prod/2010pubs/p25-1138.pdf>>.

## Appendix K

### POLICY ON AGING CLACKAMAS COUNTY, OREGON

(Adopted 01/28/86)

Relating to older citizens and consistent with the State Policy on Aging:

Whereas the people of Clackamas County have long prided themselves on their progressive social policies and their leadership in establishing programs to serve citizens; and

Whereas it is part of our pioneer heritage to recognize the dignity and need for independence of each individual; and

Whereas older citizens are increasing in number and in proportion to total population in this county; and

Whereas older citizens are often unaware of services which are available; and

Whereas the delivery of these services needs to be coordinated; and

Whereas older citizens are too often the victims of social and economic forces beyond their control; and

Whereas it is only just that our older citizens be assisted by appropriate means in maintaining their independence and their dignity; now, therefore,

Be It Established by Older of the Clackamas County Board of Commissioners:

SECTION 1. (1) The Board of County Commissioners finds and declares that, in keeping with the traditional concept of the inherent dignity of the individual in our democratic society, the older citizens of this county are entitled to enjoy their later years in health, honor and dignity.

(2) The Board of County Commissioners declares that the policy of this county is to provide and encourage programs necessary to fulfill the commitment stated in subsection (1) of this section and that the purpose of policies stated in this Older is to provide a guide for the establishment and implementation of programs for older citizens in this county. It further declares that the programs shall be initiated, promoted and developed through:

- (a) Volunteers and volunteer groups;
- (b) Partnership with local governmental agencies;
- (c) Coordinated efforts of county agencies;
- (d) Coordination and cooperation with state programs;
- (e) Partnership with private health and social service agencies; and

(f) A designated county agency that will encourage and work with older citizens and their organizations, that will coordinate local programs, that will encourage and monitor federal and state programs and that will act as an advocate for older citizens in Clackamas County.

(3) The Board of County Commissioners declares that it shall be the policy of this county to give special attention to the special concerns of our most frail and vulnerable older citizens.

(4) Recognizing the diversity in geography, economy, and lifestyles in Clackamas County and the diversity of local senior citizen networks, the Board of County Commissioners declares that it is the policy of this county to encourage maximum consumer input in administering programs for older citizens and to encourage and emphasize local cooperation to achieve the most effective blend of city and county authority. Multipurpose senior centers may be

designated as focal points for the delivery of services to older citizens in each community where practicable.

SECTION 2. In carrying out the policies stated in Section 1 of this Order, the county shall:

(1) Coordinate the effective and efficient provision of community services to older citizens so that the services will be readily available to the greatest number over the widest geographic area; assure that information on these services is available in each locality, utilizing whenever possible existing information services; and assure that each new service receives maximum publicity at the time it is initiated.

(2) Assure that older citizens retain the right of free choice in planning and managing their lives; by increasing the number of options in lifestyles available to older citizens; by aiding older citizens to help themselves; by strengthening the natural support system of family, friends and neighbors to further self-care and independent living; and by encouraging all programs that seek to maximize self-care and independent living within the mainstream of life.

(3) Assure that health and social services be available that:

(a) Allow the older citizen to live independently at home or with others as long as the citizen desires without requiring inappropriate or premature institutionalization;

(b) Encourage, by expansion of existing programs for older citizens, by school programs, by home delivered meals, by counseling or by other means, public and private development of nutrition programs for older citizens that prevent or minimize illness or social isolation;

(c) Assure that if institutionalization is necessary, the institution should be one of the highest quality where the older citizen may live in dignity; and

(d) Protect the older citizen from physical and mental abuse and from fraudulent practices.

(4) Foster both preventive and primary health care, including mental and physical health care, to keep older citizens active and contributing members of society; and to encourage full restorative services for those older citizens who require institutional care to increase the possibility of their return to independent living.

(5) Encourage public and private development of suitable housing for older citizens, designed and located consistent with their special needs and available at costs they can afford.

(6) Recognize the necessity for a variety of ways to help older citizens maintain sufficient income to meet their needs.

(7) Encourage local transportation systems and volunteer groups to meet the daily transportation needs of older citizens and to make accessible to them a broad range of services and programs.

(8) Encourage and develop meaningful employment opportunities for older citizens in positions commensurate with their abilities; eliminate discrimination to such employment; and whenever possible, employ older citizens in programs that affect older citizens.

(9) Involve older citizens in the decision-making process for programs affecting their lives. Recognizing the ability of older citizens to be advisors to the Board of County Commissioners, agencies and professional staff, the Board of County Commissioners, agencies and professional staff, the Board of County Commissioners intends that, whenever possible, older citizens should assist in the development of policies affecting their lives.

