AREA PLAN
2017-2020
SENIOR AND DISABILITY SERVICES OF THE
ROGUE VALLEY COUNCIL OF GOVERNMENTS
AREA AGENCY ON AGING
2017-2020 AREA PLAN

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A - 1 Introduction:

The Rogue Valley Council of Governments (RVCOG) has been the designated Older Americans Act Area Agency on Aging (AAA) for Jackson and Josephine Counties since 1974. The RVCOG is a voluntary association of local governments including Jackson County, Josephine County, all thirteen municipalities located within the
two-county area, and representatives from higher education and several special
districts.

The RVCOG AAA serves Josephine and Jackson Counties with a total population of
approximately 290,000. The region includes two Census-designated urbanized
areas, one comprising the City of Medford, and the other the City of Grants Pass.

Senior and Disability Services is RVCOG’s largest department, with an annual
budget of approximately $5.6 million and 40-45 full and part-time staff. The RVCOG
AAA, under an Intergovernmental Agreement with the State, partners with the
Medicaid Long-Term Care and Financial Assistance programs which are directly
provided by District 8 Aging and People with Disabilities (APD). District 8 APD
services are delivered from three sites including a Senior Services site in Medford, a
Disability Services site in Medford, and a site providing combined services in Grants
Pass. Services include SNAP, medical coverage, medical supplies, and Adult Foster
Care licensing, Adult Protective Services as well as eligibility and case management
for clients enrolled in Medicaid Long Term Services and Supports (LTSS).

RVCOG AAA is the lead agency for the Aging and Disability Resource Connection
(ADRC) and provides Oregon Project Independence (OPI) services, a Nutrition
program (Food & Friends), family caregiver support, and other health
promotion/prevention programs.

This four-year plan has been developed to ensure that our organization has
provided the opportunity for community input concerning Senior and Disability
Services in Jackson and Josephine Counties. This provides us with a better
understanding of the needs of our community, and assists us in prioritizing our
services, based on those needs deemed most important by community members.

A copy of the 2017-2020 Four-Year Area Plan is available for public review at the
Senior and Disability Services of Rogue Valley Council of Governments program
office, 155 North First Street, Central Point, Oregon 97502; Phone (541) 423-1384;
Fax (541) 664-7927; and on the Web at www.rvcog.org.
Mission, Vision, Values:

RVCOG AAA Mission:

“Together we promote the dignity, quality of life, and self-determination of seniors and people with disabilities.”
RVCOG AAA Values:

- We support the dignity, quality of life and independence of people as they age or experience disabilities.
- We empower individuals and families to help themselves by providing information and resources to all, so that they have choices.
- We respect each person’s uniqueness and understand that well-being encompasses physical, social, financial, mental and emotional health needs that can change and evolve.
- We empower caregivers to be knowledgeable and have the skills to provide quality care and thrive while providing care.
- We protect and intervene for people as they age and for people with disabilities so that they are free from emotional, physical, and financial abuse.
- We promote our communities’ preparation for and support of long-term services and supports.

This Area Plan reflects an outcome-based approach embraced by the RVCOG AAA. Service descriptions within this Area Plan are organized according to the five program goals that drive each service.

Those five Program Goals are:

1. **Empowerment**: To greatly enhance the person’s knowledge of aging and disabilities resources, expand their personal skills/tool set for meeting the challenges of aging and disabilities for themselves or their loved ones, and sharpen their ability to advocate for their interests.

2. **Healthy Aging**: To lead people to improved or maintained health.

3. **Economic Stability**: To ensure a person/family will gain a minimum level of financial stability.
4. **Community Living:** To establish an ever-expanding array of Home and Community-Based care options that are available to provide the most optimal level of care for the person/family.

5. **Safety and Rights:** To provide a person/family the tools to protect themselves or their loved ones from any kind of harm, abuse, or catastrophe.
A - 3 Planning and Review Process:

In general, we see there will be an increased need for the services that RVCOG AAA provides in the next 20 years, both due to in-migration and a demographic of citizens who are progressively aging as well as an increased population of adults with disabilities.

The reasons for this growing demographic are multiple, but subjectively we can attribute the increase in the senior numbers to the aging of the Boomer generation combined with increased immigration due to the popularity of Southern Oregon as a retirement destination. Additionally, the number of younger people with disabilities is increasing, due to advances in medical technology that contribute to a higher survival rate of severely injured individuals and people with disabling chronic conditions. Finally, increasing life span is contributing to a greater frequency of age-related chronic conditions, many of which eventually lead to individuals requiring assistance with activities of daily living.

The Senior Advisory Council played a key role in surveying and analyzing needs. The following is a list of the 2017-2020 Four-Year Area Plan activities completed by the SAC:

- Reviewed and updated the AAA’s mission and values statements.
- Developed, implemented and analyzed a survey of seniors and individuals with disabilities in Jackson and Josephine counties. The purpose of the survey was to better understand what services seniors need to ensure that those facing aging or disability issues, or those caring for persons with such issues, are able to live as independently as possible. A total of 749 survey forms were completed, of which 726 contained usable data. The respondents completed the survey by either filling the forms by pencil or pen, or entering responses into the survey form on the SurveyMonkey website. The survey period was October 2015 to March 2016. The respondents were identified at events or locations where seniors gather (such as the ACCESS and Illinois Valley health fairs, the AARP Vital Aging Conference, and the region’s senior centers), or through the delivery of services (such as the Food & Friends Senior Meals Program, Alzheimer’s caregivers, and evidence-based trainings). The data were collected to describe the demographic characteristics of the respondents, their current living conditions, the state of their health, sources of health information and support, and needs for assistance and services. The resulting report is available as Appendix J.
• Conducted interviews with key stakeholders, including: local Alzheimer’s Association, Aging and People with Disabilities Management Team, local senior center directors, Rogue Valley LGBT, and Unete and MiVoxCuenta. Held focus groups with the Rainbow Elders, a local LGBTQ group, and with a group of Hispanic Caregivers.

• From the gathered data, they identified the following list of needs (not prioritized):
  o Affordable housing, especially accessible housing
  o Transportation (medical appointments, grocery shopping, etc.)
  o Home maintenance – specifically, the lack of a list of pre-screened service personnel, preferably with easily accessible and understandable pricing information
  o Wellness checks – the less than ubiquitous knowledge on the part of Medicare recipients about the availability of no cost annual health wellness checks
  o Free legal services (advanced directives, power of attorney, wills, etc.)
  o SNAP funds – especially for those seniors in need whose incomes are higher than the level currently identified as the upper limit for qualifying for these funds.
  o PSAs/workshops – there should be more sources of information on such critical issues as safety, scam awareness, and available services, etc.
  o Respite care
  o Outreach to the Hispanic population

Other surveys/information considered:
• Portland State University Annual ADRC Consumer Survey
• Food & Friends Annual Participant Survey
• Senior Advisory Council (SAC) Family Caregiver Survey
• MDT Engagement
• Jackson County Coalition Input
• State and federal focus areas. In particular, LGBTQ, Native American and Evidence-Based Health Promotion.
• The Outcomes & Evaluations Committee of the SAC reviewed and approved Older Americans Act Title IIIIB Discretionary funding priorities.
• A public hearing was held on December 5, 2016. The only attendees were three staff members.
• The SAC reviewed the Four-Year Area Plan at their December 5, 2016 meeting.
A - 4 Prioritization of Discretionary Funding:

Very little of RVCOG’s OAA Title III B funding budgeted for FY 2017 activities is available for discretionary activities. Most of the funding ($328,932) is utilized to meet federal priorities including:

1. **Access Services** - Transportation, ADRC Information & Assistance, ADRC Person-Centered Options Counseling, Preventive Screening, Counseling, and Referral
2. **Administration**
3. **Advocacy**
4. **In-home Services** - Respite
5. **Legal Services**
6. **Program Coordination & Development**

For FY 2017, we are utilizing $66,461 of IIIB discretionary funding for the following prioritized activities. At this time, RVCOG does not have waiting lists for services other than the Oregon Project Independence Program. We are not recommending significant changes to services at this time. The following prioritized activities were reviewed and discussed by the SAC’s Outcomes & Evaluations Committee. Criteria used: maintain essential services and meet state and federal focus areas. Guardianship / conservatorship, LGBTQ and Native American activities all target those in greatest economic and social need. Evidence-based health promotion activities are preventative. They work to improve or at least sustain health so that individuals do not experience a decline in health requiring greater health care utilization and/or long-term care costs. Greater health care utilization and / or long-term care costs are direct contributors to increased risk of impoverishment. In the event of overall AAA funding reductions or increases, the AAA will continue to fund guardianship / conservatorship, but will revisit other service priorities with the Senior Advisory Council.

1. **Guardianship/Conservatorship** - Without this assistance, some of our most vulnerable consumers would be left without the legal tools often required to ensure their safety and rights. RVCOG has been funding this service with Title IIIB funds for more than a decade.

2. **Chronic Disease Self-Management** – The AAA is subsidizing the Living Well programs while the Program Manager focuses on identifying
funding and partnerships to sustain the program beyond Fiscal Year 2017.

3. **LGBTQ** – The AAA will continue to fund the Rainbow Elders to extend information on services and resources.

4. **Native American** – The AAA will work with regional tribal elders to facilitate development of education regarding services and resources.

See Section B-3 Services and Administration for detailed service descriptions of all Title III B services and Section D-2 for a matrix of services provided to OAA and/or OPI consumers.
SECTION B - PLANNING AND SERVICE AREA PROFILE
B - 1 Population Profile:

The RVCOG Area Agency on Aging (AAA) serves Josephine and Jackson Counties with a total population of approximately 289,604.¹ The Rogue Valley is the economic and urbanized center of the two-county region with 78 percent of the area’s population. There are two urbanized areas, the most populated of which is the City of Medford and the surrounding communities, with approximately 175,447 individuals, or about 61 percent of the area population.² The newest and smallest urbanized area, centered on the City of Grants Pass, has a population of 50,520.³

Slightly more than four percent of area residents identify as a race other than white with an additional 3.45 percent identifying as two or more races, resulting in an estimated 21,720 minority residents in the region.⁴ Hispanic or Latino residents of any race make up nine percent of the population of Jackson and Josephine Counties.⁵ There are 2,999 Native Americans residing within the two-county area.⁶

In Josephine County, an estimated 3,864 people speak a language other than English at home (4.9 percent) while for Jackson County that estimate is 18,294 (9.4 percent).⁷ Of those, a little more than two percent speak English less than “very well.”⁸

There are an estimated 52,495 people below the poverty level and 37,413 people at or below 149 percent of the poverty level.⁹ Josephine County is more economically disadvantaged than Jackson County with 19.7 percent below poverty and 15 percent low income versus 17.8 percent poor and 12.3 percent low income in Jackson County.

¹ US Census Bureau, 2010-2014 American Community Survey 5-Year Estimates, table S0102
² “What is the RVMPO and what is its role?” Rogue Valley Metropolitan Planning Organization, www.rvmpo.org (Feb. 5, 2015)
⁴ US Census Bureau, 2010-2014 American Community Survey 5-Year Estimates, table S0102
⁵ Ibid.
⁶ Ibid., table DP05
⁷ Ibid., table S0102
⁸ Ibid., table S0102
⁹ Ibid., table S0102
County.\textsuperscript{10} Both areas are poor and more low-income than the State of Oregon which reports 16.7 percent below the poverty level and 10.3 percent low income. \textsuperscript{11}

**People aged 60 and older**

There are an estimated 81,378 people aged 60 years or older across the two counties\textsuperscript{12}, for an estimated 28\% of the population. Therefore, the two-county area features a significantly higher proportion of older residents than the rest of the State which reports 20.3 percent.\textsuperscript{13} The proportion of older residents is climbing, with the percentage of persons 60 and older increasing in both Jackson and Josephine Counties from 2009 to 2014.\textsuperscript{14}

![Increase in population aged 60+](image)

The senior population in the area is less racially and ethnically diverse than the general population. As the area population ages, it is expected that the senior

\textsuperscript{10} Ibid., table S0102
\textsuperscript{11} Ibid., table S0102
\textsuperscript{12} Ibid., table S0102
\textsuperscript{13} Ibid., table S0102
\textsuperscript{14} Ibid., table S0102
population will become more diverse racially, ethnically and linguistically. Currently, slightly more than 2% of area residents aged 60 and older identify as a race other than white with an additional 1.3% identifying as two or more races, resulting in 2,686 minority residents in the region who are 60 or older.\textsuperscript{15} Hispanic or Latino residents of any race make up 2.6% of the 60+ population of Jackson and Josephine Counties.\textsuperscript{16} There are 567 Native Americans elders residing within the two-county area.\textsuperscript{17}

In Josephine County, an estimated 1,067 people aged 60 or older speak a language other than English at home (4\% of total 60+ population) while for Jackson County that estimate is 2,462 (4.5\% of total population).\textsuperscript{18} Among the residents in the two-county area who speak a language other than English, approximately one percent speaks English less than “very well.” \textsuperscript{19}

Economically, seniors are, on average, doing better than the general population. However, all ages are below the state averages. There are an estimated 7,235 people 60 and over who are below the poverty level (9.3\% percent) and 9,409 people 60 and older who are at or below 149 percent of the poverty level (12\% percent).\textsuperscript{20} Statewide, nine percent of people aged 60 and older are below the poverty level and 9.6\% percent are low income.

\textbf{People with disabilities}

\textsuperscript{15} Ibid., table S0102
\textsuperscript{16} Ibid., table S0102
\textsuperscript{17} Ibid., table DP05
\textsuperscript{18} Ibid., table S0102
\textsuperscript{19} Ibid., table S0102
\textsuperscript{20} Ibid., table S0102
In Jackson County, there are an estimated 34,719 adults with disabilities and in Josephine County there are 14,806. The resulting total of 49,525 adults with disabilities in the area equates to 17.45 percent of the total noninstitutionalized population. The ratio of people with self-reported disabilities is higher in Jackson and Josephine Counties than the State of Oregon in which 13.5 percent of the non-institutionalized population reports having a disability.

In addition, the number of people with some self-reported difficulties, particularly ambulatory difficulties, are higher in Jackson and Josephine Counties than in the State of Oregon.

<table>
<thead>
<tr>
<th>People with Self-Reported Difficulties</th>
<th>Jackson County</th>
<th>Josephine County</th>
<th>Oregon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons with Self-Reported Hearing Difficulties</td>
<td>3.20%</td>
<td>3.00%</td>
<td>2.80%</td>
</tr>
<tr>
<td>Persons with Self-Reported Vision Difficulties</td>
<td>1.80%</td>
<td>1.80%</td>
<td>1.80%</td>
</tr>
<tr>
<td>Persons with Self-Reported Cognitive Difficulties</td>
<td>5.90%</td>
<td>6.10%</td>
<td>5.00%</td>
</tr>
<tr>
<td>Persons with Self-Reported Ambulatory Difficulties</td>
<td>6.60%</td>
<td>7.40%</td>
<td>5.40%</td>
</tr>
<tr>
<td>Persons with Self-Reported Self-Care Difficulties</td>
<td>2.30%</td>
<td>3.10%</td>
<td>1.90%</td>
</tr>
<tr>
<td>Persons with Self-Reported Independent Living Difficulties (ages 18+)</td>
<td>4.30%</td>
<td>5.40%</td>
<td>3.60%</td>
</tr>
</tbody>
</table>

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21 Ibid., table S0102
22 Ibid., table S0102
23 “DHS County Quick Facts,” Oregon Department of Human Services, Feb. 2015
24 Ibid.
## Summary Table

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Jackson County</th>
<th></th>
<th>Josephine County</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>60 years and over</td>
<td>Total</td>
<td>60 years and over</td>
</tr>
<tr>
<td><strong>Population</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All</td>
<td>206583</td>
<td>54715</td>
<td>83021</td>
<td>26663</td>
</tr>
<tr>
<td>Rural (Source: 2010 Census Summary File 1)</td>
<td>40748</td>
<td></td>
<td>37191</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>48.80%</td>
<td>46.70%</td>
<td>48.60%</td>
<td>46.90%</td>
</tr>
<tr>
<td>Female</td>
<td>51.20%</td>
<td>53.30%</td>
<td>51.40%</td>
<td>53.10%</td>
</tr>
<tr>
<td><strong>Low income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below poverty level</td>
<td>17.8%</td>
<td>8.4%</td>
<td>19.7%</td>
<td>10.2%</td>
</tr>
<tr>
<td>At or below 149%</td>
<td>12.3%</td>
<td>11.1%</td>
<td>15.0%</td>
<td>12.9%</td>
</tr>
<tr>
<td><strong>Race/Ethnicity/Language</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minority</td>
<td>8.4%</td>
<td>3.6%</td>
<td>6.6%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Native American</td>
<td>0.8%</td>
<td>0.5%</td>
<td>1.6%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>11.4%</td>
<td>2.7%</td>
<td>6.7%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Language other than English spoken at home</td>
<td>9.4%</td>
<td>4.5%</td>
<td>4.9%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Limited English Proficiency</td>
<td>3.5%</td>
<td>1.3%</td>
<td>1.0%</td>
<td>0.8%</td>
</tr>
<tr>
<td><strong>Person with disability</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16.9%</td>
<td>34.0%</td>
<td>18.0%</td>
<td>32.8%</td>
</tr>
</tbody>
</table>

Sources are noted in narrative unless specified in table.
B - 2 Target Population:

Through a variety of programs delivered from numerous venues, RVCOG AAA addresses the needs of lower-income older individuals, older minority individuals, those with limited English speaking ability, and individuals residing in rural areas:

1. **Rural, Low Income:** We operate 13 congregate/home-delivered meal sites and 3 home-delivered staging sites in the two-county area (Ashland, Cave Junction, Central Point, Eagle Point, Gold Hill, Grants Pass, Jacksonville, Medford, Phoenix, Rogue River, Shady Cove, Talent, White City, Wilderville, Williams, and Wolf Creek) from which we serve home-delivered and/or congregate meals. With the exception of the Medford site, all of these are located in rural areas. Nearly all of these meal sites serve areas that feature low household median income.25

2. **Rural, Low Income:** We make a special effort to recruit Senior and Disability Services Advisory Council members from low-income, rural and limited English speaking communities.

3. **Low Income:** Offices that can provide access to SNAP, medical insurance, assistance with medical supplies and Medicaid-funded long term care support for eligible residents are located in Medford and Grants Pass. We employ a part-time Service Coordinator to serve Josephine County’s Illinois Valley area. All offices provide staff visits to elderly individuals in response to referrals from self, family, agencies and other interested parties. They assess needs and provide assistance as required. The Aging and Disability Resource Connection (ADRC) is available toll-free to anyone regardless of income.

4. **Low Income, Minorities, Limited English:** Hispanic or Latino individuals are the predominant minority population in the two-county area. The Area

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25 US Census, 2010
Agency and its contractors are all listed in The Silver Pages, Senior Resources Directory, and Retirement Connection. These publications are broadly distributed throughout the two-county area including medical offices, hospitals, home health and hospice agencies, home medical agencies, senior meal sites, and businesses where seniors congregate. We are also listed in local newspapers. Bi-lingual staff members, fluent in Spanish, are employed in all three field offices. One of the staff in the administration office is fluent in Spanish and is connected with a number of minority-based groups in the area including the Hispanic Interagency Committee, UNETE (farm worker group) and the Red Earth Descendants. The RVCOG Executive Director is fluent in Spanish and assists with interpretation and developing written materials in Spanish. We advertise in the local Hispanic Yellow Pages. We notify community partners that sponsorship is available to the annual Native American Caregiver Conference. RVCOG also sponsors the annual Elder/Youth conference held by the Red Earth Descendants.

5. **Low Income, Minority, Limited English:** We actively participate on the Jackson County Homeless Task Force including implementation of the Jackson County 10-Year Plan to End Homelessness, Josephine County Homeless Task Force, Jackson County Community Services Consortium, the Hispanic Interagency Committee, and the Multi-Disciplinary Adult Protective Services teams (MDTs) in Jackson and Josephine Counties. We are particularly pleased that the District Attorneys from both counties are actively involved in the MDTs.

6. **Limited English:** Spanish ADRC brochures are available in each of the Area Agency’s Field Offices, contractor offices (including legal aid offices) and at all meal sites. They are also distributed throughout the two-county area to churches, medical offices, hospitals, home health and hospice agencies, and home medical agencies.

7. **Limited English, Minorities:** We actively recruit minorities and people with disabilities to work for our agency. There are ten Spanish speakers working in our three Field Offices. Some are being paid out of class because of their special language skills.

8. **Native American** – Planning meetings have been held and will be continuing with Brent Florendo, Native Nations Liaison at Southern Oregon University and Lori Austin
Elders Coordinator of the Coquille Indian Tribe. Discussion has been focused on increasing outreach to educate the tribal elders about services and resources, and to develop loans for a regional conference in 2017.

9. **Lesbian, Gay, Bisexual and Transgender (LGBT):** In FY 2015, RVCOG signed an MOU with Rogue Valley LGBT Elders (now known as Rainbow Elders) to provide a small amount of Title IIIB funds. The funds were placed in an account with the RVCOG’s non-profit, Southern Oregon Center for Community Partnerships. RV LGBT activities: establish a Friendly Visitor program to reach out to isolated LGBT elders, coordinate and facilitate monthly potluck luncheons, develop an RV LGBT elders’ newsletter, develop a logo, develop a website, advertise, conduct an RV LGBT needs assessment and provide training on the issues unique to the LGBT elderly population. The group will fully expend the IIIB funding soon. RVCOG has budgeted $2,000 for future activities. The SAC Vice Chair currently is a Rainbow Elders Board member.
B - 3 AAA Services and Administration:

Directly Provided and Contracted Services

RVCOG AAA provides some services directly and contracts with local agencies for others. Direct services are provided through a central administrative office, located in Central Point, and Field Offices: two in Jackson County—the Senior Services Office and the Disability Services Office—and the combined Senior and Disability Services Office in Josephine County.

The following details RVCOG AAA administration activities and services. The services are categorized by the AAA’s five goal areas (see Section A-2 for definitions):

- Empowerment
- Healthy Aging
- Economic Stability
- Community Living
- Safety and Rights

A. Administration - Under its Intergovernmental Agreement (IGA) with the State of Oregon, the RVCOG AAA is responsible for: implementing the planned services; maintaining required records; fulfilling the requirements of Federal regulations, State rules, and State Unit Policies and Procedures; supporting the Advisory Councils and their subcommittees; contract administration/monitoring, financial accounting, and quality assurance. Under the IGA the State also contracts with (and funds) RVCOG to partner with the Medicaid Long-Term Care and Financial Assistance programs which are directly provided by District 8 Aging and People with Disabilities (APD). RVCOG and APD’s goal is to provide a seamless service system to seniors and people with disabilities in the two-county area.

The AAA Director is employed by the Rogue Valley Council of Governments (RVCOG). RVCOG is a regional consortium of local governments that is the federally designated Area Agency on Aging for Oregon District 8 and encompasses the entirety of Josephine and Jackson Counties. The AAA Director is responsible for all services provided by the RVCOG AAA. The AAA Director also staffs the Southern Oregon Center for Community Partnerships, a non-profit intended to raise public and private funds to benefit the existing and future clients of the Rogue Valley Council of
Government’s Senior and Disability Services (SDS) programs. As appropriate, the non-profit may also engage in activities that encourage communication, consultation, and cooperation across southern Oregon.

The AAA Director is supported by the SDS Management Team which includes the following members:

1. **Aging and People with Disabilities (Title XIX) District Manager** - The APD manager oversees Economic Stability, Community Living and Safety and Rights programs for clients eligible for Medicaid (Title XIX) insurance, SNAP, Title XIX Long-Term Care, Adult Protective Services, and Adult Foster Home Licensing. Funding Source(s): State General Funds and Title XIX Medicaid (XIX)

2. **Evidence-Based Programs Coordinator** – The Evidence Based Programs Coordinator provides direction, coordination, and/or delivery of the evidence-based Living Well and Powerful Tools for Caregivers training programs in Jackson and Josephine Counties. Plans, develops and manages resources in collaboration with various community and regional partners and stakeholders to ensure the long term viability of these programs. Supervises and provides Licensed Clinical Social Worker oversight to the PEARLs program. Funding Source(s): State General Funds, Coordinated Care Organization, OAA Title IIIB and IIID, Local Funds

3. **Nutrition Program Manager** – The Nutrition Program Manager oversees the production and delivery of over 235,000 home-delivered and congregate meals a year across the two-county area. Funding Source(s): OAA Title IIIC1/2, NSIP, Title XIX Medicaid, State General Funds, Grants, Fund Raising, Local Funds

4. **Older Adult Behaviors Health Specialist** – The Older Adult Behavioral Specialist engages community partners to strengthen services for older adults and people with disabilities. Collaboration includes community partners in the fields of geriatrics, disability, mental health, and addiction services. The Older Adult Behavioral Health
Specialist plays a key role in increasing community awareness of RVCOG AAA programs and services.
Funding Source(s): State General Funds

5. **SDS Operations Manager** - The Operations Manager is responsible, under the direction of the AAA Director, for planning and program development; budgets and financial expenditures, reporting; service procurement, contracts and monitoring; oversight of the National Aging Program Information System (NAPIS) and State Performance Report; grant writing and oversight of grants and special projects. The position supervises the Older Americans Act, Oregon Project Independence and ADRC programs.
Funding Source(s): OAA Title IIIB, C1/2, E, State General Funds, Title XIX Medicaid, Local Funds

6. **SDS Planner** -- The SDS Planner provides oversight for the Home-at-Last, Disaster Registry and Lifelong Housing programs. The SDS Planner assists the SDS Director with advocacy activities and is an ADRC I&R/A Specialist. The position also staffs the joint Senior and Disability Services Advisory Councils’ Advocacy Committee.
Funding Source(s): OAA Titles IIIB and IIIE, AARP, HUD

B. **Program Coordination & Development** - The RVCOG AAA Director and her staff connect with other agencies and organizations serving the elderly; work to develop services; and mobilize non-OAA funds to enhance delivery of services to the elderly. These activities have a direct and positive impact on the enhancement of services. RVCOG AAA, through its Program Coordination and Development efforts, anticipates an additional $2.32 M to enhance OAA and OPI services including, but not limited to, the following sources:
- Housing and Urban Development to support the Home-At-Last Program
- Coordinated Care Organization funding from AllCare and Primary Health to support a variety of Flexible Services for CCO members such as Living Well and Care Transitions Interventions. AllCare is co-funding a Preventive Health Care Referral Specialist to work with strengthening referrals from AllCare to the AAA and to provide Care Transitions Intervention services.
- Oregon General Funds to support ADRC Options Counseling, Senior Mental Health programs, an Innovator Agent to coordinate CCOs, a Preventive Health Care Referral
Specialist, and an Oregon Project Independence pilot program targeting younger adults with physical disabilities

- Administration on Community Living funding to support Dementia Capable Training for ADRC providers and staff (funding ends 9/30/16).
- AARP funds and other local funds to support Lifelong Housing activities.
- Veterans Directed Home and Community Based Services.
- Josephine County central location for the Food & Friends Senior Meals Program - RVCOG is establishing a permanent central location for the Food & Friends Senior Meals program in Josephine County, Oregon. The new location will serve as the distribution point for all of Josephine County meals (individually packaged home-delivered meals and bulk food for the County’s other four meal sites) as well as a congregate meals site. The estimated total cost for the land, building and equipment is $1.4 M. Nearly $500,000 of funding has been secured from AllCare CCO, RVCOG revenues, Foundation Grants and individual donations. The City of Grants Pass has committed $155,000 of its Community Development Block Grant (CDBG) funds to the central location. RVCOG has also been awarded nearly $840,000 of Josephine County CDBG funds. The balance of revenues will be fund raised.

Funding Source(s): OAA Title IIIB

C. **Other**

**Coordinated Care Organizations**

The RVCOG AAA has established MOUs with all three CCOs in the Rogue Valley: AllCare (Josephine and Jackson County), Primary Health of Josephine County and Jackson Care Connect. RVCOG AAA will continue to work with CCOs to identify high risk clients to provide clients individualized support that will lead to healthier clients, a more effective service delivery system, and lower medical and long term care costs.

RVCOG introduced a Preventive Health Referral Specialist position which coordinates referrals to and from AllCare CCO and the AAA. This position refers consumers to the AAA’s health promotion programs such as Living Well, an evidence-based Chronic Disease Self-Management program. It also serves as a vital link between the AAA and the CCO. Finally, the position is used to provide Coleman Transitions Interventions for
Role of AAA in Regional Planning Efforts
One of the successful roles that RVCOG has played in regional planning was to advocate for seniors who were on Medicare and did not have dental insurance. Through the Aging and Disability Resource Connection (ADRC) it was determined that dental work was an enormous unmet need in the Rogue Valley. Consumers would contact the ADRC asking for assistance with dental work and were being informed that there weren’t any providers that did not require a large sum of money upfront. In 2015, through a partnership with La Clinica de Valle, RVCOG was able to start a scholarship program for seniors who do not have dental coverage. This scholarship grants consumers $500 towards dental care. Any amount over the $500 can then be paid in affordable monthly payments. Since the start of this program many seniors in the Rogue Valley have been able to access affordable dental care and gain the essential dental care that they need which previously was not available.

Another success in which RVCOG played a major role was to advocate for “lifelong” modifications to several apartments in a new HUD apartment complex. RVCOG’s Life Long Housing program partnered with the Jackson County Housing authority to adapt several apartments in their newly built apartment complex to be handicap accessible. These apartments make it possible for people with disabilities to live independently in the new HUD complex. The complex is scheduled to be ready for consumers to move in on December 2016.

The most notable service gap, which affects seniors and people with disabilities in the Rogue Valley, is a lack of affordable housing. Through the work on the ADRC, we have found that there is simply not enough affordable housing for those who need it. The affordable housing that is available have waitlists of a year or longer. We have experienced numerous seniors who have lost their housing and become homeless because there are no housing options available for them that are affordable. Another notable service gap is transportation in rural areas of Jackson and Josephine counties. Although there are paratransit programs and local bus systems, seniors who do not live along the fixed route are often isolated and not able to use the systems in place.
Another major service gap we have found is consumers who need in-home assistance but are not eligible for Medicaid services. Previously, these consumers were served under the Oregon Project Independence (OPI) programs. However, RVCOG is not able to serve the amount of consumers who request OPI services due to budget reasons. These consumers often are not able to pay privately for in-home care and are often left with no resources. Consumers who are on RVCOG’s OPI program have experienced their hours being cut in some cases more than half what they previously had.

In the future, RVCOG hopes to advocate for more affordable housing to be built for seniors and people with disabilities. We also hope to advocate for more OPI funds to be able to serve more consumers with in-home assistance to prevent or prolong their need for Medicaid funds.
EMPOWERMENT

Goal:

To greatly enhance the person’s knowledge of aging and disabilities resources, expand their personal skills/tool set for meeting the challenges of aging and disabilities for themselves or their loved ones, and sharpen their ability to advocate for their interests.
**Advocacy** - The RVCOG AAA Director monitors, evaluates and comments on issues related to community actions affecting older persons; conducts or attends public hearings; represents older persons’ interests at the local, state and national level; supports the Long-Term Care Ombudsman program and coordinates planning with other agencies and organizations.

