~~*Administration Office*~~
Rogue Valley Council of Governments
Area Agency on Aging~~Senior and Disability Services~~

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AREA PLAN

2021-2025

Year One Update Approved August 2022; Year Two Update Approved August 2023: Year Three Pending

~~SENIOR AND DISABILITY SERVICES OF THE~~
ROGUE VALLEY COUNCIL OF GOVERNMENTS
AREA AGENCY ON AGING
2021-2025 AREA PLAN

~~*Administration Office*~~ 1

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SECTION A - AREA AGENCY PLANNING AND PRIORITIES

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 serves Jackson and Josephine Counties with a total population exceeding 312,000. The region includes two Census-designated urbanized areas, one centered on the City of Medford, and the other on the City of Grants Pass.

The Senior and Disability Services Department (SDS) and the Senior Nutrition Department's ~~Senior Nutrition Program (~~Food & Friends Meals on Wheels and Senior Meals Program (F&F)~~)~~, provide RVCOG's largest program offerings, with annual budgets of approximately $4 million and $3.3 million, respectfully, and 32 full and part-time staff. Please note that for the purposes of this Area Plan, RVCOG ~~SDS~~ will be used to refer to both the SDS and Senior Nutrition Departments unless otherwise noted.

~~The~~ RVCOG ~~SDS~~, 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, Adult Foster Care licensing, Adult Protective Services, and eligibility and case management for clients enrolled in Medicaid Long Term Services and Supports (LTSS). New in 2024 is an RVCOG/APD joint partnership to implement the new Oregon Project Independence – Medicaid (OPI-M) program in the region.

RVCOG and APD's goal is to provide a seamless service system to older adults ~~seniors~~ and ~~people~~ adults with disabilities in the two-county area. Towards this goal, service descriptions for both RVCOG and APD are included in this plan. This four-year Area Plan describes APD Services as well as those provided by RVCOG to give a comprehensive understanding of services for seniors and adults with disabilities.

RVCOG is the certified Aging and Disability Resource Connection (ADRC) for the two-county area and provides Oregon Project Independence (OPI) services, a senior nutrition program (Food & Friends), family caregiver support, health promotion/prevention programs, behavioral health services, advocacy, and program coordination/development services.

This four-year plan has been developed to ensure that RVCOG has provided the opportunity for community input concerning senior and disability services in Jackson and Josephine Counties. Community input critically provides a more complete understanding of community needs, which in turn, enabled RVCOG to prioritize its services, based upon those needs deemed to be the most important by the community.

A copy of the 2021-2025 Four-Year Area Plan is available for public review at the ~~Senior and Disability Services of~~ Rogue Valley Council of Governments administrative office, 155 North First Street, Central Point, Oregon 97502; Phone (541) 664-6674; Fax (541) 664-7927; and on www.RVCOG.org/sds-2.

A - 2 Mission, Vision, Values

RVCOG SDS Mission Statement:

"Together we promote the dignity, quality of life, and self-determination of seniors and people with disabilities."

RVCOG Food & Friends Mission Statement:

"Together, we strive to cultivate an equitable approach to improving the health, wellbeing and independence of older adults and adults with disabilities through nutrition services, meaningful social connections, and opportunities for education."

RVCOG Vision and 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, nutritional, 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.

We believe all people have the right to be free from discrimination, particularly, of a sexual orientation, gender identity, gender expression, racial, ethnic, age, religious, or disability-related nature.

We provide a financially and programmatically sustainable service system.

This Area Plan reflects an outcome-based approach embraced by the RVCOG. Service descriptions within this Area Plan are organized into the following general areas (see Section B-3 Services and Administration for more detail).

- **Administration, Program Coordination and Development** – Provide efficient and competent administration, program coordination and development.

- **Advocacy and Advisory Councils** – Serve as a voice for the aging and people with disabilities in the Jackson and Josephine County areas.

- **Behavioral Health** – Provide resources and services that help provide a better quality of life.

- **Community Living** – Enable consumers to understand the range of home and community-based residential care options including information about financial assistance.

- **Emergency Preparedness** – Connect vulnerable people to the Disaster Registry.

- **Family Caregiver Support and Training** – Provide access to a range of services to support family caregivers.

- **Federal Assistance Programs for Seniors and People with Disabilities** – Partner with the locally-available Medicaid Long-Term Care and Financial Assistance Programs, Aging and People with Disabilities (APD).

- **Health Promotion Programs** – Provide services that maintain or empower health including services for those with chronic conditions and diabetes.

- **Information and Expert Help** – Provide knowledge or resources for aging and disabilities.

- **Lifelong Housing Certification** – Provide information about the Rogue Valley Council of Government's Lifelong Housing Certification Project, a

voluntary certification process for evaluating the accessibility and/or adaptability of homes.

- **Nutrition** - Food & Friends Meals on Wheels and Senior Meals Program.

- **Safety and Rights** – Provide tools to protect aging individuals and individuals with disabilities from harm or abuse.

A - 3 Planning and Review Process

The agency recognizes there will be an increased need for the services that RVCOG 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 one 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, in partnership with RVCOG staff, played a key role in the Four-Year Area Plan process.

The following is a list of the 2021-2025 Four-Year Area Plan activities completed:

- Utilized a Four-Year Area Plan Workgroup comprised of SAC and staff members to write the plan.

- Reviewed and updated the AAA's mission and values statements with the Senior Advisory Council Executive Committee.

- 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 745 survey forms were completed, of which 616 contained usable data. The respondents completed the survey by either completing the forms by pencil or pen or entering responses into the survey form on the SurveyMonkey website. The survey period was October 2019 to May 2020. The data was 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 H.

- Conducted interviews with key stakeholders, including: AARP, Addus Homecare, Allcare Coordinated Care Organization, Ashland Senior Center, At Home Senior Solutions, Columbia Care, Providence Medical Group - Eagle Point, Senior Options, Housing Authority of Jackson County (HAJC), Jackson County Library, Jackson County Mental Health, LaClinica, Center for Non-Profit Legal Services, Medford Senior Center, OLLI - Osher Lifelong Learning Institute, Power of the Heart Dementia Care, Rogue River Assembly of God, Rollins Family Health, Valley Lift RVTD, SONAR - Southern Oregon Networking and Resource, Asante Three Rivers, Veteran's Affairs, and Valley Evangelical Church.

- From the gathered survey and stakeholder data, the agency identified the following list of needs (not prioritized):
  - Address loneliness
  - Assist seniors to move through legal, financial, and government program challenges
  - Encourage all health care providers to accept Medicare
  - Focus on addressing fear of memory loss and dependency on others
  - Increase access to dental, eye, and alternative health care
  - Increase awareness of Disaster Registry

- Increase community awareness of Aging and Disability Resource Connection (ADRC)
- Provide affordable, accessible housing
- Provide help to make home repairs and/or modifications
- Provide in-home services
- Research and plan for people who are about to turn 60 who are not prepared for aging
- Strengthen public and private transportation system

- Conducted a public meeting to develop future Title IIIB discretionary funding priorities.

- The agency conducted a public hearing on November 2, 2020, to review and gather public and Senior Advisory Council feedback on the Four-Year Area Plan.

A - 4 Prioritization of Discretionary Funding

For FY 2024, RVCOG will focus its OAA Title IIIB funding on the following priorities:

- Administration, including promotion of the Lifelong Housing Certification program.
- Information and Assistance for ADRC consumers
- Outreach for AAA programs
- Preventative Screening, Counseling, and Referral, including the OPAL program
- Person-Centered Options Counseling
- Home repair and modification to enable clients to safely stay in their homes
- Legal assistance and guardianship/conservatorship

Very little of RVCOG's OAA Title III B funding budgeted for FY 2022 activities is available for discretionary activities. Most of the funding ($436,907) is utilized to meet federal priorities including:

- Access Services - Transportation, ADRC Information & Assistance, ADRC Person-Centered Options Counseling, Preventive Screening, Counseling, and Referral

- Administration

- Advocacy

- In-home Services – Respite

- Legal Services

- Program Coordination & Development – Include such activities as new revenue development, Disaster Registry and Lifelong Housing activities, coordination with local groups/organizations/services providers targeting LGBTQIA2S+, Native American, homeless, low-income, and at-risk elders and adults with physical disabilities.

For FY 2021, the agency is utilizing $92,112 of Title IIIB discretionary funding for the following activities:

- Guardianship/Conservatorship Service
- Legal Services
- Behavioral Health services including:
    - Age Wise, Age Well Senior Peer Counselor Program
    - Program to Encourage Active and Rewarding Lives for Seniors (PEARLS)
    - Options for People to Address Loneliness (OPAL)
    - Life Reflections: A Guided Autobiography Program

A public meeting was held on August 24, 2020, to develop future Title IIIB discretionary funding priorities. The meeting was attended by 28 people including members from the Senior Advisory Council and Disability Services Advisory Council and a variety of public and private partners including Aging and People with Disabilities of Jackson and Josephine Counties, State Community Services and Supports Unit, Coordinated Care Organizations, Community Volunteer Network, Center for NonProfit Legal Services, and Ashland Senior Center.

An overview of how Title IIIB mandated and discretionary funding is being used and a high-level overview of results from recent senior needs assessments and stakeholder interviews was provided.

Based on gathered recommendations, **the following priorities are established for Title IIIB discretionary funding:**

- Continue to fund all of the activities that are currently funded.

- Develop or support services that address:
    - Social isolation and loneliness.
    - Transportation needs.

In the Spring of 2023, a new program, Life Reflections: A Guided Autobiography, was added as Senior and Disability Services third program to address social isolation and loneliness.

See Section B-3 Services and Administration for detailed service descriptions of all Title IIIB 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 most recent population estimates indicate that the RVCOG Area Agency on Aging (AAA) which serves Jackson and Josephine Counties has a total population of approximately 312,000.[1] The vast majority of the population lives within the Rogue Valley statistical metropolitan area, which includes the cities of Medford, Ashland, Talent, Phoenix, Central Point, Eagle Point, and Jacksonville, and in the Middle Rogue statistical metropolitan area, which includes the cities of Grants Pass, Rogue River, and Gold Hill.

Approximately 9.49 percent of area residents identify as a race other than white, with 4.6 percent identifying as two or more races, resulting in an estimated 29,018 minority residents in the region.[2] Hispanic or Latino residents of any race make up 11.6 percent of the population of Jackson and Josephine Counties.[3] There are 3,413 Native Americans residing within the two-county area.[4]

In Josephine County, an estimated 3,484 people speak a language other than English at home (4.0%) while for Jackson County that estimate is 21,659 (9.9%).[5] Of those, approximately 2.6 percent speak English less than "very well."[6]

It is estimated that 9.9 percent of people live below the poverty level and 10% live at or below 149 percent of the poverty level within the area.[7] Josephine County is more economically disadvantaged than Jackson County with 16.0 percent below the poverty level and 15.2 percent low income versus 11.9% percent poor and 10.2 percent low income in Jackson County.[8] Both counties have higher rates of poverty than the State of Oregon, which reports 11.0% percent below the poverty

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[1] Annual Estimate of the Resident Population for Counties in Oregon: April 2020-July 1, 2021, US Census Bureau, March 2022.

[2] US Census Bureau, S0102 American Community Survey 5 Year Estimates, ACS Demographic and Housing Estimates, Table DP05, 2020.

[3] Ibid, table DP05, 2020.

[4] Ibid., 2020.

[5] US Census Bureau, Population 60 Years and Over in the United States, 2020 American Community Survey 5 Year Estimates table S0102, 2020.

[6] Ibid., table S0102, 2020.

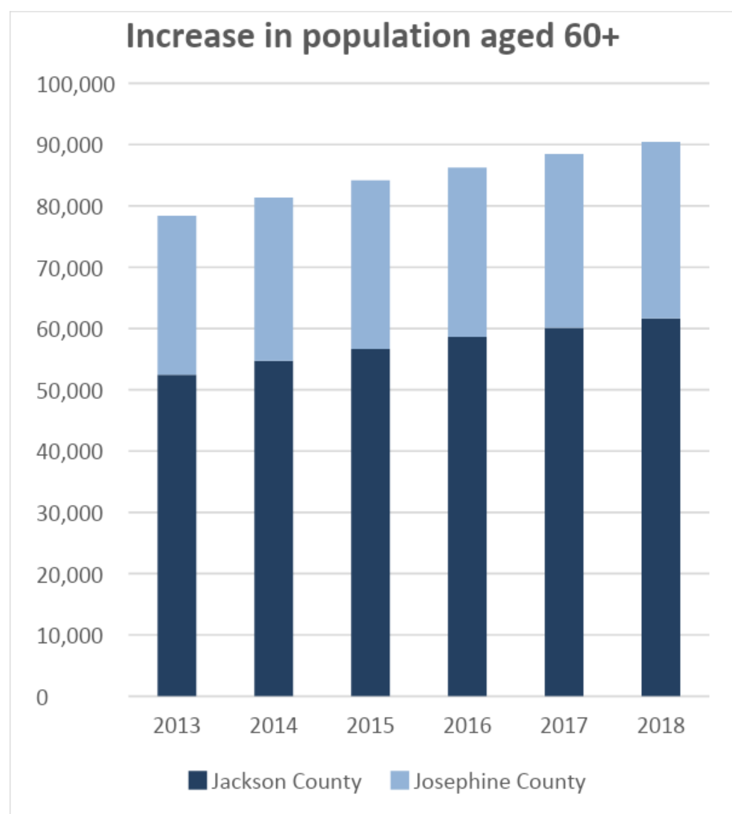
[7] Ibid., table S0102, 2020.

[8] Ibid., table S0102, 2020.

level. Estimates indicate that the State and Jackson County have similar percentage rates for low income. [9]

People aged 60 and older

There are an estimated 93,694 people aged 60 years or older across the two counties[10], equating to an estimated 30.6 % of the population. Therefore, the two-county area features a higher proportion of older residents than the rest of the State, which reports 24.2 percent.[11] The proportion of older residents is climbing, with the percentage of persons 60 and older increasing in both Jackson and Josephine Counties from 2013 to 2018[12] as depicted below.