(10) Assure to older citizens the right to pursue activities within the widest range of civic, cultural, entertainment and recreational opportunities by opening such opportunities to participation by older citizens, by encouraging older citizens to utilize their capabilities by participating in government and by assuring them the right to serve.

(11) Encourage public education facility availability to older citizens and their organizations so older citizens may pursue their educational interests; and encourage all institutions of learning and other appropriate agencies to develop and provide by outreach, as well as by traditional means, special education programs to meet the needs and interests of older citizens by addressing the problems and opportunities of aging and by responding to older citizens' interests in liberal arts as well as their interest in hobby and recreation courses.

(12) Encourage the development of barrier-free construction and the removal of architectural barriers so that more facilities are accessible to older citizens and to citizens with disabilities.

(13) Promote development of programs to educate persons who work with older citizens in gerontology and geriatrics and encourage qualified persons to seek such education.

(14) Encourage immediate application by both public and private agencies of knowledge acquired from research that can sustain and improve the health and happiness of older citizens.

(15) Recognize that older citizens who retire should be able to do so in honor and dignity.

(16) Encourage and support:

(a) Distribution of literature which accurately presents facts concerning aging;

(b) Efforts of schools, churches and other institutions in teaching children and youth about the process of aging so as to correct fallacies handed down from one generation to another;

(c) Inter-generational programming and participation by community organizations and institutions to promote better understanding and warm social interaction and to counteract the tendency to isolation of the elderly;

(d) Correction of stereotyping of the elderly in school texts and other books, newspapers, magazines, radio and television by encouraging review and analysis of these media by publishers, company ownership or other appropriate agencies; and

(e) Efforts which show that many misconceptions and stereotypes have no basis in fact so that older citizens will be freed from the destructive tendency to socially conform by embracing these fallacies.

SECTION 3. The Board of County Commissioners, in its capacity as the governing authority, delegates advisory responsibility to the Area Agency on Aging Advisory Council, in accordance with adopted bylaws. It shall be the work of the Council and designated staff of the Department of Human Services, Social Services Division (Aging and Disability Services) to assume the lead role in implementing this policy in accordance with all applicable federal, state and local laws and regulations.

## **Appendix L Acronym List**

AAAAC – Area Agency on Aging Advisory Council  
AARP – American Association of Retired Persons  
ACL – Adult Center Liaison  
ADL – Activities of Daily Living  
ADRC – Aging and Disability Resource Center  
ADS – Aging and Disability Services  
AIRS – Alliance of Information and Referral Systems  
AoA – Administration on Aging  
APD – Aging and People with Disabilities  
BCC – Board of County Commissioners  
CAA – Community Action Agency  
CAATS - Computer Assisted Audit Techniques  
CAPS – Client Assessment Planning System  
CAR - Catch-a-Ride  
CASA – Court Appointed Special Advocates  
CCO – Coordinated Care Organization  
CCSS – Clackamas County Social Services  
CFR – Code of Federal Regulations  
CNS - Corporation for National Service  
CRC – Clackamas Resource Connection  
CSBG – Community Services Block Grant  
CVSO – County Veterans Service Officer  
DHS – Department of Human Services  
DME – Durable Medical Equipment  
FCSP – Family Caregiver Support Program  
H3S – Health, Housing and Human Services  
HCW – Home Care Worker  
HDM – Home Delivered Meal  
HSHF – Health Start Healthy Families  
I & R – Information and Referral  
LASO – Legal Aid Services of Oregon  
LGBT – Lesbian, Gay, Bisexual, Transgender  
LWwCC – Living Well with Chronic Conditions  
MDT – Multi-Disciplinary Teams  
MMP – Money Management Program  
MOU – Memorandum of Understanding  
MOWAA - Meals on Wheels Association of America (  
NASUA - National Association of State Units on Aging  
NAYA Family Center – Native American Youth and Family Center  
NCOA – National Council on Aging  
NSIP – Nutrition Services Incentive Program

OAA – Older Americans Act  
ODOT – Oregon Department of Transportation  
OPI – Oregon Project Independence  
PCDC – Primary and Consumer Directed Care  
PSA – Planning Service Area  
PTC – Powerful Tools for the Caregiver  
RSVP – Retired Senior Volunteer Program  
RTCC – Regional Transportation Coordinating Council  
SCP – Senior Companion Program  
SHIBA – Senior Health Insurance Benefits Assistance  
SPD – Seniors and People with Disabilities  
STF – Special Transportation Fund  
STFAC – Special Transportation Fund Advisory Council  
SUA – State Unit on Aging  
TAE – Technical Assistance Exchange  
TRP – Transportation Reaching People  
UKCPR - University of Kentucky Center for Poverty Research  
VC – Volunteer Connection  
VCP – Volunteer Connection Program  
VIEWS – Volunteers Involved for the Emotional Well-being of Seniors

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