RVCOG AAA supports its Senior Advisory Council (SAC) which is comprised of 16 members. The SAC has established three working committees: communications/outreach, outcomes & evaluation/nutrition, and advocacy. The SAC plays a key role in advocating for the needs of seniors and has a focus on improving the AAA’s messaging and profile in the area as well as establishing evaluation tools to ensure programs are accomplishing established goals and objectives.

**Funding Source(s):** OAA Title IIB

**Aging and Disabilities Resource Connection (ADRC) -** The State of Oregon has developed a statewide ADRC program that provides seniors, people with disabilities, their loved ones and the community with free unbiased information about services and available community resources. The ADRC provides a universal “No Wrong Door” model that emphasizes a person centered approach designed to empower consumers to make decisions about their long term care, plan for the future, spend their money wisely to delay or avoid using Medicaid funds, independently live at home longer, thrive with chronic conditions such as Alzheimer’s and many more topics. ADRC of Jackson / Josephine Counties offers the following services: advocacy, information and assistance, information and referral, person centered options counseling and an online database of resources. The ADRC is well marketed in the region (as it is in the remainder of the state, and has seen a steady increase of usage over its more than three years of operation. In particular, as a result of a series of workshops for all APD staff in both counties during the summer of 2016, call volume has increased significantly. For example, the August, 2016 calls were approximately 50% higher than they had been prior to the workshops.

On July 1, 2013, the Rogue Valley ADRC began providing services to the general public. ADRC staff members are certified by the National Alliance of Information and Referral (AIRS) and have been trained in person-centered approaches to provide objective and trusted information about public services and community resources. ADRC staff aim to empower
consumers to help make informed decisions about the consumer’s self-identified needs and goals. In April 2015, ADRC of Jackson / Josephine Counties was awarded fully-functional status.

ADRC offers person centered assistance to help consumers learn about and navigate through various options for long-term care services. The ADRC is a highly visible and trusted place where consumers of all incomes, disabilities and ages can turn for unbiased, reliable information on the full range of long-term support options. ADRC integrates the aging and disability services systems so consumers will have access to the information they need in one reliable easy to access place.

**Core Services Offered by the ADRC:**

i. **Information, Referral and Assistance** - The ADRC serves as the one stop for consumers, their friends and family members, and the community as they seek to find information about resources for those who are aging or have a disability. ADRC is designed to streamline access to information about long-term care. Referrals are made to programs and organizations that may meet the individual’s specific needs. Assistance is provided in accessing services when needed or requested. Services are available on the phone and by email in both Jackson and Josephine County.

ii. **Person Centered Options Counseling and Advocacy** - Trained professionals assess the consumer’s situation presented and offer options for services and available community resources. Services are available over the phone, email or in person at the consumer’s home or a place in the community. ADRC staff assist consumers by providing tools and information to navigate the maze of programs and services available. Options Counselors aim to assist by putting the consumer’s preferences and needs at the center of the planning process and by focusing on what is important to the consumer. Often times, Options Counselors enlist the support of the consumer’s family, friends and any other professionals chosen by the consumer to ensure that needs, preferences and the consumer’s choices are honored. Options Counseling is provided by trained ADRC staff in both Jackson and Josephine counties. With the consumer’s consent, staff is also able to advocate on behalf of consumers who are not able to do so on their own due to lack of resources, cognitive ability, rural location, and so on.
iii. Online Resource - The ADRC of Oregon offers a database of resources for seniors and people with disabilities. Statewide the database includes thousands of resources. Resources available include state programs, private companies, nonprofit organizations, and religious organizations that serve seniors and people with disabilities and meet the ADRC’s inclusion/exclusion policy. Since the ADRC was started, RVCOG has added over 400 listings to the database, which are updated annually to ensure that consumers are given the most accurate information possible. The website is available 24/7 to consumers at www.ADRCofOregon.org.

ADRC of Jackson / Josephine Counties has organized a team of core partner agencies that serve seniors and people with disabilities in the Rogue Valley. The ADRC Partners meet monthly to learn about community resources, to discuss service gaps affecting seniors and people with disabilities in the Rogue Valley and, where possible, to strategize ways in which those gaps might be addressed. The ADRC Partners include: RVCOG AAA, Aging and People with Disabilities (Medicaid) District 8, HASL Center for Independent Living, Jackson County Developmental Disabilities, Jackson County Mental Health, Options for Southern Oregon (mental health in Josephine County), ACCESS Community Action Agency of Jackson County and UCAN Community Action Agency of Josephine County. In the future, RVCOG would like to also include more representation from organizations that serve Veterans and minority groups.

One of the main focuses of ADRC of Jackson / Josephine Counties has been to make services seamless for consumers between the Medicaid programs provided by Aging and People with Disabilities (APD) District 8 and the programs provided through the AAA. RVCOG and APD have formed a Team Enhancement Committee (TEC), which meets monthly to collaborate on enhancing the service delivery system between the AAA and APD. As its first major work product, the TEC developed a process for seamlessly sending referrals between the ADRC and all three APD offices. This process includes an on-going training for all current and new APD and AAA staff on services provided by both agencies. Since the TEC established this process the number of consumers being served has greatly increased. In the future, the TEC aims to work on promoting greater efficiencies between the two organizations and addressing identified issues with service delivery for their shared client populations.

Funding Source(s): OAA Titles IIB and IIE, State General Funds, Local Funds
**Caregiver Training and Support:**

The Family Caregiver Support program is available to family caregivers who are caring for someone over the age of 60; who are caring for an individual not receiving a wage or salary for providing that care; who are caring for an individual who is not receiving assistance through an acute care setting; who are 55 or older and caring for children age 18 and younger; or who are any age and caring for an individual with Alzheimer’s or other related disorders with neurological and organic brain dysfunctions. Family Caregiver Resource Specialists assist family caregivers by providing a place to start and information and assistance to caregiver resources in our area. They also help to develop a plan for care.

RVCOG AAA also coordinates the “Powerful Tools” for Caregivers training in the two-county area. Powerful Tools focuses on the family caregiver (not the disease process). It helps family caregivers take care of themselves while caring for an older relative or friend. A number of RVCOG staff team up with other agency trainers and volunteers to teach classes. RVCOG created a new Evidence Based Programs Coordinator position to provide coordination and oversight for the Powerful Tools, Living Well and PEARLs programs. The Evidence Based Programs Coordinator has been managing the volunteer-based Living Well program. RVCOG is utilizing her experience in marketing, community outreach and managing volunteer-based service delivery to strengthen and expand the current capacity of Powerful Tools.

RVCOG AAA also provides STAR-C, an evidence-based program that provides supports/skills for family caregivers of Alzheimer’s and related dementia clients.

RVCOG provides a grant which can be used to give a brief period of rest and relief for family members, guardians or others who are regular caregivers. Eligibility is determined by RVCOG Service Coordinators. Eligibility requirements include family caregivers who are caring for dependent adults, people with disabilities of all ages or family relatives 55 or older who are caring for children. Eligible family caregivers are reimbursed up to $599 per calendar year.

Funding Source(s): OAA Title IIIE
HEALTHY AGING

Goal:

To lead people to improved or maintained health.

Food & Friends Senior Meal Program and Meals on Wheels
RVCOG AAA, through its Food & Friends program, provides approximately 1,000 meals daily to seniors 60 and older and adults with disabilities in the two-county area. Meals are prepared in a central kitchen located in Jackson County then transported to 12 combined congregate/home-delivered meal sites and 4 home-delivered meals-only sites where they are either packaged into home-delivered meals or served to meal participants who eat at the meal sites. Each meal complies with the Dietary Guidelines for Americans and provides a minimum of 33 percent of the current daily Recommended Dietary Reference Intake (DRI) established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences.

**Congregate Meals**
RVCOG AAA provides approximately 200 meals daily at 12 congregate meal sites in the two counties to seniors 60 and older and adults with disabilities residing in the two-county area.
**Home-Delivered Meals**
Approximately 250 volunteers deliver more than 800 home-delivered meals along 54 routes to home-bound seniors in the two-county area. In addition, trained volunteer drivers put into practice their training in “Maximizing Brief Encounters”, which allows them to perform regular safety checks on the clients they deliver meals to.

**Nutrition Education**
RVCOG plans to distribute a newsletter quarterly to all meal participants. Each publication includes nutrition and health education tips. RVCOG AAA meal site staff are educated regarding nutrition issues and supplied with approved educational materials to hand out and discuss with participants at meal sites as well as distribute and discuss with home-delivered meals participants. The newsletter will be on the website. In addition, Nutrition outreach staff will also provide information to people in their homes as part of the home-delivered meals eligibility process.

**Living Well**
RVCOG AAA offers Living Well, an evidence-based Chronic Disease Self-Management program which empowers clients to better manage their chronic conditions. In 2013, RVCOG also added Living Well Diabetes Self-Management as well as Chronic Pain Self-Management. Living Well is a Stanford University-developed program that adheres to strict training and protocol standards established by Stanford to ensure high fidelity in program delivery.

The program relies on Master Trainers trained by Stanford who then train leaders in the community who lead Living Well classes for 10-20 people with chronic conditions, diabetes (or pre-diabetes), or chronic pain. Along with certified Master Trainers, RVCOG AAA also has staff certified in more specialized areas including Diabetes Self-Management and Pain Self-Management.

While RVCOG has relied on grants to develop Living Well, RVCOG has secured contracts with two of the CCOs in the area to sponsor Living Well for their members. This effort assists CCOs toward realizing their Triple Aim goals to reduce health care costs, improve the health of clients, and improve the health care delivery system.
ECONOMIC STABILITY

Goal:

To ensure a person/family will gain a minimum level of financial stability.
**Supplemental Nutrition Assistance Program (SNAP)**

RVCOG AAA is the portal for older residents and persons with disabilities to access SNAP. The APD Title XIX District Manager oversees use and expenditures of this federal program, formerly known as Food Stamps, administered by the US Department of Agriculture. The intent of the program is to improve the health and wellbeing of low-income individuals, elderly and people with disabilities, and other groups of people by providing a means to substantially meet their nutritional needs. SNAP benefits are issued via an electronic Oregon Trail Card.

Funding Source(s): USDA

**Oregon Health Plan/Medicaid**

The Title XIX APD District Manager oversees this state and federally funded program that provides medical coverage. RVCOG AAA, through its ADRC, is a gateway for older individuals and adults with disabilities in the area to access the Oregon Health Plan and Medicare supplemental coverage.

Funding Source(s): Title XIX of the US Social Security Act and State General Funds (Oregon Health Plan – OHP)

**Transportation**

Transportation, both medical and non-medical, is available for clients through partnership with a local transportation brokerage through a contract with Oregon's Medicaid program. The Title XIX APD District Manager oversees use and expenditures of this program.

SDS RVCOG also contracts with the Rogue River Community Center to provide transportation for persons in rural areas around Rogue River. The services are provided by volunteers on a mileage reimbursement basis.

Funding Source(s): Title XIX of the US Social Security Act and OAA Title IIIB

**Medical Supplies**

Medical Supplies are available to Medicaid clients through programs residing within the Oregon Health Authority. Along with other programs available to Medicaid clients, APD staff administers this program locally. The Title XIX APD District Manager oversees this program.

Funding Source(s): Title XIX of the US Social Security Act and State General Funds (Oregon Health Plan – OHP)
**Medicare Prescription Drug Program Enrollment Assistance**
For prescription drug benefits offered through federal law to all Medicare recipients, APD Medicaid staff contact Medicaid clients or client representatives to determine if the prescription drug benefits program is understood; provide assistance in determining choices available; and provide assistance in completing application and other relevant paperwork. Funding Source(s): Title XIX of the US Social Security Act

**Lifelong Housing Certificate**
RVCOG AAA has developed the first certificate for Lifelong Housing in Oregon. Before a home can be Lifelong Housing certified, a set of specific design and construction standards must be attained for the home. The certificate assures a prospective home buyer or renter that the house will make aging an easier process in their home for many years to come. Funding Source(s): AARP, OAA Title IIIB, Local Funds
COMMUNITY LIVING

Goal:

To establish an ever-expanding array of Home- and Community-Based care options that are available to provide the most optimal level of care for the person/family.
In-Home Care
Assistance to persons who are having difficulty with one or more of the following activities of daily living—preparing meals; shopping for personal items; managing money; using the telephone; doing light housework; eating; dressing; bathing; toileting; and transferring—may secure assistance through two programs.

A. Medicaid-funded In-Home Services - Caregivers help with housekeeping, bill paying, meal preparation, medication management, bathing and other personal needs to a Medicaid-eligible client living in their own home. An individual may directly employ a caregiver or they may opt to have the Medicaid office suggest/assign a caregiving agency. This program is only available to persons whose income/resources fall within eligibility criteria and who exhibit a sufficient need for assistance in managing their Activities of Daily Living (ADL). A Client Assessment and Planning System (CA/PS) and financial assessment is done for the individual to determine their eligibility. The Title XIX APD District Manager oversees this program.
Funding Source(s): Title XIX of the US Social Security Act and State General Funds (Oregon Health Plan – OHP)

B. Oregon Project Independence for seniors 60 and older and Oregon Project Independence for adults ages 19-59 with physical disabilities - Like the Medicaid in-home service, OPI provides in-home care to individuals who show a need to assist them in their ADLs and whose income/resources fall within eligibility criteria. OPI clients have a little too much income to qualify for Medicaid, but are at risk of institutional placement without help. Both financial and ADL assessments are done to determine both eligibility and priority level for each individual. Service coordinators provide support to each OPI client to ensure the care they receive is most appropriate for them and that any care transitions are supported. Like the Medicaid program, a person can choose to either directly employ the caregiver themselves or have RVCOG AAA supply the caregiver through a contractor.
Funding Source(s): State General Funds

Community Based Services
While in-home care provides the highest level of independence for a person needing care, there are several other options that also provide a higher level of independence than a Skilled Nursing Facility. Including:

A. Adult Foster Care (AFH) - This provides an option that closely approximates the home environment. Adult Foster Care homes can serve up to five individuals. The Title XIX APD District Manager oversees this program. Medicaid staff license and monitor the care of clients who live in adult foster care homes.
   Funding Source(s): Title XIX of the US Social Security Act and State General Funds (Oregon Health Plan – OHP)

B. Residential Care Facilities (RCF) - This option provides care for individuals in a residential setting. An RCF has six or more individuals in private or shared rooms. The Title XIX APD District Manager oversees this program. Medicaid staff determines eligibility for this service and monitors the care of clients who live in Residential Care Facilities.
   Funding Source(s): Title XIX of the US Social Security Act and State General Funds (Oregon Health Plan – OHP)

C. Assisted Living Facilities (ALF) - Clients have their own apartments with many shared services such as meal preparation. The Title XIX APD District Manager oversees this program. Medicaid staff determines eligibility for this service and monitors the care of clients who live in the ALF.
   Funding Source(s): Title XIX of the US Social Security Act and State General Funds (Oregon Health Plan – OHP)

**Skilled Nursing Facilities (SNF)**

For individuals in need of more intensive support on a 24-hour basis, Medicaid staff of RVCOG AAA can provide access to people who meet financial and ADL eligibility criteria. The SNF is the least independent option, but is one that meets the needs of many individuals. The Title XIX APD District Manager oversees this program.

Funding Source(s): Title XIX of the US Social Security Act and State General Funds (Oregon Health Plan – OHP)
SAFETY and RIGHTS

Goal:

To provide a person/family the tools to protect themselves or their loved ones from any kind of harm, abuse, or catastrophe.
Disaster Registry
With the help of volunteers, RVCOG AAA maintains a Disaster Registry of frail elders and adults with physical, cognitive, or severe mental disabilities. Individuals may request an application or sign up via the Web at www.rvcog.org. The Disaster Registry was created after a 1999 flood in Jackson County, an event that highlighted the need for responders to be able to locate vulnerable people before and during a disaster.
Funding Source(s): OAA Title IIIB

Guardianship/Conservatorship
The RVCOG AAA contracts with the Center for Nonprofit Legal Services to provide a guardianship/conservatorship program in Jackson County and with United Community Action Network for Josephine County. Both contractors perform 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.
Funding Source(s): OAA Title IIIB

Legal Assistance
RVCOG AAA contracts for legal assistance services with:

a. Center for Nonprofit Legal Services (CNPLS) - The agency is staffed by Oregon licensed attorneys who are organized into four specialty units: Housing/Consumer, Family, Public Benefits/Employment, and Individual Rights. Low-income persons and seniors with priority legal problems are accepted by the agency for direct legal representation. The senior case load is about 10-15% of the total workload. Services are provided based on priorities established by the RVCOG Senior Advisory Council.

b. Oregon Law Center (OLC) - A senior law hotline service is provided by Oregon licensed attorneys. The hot line is staffed 3 hours per week. Seniors are not screened for income eligibility but are screened for conflicts with prior OLC clients as per the Oregon State Bar Disciplinary Rules. Additional free legal assistance is provided as needed on a case-by-case basis. Free training is provided four times a year on relevant topics of interest to seniors. Services are provided based on priorities established by the RVCOG Senior Advisory Council.
Funding Source(s): OAA Title IIIB
Adult Protective Services/Elder Abuse/Patient Abuse
Medicaid staff provide Adult Protective Services (APS) to aged, blind or individuals with disabilities 18 years of age or older. The intent of the program is to investigate and document allegations of abuse and provide protection and intervention on behalf of those adults who are unable to protect themselves from harm or neglect. These services are provided by APS staff in our Medford Senior Services and Grants Pass Senior and Disability Services Branches. The Title XIX APD District Manager oversees this program.
Funding Source(s): Title XIX of the US Social Security Act and State General Funds (Oregon Health Plan – OHP)

Elder Abuse Prevention
In FY 2010, an Adult Protective Services (APS) Emergency Fund was established to pay for such things as emergency shelter, transportation, food, medications, and clothing for seniors 60 and older in protective service situations. We continue to utilize the fund. The Senior Advisory Council in partnership with APD Adult Protective Services staff will work to identify additional activities.
Funding Source(s): OAA Title VII

Medicare Part D Low-Income Subsidy Screenings/Referrals and Choice Counseling
Screen Medicare beneficiaries not already deemed eligible for Medicare Part D Low-Income Subsidy (LIS) and refer to the State of Oregon Department of Human Services or the Social Security Administration for LIS eligibility determination. Offer Medicare Part D choice counseling for people who are already eligible for both Medicare and Medicaid. The Title XIX APD District Manager oversees this program.
Funding Source(s): Title XIX of the US Social Security Act and State General Funds (Oregon Health Plan – OHP)

Oregon Supplemental Income Program (OSIP)
This means-tested program is for those 65 and older or those under 65 who have been determined disabled by Social Security Administration (SSA) criteria. Eligibility for OSIP qualifies the client for Medicaid. Medical benefits are provided through enrollment in a managed health care system or on a fee-for-service basis. The Title XIX APD District Manager oversees this program.
Presumptive Medicaid Disability Determination Process

The State of Oregon is required to make Medicaid disability determinations within ninety (90) days for applicants alleging a disability that would meet the Social Security Administration (SSA) disability requirements for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) and, for whom the SSA has not made a disability determination. The disability determination is one of the requirements an applicant must meet in order to establish eligibility for the Oregon Supplemental Income Program. The Title XIX APD District Manager oversees this program.

Funding Source(s): Title XIX of the US Social Security Act and State General Funds (Oregon Health Plan – OHP)

State Plan Personal Care

Supportive services which enable a Medicaid financially-eligible person to move into or remain in their own home. Services are limited to 20 hours per month per client. The Title XIX APD District Manager oversees this program.

Funding Source(s): Title XIX of the US Social Security Act and State General Funds (Oregon Health Plan – OHP)

Contract Registered Nurse Services

SDS RVCOG is responsible for the day-to-day oversight and management of the Department of Human Services Contract RN program locally. The Title XIX APD District Manager oversees this program.

Funding Source(s): Title XIX of the US Social Security Act and State General Funds (Oregon Health Plan – OHP)

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

There are many services in the Rogue Valley that seniors and people with disabilities frequently request that the AAA does not directly provide or contract to provide. Under each of the following services that we do not provide we have listed key community
providers that may help as well as indicate if no provider/service is available. This is not meant to be a complete list of resources.

For a comprehensive list of resources in both counties please visit the ADRC of Oregon website (ADRCofOregon.org). Resources are updated annually to ensure accuracy for consumers. Resources are also listed in the Silver Pages, the Senior Resource Directory, and the Retirement Connection booklet.

In addition to listing key community providers for each service, we have included, as appropriate, information regarding planning, services necessity/gaps, and funding issues.

- **Advocacy/Problem Solving/Dispute Resolution**
  - Help Now! Advocacy Center
  - Center for Nonprofit Legal Services
  - Oregon Law Center - Grants Pass Office

- **Alzheimer’s or Other Dementia**
  - Alzheimer’s Association Oregon Chapter – Southern Oregon Regional Office
  - Marya Kain of Power of the Heart Dementia Care Education and Behavior Coaching. Marya is a trained STAR-C consultant

- **Case Management (fee based or privately funded)**
  - National Association of Private Geriatric Care Managers
  - Ellen Waldman of Senior Options, LLC - Jackson County. Ellen is a trained STAR-C consultant.
  - Marya Kain of Power of the Heart Dementia Care Education and Behavior Coaching
  - Georgie Gentry, Ground Spring Associates
  - Aging and People with Disabilities District 8 (for Medicaid-eligible people only)

Our belief is that a well-trained government and private case management/client consultant work force not only spreads the workload, it best meets the needs of seniors and people with disabilities in our area. To that end, RVCOG shares information regarding training opportunities and, when possible, provides training, for private geriatric care providers as it
comes available.

- Community Action Programs
  - UCAN Community Action Program of Josephine County
  - ACCESS Community Action Program of Josephine County

- Community Healthy Aging
  - Oregon State University Extension Service
  - Age Friendly Innovators - Fall Prevention Program
  - YMCA of Ashland, Medford and Grants Pass Senior Program
  - Jackson County Health and Human Services
  - Josephine County Health and Human Services

- Disability Services and Programs
  - HASL Center for Independent Living for Jackson and Josephine counties.
  - Jackson County Developmental Disability Services
  - Community Living Case Management of Josephine County
  - Southern Oregon Aspire

- Education and Counseling Programs
  - Consumer Credit Counseling Money Management Program (Jackson and Josephine Counties)
  - Medicaid Helpline 800-344-4354 (Jackson and Josephine Counties)
  - United Way of Jackson County - SHIBA Senior Health Insurance Benefits
  - UCAN - SHIBA Senior Health Insurance Benefits (Josephine County)
  - Southern Oregon University OLLIE Program for Seniors
  - Age Wise Age Well peer mentoring program
  - Compass House peer mentoring program

- Elder Abuse Awareness and Prevention
  - Aging and People with Disabilities District 8
  - Gate Keeper Program

- Emergency Response Systems
- Asante Lifeline Emergency Response System

- Employment Programs
  - Oregon Employment Department
  - Southern Oregon Goodwill Employment Program
  - Medford Employment Resource Center
  - Easter Seals of Oregon
  - Ashland Community Resource Center
  - The Job Council of Jackson and Josephine County

- Heating and Energy Assistance Programs
  - ACCESS, the Community Action Agency of Jackson County
  - UCAN the Community Action Program of Josephine County

- Financial Assistance
  - ACCESS, the Community Action Agency of Jackson County
  - UCAN the Community Action Program of Josephine County
  - St. Vincent de Paul
  - The Salvation Army

- Low Income and Emergency Housing
  - ACCESS Community Action Agency of Jackson County
  - Housing Authority of Jackson County
  - Housing Authority of Josephine County
  - Medford Gospel Mission, Men’s, Women and Children’s Shelter
  - UCAN Community Action Program of Josephine County

- Information and Referral/Assistance Programs (non-AAA funded)
  - 2-1-1Info
  - HASL Center for Independent Living

- Legal Assistance
  - Center for Nonprofit Legal Services
  - Oregon Law Center
- Help Now! Advocacy Center

- Medical Equipment
  - ACCESS Community Action Agency of Jackson County
  - HASL Center for Independent Living – Jackson and Josephine County
  - UCAN Community Action Program of Josephine County

- Mental Health
  - Jackson County Mental Health
  - Options of Southern Oregon Josephine County Mental Health Service
  - Compass House Peer Mentoring Program
  - National Alliance on Mental Illness of Southern Oregon

- Minority Groups
  - Coquille Indian Tribe – Medford Office
  - Down Syndrome Association of Southern Oregon
  - Families for Community (support network for parents of children with special needs and disabilities)
  - LGBTQ Groups in the Rogue Valley
    - Rogue Rainbow Elders
    - Southern Oregon Pride
    - Southern Oregon University – Queer Resource Center
    - TransOregon

- Money Management
  - Oregon Money Management Program - Consumer Credit Counseling of Southern Oregon

- Respite-Care
  - Lifespan Respite of Jackson County

- Senior Centers
  - Ashland Senior Program
  - Eagle Point Senior Center
• Rogue River community Center
• Other Senior Centers:
  - Central Point Senior Center
  - Rogue River Community Center
  - Grants Pass Community Center
  - Illinois Valley Senior Center
  - Medford Senior Center
  - Upper Rogue Community Center

RVCOG Food & Friends has agreements with several Senior Centers for use of their facility as a congregate meals site and in some cases for use of Senior Center staff as Meal Site Managers

• Volunteer Program
  - Community Volunteer Network Retired and Senior Volunteer Program (RSVP)
  - ACCESS Senior Companion Program of Jackson County
  - UCAN Senior Companion Program of Josephine and Douglas County
  - Oregon Money Management Program – Consumer Credit Counseling of Southern Oregon

• Transportation
  - Josephine Community Transit
    - Dial-a-Ride Paratransit Program
    - Local Bus System
    - Rogue Valley Commuter Line (bus which connects Jackson and Josephine County)
  - Rogue Valley Transportation District
    - Valley Lift Paratransit Program
    - Local Bus System
    - Rogue Valley Connector (bus which connects rural areas of Jackson County to established local bus system)

RVCOG AAA will continue to work with Rogue Valley Transportation District and Josephine Community Transit to ensure the needs of seniors and those with
disabilities are incorporated into their transportation plans / operations.

- United Way Call-a-Ride volunteer program
- Veterans Administration

SECTION C - FOCUS AREAS, GOALS AND OBJECTIVES

*Our commitment is to outreach, to individualized person-centered services, and to agency partnerships.*
**Person Directed Services and Supports:**
RVCOG supports providing respectful and responsive services and supports that take into account individual preferences, needs, values, cultures and diverse backgrounds. For example, when APD Case Managers, RVCOG Service Coordinators and ADRC Options Counselors assist consumers, they strive to keep decision making as close to the individual as possible and support individual choices. RVCOG staff provides each individual with accurate, objective information so that the individual can make informed decisions.

**Service Equity:**
SDS and APD will continue to maintain a commitment to service equity by:

- maintaining open dialogue and internal and external communication efforts that are centered on inclusion and outcomes – for example, RVCOG will continue to meet at least quarterly with ADRC partners from both counties including Mental Health, Developmental Disabilities, Center for Independent Living, Aging and People with Disabilities and Community Action Program;
- creating a seamless long-term service and support delivery system that is culturally and linguistically responsive – for example, continue monthly Team Enhancement Committee meetings with a focus on strengthening communication and cooperation between AAA and APD and assuring service delivery is inclusive;
- providing services at each consumer’s specific need level with community needs informing and guiding services – for example, continue to deliver person-centered ADRC services;
- providing long-term services and support information in a variety of formats to meet the diverse linguistic, literacy and community needs – for example, APD and RVCOG provide alternative format access such as Braille, personalized reading, large print materials, interpretive services and a commitment to addressing individual needs of clients;
- providing monitoring and evaluation of the quality and capacity of long term services and supports – for example, assure that OPI Service Coordinators deliver services in a consistent and effective way;
- ensuring staff, volunteers and advisory group members represent and can appropriately communicate and address the cultural diversity of the area’s population – for example, continue to recruit SAC members from throughout the two-county area and through culturally diverse organizations such as the Rainbow Elders, Hispanic Interagency Group and Coquille Indian Tribe;
- allocating funds, developing and implementing contracts and policies that support underserved populations – for example, allocating funding to Rainbow Elders LGBTQ activities.
C - 1 Local Focus Areas, Older Americans Act (OAA) and Statewide Issue Areas:

1. Information, Referral and Assistance Services, Person Centered Options Counseling and Aging & Disability Resource Connection

**GOAL:** To empower consumers, their caregivers and/or advocates by greatly enhancing their knowledge of aging and disabilities resources.
**Information and Assistance Services and Aging & Disability Resource Connections (ADRC)**

Most of the ADRC staff have completed Person-Centered Options Counseling training and understand the need to take into account each individual’s preferences, needs, values, cultures and diverse background. ADRC services are delivered free from discrimination and disparity (See Family Caregiver Focus Area for description of RVCOG’s employment policies and core values for more detail).

RVCOG believes in the services that we provide through the ADRC in particular I&R/A, Options Counseling and the web-based resource database. In fact, we believe in it so much that we have pulled funding and staffing from other key AAA program and service areas (Program Coordination/Development, Advocacy, Service Coordination, contracted Information and Assistance, and Respite) in order to fund the ADRC. To date, this has worked because we have also received additional funding through the Administration on Community Living (ACL) and the State to support ADRC. However, the ADRC faces several challenges and we are concerned about the sustainability of a fully-functioning ADRC.

The first challenge is funding. ACL funding has ended and there is a strong chance that state funding will be significantly reduced or eliminated starting July, 2017. RVCOG will pursue additional funding streams to maintain the ADRC. It should be noted that RVCOG will be re-joining the pilot sites who have been participating in No Wrong Door/ADRC Medicaid Administrative Claiming.

The second challenge is that within current funding and staffing, we are near capacity. We have maintained the current staffing level for several years. Without new funding and staffing, we cannot expand nor will we be able to sustain current performance levels should consumer calls continue to increase.
As a side note, ADRC of Jackson / Josephine Counties has come a long ways in terms of monthly unduplicated consumers and monthly numbers of calls since the ADRC became fully functioning in July, 2013:

<table>
<thead>
<tr>
<th></th>
<th>Unduplicated Consumers</th>
<th>Number of Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1-31/2013</td>
<td>19</td>
<td>29</td>
</tr>
<tr>
<td>7/1-31/2014</td>
<td>136</td>
<td>193</td>
</tr>
<tr>
<td>7/1-31/2015</td>
<td>200</td>
<td>274</td>
</tr>
<tr>
<td>7/1-31/2016</td>
<td>193</td>
<td>272</td>
</tr>
<tr>
<td>7/1-31/2017</td>
<td>185</td>
<td>270</td>
</tr>
</tbody>
</table>

The third challenge is that the RVCOG staff who were pulled from other AAA service/program areas (Service Coordinators and SDS Planner) to provide the ADRC I&R/A are experiencing significant stress over time as they attempt to address compelling need, often communicated in very emotional terms, for which resources are few or non-existent. Also, the need to do time-consuming and poorly designed look-back surveys for the previous year due to the state being unable to pull the data already entered into the current systems. This takes many hours away from helping consumers and due to post-year review is far less accurate than obtaining data along the way. In spite of this, our staff continues to produce comprehensive and effective service, but the intensity of work and its long-term effect on a small staff cannot be overestimated.