[9] Ibid., table S0102, 2020.

[10] Ibid., table S0102, 2020.

[11] Ibid., table S0102, 2020.

[12] Ibid., table S0102, 2020.

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 population will become more diverse racially, ethnically and linguistically. Currently, slightly more than 5.5% of area residents aged 60 and older identify as a race other than white with an additional 2.1% identifying as two or more races, resulting in 5,119 minority residents in the region who are 60 or older.[13] Hispanic or Latinx residents of any race make up 3.4% of the 60+ population of Jackson and Josephine Counties.[14] There are 587 Native Americans elders residing within the two-county area.[15]

In Josephine County, an estimated 952 people aged 60 or older speak a language other than English at home (3.2% of total 60+ population) while for Jackson County that estimate is 2,686 (4.2% of total population).[16] Among the residents in the two-county area who speak a language other than English, 0.5% speaks English less than "very well."[17]

Economically, seniors are, on average, doing better than the general population. However, all ages are below the state averages. There are an estimated 9,075 people 60 and over who are below the poverty level (10.36 percent) and 11,029 people 60 and older who are at or below 149 percent of the poverty level (10.9 percent).[18] Statewide, 9.1 percent of people aged 60 an older are below the poverty level and 8.7 percent are low income.

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[13] Ibid., table S0102

[14] Ibid., table S0102

[15] Ibid., table DP05

[16] Ibid., table S0102

[17] Ibid., table S0102

[18] Ibid., table S0102

People with disabilities

In Jackson County, there are an estimated 34,349 adults with disabilities, and in Josephine County there are 17,332.[19] The resulting total of 51,681 adults with disabilities in the area equates to 16.9 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 14.4 percent of the non-institutionalized population reports having a disability.[20]

In addition, the number of people in all six self-reported categories of difficulties (see table below) are higher in Jackson and Josephine Counties than in the State of Oregon.[21]

People with Self-Reported Difficulties[22]	Jackson County	Josephine County	Oregon
Persons with Self-Reported Hearing Difficulties	3.2%	4.6%	2.8%
Persons with Self-Reported Vision Difficulties	2.4%	2.3%	2.1%
Persons with Self-Reported Cognitive Difficulties	6.6%	7.9%	5.7%
Persons with Self-Reported Ambulatory Difficulties	6.3%	8.3%	5.6%
Persons with Self-Reported Self-Care Difficulties	2.7%	3.1%	2.0%
Persons with Self-Reported Independent Living Difficulties (ages 18+)	4.6%	6.2%	4.2%

[19] Ibid., table S0102, 2019.

[20] Ibid, 2019.

[21] -Office of Reporting, Research, Analytics and Implementation and Office of Forecasting, Research and Analysis (DHS/OHA), County Quick Facts, January 2018. US Census table 20102 does not provide this breakdown of self-reported difficulties.

[22] Ibid.

Summary Table

Characteristic	Jackson County		Josephine County	
	Total	60 years and over	Total	60 years and over
Population				
All	218,781	63,958	87,097	29,736
Rural (Source: 2010 Census Summary File 1)	40,748		37,191	
Male	48.8%	45.8%	48.8%	46.4%
Female	51.2%	54.2%	51.2%	53.6%
Low income				
Below poverty level	13.7%	9.2%	16.0%	11.7%
At or below 149%	10.2%	8.9%	15.2%	12.6%
Race/Ethnicity/Language				
Minority	9.8%	5.4%	8.7%	5.6%
Native American	1.1%	0.5%	1.1%	0.9%
Hispanic	13.2%	3.6%	7.6%	3.1%
Language other than English spoken at home	9.9%	4.2%	4.0%	3.2%
Limited English Proficiency	3.1%	1.9%	1.4%	0.7%
Person with disability				
	15.3%	30.0%	19.8%	34.2%
Source: US Census Bureau, 2020 American Community Survey 5 Year Estimates, table S0102.				

B - 2 Target Populations

Through a variety of programs delivered from numerous venues, RVCOG 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:** The agency operates 10 congregate/home-delivered meal sites (Ashland, Cave Junction, Central Point, Eagle Point, Grants Pass, Jacksonville, Medford, Merlin, Rogue River, and Wolf Creek) and 5 home-delivered staging sites (Gold Hill, Phoenix, Shady Cove, Talent, and White City) in the two-county area from which home-delivered and/or congregate meals are served. Nearly all of these meal sites serve areas that feature low household median income.[23]

2. **Rural, Low Income:** We make a special effort to recruit Senior and Disability Services Advisory Council members from low-income, rural, and limited Englishspeaking 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. All offices provide staff visits to older adults in response to referrals from self, family, agencies, and other interested parties. They assess needs and

[23] US Census, 2010

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:** Latinx individuals are the predominant minority population in the two-county area. The RVCOG and its contractors are all listed in locally available resource guides including The Silver Pages, Senior Resources Directory, and Retirement Connection. These publications are distributed broadly 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. The agency is also listed in local newspapers. Bilingual 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 LInC (Latinx Interagency Committee), UNETE (farm worker group) and the Red Earth Descendants. A local translation service translates written materials into Spanish.

5. **Low Income, Minority, Limited English:** The agency actively participates on the Jackson County Continuum of Care Board and 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.

6. **Limited English:** Bilingual staff members, fluent in Spanish and German, are employed in our offices. Language Line translation services are available during phone communications. Spanish brochures for the ADRC, Food &

Friends, and other programs are available in each of RVCOG's 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. In 2023, a new wallet-sized bilingual emergency resources for seniors and people with disabilities guide was developed and distributed widely.

7. **Limited English, Minorities:** The agency actively recruits minorities and people with disabilities to work for our agency.

8. **Native American:** RVCOG is participating in Regional AAA and Tribal meetings coordinated by Community Services and Supports Unit (CSSU), Oregon's State Unit on Aging. These meetings are helping RVCOG build relationships with the tribes who have members living in the Jackson and Josephine County Areas. The focus is on increasing outreach to educate the tribal elders about services and resources. The agency conducted outreach for a needs assessment survey through the Klamath and Cow Creek Tribal Agencies and received a number of surveys back from members of both tribes living in our service area.

9. **Lesbian, Gay, Bisexual and Transgender (LGBTQIA2S+):** In Oregon, 5.6% of the population identifies as LGBTQIA2S+. RVCOG continues to reach out to the LGBTQIA2S+ community to educate about services and resources. One of our SAC members and our local Community Services and Supports liaison have strong contacts with the local LGBTQIA2S+ communities and have been assisting with outreach. The Southern Oregon Center for Community Partnerships, RVCOG's non-profit, continues to spend down a small fund designated for the LGBTQIA2S+ community. The Center was a sponsor for

the 2019 Southern Oregon LGBTQ+ Health Wellness Summit and the agency sponsored a four-part 2020 LGBTQ+ Health Education Lecture Series for Healthcare Professionals.

B - 3 AAA Services and Administration

Directly Provided and Contracted Services

RVCOG provides some services directly and contracts with local agencies for others. Direct services are provided at a central administrative office, located in Central Point, and three 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. More information regarding all RVCOG programs is available at www.rvcog.org~~/sds-2~~.

The following sections describe provided services and activities:

A. <u>Administration, Program Coordination and Development</u> – Provide efficient and competent administration, program coordination, and development.

Under its Intergovernmental Agreement (IGA) with the State of Oregon, RVCOG is responsible for:

- developing and annually updating a Four-Year Area Plan;
- 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 and monitoring;
- implementing and annually updating the Service Equity Plan; and
- financial accounting and quality assurance.

Under the IGA, the State also contracts with 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 Program Directors, the Senior & Disability Services (SDS) Program Director and the Nutrition Program Director, are employed by the Rogue Valley Council of Governments. RVCOG is a regional consortium of local governments that is the federally designated Area Agency on Aging (AAA) for Oregon District 8 Planning and Services Area (PSA) and encompasses the entirety of Jackson and Josephine Counties. RVCOG is also a certified Aging and Disability and Resource Connection (ADRC) for the two-county area.

The AAA Program Directors are responsible for all aspects of providing AAA services and activities provided by the RVCOG including:

- Developing, recommending, and implementing policies and procedures for a comprehensive service delivery system for seniors and persons with disabilities in the region;

- Providing oversite of AAA Budgets, Department Financial Expenditures and Reporting, Contracts and Grants Administration, Service Reporting and Area Plan, Program Coordination and Development;

Providing direct supervision of SDS and Food & Friends staff;

- Take lead roles in the Senior Advisory Council and participate in Disability Services Advisory Council activities;

- Serve as the primary liaisons for local, state, and national-level initiatives; and

- Maintain contract relationship and partnership with Aging and People with Disabilities (APD).

- ~~Coordinates with RVCOG's Food & Friends (F&F) Nutrition Program. It should be noted that though the AAA is responsible for providing the Older Americans Act meals program, RVCOG has chosen to make Food & Friends a stand-alone department of RVCOG.~~

<u>RVCOG's AAA Management Team</u>

The Nutrition Program Director is supported by the Food & Friends Team:

- <u>Nutrition Program Coordinator</u> - Provides advanced analytical and administrative support, including a variety of complex clerical functions, for the Nutrition Program and the Nutrition Program Director. Works with the Nutrition Program Director to develop and implement program policies, procedures, and systems to ensure the long-term viability of the program.

Assists in fundraising and grant writing efforts at levels sufficient to meet the demand for service. Aids in the development and monitoring of the Nutrition Program budget. Develops, monitors, and processes renewals for Nutrition Program contracts and agreements. Assists the Nutrition Program Director in ensuring compliance with all applicable required standards and policies. Provides general oversight of administrative staff and the Easterseals internships.

- Nutrition Program Administrative Specialist/Home Delivery Coordinator- Provides general oversight of meal sites and Meal Site Coordinators in Jackson County. Assures prompt and accurate delivery of hot and frozen meals provided by the Senior Nutrition Program to qualified participants in accordance with program requirements. Coordinates home delivery activities, including training and coordination of meal site staff, volunteers, and community partners. Maintains appropriate records and prepares accurate reports related to the program, including daily meal counts, monthly transaction records, volunteer hours, and other program-related reporting. Reconciles reports as needed. Assists the Nutrition Program Director in ensuring compliance with all applicable required standards and policies.

- The Nutrition Program Director receives additional support from four administrative staff in both counties and the Finance Department.

The SDS Program Director is supported by the SDS Team:

- SDS Program Supervisor - Provides direction, supervision, coordination, organization, and/or delivery of direct service programs, including, but not limited to Oregon Project Independence, Family Caregiver, Veterans Directed Care, Aging and Disability Resource Connection, and Health Promotion programs. Plans, develops, and manages programs, resources, and new initiatives in collaboration with various local community and regional partners, state and federal collaborators, and all stakeholders. Recruits and monitors development of volunteer or internship opportunities related to direct service provision. The Supervisor is responsible for the coordination of the Four-Year Area Plan and its annual updates and development and maintenance of SDS Website and SDS brochures/flyers.

- Program and Advocacy Coordinator – The SDS Program and Advocacy Coordinator provides oversight for the Disaster Registry program. Assists the SDS Director with advocacy activities. Serves as resource staff to the Senior Advisory Council and its Advocacy, Communications & Outreach, Executive and Support Services Committees. Develops agendas, follows up on assignments and activities, serves as lead in SAC member recruitment, screening, training and nurturing, and maintains communication and continuity between SAC, SAC Committees and SDS/F&F. Provides Program Development, Systems Refinement and Special Programming services. Engages with community partners and consumers to strengthen services for older adults, people with disabilities, and their unpaid caregivers in Jackson and Josephine Counties. The SDS Program and Advocacy Coordinator plays a key role in increasing community awareness of SDS programs and services through educational events, trainings, media outreach, and marketing; promotes access to SDS programs; and heightens

community awareness of the problems and issues confronting older adults, people with disabilities, and their unpaid caregivers in the local community, including dementia, mental health issues, behavioral health issues, and common diseases or chronic conditions associated with aging. A new focus is on developing strategies for addressing social isolation for seniors and adults with physical disabilities.

- The SDS Program Director receives administrative support services from an SDS Administrative Specialist and RVCOG Administration and Finance Department Staff.

Program Coordination & Development - The RVCOG SDS Program Director and 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 SDS, through its Program Coordination and Development efforts, anticipates more than $1,000,000 of additional funding during Fiscal Year 2022-23 to enhance OAA and OPI services including, but not limited to, the following sources: State General Funds to support ADRC Information & Referral, ADRC Person-Centered Options Counseling, and Senior Mental Health programs; Veterans Administration funding to support Veterans Directed Care Services; and local funding to support Older Adult Behavioral Health services, including PEARL and OPAL programs.

Other

- Southern Oregon Center for Community Partnerships

The SDS Program Director and the Nutrition Program Director participates in the Southern Oregon Center for Community Partnerships (SOCCP) Board meetings to represent AAA programs and fundraising opportunities. SOCCP is a 501(c)(3) non-profit intended to raise public and private funds through fund raising, donations and endowments to benefit the existing and future clients of the Rogue Valley Council of Government's AAA programs. As appropriate, the non-profit may also engage in activities that encourage communication, consultation, and cooperation across southern Oregon.

- Oregon Wellness Network

RVCOG is a Partner with the Oregon Wellness Network (OWN), a division of the Oregon Association of Area Agencies on Aging & Disabilities (O4AD).

OWN is a network hub that provides administrative services to all of the AAAs in Oregon. These administrative services include a central referral system, data collection, training and quality assurance, and a billing and revenue management system.

Through this partnership, OWN establishes contractual relationships with different payers to include, but not limited to Medicare, Medicare Advantage companies, waivered Medicaid organizations (called Coordinated Care Organizations (CCO) in Oregon), and private insurance companies with consumers in the Jackson, Josephine, and Douglas Counties and across the state.