The fourth challenge has to do with the extreme amount of data entry required, which not only reduces the amount of time staff has to spend assisting consumers, but also contributes to staff stress. While record keeping is acknowledged as valuable, a reduction of that record keeping might well be an important challenge for the State to address in the near future.
These challenges lead RVCOG to consider focusing on evaluation and assessment of the current ADRC service delivery model and exploration of other ways to provide ADRC services. Current fully-functioning ADRC services will continue while this work is on-going. This local effort parallels a statewide discussion that is currently in process between APD and the Oregon Association of Area Agencies on Aging.

**Focus Area – Information & Assistance Services and ADRC**

Goal: A system for older adults and people with disabilities that provides information and assistance to individuals seeking information on local resources, professionals seeking assistance for their clients and individuals planning for their present and future long-term care needs.

<table>
<thead>
<tr>
<th>Measureable Objectives</th>
<th>Key Tasks</th>
<th>Lead Position &amp; Entity</th>
<th>Timeframe for 2017-2020 (by Month &amp; Year)</th>
<th>Accomplishment or Update</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Start Date</td>
<td>End Date</td>
</tr>
<tr>
<td>Maintain fully-functioning ADRC for Jackson and Josephine counties.</td>
<td>a Staff ADRC I&amp;R/A</td>
<td>SDS Operations Manager, ADRC Lead</td>
<td>1/1/17</td>
<td>12/31/20</td>
</tr>
<tr>
<td></td>
<td>b Staff ADRC Options Counseling</td>
<td>SDS Operations Manager, ADRC Lead</td>
<td>1/1/17</td>
<td>12/31/20</td>
</tr>
</tbody>
</table>
|                        | c Staff ADRC Database Maintenance | SDS Operations Manager, ADRC Lead | 1/1/17 | 12/31/20 | • Database maintained monthly.  
• Currently behind due to outside assignment.  
• Seeking a volunteer or part-time employee to help. |
<table>
<thead>
<tr>
<th></th>
<th>Task Description</th>
<th>Responsible Parties</th>
<th>Start Date</th>
<th>End Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>d</td>
<td>Participate in statewide ADRC meetings</td>
<td>ADRC Lead</td>
<td>1/1/17</td>
<td>12/31/20</td>
<td>Participate monthly.</td>
</tr>
</tbody>
</table>
| e | Staff ADRC Core Partners meetings                                                | SDS Operations Manager, ADRC Lead                        | 1/1/17     | 12/31/20   | • Meet quarterly.  
• Combined Core Partners meeting with SAC Support Services Committee meeting.  
• Meet February, April, August, November. |
| f | Staff ADRC Advisory Committee meetings                                            | SDS Operations Manager, ADRC Lead                        | 1/1/17     | 12/31/20   | • Combined ADRC Operations Committee meeting with SAC Support Services Committee meeting.  
• Meet February, April, August, November. |
| g | Develop training plan for all ADRC specialists which includes person-centered and service equity training. | SDS Operations Manager, ADRC Lead                        | 1/1/17     | 12/31/17   | • Except for three part time ADRC staff, all other ADRC staff has completed Person Centered Options Counseling training.  
• A full- and a part time staff are attending training this spring.  
• ADRC staff participates in state Webinars.  
• Two ADRC staff are bilingual. |
Goal: A system for older adults and people with disabilities that provides information and assistance to individuals seeking information on local resources, professionals seeking assistance for their clients and individuals planning for their present and future long-term care needs.

<table>
<thead>
<tr>
<th>Measureable Objectives</th>
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<th>Timeframe for 2017-2020 (by Month &amp; Year)</th>
<th>Accomplishment or Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluate, assess and modify, as necessary, current ADRC service delivery system</td>
<td>a</td>
<td>Utilize representatives from Advisory Councils, TEC, SUA Liaison, ADRC Advisory Committee, Core Partners and Staff to develop Evaluation criteria, implement evaluation and assess results</td>
<td>SDS Director, SDS Operations Manager, ADRC Lead</td>
<td>2/1/17 to 12/31/18</td>
</tr>
<tr>
<td></td>
<td>b</td>
<td>Utilize representatives from Advisory Councils, TEC, SUA Liaison, ADRC Advisory Committee, Core Partners and Staff to determine next steps</td>
<td>SDS Director, SDS Operations Manager, ADRC Lead</td>
<td>4/1/19 to 3/31/19</td>
</tr>
<tr>
<td></td>
<td>c</td>
<td>Implement next steps</td>
<td>SDS Director, SDS Operations Manager, ADRC Lead</td>
<td>4/1/19 to 12/30/20</td>
</tr>
</tbody>
</table>
2. Nutrition Services (OAA Title IIIC) - Food & Friends

**Goal:** Our goal is to help prevent seniors and eligible disabled adults in our community from experiencing hunger or isolation, while aiding in the improvement of their overall health.

Food & Friends meal site at the Talent Community Center

Food & Friends’ target population is adults 60 years or older and eligible younger adults with disabilities who are at much higher risk of experiencing hunger. Food & Friends strives to take into account each individual’s preferences, needs, values, culture and diverse background and works to assure that each individual is free from discrimination and disparity. According to 2012 US Census data reported in the “Community Needs Assessment 2013” for Jackson and Josephine County, many counties in Southern Oregon have higher average ages than more metropolitan counties. 30% of those living in Josephine County and 26% in Jackson County were age 60 and over when this Assessment was completed, and “the percentage of 60 and over is expected to continue to rise within the county.” In Jackson County 15.8% and in Josephine County 18.8% of
the population lives in poverty, higher than the state average of 14.8%. Approximately 3,100 people elect to participate in our program on an annual basis and Food & Friends surveys consistently demonstrate that, for many of the clients we serve, the meal we deliver is the only one they will eat that day (39 to 43%), and the volunteer who delivers the meal is often the only person they will see on a given day (40 to 48.5%). The regular visit to our home delivery clients provides a safety check, something that is not provided by any other services in our region.

The Food & Friends survey also consistently demonstrates that our clients feel that they are benefiting from the service we provide. In our 2015 annual survey, 91.43% of respondents reported improved nutritional health, 95.74% report feeling safer and 93.21% indicated that the volunteer visit makes them feel less isolated. Our Congregate diners reported similar outcomes in the same survey, 79.73% responded their nutritional health had improved, 98.70 % that they look forward to eating at our meal sites and 76.71% that they feel eating at a meal site helps them remain independent.

**How Title III C Funding will be used:**
Title III C funding will be used to provide service to home delivery and congregate meal clients in both Jackson and Josephine Counties, which will include meal preparation costs, meal packaging costs, transportation cost as well as volunteer costs to deliver and serve meals (includes mileage reimbursement, volunteer supplemental insurance and volunteer training costs). All contractors for meal preparation will be required to hold increases in costs to a maximum of 4% annually. Due to flat OAA funding which is a reduction in real dollars, Food & Friends has other mechanisms in place to address this challenge (see Funding Chart). We will continue to fund raise to offset funding shortfalls.
Partnerships with the following communities provide funding or free/low-cost space: Ashland Senior Center Central Point, Central Point Grange Hall, Eagle Point Senior Citizens Club, Gold Hill IOOF, Grants Pass OSU extension, Jacksonville IOOF, Medford, Medford Lions Sight & Hearing, Merlin Community Center, Rogue River Community Center, Shady Cove, St Martin's Episcopal Church, Talent Community Center, White City, Wilderville Methodist Church, and Wolf Creek Civic Assoc. As a result we can ensure that the highest percentage of funding is utilized for the direct provision of meals to clients.

Meal Sites/Distribution Points (Congregate meals are served 11:30 a.m. – 12:30 p.m.):
**Changes in Meal Production and Delivery Systems (if necessary):**

At this time Food & Friends has no plans to make significant changes to production and delivery. The program is considering a more environmentally friendly packaging that is completely biodegradable. Regarding funding, several factors including economic conditions may make it difficult to continue to close the gap entirely through our fund raising efforts. As a result, the program has developed a plan to help address meeting increases in demand coupled with possible lower revenues. If necessary, the following changes be considered:

- Non-essential food items such as dessert and juice may be eliminated.
- Delivery frequency may be reduced with the option of providing one hot meal with a frozen for the next day.
- All clients will be notified no less than one month in advance of any changes to service. The Food & Friends program will continue to work on building an emergency fund of one month's operational costs to ensure the continuation of service either during an emergency or due to other unforeseen circumstances.
- As a result of our initial eligibility screening, NAPIS evaluation, and the Meals Service database, staff is able to identify the risk level of all new and existing clients. Should a downturn in funding necessitate the implementation of a waiting list, the program will use all of these resources to ensure that the clients with the lowest risk factors would be the first to be placed on the waiting list and high-risk clients will have the priority for service.

**Partnerships:**

Food & Friends has developed a large base of partner agencies who share our objective of providing critical services and additional help to our clients. They include: OSU Extension registered dietitian (nutrition info), ACCESS Inc. (additional outreach e.g. energy assistance), Jackson Co Health & Human Services (information or health services for clients), Retired & Senior Volunteer Program (volunteer recruitment), Oregon Dept. of Human Services (criminal background checks for volunteer drivers), regional hospital discharge planners & Medicaid case managers (referrals). In emergencies, we make reports to family or case managers, and if necessary, to emergency services and in many
instances Adult Protective Services. As has been our practice since 2001, we will continue to explore any partnership that provides any additional benefits to our clients. During the last 15 years, we have established a fundraising strategy that to date has prevented the establishment of any wait list for service. This includes two mailer campaigns a year, one to established donors and the other as an acquisition mailer. We have set in place a recognition protocol for our donors resulting in larger donations from them in subsequent years. We are in the midst of establishing an endowment to benefit the nutrition program and we have a very successful track record in writing successful grant applications - based on the local community and many charitable foundations’ faith in our ability to carry out our mission.

**Nutrition Education:**
- Quarterly nutrition education instruction using approved Nutrition Education training materials. The congregate sites will then return a list of clients in attendance with a copy of the education topic covered for tracking and reporting purposes.
- All new starts and reassessment clients will receive nutrition education via our Outreach Coordinators. The Outreach Coordinators record a Nutrition Education unit of service in Oregon Access each time an education topic is covered.
- Staff will be required to present education to congregate meal clients no less than on a quarterly basis. Prior to each education session the topic to be covered each quarter will be presented by all site coordinators to the nutrition program manager in a practice session for training purposes at our monthly coordinators’ meeting.
- Per the DHS Congregate and Home-Delivered Nutrition Program Standards – Older Americans Act and OPI, Nutrition Education, Item 15 - “Nutrition Counseling may be provided to participants where appropriate.” RVCOG Food & Friends has chosen not to provide nutrition counseling.
- The Food & Friends website has a link to the State Nutrition Education site for those clients and family members interested in more education topics. Links to topics in Spanish are also provided. We will be updating our web page in the coming months and will review any nutrition education available.
Food & Friends will implement a partnership with OSU Extension to distribute their nutrition and health publication to supplement our nutrition education efforts.

**Link Between the Nutrition Program and Other Applicable AAA Services.**
The SDS management team meets on a monthly basis to discuss best practices on how our programs can interact to benefit the senior and disability clients in our region. Some of the ways in which the Nutrition program does this are as follows:

- The Nutrition program staff regularly makes referrals to the ADRC to assist callers in finding solutions for their issues.
- We provide meals to OPI Pilot younger adults with disabilities as a component of their service plan. OPI clients have long benefitted from the nutrition program regardless of availability of OPI funding to cover the cost.
- We regularly distribute information to Food & Friends clients on the availability of Powerful Tools for caregivers and Living with Chronic Disease seminars.
- We provide, through the congregate sites and home delivered meal delivery, the means by which various SDS programs can reach some of the region’s neediest and frailest seniors.
Focus Area - Nutrition Services

Goal: Reduce Older adult hunger and food insecurity

<table>
<thead>
<tr>
<th>Measureable Objectives</th>
<th>Key Tasks</th>
<th>Lead Position &amp; Entity</th>
<th>Timeframe for 2017-2020 (by Month &amp; Year)</th>
<th>Accomplishment or Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase meal output to at risk seniors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Continue to offer over yield as an additional meal for those seniors attending congregate meal sites especially in the rural areas</td>
<td>Meal site Coordinators</td>
<td>7/1/17 - 6/30/20</td>
<td>We do offer over yield as an additional meal.</td>
</tr>
<tr>
<td>b</td>
<td>Develop partnership with local CAP Agency ACCESS Inc. in Ja Co and UCAN in Jo Co to provide additional food from local food banks</td>
<td>Nutrition Program Manager</td>
<td>7/1/17 - 12/30/20</td>
<td>In process of developing partnership with both CAPs.</td>
</tr>
</tbody>
</table>
| c | Establish partnerships with local food retailers to augment clients diet with donated fruit, vegetables, bread or protein foods | Nutrition Program Manager | 7/1/17 - 6/30/20 | • Costco provides bread and baked goods every Wednesday for distribution in Central Point and Medford.  
• Ray’s Market provides the same for Jacksonville home-delivered meals clients.  
• Local growers provide fresh veggies in season for congregate participants. |
Goal: Increase volunteer recruitment

<table>
<thead>
<tr>
<th>Measureable Objectives</th>
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<th>Timeframe for 2017-2020 (by Month &amp; Year)</th>
<th>Accomplishment or Update</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[a] Increase recruitment by 10%</td>
<td>Volunteer coordinator</td>
<td>7/1/17 - 12/30/20</td>
<td>Volunteer roll increased from 659 people for FY 16 to 719 people in FY 17. This is an increase of 9%.</td>
</tr>
<tr>
<td></td>
<td>[b] Update Face Book page to increase awareness</td>
<td>Volunteer coordinator</td>
<td>7/1/17 - 12/30/20</td>
<td>• Face Book page has been improved.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Updated monthly.</td>
</tr>
<tr>
<td></td>
<td>[c] Continue to work with MOWAA and the Ad Council on The “America let’s do Lunch” campaign</td>
<td>All staff</td>
<td>7/1/17 - 12/30/20</td>
<td>• Use print Ads, Face Book and TV PSAs.</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>• Interviewed on four local radio stations in September, 2017.</td>
</tr>
<tr>
<td></td>
<td>[d] Senior Advisory Council will develop and implement a marketing plan</td>
<td>Communications &amp; Outreach and Outcomes &amp; Evaluations Committees</td>
<td>3/1/17 - 12/30/20</td>
<td>Communications &amp; Outreach Committee has held preliminary discussion with F&amp;F staff.</td>
</tr>
</tbody>
</table>
Goal: Identify and develop new partnerships

<table>
<thead>
<tr>
<th>Measureable Objectives</th>
<th>Key Tasks</th>
<th>Lead Position &amp; Entity</th>
<th>Timeframe for 2017-2020 (by Month &amp; Year)</th>
<th>Accomplishment or Update</th>
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</thead>
<tbody>
<tr>
<td>Establish MOU’s</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>a  MOU agreement with Providence Hospital in Ja Co as a back-up for meal production in the event of the main kitchen not functioning</td>
<td>Nutrition Program Manager</td>
<td>7/1/17 - 12/30/20</td>
<td>Agreements have yet to be established.</td>
</tr>
<tr>
<td></td>
<td>b  MOU agreement with Three Rivers Asante medical center, Jo. Co. as a back-up for meal production in the event of the main kitchen not functioning</td>
<td>Nutrition Program Manager</td>
<td>9/1/17 - 12/30/20</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c  MOU with OSU Extension Food Hero’s publication permission to publish on our webpage</td>
<td>Nutrition Program Manager</td>
<td>7/1/17 - 12/30/20</td>
<td></td>
</tr>
</tbody>
</table>
Goal: Increase access to additional nutrition education

<table>
<thead>
<tr>
<th>Measureable Objectives</th>
<th>Key Tasks</th>
<th>Lead Position &amp; Entity</th>
<th>Timeframe for 2017-2020 (by Month &amp; Year)</th>
<th>Accomplishment or Update</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a MOU with OSU extension to provide nutrition newsletter that is applicable to senior health</td>
<td>Nutrition Program Manager</td>
<td>12/1/17 - 12/30/20</td>
<td>Agreement has yet to be established.</td>
</tr>
<tr>
<td></td>
<td>b Distribute Leighton Maxey “Food Hero” newsletter. Distribute senior-appropriate nutrition education publications.</td>
<td>OC’s Meal Site Coordinators</td>
<td>7/1/17 - 12/30/20</td>
<td>Several Leighton Maxey Food Hero publications have been distributed to the congregate meal sites. However, since the number of senior nutrition-focused publications from this source have decreased, we will use other nutrition education sources, e.g., USDA Food Safety for Older Adults.</td>
</tr>
</tbody>
</table>

Goal: Assure Nutrition Program services are person-centered and are delivered without discrimination or disparities.

<table>
<thead>
<tr>
<th>Measureable Objectives</th>
<th>Key Tasks</th>
<th>Lead Position &amp; Entity</th>
<th>Timeframe for 2017-2020 (by Month &amp; Year)</th>
<th>Accomplishment or Update</th>
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70
| a | At regularly scheduled meetings, provide ongoing reminders to all Nutrition program staff and volunteers | Nutrition Program Manager | 7/1/17 | 12/30/20 | Nutrition Program Manager reminds staff and volunteers at all meetings. |
3. Health Promotion

**GOAL:** To lead people to improved or maintained health.

Healthy Aging is one of the five primary goals guiding RVCOG AAA programs and mission. With the passage of Senate Bill 1580 in the spring of 2012, Health Care Transformation began in Oregon. Along with an emphasis on coordinated care to integrate mental and physical health care, the promise of prevention and health promotion was an exciting new dimension of this wholesale transformation of Oregon’s health care system.

RVCOG AAA was already prepared to meet the new dimension of prevention and health promotion with several years of early investment in delivering self-management evidenced based programs through Living Well. Living Well takes a person-centered
approach in that it provides individuals with accurate, objective information and tools to better manage their own care. It utilizes peer leaders with similar concerns and problems who help each participant gain the confidence in their own ability to manage their chronic conditions. Also, workshops are offered in Spanish. Since 2015, our multi-program license with Stanford includes Living Well with Chronic Disease, Chronic Pain, Diabetes, and two programs in Spanish (Tomando Control de Su Salud and Manejo Diabetes). The RVCOG AAA developed infrastructure of Master Trainers and Volunteer Leaders continue to build new partnerships and increase the local sites where workshops are offered, meeting individuals where they gather. This includes several rural locations such as, Cave Junction.

All Older Americans Act Title III-D Disease Prevention and Health Promotion funds are being utilized for the Living Well program.

RVCOG AAA secured contracts to pay for Living Well workshops from all three CCOs in the area as well as was awarded support funds through grants with AllCare Health to provide Living Well to their patients with chronic disease, diabetes and/or chronic pain. In 2016, these fees for service agreements were extended to two major Medicare Advantage plans. These programs currently serve approximately 300 participants per year in both Josephine and Jackson Counties. The number of workshops offered in Josephine County more than doubled since 2013 as did the partnerships with area organizations interested in improving Health Outcomes.

Although Long-Term Support Services Medicaid case management services were carved out of the health care transformation legislation, RVCOG AAA will strive to be fully engaged with the three Coordinated Care Organizations (CCOs) in our area: AllCare (Josephine/Jackson County), Primary Health (Josephine County) and Jackson Care Connect (Jackson County). We recently saw Jackson Care Connect discontinue an agreement to pay for services due to the low number of their members participating, despite the fact that these members often represented vulnerable populations such as Latinos, Veterans and individuals with mental illness. This discontinued payment relates to the changes in reporting demands for flexible dollar spending which occurred this year and limited resources utilizing these funds.
RVCOG AAA has much to offer the CCOs including evidence-based health promotion and care transition support programs as well as an existing workforce infrastructure that is already in the homes of many who are over-utilizing the health care system.

According to the Oregon Health Authority, over 80% of health care utilization costs are expended on Oregonians with chronic diseases. Therefore any strategy to achieve the Triple Aim: Improved Health, Improved Health Care System, and Lower Costs should embrace evidence-based programs that enable patients to manage their chronic conditions without as much need for health care services.

RVCOG is in the process of contracting with Age Friendly Innovators for a six-month period to offer fall prevention training. The training is being funded with one-time Older Adult Behavioral Health Specialist funds. We also will research current Evidence-Based fall prevention and/or physical activities programs in both counties and determine if there is a need to develop programs. If so, we will seek partner affiliations to provide sustainable service models. Currently, T’ai Chi classes and Walk With Ease programs are offered in both counties.

In addition, RVCOG knows there is a need for a resource guide that allows an individual to determine which mediums are best suited for their needs based on physical ability to obtain services, social needs regarding selecting groups or individual resources, and financial consideration. We will explore funding for research of the continuum of care in delivering health promotion and education resources in both counties and development/distribution of a resource guide.

Two other health promotion programs offered by the RVCOG AAA are both targeted toward caregivers for those with Alzheimer’s and other dementia-related challenges. Caregiving for dementia-related persons is a very difficult role for most people to accomplish—especially when they are close to the person suffering from these diseases. The STAR-C program provides valuable tools for Alzheimer’s caregivers providing care in the home to relieve stress and develop healthy habits in their lives so that they can continue to successfully provide care for their loved one.
The long-term success of our communities will be greatly determined by the health of our residents. Efforts to achieve a sustainable health care and long-term support system will have to place much more emphasis on health promotion. To that end, the RVCOG AAA will strive to embed health promotion throughout the area over the next four years. With a close partnership with our CCOs, we are confident we can attain this goal.

Currently, Living Well is funded with local funds, Older Americans Act Title III-D funds, and fee for service from the two Coordinated Care Organizations including All Care and Primary Health.

**Problems/Needs:**
Health promotion has been seriously under-emphasized in health care and aging and disability services. This has meant many of the early efforts in strengthening the populations understanding of self-management roles of the patient and choices to enhance health outcomes have been slowly gaining momentum and interest. Only recently, have providers embraced the clearly demonstrated outcomes of self-management programs and begun to make active referrals to programs. This indicates a potential increase in numbers of workshops needed to meet these demands over the next 4 years and requires maintaining infrastructures currently threatened by fee for services funds inadequately ensuring sustainability.

The Medicare population has been pre-dominantly left out of this picture until this year despite representing more than 71,000 potential members served. If Oregon is to attain sustainability in health care and Medicaid funded long term support services, we must greatly expand health promotion opportunities in our area and meet the demands of Medicare billing in order to serve low income and poor older adults who are not receiving Medicaid dual coverage.

In addition, RVCOG AAA is dedicated to identifying other resources that allow individuals to enhance self-management skills without requiring a group format to do so.

As Oregon joins the nation in attempting to reduce inappropriate narcotic prescriptions, RVCOG AAA will consider alternative resources to pursue as options that enable our populations to live a quality of life chosen with manageable persistent pain.
Goal: Increase participation in evidence-based health promotion programs in the area.

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<tr>
<th>Measureable Objectives</th>
<th>Key Tasks</th>
<th>Lead Position &amp; Entity</th>
<th>Timeframe for 2017-2020 (by Month &amp; Year)</th>
<th>Accomplishment or Update</th>
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</table>
| Increase participation in evidence-based health promotion programs in the area.       | a. Train class leaders for Living Well and/or other evidence-based programs in the area while seeking enhanced partnerships with Medicare serving organizations. | Direct Services Supervisor           | Start Date: 1/1/2017, End Date: 12/31/2020 | • Offered: 2 LGBTQ workshops, 2 Veterans’ workshops, 3 Spanish workshops, 2 workshops in rural setting (Cave Junction).  
  • Recruited Veterans to become workshop leaders.  
  • Participate in Oregon Wellness Network (OWN) both on the OWN Board and the OWN Operations Council. OWN is working towards a statewide Medicare Provider #.  
  • Established local health care partners in each county.  
  • Exploring moving responsibility for Living Well programs to a |
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<td>b.</td>
<td>Continue to develop programs that reach underserved populations including LGBTQ, Minorities, Veterans and rural community Members.</td>
<td>Direct Services Supervisor</td>
<td>1/1/2017</td>
<td>12/31/2020</td>
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<td>Partnering with LaClinica to deliver Spanish Speaking Living Well workshops.</td>
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<td>c.</td>
<td>Expand evidence-based health promotion and falls prevention classes into more venues, including Federally Qualified Healthcare Centers, cardio and other health specialty clinics, Assisted Living Facilities, Senior Centers, Residential Care Facilities, local community centers and other community-based programs.</td>
<td>Direct Services Supervisor</td>
<td>1/1/2017</td>
<td>12/31/2020</td>
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<td>OABHS Specialist has reached out to Native American leaders to gain support and explore feasibility of working together.</td>
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<td>OABHS Specialist is partnering with Klamath Falls AAA to provide programs there.</td>
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<tr>
<td>d.</td>
<td>Establish partnerships with all CCOs to support Living Well and Falls Prevention classes in the Area.</td>
<td>Direct Services Supervisor</td>
<td>1/1/2017</td>
<td>12/31/2020</td>
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<td>CCOS support the Living Well program by referring members for workshops and reimbursing for workshops.</td>
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<td></td>
<td>Promoted falls prevention and local hospital.</td>
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<td>Asante Medical system has assigned staff to becoming Living Well class leaders.</td>
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are funding falls prevention training this spring with one-time OABHS funds.
4. Family Caregivers

GOAL: Family Caregiver Support Programs (FCSP) fall within our Empowerment services goal to “greatly enhance the person’s knowledge of aging and disabilities resources, expand their skills/tool set for meeting the challenges of aging and disabilities for themselves and their loved ones, and sharpen their ability to advocate for their interests.”
According to the Alzheimer’s Association of Oregon, approximately 75% of Long-Term Support caregivers are unpaid, family caregivers. The Association estimates there are approximately 320,000 family caregivers in Oregon today. Current economic and demographic trends portend a greater need for family caregivers in the near future, but proportionately fewer family members to provide such care.

More often than not, the only viable option for families to care for a loved one is to provide that care themselves. Therefore, it is critical that a support system is available to these family caregivers. And, since many of these family caregivers live away from those whom they are caring for, the need for support can be even more crucial.

The success of Oregon’s Long-Term Care Support Services toward meeting the goals of providing optimal care for individuals and reducing the cost of those services will depend greatly on our ability to provide effective support to the hundreds of thousands of family caregivers in Oregon.

Person-Centered Services and Supports and Service Equity
RVCOG strives to take into account each individual’s preferences, needs, values, cultures and diverse background and works to assure that each individual is free from discrimination and disparity. All of our FCG Service Coordinators have completed Person-Centered Options Counseling and Oregon Project Independence Service Coordination training and are well versed in the person-centered approach. RVCOG provides equal employment opportunities to all qualified persons without regard to race, color, sex, sexual orientation, religion, age, national origin, physical and mental disability, veteran status, or any status or activity protected under applicable law. It is an RVCOG policy that all employees perform their work with a concern for the well-being of their coworkers, clients, and the public. Under RVCOG’s Core Values, staff and volunteers are expected to adhere to and adopt the Core Value of Respect – We will respect our clients, partners, members of the public, fellow employees, volunteers, and ourselves by treating everyone with dignity, understanding and compassion.

Limited English-speaking and ethnic caregivers, including Native American caregivers:
RVCOG AAA employs staff members who are fluent in Spanish. The Powerful Tools program has been translated into Spanish and has served as a valuable addition to services offered.
RVCOG will seek to train 3 Powerful Tools leaders in the Spanish version and begin to offer workshops to serve the many underserved caregivers throughout our communities. RVCOG will seek to bring the delivery of Spanish workshops into the Josephine County areas during the next 4 years and continue to support turnout at these and other opportunities by advertising in Spanish-speaking media in the region.

**Caregivers in the Greatest Economic and Social Need:** The majority of caregivers that RVCOG AAA serves in the area meet the standard of the greatest economic need. A significant number of family caregivers receiving support also have physical and mental disabilities.

**Caregivers Providing Care to Persons with Alzheimer’s/other Dementias:** RVCOG AAA’s STAR-C programs and Powerful Tools classes target family caregivers in general as well as caregivers of people with Alzheimer’s/dementia. We also refer caregivers to classes and support groups that are geared toward family caregivers of people with dementia. In addition, we cooperate with the Alzheimer’s Association Oregon Chapter in coordinating local classes and trainings.

**Caregivers Providing Care to Persons at Risk for Institutionalization:** Often family caregivers are what stand between a consumer staying in the home and placement in an institutional care setting. The one-on-one support family caregivers receive either through ADRC Options Counseling (short term) or from AAA Service Coordinators (ongoing) can make all the difference in preventing or delaying a loved one’s placement in a facility. Having the ability to talk with an Options Counselor or Service Coordinator who has the training, experience and knowledge, helps the family caregiver to know how to care for oneself, manage their loved one’s care needs and behaviors, and to be able to problem solve and plan for the future.

**Non-traditional Family Caregivers (Lesbian, Gay, Bisexual and Transgender):** RVCOG AAA will support training to increase awareness of the unique issues associated with the LGBTQ population.

**Grandparents/Relatives Raising Children:** RVCOG AAA has a support group in Grants Pass called “Grandparents as Parents,” which has been meeting weekly for over 10 years.
partnership with Boys and Girls Club allows for the space and free child care during these groups. Although this group is only available in Grants Pass, grandparents from Jackson County have been invited to attend. With special training through Powerful Tools they have adapted the Powerful Tools Class to include caregivers of children with special needs. We have had our first Powerful Tools class with the Grandparent support group and it was highly regarded. The AAA also assists the program by obtaining guest speakers on various topics including legal assistance to experts on fetal alcohol syndrome.

**Older individuals caring for people, including developmental disabilities:** RVCOG is working to establish formal partnerships with Developmental Disability services in both Jackson and Josephine Counties. An important element of that partnership will be to offer caregiving support to their consumers being cared for by family members.

**FCSP CORE ELEMENTS**

The following summarizes what we are doing for each of the following federally-identified core elements of the Family Caregiver Support Programs:

**Information Services, Group Activities** RVCOG has developed a strong cadre of AIRS trained staff within the agency. There are currently brochures at health fairs and other events and places that people meet. We fund Powerful Tools Classes. The AAA regularly shares caregiver information that it receives from the State and national partners. Caregiver information is also distributed via email to AAA staff and contract partners.

**Specialized family caregiver information (one-to-one)**
Our ADRC provides a single portal to Information and referral/assistance for any caregiver who contacts RVCOG AAA. In addition, we offer a STAR-C program to support caregivers who are caring for people with Alzheimer’s and other dementia-related diseases.

**Counseling**
RVCOG utilizes its OPI/Family Caregiver Support Service Coordinators to provide ADRC I&R/A and Options Counseling services. This ensures that I&A, I&R, and Options Counseling are provided to any caregiver who seeks information and technical advice on their options.
Training
RVCOG AAA provides opportunities for caregiver training including Powerful Tools Classes and one-on-one STAR-C training in the home.

Support Groups
RVCOG partners with Boys and Girls Club to provide a “Grandparents as Parents” support group that meets monthly.

Respite Care Services
This volunteer program has proven to be a very effective outreach tool to connect with many family caregivers who may not have otherwise been connected to our services. Finally, our Family Caregiver Specialists and ADRC Resource Specialists and Options Counselors are regularly contacted by family caregivers in need of someone to talk to and do problem solving.

RVCOG reimburses eligible family caregivers for respite expenses up to $599 per calendar year. FCG Resource Specialists screen family caregivers to determine if they are a good fit
for respite services. If so, the Resource Specialist works with the family member to determine what is the best method, based on their needs/preferences, of respite and provides advice to the family caregiver on how to go about securing the respite. The family caregiver pays for the service up front and requests reimbursement using the voucher. The Resource Specialist reviews and approves the voucher for payment.

SOUTHERN OREGON CENTER FOR COMMUNITY PARTNERSHIPS (SOCCP)
The Southern Oregon Center for Community Partnerships (SOCCP) is RVCOG’s non-profit arm and is formed to raise public and private funds to benefit the existing and future clients of the RVCOG’s Senior and Disability Services (SDS) programs. Also, as appropriate, the Board may engage in activities that encourage communication, consultation, and cooperation across southern Oregon. SOCCP has chosen caregiving as its primary focus. The RVCOG “in-kinds” staff support for SOCCP. This past year SOCCP’s Board recruited a Southern Oregon University intern to research promising caregiver support programs from across the nation that are replicable and sustainable. The intern looked at a broad array of programs that are evidence-based or at least have demonstrated results such as programs to provide public education or that focus on enticing employers to help employees. The intern reviewed her completed work with the Board this past summer. The Board is in the process of evaluating what was learned. They want to establish activities that can be implemented locally that will strengthen Board recruitment and ultimately raise funds. RVCOG AAA will continue to support SOCCP.
**Focus Area – Family Caregivers**

Goal: Assure outreach to individuals who have greatest economic and social need.

<table>
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<tr>
<th>Measureable Objectives</th>
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<th>Timeframe for 2017-2020 (by Month &amp; Year)</th>
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<tr>
<td>Increase number of individuals who have greatest economic and social need served by 5%</td>
<td>a. Identify sources for gathering statistical information - RTZ, OACCESS, Other</td>
<td>SDS Direct Services Supervisor</td>
<td>Start Date: 7/1/18, End Date: 8/31/18</td>
<td>Due to staffing changes in 2017, this will be initiated in 2018.</td>
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<tr>
<td></td>
<td>b. Develop tool for tracking changes.</td>
<td>SDS Direct Services Supervisor</td>
<td>Start Date: 7/1/18, End Date: 8/31/18</td>
<td>Due to staffing changes in 2017, this will be initiated in 2018.</td>
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<tr>
<td></td>
<td>c. Report on a quarterly basis to SAC, SDS Staff.</td>
<td>SDS Direct Services Supervisor</td>
<td>Start Date: 9/1/18, End Date: 12/30/20</td>
<td>Due to staffing changes in 2017, this will be initiated in 2018.</td>
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Goal: Goal: Assure outreach to individuals who have greatest economic and social need.

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<tr>
<td>100% of service brochures are “accessible” to target populations.</td>
<td><strong>a</strong> Review and update all current RVCOG AAA brochures</td>
<td>SDS Director, SAC Outreach and Education Committee, SAC Support Services Committee</td>
<td>3/1/18</td>
<td>12/30/20</td>
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<td><strong>b</strong> Develop new brochures, as needed</td>
<td>SDS Director, SAC Outreach and Education Committee, SAC Support Services Committee</td>
<td>3/1/18</td>
<td>12/30/20</td>
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<td><strong>c</strong> Develop and implement ongoing strategies for distributing brochures throughout community with emphasis on target populations</td>
<td>SDS Director, SAC Outreach and Education Committee, SAC Support Services Committee</td>
<td>7/1/18</td>
<td>12/30/20</td>
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Goal: Assure outreach to individuals who have greatest economic and social need.

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<th>Timeframe for 2017-2020 (by Month &amp; Year)</th>
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| All RVCOG AAA staff are trained in communicating and working together and with target populations | a Identify available training. Develop new training as necessary. | SDS Management Team | | • Management and staff are on the look-out for training opportunities and share regularly.  
• The SUA, O4AD, N4A and other partners keep us informed.  
• The SDS Director strongly believes in providing training opportunities for staff. |
| | b Provide ongoing training for RVCOG AAA staff. | SDS Management Team | 10/1/17 - 12/30/20 | Key trainings offered include:  
• 7-Step Lean Team Process; Teepa Snow’s Dementia Training;  
• Buried in Treasures training.|

Goal: Support the Southern Oregon Center for Community Partnerships Board.

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<thead>
<tr>
<th>Measureable Objectives: Staff quarterly meetings</th>
<th>Key Tasks</th>
<th>Lead Position &amp; Entity</th>
<th>Timeframe for 2017-2020 (by Month &amp; Year)</th>
<th>Accomplishment or Update</th>
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<td>a Develop agenda, schedule meeting/location, take minutes, and follow up on assigned work and tasks.</td>
<td>SDS Operations Manager</td>
<td>1/1/17 - 12/30/20</td>
<td>Worked with SAC representative to develop REACH OUT letter of intent for grant application.</td>
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</tbody>
</table>
5. Elder Rights and Legal Assistance

GOAL: To provide a person/family the tools to protect themselves or their loved ones from any kind of harm, abuse, or catastrophe.
An Adult Protective Services (APS) Emergency Fund has been established to pay for such things as emergency shelter, transportation, food, medications, and clothing for seniors 60 and older in protective service situations. The Senior Advisory Council and staff will explore utilization of funds to support an educational initiative for both professionals and the community regarding elder rights and legal assistance. There will be a focus on elder abuse including specific plans to prevent financial exploitation of socially isolated and vulnerable older adults and adults with disabilities. The SDS Director will continue to attend APS MDT meetings and will solicit ideas from that group, as well.

Please note that whenever ADRC of Jackson / Josephine Counties staff interacts with consumers who are believed to be at risk of abuse or neglect, a referral is sent to Adult Protective Services (APS). RVCOG staff completes a screening form developed by APS (see below) and then emails it to a secure email address which goes to the APS screener of the day. The APS screener of the day then screens the referral to see if it matches their qualifications for abuse and neglect. If the referral meets the qualifications, it is then assigned to an APS worker who will investigate the case. If the referral doesn’t meet the qualifications, it is often sent back to the ADRC for Person-Centered Options Counseling if the consumer is interested.

Employees and volunteers of RVCOG as well as sub-contractor employees, volunteers and direct care providers for clients for whom RVCOG provides service authorization are all mandatory reporters under ORS 124.050 through 124.095 and OAR Chapter 411, Division 20.
### APS SCREENING FORM

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<th>10/11/2016</th>
<th>Time</th>
<th>Log#</th>
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<tr>
<td>Case Type:</td>
<td>Select</td>
<td>Allegation #1</td>
<td>Select</td>
<td>Triage</td>
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<tr>
<td>Access</td>
<td>No Prime</td>
<td>Allegation #2</td>
<td>Select</td>
<td>Screener</td>
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<td>Last Case</td>
<td>Type Date Here</td>
<td>CM/Licensor</td>
<td>Time In</td>
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<tr>
<td>Facility Name</td>
<td>N/A</td>
<td>Facility failed to:</td>
<td>Choose an item.</td>
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<td>Address:</td>
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Please fill out all highlighted fields if applicable. List any additional participants and their relationship to the VICTIM here. Type NARRATIVE in this field and provide as much detail as possible. Email this form to APDD8.APS@state.or.us

Screened out by: | Select | Date: |
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<tr>
<td>Peer Review by:</td>
<td>Select</td>
<td>Date:</td>
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Legend: CO = complainant or caller; RV = Reported Victim; RP = Reported Perpetrator; W = Witness  Luisa Walters 05/2016
Goal: To provide a person/family the tools to protect themselves or their loved ones from any kind of harm, abuse, or catastrophe.

<table>
<thead>
<tr>
<th>Measureable Objectives: Provide at least one educational initiative for both professionals and the community regarding elder rights and legal assistance.</th>
<th>Key Tasks</th>
<th>Lead Position &amp; Entity</th>
<th>Timeframe for 2017-2020 (by Month &amp; Year)</th>
<th>Accomplishment or Update</th>
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<tr>
<td>a</td>
<td>Work with SAC, APD APS staff, and MDT on an annual basis to identify potential educational initiative and implement.</td>
<td>SAC and staff</td>
<td>7/1/17 - 12/31/20</td>
<td>• Held Elder Abuse Conference last Fall with participation from multiple agencies, APD, Adult Protective Services, SDS Staff and SAC members. • Another conference is planned for next Fall.</td>
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</tbody>
</table>
6. Older Native Americans

GOAL: To ensure inclusivity, RVCOG AAA must reach out to all populations and remove any cultural and or language barriers that may exist.
There are about 1,000 elder Native Americans in the area. Jackson and Josephine counties are served by the Cow Creek Band of Umpqua Tribe Indians and by the Coquille Indian Tribe. The majority of Native Americans in the area are from tribes from all over the region and nation. RVCOG has recently been in communication with the Coquille Tribe, cross-shared resource information and agreed to find ways to work together. RVCOG has had some interaction with the Cow Creek Tribe over many years. Most recently we reached out to the Cow Creek Tribe’s Foundation to seek funding for the Josephine County central location for the Food & Friends Senior Meals Program. They did not fund us this year, but did ask us to resubmit our application next year when the project is further along. We will schedule a meeting with Cow Creek Tribal Services to share resource information and discuss ways we can work together. Our focus in working with both tribes will be to explore ways to make our services more responsive and attractive to Native Americans.

**Problems/Needs:**
While there are relatively fewer Native Americans in this area, better outreach needs to occur to this community in order to ensure they are aware of the services that are available to them.
Goal: To ensure inclusivity, RVCOG AAA must reach out to all populations and remove any cultural and or language barriers that may exist.

<table>
<thead>
<tr>
<th>Measureable Objectives: Improve outreach to the Native American population in the area as measured by one new relationship within the Native Americans Community</th>
<th>Key Tasks</th>
<th>Lead Position &amp; Entity</th>
<th>Timeframe for 2017-2020 (by Month &amp; Year)</th>
<th>Accomplishment or Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Identify and establish relationships with Native American organizations in the area.</td>
<td>SDS Director</td>
<td>1/1/18</td>
<td>12/30/20</td>
</tr>
<tr>
<td></td>
<td>• This is problematic because of lack of Native Americans organizations in Jackson and Josephine counties.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• OABHS Specialist has reached out to Brent Florendo, Native American Liaison at Southern Oregon University.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>• Native Americans have attended some of SDS RVCOG’s presentations.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Provide information to Native American organizations about RVCOG AAA services through presentations, brochures, and/or electronic outreach efforts.</td>
<td>SDS Director</td>
<td>3/1/18</td>
<td>12/30/20</td>
</tr>
<tr>
<td>c</td>
<td>Research and add Native American resources to ADRC</td>
<td>ADRC Lead</td>
<td>3/1/18</td>
<td>12/30/20</td>
</tr>
<tr>
<td></td>
<td>We are in process of double-checking and adding resources.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION D - OAA/OPI SERVICES AND METHOD OF SERVICE DELIVERY

D- 1 Administration of Oregon Project Independence (OPI)

a. Timely Response

The following Priorities for OPI Service Coordinators have been established for RVCOG SDS.
Staff schedules work to be completed as soon as possible based on these priorities. The SDS Lead Services Coordinator under supervision of SDS Direct Services Supervisor periodically monitors for compliance:

1. Priority 1
   a. Maintain a wait list, completing a Risk Assessment form 287j on RTZ, narrating outcome on OACCESS narration (When they are on the wait list, they are rarely on OACCESS yet. Otherwise we would have ton of people on the OACCESS system without any Service Coordinator attached.)
   b. Intake/Assessment - scheduled within 5 - 7 days of Consumer’s name coming up on the wait list as appropriate.
   c. Reviews current and completed annually or as needed.
   d. Phone Calls - Voice mail messages retrieved and prioritized daily. Urgent calls returned within the same business day. Back-up workers from either county can handle an emergency call for any other worker as needed.
   e. Care Plans – current and valid.

2. Priority 2
   Intake and review paperwork completed in a timely fashion. Paperwork to include OPI Service Agreement 287I, (with Consumer and Service Coordinator signature present), OPI fee determination (287K) completed and updated as needed, at least yearly, HCW Worker’s Compensation agreement (354) present and completed as needed. 546N for HCW/In-Home agency voucher completed and up-to-date. Task list 598 completed when using a HCW. Notice of privacy practices (MSC 2090) given to Consumer. Information Use and Disclosure (MSC 2099) completed as needed. **Have Consumer fill out SDS 737 Consumer-Employed Provider Program Participation Agreement, as needed.**
   a. Consumer narration completed within three days of activity.
b. Care conferences for specific problems and concerns, community partner requests.
c. Unit Meetings.
d. Core curriculum training.
e. Non-urgent Consumer phone calls returned within 24 hours.

3. **Priority 3**
   i. In-Home Service Provider staffing.
   ii. All Staff meetings.
   iii. Help to resolve Consumer issues not directly related to benefits or services provided by office.

4. **Priority 4**
   a. Personal development training.

b. **Initial and Ongoing Periodic Screening**

When a possible Consumer calls the Aging and Disability Resource Connection (ADRC), or Aging and People with Disabilities (APD) Branch Office and requests OPI services, they are directed to an OPI Service Coordinator. When an ADRC or APD Screener believes a Consumer might qualify for OPI, the Screener transfers the call to an OPI Service Coordinator in that Branch. The OPI Service Coordinator completes a screening and a risk assessment.

Because OPI is not intended to replace the resources available to an individual from their own financial assets and natural support systems, the OPI Service Coordinator makes every effort to assist applicants in utilizing other resources before bringing them onto OPI. Persons appearing to be eligible for Medicaid are so counseled and encouraged to apply. However, OPI Service Coordinators may approve OPI for persons eligible for Medicaid who do not wish to go on to Medicaid. People who are eligible for the Food Stamps, Qualified Medicare Beneficiary or Supplemental Low Income Medicare Beneficiary Program may also qualify for OPI.

During the annual review visit or when there is need to go out more often, the OPI Service Coordinator reassesses Consumer needs and resources and makes referrals as appropriate including to Medicaid.
The OPI Service Coordinator narrates in the Consumer’s file their exploration / discussion regarding other resources including Medicaid.

c. **Eligibility**

In order to qualify for OPI services, each consumer must meet the Eligibility Requirements in Oregon Administrative Rules (OAR) 411-032-000. People who qualify for SSI are not eligible for OPI.

1. The OPI Service Coordinator meets with the applicant to complete an assessment for service eligibility including assessing the individual’s needs, resources and eligibility for the program. OPI staff use the Oregon Access (OACCESS) Consumer Assessment/Planning System (CA/PS) assessment tool to determine Consumer’s Service Priority Level (SPL). Consumers who are at or below SPL 18 are eligible for OPI as long as they meet other requirements, i.e., resources and income guidelines.

2. The OPI Service Coordinator, the Consumer and the Consumer’s family, if available, work together to develop a Care Plan to meet the needs of the Consumer and determine the best option for service provision. Depending on availability of OPI services and within SDS RVCOG budget allocations, a Consumer may be authorized a mix of services that best meets the Consumer’s needs. The Consumer has the primary responsibility (with OPI Service Coordinator’s guidance) for choosing and whenever possible developing the most cost-effective service options including Home Care, Personal Care, Home Care Worker, Home-Delivered Meals, Chore, Assistive Technology, Adult Day Services, Evidence-Based Health Promotion, Options Counseling, Assisted Transportation, and Service Coordination.

3. At their October 25, 2017 meeting, the RVCOG Board approved “grand fathering” in a handful of clients (approximately 10) who previously received 34 to 43 hours, had lost those hours and still need those hours at the 34 to 43 hour maximum.

d. **Service Provision**

Home Care and Personal Care services are provided either through the use of a State Home Care Worker (HCW) or through a contract in-home agency. Home-delivered meals are delivered by RVCOG’s Food & Friends Senior Meals Program. Options Counseling and Service Coordination are provided by RVCOG staff. Assistive Technology is purchased as needed, on a limited basis through a variety of vendors depending on the item, consumer choice and price.
e. Prioritizing Service Delivery

Priorities

1. An AAA may establish local priorities for OPI authorized services. The AAA’s local priorities cannot conflict with OAR 411, Division 32. In the event of a grievance, the OAR takes precedence over local priorities.

2. Priority for authorized services is:
   a. Maintaining Consumer already receiving authorized service as long as their condition indicates the service is needed.
   b. Individuals screened utilizing a Department of Human Services authorized tool that measures risk for out of home placement based on an individual’s financial, physical, functional, medical, and social service needs. Individuals with the highest risk of out-of-home placement are given priority.

Living Within the Budget

The budget will be managed based on the above Priorities.

In times of short funding, RVCOG may choose to limit the range of services available.

When services are limited, intake will remain open to allow persons with high needs to have access to services and to add them to the OPI Consumer Wait List. OPI Service Coordinators will continue to accept applicants for OPI service and will make sure that a Risk Assessment is completed on each person screened. They will inform all individuals of the lack of OPI funds at this time and inform them that they will be notified by the OPI Service Coordinator when their name has come up on the wait list and there is money to provide services to them. The OPI Service Coordinator will offer service coordination and will attempt to recruit local support systems for or build on existing ones. Occasionally there may be times where maintaining a Waitlist is no longer feasible. Once the wait list is over 100 Names, the Wait List will close to new names. When the Wait List goes under 100 names, new names will be added. Services may be authorized on an exception basis when lack of services will present imminent risk to health or safety of the individual and no other funds or resources are available to provide
for service(s). These cases will be staffed with the Lead Services Coordinator and SDS Operations Manager for approving services. The OPI Service Coordinator will write in the case file exception justification.

In those cases where the maximum hours allowed result in an unsafe Care Plan, the Consumer will be counseled by the OPI Service Coordinator about his / her concerns and strongly encouraged to utilize other services in the community. OPI Service Coordinator will thoroughly narrate in the Consumer file their discussion regarding the unsafe Care Plan.

OPI Service Coordinator will continue to stress need to pay service providers privately where income and / or resources indicate the Consumer is financially able to do so or apply for other public funded programs.

**Wait List OPI Risk Assessment**

Consumer for which there is no funding available is placed on a Wait List. To determine each individual's priority on the Wait List, the OPI Service Coordinator determines a score using the OPI Risk Assessment Form (287j) (RTZ system). The minimum information needed for the wait list is the Consumer's full name, address, phone number and at least the last 4 digits of the person’s SSN (when individuals are willing). Individuals are placed on the Wait List with those having the most needs having the highest priority and in descending order to those with the least needs. If two or more people score the same on the priority scale, priority will be given on a first-come-first-served basis.

**Denial, Reduction or Termination of Services / Appeals / Grievance Process**

This procedure is designed to address and resolve Consumer appeals related to the provision of OPI services by RVCOG SDS. Its use is most appropriate for Consumer who wishes to appeal RVCOG SDS decisions which result in a reduction, termination or denial of OPI services. The following process will be used to resolve differences of opinion between a Consumer and SDS RVCOG.

1. Guidelines and Definitions:
1. Representation: The Consumer may be represented at any stage in the appeal process by a representative of the Consumer’s choosing, including legal counsel. All costs related to representation shall be at the Consumer’s expense. (Free legal counsel may be available from: Center for NonProfit Legal Services, 225 W. Main Street, Medford, OR 97504, 541-779-7292 or Oregon Law Center, 424 N. W. 6th Street, #102, Grants Pass, OR 97526, 541-476-1058.)

2. Written Decision: A decision, rendered at any level, shall be in writing, setting forth the decision and the reason for it. The decision shall be promptly mailed to the appealing Consumer or representative.

3. Time Limits: It is important that an appeal be processed as rapidly as possible. Specified time limits may, however, be extended by mutual agreement between the person who is appealing and RVCOG SDS. If an appeal is not submitted by the Consumer or his / her representative within the time limit established by this procedure, the appeal shall become void. If RVCOG SDS fails to respond to a procedural step within the established time line, the Consumer or his / her representative may proceed to the next step of the process within the specified time line for it.

4. Definition of the term “day”: A “day” shall mean a business day. If a due date falls on a weekend or an RVCOG holiday (list follows), the due date shall be the next business day.

- New Year’s Day
- Martin Luther King, Jr. Day
- Presidents Day
- Memorial Day
- Independence Day
- Labor Day
- Veterans’ Day
- Thanksgiving Day
- Day following Thanksgiving
- December 24
- Christmas Day

When an RVCOG holiday falls on a Saturday, it will be observed on the preceding Friday. When an RVCOG holiday falls on a Sunday, it will be observed on the following Monday.
5. Notices of appeal and other written correspondence regarding appeals are to be mailed or delivered to RVCOG SDS at the following address:

RVCOG SDS Director
P. O. Box 3275
155 North First Street
Central Point, OR 97502

6. If an eligible individual requests a local appeal review, their benefits will continue during the review. Benefits will terminate immediately upon a decision that the local appeal review is in favor of RVCOG SDS. The eligible individual must be given ten (10) days written notice of the results of the local appeal review decision. If a Consumer requests a contested case review from Department of Human Services (DHS), their benefits will not be reinstated. In the event DHS decides against RVCOG SDS as a result of their review, the Consumer will be eligible for reinstatement of service at the time of DHS’s decision.

7. All Notices to Deny, Reduce or Terminate OPI Service shall be sent ten (10) working days prior to denial, reduction, or termination and include a separate page listing possible alternative services to assist the Consumer. The notice will state something to the effect of “You may qualify for alternative services if you are denied Oregon Project independence Program services. You may contact your OPI Service Coordinator to determine if you might qualify for other services, and obtain information about applying for those services.” A copy of this page will placed in the Consumer’s file

2. Notice to Applicant or Consumer of Decision to Deny, Reduce or Terminate OPI Service:

1. Denial of Service: When an OPI Service Coordinator determines that an applicant for OPI service will not be provided a requested service, the Service Coordinator shall provide to the applicant, by mail, a written notice within 10 days of this decision. This notice shall state the specific reason(s) for this decision and shall describe the applicant’s appeal rights, including the deadline for submitting an appeal. (Sample letter attached.)
2. Reduction or Termination of Service:

   a. Involuntary Reduction or Termination: When a OPI Service Coordinator determines that service to a Consumer is to be reduced or terminated; the worker shall provide to the eligible individual, by mail, a written notice of this decision at least 10 working days prior to any service reduction or termination. This notice shall state the specific reason(s) for this decision and shall describe the eligible individual’s appeal rights, including the deadline for submitting an appeal.

   b. Voluntary Reduction or Termination: When an Consumer and a OPI Service Coordinator worker mutually agree that service for the Consumer is to be reduced or terminated, this agreement shall be confirmed in the following manner: The OPI Service Coordinator shall provide to the eligible individual, by mail, a written notice of agreement at least 10 working days prior to any service level changes. This notice shall list the reason(s) for this decision and, in the event that the Consumer has second thoughts about this action, shall describe the Consumer appeal rights, including the deadline for submitting an appeal.

3. Informal Problem Resolution Process (Optional): Ideally, differences of opinion between a Consumer and RVCOG SDS should be resolved at the lowest level possible. If the Consumer or his/her representative wishes to avail himself/herself of this step in the RVCOG SDS OPI Appeal Procedure, the eligible individual or representative should contact the OPI Service Coordinator involved in the Consumer case within ten (10) days of the mailing of the notice of contemplated action which is the subject of the appeal. Within five (5) days of this contact, OPI Service Coordinator shall schedule a meeting with the Consumer and representative (if any) to attempt to reach a mutually acceptable resolution of the matter. The OPI Service Coordinator and his/her supervisor shall attend this meeting. Within five (5) days of the conclusion of this meeting, the OPI Service Coordinator shall inform the Consumer or representative, as appropriate, of a decision regarding this matter.
4. Formal Appeal Process:

a. Filing an Appeal:

1.) A Consumer or representative may file a formal appeal with RVCOG SDS without taking advantage of the informal process described in Paragraph 3 above. If the informal process is omitted, Consumer or his/her representative must file a written notice of appeal with RVCOG SDS at the address set forth in Paragraph A.5. above within ten (10) days of the mailing of the notice of contemplated action which is the subject of the appeal.

2.) If the Consumer or representative participated in the informal appeal process described in Paragraph 3 above, he / she or representative must file a written notice of appeal with RVCOG SDS at the address set forth in Paragraph A.5. above within ten (10) days of the mailing of the notice of the outcome of the informal process.

3.) Assistance in filing a written notice of appeal may be obtained from RVCOG SDS. Contact RVCOG SDS’s Lead Service Coordinator (541-471-2863) (or SDS RVCOG Operations Manager in the Central Point Senior and Disability Services Office (541-423-1384) for assistance).

b. Upon the receipt of a written notice of appeal, RVCOG SDS shall schedule an appeal review meeting. This meeting shall be scheduled within ten (10) days of the receipt of the appeal. The Consumer and his/her representative (if any) shall be notified by mail of the date, time and location of the meeting. This notice shall contain the following additional information:

1.) The name and phone number of the RVCOG SDS staff member to contact for additional information about the contents of the notification letter.
2.) Notification of the Consumer right to continue receiving OPI service while he/she is awaiting the outcome of RVCOG SDS appeal review.

3.) Information on the Consumer rights at the appeal review, including the right to representation and the right to have witnesses testify on his/her behalf.

4.) Information on the Consumer right to seek an administrative review by DHS of the outcome of RVCOG SDS appeal review.

c. The appeal review meeting shall be held at the date, time and location specified in the appeal meeting notification letter. To encourage impartiality, the review shall be conducted by the RVCOG SDS Operations Manager.

d. Within five (5) days of the conclusion of this meeting, the RVCOG SDS Operations Manager shall inform the Consumer or representative, as appropriate, of a decision regarding this matter.

e. Within five (5) days of receipt of the decision, the Consumer or his/her representative may contact the RVCOG SDS Director to request a review of the decision. The SDS Director will complete his / her review and make a final decision within five (5) days of the request. The SDS Director will review the written documentation and may contact/meet with the eligible individual or his/her representative, additional clarification. The SDS Director decision shall be binding unless the aggrieved Consumer or his/her representative wishes to pursue this matter with the Oregon Department of Human Services (see “f” below). Regardless of whether a hearing with the Department of Human Services is pursued, if the decision of the appeal review meeting upholds RVCOG SDS’s plan to reduce or terminate OPI services, these services shall be reduced or terminated immediately).

f. The Consumer or his/her representative who wishes to request an administrative review hearing with DHS may do so following the conclusion
of RVCOG SDS’s appeal review process (see AFS 443). The hearing request should be sent to the Hearing Officer Panel, P.O. Box 14020, Salem, Oregon, 97309-4020. A copy of the hearing request should also be sent to the Department’s Aging and People with Disabilities (SPD) Administrator at 500 Summer Street, N. E., Salem, OR 97310-1015.

h. **Cost of Authorized Services and Fees for Services**

**Unit cost per service** is as follows – as of July 1, 2016:

- Home Care – Contracted: $19.27/hour
- Personal Care – Contracted: $22.37/hour
- Home Care Workers: $17.87/hour
- Home-Delivered Meals: $9.54/meal
- Assistive Technology – Price varies depending on purchase
- Service Coordination/Options Counseling: $60.14/hour

**Fees for Service**

At the time of intake or review, the OPI Service Coordinator completes an OPI Fee Determination Form (287k). The Service Coordinator asks the applicant how much of their monthly income is from Social Security, pension, interest on savings, investments, property rentals or other income sources and enters this information on the (0287k) form. The Service Consultant then asks the Consumer what their medical expenses are on a monthly basis. This information is categorized under medicines, medical supplies, medical equipment, doctor and/or hospital bills, monthly cost of supplemental health insurance, and other medical expenses. This is also documented on the (287k). The total amount of monthly medical expenses are subtracted from the monthly income amount and entered on the form. The balance or “Net Monthly Income” is used to determine the Consumer’s OPI fee for services. The Service Coordinator determines the fee by using the OPI Sliding Fee Scale and taking into consideration whether the Consumer is living in a single-person up to a four-person household. The fee amount including “0” is recorded on the (287k) which the Consumer signs and on the SDS 546. A copy of the SDS 546 is sent to RVCOG’s NAPIS Office Specialist who sets the services up in OACCESS and posts units of service from the monthly In-Home Service Provider billing, Homecare Worker report, Food and Friends Report, and Service Coordinator report.
Minimum One-time Fee

A $25.00 one-time minimum fee is applied to all individuals receiving OPI services who have adjusted income levels at or below the federal poverty level (everyone who does not pay a fee for service). The fee is due at the time eligibility for OPI service is determined.

RVCOG SDS is opting to apply the $25.00 fee to Service Coordination services.

At the time of initial assessment, OPI Service Coordinator informs the Consumer, as appropriate, that they will be assessed a $25.00 fee and that a statement will be sent along with an envelope within the next 30 days. When the Service Coordinator gives the Consumer the OPI Service Agreement (287I), it explains the $25.00 and documents that services have been authorized.

The OPI Service Coordinator writes on the monthly case management report form that a $25.00 one-time fee needs to be billed. The OPI Service Coordinator sends the form to the NAPIS Office Specialist. The NAPIS Office Specialist prepares and mails a letter / invoice to the Consumer along with a return envelope requesting a check. A follow-up letter / invoice is not mailed if the Consumer does not pay. A Consumer does not lose service if they do not pay the minimum one-time fee.

The NAPIS Office Specialist maintains billing and payment information on a separate spreadsheet (not in the NAPIS billing system) and reports any income billed and collected to the RVCOG Finance Office on a monthly basis for inclusion on the Monthly SDS 148 Oregon Project Independence (Adults 60 + or -60 with Alzheimer’s or Related Dementia; Pilot for Adults with Disabilities Aged 19-59) Cumulative Financial and Services Reports.

Non-Payment of Fees

Each month the NAPIS Office Specialist sends OPI Service Coordinators copies of the billing letters that have been sent to the Consumer. The OPI Service Coordinators review the letters to check on each Consumer’s payment status. In addition, the NAPIS Office Specialist contacts the OPI Service Coordinator when she notices that a Consumer is 60 days past due. The OPI Service Coordinators are responsible for contacting Consumer who are more than sixty days in arrears in payment of fees or owe more than $20 in fees. If payment is not received within thirty
days, the Service Coordinator staffs the case with the SDS Direct Services Supervisor to
determine what action may be needed. When it is determined that fees are to be written off, the
OPI Service Coordinator notifies the NAPIS Office Specialist in writing and the balance due is
zeroed out.