- Role of AAA in National Planning Efforts

- Mental Health Access Improvement Act – For ten years, the RVCOG Joint SAC/DSAC Advocacy Committee assumed a major role in educating Area Agencies on Aging and NAMI (National Alliance for Mental Illness) Chapters around the country about both federal Senate and House versions of the Mental Health Access Improvement Act. In December 2022, the Mental Health Access Improvement Act was passed, and expanded coverage will begin on January 1, 2024. Prior to the passage, under Medicare, mental health services could only be paid for if they were provided by a licensed clinical social worker or a "higher level" provider. Marriage and family therapists and licensed counselors were not covered by Medicare. That left large, mostly rural, swaths of residents who received Medicare benefits without mental health coverage which impacted both seniors and adults with disabilities. Implemented on January 1, 2024, the Mental Health Access Improvement Act has expanded the provider network to include marriage and family therapists and licensed counselors, although access to qualified mental health resources is still problematic in our region.

- Accessible Housing - RVCOG is leading a national effort to increase the availability of accessible homes everywhere. The movement is in its developmental stage. A steering committee with members from Oregon to Washington, DC, is hard at work deriving measurable goals, pondering funding options and building a functional website. This builds on RVCOG's Lifelong Housing Certification program. The Lifelong Housing Coordinator continues to work with a State Legislator and a committee to create legislation to encourage the creation of more units of accessible housing in Oregon.

- <u>Role of AAA in State Planning Efforts</u>

In 2023, the AAA leadership, the Senior Advisory Council, and the Joint SAC/DSAC Advocacy Committee, along with O4AD, worked ardently with Oregon State Senators and Representatives for the passage of SB99, "LGBTQIA2S+ Bill of Rights," which prohibits certain facilities that provide long-term care from taking specified actions based in whole or in part on resident's actual or perceived sexual orientation, gender identity, gender expression or human immunodeficiency virus status. This bill passed during the 2023 legislative session.

B. <u>Advocacy and Advisory Councils</u> – Serve as a voice for the aging and people with disabilities in the Jackson and Josephine County areas. The AAA advocates to protect the independence, dignity, choice and safety of seniors and people with disabilities. The RVCOG SDS and Nutrition Program Directors monitor~~s~~, evaluate~~s~~, and comment~~s~~ on issues related to community actions affecting older persons; conduct~~s~~ or attend~~s~~ public hearings; represent~~s~~ older persons' interests at the local, state and national level; support~~s~~ the Long-Term Care Ombudsman program, and coordinate~~s~~ planning with other agencies and organizations.

Two advisory councils assist with advocacy:

- <u>Senior Advisory Council (SAC)</u> – An up to 21-member Senior Advisory Council, appointed by the RVCOG Board of Directors, is mandated under the federal Older Americans Act to advise the AAA Program Directors. The Council provides advice and assistance with new program development and service implementation to meet the needs of seniors and people with disabilities, are advocates and sources of information to the community, and advise on key issues and emerging trends affecting seniors. Much of

the SAC's work is accomplished through the following committees: Joint SAC/DSAC Advocacy, Communications & Outreach, Council Development, Home and Community-Based Care, Support Services, ADRC Advisory, and Nutrition Advisory.

- Disability Services Advisory Council (DSAC) – An up-to 11-member Disability Services Advisory Council is mandated under Oregon Senate Bill 875. Although SB 875 requires that the majority of the members have a disability, and that some of the individuals be Aging & People with Disabilities (APD) services recipients, interested members of the community are welcome to participate. With members from both Jackson and Josephine counties, the DSAC meets monthly to advise local APD offices on program policy and the effectiveness of services provided (such as Medicaid and SNAP) to younger people (18-64) living with physical disabilities. Additionally, and secondarily, the Council advocates and collaborates on matters not related to the Oregon Department of Human Services and addresses local issues affecting people experiencing disabilities.

- Joint Disability and Senior Advisory Council Activities – DSAC Officers periodically meet with SAC Executive Committee members in order to assure synergy between RVCOG and APD programs. When there are issues or topic areas of interest to both the DSAC and SAC, the full membership of the two advisory councils will meet.

- Joint SAC/DSAC Advocacy Committee - Council or alternate members from both the SAC & DSAC may be appointed to serve on the Advocacy Committee. Staying informed of current and proposed pertinent legislation, the joint SAC and DSAC Advocacy Committee focuses on engaging,

educating, and empowering SAC and DSAC members and the community in legislative advocacy.

The following subsequent sections, C through L, provide descriptions of services, either directly provided by or contracted by the RVCOG . Please refer to Section D-2 for the Service Matrix and Delivery Method Table that outlines the funding source and provider contact information for each of the services described in the following sections.

C. **Behavioral Health** – Provide resources and services that help provide a better quality of life.

RVCOG provides the following behavioral health-related services:

- Buried in Treasures – Training to learn the skills to de-clutter and stop acquiring so much “stuff.” This 16-week course helps improve the participant’s life and create more living space for them and their family. This group is held once per week for two hours and offers a judgement-free environment for people ready to make a change in their life.

- PEARLS (Program to Encourage Active and Rewarding Lives for Seniors) - an evidence-based treatment program for older adults (and all-age adults with epilepsy) with minor depression. This brief intervention program is delivered in the home with 8 visits and 4 follow-up calls over a period of 6 to 8 months.

- OPAL (Options for People to Address Loneliness) - This evidence-informed program was developed by SDS Behavioral Health staff to address issues of social isolation and loneliness through Options Counseling support and behavior modification strategies based on the PEARLS program. This brief intervention program is delivered in-home or remotely in 6 sessions with two follow-up phone calls. Originally, OPAL was designed as a 4-session program. Due to the complexity of issues faced by older adults who are experiencing social isolation and loneliness, the program was expanded to 6 sessions.

- Life Reflections: A Guided Autobiography Program. In the Spring of 2023, Life Reflections launched. It is a program for older adults involving 5 weekly classes per session for a group of 6 to 8 individuals. Each week, participants write a two-page life story based on different weekly themes. Each member reads their story out loud to the group each class to share memories, insights and increase integration of past events. The classes also provide a safe space for older adults to make connections with each other, both individually and as a group, in order to reduce a sense of loneliness and social isolation. The two SDS facilitators for these classes completed a ten-week Guided Autobiography training class where they had the opportunity to do the writing of life stories to understand firsthand the value of articulating memories of life experiences using a current perspective of achieved wisdom to gain insight and share this with others. The Life Reflections Class is another support for those experiencing social isolation and loneliness.

D. <u>Community Living</u> – Enable consumers to understand the range of home and community-based residential care options.

- <u>In-Home Care</u> Assistance to persons who are having difficulty with one or more of the following activities of daily living—bathing; eating; toileting; ambulation; dressing; and cognition. Additionally, tasks such as preparing meals; shopping for personal items; using the telephone; doing light housework may be included. This type of assistance may be secured through two programs.

  - <u>Medicaid-funded In-Home Services</u> - Caregivers help with bathing, eating, toileting, ambulation, dressing, cognition, housekeeping, meal preparation, medication management, 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 are done for the individual to determine their eligibility.
  -
  - Oregon Project Independence – Medicaid (OPI-M) – Launched in June of 2024 and not yet available for the general public, this program will utilize Medicaid funding, including financial eligibility and ADL assessments, to cover in-home services similar to the current two OPI programs.

  - <u>Oregon Project Independence (OPI) for seniors 60 and older and Oregon Project Independence for adults ages 19-59 with physical disabilities</u> - Like the Medicaid in-home service, OPI provides in-home

care to individuals who show a need for assistance 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 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 supply the caregiver through a contracted caregiving agency.

- 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:
    - Adult Foster Care (AFH) - This provides an option that closely approximates the home environment. Adult Foster Care homes can serve up to five individuals. APD staff license and monitor the care of clients who live in adult foster care homes.
    - 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. APD Medicaid staff determine eligibility for this service and monitor the care of clients who live in Residential Care Facilities.

- Assisted Living Facilities (ALF) - Clients have their own apartments with many shared services such as meal preparation. APD Medicaid staff determine eligibility for this service and monitor the care of clients who live in the ALF.

- Skilled Nursing Facilities (SNF) - For individuals in need of more intensive support on a 24-hour basis, APD Medicaid staff 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.

E. Emergency Preparedness – Connect vulnerable people to the Disaster Registry.

With the help of volunteers, RVCOG maintains a Disaster Registry of seniors and adults with physical, cognitive, or severe mental disabilities. Individuals may request an application in person or online via https://rvcog.org/home/sds-2/emergency-preparedness/disaster-registry/. The Disaster Registry was created after a 1997 flood in Jackson County, an event that highlighted the need for first responders to be able to locate vulnerable people before and during a disaster. It was activated during the Almeda, Obenchain, and Slater fires that burned across the southern Oregon region during the summer of 2020. In the summer of 2022, the Disaster Registry was activated during the Rum Creek Fires.

F. Family Caregiver Support and Training – Provide access to a range of services to support family caregivers.

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 and 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 provides 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 adult, child with a disability, or person with Alzheimer's or related dementia. A number of RVCOG staff team up with other agency trainers and volunteers to teach classes.

- Dementia support programs designed to assist family caregivers navigate dementia are offered as staffing allows. In 2024, no training is being offered for STAR-C, and SDS has no staff with Positive Approach to Care (PAC) credentials.

    - STAR-C is a program delivered in-home by trained clinicians and aims to decrease the symptoms of stress and/or depression that caregivers may experience; and

- The Positive Approach to Care (PAC) program offers a specialized approach to dementia care and helps caregivers learn problem-solving techniques and increase their dementia knowledge.

Due to staffing shortages, our AAA was unable to provide STAR-C and PAC during fiscal years 21/22, 22/23, 23/24, and 24/25. We are exploring options to reintroduce STAR-C in the future.

- Family Caregiver funding is available to pay for respite, a brief period of rest and relief for eligible family members, guardians, or others who are regular caregivers. Eligibility as described above.

G. Federal Assistance Programs for Seniors and People with Disabilities – RVCOG partners with the locally-available Medicaid Long-Term Care and Financial Assistance Programs, Aging and People with Disabilities (APD).

The following are available to eligible consumers through APD offices:

- Contract Registered Nurse

- Medical Supplies

- 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.

- Medicare Part D Low-Income Subsidy Screenings/Referrals and Choice Counseling – APD staff screen Medicare beneficiaries for Medicare Part D

Low-Income Subsidy (LIS) and offer Medicare Part D choice counseling for people who are already eligible for both Medicare and Medicaid.

- 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.

- 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.

- 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.

- Supplemental Nutrition Assistance Program (SNAP) – APD is the portal for older residents and persons with disabilities to access SNAP, formerly known as Food Stamps. The intent of the program is to improve the health and well-being of low-income individuals, older adults 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.

H. <u>Health Promotion Programs</u> – Provide services that maintain or empower health including services for those with chronic conditions and diabetes.

SDS uses Older Americans Act Title IIID Prevention and Health Promotions funding as well as other funding to pay for a variety of health promotion activities. Title IIID may only be used for evidence-based activities.

- <u>Chronic Disease Self-Management Education</u> – RVCOG has once again begun to offer evidence-based Chronic Disease Self-Management Education (CDSME) programs. The agency continues to carry the license for CDSME programs and supports delivery of these programs in Spanish through our partnership with La Clinica, a system of clinics that provides culturally appropriate, accessible healthcare for all, in Jackson County.

- <u>Diabetes Education</u> - RVCOG began offering the evidence-based Diabetes Prevention Program (DPP) in October 2019. The one-year program, based on research from the National Institutes of Health and supported by the Centers for Disease Control and Prevention, can prevent Type 2 diabetes in people who are at risk, by making lifestyle changes focused on weight loss and being more active. Due to the length of DPP, RVCOG will begin offering another evidence-based diabetes education program, the Diabetes Empowerment Education Program (DEEP), in the 2024/2025 fiscal year.

- Fall Prevention - SDS has invested in several staff becoming certified to coach the "A Matter of Balance: Managing Concerns About Falls" program. COVID-19 has put a stop to training for now. The agency fully anticipates it will complete the training once COVID is past. The evidence-based program is designed to help older adults reduce their fear of falling, thereby enhancing activity levels. Several staff have also been training in the Walk With Ease Program, and we will incorporate that program into the second year of the DPP as well as offer it to PEARLS and OPAL participants, once staff are fully trained.

- PEARLS – The Program to Encourage Active and Rewarding Lives for Seniors, previously funded by State Mental Health dollars, will be offered under IIIB and IIID funding, as available. RVCOG has also received a grant from ODHS that will provide further funding for this program.

I. Information and Expert Help – Provide knowledge or resources related to aging and disabilities.

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.

RVCOG is the certified ADRC of Jackson and Josephine Counties. ADRC staff members are certified by Inform USA as soon as testing qualifications are met. All staff 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.

Core Services Offered by the ADRC:

- 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 available services, with referrals being made to programs and organizations that may meet the individual's specific needs. Assistance is provided in accessing services when needed or requested. ADRC's services are available on the phone and by email in both Jackson and Josephine Counties.

- Person-Centered Options Counseling - Trained professionals provide a more in-depth assessment of the consumer's situation and offer options for services and available community resources. Services are available over the phone, by email, or in person. 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. 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.

- Online Resource - The ADRC of Oregon offers a database of resources for seniors and people with disabilities. 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. RVCOG has more than 340 listings in the database, which are updated quarterly to ensure that consumers are given the most accurate information possible. The website is available 24/7 to consumers at www.ADRCofOregon.org.

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. This referral process has been instrumental in the launch of the OPI-M program, allowing AAA and APD staff to communicate sensitive personal information in a safe and secure manner.

J. Lifelong Housing Certification

RVCOG has developed the first certification program in Oregon for Lifelong Housing. 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.