**Monitoring and Evaluation**

The SDS Lead Service Coordinator at least annually reviews a sample of cases to determine if
service eligibility, determination of services and fees for services are being determined
appropriately. A monthly report of service expenditures is provided by the SDS Direct Services
Supervisor to OPI Service Coordinators and SDS Lead Service Coordinator for their use in
staying within budget. At least once during the current In-Home contract solicitation cycle, the
provider is monitored to assure they are meeting contractual requirements. The SDS Direct
Services Supervisor, SDS Lead Service Coordinator and OPI Service Coordinators meet at
least once every two months to review budgets with the SDS Operations Manager. Also, they
review service delivery and staff issues. The SDS Lead Service Coordinator maintains daily
contact with OPI Service Coordinators to problem solve and assure Consumer needs are being
met. The SDS Lead Service Coordinator keeps SDS Direct Services Supervisor apprised of
program issues on a regular basis. SDS Director, SDS Operations Manager and SDS Direct
Services Supervisor meet regularly to address status of expenditures and budget.
**D- 2 Services provided to OAA and/or OPI Consumers**

**SERVICE MATRIX and DELIVERY METHOD**

<table>
<thead>
<tr>
<th>#1 Personal Care (by agency)</th>
</tr>
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<tbody>
<tr>
<td>Funding Source: ☑OAA ☑OPI ☑Other Cash Funds</td>
</tr>
<tr>
<td>☑Contracted ☑Self-provided</td>
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</tbody>
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Contractor name and address (List all if multiple contractors):

Addus HealthCare, Inc.  
Barbara Walch, 541-857-9899; bwalch@addus.com 
1240 N Riverside Avenue 
Medford, OR  97501

Addus is a "for profit agency."

All Care In-Home Care Solutions  
Ali Dean, 541-857-9195, al1@allcaremedford.com 
2574 West Main Street 
Medford, OR  97501

All Care is a "for profit agency."

Note if contractor is a “for profit agency”
#2 Homemaker (by agency)

Funding Source: □OAA □OPI □Other Cash Funds

☒Contracted ☐Self-provided

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

Addus HealthCare, Inc.
Barbara Walch, 541-857-9899; bwalch@addus.com
1240 N Riverside Avenue
Medford, OR 97501
Addus is a "for profit agency."

All Care In-Home Care Solutions
Ali Dean, 541-857-9195; al1@allcaremedford.com
2574 West Main Street
Medford, OR 97501
All Care is a "for profit agency."

Note if contractor is a “for profit agency”

#2a Homemaker (by HCW)

Funding Source: □OAA □OPI □Other Cash Funds
### #4 Home-Delivered Meal

**Funding Source:** ☒ OAA  ☐ OPI  ☒ Other Cash Funds  
☐ Contracted  ☒ Self-provided

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

SDS RVCOG through its Food & Friends Senior Meals Program provides program oversight and management of the home-delivered meals delivery system.

The agency contracts for meal preparation and a driver/kitchen supervisor for the Josephine County Central Kitchen with:

Bateman  
21021 Osbourne Street  
Canoga Park, CA  97304  
Dan Kratz, Elderly Nutrition Program Manager  
503-590-9308; dan.kratz@exch.compass-usa.com  
Bateman is a “for profit agency”

Note if contractor is a “for profit agency”

### #6 Case Management (Service Coordination)

**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”
#7 Congregate Meal

Funding Source: ☑ OAA ☐ OPI ☑ Other Cash Funds

☑ Contracted ☐ Self-provided

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

SDS RVCOG through its Food & Friends Senior Meals Program provides the congregate meals program oversight and management of congregate meals sites.

The agency contracts for meal preparation and a driver/kitchen supervisor for the Josephine County Central Kitchen with:

Bateman
21021 Osbourne Street
Canoga Park, CA 97304
Dan Kratz, Elderly Nutrition Program Manager
503-590-9308; dan.kratz@exch.compass-usa.com
Bateman is a "for profit agency"

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):

Rogue River Community Center
132 S. Broadway, P. O. Box 295
Rogue River, OR 97537
Sue Smith, Executive Director
541-582-1482; smithscda@yahoo.com

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):

Jackson County:
Center for NonProfit Legal Services
225 W. Main Street, P. O. Box 1586
Medford, OR  97501
Debra Lee, Executive Director
541-779-7292; debralee@cnpls.net

Josephine County:
Oregon Law Center
424 N. W. 6th Street, Suite 102, P. O. Box 429
Grants Pass, OR  97528
Eric Dahlin, Executive Director
541-476-2154; edahlin@oregonlaw.org

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):

Note if contractor is a “for profit agency”
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<th>#13 Information &amp; Assistance (ADRC)</th>
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<tbody>
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<tr>
<td>□ Contracted  □ Self-provided</td>
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<tr>
<td>Contractor name and address (List all if multiple contractors):</td>
</tr>
<tr>
<td>Rogue River Community Center</td>
</tr>
<tr>
<td>132 S. Broadway, P. O. Box 295</td>
</tr>
<tr>
<td>Rogue River, OR 97537</td>
</tr>
<tr>
<td>Sue Smith, Executive Director</td>
</tr>
<tr>
<td>541-582-1482;<a href="mailto:smithscda@yahoo.com">smithscda@yahoo.com</a></td>
</tr>
<tr>
<td>Note if contractor is a “for profit agency”</td>
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<tr>
<th>#16/16a Caregiver Access Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Source: □ OAA  □ OPI  □ Other Cash Funds</td>
</tr>
<tr>
<td>□ Contracted  □ Self-provided</td>
</tr>
<tr>
<td>Contractor name and address (List all if multiple contractors):</td>
</tr>
<tr>
<td>Note if contractor is a “for profit agency”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#20-2 Advocacy</th>
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</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>□ Contracted  □ Self-provided</td>
</tr>
<tr>
<td>Contractor name and address (List all if multiple contractors):</td>
</tr>
<tr>
<td>Note if contractor is a “for profit agency”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#20-3 Program Coordination &amp; Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Source: □ OAA  □ OPI  □ Other Cash Funds</td>
</tr>
<tr>
<td>□ Contracted  □ Self-provided</td>
</tr>
<tr>
<td>Contractor name and address (List all if multiple contractors):</td>
</tr>
<tr>
<td>Note if contractor is a “for profit agency”</td>
</tr>
</tbody>
</table>
#30-4 Respite Care (III/B/OPI)
Funding Source: ☒ OAA  ☐ OPI  ☐ Other Cash Funds
☒ Contracted  ☐ Self-provided
Contractor name and address (List all if multiple contractors):

Addus HealthCare, Inc.
Barbara Walch, 541-857-9899; bwalch@addus.com
1240 N Riverside Avenue
Medford, OR 97501
Addus is a "for profit agency."

All Care In-Home Care Solutions
Ali Dean, 541-857-9195, al1@allcaremedford.com
2574 West Main Street
Medford, OR 97501
All Care is a "for profit agency."

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):

Note if contractor is a “for profit agency”

#40-3 Preventive Screening, Counseling and Referral
Funding Source: ☒ OAA  ☐ OPI  ☐ Other Cash Funds
☐ Contracted  ☒ Self-provided
Contractor name and address (List all if multiple contractors):

Note if contractor is a “for profit agency”
<table>
<thead>
<tr>
<th>#40- Health &amp; Medical Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Source: OAA OPI Other Cash Funds</td>
</tr>
<tr>
<td>□ Contracted □ Self-provided</td>
</tr>
<tr>
<td>Contractor name and address (List all if multiple contractors): Depends on item to be purchased, consumer choice and price. Note if contractor is a &quot;for profit agency&quot;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>#50-1 Guardianship/Conservatorship</th>
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</thead>
<tbody>
<tr>
<td>Funding Source: OAA OPI Other Cash Funds</td>
</tr>
<tr>
<td>□ Contracted □ Self-provided</td>
</tr>
<tr>
<td>Contractor name and address (List all if multiple contractors):</td>
</tr>
<tr>
<td>Jackson County:</td>
</tr>
<tr>
<td>Center for NonProfit Legal Services</td>
</tr>
<tr>
<td>225 W. Main Street, P. O. Box 1586</td>
</tr>
<tr>
<td>Medford, OR 97501</td>
</tr>
<tr>
<td>Debra Lee, Executive Director</td>
</tr>
<tr>
<td>541-779-7292; <a href="mailto:debralee@cnpls.net">debralee@cnpls.net</a></td>
</tr>
<tr>
<td>Note if contractor is a “for profit agency”</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>#50-3 Elder Abuse Awareness and Prevention</th>
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</thead>
<tbody>
<tr>
<td>Funding Source: OAA OPI Other Cash Funds</td>
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<tr>
<td>□ Contracted □ Self-provided</td>
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<tr>
<td>Contractor name and address (List all if multiple contractors):</td>
</tr>
<tr>
<td>Note if contractor is a “for profit agency”</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>#70-2 Options Counseling</th>
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</thead>
<tbody>
<tr>
<td>Funding Source: OAA OPI Other Cash Funds</td>
</tr>
<tr>
<td>□ Contracted □ Self-provided</td>
</tr>
<tr>
<td>Contractor name and address (List all if multiple contractors):</td>
</tr>
<tr>
<td>Note if contractor is a “for profit agency”</td>
</tr>
<tr>
<td>Project #</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>#70-9/70-9a Caregiver Training</td>
</tr>
<tr>
<td>#71 Chronic Disease Prevention, Management/Education</td>
</tr>
<tr>
<td>#90-1 Volunteer Services</td>
</tr>
</tbody>
</table>

Community Volunteer Network – RSVP
1045 Ellendale Street
Medford, OR 97504
Becky Snyder, Director
541-857-7787; becky@retirement.org
Jenny Knotz, Program Manager
541-857-7787; jknotz@retirement.org
SECTION E - Area Plan Budget
# Area Agencies on Aging Area Plan Budget

**SOURCE OF LOCAL MATCH FOR FY: 07/29/2016 - 08/30/2017**

<table>
<thead>
<tr>
<th>Source</th>
<th>Admin Cash Match</th>
<th>Admin Inkind Match</th>
<th>III B &amp; C Cash Match</th>
<th>III B &amp; C Inkind Match</th>
<th>OAA III E Cash Match</th>
<th>III E Inkind Match</th>
<th>Total Cash Match</th>
<th>Total Inkind Match</th>
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<td>City Funds</td>
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<td>27,987</td>
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<tr>
<td>County Funds</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Donated Staff Time, Space, Equipment, Vehicles</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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<td>Foundation Grants</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Local Private Donations</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>Other: Ashland Parks and Recreation General Fund, Campaign for Equal Justice, Oregon State Bar Legal Service Provider Fees, Emergency Housing Account, Organization</td>
<td>206,139</td>
<td>0</td>
<td>206,139</td>
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<tr>
<td>Organization Donations</td>
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<td>Private Donations</td>
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<td>State Funds: Oregon Project Independence</td>
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<td>83,801</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>United Way</td>
<td>5,705</td>
<td>0</td>
<td>5,705</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Volunteer Time</td>
<td>63,819</td>
<td>15,705</td>
<td>63,819</td>
<td>15,705</td>
<td></td>
<td></td>
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| Column Totals | 63,801 | 22,896 | 273,824 | 157,717 | 0 | 63,819 | 357,725 | 254,335 |

**MEDICAID LOCAL MATCH**

<table>
<thead>
<tr>
<th>Source</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Local Jurisdictions</td>
<td>$8,892.00</td>
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</table>

| Column Totals | $8,892.00 |
APPENDICES

Appendix A - Organization Chart

Appendix B - Advisory Council(s) and Governing Body

Appendix C - Public Process

Appendix D - Final Update on Accomplishments from 2013-2016 Area Plan

Appendix E - Emergency Preparedness Plan

Appendix F - List of Designated Focal Points

Appendix G - OPI Policies and Procedures

Appendix H - Partner Memorandums of Understanding

Appendix I - Statement of Assurances and Verification of Intent
**Appendix B – Advisory Council(s) and Governing Body**

<table>
<thead>
<tr>
<th>NAME &amp; CONTACT INFORMATION</th>
<th>REPRESENTING</th>
<th>DATE TERM EXPIRES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anne Bellegia</td>
<td>Jackson County</td>
<td>June 30, 2018</td>
</tr>
<tr>
<td>Bernadette LaLonde</td>
<td>Jackson County</td>
<td>June 30, 2019</td>
</tr>
<tr>
<td>Bob Strosser</td>
<td>Jackson County Commissioner</td>
<td>N/A</td>
</tr>
<tr>
<td>Dan DeYoung</td>
<td>Josephine County Commissioner</td>
<td>N/A</td>
</tr>
<tr>
<td>Erika Bekermeier</td>
<td>Jackson County</td>
<td>June 30, 2019</td>
</tr>
<tr>
<td>Isleen Glatt</td>
<td>Jackson County</td>
<td>June 30, 2019</td>
</tr>
<tr>
<td>Jamie Callahan</td>
<td>Jackson County</td>
<td>June 30 2021</td>
</tr>
<tr>
<td>John Curtis</td>
<td>Jackson County</td>
<td>June 30, 2021</td>
</tr>
<tr>
<td>John Irwin</td>
<td>Jackson County</td>
<td>June 30, 2018</td>
</tr>
<tr>
<td>Linda Serra</td>
<td>Josephine County</td>
<td>June 30, 2021</td>
</tr>
<tr>
<td>Nancy Randolph</td>
<td>Jackson County</td>
<td>June 30, 2021</td>
</tr>
<tr>
<td>Pat Jenkins</td>
<td>Jackson/Josephine County</td>
<td>June 30, 2019</td>
</tr>
<tr>
<td>Rhonda Lawrence</td>
<td>Josephine County</td>
<td>June 30, 2021</td>
</tr>
<tr>
<td>Richard Hoskins</td>
<td>Jackson County</td>
<td>June 30, 2019</td>
</tr>
<tr>
<td>Rosalie Caffrey</td>
<td>Jackson County</td>
<td>June 30, 2018</td>
</tr>
<tr>
<td>Saundra Theis</td>
<td>Jackson County</td>
<td>June 30, 2019</td>
</tr>
</tbody>
</table>

Total number age 60 or over = 9  
Total number minority = 0  
Total number rural = 16  
Total number self-indicating having a disability = 2
<table>
<thead>
<tr>
<th>NAME &amp; CONTACT INFORMATION</th>
<th>REPRESENTING</th>
<th>DATE TERM EXPIRES</th>
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</thead>
<tbody>
<tr>
<td>Denyce Gavin</td>
<td>Jackson County</td>
<td>June 30, 2018</td>
</tr>
<tr>
<td>George Adams</td>
<td>Jackson County</td>
<td>June 30, 2020</td>
</tr>
<tr>
<td>John Curtis</td>
<td>Jackson County</td>
<td>June 30, 2020</td>
</tr>
<tr>
<td>Kerrie Walters</td>
<td>Jackson County</td>
<td>June 30, 2018</td>
</tr>
<tr>
<td>Patricia Alvarez</td>
<td>Jackson County</td>
<td>June 30, 2018</td>
</tr>
<tr>
<td>Roquel Wilson</td>
<td>Jackson County</td>
<td>June 30, 2020</td>
</tr>
</tbody>
</table>

Total number age 60 or over = 3
Total number self-indicating having a disability = 6
Rogue Valley Council of Governments Board of Directors

**Executive Committee**

Jim Lewis (President)
City Councilor, City of Jacksonville

Jody Hathaway (1st Vice President)
HR/Finance Manager, Emergency Communications 911

Dick Gordon (2nd Vice President)
Council Member, City of Medford

Pam VanArsdale, Mayor
City of Rogue River

Roy Lindsay
Councilor, City of Grants Pass

**Board Members**

Carol Doty
Director, Jackson County Library District (JCLDF)

Doug DeYoung, Commissioner
Josephine County

Bob Strosser, Commissioner
Jackson County

Michael Morris, Council Member
City of Ashland

Taneea Browning Councilor
City of Central Point

Bob Russell, Mayor
City of Eagle Point

Christina Stanley
City of Gold Hill
Chris Luz, Mayor  
City of Phoenix

Linda Kristich, Councilor  
City of Shady Cove

Randy White, District Manager  
Jackson Soil & Water Conservation District

Lisa Dunagan  
Rogue Community College

Bill Mansfield, Board Member  
Rogue Valley Transportation District

Kay Harrison  
Rogue Valley Sewer Services

Colleen Padilla, Executive Director  
Southern Oregon Regional Economic Development, Inc. (SOREDI)

Darby Ayers-Flood, Mayor  
City of Talent

Jason Catz  
General Counsel, Southern Oregon University

Linda Spencer, Mayor  
City of Butte Falls

Daniel Dalegowski, Mayor  
City of Cave Junction
Appendix C – Public Process

The following is a list of the 2017-2020 Four-Year Area Plan public involvement activities that have been completed.

- A survey of senior and individuals with disabilities in Jackson and Josephine counties was completed. The purpose of the survey was to better understand what services seniors need to ensure that those facing aging or disability issues, or those caring for persons with such issues, are able to live as independently as possible. A total of 749 survey forms were completed, of which 726 contained usable data. The respondents completed the survey by either filling the forms by pencil or pen, or entering responses into the survey form on the SurveyMonkey website. The survey period was October 2015 to March 2016. The respondents were identified at events where seniors gather, such as the ACCESS and Illinois Valley health fairs, Food and Friends, AARP Vital Aging Conference, Alzheimer’s caregivers, and area senior centers. The data were collected to describe the demographic characteristics of the respondents, their current living conditions, condition of their health, sources of health information and support, and needs for assistance and services. They analyzed the data and produced the attached report – See Appendix J.

- Interviews were held with key stakeholders including: local Alzheimer’s Association, Aging and People with Disabilities Management Team, local senior center directors, Rogue Valley LGBT, and Unete and MiVoxCuenta. The SDS Director will hold stakeholder interview with the APD District Manager in November, 2016.

- Focus groups were held with the Rainbow Elders, a local LGBT group and with a group of Hispanic Caregivers.

- A brainstorm session was held with SDS RVCOG Staff to identify service needs.

- Food & Friends surveyed meal program participants to gauge how participants are feeling about their meals. The results were reviewed by SAC O&E Committee.
• Portland State University conducted its annual survey of ADRC consumers including Jackson and Josephine County consumers, which indicates how long it took to receive service and whether the assistance provided was sufficient for their needs.

• A December 5, 2016 public hearing was advertised in the Medford Mail Tribune, the Ashland Daily Tidings and the Grants Pass Courier – see attached Affidavits of Publications. No public members attended the hearing – see attached Sign-In sheet for the names of the three staff members that attended.

• The Senior Advisory Council reviewed the proposed Four-Year Area Plan at their December 5, 2016 meeting – see attached agenda.
Affidavit of Publication

***THIS IS NOT A BILL***

State of Oregon
County of Jackson

I, Cheri R. Gray, being first duly sworn, depose and say that I am the principal clerk of Medford Mail Tribune, a newspaper of general circulation, as defined by ORS 193.010 and 193.020; printed at Medford in the aforesaid county and state; that the PUBLIC NOTICE, a printed copy of which is hereto annexed, was published in the entire issue of said newspaper for 1 (One) successive and consecutive insertion(s) in the following issues 11/24/2016 (HERE SET FORTH DATES OF ISSUE)

Subscribed and sworn to before me this 2 day of December, 2016.

My commission expires 12 day of October 2018.

Southern Oregon Media Group – Mail Tribune – Ashland Daily Tidings
111 N Fir St
Medford, OR 97501

<table>
<thead>
<tr>
<th>PUBLICATION</th>
<th>EXPIRE DATE</th>
<th>AD CAPTION</th>
<th># TIMES</th>
<th>AMOUNT</th>
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<td>11/24/2016</td>
<td>Public Notice</td>
<td>1 (One)</td>
<td>138.48</td>
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</table>
Grants Pass
Daily Courier
P.O. Box 1468, 409 S.E. 7th Street • Grants Pass, Oregon 97528

AFFIDAVIT OF PUBLICATION

State of Oregon ) ss.
County of Josephine ) ss.

I, Tamara Stuebing, being first duly sworn, depose and say that I am a manager of Courier Publishing Co., printer of the Grants Pass Daily Courier, a newspaper of general circulation, as defined by ORS 193.010 and 193.020; printed and published at Grants Pass, in the aforesaid county and state; that the LEGAL NOTICE, a printed copy of which is herein enclosed, was published in the entire issue of said paper, for one insertion, on the following date:

November 23, 2016.

LEGAL NOTICE

PUBLIC NOTICE

Rogue Valley Council of Governments (RVCOG) is holding a Public Hearing from 9:30 – 10:30 a.m. Monday, December 5, 2016 in the Jefferson Conference Room, Rogue Valley Council of Governments, 165 N. 1st Street, Talent, OR.

Rogue Valley Council of Governments (RVCOG), through its Senior and Disability Services (SDS) department is the designated Area Agency on Aging (AAA) for Jackson and Josephine counties.

As the AAA, SDS RVCOG is holding a Public Hearing to:

1. Review its proposed 2017-2020 Four-Year Area Plan. A complete copy of the Plan is available at the Senior & Disability Services of Rogue Valley Council of Governments program office, 155 North 3rd Street, Central Point, OR 97502, phone (541) 423-3384; Fax (541) 664-7327. Once a public hearing is held, comments received during the Public Hearing will be incorporated into the Plan and the Plan will be finalized and submitted to the State Department of Human Services for approval.

2. Notify the public that the AAA is utilizing $97,177 of Older Americans Act (OAA) Title III Supportive Services funds for Program Coordination and Development services in its Fiscal Year 2017 (July 1, 2016 – June 30, 2017) budget.

A copy of the FY 2017 Older Americans Act budget is included in the proposed Four-Year Area Plan.

For more information, contact Sara Varble, SDS Operations Manager at 541-423-1364 or svarble@rvcocg.org.

My commission expires the twenty fifth day of March, 2019.

Subscribed and sworn to before me this twenty-third day of November, 2016.

Notary Public of Oregon
<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Information</th>
<th>60 and older? - Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bev Varble</td>
<td>PO Box 5275 Central Point, OR 97502 <a href="mailto:bvarble@necog.org">bvarble@necog.org</a></td>
<td>Yes</td>
</tr>
<tr>
<td>Laura O'Brien</td>
<td>PO Box 3275 Central Point, OR 97502 <a href="mailto:lobryan@necog.org">lobryan@necog.org</a></td>
<td>Yes</td>
</tr>
<tr>
<td>Ann Casavan</td>
<td>PO Box 5275 Central Point, OR 97502 <a href="mailto:scasavan@necog.org">scasavan@necog.org</a></td>
<td>No</td>
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F:\SD\SDS\BERTA\PLN&BDGT\2017-2020 AREA PLAN\2017-2020 Master Area Plan - Updated 02092018.docx (2).docx
Rogue Valley Council of Governments (RVCOG)
Senior Advisory Council

Date/Time: 12:30 – 2:30 p.m., Monday, December 5, 2016
Location: Jefferson Conference Room, RVCOG, 155 N. 1st St., Central Point

Agenda

12:30 Call to Order/Attendance ................................................................. Sandy Theis

12:35 General Meeting Business ............................................................... Sandy Theis
   a) Introductions of guests & public comments
   b) Additions to agenda
   c) Review and approval of November 7, 2016 Minutes
   d) Announcements

12:45 Committee Reports
   a) Executive Committee ........................................................................ Sandy Theis
   b) Council Development ........................................................................ Pat Jenkins
   c) Outcomes & Evaluations/Nutrition ..................................................... Jan Shipley
   d) Communications & Outreach .............................................................. Anne Bellegia
   e) Advocacy .......................................................................................... John Curtis
   f) Disability Services Advisory Council ............................................. John Curtis
   g) Field Office Report ............................................................................ Kathie Young

1:00 Director’s Report ................................................................................... Laura O’Bryon
   • Michael Cavallaro, RVCOG Executive Director, announcement
   • Distribution of National Association of Area Agencies on Aging Letter (meeting handout)

1:15 Adult Foster Home Update .................................................................... John Curtis

1:30 Break

1:40 Area Plan Review ................................................................................... Laura O’Bryon

2:00 Presentation on “Elderly Social Isolation: Addressing the Needs for the Invisible Senior”
......................................................................................................................... OHSU Nursing Students

2:20 Other

2:30 Adjourn Sandy Theis

Members: Don’t forget to complete Volunteer & Expense Report.

155 N 1st Street  PO Box 3275  Central Point, OR 97502
RVCOG is the designated Area Agency on Aging for Jackson and Josephine Counties providing services to seniors and adults with physical disabilities
Appendix D – Final Update on Accomplishments from 2013-2016

1. Information and Assistance Services (I&A) and Aging & Disability Resource Connections (ADRCs)
   a. Goal: ADRC is accessible and provides a sufficient level of assistance to consumers.
      Actions:
      i. Establish a database of those utilizing ADRC. The Jackson/Josephine County ADRC Resource database has more than 500 resources listed. We annually update each resource in the database to ensure accurate information is given to consumers. We add new resources as they meet the ADRC of Oregon Inclusion/Exclusion policy.
      
      ii. Develop a survey for ADRC consumers, which indicates how long it took to receive service and whether the assistance provided was sufficient for their needs. The State funds Portland State University to conduct an annual survey. Outcomes: 55% of consumers who contacted the ADRC felt that the ADRC responded prompt and timely. 41% said some wait, but was reasonable. 4% felt that their wait time was much too long. 92% of consumers felt that the ADRC staff spent enough time with them to understand their concerns. 80% of consumers felt that the ADRC staff was very knowledgeable about resources and services in the area. 88% of consumers felt that it was very easy or somewhat easy to contact the ADRC. 94% of consumers felt that ADRC was overall very helpful or somewhat helpful.
      ** Statistics are pulled from the 2015 ADRC Customer Satisfaction Survey - Rogue Valley ADRC done by Portland State University. https://www.oregon.gov/DHS/SENIORS-
b. Goal: ADRC Options Counseling provides accurate and relevant information to all consumers seeking assistance in making future care decisions.

Actions:

i. Develop Core Partners in the ADRC who will provide Options Counseling in DD, CILS, and Mental Health services. The ADRC Core Partners group meets monthly to network and receive updates on status of ADRC. HASL Center for Independent Living (CIL), Aging and People with Disabilities (APD), Jackson County Developmental Disabilities (DD) Programs, Jackson County Mental Health (MH) and ACCESS and UCAN Community Action Programs attend.

ii. Embed Options Counselors with OC certification in each Core Partner agency.
RVCOG developed MOUs with HASL CIL, Jackson County Mental Health / Developmental Disability, and Options for Southern Oregon for each of them to make client referrals to the ADRC and for the ADRC, as appropriate, to make Options Counseling referrals to them. In the 2013-2016 Area Plan, RVCOG stated that we would develop core partners who will provide Person Centered Options Counseling. This was accomplished with our Center for Independent Living and Community Action Agencies. This process was found to be unsuccessful and stopped.

iii. All Person Centered Options Counseling is done by trained and certified RVCOG staff.
All ADRC staff have completed Person Centered Options Counseling - 156 consumers were enrolled in Person Centered Options Counseling in 2014. 15% males, 50% female, 19% unrecorded gender. 7%
identified as a veteran or a spouse of a veteran. 30% reported that they live at or below 100% poverty level. 63% identified as 60 years old or older. 19% lived in Josephine County, 51% lived in Jackson County, 30% lived in another county or the data was unavailable.

430 consumers were enrolled in Person Centered Options Counseling in 2015. 26% male, 46% female, 26% unrecorded gender. 5% identified as a veteran or a spouse of a veteran. 21% reported that they live at or below 100% poverty level. 17% identified as 60 years old or older. 20% lived in Josephine County, 42% lived in Jackson County, 38% lived in another county or the data was unavailable.

2. Nutrition Services

Actions:

a. Quality controls will monitor production of meals on a regular basis.
   Completed - Each week delivery route last meal temp records have been implemented and carried out to insure safe temperature for of our home delivered meals. We have recorded and implemented a system to track and act on our environmental health scores which includes discussion and training with site coordinators.

b. Surveys will be conducted on an annual basis to gauge how participants are feeling about their meals.
   Completed - Food & Friends continues to survey our clients annually, both congregate and home delivery, to quantify the satisfaction rating of the meals provided to them. They review the results with the SAC O&E Committee annually.

c. Food & Friends staff will comply with local county environmental health departments to meet a score of no less than 93% for meal site inspections. Ongoing food safety education training will be provided to all staff quarterly.
Completed - Food & Friends has maintained an average survey satisfaction rating of 96% satisfied to very satisfied at congregate sites and 95% for home delivery. Our Environmental Health score have consistently been 95% and higher; the majority of which are a perfect score of 100%.

3. Health Promotion
   a. Goal: Increase participation in evidence-based health promotion programs in the area.
   Actions:
      i. Establish baseline for the number of participants in evidence-based health promotion and fall prevention classes and number of trained leaders in the State.
         Baselines were established for number of participants needed for successful workshops and number of leaders to be trained.
      ii. Continue to train class leaders for Living Well and/or other evidence-based programs in the area.
         RVCOG continued its commitment in ensuring there were trained and updated leaders to support the increased workshops being offered.
      iii. Expand evidence-based health promotion and falls prevention classes into more venues, including Federally Qualified Healthcare Centers, cardio and other health specialty clinics, Assisted Living Facilities, Senior Centers, Residential Care Facilities, local community centers, and other community-based programs. RVCOG partnered with many including: FQHC’s, Hospitals, Medical Clinics, Assisted Living Homes, Skilled Nursing Homes, YMCA’s, Low Income Housing, Mental Health, Public Health, Fitness Centers, Senior Centers, Veterans Outreach, Hospice and Schools.
      iv. Establish partnerships with all CCOs to support Living Well and Falls Prevention classes in the Area.
RVCOG established agreements for both fee for service and infrastructure financial supports with all 3 CCO’s which then expanded to two Medicare Advantage Plans. Outcomes: Number of participants in Living Well workshops increased by 28% although the number of workshops provided increased by 44%. Falls prevention classes discontinued as local partners increased the number of programs offered in both counties. Number of trained leaders (trained through RVCOG) increased more than 25% considering Jackson & Josephine Counties. RVCOG assisted other counties in providing training too.

4. Family Caregivers

A number of things impacted delivery of Family Caregiver Support Programs during the 2013-2016 Four Year Area Plan cycle: becoming a fully-functioning ADRC, implementing new Legislatively-mandated activities (Gatekeeper, Mental Health, Evidence-Based Health Promotion, and Person-Centered Options Counseling, LTC Innovator Agents), establishing relationships with and providing services for Coordinated Service Organizations. Service Coordinator time was shifted away from traditional Family Caregiver Support activities - Access to Caregiver Support, Powerful Tools for Caregiving training, and staffing of a local Family Caregiver Training Committee. Service Coordinators and an SDS Planner were shifted to the new activities. FCSP funds were pulled from respite and used to pay for those ADRC services that are delivered to family caregivers.

a. Goal: Ensure effectiveness of FCSP services.

Actions:

i. Develop baseline survey of caregivers receiving assistance.

A pre and post Family Caregiver survey was developed. The Outcomes & Evaluations (O&E) Committee of the Senior Advisory Council (SAC)
implemented the survey, but found there were so many program changes happening that it was difficult to evaluate.

ii. Implement a follow-up survey 2-4 months after assistance is provided.
   Not completed.

iii. Compile and analyze results annually.
   Not completed.

iv. Provide caregiver training to at least 60 caregivers served in FY 2013
   104 Caregivers were trained in FY 2013

v. Provide respite to at least 45 caregivers in FY 2013
   19 Caregivers received respite in FY 2013.

b. Goal: Strive to improve FCSP access for minority populations in our Area.
   Actions:
   i. Develop a baseline of current demographics.
      Demographics were reviewed in 63 FCG files. Of 63 files reviews: Sex – 16 male, 46 female, 1 information missing; Race/Ethnicity – 50 Caucasian, 1 American Indian, 1 Asian, 11 Information missing; Primary Language Spoken – 37 English, 30 information Missing.
   ii. Develop community partners for distribution of materials and possible focus groups.
      Not completed.
   iii. Distribute on a regular basis outreach materials in Spanish to Latino groups, media, and businesses.
      Not completed.