K. Nutrition - Food & Friends Meals on Wheels and Senior Meal Program

RVCOG, through the Food & Friends program, provides approximately 1070 meals daily to adults 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 10 combined congregate/home-delivered meal (HDM) sites and 5 HDM-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
  Food & Friends provides approximately 34,000 meals annually at 10 congregate meal sites in the ~~two counties to 60 and older and adults with disabilities residing in the~~ two-county area. Our congregate participation rates have increased, with an average of 388 participants a month

- Home-Delivered Meals
  Annually, approximately 438 volunteers pack and deliver more than 230,000 home-delivered meals along 60 routes to home-bound older adults in the two-county area. In addition, volunteer drivers provide vital social

interaction and perform regular safety checks on the participants to whom they deliver meals.

- Nutrition Education
  Food & Friends plans to distribute an article quarterly to all meal participants. Each publication includes nutrition and health education tips. Food & Friends 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 articles 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.

L. Safety and Rights – Provide tools to protect aging individuals and individuals with disabilities from harm or abuse.

A variety of services are available:

- Guardianship/Conservatorship - The RVCOG contracts with the Center for Nonprofit Legal Services to provide a guardianship/conservatorship program in Jackson County. The agency performs 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.

- Legal Assistance - RVCOG contracts for legal assistance services with:

  - 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 Senior Advisory Council.

  - 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 Senior Advisory Council.

- Adult Protective Services/Elder Abuse/Patient Abuse – APD 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. The Title XIX APD District Manager oversees this program.

- Elder Abuse Prevention – RVCOG annually provides funding for an Emergency Fund for Adult Protective Services (APS) staff to pay for such things as emergency shelter, transportation, food, medications, and clothing for seniors 60 and older in protective service situations.

- Long-Term Care Ombudsman Program mileage support - The State of Oregon's Long-Term Care Ombudsman agency includes three programs: the Long-Term Care Ombudsman, the Oregon Public Guardian, and the Residential Facilities Ombudsman. The mission of the agency is to protect individual rights, promote independence, and ensure quality of life for Oregonians living in long-term care and residential facilities and for Oregonians with decisional limitations. Local, trained volunteers serve as the eyes, ears and advocates for Oregon's most frail and vulnerable citizens living in long-term care and residential facilities. Through a Memorandum of Understanding, RVCOG provides funding to help pay for LTC Ombudsman mileage. Note that in recent years, RVCOG has been unable to secure a request for reimbursement from the LTC Ombudsman.

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 are not provided by the agency, there is a list of key community providers that may help as well as indicating if no provider/service is available. This is not meant to be a complete list of resources.

A comprehensive list of resources in both counties can be found on 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, the agency has 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
    - Power of the Heart Dementia Care Education and Behavior Coaching.

- Case Management (fee based or privately funded): Our belief is that a well-trained government and private case management/client consultant work force not only spreads the workload but also 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.
    - National Association of Private Geriatric Care Managers
    - Senior Options, LLC - Jackson County.
    - 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)

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

- Community Healthy Aging
    - Oregon State University Extension Service
    - Southern Oregon University
    - Rebuilding Together, Rogue Valley - Fall Prevention/Home Modification 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
    - Creative Supports Brokerage
    - Southern Oregon Goodwill Industries

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

- Elder Abuse Awareness and Prevention
    - Adult Protective Services, Aging and People with Disabilities District 8

- Emergency Response Systems
    - Asante Lifeline Emergency Response System
    - Connect America

- Employment Programs
    - Oregon Employment Department - WorkSource Oregon
    - Southern Oregon Goodwill Employment Program
    - Medford Employment Resource Center
    - Easter Seals of Oregon

    - OHRA Community Resource Center

- 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
    - Anna May Foundation (through RVCOG)
    - Jewel Brooks Charitable Trust (through RVCOG added 2021)
    - Richard Smith Trust (through RVCOG added 2022)

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

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

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

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

- UCAN Community Action Program of Josephine County
- St. Vincent de Paul
- Rogue Retreat
- Medford Navigation Center
- OHRA

- 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 for Southern Oregon
  - Compass House Peer Mentoring Program
  - La Clinica Behavioral Health
  - National Alliance on Mental Illness of Southern Oregon
  - Rogue Community Health
  - Columbia Care

- Minority Groups
  - BASE -- Black Alliance and Social Empowerment Southern Oregon
  - Coquille Indian Tribe – Medford Office
  - Cow Creek Band of Umpqua Tribe of Indians – Medford Office
  - Families for Community (support network for parents of children with special needs and disabilities)
  - LInC – Latinx Interagency Committee – Jackson County
  - LInC – Latinix Interagency Committee – Josephine County
  - UNETE – Center for farmworker and immigrant advocacy

- LGBTQIA2S+ Groups in the Rogue Valley
  - Southern Oregon Pride
  - Southern Oregon University – Queer Resource Center
  - TransOregon

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

- Respite Care
  - ARC of Jackson County
  - Community Volunteer Network Respite Program

- Senior Centers
  - Ashland Senior Program (Focal Point)
  - Central Point Senior Resource Center*
  - Eagle Point Senior Center (Focal Point)
  - Grants Pass Community Center
  - Josephine County Senior Resource Center*
  - Jacksonville Community Center
  - Illinois Valley Senior Center
  - Medford Senior Center
  - Rogue River Community Center (Focal Point)
  - 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 Coordinators. These Centers are Focal Points (see Section C).

*In 2022, RVCOG purchased the Central Point Senior Center, renamed it the Central Point Senior Resource Center, and began utilizing it during the summer of 2022 for congregate meals, the distribution of HDMs in Central Point, and Senior programming. Just prior to the COVID pandemic, RVCOG finished renovations on property it purchased in Grants Pass and opened the Josephine County Senior Resource Center.

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

- Transportation: RVCOG 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.
    - 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

- Community Volunteer Network Call-a-Ride volunteer program
- Veterans Administration
- Rogue River Community Center Transportation Program

SECTION C - FOCUS AREAS, GOALS, AND OBJECTIVES

Our commitment is to outreach, to individualized person-centered services, and to agency partnerships.

C-1 Local Focus Areas, Older Americans Act and Statewide Issue Areas

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 SDS 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 provide each individual with accurate, objective information so that the individual can make informed decisions.

Service Equity:

RVCOG 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 participate in key community meetings including: Jackson County Continuum of Care, Homeless Task Force, Human Service Consortium, United Way, UNETE, Latinx Interagency Networking Committee, SOHealthy, Jackson Care Connect (CCO)/Aging and People with Disabilities Multi-Disciplinary Team, Mental Health Disability Advisory Committee, Public Safety Coordinating Council and the Suicide Coalition;

- creating a seamless long-term service and support delivery system that is culturally and linguistically responsive – for example, continue monthly Team Enhancement Committee (TEC) 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, provide alternative format access such as Braille, personalized reading, large print materials, interpreting 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 and ADRC staff 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 connections with individuals and organizations that have entre to culturally diverse groups such as the LInC, the Regional AAA/Tribal meetings, and LGBTQIA2S+ community, as well as participation in the Jackson County Continuum of Care Board to oversee services to the homeless population; and

- allocating funds, developing and implementing contracts and policies that support underserved populations – for example, allocating funding to LGBTQIA2S+ activities;

- maintaining an environment in all our dining locations so all older adults feel welcome, safe, and supported; and

- incorporating culturally specific meals into our regular menu offering.

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. All of our Family Caregiver Service Coordinators have completed Person-Centered Options Counseling and Oregon Project Independence Service Coordination training and are well versed in the person-centered approach.

In 2023, all AAA employees and the Senior Advisory Council Chair, along with RVCOG leadership, participated in SAGE Care training to strengthen cultural competency to better serve LGBTQ+ residents in our service area. RVCOG received the platinum credential in LGBTQ+ cultural competency training from SAGE.

RVCOG provides equal employment opportunities to all qualified persons without regard to race, color, gender, 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."

Service Equity Plan (section added in 2022)

Following the submission of the 2021-2025 Area Plan, it became apparent that the Rogue Valley Council of Governments Area Agency on Aging's (AAA) programs and supports were not reaching the same proportion of people of color and LGBTQIA2S+ populations as those represented in the overall populations of Jackson and Josephine Counties. A gap analysis further clarified these findings and gave rise to the development of this Service Equity Plan.

The AAA staff embarked on an earnest and on-going exploration of service equity in the summer of 2021. After receiving service equity training from Oregon Department of Human Services (ODHS) and utilizing training materials provided by its Community Services and Support Unit (CSSU), the staff committed to a year-long series of monthly trainings on service equity topics to both increase understanding and cultural competency and to enhance service delivery to our clients. This new body of knowledge led to increased integration of service equity practices into our everyday work with program participants, Senior Advisory Council members, and our community partners. For example, we have created our first Diversity Equity and Inclusion (DEI) Plan, updated our local Oregon Project Independence (OPI) policies to include service equity principles, forged new partnerships with organizations that have historically served communities of color and LGBTQIA2S+ populations, formed a Service Equity Steering Committee and a Service Equity Work Group, and engaged the Senior Advisory Council in discussions around service equity concepts, including how specific communities and groups have been affected by social inequities in our two-county service area.

Following this year-long exploration, our AAA submitted an extensive Service Equity Plan in June 2022. This Plan was approved by the Community Services and Supports Unit (CSSU) on June 14, 2022.

Our AAA is staffed by a caring community of professionals dedicated to equity and the support of every older adult and adult with disabilities who seeks services.[24] In alignment with the Equity North Star,[25] we are committed to addressing the systemic oppression that impacts all protected classes. We recognize that Oregon's history of racial discrimination and other forms of social exclusion have created economic, political, health and social disparities that continue to disproportionately impact people of color communities, LGBTQIA2S+[26] populations, Oregon Tribal members, residents of rural areas, and other marginalized and underserved populations. To more equitably serve all populations, we:

- will actively engage with all communities to build relationships so that our services and supports are assured to meet current and evolving needs;
- will learn from the diverse communities, people, and agencies that have historically served individuals who are underserved to promote AAA services and opportunities;
- will identify, analyze, and remove current barriers to services encountered by these groups; and
- will build trust and service equity into the design and delivery of our programs, supports, and services.

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[24] Throughout this document, those served by the Rogue Valley Council of Governments Area Agency on Aging will be referred to interchangeably as participants, clients, consumers, and individuals.

[25] The North Star Statement on Equity is a purpose and vision statement developed by the Oregon Department of Human Services.

[26] LGBTQIA2S+ is an acronym for Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual, Two-Spirit, and the countless affirmative ways in which people choose to self-identify. These terms describe gender identities and sexual orientations. As these terms are updated to better represent individuals, this Service Equity Plan will be revised to reflect the changes.

Service Equity Plan Goal:

The AAA staff will strive to collaboratively build service equity into our everyday work of designing and delivering programs, services, and supports to older adults and adults with disabilities in our two-county service area. This will be accomplished through intentional, culturally sensitive, person-centered care (outreach and input), collaboration with organizations already trusted by the underserved populations, building staff capacity for language access and community outreach, and improving data collection to identify gaps and barriers to service.

Our goal will be carried out by prioritizing our service equity work.

Priority 1: Committing to **foundational changes** to build Service Equity.

Priority 2: Advancing the **framework** of Service Equity.

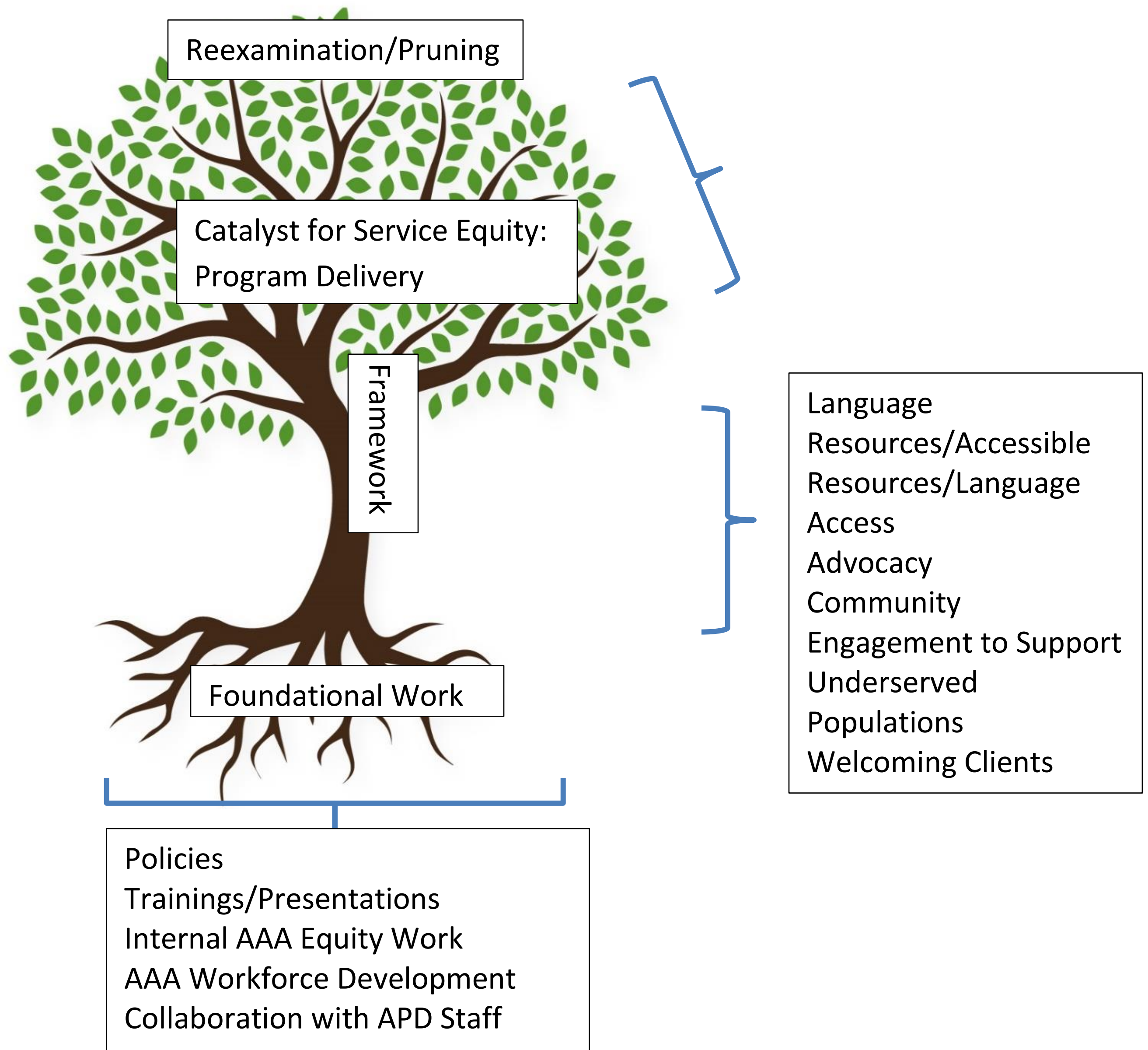
Priority 3: Evolving into a **catalyst** for Seniors and People with Disabilities with Service Equity at our Core.

Priority 4: Ensuring that our Service Equity Plan continues to reflect the ever-changing face of the Rogue Valley (**Continual reexamination** of the Plan).

The first draft of the Service Equity Plan was submitted to the Community Services and Supports Unit for Review in May 2022. In that Plan, the following schematic represented how the AAA staff is prioritizing service equity action items to reach the goal outlined on the previous page.

Prioritizing Our Service Equity Work to Reach Our Goal

Nutrition Services
Health Promotions Programs & Other Health-Related Initiatives
Elder Abuse
Recruitment of Volunteers
Broadband Access


Reexamination/Pruning
Catalyst for Service Equity:
Program Delivery
Framework
Foundational Work
Language
Resources/Accessible
Resources/Language
Access
Advocacy
Community
Engagement to Support
Underserved
Populations
Welcoming Clients
Policies
Trainings/Presentations
Internal AAA Equity Work
AAA Workforce Development
Collaboration with APD Staff

C-1. Information and Referral Services and Aging and Disability Resource Connection (ADRC)

Provides knowledge or resources for seniors and people with disabilities.

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.

RVCOG continues to fund ADRC activities with Older Americans Act, State General Fund and locally-matched Medicaid dollars. In September of 2022, staff began using the RMS system to track Medicaid Claimable activities to utilize the match through ODHS.

To ensure the ADRC meets quality assurance standards and service equity for all consumers, RVCOG will continue to monitor data entry completion rates; all staff have been trained in REALD requirements; SDS is developing both a program to shadow each ADRC staff annually and a customer satisfaction survey; and continues to work towards Inform USA certification for current and new staff as they become eligible to take the examination.

RVCOG provides community outreach and education about the ADRC. The agency has developed a Referral Guide, ADRC business cards and Resource Folders which are used as outreach and education materials. This includes ADRC information. The agency regularly distributes these materials at local events where seniors and people with disabilities congregate and at public meetings. Promotion of the ADRC services is also provided to community organizations that intersect with the populations to whom ADRC provides services for ongoing education.

The Referral Guide and ADRC brochures are available in the lobbies of all of the APD offices and the RVCOG central office. The level of referrals to ADRC from the APD and APS staff remains consistent. The Referral Guide is available at the meal sites, and home-delivered meals eligibility staff provide it to new Food & Friends participants. The ADRC is posted in multiple places on the RVCOG website (RVCOG.org). All three local senior resource guides include thorough ADRC descriptions.

ADRC call volume from 2013-2023: Month of July, year over year

	Unduplicated Consumers	Number of Calls
7/1-31/2013	19	29
7/1-31/2014	136	193

7/1-31/2015	200	274
7/1-31/2016	193	272
7/1-31/2017	185	270
7/1-31/2018	173	255
7/1-31/2019	141	216
7/1-31/2020	155	197
7/1-31/2021	147	192
7/1-31/2022	170	229
7/1-31/2023	177	219

To assist in informing the public about RVCOG services, including ADRC, SAC Communications & Outreach (C&O) members and the SDS Program Director developed a PowerPoint Presentation, which trained SAC members and staff will use it to give presentations. Now that the COVID-19 Public Health Emergency has ended, the agency is once again reaching out to faith communities, service clubs, utilities, etc. to schedule presentations. Staff will continue to work with C&O Committee of the SAC to develop and implement strategies to increase community awareness.

Focus Area – Information & Assistance Services and ADRC

Goal 1: 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>
<tr><th rowspan="2">Measurable Objectives</th><th colspan="2" rowspan="2">Key Tasks</th><th rowspan="2">Lead Position & Entity</th><th colspan="2">Timeframe for 2021-2024 (by Month & Year)</th></tr>
<tr><th>Start Date</th><th>End Date</th></tr>
<tr><td rowspan="6">Maintain fully-functioning ADRC for Jackson and Josephine counties.</td><td>a</td><td>Staff ADRC I&R/A</td><td>SDS Program Supervisor, ADRC Lead</td><td>7/1/21</td><td>6/30/25</td></tr>
<tr><td colspan="5">Accomplishment or Update:
Year 1: Staffed daily M-F 9am-4pm. With the fires that occurred in September of 2020 we provided extra coverage to assist fire victims both in person and via phone for a month after the fire.
Year 2: The ADRC is staffed daily M-F 9am-4pm. We have 7 staff members who regularly work on the ADRC.
Year 3: The ADRC is staffed daily M-F 9 am – 4 pm. We have 8 staff members (7.2 FTE) answering the ADRC phone line.</td></tr>
<tr><td>b</td><td>Staff ADRC Options Counseling</td><td>SDS Program Supervisor, ADRC Lead</td><td>7/1/21</td><td>6/30/25</td></tr>
<tr><td colspan="5">Accomplishment or Update:
Year 1: Due to staffing shortages Options Counseling was put on a waitlist. By July of 2022 4 new staff will be trained in Options Counseling and consumers will be served.
Year 2: RVCOG has been able to begin offering Options Counseling this year without having to place individuals on a waitlist. Individuals can be assisted within a few days of being referred. Additionally, we have a Behavioral Health Specialist trained to provide Options Counseling to those individuals who have a mental health condition and are waiting for behavioral health services through RVCOG.
Year 3: RVCOG continues to provide Person-Centered Options Counseling (PCOC) services to consumers. We also continue to provide PCOC through a Behavioral Health Specialist for consumers with higher behavioral health concerns. Currently, five staff perform options counseling. Two became Inform USA certified in FY 23-24; an additional four staff will take the exam when qualified to do so.</td></tr>
<tr><td>C</td><td>Staff ADRC Database Maintenance</td><td>SDS Program Supervisor, ADRC Lead</td><td>7/1/21</td><td>6/30/25</td></tr>
<tr><td colspan="5">Accomplishment or Update:</td></tr>
</table>

<table>
<tr><td rowspan="10"></td><td colspan="5">Year 1: The COVID 19 pandemic was a factor in updating database listings within the ADRC. We anticipate the reopening of businesses to the public will allow us to update the listings more easily. Opening to the public and returning to the offices, listings will become easier to update.
Year 2: RVCOG has been able to update the ADRC database with several new resources this year. We have a total of 330 resources in our service area. We currently have a 92% updated rate as of May 2023. Listings that need an annual review are printed monthly and contacted.
Year 3: New resources continued to be added to the ADRC database. Resources are updated on a quarterly basis to ensure accuracy is maintained, and we are currently at 100% update rate. In FY 23-24, 173 agencies and 321 listings were updated and 10 new listings were created.</td></tr>
<tr><td>D</td><td>Participate in statewide ADRC Meetings.</td><td>ADRC Lead</td><td>1/1/22</td><td>6/30/25</td></tr>
<tr><td colspan="5">Accomplishment or Update:
ADRC Lead attends monthly.</td></tr>
<tr><td>E</td><td>Staff ADRC Core Partner’s meetings</td><td>SDS Program Supervisor, ADRC Lead</td><td>7/1/21</td><td>6/30/25</td></tr>
<tr><td colspan="5">Accomplishment or Update: Currently ADRC Lead and SDS Program Supervisor attend quarterly.</td></tr>
<tr><td>F</td><td>Staff ADRC Advisory Committee meetings</td><td>SDS Program Supervisor, ADRC Lead</td><td>7/1/21</td><td>6/30/25</td></tr>
<tr><td colspan="5">Accomplishment or Update:
Year 1: Currently ADRC Lead and SDS Program Supervisor attend quarterly
Year 2. ADRC Lead and SDS Program Supervisor continue to attend quarterly
Year 3: ADRC Lead and SDS Program Supervisor continue to attend quarterly.</td></tr>
<tr><td>G</td><td>Develop training plan for all ADRC specialists which includes person-centered and service equity training.</td><td>SDS Program Supervisor, ADRC Lead</td><td>7/1/21</td><td>6/30/25</td></tr>
</table>

	Accomplishment or Update: Year 1: 4 new Service Coordinators have attended Person Centered Options Counseling and ADRC trainings. All Staff of the SDS department have taken the REAL-D demographics training and have participated in trainings for Equity and Inclusion work. Year 2: RVCOG will have 1 staff member scheduled for ADRC and Options Counseling training in July. Three other staff members have completed the trainings. Year 3: Currently, four staff are certified through Inform USA. Two became certified in FY 23-24, and four new staff will be certified when eligible to take the exam.

Goal 2: Increase monitoring and quality control for ADRC service delivery to improve and expand services.

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)	
				Start Date	End Date
Evaluate, assess and modify, as necessary, current ADRC service delivery	a	Maintain accurate and concise record keeping of consumers who contact the ADRC, including demographic information to ensure services and outreach are being provided to the underserved populations in Jackson and Josephine Counties.	SDS Program Supervisor, ADRC Lead	7/1/21	6/30/25
	Accomplishment or Update:				

	Year 1: ADRC Lead has begun quality assurance checks on ADRC call logs to ensure accurate record keeping and demographic questions are being noted. The AAA will then take this information to use within our Service Equity plan. Year 2: Quality assurance checks by the ADRC Lead on ADRC call logs has continued into this year. Year 3: Quality assurance checks continue and provide an effective training/performance recognition tool for new staff.				
	b	Annually shadow each ADRC staff person to ensure Inform USA service delivery standards are met	SDS Program Supervisor, ADRC Lead	7/1/21, annually	6/30/25
	Accomplishment or Update: Year 1: Due to staffing shortages this has not yet been implemented; however, all four new staff have been shadowed during their ADRC training. Year 2: Staffing challenges have continued into this year and yearly shadowing has not begun at this time. In February of 2023, RVCOG promoted from within a new ADRC Lead and this task will be reviewed in the coming year Year 3: This activity is provided on an ongoing basis, intensely for new staff and more generally for existing staff.				
	c	Develop consumer satisfaction survey for ADRC consumers	SDS Program Supervisor, ADRC Lead	7/1/21	6/30/25
	Accomplishment or Update: Year 1: Due to staffing shortages this has not yet been implemented. Year 2: This task has yet to be implemented Year 3: This task was not communicated to current staff and will remain a goal to accomplish.				
	d	Utilize representatives from Senior Advisory Council, TEC, ADRC Advisory Committee and	SDS Program Director, SDS Program Supervisor, ADRC Lead	1/1/22	6/30/25

		staff to review results from tasks a, b, and c above, as well as, to offer input on service provision.			
	Accomplishment or Update: Year 1: TEC is provided an update on call volume as well as referrals made by the Aging and People with Disabilities offices. Discussion regarding accessing shared consumers is discussed as well as programmatic updates Year 2: RVCOG still meets monthly with members of the TEC to provide updates regarding ADRC. ADRC staff also have presented at both the SAC and DSAC within this year about what services the ADRC can assist with. Year 3: AAA and APD staff continue to meet for monthly Team Enhancement Committee (TEC) meetings during which ADRC statistics are reviewed. These statistics are presented quarterly to the SAC ADRC Advisory Committee, and an ADRC presentation was made to the full RVCOG Board.				
	e	Implement any changes necessary to better serve and reach consumers	SDS Program Director, SDS Program Supervisor, ADRC Lead	1/1/22	6/30/25
	Accomplishment or Update: Year 1: REAL-D Demographic questions were added to all ADRC calls in March of 2022. All ADRC staff have been trained in the documentation of this information. REAL-D information will be used to inform our service equity work. Year 2: Each new staff member hired after the implementation of REALD demographics has been trained on how to ask these questions during ADRC calls. No other new trainings have been required Year 3: Staff continue to collect REAL-D demographics during calls.				
	f	Provide time and resources for new staff to prepare for and take the Inform USA Certification Exam	SDS Program Supervisor, ADRC Lead	7/1/21	6/30/25

	Accomplishment or Update: Year 1: Within the 2021 fiscal year 3 staff were certified through AIRS. Year 2: No new staff have been AIRS certified this fiscal year. RVCOG has found that virtual proctoring of the exam carries challenges and if possible an in-person exam would be preferred. We have been researching the possibility of in-person examination for the upcoming year. Year 3: Two staff successfully completed the Inform USA exam in FY 23-24.				
	g	In conjunction with staff from ODHS Office of Equity and Multicultural Services (OEM), provide a series of trainings to ADRC staff on ageism, ableism, and equity to enhance the equity of service delivery.	SDS Program Supervisor, ADRC Lead	8/1/21	1/31/22
	Accomplishment or Update: Year 1: Yes, program staff attended a training through ODHS regarding Equity and inclusion, as well as the REAL-D Demographic training in February of 2022. Year 2: As part of our Service Equity plan, RVCOG has added DEI trainings and discussions into our monthly staff meeting. Year 3: Diversity, Equity, Inclusion, and Belonging (DEIB) continue to be a focus of trainings and policy development for both staff and SAC members.				
	h	Collect and use participant data on race, ethnicity, language and disability to determine if services are reaching at-risk populations and review data monthly with	SDS Program Supervisor, ADRC Lead	7/1/21 - monthly	6/30/25

		Team Enhancement Committee (TEC)			
	Accomplishment or Update: With the REAL-D demographics questions being added to all ADRC calls, staff were trained on the importance of asking these questions to assist with finding service gaps within the community we serve.				
	i	Require training on RealD for all current and new staff.	SDS Program Supervisor	7/1/21	6/30/25
	Accomplishment or Update: AAA SDS workforce were trained in REAL-D in February of 2022				
	j	Require training for staff on collecting data from diverse communities, including maintaining confidentiality. Offer annual refresher course.	SDS Program Supervisor	7/1/21	6/30/25
	Accomplishment or Update: As new staff are hired, they will be provided REAL-D training. No refresher class has been offered at this time.				
	k	Ensure IR&A is easily accessible to diverse communities by developing strategies, including the use of bilingual/bicultural staff, and collaboration with community agencies that	SDS Program Supervisor	7/1/21	6/30/25

		serve specific populations.			
	Accomplishment or Update: Year 1: ADRC staff now have access to language line services to assist non-native English speakers. This service offers real-time translation, so that we can efficiently and equitably serve clients whose first language is not English. Year 2: ADRC staff utilized real time translators through the Language Line Services for an average of 3 clients per month. To date, clients have received Spanish and Romanian translation services. Year 3: ADRC staff continue to utilize real-time translators through Language Line Services. RVCOG main office can also provide in-person Spanish and German translation services.				
	I	Research organizational self-assessment tool and conduct an assessment of staff on issues of race, cultural sensitivity and gender orientation to increase awareness and to determine which future trainings are necessary.	SDS **Program** Director, SDS Program Supervisor	1/1/22	6/30/25
	Accomplishment or Update: Year 1: As part of our Service Equity Plan development, staff engaged in several trainings around race, cultural sensitivity and gender orientation. Beginning in June 2022, a brief training on related topics has been added to our monthly all-staff meeting. Year 2. This practice is ongoing. Year 3: DEIB trainings continue. New staff will engage with SageCare training to maintain RVCOG's Platinum status.				