5. Elder Rights and Legal Assistance
   a. Goal: To increase community awareness/education about what elder abuse is and what can be done to prevent it.
   Actions:
i. Provide ongoing system for regularly distributing locally tailored brochures and posters throughout the community.

ii. Through gatekeeper program, coordinate ongoing presentations to utility, bank, grocery store and delivery employees, community and business groups, and to other groups likely to have contact with elders in the community. Use a customizable presentation that can be adapted for a variety of users and a speakers’ bureau to give presentations.

111 Gatekeeper trainings have been offered in Jackson and Josephine counties since June, 2014.

iii. Provide regular PSAs in the media about what elder abuse is and how to prevent it.

Display ads were place on community transit buses in both counties in Fiscal Year 2015 stating, “Elderly Oregonians deserve honor and respect, not abuse.” Each ad includes four pictures of elderly individuals with different messages under each picture: Stop hurting me; It’s my money: Treat me with respect; and Not caring is neglect.

We also placed ads on smaller “Valley Lift” vans in Jackson county that said: “Elderly Oregonians deserve honor and respect, not abuse”

iv. Hold at least one community forum on preventing elder abuse.

The SAC’s Marketing & Outreach (M&O) Committee organized and facilitated an Elder Justice Forum in conjunction with AARP’s annual Vital Aging Conference on November 7, 2015 Elder Justice Forum. The Forum was mainly about how to recognize elder abuse and what to do when one sees it. They held a “teaser” at the Plenary Session where Mary Twomey, Elder Justice Forum presenter, and a group of actors did several monologues about elder abuse. The purpose of the “teaser” was to entice participants to attend the 12:45 p.m. Forum.
6. **Older Native Americans**

While there are relatively fewer Native Americans in this area, better outreach needs to occur to this community in order to ensure they are aware of the services that are available to them. Intentional outreach will be initiated by SDS program managers to accomplish this.

a. **Goal:** Improve outreach to the Native American population in the area.

   Actions:

   i. Establish relationships with Native American organizations in the area.
   
   RVCOG has participated in two annual Red Earth Descendants gatherings. Red Earth Descendants is a grassroots, indigenous-based organization committed to creating healthy, sustainable community while preserving Native values, traditions and culture. RVCOG has contacted Red Earth Descendants on an annual basis to distribute flyers for the annual Native American Caregiver Conference.

   ii. Provide information to Native American organizations about RVCOG AAA services through presentations, brochures, and or electronic outreach efforts.
   
   We distributed brochures and other written material at the annual Red Earth Descendants gatherings.
Appendix E - Emergency Preparedness Plan

SENIOR AND DISABILITY SERVICES (SDS) OF ROGUE VALLEY COUNCIL OF GOVERNMENTS (RVCOG)
EMERGENCY PREPAREDNESS, RESPONSE AND RECOVERY PLAN

Purpose of Plan and Office locations: This plan outlines the actions to be taken by SDS RVCOG staff in the event of a disaster that threatens the safety of employees and/or consumers and that impacts the agency’s ability to carry out its day-to-day business. The plan covers SDS RVCOG’s Administration office and three field offices, as well as Food & Friends meal sites.

- SDS Administration Office is located at the Rogue Valley Council of Governments, 155 N. First St., Central Point, Oregon 97502.
- The vast majority of SDS staff is housed in three Field Offices of Department of Human Services (DHS) Aging and People with Disability (APD). Each of these sites has a response and continuity of operations plan, as directed by the State.
  - Grants Pass Senior and Disability Services Office, 2102 NW Hawthorn St., Grants Pass, Oregon, 97526 541-474-3110;
  - Medford Disability Services Office, 28 W. 6th St., Medford, Oregon 97501 and
  - Medford Senior Services Office, 2860 State St., Medford, Oregon 97504.
- SDS interests also include the safety of Food and Friends Meal Sites and Home Delivered Meals staff, volunteers and consumers. The locations and contact information for the 15 Meal Sites are included in the Phone List as part of the Procedures document attached to this plan.

Assessment of Potential Hazards

SDS leadership is aware of the Jackson and Josephine County Emergency Operations Plans, which contain thorough information and assessment of potential local hazards, including natural disasters (such as earthquake, flooding, high winds, excessive snow, and wildland fires) and other non-natural events such as hazardous materials incidents. All of these incidents could impact SDS consumers. For detailed information regarding potential hazards in Jackson and Josephine Counties and general plans for community response, refer to these documents.

SDS employees, consumers, and visitors are at risk from various emergencies and/or hazards. The following list identifies those that would pose the greatest need for response:

- Medical emergencies
• Structural fire
• Wildland fires
• Other natural disasters, such as flooding, winter storms, periods of severe heat, extended periods of smoke
• Hazardous spills
• Violent or Criminal Behavior
• Pandemics

**Chain of Command**

The following is the chain of command with the authority to activate the plan, with those lower on the chain of command taking authority when those higher are not available, and then transferring control once those higher become available:

- RVCOG Executive Director
- SDS Director
- SDS (APD) District Manager
- SDS Office Managers (4)

An SDS Response Team will be created, with active defined roles. A list of contact names, office numbers and cell phone numbers will be attached to this plan and updated twice a year.

The SDS Director has been designated as the Incident Commander on-site at the Central Point Office. She shall be the ranking SDS officer on site at any given time and shall be responsible for the initiation and coordination of SDS response during an emergency situation. If the SDS Director is not available, SDS District Manager will perform this role. The RVCOG Executive Director or his designee will assign this duty.

As part of SDS Director’s duties, the Incident Commander shall perform or delegate:

- Assess and triage the incident
- Ensure an accurate accounting of SDS personnel on the scene
- Activate a Response Team
- Determine the activities of the Response Team
- Assign duties
- Ensure constant communication with the Response Team and SDS employees
• Activate the Disaster Registry
• Plan for the next phase of the response
• Plan for and authorize the deactivation of the response
• Serve as the Public Information Officer while at the scene, being the only person who shall provide statements to media personnel (all other SDS employees shall not provide any information or should say “no comment”)
• Coordinate with the RVCOG Executive Director and other RVCOG staff housed at the RVCOG main office (155 N. 1st, Central Pont, OR)
• Defer to the RVCOG Executive Director for any of these duties, should the RVCOG Executive Director so order

The SDS/APD District Manager is main contact for all Field Offices. All Field Office Managers will back each other up. Salem contact is APD Field Office Manager in APD Field Service Office.

Communications Plan

The Incident Commander will implement a Communications Plan, which includes the following:
• Identify key audiences. Determine who needs to be informed of the situation, and in what order (both on- and off-site)
• Communicate with staff at the RVCOG main office, satellite offices and other locations, as needed
• Case Managers phone consumers identified as especially vulnerable to check their status.

Continuity of Operations Plan and Local Partner Coordination

SDS has developed, and will continue to develop, working relationships with local emergency management personnel and agencies. SDS will continue to be involved with Jackson County Community Organizations Active in Disaster (COAD) through email and meetings to advocate for our consumers and have awareness of the plan in the event of an emergency. SDS role will be to ensure that emergency groups know about our vulnerable populations in the community and to identify resources that might be available to our clients during and after an event.

The ability of SDS to successfully continue to provide services during an emergency will depend to a large degree on the ability of SDS consumers and consumer facilities to continue their own operations. The three SDS Field Offices provide case management, SNAP, medical & information assistance. It is essential that the services they provide be available to clients as soon as feasible after an event.
(continuity of operations). Each Field Office has its own emergency plan, as mandated by the State. In an emergency, where one or more location is closed, the other locations may provide service coverage. In the event all three offices and the main RVCOG office are non-operational, SDS will coordinate with State level DHS/APD department officials, other Area Agencies on Aging and local partners such as the DHS Self-Sufficiency office, County offices, and community centers for service and business continuation.

**Food & Friends Senior Meals Program**

The SDS Food & Friends Meals Program will close congregate sites when it is unsafe for participants to attend. Home Delivered Meals service will be maintained for vulnerable consumers if at all possible. The decision to close facilities will be made by the Food & Friends Program Manager in coordination with the RVCOG Executive Director and the SDS Director depending on site location and local conditions. The plan will be communicated to the Contracted Kitchen Manager and Food & Friends staff as laid out in the program emergency phone tree. Emergency alternate plans will be communicated to meals recipients (dependent on the level of the emergency) by TV or radio stations, community chalkboards or PSA’s. In extreme emergency situations Food & Friends will comply with and where requested, aid Jackson and Josephine Counties emergency plans first responders to determine the level of need for our most vulnerable and dependent clients. The determination will be made through the priority scoring available through our Meal Service client database. The Contractor is required to have a separate Disaster Plan in place to ensure the continued supply of meals for our clients.

Additionally:

- **Congregate Meal Sites**: each emergency is different and may affect the various meal sites in a different manner or in varying levels of severity as they are spread throughout a wide geographic area. The Meal Site will be closed as determined by the Food & Friends Program Manager (see above). Each site will have on hand additional frozen meals to distribute to congregate clients in the event of forecasted adverse weather conditions.

- **Home Delivered Meals**: emergency frozen meals will be distributed to every Home Delivered Meals client three times between November and February. These frozen meals will be labeled (clearly visible) with instructions to save for use when the volunteers are unable to deliver. Sites will receive sufficient meals to supply clients who start service between November and February.
Beyond these plans for meals, SDS consumers will be served by the disaster assistance provided by local entities and nutrition service as coordinated with state, local and volunteer organizations.

**Disaster Registry and Go Stay Kit**

SDS staff and volunteers maintain the Disaster Registry database and GIS map for in order to be able to contact vulnerable adults who cannot evacuate themselves nor stay in their own homes alone for three days if their family and caregivers cannot assist them, due to the event. The registry also includes residential care facilities of all types and child care facilities. If the event is localized, SDS staff will implement contact procedures for individuals and facilities in the area. If the event is an earthquake event that impacts all of Jackson and Josephine Counties, Disaster Registry phone volunteers will be contacted and requested to check in on everyone in their books. SDS will distribute Go Stay Kits to all individuals registered in the Disaster Registry at the time they register, with encouragement that the registrants complete them immediately on their own or with the assistance of family members or caregivers.

**Vulnerable Populations Committee**

SDS will continue its lead support role for the Jackson/Josephine Vulnerable Populations Committee. It will participate on an ongoing basis in committee meetings, activities and preparedness exercises with committee agency partners and in conjunction with the two County Emergency Managers.

**Agreements**

Agreements detailing the coordination of activities with local and state emergency response agencies, relief organizations, and any other entities responsible for disaster relief service delivery in both response recovery phases are attached (see Region 5 Vulnerable Populations/Specials Needs Branch Plan and Jackson County EOP – SA G – Special Needs Populations).
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Region 5 Vulnerable Populations/Special Needs
Branch Plan

County: ________________________________

County EOP Annex or Appendix: _____________

Date: October 17, 2008

Coordinating agency: Rogue Valley Council of Governments Senior and Disability Services
Vulnerable Populations/Special Needs Branch Plan

I. RECORD OF CHANGES

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Vulnerable Populations/Special Needs Branch Plan

Participating Organizations

Regional/Local/Coordinating Organizations
- Rogue Valley Council of Governments Senior and Disability Services (RVOCG SDS)
- Hospital Preparedness Program (HPP) - Region 5
- Jackson County Emergency Management
- Josephine County Emergency Management
- Jackson County Public Health
- Josephine County Public Health
- Josephine County Special Needs Committee
- Jackson County Vulnerable Populations Committee
- American Red Cross
- Rogue Valley Transportation District

Federal Government Coordinating Organizations
- Department of Health and Human Services
- Department of Homeland Security

Oregon State Coordinating Organizations
- Oregon Department of Public Health Preparedness
- Oregon Department of Health and Human Services
- Oregon Seniors and People with Disabilities (SPD)

Private Organizations
- Asante Health Systems
- Providence Medford Medical Center
- Ashland Community Hospital
I. Introduction

During any incident, there will be certain segments of the population that will require special assistance for such things as evacuation, sheltering, or mass prophylaxis. A small number of requests can easily be handled by the Incident Management Team (IMT), however if the disaster were to affect a large number of persons with special needs, a system has been developed to handle the requests.

In many cases, persons with special needs already receive services from various agencies, including state and county governmental entities, community-based organizations and non-profit groups. Individual needs will vary by incident, and an individual may be served by more than one agency.

The Rogue Valley Council of Governments Senior and Disability Services (RVCOG SDS) coordinates services and support to vulnerable persons during the regular course of business. They work with numerous other agencies, local partners, governmental and non-governmental entities to coordinate the delivery of these services.

During an emergency, RVCOG SDS has agreed to be the lead agency for the Vulnerable Populations/Special Needs (VP) Branch that coordinates services and support for all vulnerable persons in collaboration with the IMT. RVCOG SDS and the agencies they coordinate with have not agreed to take any new financial responsibility for any parties; they provide expertise and support to the IMT handling the incident. In cases where persons requiring assistance are clients of a Branch responding agency, services will be provided according to agency policies.

A. Mission

Our mission is to lessen the impact of disaster on those with special needs living in Region 5.

B. Purpose

The purpose of the Vulnerable Populations/Special Needs (VP) Branch Plan is to facilitate the collection, processing, and dissemination of information during a potential or actual local or regional emergency. Additionally, the VP Branch serves as the coordination point for services and support for this population segment in collaboration with the IMT.
C. Scope

The VP Branch is designed to function as an element of a county Emergency Operations Center (EOC) or as a stand-alone unit. The function is coordinated by the RVCOG SDS.

Local and regional events warranting the use of the VP Branch may include deliberate acts, accidents, incidents, threats, and forecasted events such as severe storms. Incidents involving problems or disruptions of critical systems are also included.

II. Situations and Assumptions

In Jackson and Josephine Counties there are persons unable to act on crucial messages and potentially life-saving information and persons who require specialized assistance relevant to their circumstances, capabilities, and available resources to assure their health and safety in an emergency. Examples of such persons include, but are not limited to: seniors, children, disabled, homeless, and non-English speakers.

Some persons who need special assistance will self-identify by placing themselves on the Disaster Registry. This registry will be made available to the IMT.

Some of these citizens are already served by local agencies and some are functioning without outside assistance, but will require assistance during an emergency. Some will require special transportation or special sheltering. The agencies that serve these types of persons are best qualified to assess requests made to the EOC and help coordinate the delivery of special resources.

When time is of the essence, first responders will perform evacuations. Search and Rescue, or other methods designated by the IMT, will evacuate all persons from locations hazardous to standard vehicles.

Persons who cannot be placed in general population Red Cross shelters may be taken to staging areas until other suitable arrangements can be made by the VP Branch or its cooperating agencies.

Whenever possible, persons with special needs will be evacuated with the caregivers and supplies they need including, but not limited to, medications, adaptive and mobility devices and service animals.
A regional emergency may be of such severity and magnitude as to require communication and coordination among regional decision makers to facilitate a synchronized, effective response.

Sharing information during an emergency will benefit all communities. There are immediate and continuous information needs unique to the jurisdictional decision makers. The VP Branch will establish and maintain communications with the IMT.

III. Concept of Operations

This plan may be activated any time assistance with resource management for special needs citizens overwhelms the incident management system, or when technical advice is needed regarding special resources or assistance.

This plan may be activated at the request of the Incident Management Team or the County Government. A phone call will be placed to the main health department phone number requesting that the health department Preparedness Coordinator or designee contact the person initiating this request. The Preparedness Coordinator will contact the requestor for details and then contact the RVCOG SDS to activate the VP Branch.

Some slowly evolving incidents that haven’t yet required the full activation of the EOC will cause the social service agencies to self-activate and contact their clients to determine their safety and need for early evacuation or other action. Any participating entity that is experiencing a high number of impacted clients may contact RVCOG SDS to discuss the need for activation of the VP Branch. If the VP Branch has self-activated, RVCOG SDS will notify the county Emergency Manager and the health department’s Preparedness Coordinator of this action and the reason for it.

The VP Branch has identified key members and has a system in place to immediately notify them of pending situations/events.

Staff from RVCOG SDS and the agencies they coordinate with may work from their own offices in coordination with EOC/IMT activities, or may report to the EOC or other designated place. This will be dictated by the needs of the incident and individual circumstances. One person will be assigned to serve as the point of contact with the EOC. If requested, an RVCOG SDS staff member will report to the EOC to act as liaison.

The VP Branch coordinates the assistance and resources provided to persons with special needs including:

- Activation and use of the Disaster Registry to identify persons with special needs in the area affected by the disaster and to help them anticipate their needs.
Vulnerable Populations/Special Needs Branch Plan

- Coordination with Red Cross to provide shelter to persons who cannot go to a general population shelter. [Sheltering Tab to be developed.]
- Coordination of special transportation including wheelchair-equipped buses and medical transport. [Transportation Plan to be refined for mobility-challenged and to be added as a Tab.]
- In the absence of a special needs shelter, coordination with facilities such as adult foster homes and long term care facilities for placement of persons who require special care.

The VP Branch will work to fill requests for special assistance or resources. It will interact with other branches of the IMT to ensure efficiency and non-duplication of efforts.

The VP Branch will provide a general assessment of the status of special needs operations in the affected area. Branch members will collaborate, document, and communicate Essential Elements of Information (EEI’s) to facilitate coordinated activities. (See Standard Operating Procedures.) Critical information will be reported to the IMT.

IV. Policies

1. The VP Branch will not usurp or override the policies of any federal agency, state government, or local government or jurisdiction.

2. The National Incident Management System (NIMS) and the Incident Command System (ICS) will be the organizational structure used during a response.

3. RVCOG SDS will facilitate coordination among member organizations to ensure that the Branch’s procedures are appropriately followed and are in concert with the stated missions and objectives for the incident.

4. Essential information will be conveyed through the Branch’s liaison to the IMT as required by the incident and in accordance with existing ICS protocols.

5. At the request of a participating organization, RVCOG SDS convenes cooperating agencies and organizations to provide technical expertise and information necessary to develop accurate assessment and analysis of a developing or ongoing situation.

6. The RVCOG SDS will support the communication of timely and appropriate incident information before, during, and after an incident with appropriate local, state, and federal agencies, utilities, the private sector, and non-profit organizations.
V. Roles and Responsibilities

A. Mitigation

1. Local Health Departments
   • Ensure health department staff and County Emergency Managers are familiar with this plan.
   • Include the VP Branch in exercises (utilizing NIMS/ICS) as appropriate.

2. Hospital Preparedness Program (HPP)
   • Ensure hospitals' Preparedness Coordinators are familiar with this plan.
   • Include the VP Branch in exercises (utilizing NIMS/ICS) as appropriate.

3. RVCOD SDS
   • Ensure local health departments receive updated on-call information for staff.
   • Maintain this Vulnerable Populations/Special Needs Branch Plan, including updated contact information, and provide to the counties' Emergency Managers, health departments, and the HPP Coordinator.

4. County Vulnerable Populations/Special Needs Committees
   • Collaborate with RVCOD SDS to maintain this plan.
   • Collaborate with RVCOD SDS and with Rogue Valley Community Organizations Active in Disasters (RVCODAD) to develop and maintain a resource list of potential partners, volunteers, equipment and supplies.
   • Assist clients in preparing for emergencies.
   • Coordinate emergency preparedness training for the people who serve vulnerable populations.
   • Train on this plan and exercise with local health departments, counties, and HPP (utilizing NIMS/ICS) as appropriate.

B. Response

1. Local Health Departments
   • Ensure that RVCOD SDS is notified to activate the VP Branch if requested.
   • Ensure coordination between RVCOD SDS and the IMT as appropriate.
Vulnerable Populations/Special Needs Branch Plan

- Assist with the identification of vulnerable persons as related to the incident, utilizing departmental client lists (such as Developmental Disability and Mental Health Services) as appropriate.

2. HPP
   - Ensure that RVCOG SDS is notified to activate the VP Branch if requested.
   - Ensure coordination between RVCOG SDS and the IMT as appropriate.

3. RVCOG SDS
   - Activate the VP Branch when requested.
   - Assist with the identification of vulnerable persons as related to the incident, utilizing client list and Disaster Registry.
   - Coordinate the delivery of services and support to vulnerable persons as appropriate.
   - Track expenditures in collaboration with the Finance/Administration section of the IMT in case of FEMA reimbursement.
   - Provide a communication platform to support the coordinated response of the participating agencies in cooperation with the IMT.

4. VP Branch
   - Establish and maintain communications with participating agencies, organizations, and the IMT.
   - Assign a VP liaison to the IMT as appropriate.
   - Assist with the identification of vulnerable persons as related to the incident.
   - Coordinate the delivery of services and support to vulnerable persons as appropriate.
   - Provide periodic situation reports to IMT.
   - Track expenditures in collaboration with the Finance/Administration section of the IMT in case of FEMA reimbursement.

C. Recovery

1. Local Health Departments
   - Assist with the coordination and collection of paperwork for FEMA reimbursement.
   - Conduct a post-incident review with relevant partners.

2. HPP
   - Assist with the coordination and collection of paperwork for FEMA reimbursement.
3. **RVCOG SDS**
   - Submit requested paperwork to county Emergency Management for FEMA reimbursement.
   - Participate in post-incident reviews.

4. **VP Branch**
   - continue to perform any associated coordination functions initiated during the emergency phase.
   - Perform any associated function which aids and speeds the recovery and stabilization of the impacted community.
   - Submit requested paperwork to county Emergency Management for FEMA reimbursement.
   - Participate in post-incident reviews.

**VI. Training and Exercises**

Local health department staff, Vulnerable Populations and Special Needs Committee members will receive training in NIMS and ICS according to federal guidelines and appropriate to their expected role in an incident.

Agencies involved in this plan will exercise this plan both as a team and with relevant partners. Agencies will participate in county disaster exercises as appropriate and feasible.

**VII. Plan Maintenance**

This plan will be maintained by RVCOG SDS. Changes to the plan will be discussed with the regional vulnerable populations committee, the local health departments, and the HPP Coordinator prior to approval. The plan will undergo revision whenever:

- It fails during emergency
- Exercises or drills reveal deficiencies or “shortfalls”
- Committee structure changes
- Applicable statutes or regulations change
- Community situations change
- State requirements change
- Any other condition occurs that causes this plan to be unworkable
Vulnerable Populations/Special Needs Branch Plan

Administrative information and supplemental data for Special Needs Management is contained in the following policies and/or documents:

- Plain language text will be used in all regional communications.
- A Nation Prepared, FEMA Strategic Plan, fiscal years 2003-2008
- The 15 National Planning Scenarios
- Target Capabilities Listing (2005)

Revisions will be distributed to the regional vulnerable populations committee, the local health departments, the HPP Coordinator, and the counties’ Emergency Managers.

Plan holders are expected to post these changes. Revised copies will include an updated Record of Changes.
SA G – Special Needs Populations
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SA G Tasked Agencies

Regional Coordinating Organizations
- Rogue Valley Council of Governments Senior and Disability Services (RVCOG SDS)
- Hospital Preparedness Program (HPP) - Region 5
- Jackson County Emergency Management
- Josephine County Emergency Management
- Jackson County Public Health
- Josephine County Public Health
- Josephine County Special Needs Committee
- Jackson County Vulnerable Populations Committee
- American Red Cross
- Rogue Valley Transportation District

State Coordinating Organizations
- Oregon Department of Public Health Preparedness
- Oregon Department of Health and Human Services
- Oregon Seniors and People with Disabilities

Federal Coordinating Organizations
- Department of Health and Human Services
- Department of Homeland Security

Private Organizations
- Asante Health Systems
- Providence Medford Medical Center
- Ashland Community Hospital

1 Introduction

During any incident, there will be certain segments of the population that will require special assistance for such things as evacuation, sheltering, or mass prophylaxis. A small number of requests can easily be handled by the Incident Management Team (IMT), however if the disaster were to affect a large number of persons with special needs, a system has been developed to handle the requests.

In many cases, persons with special needs already receive services from various agencies, including state and county governmental entities, community-based organizations and non-profit groups. Individual needs will vary by incident, and an individual may be served by more than one agency.

The Rogue Valley Council of Governments Senior and Disability Services (RVCOG SDS) coordinates services and support to vulnerable persons during the regular course of business. They work with numerous other agencies, local partners, governmental and non-governmental entities to coordinate the delivery of these services.

During an emergency, RVCOG SDS has agreed to be the lead agency for the Vulnerable Populations/Special Needs (VP) Branch that coordinates services and support for all vulnerable persons in collaboration with the IMT. RVCOG SDS and the agencies they coordinate with have not agreed to take any new financial responsibility for any parties; they provide expertise and support to the IMT handling the incident. In cases where persons requiring assistance are clients of a
Branch responding agency, services will be provided according to agency policies.

1.1 Mission
Our mission is to lessen the impact of disaster on those with special needs living in Region 5.

1.2 Purpose
The purpose of the Vulnerable Populations/Special Needs (VP) Branch Plan is to facilitate the collection, processing, and dissemination of information during a potential or actual local or regional emergency. Additionally, the VP Branch serves as the coordination point for services and support for this population segment in collaboration with the IMT.

1.3 Scope
The VP Branch is designed to function as an element of a county Emergency Operations Center (EOC) or as a stand-alone unit. The function is coordinated by the RVCOG SDS.

Local and regional events warranting the use of the VP Branch may include deliberate acts, accidents, incidents, threats, and forecasted events such as severe storms. Incidents involving problems or disruptions of critical systems are also included.

2 Policies and Agreements
- The VP Branch will not usurp or override the policies of any federal agency, state government, or local government or jurisdiction.

- The National Incident Management System (NIMS) and the Incident Command System (ICS) will be the organizational structure used during a response.

- RVCOG SDS will facilitate coordination among member organizations to ensure that the Branch’s procedures are appropriately followed and are in concert with the stated missions and objectives for the incident.

- Essential information will be conveyed through the Branch’s liaison to the IMT as required by the incident and in accordance with existing ICS protocols.

- At the request of a participating organization, RVCOG SDS convenes cooperating agencies and organizations to provide technical expertise and information necessary to develop accurate assessment and analysis of a developing or ongoing situation.
The RVCOG SDS will support the communication of timely and appropriate incident information before, during, and after an incident with appropriate local, state, and federal agencies, utilities, the private sector, and non-profit organizations.

3 Situation and Assumptions

■ In Jackson and Josephine Counties there are persons unable to act on crucial messages and potentially life-saving information and persons who require specialized assistance relevant to their circumstances, capabilities, and available resources to assure their health and safety in an emergency. Examples of such persons include, but are not limited to: seniors, children, disabled, homeless, and non-English speakers.

■ Some persons who need special assistance will self-identify by placing themselves on the Disaster Registry. This registry will be made available to the IMT.

■ Some of these citizens are already served by local agencies and some are functioning without outside assistance, but will require assistance during an emergency. Some will require special transportation or special sheltering. The agencies that serve these types of persons are best qualified to assess requests made to the EOC and help coordinate the delivery of special resources.

■ When time is of the essence, first responders will perform evacuations. Search and Rescue, or other methods designated by the IMT, will evacuate all persons from locations hazardous to standard vehicles.

■ Persons who cannot be placed in general population Red Cross shelters may be taken to staging areas until other suitable arrangements can be made by the VP Branch or its cooperating agencies.

■ Whenever possible, persons with special needs will be evacuated with the caregivers and supplies they need including, but not limited to, medications, adaptive and mobility devices and service animals.

■ A regional emergency may be of such severity and magnitude as to require communication and coordination among regional decision makers to facilitate a synchronized, effective response.

■ Sharing information during an emergency will benefit all communities. There are immediate and continuous information needs unique to the jurisdictional decision makers. The VP Branch will establish and maintain communications with the IMT.
4 Assignment of Responsibilities

4.1 Mitigation

4.1.1 Local Health Departments
- Ensure health department staff and County Emergency Managers are familiar with this plan.
- Include the VP Branch in exercises (utilizing NIMS/ICS) as appropriate.

4.1.2 Hospital Preparedness Program (HPP)
- Ensure hospitals’ Preparedness Coordinators are familiar with this plan.
- Include the VP Branch in exercises (utilizing NIMS/ICS) as appropriate.

4.1.3 RVCOG SDS
- Ensure local health departments receive updated on-call information for staff.
- Maintain this Vulnerable Populations/Special Needs Branch Plan, including updated contact information, and provide to the counties’ Emergency Managers, health departments, and the HPP Coordinator.

4.1.4 County Vulnerable Populations/Special Needs Committees
- Collaborate with RVCOG SDS to maintain this plan.
- Collaborate with RVCOG SDS and with Rogue Valley Community Organizations Active in Disasters (RVCOAD) to develop and maintain a resource list of potential partners, volunteers, equipment and supplies.
- Assist clients in preparing for emergencies.
- Coordinate emergency preparedness training for the people who serve vulnerable populations.
- Train on this plan and exercise with local health departments, counties, and HPP (utilizing NIMS/ICS) as appropriate.
4.2 Response

4.2.1 Local Health Departments
- Ensure that RVCOG SDS is notified to activate the VP Branch if requested.
- Ensure coordination between RVCOG SDS and the IMT as appropriate.
- Assist with the identification of vulnerable persons as related to the incident, utilizing departmental client lists (such as Developmental Disability and Mental Health Services) as appropriate.

4.2.2 Hospital Preparedness Program
- Ensure that RVCOG SDS is notified to activate the VP Branch if requested.
- Ensure coordination between RVCOG SDS and the IMT as appropriate.

4.2.3 RVCOG SDS
- Activate the VP Branch when requested.
- Assist with the identification of vulnerable persons as related to the incident, utilizing client list and Disaster Registry.
- Coordinate the delivery of services and support to vulnerable persons as appropriate.
- Track expenditures in collaboration with the Finance/Administration section of the IMT in case of FEMA reimbursement.
- Provide a communication platform to support the coordinated response of the participating agencies in cooperation with the IMT.

4.2.4 Vulnerable Populations Branch
- Establish and maintain communications with participating agencies, organizations, and the IMT.
- Assign a VP liaison to the IMT as appropriate.
- Assist with the identification of vulnerable persons as related to the incident.
- Coordinate the delivery of services and support to vulnerable persons as appropriate.
4.3 Recovery

4.3.1 Local Health Departments
- Assist with the coordination and collection of paperwork for FEMA reimbursement.
- Conduct a post-incident review with relevant partners.

4.3.2 Hospital Preparedness Program
- Assist with the coordination and collection of paperwork for FEMA reimbursement.
- Conduct a post-incident review with relevant partners.

4.3.3 RVCOG SDS
- Submit requested paperwork to county Emergency Management for FEMA reimbursement.
- Participate in post-incident reviews.

4.3.4 Vulnerable Populations Branch
- Continue to perform any associated coordination functions initiated during the emergency phase.
- Perform any associated function which aids and speeds the recovery and stabilization of the impacted community.
- Submit requested paperwork to county Emergency Management for FEMA reimbursement.
- Participate in post-incident reviews.

5 Concept of Operations

This plan may be activated any time assistance with resource management for special needs citizens overwhelms the incident management system, or when technical advice is needed regarding special resources or assistance.

This plan may be activated at the request of the Incident Management Team or the County Government. A phone call will be placed to the main health department phone number requesting that the health department Preparedness Coordinator or designee contact the person initiating this request. The Preparedness Coordinator
will contact the requestor for details and then contact the RVCOG SDS to activate the VP Branch.

Some slowly evolving incidents that haven’t yet required the full activation of the EOC will cause the social service agencies to self-activate and contact their clients to determine their safety and need for early evacuation or other action. Any participating entity that is experiencing a high number of impacted clients may contact RVCOG SDS to discuss the need for activation of the VP Branch. If the VP Branch has self-activated, RVCOG SDS will notify the county Emergency Manager and the health department’s Preparedness Coordinator of this action and the reason for it.

The VP Branch has identified key members and has a system in place to immediately notify them of pending situations/events.

Staff from RVCOG SDS and the agencies they coordinate with may work from their own offices in coordination with EOC/IMT activities, or may report to the EOC or other designated place. This will be dictated by the needs of the incident and individual circumstances. One person will be assigned to serve as the point of contact with the EOC. If requested, an RVCOG SDS staff member will report to the EOC to act as liaison.

The VP Branch coordinates the assistance and resources provided to persons with special needs including:

- Activation and use of the Disaster Registry to identify persons with special needs in the area affected by the disaster and to help them anticipate their needs.

- Coordination with Red Cross to provide shelter to persons who cannot go to a general population shelter. [Sheltering Tab to be developed.]

- Coordination of special transportation including wheelchair-equipped busses and medical transport. [Transportation Plan to be refined for mobility-challenged and to be added as a Tab.]

- In the absence of a special needs shelter, coordination with facilities such as adult foster homes and long term care facilities for placement of persons who require special care.

The VP Branch will work to fill requests for special assistance or resources. It will interact with other branches of the IMT to ensure efficiency and non-duplication of efforts.

The VP Branch will provide a general assessment of the status of special needs operations in the affected area. Branch members will collaborate, document, and communicate Essential Elements of Information (EEI’s) to facilitate coordinated activities. (See Standard Operating Procedures.) Critical information will be reported to the IMT.

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6 Training and Exercises

Local health department staff, Vulnerable Populations and Special Needs Committee members will receive training in NIMS and JCS according to federal guidelines and appropriate to their expected role in an incident.

Agencies involved in this plan will exercise this plan both as a team and with relevant partners. Agencies will participate in county disaster exercises as appropriate and feasible.

7 Annex Development and Maintenance

This plan will be maintained by RVCOG SDS. Changes to the plan will be discussed with the regional vulnerable populations committee, the local health departments, and the HPP Coordinator prior to approval. The plan will undergo revision whenever:

- It fails during emergency
- Exercises or drills reveal deficiencies or "shortfalls"
- Committee structure changes
- Applicable statutes or regulations change
- Community situations change
- State requirements change
- Any other condition occurs that causes this plan to be unworkable

Administrative information and supplemental data for Special Needs Management is contained in the following policies and/or documents:

- Plain language text will be used in all regional communications.
- A Nation Prepared, FEMA Strategic Plan, fiscal years 2003-2008
- The 15 National Planning Scenarios
- Target Capabilities Listing (2005)
Revisions will be distributed to the regional vulnerable populations committee, the local health departments, the HPP Coordinator, and the counties’ Emergency Managers.

Plan holders are expected to post these changes. Revised copies will include an updated Record of Changes.

8 Supporting Plans and Procedures

- Jackson County Emergency Operations Plan
  - ESF 6 – Mass Care, Emergency Assistance, Housing
  - ESF 8 – Public Health
  - SA C - Evacuation

9 Appendices

None at this time.
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Appendix F – List of Designated Focal Points

Senior Center Focal Points
- Ashland Senior Program
- Eagle Point Senior Center
- Rogue River Community Center

Other Focal Points:
- Grants Pass Senior and Disability Services Field Office
- Medford Senior Services Field Office
Appendix G – OPI Policies and Procedures

SDS RVCOG Oregon Project Independence (OPI) Policies and Procedures

I. Goals

The goals of Rogue Valley Council of Governments (RVCOG) Senior and Disability Services (SDS) Oregon Project Independence (OPI) program are to:

A. Promote quality of life and independent living among older adults and people with physical disabilities;

B. Provide preventive and long-term care services to Consumers to reduce the risk of institutionalization and promote self-determination;

C. Provide services to frail and vulnerable adults who are lacking or have limited access to other long-term care services; and

D. Optimize Consumers personal resources and natural supports.

Consumers are low-income and need service to prevent premature institutionalization and are often as frail as those qualifying for Medicaid.

There are two distinct populations served with OPI funding:

A. Oregon Project Independence - Adults 60+ or -60 with Dementia / Alzheimer’s

B. Oregon Project Independence - Pilot for Adults with Disabilities Aged 19 - 59

II. Timely Response

The following Priorities for OPI Service Coordinators have been established for RVCOG SDS. Staff schedules work to be completed as soon as possible based on these priorities. The Senior and Disability Services (SDS) Lead Services Coordinator under supervision of SDS Direct Services Supervisor periodically monitors for compliance:
A. **Priority 1**

1. Maintain a wait list, completing a Risk Assessment form 287j on RTZ, narrating outcome on OACCESS narration. (When they are on the wait list, they are rarely on OACCESS yet. Otherwise we would have a ton of people on the OACCESS system without any Service Coordinator attached.) Narration is done in RTZ.

2. Intake/Assessment - scheduled within 5 - 7 days of Consumer’s name coming up on the wait list as appropriate.

3. Reviews current and completed annually or as needed.

4. Phone Calls - Voice mail messages retrieved and prioritized daily. Urgent calls returned within the same business day. Back-up workers from either county can handle an emergency call for any other worker as needed.

5. Care Plans – current and valid.

B. **Priority 2**

1. Intake and review paperwork completed in a timely fashion. Paperwork to include OPI Service Agreement 287I, (with Consumer and Service Coordinator signature present), OPI fee determination (287K) completed and updated as needed, at least yearly, HCW Worker’s Compensation agreement (354) present and completed as needed. 546N for HCW/In-Home agency voucher completed and up to date. Task list 598 completed when using a HCW. Notice of privacy practices (MSC 2090) given to Consumer. Information Use and Disclosure (MSC 2099) completed as needed. **Have Consumer fill out SDS 737 Consumer-Employed Provider Program Participation Agreement as needed.** 4105 completed and given to the Homecare Worker (HCW) when the program is started and with any changes made in the Care Plan.

2. Consumer narration completed within three days of activity.

3. Care conferences for specific problems and concerns, community partner
requests.

4. Unit Meetings.

5. Core curriculum training.

6. Non-urgent Consumer phone calls returned within 24 hours.

C. **Priority 3**

1. In-Home Service Provider staffing.

2. All Staff meetings.

3. Help to resolve Consumer issues not directly related to benefits or services provided by office.

D. **Priority 4**

1. Personal development training.

III. **Initial and Ongoing Periodic Screening**

A. When a possible Consumer calls the Aging and Disability Resource Connection (ADRC), or Aging and People with Disabilities (APD) Branch Office and requests OPI services, they are directed to the OPI Service Coordinator. When an ADRC or APD Screener believes a Consumer might qualify for OPI, the Screener transfers the call to the OPI Service Coordinator in that Branch. The OPI Service Coordinator completes a screening and a risk assessment.

B. Because OPI is not intended to replace the resources available to an individual from their own financial assets and natural support systems, the OPI Service Coordinator makes every effort to assist applicants in utilizing other resources before bringing them onto OPI. Persons appearing to be eligible for Medicaid are so counseled and encouraged to apply. However, OPI Service Coordinators may approve OPI for persons eligible for Medicaid who do not wish to go on to Medicaid. People who are
eligible for the Food Stamps, Qualified Medicare Beneficiary Program or Supplemental Low Income Medicare Beneficiary Program may also qualify for OPI.

C. During the annual review visit or when there is need to go out more often, the OPI Service Coordinator reassesses Consumer needs and resources and makes referrals as appropriate including to Medicaid.

D. The OPI Service Coordinator narrates in the Consumer's file their exploration / discussion regarding other resources including Medicaid.
IV. Eligibility

A. In order to qualify for OPI services, each Consumer must meet the Eligibility Requirements in Oregon Administrative Rules (OAR) 411-032-000. People who qualify for SSI are not eligible for OPI.

B. The OPI Service Coordinator meets with the applicant to complete an assessment for service eligibility including assessing the individual’s needs, resources and eligibility for the program. OPI staff use the Oregon Access (OACCESS) Consumer Assessment/Planning System (CA/PS) assessment tool to determine Consumer’s Service Priority Level (SPL). Consumers who are at or below SPL 18 are eligible for OPI as long as they meet other requirements, i.e., resources and income guidelines.

C. The OPI Service Coordinator, the Consumer and the Consumer’s family, if available, work together to develop a Care Plan to meet the needs of the Consumer and determine the best option for service provision. Depending on availability of OPI services and within SDS RVCCG budget allocations, a Consumer may be authorized a mix of services that best meets the Consumer’s needs. The Consumer has the primary responsibility (with OPI Service Coordinator’s guidance) for choosing and whenever possible developing the most cost-effective service options including Home Care, Personal Care, Home Care Worker, Home-Delivered Meals, Chore, Assistive Technology, Adult Day services, Evidence-Based Health Promotion, Options Counseling, Assisted Transportation, and Service Coordination.

V. Maximum In-Home Units of Service

The maximum units of In-Home service per eligible OPI individual (60 and older) per month will be up to twenty (25) hours per month for both Home Care and Personal Care, whether it is delivered via contract or by a State Home Care Worker, within District 8 budget limitations. For OPI (under the age of 60) individuals, the maximum units of In-Home service is thirty-four (34) hours per month. If budget circumstances change, the monthly maximum may be reconsidered. This does not mean that every Consumer will be authorized the maximum units of service. Exceptions to the maximum will be staffed by the Lead Services Coordinator and SDS Operations Manager who will determine whether to approve or not. Approval will be for short-term situations of no more than six weeks. Examples of short-term situations include getting out of the hospital, acute illness, etc.
At their October 25, 2017 meeting the RVCOG Board approved “grand fathering” in a handful of clients (approximately 10) who previously received 34 to 43 hours, had lost those hours and still need those hours at the 34 to 43 hour maximum.

VI. Changes

In the event OPI is no longer a suitable program for meeting a Consumer’s needs, the Consumer must be given every opportunity to understand why services are no longer suitable, to fully explore other family, friends, neighbors and community resources, and to understand the ramifications of the decisions she / he is making. If the Consumer cannot understand the ramifications of her / his decisions, conservator / guardian informed consent must be explored by the OPI Service Coordinator. If the eligible individual wishes to stay on OPI services, services may continue within maximum hour limitations. The OPI Service Coordinator must clearly document in the Consumer’s file all discussions and decisions made.

Examples of situations where OPI Consumer should be counseled that the program may not be suitable for meeting their needs:

- Care needs increase. The Consumer’s care needs increase beyond the scope of the OPI program.

- Care Plan unsafe. There is an increase in care need or a decrease in other sources of support (such as family, friends, and neighbors) and the Care Plan is not adequate to fill the gap.

When a Consumer who is already receiving OPI services changes their living situation, they will be reassessed for OPI eligibility.

Consumer’s who have not used service within a continuous 30-day time period will be reassessed for OPI eligibility and, if appropriate, sent a termination notice letter ten working days prior to termination telling them that they are being terminated from service along with information on how to appeal the decision. Exceptions will be staffed with the Lead Services Coordinator and SDS Direct Services Supervisor.

VII. Turnover and / or Rejection of Caregivers
Consumers will be notified when they are determined eligible that their turnover and / or rejection of five providers within a three-month period may be grounds for termination of service. Consumers who turn over and / or reject five providers within a three-month period without an apparent valid reason will be staffed with the Lead Service Coordinator. The Lead Service Coordinator will meet with the Consumer to let them know that they may be terminated from service if they continue to turn over and / or reject providers. The Lead Service Coordinator will staff with the SDS Direct Services Supervisor Consumers who continue to turn over and / or reject providers to determine whether they will be notified in writing that their service may terminate (and that their case is being referred to the SDS RVCOG Director for final review). If the SDS RVCOG Director determines services should end, the Consumer will be sent a notice ten working days prior to termination that their service is terminated.

VIII. Service Provision

Depending on OPI allocations, a mix of services may be available to meet the Consumer's needs. The OPI Service Coordinator determines and authorizes services based on each individual's financial, physical, functional, medical and social need.

IX. Prioritizing Service Delivery

A. An AAA may establish local priorities for OPI authorized services. The AAA's local priorities cannot conflict with OAR 411, Division 32. In the event of a grievance, the OAR takes precedence over local priorities.

B. Priority for authorized services is:

1. Maintaining Consumers already receiving authorized service as long as their condition indicates the service is needed.

2. Individuals screened utilizing a Department of Human Services authorized tool that measures risk for out of home placement based on an individual's financial, physical, functional, medical, and social service needs. Individuals with the highest risk of out-of-home placement are given priority.
X. **Living Within the Budget**

The budget will be managed based on the above Priorities.

In times of short funding, RVCOG may choose to limit the range of services available.

When services are limited, intake will remain open to allow persons with high needs to have access to services and to add them to the OPI Consumer Wait List. OPI Service Coordinators will continue to accept applicants for OPI service and will make sure that a Risk Assessment is completed on each person screened. They will inform all individuals of the lack of OPI funds at this time and inform them that they will be notified by the OPI Service Coordinator when their name has come up on the wait list and there is money to provide services to them. The OPI Service Coordinator will offer service coordination and will attempt to recruit local support systems for or build on existing ones. Occasionally there may be times where maintaining a Waitlist is no longer feasible. Once the wait list is over 100 Names, the Wait List will close to new names. When the Wait List goes under 100 names, new names will be added. Services may be authorized on an exception basis when lack of services will present imminent risk to health or safety of the individual and no other funds or resources are available to provide for service(s). These cases will be staffed with the Lead Services Coordinator and SDS Direct Services Supervisor for approving services. The OPI Service Coordinator will write in the case file exception justification.

In those cases where the maximum hours allowed result in an unsafe Care Plan, the Consumer will be counseled by the OPI Service Coordinator about his / her concerns and strongly encouraged to utilize other services in the community. OPI Service Coordinator will thoroughly narrate in the Consumer file their discussion regarding the unsafe Care Plan.

OPI Service Coordinator will continue to stress need to pay service providers privately where income and / or resources indicate the Consumer is financially able to do so or apply for other public funded programs.

XI. **Wait List OPI Risk Assessment**

Consumers for which there is no funding available are placed on a Wait List. To determine each individual’s priority on the Wait List, the OPI Service Coordinator determines a score
using the OPI Risk Assessment Form (287j) (RTZ system). The minimum information needed for the wait list is the Consumer’s full name, address, phone number and at least the last 4 digits of the person’s SSN (when individuals are willing). Individuals are placed on the Wait List with those having the most needs having the highest priority and in descending order to those with the least needs. If two or more people score the same on the priority scale, priority will be given on a first-come-first-served basis.

XII. Denial, Reduction or Termination of Services / Appeals / Grievance Process

This procedure is designed to address and resolve Consumer appeals related to the provision of OPI services by RVCOG SDS. Its use is most appropriate for a Consumer who wishes to appeal RVCOG SDS decisions which result in a reduction, termination or denial of OPI services. The following process will be used to resolve differences of opinion between a Consumer and SDS RVCOG.

A. Guidelines and Definitions:

1. Representation: The Consumer may be represented at any stage in the appeal process by a representative of the Consumer’s choosing, including legal counsel. All costs related to representation shall be at the Consumer’s expense. (Free legal counsel may be available from: Center for NonProfit Legal Services, 225 W. Main Street, Medford, OR 97504, 541-779-7292 or Oregon Law Center, 424 N. W. 6th Street, #102, Grants Pass, OR 97526, 541-476-1058.)

2. Written Decision: A decision, rendered at any level, shall be in writing, setting forth the decision and the reason for it. The decision shall be promptly mailed to the appealing Consumer or representative.

3. Time Limits: It is important that an appeal be processed as rapidly as possible. Specified time limits may, however, be extended by mutual agreement between the person who is appealing and RVCOG SDS. If an appeal is not submitted by the Consumer or his / her representative within the time limit established by this procedure, the appeal shall become void. If RVCOG SDS fails to respond to a procedural step within the established time...
4. Definition of the term “day”: A “day” shall mean a business day. If a due date falls on a weekend or an RVCOG holiday (list follows), the due date shall be the next business day.

New Year’s Day          Veterans’ Day
Martin Luther King, Jr.  Thanksgiving Day
Day                     Presidents Day
Day following Thanksgiving
Day following Thanksgiving
Memorial Day             December 24
Independence Day         Christmas Day
Labor Day

When an RVCOG holiday falls on a Saturday, it will be observed on the preceding Friday. When an RVCOG holiday falls on a Sunday, it will be observed on the following Monday.

5. Notices of appeal and other written correspondence regarding appeals are to be mailed or delivered to RVCOG SDS at the following address:

RVCOG SDS Director
P. O. Box 3275
155 North First Street
Central Point, OR 97502

6. If an eligible individual requests a local appeal review, their benefits will continue during the review. Benefits will terminate immediately upon a decision that the local appeal review is in favor of RVCOG SDS. The eligible individual must be given ten (10) days written notice of the results of the local appeal review decision. If a Consumer requests a contested case review from Department of Human Services (DHS), their benefits will not be reinstated. In the event DHS decides against RVCOG SDS as a result of their review, the Consumer will be eligible for reinstatement of service at the
time of DHS’s decision.

7. All Notices to Deny, Reduce or Terminate OPI Service shall be sent ten (10) working days prior to denial, reduction, or termination and include a separate page listing possible alternative services to assist the Consumer. The notice will state something to the effect of “You may qualify for alternative services if you are denied Oregon Project independence Program services. You may contact your OPI Service Coordinator to determine if you might qualify for other services, and obtain information about applying for those services.” A copy of this page will placed in the Consumer’s file

B. Notice to Applicant or Consumer of Decision to Deny, Reduce or Terminate OPI Service:

1. Denial of Service: When an OPI Service Coordinator determines that an applicant for OPI service will not be provided a requested service, the Service Coordinator shall provide to the applicant, by mail, a written notice within 10 days of this decision. This notice shall state the specific reason(s) for this decision and shall describe the applicant’s appeal rights, including the deadline for submitting an appeal. (Sample letter attached.)

2. Reduction or Termination of Service:

a. Involuntary Reduction or Termination: When a OPI Service Coordinator determines that service to a Consumer is to be reduced or terminated; the worker shall provide to the eligible individual, by mail, a written notice of this decision at least 10 working days prior to any service reduction or termination. This notice shall state the specific reason(s) for this decision and shall describe the eligible individual’s appeal rights, including the deadline for submitting an appeal. (Sample letter attached.)

b. Voluntary Reduction or Termination: When an Consumer and a OPI Service Coordinator worker mutually agree that service for the Consumer is to be reduced or terminated, this agreement shall be confirmed in the following manner: The OPI Service Coordinator shall
3. Informal Problem Resolution Process (Optional): Ideally, differences of opinion between a Consumer and RVCOG SDS should be resolved at the lowest level possible. If the Consumer or his/her representative wishes to avail himself/herself of this step in the RVCOG SDS OPI Appeal Procedure, the eligible individual or representative should contact the OPI Service Coordinator involved in the Consumer case within ten (10) days of the mailing of the notice of contemplated action which is the subject of the appeal. Within five (5) days of this contact, OPI Service Coordinator shall schedule a meeting with the Consumer and representative (if any) to attempt to reach a mutually acceptable resolution of the matter. The OPI Service Coordinator and SDS Direct Services Supervisor shall attend this meeting. Within five (5) days of the conclusion of this meeting, the OPI Service Coordinator shall inform the Consumer or representative, as appropriate, of a decision regarding this matter.

4. Formal Appeal Process:

a. Filing an Appeal:

1.) A Consumer or representative may file a formal appeal with RVCOG SDS without taking advantage of the informal process described in Paragraph 3 above. If the informal process is omitted, Consumer or his/her representative must file a written notice of appeal with RVCOG SDS at the address set forth in Paragraph A.5. above within ten (10) days of the mailing of the notice of contemplated action which is the subject of the appeal (see attached OPI Appeal Review Request form).

2.) If the Consumer or representative participated in the informal
appeal process described in Paragraph 3 above, he/she or representative must file a written notice of appeal with RVCOG SDS at the address set forth in Paragraph A.5. above within ten (10) days of the mailing of the notice of the outcome of the informal process (see attached OPI Appeal Review Request form).

3.) Assistance in filing a written notice of appeal may be obtained from RVCOG SDS. Contact RVCOG SDS’s Lead Service Coordinator (541-664-6674) (or SDS RVCOG Direct Services Supervisor in the Central Point Senior and Disability Services Office (541-423-1388) for assistance) See attached Consumer Comments/Complaints form.

b. Upon the receipt of a written notice of appeal, RVCOG SDS shall schedule an appeal review meeting. This meeting shall be scheduled within ten (10) days of the receipt of the appeal. The Consumer and his/her representative (if any) shall be notified by mail of the date, time and location of the meeting. This notice shall contain the following additional information:

1.) The name and phone number of the RVCOG SDS staff member to contact for additional information about the contents of the notification letter.

2.) Notification of the Consumer right to continue receiving OPI service while he/she is awaiting the outcome of RVCOG SDS appeal review.

3.) Information on the Consumer rights at the appeal review, including the right to representation and the right to have witnesses testify on his/her behalf.

4.) Information on the Consumer right to seek an administrative review by DHS of the outcome of RVCOG SDS appeal review.
c. The appeal review meeting shall be held at the date, time and location specified in the appeal meeting notification letter. To encourage impartiality, the review shall be conducted by the RVCOG SDS Operations Manager.

d. Within five (5) days of the conclusion of this meeting, the RVCOG SDS Operations Manager shall inform the Consumer or representative, as appropriate, of a decision regarding this matter.

e. Within five (5) days of receipt of the decision, the Consumer or his/her representative may contact the RVCOG SDS Director to request a review of the decision. The SDS Director will complete his / her review and make a final decision within five (5) days of the request. The SDS Director will review the written documentation and may contact/meet with the eligible individual or his/her representative, additional clarification. The SDS Director decision shall be binding unless the aggrieved Consumer or his/her representative wishes to pursue this matter with the Oregon Department of Human Services (see “f” below). Regardless of whether a hearing with the Department of Human Services is pursued, if the decision of the appeal review meeting upholds RVCOG SDS’s plan to reduce or terminate OPI services, these services shall be reduced or terminated immediately).

f. The Consumer or his/her representative who wishes to request an administrative review hearing with DHS may do so following the conclusion of RVCOG SDS’s appeal review process (see AFS 443). The hearing request should be sent to the Hearing Officer Panel, P.O. Box 14020, Salem, Oregon, 97309-4020. A copy of the hearing request should also be sent to the Department’s Aging and People with Disabilities (SPD) Administrator at 500 Summer Street, N. E., Salem, OR 97310-1015.

XIII. Fees for Services
At the time of intake or review, the OPI Service Coordinator completes an OPI Fee Determination Form (0287k). The Service Coordinator asks the applicant how much of their monthly income is from Social Security, pension, interest on savings, investments, property rentals or other income sources and enters this information on the (0287k) form. The Service Consultant then asks the Consumer what their medical expenses are on a monthly basis. This information is categorized under medicines, medical supplies, medical equipment, doctor and/or hospital bills, monthly cost of supplemental health insurance, and other medical expenses. This is also documented on the (0287k). The total amount of monthly medical expenses are subtracted from the monthly income amount and entered on the form. The balance or “Net Monthly Income” is used to determine the Consumer’s OPI fee for services. The Service Coordinator determines the fee by using the OPI Sliding Fee Scale and taking into consideration whether the Consumer is living in a single-person up to a four-person household. The fee amount including “0” is recorded on the (287k) which the Consumer signs and on the SDS 546. A copy of the SDS 546 is sent to RVCOG’s NAPIS Office Specialist who sets the services up in OACCESS and posts units of service from the monthly In-Home Service Provider billing, Homecare Worker report, Food and Friends Report, and Service Coordinator report.

XIV. Minimum One-time Fee

A $25.00 one-time minimum fee is applied to all individuals receiving OPI services who have adjusted income levels at or below the federal poverty level (everyone who does not pay a fee for service). The fee is due at the time eligibility for OPI service is determined.

RVCOG SDS is opting to apply the $25.00 fee to Service Coordination services.

At the time of initial assessment, OPI Service Coordinator informs the Consumer, as appropriate, that they will be assessed a $25.00 fee and that a statement will be sent along with an envelope within the next 30 days. When the Service Coordinator gives the Consumer the OPI Service Agreement (0287I), it explains the $25.00 and documents that services have been authorized.

The OPI Service Coordinator writes on the monthly case management report form that a $25.00 one-time fee needs to be billed. The OPI Service Coordinator sends
the form to the NAPIS Office Specialist. The NAPIS Office Specialist prepares and mails a letter / invoice to the Consumer along with a return envelope requesting a check. A follow-up letter / invoice is not mailed if the Consumer does not pay. A Consumer does not lose service if they do not pay the minimum one-time fee.

The NAPIS Office Specialist maintains billing and payment information on a separate spreadsheet (not in the NAPIS billing system) and reports any income billed and collected to the RVCOG Finance Office on a monthly basis for inclusion on the Monthly SDS 148 Oregon Project Independence (Adults 60 + or -60 with Alzheimer’s or Related Dementia; Pilot for Adults with Disabilities Aged 19-59) Cumulative Financial and Services Reports.

XV. Non-Payment of Fees

Each month the NAPIS Office Specialist sends OPI Service Coordinators copies of the billing letters that have been sent to the Consumer. The OPI Service Coordinators review the letters to check on each Consumer’s payment status. In addition, the NAPIS Office Specialist contacts the OPI Service Coordinator when she notices that a Consumer is 60 days past due. The OPI Service Coordinators are responsible for contacting Consumer who are more than sixty days in arrears in payment of fees or owe more than $20 in fees. If payment is not received within thirty days, the Service Coordinator staffs the case with the SDS Direct Services Supervisor to determine what action may be needed. When it is determined that fees are to be written off, the OPI Service Coordinator notifies the NAPIS Office Specialist in writing and the balance due is zeroed out.

XVI. Monitoring and Evaluation

The SDS Lead Service Coordinator at least annually reviews a sample of cases to determine if service eligibility, determination of services and fees for services are being determined appropriately. A monthly report of service expenditures is provided by the SDS Operations Manager to OPI Service Coordinators, SDS Lead Service Coordinator and Direct Services Supervisor for their use in staying within budget. At least once during the current In-Home contract solicitation cycle, the provider is monitored to assure they are meeting contractual requirements. The SDS Direct Services Supervisor, SDS Lead Service Coordinator and OPI Service
Coordinators meet at least once every two months to review budgets, service delivery and staff issues. The SDS Lead Service Coordinator maintains daily contact with OPI Service Coordinators to problem solve and assure Consumer needs are being met. The SDS Lead Service Coordinator keeps SDS Direct Services Supervisor apprised of program issues on a regular basis. SDS Director and SDS Direct Services Supervisor meet regularly to address status of expenditures and budget.

Approved by RVCOG Board March 27, 1996
Modified by RVCOG Board August 28, 1996.
Modified by RVCOG Board May 28, 1997.
Modified by RVCOG Board October 23, 2002.
Modified by RVCOG Board January 24, 2007
Modified by RVCOG Board April 23, 2008
Modified by RVCOG Board December 3, 2014
Modified by RVCOG Board April 27, 2016
Modified by RVCOG Board October 25, 2017
Sample Notice Letter to Applicant Denied OPI Service:

Date

Applicant’s Name and Address

On ____(insert date)___ you applied to Rogue Valley Council of Governments Senior and Disability Services (RVCOG SDS) for ____(insert name of service)__. I have determined that your request for service is denied for the following reasons: _____________(insert reasons for denial, including reference to SDS RVCOG policy, state or federal rule)___________________.

If you feel that this decision has been made in error, you may appeal this decision in one of the following ways:

1. Informal Approach (optional): You may contact me within ten (10) business days of the date of this notice. If you use this approach, within five business days of your call to me, I will schedule a meeting with you to discuss this decision and to try to resolve it in a way that is agreeable to both of us. (If you choose to use this approach, you will still be able to file a formal appeal under #2 below.)

2. Formal Approach: You may file a written appeal within ten (10) business days of the date of this notice (see attached OPI Appeal Review Request form). Your appeal is to be submitted to: RVCOG SDS Director, POB 3275, Central Point, Or. 97502. If you use this approach, RVCOG SDS will schedule an appeal review meeting within ten business days of receiving your appeal. You and your representative, if any, will be notified in writing of the date, time and location of this meeting. Your rights at this meeting will be set forth in the meeting notice.

If you have questions regarding this notice of service denial, please contact me.

Sincerely,

_____ (Worker Name)___________  _____(Phone #)_______
Sample Notice Letter to Consumer whose Service is to be Reduced or Terminated:

Date

Consumer’s Name and Address

You are currently receiving ____ (insert name of service)____ from Rogue Valley Council of Governments Senior and Disability Services (RVCOG SDS). I have determined that your service will be: (check appropriate line)

_____ Reduced from _(current level of service)___ to _(new level of service)__ on __(date)___.

_____ Terminated on __(date)____.

The reason for this decision is as follows: ______________(insert reason(s) for service reduction or termination, including reference to SDS RVCOG policy, state or federal rule)________________________.

If you feel that this decision has been made in error, you may appeal this decision in one of the following ways:

1. Informal Approach (optional): You may contact me within ten (10) business days of the date of this notice. If you use this approach, within five business days of your call to me, I will schedule a meeting with you to discuss this decision and to try to resolve it in a way that is agreeable to both of us. (If you choose to use this approach, you will still be able to file a formal appeal under #2 below.)

2. Formal Approach: You may file a written appeal within ten (10) business days of the date of this notice (see attached OPI Appeal Review Request form). Your appeal is to be submitted to: RVCOG SDS Director, POB 3275, Central Point, Or. 97592. If you use this approach, APDRVCOG will schedule an appeal review meeting within ten business days of receiving your appeal. You and your representative, if any, will be notified in writing of the date, time and location of this meeting. Your rights at this meeting will be set forth in the meeting notice.

If you grieve the decision to reduce or terminate your service, you will continue to receive this service until the outcome of your formal appeal is known.

If you have questions regarding this notice of service denial, please contact me.