C-2. Nutrition Services (OAA Title IIIC) – Food & Friends

Food & Friends meal site at the Talent Community Center

Food & Friends' target population is adults 60 years or older and eligible adults with disabilities who are at a high risk of experiencing hunger. Food & Friends strives to consider each individual's preferences, needs, values, culture and diverse background and works to assure that each individual is free from discrimination and disparity. Based on US Census population data from the American Community Survey DPO5 "Demographics & Housing Estimates" for the 2022 reporting year, 30.3% of those living in Jackson County and 34.4% of those in Josephine County are age 60 or older. This is notably higher than the state (25.6%) and national (23.8%) figures.

Based on US Census population data from the American Community Survey S1701 "Poverty Status in the Past 12 Months" for the 2022 reporting year, shows the

population 60 years and over living below poverty level is 9.5% in Jackson County and 14.3% in Josephine County. The state average is 10.9% and the national average is 11.2%.

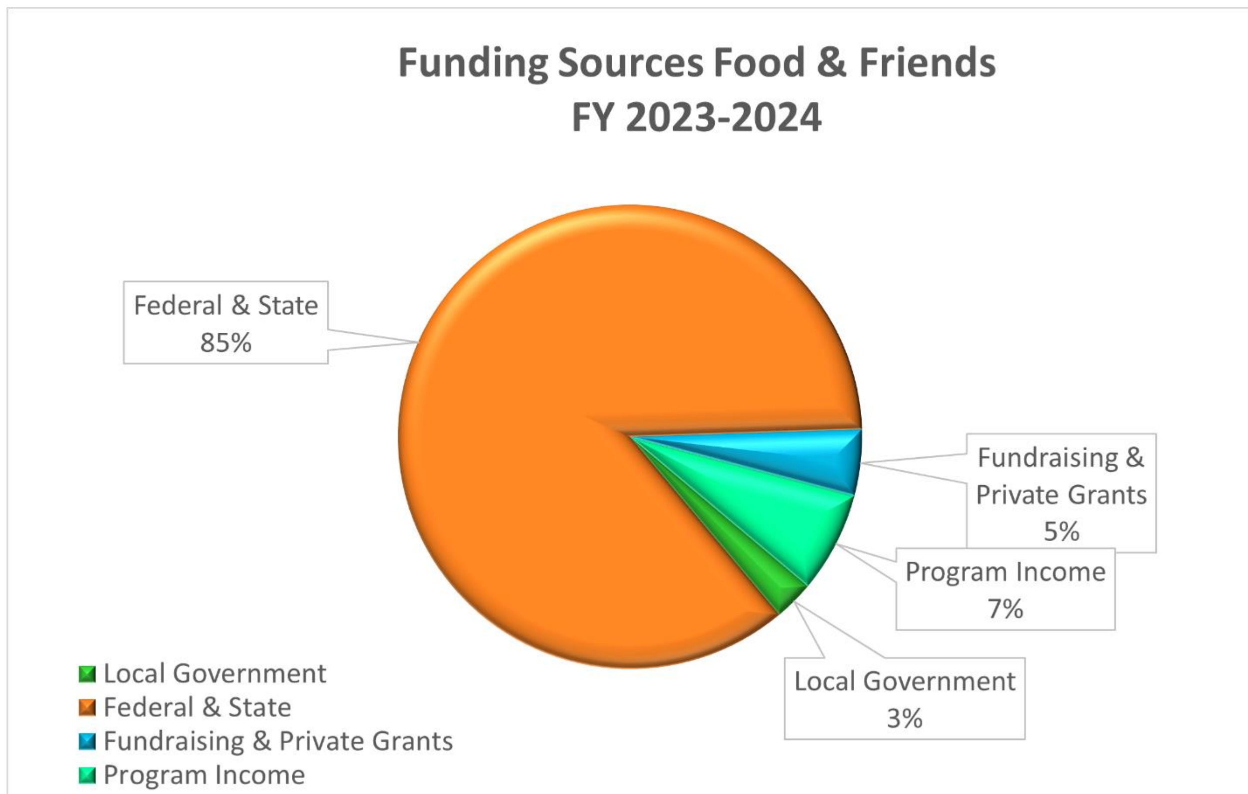
Approximately 1,883 people elect to participate in our program on an annual basis. Food & Friends surveys consistently demonstrate that, for many of the older adults the agency serves, the meal delivered is the only one they will eat that day (46%), and the volunteer who delivers the meal is often the only person they will see on a given day (54%). The regular visit to our home delivery participants provides a safety check, something that is not provided by any other service providers in our region.

The Food & Friends survey also consistently demonstrates that our participants feel that they are benefiting from the service the agency provides. In our 2023 annual survey, 87% of respondents reported improved nutritional health, 89% report feeling safer and 92% indicated that the volunteer visit makes them feel less isolated. Our Congregate diners reported similar outcomes in the same survey, 68% responded that their nutritional health had improved, 77% reported that eating at the meal site has improved their quality of life, and 94% agreed they enjoy the meals at the meal site. 93% said they are satisfied to very satisfied with the Senior Meals Program.

How Title III C Funding will be used:

Title III C federal funding will be used to provide service to home delivery and congregate meal participants in both Jackson and Josephine Counties, which will include the cost of meal preparation, packaging, transportation, staffing, and volunteers (includes mileage reimbursement, volunteer supplemental insurance, and volunteer training costs).

Due to typically flat OAA funding, which is actually a reduction in real dollars, Food & Friends depends on a variety of strategies to address this challenge, including fundraising **(see Funding Chart on next page).**



RVCOG/Food & Friends' partnerships with organizations and cities provides low-cost space for staging home-delivered meals or for congregate meals. These partnerships have been critical to allowing Food & Friends to continue to meet demand without resorting to a wait list. Partnerships with the following communities provide funding or free/low-cost space: Jackson County, City of Ashland, Ashland Senior Center, City of Central Point, City of Eagle Point, Eagle Point Senior Citizens Club, Gold Hill IOOF, Illinois Valley Senior Center, City of Jacksonville, Jacksonville IOOF Hall, City of Medford, Medford Lions Sight &

Hearing Center, Merlin Community Center, City of Phoenix, Phoenix Presbyterian Church, City of Rogue River, Rogue River Community Center, St Martin's Episcopal Church in Shady Cove, Talent Community Center, and Wolf Creek Alliance Community Church.

Meal Sites/Distribution Points (Congregate meals are served 11:30 a.m. – 12:30 p.m.):

Food & Friends - Jackson County					
Site	Location	Days of Service		Number of	Avg. Monthly Attendance
		CONG	HDM	Days of Svc	Congregate Dining
Ashland	1699 Homes Ave, 97520	MON - FRI	MON - FRI	5	58
Central Point	123 N 2nd St, 97502	MON - FRI	MON - FRI	5	79
Eagle Point	121 Loto St, 97524	MON - FRI	MON - FRI	5	39
Gold Hill	483 4th Ave, 97525	n/a	MON & THU	2	HDM Distribution Point
Jacksonville	175 S. Oregon St, 97530	MON - FRI	MON - FRI	5	22
Medford	228 N. Holly St, 97501	MON - FRI	MON - FRI	5	5
Rogue River	132 Broadway, 97537	MON - FRI	MON - FRI	5	3
Shady Cove	95 Cleveland St, 97539	n/a	TUE & THU	2	HDM Distribution Point
Talent	104 E. Main St, 97540	n/a	MON - FRI	5	HDM Distribution Point
Phoenix	121 W. 2nd St, 97535	n/a	MON - FRI	5	HDM Distribution Point
White City	3131 Ave "C", 97503	n/a	MON - FRI	5	HDM Distribution Point

Food & Friends - Josephine County					
Site	Location	Days of Service		Number of	Avg. Monthly Attendance
		CONG	HDM	Days of Svc	
Cave Junction	520 E River St, 97523	MON, WED, FRI	MON, WED, FRI	3	35
Grants Pass	1150 NE 9th St, 97526	MON - FRI	MON - FRI	5	112
Merlin	109 Acorn St, 97532	TUE & THU	TUE & THU	2	18
Wilderville	(Service from Grants Pass)	n/a	Wed	1	HDM Distribution Point
Williams	(Service from Grants Pass)	n/a	WED	1	HDM Distribution Point
Wolf Creek	130 Main St, 97497	TUE & THU Grab n' Go Only	TUE & THU	2	13

NOTES:
- Average attendance based on Feb-Apr 2024.
- All congregate meal sites are open at full capacity with the acception of Wolf Creek. Our new location in Wolf Creek only allows for the distribution of HDMs and the option of Grab n' Go congregate meals. This site is not available for in-person dining.
- Our Talent meal site closed as a result of the pandemic and the Almeda Fire. There is no plan to reopen this dining location at this time. Particpants are able to attend congregate dining at our Ashland meal site.

Service is provided five days a week from nine locations in Jackson County and from one location in Josephine County. In our seven remote service areas of both counties, factors such as distance, expense and accessibility of volunteers directly affects the availability of service. Recipients of home delivered meals in areas with service of fewer than five days a week are offered frozen meals to cover the days Food & Friends is not able to deliver.

Changes in Meal Production and Delivery Systems (if necessary):

Food Packaging:
Our meal trays are made of compostable material, and we have discontinued the use of single-use plastic bags in compliance with the State of Oregon's 2020 ban. The program is considering more environmentally friendly packaging for our smaller salad and dessert containers; however, we found paper alternatives to leak or lose their form in transit and to be less cost effective. We continue to research alternative packaging that is more environmentally friendly.

Funding:
Funding remains a concern as the OAA funding streams do not keep up the demand for service and the rising costs associated with running and maintaining the program at appropriate levels. This shortcoming in Federal revenue ~~may~~ makes it difficult to continue to close the funding gap ~~entirely~~ through our fundraising efforts. The program does have a plan to help address increases in demand coupled with possible lower revenues, which would involve some or all of the following:

- Non-essential food items such as dessert and/or milk may be eliminated.
- Delivery frequency may be reduced with the option of providing one hot meal with a frozen for the next day.
- Moving to frozen meals only.
- Lower risk clients (as determined by our initial eligibility screening, NAPIS evaluation, and the Meals Service database) would be the first to be placed on the waiting list, giving the priority for service to high-risk clients.

Partnerships:

Food & Friends has developed a large base of partner agencies who share our objective of providing critical services and assistance to our participants. They include: OSU Extension registered dietitian (nutrition education), ACCESS Inc. (e.g. additional outreach, supplemental food items, energy assistance), Jackson County Health & Human Services (information or health services for clients), Community Volunteer Network (volunteer recruitment), Oregon Department of Human Services (criminal background checks for volunteer drivers), regional hospital discharge planners, Medicaid case managers (referrals) and AllCare and Jackson Care Connect Coordinated Care Organizations.

In emergencies, Food & Friends makes reports to family members or case managers, and if necessary, to emergency services or Adult Protective Services. The program will continue to explore any partnership that provides additional benefits to our participants. During the last 23 years, the program has established an effective fundraising strategy that includes two mailer campaigns a year, one to established donors and the other as an acquisition mailer. The program has set in place a recognition protocol for our donors that has been successful in generating larger donations from them in subsequent years. An endowment has been established to benefit the nutrition program and the program has 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 is conducted at the meal sites using approved nutrition education training materials. Following these education sessions, the congregate sites will return a list of participants in attendance with a copy of the education topic covered for tracking and reporting purposes.

- All HDM new starts and reassessment participants 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. Additional Nutrition Education materials are sent out to our HDM participants throughout the year (i.e. Food Hero for Seniors).

- Staff are required to present education to congregate meal clients no less than on a quarterly basis. Site Coordinators are trained on how to present these materials through practice sessions at regular staff meetings.

- Per the ODHS 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." Food & Friends has chosen not to provide nutrition counseling due to funding constraints and the severe lack of qualified dieticians and nutritionists in our region.

- The Food & Friends website has links on the "Resources" page for those clients and family members interested in more education topics. Links to topics in Spanish are also provided.

- Food & Friends has 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.

Some of the ways in which the Food & Friends program ensures that it is employing best practices in benefitting the senior and disability participants in the region, and is interacting closely with other AAA services in doing so, are as follows:

- The Food & Friends staff regularly make referrals to the ADRC to assist callers in finding solutions for their issues.

- Based on funding availability, Food & Friends will continue to provide meals to OPI 19-59 (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.

- Food & Friends will provide additional HDM services in compliance with the coming nutrition services offered under the 1115 waiver and OPI-M.

- Food & Friends regularly distributes information to its clients on the availability of Powerful Tools for Caregivers, PEARLS, OPAL, and other health promotion programs, including Vaccination Clinics.

- Food & Friends provides, 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.

- Consumer Financial Protection Bureau handouts are periodically distributed to clients as an additional source of information.

Focus Area – Nutrition Services
Goal: Reduce older adult hunger and food insecurity

<table>
<tr><th rowspan="2">Measurable Objectives</th><th rowspan="2" colspan="2">Key Tasks</th><th rowspan="2">Lead Position & Entity</th><th colspan="2">Timeframe for 2021-2024 (by Month & Year)</th></tr>
<tr><th>Start Date</th><th>End Date</th></tr>
<tr><td rowspan="3">Increase meal output to at-risk seniors</td><td>a</td><td>Continue to offer over yield as an additional meal for those seniors attending congregate meal sites especially in rural areas.</td><td>Meal Site Coordinators</td><td>7/1/21</td><td>6/30/25</td></tr>
<tr><td colspan="5">Accomplishment or Update
Year 1: A) We continue to offer over yield as additional meals in all congregate service areas. Additional over yield meals are often distributed to clients in the Cave Junction service area to help participants in this rural community.
Year 2: This is ongoing
Year 3: The program will continue to offer over yield to congregate participants as supplemental meals. This effort to assist the older adults we serve will continue, indefinitely, while the program is able.</td></tr>
<tr><td>b</td><td>Establish partnerships with local food retailers to augment clients' diets with</td><td>Nutrition Program Director</td><td>7/1/21</td><td>6/30/25</td></tr>
</table>

<table>
<tr><td></td><td></td><td>donated fruit, vegetables, bread or protein foods.</td><td></td><td></td><td></td></tr>
<tr><td></td><td colspan="5">Accomplishment or Update
Year 1: A) A pilot program in the Rogue River service area, in partnership with ACCESS, allows us to provide fresh produce bags to our HDM clients. This pilot proved to be successful and has since been expanded to include HDM clients in Eagle Point, Shady Cove and Trail. Further study will determine if this program can be expanded to include additional delivery areas in Jackson County. B) With the recent relocation of our Central Point site, a partnership between RVCOG and ACCESS will bring the addition of a Food Pantry to our new Central Point HDM/congregate site. This site is scheduled to open for congregate dining in Spring/Summer 2022.
Year 2: We are currently looking into expanding the fresh produce bags to clients in Gold Hill and White City.
Our Central Point dining location opened its doors to in-person dining in August 2022 and has been a great success. Local growers donate over yield in produce to this location for distribution to HDM and congregate participants. C) Our ongoing partnership with COSTCO allows for distribution of bread and other baked goods to our Central Point, Medford, and Jacksonville sites for distribution to HDM and congregate participants.
Year 3: A) We have successfully expanded our supplemental produce program, in partnership with ACCESS. In addition to offering this program in Rogue River, Eagle Point, Shady Cove and Trail, we now offer fresh produce to HDM participants in Gold Hill and White City. B) The planned Food Pantry, in partnership with ACCESS, at our Central Point location did not come into actualization. However, we have been in discussions with ACCESS to bring a monthly senior focused Food Pantry to this location in the future. We hope to bring an additional monthly senior focused Food Pantry to the Josephine County Senior Resource Center.</td></tr>
<tr><td></td><td>C</td><td>Expand the availability of HDM service in the cities of Cave Junction, Grants Pass and Medford through the development of new routes and</td><td>Nutrition Program Director & Meal Site Coordinators</td><td>7/1/21</td><td>06/30/25</td></tr>
</table>

		increased volunteer recruitment. Increase of service up to 10% in specified areas.			

Accomplishment or Update

Year 1: A) New HDM routes were developed in the Cave Junction service area. This change allows not only the ability to add additional HDM recipients in Cave Junction, but also the ability to expand HDMs to eligible residents in Kerby who reside within the boundaries of the delivery area. B) At this time, no new routes have been developed in the Grants Pass service area. C) A new route was developed in the Medford service area to accommodate individuals only wishing to receive meals M-W-F; however, this route has been expanded to deliver meals 5 days a week. D) Although efforts have been made to increase our HDM service in these areas, volunteer recruitment remains low in some areas due to the pandemic and/or economic factors (gas prices, etc.), especially in rural communities.
Year 2: Service to seniors in Southwest Medford has increased due to the expansion of deliveries from our Jacksonville location. Although efforts have been made to increase our HDM service in these areas, volunteer recruitment remains low post-pandemic especially in rural communities.
Year 3: A) Overall expansion for the City of Medford Home Delivered Meals indicates an increase of 39% in service. B) Overall expansion for Cave Junction Home Delivered Meals indicates an increase of 7%. The difficulty in recruiting volunteers in this service area has directly impacted our ability to serve more seniors. C) Overall expansion for the City of Grants Pass indicates an increase of 5% in service. OAA participation increased 15%, however there was a 20% reduction in Medicaid participants.

Goal: Increase Volunteer recruitment

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)

<table>
<tr><td rowspan="7"></td><td colspan="2"></td><td></td><td>Start Date</td><td>End Date</td></tr>
<tr><td>a</td><td>Utilize Facebook to increase awareness</td><td>Nutrition Program Director, Volunteer Coordinator</td><td>7/2/21</td><td>06/30/25</td></tr>
<tr><td colspan="5">Accomplishment or Update
Year 1: A) We continue to use Facebook as a successful tool to boost volunteer recruitment and program awareness. This platform allows us to target specific municipalities and/or service areas to further our reach. B) This platform also allows us to join other Facebook groups, such as Rogue Valley Volunteers and local Senior Centers to help promote volunteer opportunities. C) Since July 2021, our Facebook “Likes” have increased by 19% (from 403 to 481) and our followers have increased by 27% (407 to 516).
Year 2: Since July 2021, our Facebook “Likes” have increased by 32% (from 403 to 533) and our followers have increased by 38% (407 to 564).
Year 3: Since July 2021, our Facebook “Likes” have increased by 46% (from 403 to 589) and our followers have increased by 57% (from 407 to 641). Facebook has proven to be an excellent resource and method for volunteer recruitment and to raise awareness about the program.</td></tr>
<tr><td>b</td><td>Continue to use MOWA social media and recruitment materials/tools</td><td>Nutrition Program Director, Volunteer Coordinator</td><td>7/1/21</td><td>6/30/25</td></tr>
<tr><td colspan="5">Accomplishment or Update
Year 1: A) We continue to use MOWA social media and recruitment materials/tools when available. Every March we use their promotional materials for our Facebook “March for Meals” campaign to raise program awareness, recruit volunteers and educate our followers on the Older Americans Act.
Year 2: MOWA ad campaigns continue to air on local TV and radio stations.
Year 3: MOWA social media and recruitment tools continue to be an asset to the program. We have successfully incorporated their “Let’s Do Lunch,” “March for Meals,” and “#SAVELUNCH” campaigns to bolster both recruitment and program awareness. We also continue to benefit from their ongoing training webinars.</td></tr>
<tr><td>c</td><td>Continue to use various tools to outreach for</td><td>Nutrition Program Director, Nutrition</td><td>7/1/21</td><td>6/30/25</td></tr>
</table>

		volunteer recruitment and education.	Program Analyst, Volunteer Coordinator		
	Accomplishment or Update Year 1: A) See section "a & b" above. B) We continue to utilize local media sources (TV, radio & print) to promote volunteer needs and opportunities. C) We continue to schedule speaking opportunities with humanitarian service organizations such as local Rotary and Kiwanis Clubs as an opportunity to educate and recruit volunteers. D) Continued partnerships with other CBOs like the Community Volunteer Network aids in the promotion of volunteer opportunities. E) A brochure on Reporting Abuse of Older Adults and People with Physical Disabilities, made available by DHS, has been added to our educational material offerings at all of our meal sites to raise awareness and educate volunteers. Year 2: Overall, volunteer recruitment continues to be a challenge in many communities. As we attempt to expand service post-pandemic, we are challenged by low volunteer interest and recruitment numbers, despite all marketing efforts. We are currently seeking to fill 19 volunteer home delivery routes in Jackson County and 12 in Josephine County. A partnership with AmeriCorps/Community Volunteer Network allowed us to participate in a TV campaign consisting of a commercial ad and mention on the local news, both on air and online. Year 3: Volunteer recruitment continues to be a challenge program-wide with 15 HDM drivers needed in Jackson County and 12 HDM drivers in Josephine County (total = 27). Since the pandemic, we have seen a drop in volunteer interest especially in regard to meal site volunteers. Areas in our region that usually held a waitlist for volunteer needs now show a decline in interest altogether. Our program continues to use various methods for volunteer recruitment, program awareness, and education as mentioned above. Additionally, we placed a bilingual advertisement in the form of an RTVD transit bus wrap to help raise awareness in Jackson County that included one side in English, one in Spanish with both sides containing messaging for the LGBTQIA2S+ community.				
	d	Senior Advisory Council will continue meeting.	Communications & Outreach and Outcomes & Evaluations Committees	7/1/21	06/30/25
	Accomplishment or Update				

	Year 1: Nutrition Program provides quarterly updates at SAC meetings. Year 2: This is ongoing Year 3: The Nutrition Department continues to present at the SAC meeting on a quarterly basis. We hope to bolster our presence at the SAC meetings as a department of the AAA in the coming FY.

Goal: Identify and develop new partnerships

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)	
				Start Date	End Date
Establish MOU's	a	MOU agreement with Providence Hospital in Jackson Co as a back-up for meal production in the event of the main kitchen not functioning.	Nutrition Program Director & Nutrition Program Analyst	7/1/21	6/30/25
	Accomplishment or Update: Year 1: Year 2: This task will be explored in FY 23-24 Year 3: It was decided that the program would not pursue this goal, and instead, we have reached out to our Nutrition Contractor, TRIO, to establish an emergency plan for providing meals should the main kitchen become unusable to an emergency or disaster. The Emergency Plan was submitted to Food &Friends in May 2024. See Appendices – TRIO Emergency Plan.				
	b	MOU agreement with Three Rivers Asante medical center, Josephine Co. as a back-up for	Nutrition Program Director & Nutrition Program Analyst	7/1/21	6/30/25

		meal production in the event of the main kitchen not functioning			
	Accomplishment or Update: To explore in FY 23-24 Year 3: It was decided that the program would not pursue this goal, and instead, we have reached out to our Nutrition Contractor, TRIO, to establish an emergency plan for providing meals should the main kitchen become unusable to an emergency or disaster. The Emergency Plan was submitted to Food &Friends in May 2024. See Appendices – TRIO Emergency Plan.				
	c	MOU with OSU Extension Food Hero's publication permission to publish on our webpage	Nutrition Program Director & Nutrition Program Analyst	7/1/21	06/30/25
	Accomplishment or Update: To be explored in FY 23-24 Year 3: We completed an MOU with OSU to not only publish nutrition education information on our web-page, but to also provide training space, educational sessions, displays and exhibits.				

Goal: Increase access to additional nutrition education

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)	
				Start Date	End Date
Provide opportunities for access to additional	a	Partnership with OSU Extension to provide nutrition	Nutrition Program Director	7/1/21	6/30/25

nutrition education		education that is applicable to seniors.			
	Accomplishment or Update Year 1: A) We continue our partnership with the OSU Extension to offer nutrition education to our seniors. Due to the pandemic, these offerings were limited to handouts and classes offered via Zoom. Class information and educational materials are also shared via our Facebook page. B) We continue to promote the OSU Extensions "Better Bones and Balance" classes through both social media and in paper format for our clients. Year 2: Food & Friends met with OSU Extension staff in January 2023 to discuss bringing in-person Nutrition Education to the Josephine County Senior Resource Center and the Central Point Senior Resource Center FY 23-24. Year 3: A) We successfully reinvested in our partnership with the OSU Extension to bring live nutrition education back to our regular programming. B) We have implemented a quarterly "live" nutrition education activity in partnership with the Extension at the JoCoSRC.				
	b	Distribute OSU "Food Hero" newsletter. Distribute senior-appropriate nutrition education publications.	Outreach Coordinators & Meal Site Coordinators	7/1/21	6/30/25
	Accomplishment or Update: Year 1: Nutrition Education materials are provided to all HDM and congregate participants on a regular and ongoing basis. Year 2: This is ongoing Year 3: A) We continue to distribute the OSU's Food Hero for Seniors in both English and Spanish program wide. B) We also continue to promote the Extensions older adult educational and activity classes on our Facebook page.				
	c	Explore adding opportunities for online or internet-based	Contractor, Outreach Coordinators & Meal Site Coordinators	7/1/21	06/30/25

<table>
<tr><td rowspan="2"></td><td></td><td>Nutrition Education.</td><td></td><td></td><td></td></tr>
<tr><td colspan="5">Accomplishment or Update
Year 1: A) See section “a” above. B) Online nutrition education and cooking classes offered through our contractor, TRIO, are shared via our Facebook page.
Year 2: This is ongoing
Year 3: We continue to promote online opportunities for education hosted by both our nutrition contractor, TRIO, and the OSU Extension as mentioned above.</td></tr>
<tr><td rowspan="2">Measurable Objective

Assure Nutrition Program staff & volunteers are trained</td><td>a</td><td>Regular bi-monthly meetings for Nutrition Program staff</td><td>Nutrition Program Director and Administrative staff</td><td>7/1/21</td><td>06/30/25</td></tr>
<tr><td colspan="5">Accomplishment or Update
Year 1: A) We continue to provide bi-monthly meetings to update staff on new policies, protocols, guidelines and methods of nutrition education. We are currently using a hybrid format, offering both in-person and Zoom meetings.
Year 2: In summer 2022, RVCOG submitted our Service Equity Plan. This living document will help guide the Area Agency on Aging for District 8 in its ability to not only better serve the community in which it represents, but also enable us to become a better employer. Food & Friends has set goals within this document to assist in the development and execution of new approaches to outreach and our service model in hopes to better reach and serve all seniors eligible for our program, no matter how they identify. C) Food & Friends staff have completed training in collecting REALD data and information. D) In March and April 2023, Food & Friends staff have completed training in Diversity, Equity & Inclusion inline with RVCOG’s Service Equity Plan. E) May 2023, all RVCOG Management and staff, to include all Food & Friends admin and meal site staff, completed SAGECare training to strengthen our cultural competency so that we may better serve the LGBTQ+ senior members of our community.
Year 3: Food & Friends will continue to prioritize bi-monthly meetings to update staff on new policies, protocols, guidelines and methods of nutrition education. In addition, we will continue to present DEIB training on an annual basis in accordance with our Service Equity Plan.</td></tr>
</table>

	b	Volunteer orientations	Nutrition Program Director, Volunteer Coordinator and JoCo Volunteer Recruitment Staff.	7/1/21	6/30/25
	Accomplishment or Update Year 1: A) Due to the pandemic, we paused the practice of volunteer orientations. Instead, we combined the pertinent information regarding food safety and transportation practices into our volunteer intake process. B) The practice of distributing nutrition education to seniors with their HDMs is also addressed. Year 2: The Volunteer Coordinator is currently developing a plan to reintroduce the Volunteer Orientation, to include Maximizing Brief Encounters' "OLVR" training, into our post-pandemic training. Year 3: The program has reintroduced volunteer orientations into the volunteer onboarding process, separate from the volunteer intake. Orientations include OLVR training, coaching volunteers on the practice of observe, listen, validate, and respond.				
	c	MOWA webinars to provide training for administrative staff	Administrative staff	7/1/21	6/30/25
		Year 3: As mentioned above, we continue to offer all MOWA online training opportunities to all administrative staff. Any training information received that is deemed relevant for meal site staff to receive is then presented at our ongoing bi-monthly staff meetings.			