Sincerely,

_____ (Worker Name)_____________  ____ (Phone #)_______
Sample Notice Letter to Consumer who Agrees with the Decision to Reduce or Terminate Service:

Date

Consumer’s Name and Address

This is to confirm that you and I recently agreed that the ____(insert name of service)____ service which you are currently receiving from Services Rogue Valley Council of Governments Senior and Disability Services (APD RVCOG SDS), will be reduced or terminated, as follows:  (check appropriate line)

_____ Reduced from __(current level of service)__ to __(new level of service)__ on __(date)___.

_____ Terminated on __(date)___.

The reason for this agreement is as follows: ______________(insert reason(s) for service reduction or termination, including reference to S&DS policy, state or federal rule)______________________________.

If you feel that this agreement was made in error, you may appeal this decision in one of the following ways:

1. Informal Approach (optional): You may contact me within ten (10) business days of the date of this notice. If you use this approach, within five business days of your call to me, I will schedule a meeting with you to discuss this decision and to try to resolve it in a way that is agreeable to both of us. (If you choose to use this approach, you will still be able to file a formal appeal under #2 below.)

2. Formal Approach: You may file a written appeal within ten (10) business days of the date of this notice (see attached OPI Appeal Review Request form). Your appeal is to be submitted to: RVCOG SDS Director, POB 3275, Central Point, Or. 97502. If you use this approach, RVCOG SDS will schedule an appeal review meeting within ten business days of receiving your appeal. You and your representative, if any, will be notified in writing of the date, time and location of this meeting. Your rights at this meeting will be set forth in the meeting notice.

If you grieve the agreement to reduce or terminate your service, you will continue to receive this service until the outcome of your formal appeal is known.

If you have questions regarding this notice of service denial, please contact me.

Sincerely,

____(Worker Name)______________   ____ (Phone #)_________  PI APPEAL REVIEW REQUEST
<table>
<thead>
<tr>
<th>Requestor’s Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address/City/State/Zip:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Social Security Number:</td>
<td>Date:</td>
</tr>
<tr>
<td>The Name of My Lawyer or Representative:</td>
<td></td>
</tr>
<tr>
<td>Representative’s Address/City/State/Zip:</td>
<td>Representative’s Phone:</td>
</tr>
</tbody>
</table>

I am asking for an appeal review because I do not agree with the decision to:

[ ] Deny  [ ] Reduce  [ ] Terminate my benefits

Briefly explain what the decision was and why you disagree with it.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Requestor’s Signature:

Return this form to: RVCOG SDS Director, POB 3275, Central Point, Or. 97502
# OPI ELIGIBLE INDIVIDUAL WAITING LIST PRIORITY SCALE
(For OPI Consumer Consultant Use)

<table>
<thead>
<tr>
<th>Name</th>
<th>___________________________________________________________________________</th>
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<tbody>
<tr>
<td></td>
<td>Date of Birth________________________________________________________________</td>
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</table>

<table>
<thead>
<tr>
<th>Consumer Consultant</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initials_____________</td>
<td>Date__________</td>
</tr>
</tbody>
</table>

### 1. Does eligible individual have more than $10,000? (+2)

### 2. Does eligible individual have informal supports (family, friends, neighbors, religious group?) (+2)

### 3. Does eligible individual need help with mobility one person assist)? (-1)

### 4. Does eligible individual need help with meal preparation? (-1)

### 5. Does eligible individual need help with shopping? (-1)

### 7. Does eligible individual need help with personal care?

- a. Dressing and/or bathing? (-1)
- b. Bowel and/or bladder care? (-1)

### 8. Does eligible individual have problems with cognition? (-1)

### 9. Are eligible individual’s coping skills adequate to situation? (-2)

**Total**

---

**Value**

---

194
Appendix H – Partner Memorandums of Understanding

Memorandum of Agreement

Between the

The ADRC of RVCOG Senior & Disability Services (SDS)
and
HASL

I. Purpose
The following is an agreement between the Aging and Disability Resource Connection of RVCOG SDS and HASL.

The purpose for this Memorandum of Agreement (MOA) is to recognize the interconnected and complementary nature of the services provided by the Aging and Disability Resource Center (ADRC) and the Independent Living Center (HASL) and to define the roles, responsibilities and procedures for collaboration between ADRC and HASL.

The period of this agreement begins on July 1, 2013 and continues until amended or terminated.

II. Roles and Responsibilities

Referrals for Service
HASL will refer clients to the ADRC for services such as:
- Information and assistance where ADRC services can complement or augment those provided by HASL.
- Disability and aging benefits counseling.
- Assistance in accessing publicly funded long term care.
- Care Transition services.
- Health Promotion programs.
- Any other ADRC service that may benefit the consumer, and

The ADRC will refer clients to HASL for services such as:
- Options Counseling (OC) for people with disabilities.
- Individual and systems-level advocacy.
- Assistive technology services.
- Work Incentives Benefits Counseling.
- Peer support.
- Independent living skills training.
- Any additional services HASL provides.
• Determine eligibility for Developmental Disabilities or Mental Health services.
• Provide Options Counseling for people who are likely eligible for services from JCMH or JCDD Services as needed.

Quality Assurance
• JC will strive to ensure that intake staff providing Options Counseling will have appropriate Options Counseling training.
• JC will strive to ensure the client will have the same Options Counselor through the entire Options Counseling process.

Information Sharing
• The ADRC and JC will participate in the ADRC Steering Committee on a regular basis to provide information about their respective services and philosophies as well as problem-solving on ADRC operational issues.
• JC will assist in providing information regarding the opportunity for clients to join the ADRC Operations Council- a consumer driven Council that will provide input to the ADRC Steering Committee.
• JC and the ADRC will share information regarding other services, providers and resources to assist in maintaining and updating their respective resource databases.
• JC and the ADRC will provide each other with information regarding unmet needs of people with mental illness and/or Developmental Disabilities who are aging or with disabilities.
• The ADRC and JC will share information about staff and consumer training opportunities, as well as participate in cross-training opportunities when resources allow.

Nonbinding
• This MOU creates no right, benefit, or trust responsibility, substantive or procedural, enforceable at law or equity by either party or by any third party. The parties shall manage their respective resources and activities in a separate manner to meet the purposes of this MOU. Nothing in this MOU authorizes any of the parties to obligate or transfer funds. Specific projects or activities that involve the transfer of funds, services, or property among the parties require execution of separate agreements and are contingent upon the availability of appropriated funds. These activities must be independently authorized by statute. This MOU does not provide that authority. Negotiation, execution, and administration of these agreements must comply with all applicable law. Nothing in this MOU is intended to alter, limit, or expand the agencies' statutory and regulatory authority.

This MOU is effective upon signature by both parties and shall terminate upon the notice by one party to the other party. This MOU may be revised upon the mutual concurrence of both parties.
Memorandum of Agreement
Between the
The ADRC
(of RVCOG Senior & Disability Services)
And
Options for Southern Oregon

I. Purpose
The following is an agreement between the Aging and Disability Resource Connection of RVCOG SDS and Options for Southern Oregon (Options).

The purpose for this Memorandum of Agreement (MOA) is to recognize the interconnected and complementary nature of the services provided by the Aging and Disability Resource Center (ADRC) and Options and to define the roles, responsibilities and procedures for collaboration between ADRC and Options.

The period of this agreement begins on July 1, 2013 and continues until amended or terminated.

Roles and Responsibilities

Referrals for Service
Options will refer clients to the ADRC for services such as:
- Information and assistance where ADRC services can complement or augment those provided by Options;
- Disability and aging benefits counseling;
- Assistance in accessing publicly funded long term care;
- Care Transition services;
- Health Promotion programs for the aging/people with disabilities;
- Any other ADRC service that may benefit the consumer.

The ADRC will refer clients to Options for service such as:
• Clients that may be eligible for mental health services, Options Counseling (OC) for people who are currently receiving services from Options or are likely to be eligible for such services.
• Information and assistance where mental health services can complement or augment those provided by ADRC;
• Care Transition services where appropriate for mental health.

Quality Assurance
• Options staff providing Options Counseling will have appropriate Options Counseling training.
• Options staff trained in Options Counseling will provide services that meets ADRC Options Counseling standards
• When appropriate, Options will strive to ensure the client will have the same Options Counselor through the entire Options Counseling process

Information Sharing
• The ADRC and Options will participate in the ADRC Steering Committee on a regular basis to provide information about their respective services and philosophies as well as problem-solving on ADRC operational issues.
• Options will assist in recruitment of clients to join the ADRC Operations Council- a consumer driven Council that will provide input to the ADRC Steering Committee.
• Options and the ADRC will share information regarding other services, providers and resources to assist in maintaining and updating their respective resource databases.
• Options and the ADRC will provide each other with information regarding unmet needs of people with mental illness who are aging or with disabilities.
• The ADRC and Options will share information about staff and consumer training opportunities, as well as participate in cross-training opportunities when resources allow.

This agreement is effective until terminated by either party and may be revised upon the mutual concurrence of both parties.

Dave Toler, Director RVCOC SDS ADRC

Shelly Uhrig, COO Options for Southern Oregon

6/3/13

Date

Date
Appendix I - Statement of Assurances and Verification of Intent

For the period of January 1, 2017 through December 31, 2020, Rogue Valley Council of Governments (RVCOG) – District 8 Area Agency on Aging accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) (P.L. 109-365) and related state law and policy. Through the Area Plan, RVCOG 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. RVCOG assures that it will:

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

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

All agreements with providers of OAA services shall require the provider to specify how it intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas and meet specific objectives established by RVCOG 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 RVCOG will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with significant disabilities, with agencies that develop or provide services for individuals with disabilities.

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

A. Information concerning whether there is a significant population of older Native Americans in the planning and service area, and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under the Area Plan;

B. An assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides with services provided under Title VI of the Older Americans Act; and

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

Provide assurances that the Area Agency on Aging, in funding the State Long Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of Title III funds expended by the agency in Fiscal Year 2000 on the State Long Term Care Ombudsman Program.

Obtain input from the public and approval from the Area Agency on Aging 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. RVCOG shall publicize the hearing(s) through legal notice, mailings, advertisements in newspapers, and other methods determined by the Area Agency on Aging to be most effective in informing the public, service providers, advocacy groups, etc.

1/6/17
Laura O'Byrne
Director, Senior and Disability Services

1/8/17
Sandra L. Theis
Advisory Council Chair

1/9/17
Executive Director
Rogue Valley Council of Governments
Appendix J – Needs Assessments

Rogue Valley Council of Governments
Senior and Disability Services
2015-16 Senior Needs Survey

Purpose and Methods
The Jackson and Josephine Counties’ governmental agency on aging conducted a survey of seniors and individuals with disabilities in their counties in 2015-2016. The purpose of the survey was to better understand what services seniors need to ensure that those facing aging or disability issues, or those caring for persons with such issues, are able to live as independently as possible.

A total of 749 survey forms were completed, of which 726 contained usable data. The respondents completed the survey by either filling the forms by pencil or pen, or entering responses into the survey form on the SurveyMonkey website. The survey period was October 2015 to March 2016. The estimated time to complete each survey form was 10 minutes. The respondents were identified at events where seniors gather, such as the ACCESS and Illinois Valley health fairs, Food and Friends, AARP Vital Aging Conference, Alzheimer’s caregivers, and area senior centers. The respondents constituted a convenience sample.

The data were collected to describe the demographic characteristics of the respondents, their current living conditions, condition of their health, sources of health information and support, and needs for assistance and services. In addition to examining the percent distribution of the variables among all they were grouped by age into three categories, 59 years and younger, 60-79 years and 80 years and older, and by gender. The distribution or number of responses in the other demographic characteristics was insufficient to conduct further analysis.

The analysis in this report is a cursory view of the survey data that was conducted using one-way and two-way frequency tables. Multivariate analysis nor statistical testing for significance was not attempted on the survey data collected from a convenience sample.

Demographic Characteristics of Respondents
The majority of the respondents were female (67%) and white (95%). Only 4% said they were Hispanic and 5% identified themselves as LBGT. The percent of respondents in the three age categories were 59 years or younger (9%), 60-79 years (66%) and 80 years or older (25%). Two thirds (67%) of the respondents were female (Table 1). Jackson County residents made up 76% of the respondents.

<table>
<thead>
<tr>
<th>Gender</th>
<th>&lt;59 years</th>
<th>60-79 years</th>
<th>&gt;80 years</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>11</td>
<td>64</td>
<td>26</td>
<td>67</td>
</tr>
<tr>
<td>Male</td>
<td>7</td>
<td>70</td>
<td>23</td>
<td>33</td>
</tr>
<tr>
<td>All</td>
<td>9</td>
<td>66</td>
<td>25</td>
<td>100</td>
</tr>
</tbody>
</table>

Household Living and Transportation Arrangement
Most of the respondents currently live in their own home or apartment (74%) or rent a house or apartment (21%). A few lived with their family or friends (5%) and some were homeless (0.5%)
When asked if they are living in a home with someone else, 66% said they lived with a spouse or significant other and almost 20% said there were children or grandchildren living with them. Companionship was the most common reason for living with someone else (77%), but their own or the other’s financial needs were important (60%) as were health needs (42%).

Almost three fourths (74%) said they do not receive assistance with transportation. Of those that did, 58% said they relied on family and 35% relied on friends. Almost half (47%) of them also used some kind of public or volunteer transportation. Most reported that they did not miss activities because of transportation issues (68%) but 9% said they frequently missed activities because of it.

Sources of Information and Assistance

Where do seniors get information about needed services? The most common sources were family, friends and neighbors (55%), computer/internet (46%) and the media such as newspaper and TV (37%). A few (8%) said they didn’t know who to ask. Of the 21% of the respondents who said they used the Aging and Disability Resource Connection (ADRC), 26% said it was extremely helpful, 45% said very helpful, and the remaining 28% said moderately to not helpful at all.

Health

When asked to rate their physical health, 17% said excellent, 44% said good and the remaining 39% said fair or poor. Most had an advanced directive (56%), but 33% said they didn’t and 11% said they didn’t know. The health services that the respondents felt they need but are not accessing were dentist (65%), eye care (38%), and alternative health (22%). Most were able to access physical therapy (79%) and mental health (87%) with a doctor being the most accessible (90%). Governmental assistance plans such as Medicare or Medicaid are readily available to most, but 12% said they could not go to a health care provider because they did not accept these plans.

Most (83%) of the respondents said they have an annual physical checkup. They received health screening procedures for high or low blood pressure (79%), heart disease (48%), diabetes (47%), and colon/rectal cancer (44%). Half (49%) of the men were screened for prostate cancer and 44% of the women had mammograms. Most (84%) were aware that Medicare covered health screening and vaccinations.

Family Care Provider

When asked if they provide care to an elder or adult with disabilities, 17% said they did. They were most often a spouse or significant other (38%) or a parent (24%). About 22% said they cared for either a child or a neighbor. Unrelated to family care giving, almost half of the respondents (45%) said they receive help with tasks from family or friend and 77% said they receive enough help.

Well Being

Are the respondents lonely? Over half (59%) said no, but almost 8% said yes, and 33% said sometimes. How secure about finances, health, dependency, loneliness, and crime do the respondents feel? (Table 2). Most (77%) of the respondents felt they would have enough to eat, while fewer felt they would not be lonely and without friends (51%), will not have to leave their home (43%),) have enough to live on (46%), and not be a victim of a crime (44%). Three situations where security was lowest were loss of memory (30%), good health (28%), and dependency on others (28%).
Table 2. Percent who felt secure and levels of insecurity

<table>
<thead>
<tr>
<th>Secure</th>
<th>Insecure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Little</td>
</tr>
<tr>
<td>Enough to live on</td>
<td>46</td>
</tr>
<tr>
<td>Good health</td>
<td>28</td>
</tr>
<tr>
<td>Enough to eat</td>
<td>77</td>
</tr>
<tr>
<td>Not depend on others</td>
<td>28</td>
</tr>
<tr>
<td>Not leave home</td>
<td>43</td>
</tr>
<tr>
<td>Not be lonely</td>
<td>51</td>
</tr>
<tr>
<td>Not victim of crime</td>
<td>44</td>
</tr>
<tr>
<td>Not lose memory</td>
<td>30</td>
</tr>
</tbody>
</table>

**Housing**

Among all respondents, 65 of them (11%) said they recently had trouble finding affordable rental housing. About 60% of the respondents who said they had trouble finding affordable housing said they are on a list for senior or Section 8 housing. Only 8% of the respondents knew about the Lifelong Housing Certification Program.

Among those who indicated that they own their home, they were asked about cost of maintenance and needs for repairs and modification. Over a third (37%) said their residences need significant repairs or modifications. The modifications needed and plans to change are shown in the Table 3. A little more than half said they are planning to change bathroom and structural changes with fewer saying they plan to change the remaining. When asked why they are not planning to make changes, over half (54%) said they could not afford to make these changes.

Table 3. Kinds of modifications needed and plans to change by percent of respondents

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Plans to Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>a. Cooling</td>
<td>65</td>
<td>35</td>
<td>64</td>
</tr>
<tr>
<td>b. Heating</td>
<td>63</td>
<td>37</td>
<td>60</td>
</tr>
<tr>
<td>c. Weatherization</td>
<td>52</td>
<td>48</td>
<td>59</td>
</tr>
</tbody>
</table>
Disaster Registry

Most of the respondents (83%) said a family member or friend would help them during an emergency and 35% said they would need help evacuating during an emergency or natural disaster. About one fifth (21%) said they know about the Disaster Registry but only 14% are listed. Among all respondents, 39% said they want more information so they could be listed.

Services Available in the Rogue Valley

The respondents were asked if they were aware of certain services available in the Rogue Valley. The percent of respondents who answered “I am aware of” and “Have Used” are shown in Table 4.

Table 4. Knowledge and use of services in the Rogue Valley by percent of respondents

<table>
<thead>
<tr>
<th>Available Services</th>
<th>% aware of</th>
<th>% used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Protective Services</td>
<td>97</td>
<td>5</td>
</tr>
<tr>
<td>Care Settings</td>
<td>94</td>
<td>7</td>
</tr>
<tr>
<td>Caregiver Training and Support</td>
<td>88</td>
<td>13</td>
</tr>
<tr>
<td>Chronic Disease/Pain/Diabetes self management</td>
<td>89</td>
<td>13</td>
</tr>
<tr>
<td>Driver Safety Training</td>
<td>91</td>
<td>11</td>
</tr>
<tr>
<td>Financial Assistance</td>
<td>86</td>
<td>15</td>
</tr>
<tr>
<td>Guardianship/Conservancy</td>
<td>93</td>
<td>8</td>
</tr>
<tr>
<td>Heating and Utility Assistance</td>
<td>83</td>
<td>19</td>
</tr>
<tr>
<td>Home Care/Personal Care</td>
<td>84</td>
<td>17</td>
</tr>
<tr>
<td>Home-Delivered Meals/Senior Meal Sites</td>
<td>68</td>
<td>33</td>
</tr>
<tr>
<td>Housing assistance</td>
<td>87</td>
<td>13</td>
</tr>
<tr>
<td>Legal Assistance</td>
<td>89</td>
<td>12</td>
</tr>
<tr>
<td>Service</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>82</td>
<td>19</td>
</tr>
<tr>
<td>Medicare Information</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>91</td>
<td>10</td>
</tr>
<tr>
<td>SNAP (food stamps)</td>
<td>76</td>
<td>28</td>
</tr>
<tr>
<td>Support Groups (i.e. Alzheimer’s, Grief)</td>
<td>95</td>
<td>6</td>
</tr>
<tr>
<td>Tax Preparation Assistance</td>
<td>88</td>
<td>15</td>
</tr>
<tr>
<td>Transportation</td>
<td>84</td>
<td>16</td>
</tr>
</tbody>
</table>

In the final question, the respondents were asked to list other services they wish were available in the two counties. They are listed on a separate report.

**The effect of gender and age on the findings**

Age and gender are often thought to play a role in the needs of seniors for services and their ability to access them. Each of the variables in this survey was examined to determine if the respondents in this survey experienced any difference in need or access because of their gender or age.

The responses of male and female respondents were similar to most questions with a few exceptions. More of the females had children and grandchildren living with them (23%) than did the males (15%). Similarly, females (19%) were more likely than males (13%) to be caring for an aging loved one or an adult with a disability. Fewer males (55%) said they were not able to access dental care than females (67%). Males were more likely to have certain health screening procedures than females, that is, 54% of males had heart disease screening compared to 45% of females, 48% of the males had colon-rectal screening compared to 42% of females, and 50% of the males and 46% of females were screened for diabetes. Of the 11% of the respondents who said they had trouble finding affordable rental housing, more of the females (62%) said they were on a waiting list for Section 8 housing compared to 37% of the males. The cost of keeping and maintaining a house was a challenge for more females (39%) than males (33%). More of the females (39%) said the house needs significant changes than males (29%). Fewer in the oldest age group had concerns about maintaining, repairing or modifying and affordability of maintenance than in the other categories. The youngest group had the most concerns. And 57% of the females and 45% of the males said unable to afford it which prevented them from planning to make the changes. When asked about their sense of security relative to housing, health, enough to eat, dependency, loneliness, being a victim of a crime and memory loss, males were consistently more secure than females, although the percentages were not vastly different. Slightly more of the females (38%) said they will need assistance evacuating their home during an emergency or natural disease than males (30%).

Age appeared to be more important than gender in needs for assistance and support. The respondents who were 59 years or younger will be referred to the younger, the 60 to 79 years old will be called the middle, and the 80 year olds and older as older. About three fourths of the middle and older groups lived in their own homes while 66% of the younger did. Few of the respondents lived in residential care facilities and if they did, they were most likely in the older group (7%). Few of the respondents lived in residential care facilities and if they did, they were most likely in the older group (7%). The older group by far (48%) compared to 16% and 20% for the younger and middle groups respectively received assistance with transportation. The main sources for information used by age groups show that
all use family and friend the most, however, the older group used them more than the others, 61% compared to the middle and younger, 64% and 43%, respectively. The Aging and Disability Resource Connect (ADRC) had not been used by 68% of the younger, 74% of the middle and 77% of the older respondents. Only 18% of the respondents in the older group used the internet as a resource while 62% of the younger group did. Only 7% of the younger and older groups reported that they were in excellent health compared to almost a fifth of the middle group. The younger group almost always was less able to access certain care, the exception being dental care (Table 5).

Table 5. Percent NOT able to access needed health services

<table>
<thead>
<tr>
<th>Services</th>
<th>Age Category</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>59 or less</td>
</tr>
<tr>
<td>Alternative health</td>
<td>36</td>
</tr>
<tr>
<td>Dentist</td>
<td>58</td>
</tr>
<tr>
<td>Doctor</td>
<td>18</td>
</tr>
<tr>
<td>Eye care provider</td>
<td>42</td>
</tr>
<tr>
<td>Mental health</td>
<td>24</td>
</tr>
<tr>
<td>PT or OT</td>
<td>36</td>
</tr>
</tbody>
</table>

The younger group was more likely than the other groups to have a mammogram (57%) and mental health screening (32%). The middle group were more likely to have colon/rectal (49%), diabetes (50%) and prostate (20%) examinations or procedures. The percent of the older group who had these examinations or procedure tended to be considerably lower. Among the 28% of the younger group who provided care, 38% of the aged or people with disabilities was a parent. A spouse or significant other was the person receiving care by the middle and older respondents, 35% and 57%, respectively. When asked, “Are you lonely?”, 12% of the younger group said “yes”, while 8% of the middle and 5% of the older said “yes”.

How secure do these age groups feel about certain life and financial situations? A smaller percentage of the younger age group felt secure in all situations compared to the other age groups. (Table 6)

There was a striking and consistent contrast in the feeling of security between the age groups. As the groups got older, the more secure they felt.

Table 6. Percent who felt secure and levels of insecurity by age groups

<table>
<thead>
<tr>
<th>Secure</th>
<th>Insecure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Little</td>
</tr>
<tr>
<td>Y</td>
<td>M</td>
</tr>
<tr>
<td>Y</td>
<td>M</td>
</tr>
<tr>
<td>Y</td>
<td>M</td>
</tr>
<tr>
<td>Y</td>
<td>M</td>
</tr>
<tr>
<td>Enough to live on</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>35</td>
</tr>
</tbody>
</table>
Affordable housing was a problem for 29% of the younger group and only 10% of the middle and 6% of the older. Among the few looking for housing, 38% of the older and 28% of the middle were waiting for senior housing. Almost two thirds of the younger group was waiting for Section 8 housing, while 47% of the middle and 25% of the older were. Almost half of the younger group said their residences need signification repairs, modifications or changes. Fewer of the middle (38%) and older (26%) said such repairs were needed. Not able to afford the repairs was the most common reason for not making the repairs with more of the younger group (65%) saying it was the reason than the middle (54%) and older (44%) groups.

Around 80% of all respondents said they had a relative or friend who would help them during an emergency. Over one third of the younger group said they would need assistance, fewer (28%) of the middle group did, but over half (53%) of the older group did.

In Jackson and Josephine Counties, the awareness of the availability of services among all age groups was remarkably similar, with one exception. Around 75% of the younger and middle groups were aware of home delivered or senior meal sites, but only 43% of the older group were. However, contrasted with the quarter of the younger and middle groups who have used the service, 57% of the older did.

List of Other Services Needed from 2016 Senior Needs Assessment Survey

Help to stay in the home
- Electronics services assistance
- Help to bathe
- Help with shopping
- Home delivery of groceries
- Housekeeping care in home
- More respite service hours for caregivers
- On-call caregiver in case mine cannot come
- Visitors for homebound or isolated people
- When I’m older/sicker, someone to call me at least twice a week to be sure I’m alive so my pets are cared for
- Since I’m confined to a wheelchair I order everything online, but have problem with help

Housing
• A hospice house for terminally ill persons without the resources for care in their own home
• Affordable housing for myself only - I’m on disability and food stamps
• Emergency housing
• Housing/supervision for epileptics
• HUD for rent assistance
• More low-income rental facilities
• New updated nice yards senior housing in Eagle Point and Shady Cove

Transportation
• Affordable transportation to live entertainment
• Better bus transportation schedules including early morning and late evening
• Bus service on Biddle Road
• Bus service on the weekends
• Central Point Court bus needs wheelchair access door
• Definite need for more useful public transportation, i.e., buses that go where people need/want
• Free medical transportation
• Free transportation
• Help with bus passes
• I wish public transportation were more frequent and affordable so I did not have to drive myself
• Low-cost transportation for basic non-medical needs outside the urban Medford area (Ruch)
• More affordable transportation
• More bus routes
• More public transportation
• More transportation options in Eagle Point
• Public transportation is the worst problem
• Renew my Valley Lift Card
• RVTD bus run on weekends
• RVTD bus to Eagle Point
• Transportation
• Transportation by HUD housing
• Transportation for the Upper Rogue, Butte Falls and Prospect
• Transportation to shopping
• Weekend bus service
• More frequent bus service and longer hours
• More rides for grocery shopping
• Evening and weekend RVTD bus service

Maintenance/Repair/Chore Services
• A list of yard maintenance professionals
• Help with garage and driveway
• Help with major home repair expenses for those on limited incomes
• Reasonable yard maintenance
• Yardwork
• Yardwork handyman
- Handyman services

**Medical/Dental/Vision**
- Affordable dentures
- Medical cost aid for the Donut Hole between Medicare and actual cost for doctors and lab
- More medical information
- Denture services
- Help obtaining expensive medications

**Legal/Financial/Government Programs**
- Answers to simple or non-complex legal questions such as doing your own simple will
- Oregon’s Advance Directive – should be mandatory
- Power of Attorney
- Counseling for divorced woman with children
- Assistance for senior home owners when the property is hit by vandals
- Assistance with will
- Senior portfolio protection, i.e., someone who regulates brokers who diminish a senior’s income
- Help with qualification for SSI
- A higher threshold of income for accessing services or ability of agencies to take into account
- Government deleted my food stamps
- Make my Food & Friends meal last for two meals
- Do not understand why reduction of my food allowance to near starvation levels
- Help with American Indian money
- Less restraint on income for food stamps in the senior population
- Complete veteran medical service in Grants Pass
- Wish it was more easy to be VA help

**Other**
- Assisted living options in the Illinois Valley
- Better help in Oregon than I ever received in California!
- Better rates for use of Y hot tub and swimming
- Can’t think of any – I think we’re very fortunate to have such great resources here
- Dairy-free meals
- Don’t know
- Give all seniors equal treatment
- Josephine County needs adequate law enforcement, Sheriffs
- LGBTQ housing
- LGBTQ safe service
- Low-income TV and internet
- Medicare for people caring for spouse with disabilities
- Mental health activities
- Mental health doctors in Ashland (not students in training)
- More caregiver support groups for spouses with chronic pain, disability, or a general one
- More free social services
- More places where our homeless people can take showers and do laundry more often
• Paid indigent bill paying and periodic reports to Social Security, Medicare, Medicaid and VA
• People who would give me a second change. Senior Services say, “no funds – go find a place”
• Post-traumatic stress disorder support group
• Probably won’t be able to stay in home because of the ridiculous property taxes in this state
• Senior Center
• Senior discounts for swimming in Ashland
• Senior rates for Club Northwest. I would use their warm pool, but can’t afford cost.
• Senior social groups
• Something for people like my neighbor, who does not want to move, but needs to
• Talks from the Medford Police Department regarding senior scams, IRS scams, grandma scams

Summary and Recommendations
Between October 2015 and March 2016, the Senior and Disability Services of the Rogue Valley Council of Governments conducted a Senior Needs Survey resulting in 726 usable responses. The surveys were completed by individuals attending or participating in events where seniors gathered in Jackson and Josephine Counties. The majority of the respondents were female (67%) and white (95%). They were categorized into three age groups, 59 years or less (9%), between 60 and 79 years (66%) and 80 years or more (25%).

Analysis of the data comparing responses by gender or age group showed that gender did not appear to be an important factor in determining living conditions or needs, whereas age did, sometimes in unpredictable ways.

Almost all of the respondents either lived in their own home or rented a home or apartment. Affordable housing was a problem for about a tenth of the respondents and several were waiting for Senior or Section 8 housing. Over a third of those who were in homes or apartments reported that major repairs or modifications to their homes were needed with over half of them saying they could not afford to make the changes. The need for the repairs was unexpectedly more commonly reported among the younger age group. Three quarters of the respondents did not need assistance with transportation, but when they did, they depended on family or friends. Most also relied on family or friends for information about available services but computers and internet were very commonly used among the younger and middle groups but far less among the older group. About a fifth of the respondents said they used ADRC for information.

Over half of the respondents said their health was either excellent or good but it was less so among the youngest group. The lack of accessibility of dental care was the most common health services problem among all age groups.

Questions about feelings of security relative to specific living or health conditions yield unexpected results. The youngest age group without exception was the most insecure in all of the situations presented in the survey, and the oldest age group was the most secure.

A vast majority of the respondents was aware of the services offered in the two counties, however, a large number of the oldest group were not aware of the senior meals program. The survey provided valuable information on the current status of senior health and living needs and their awareness of services available in the two counties. Because almost all of the respondents were white, the survey is not able to reflect the needs of other racial groups, such as the Hispanics who made up 6-7% of the two counties’ population in the 2010 census and is growing. A survey targeting this racial group, who may be difficult to access, might be useful.

The feelings of insecurity among the younger group and their reporting a level of health that was less than the other groups indicates that there is a similarly in that group that was not captured in the survey. It is possible that these respondents were those who are severely disabled.