Goal: Improvements to Service Equity

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)	
				Start Date	End Date
Make available program materials for	a	The translation, production and distribution of	Nutrition Program Director	7/1/21	12/31/23

Spanish speaking individuals and increase frequency of culturally specific meals.		program materials in Spanish; Including the program brochure, client information sheets and agreement form.			
	Accomplishment or Update: Year 2:) Our program brochure was updated in 09/2022 to be more inclusive of diverse populations, including LGBTQIA2S+, in its imagery and text. The updated brochure was also translated into Spanish in 10/2022. Year 3: A) The program continues to update program materials to be more inclusive, in accordance with our Service Equity Plan, and we are in the process of working towards developing Spanish versions of our program intake forms for participants. B) Our Volunteer Brochure has been updated and translated into Spanish. C) Our program pop-up banner has also been updated to be more inclusive in its representation.				
	b	To make available nutrition education materials in Spanish on a quarterly basis.	Nutrition Program Director	7/1/22	6/30/25
		Year 3: Starting in 2023 our program began distributing the OSU Extensions Food Hero for Seniors in both English and Spanish on a monthly basis.			
	Accomplishment or Update:				
	c	Incorporate more culturally-specific meals into our menus.	Nutrition Program Director, Nutrition Program Analyst, Home Delivery Coordinator	7/1/21	6/30/23
	Accomplishment or Update				

	Year 1: A) In 2021, we introduced “Around the World” menu items to bring more diverse and culturally specific meals to our program. We continue to receive good feedback from our staff and seniors regarding these meals. B) We are working with our contractor, TRIO, so that more meals can be developed and introduced to our menu offerings. Year 2: This project has been well received by our clients and has been a success throughout 2022 and into 2023. We will continue to offer a new “Around the World” menu item each month while we incorporate the successful meals from the previous year into our regular rotation of menu items. Our goal is to offer at least one culturally specific meal a week as a regular menu item. D) We have attended State facilitated Nutrition Program Coordinator meetings with other nutrition programs to discuss and learn how they are providing culturally specific meals to meet the dietary needs for their participants. Food & Friends has requested this continue to be a topic of discussion in these meeting as we can learn a great deal from the programs in areas rich in cultural diversity already providing these meals. As the face of the senior population in our service area continues to change and grow, we are educating ourselves on the procurement of these meals, so we are better able to meet the need, as it arises. Year 3: Our “Around the World” menu items continue to thrive and be a success. We continue to introduce a new “Around the World” meal the first Friday of each month and this practice has been added to our contract as a program requirement with our Nutrition Contractor, TRIO (FY 23-24). The successful meals are now incorporated as regular weekly reoccurring menu items, with up to 5 culturally specific meals being offered per month.

<u>Goal: Redevelop service areas devastated by fires.</u>

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)	
				Start Date	End Date
Provide outreach and improve availability of	a	Area-specific outreach activities in the	Outreach Coordinator & Nutrition Program Director	7/1/21	6/30/25

service to seniors returning to areas affected by the Almeda Fire,		cities of Talent & Phoenix such as mobile home park canvasing and advertisements in local papers and newsletters to increase HDM services. Increase in HDM services by 20-25%/year until we regain pre-wildfire service levels.			
	Accomplishment or Update Year 1: A) We have ramped up outreach efforts in the cities of Talent and Phoenix, both affected by the Almeda fire of 2020. B) Outreach strategies include the canvasing of redeveloped mobile home parks, advertising in local papers and utility bills and guest spots on a local radio station highlighting the program. C) Due to the slow redevelopment in these two municipalities, outreach efforts have had mixed results. Many seniors displaced by the fire have yet to return to the area, so growth has been slow. Year 2: Our HDM clients in both Talent and Phoenix have seen growth throughout the current FY. Our HMD participants in the City of Talent increased from 5 participants on one HD route post Almeda Fire to 24 participants on two HD routes, a 480% increase. HDM participants in Phoenix have increased by 100%, from 15 to 31 post Almeda Fire. We hope to see continued growth in the TAL/PHX service areas as both municipalities recover from the fire. Year 3: Our outreach and development efforts in the Talent/Phoenix service areas have been a success. Our growth in Talent over the 4-year period has maintained at a growth of 440% with 22 HDM participants on 2 service routes. In Phoenix, we have been able to increase HDM participation by 253%, serving 38 participants on 4 service routes.				

<table>
<tr><td rowspan="2"></td><td>b</td><td>Provide outreach services to inform former and potential new clients of the congregate meal site in the city of Talent upon reopening.</td><td>Nutrition Program Director</td><td>7/1/21</td><td>6/30/25</td></tr>
<tr><td colspan="5">Accomplishment or Update
Year 1: This item is pending, although it is our hope to recruit enough new volunteers to allow the Talent site to reopen for congregate dining Summer/Fall 2022.
Year 2: Due to the slow recovery of the Talent/Phoenix service area, our Talent meal site has closed indefinitely. We will continuously reassess the re-opening of the Talent meal site as these two communities continue to rebuild.
Year 3: Due to effects of the pandemic and the Almeda Fire, our Talent meal site has closed with no current plans for reopening. This meal site operated 3 days per week, serving an average of 12 participants per day. We are now referring older adults seeking congregate dining to our Ashland location which provides meal service 5 days a week.</td></tr>
</table>

C-3 Health Promotion Programs

Provide services that maintain or empower health including services for those with chronic conditions and diabetes.

SDS uses Title IIID and other funds to pay for a variety of evidence-based activities.

Up through spring 2019, SDS delivered Chronic Disease Self-Management Education Programs, but loss of State General Funds forced us to suspend

delivery. RVCOG is now licensed under the Oregon Wellness Network to deliver these programs, and under the umbrella of this license, La Clinica, a system of clinics that provides culturally-appropriate, accessible healthcare for all in Jackson County, delivers Spanish CDSME. Additionally, SDS supports La Clinica by providing materials, training support, and reporting to the Oregon Wellness Network.

In October 2019, the agency began offering the National Diabetes Prevention Program (NDPP), knowing that other funding sources could be developed through Medicare and private insurers to pay for the program. The class continued virtually due to COVID-19, and a virtual NDPP class started in 2021.

In order to support the second year of DPP, and also participants in the Behavioral Health programs, some staff have been trained in the Walk With Ease program, which will be implemented when staffing allows.

The agency has been supporting Buried in Treasures, an evidence-based program to address the issue of hoarding behavior with IIIB funding.

Finally, SDS has a robust PEARLS (Program to Encourage Active and Rewarding Lives for Seniors) program to address mild to moderate depression in seniors. This program was funded until July 2020 with state Mental Health funding, and the agency hopes to continue this program with some support from IIID Prevention and Health Promotion funding. In 2022, SDS was again awarded state Mental Health funding for the PEARLS program. In July of 2023, SDS was awarded an ODHS mental health grant to help support the program.

All of these programs are grounded in a person-centered approach that supports each individual's preferences and choices related to the program goal. SDS works

with our local CCOs, hospitals, and other partner agencies to provide information about these programs, to which they can refer their most at-risk populations. ADRC staff are made aware of each program and referral process for seamless referrals to meet presenting needs of ADRC callers.

Promotional materials are distributed at a variety of venues including health fairs, senior and community centers, hospitals, and other community events focused around older adults. Advertising has also been done in print, radio, and television formats to promote the programs that RVCOG offers in order to reach at-risk and vulnerable populations. RVCOG is and will continue to partner with initiatives that support the health and wellness of LGBTQIA2S+ older adults. This work is currently carried out through the SAC Advocacy Committee.

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 will strive to develop contracts with local CCOs, as well as a system for billing CMS, in order to support our current programs.

Through strong advocacy work with the Senior Advisory Council and RVCOG staff, the Mental Health Access Improvement Act passed Congress in December 2022. Beginning January 1, 2024, mental health services under Medicare will include mental health counselors and marriage and family therapists who have the same training and education. These providers will now be able to be reimbursed by Medicare. This bill closes an access gap by adding these providers to the list of those accessible to Medicare beneficiaries.

The Senior Advisory Council worked with AAAs, USAging, and lobbyists across the country to make this bill a priority for legislators and increase access to needed mental health services in rural areas.

The Older Adult Behavioral Health Specialist (OABHS), a position funded through a subcontract with Jackson County Mental Health until June 2021, provided many workforce development and community education events attempting to promote healthy aging in Southern Oregon. Topics included brain health/dementia, substance use, depression, and end of life planning. Trainings on similar topics will now be provided by the two current OABHSs in Jackson and Josephine Counties, SDS staff and RVCOG contractors as available.

Problems/Needs:
Health promotion programs address the social determinants of health, an understanding which is gaining broader support from the Centers for Medicare and Medicaid (CMS) and Coordinated Care Organizations (CCOs). Only recently have providers embraced the clearly demonstrated outcomes of self-management and other health promotion programs. The agency is working closely with the Oregon Wellness Network on an initiative to begin billing CMS and contract with CCOs to support NDPP and PEARLS, as well as a new evidence-informed program that was developed with a COVID ADRC/ACL grant, "OPAL" (Options for People to Address Loneliness; See Behavioral Health Section).

In September 2020, several devastating wildfires burned through Jackson County, destroying 2,364 homes, the majority of which were located in manufactured home parks and RV parks. Seniors were disproportionally impacted by the wildfires; 1,070 of whom were identified as losing their homes in these parks. While rebuilding efforts are underway, housing, as a social determinant of health,

must be viewed as foundational to the health of older adults. With this in mind, RVCOG's LifeLong Housing Certification program, whose aim is to increase the availability of accessible homes, will be widely promoted.

<u>Goal.</u> Improve health outcomes by offering person-centered Health Promotions programming to meet the needs of the most vulnerable populations in our service area.

<table>
<tr><th rowspan="2">Measurable Objectives</th><th rowspan="2" colspan="2">Key Tasks</th><th rowspan="2">Lead Position & Entity</th><th colspan="2">Timeframe for 2021-2024 (by Month & Year)</th></tr>
<tr><th>Start Date</th><th>End Date</th></tr>
<tr><td rowspan="3">Continue to offer NDPP class annually.</td><td>a</td><td>Recruit participants for and have newly trained staff offer a NDPP class</td><td>SDS Program Supervisor</td><td>7/1/21</td><td>6/30/2025</td></tr>
<tr><td colspan="5">Accomplishment or Update
<u>Year One Update:</u> Two new SDS staff and three LaClinica staff were trained to facilitate DPP classes.
Year 3: Delivery of the NDPP has been problematic due to the year-long term of the program. For this reason, focus has shifted to delivering the Diabetes Empowerment Education Program (DEEP), an 8 session program, instead. DEEP is an evidence-based program developed by the University of Illinois Chicago for use in low-income, racial and ethnic minority populations. Currently, one SDS staff member is trained and a SAC member is in training, with plans to deliver the program in Cave Junction this fiscal year.</td></tr>
<tr><td>b</td><td>Work with local CCOs, hospitals, and other agencies to establish referral procedure for</td><td>SDS Program Director, SDS Program Supervisor</td><td>7/1/21</td><td>6/30/2025</td></tr>
</table>

		vulnerable and at-risk populations.			
	Accomplishment or Update Year One Update: SDS and Food & Friends joined ConnectOregon/UNITE US to increase ease of referrals to our health promotions classes. We have established a relationship with Asante and as of May 2022 Asante is exploring the possibility of offering classes. In April, we renewed our MOUs with our two CCO's, AllCare and Jackson Care Connect to include referral to our health promotion classes. Year 2: SDS continues to use Connect Oregon/Unite Us for referrals. Year 3: RVCOG continues to use Connect Oregon/Unite Us for referrals to AAA services.				
	c	Work with Oregon Wellness Network to establish CMS billing procedures and develop agreements with local CCOs to provide health promotion programs.	SDS Program Supervisor	7/1/21	6/30/25
	Accomplishment or Update Year 1 : this is ongoing. Year 2: This work is ongoing Year 3: A contract with OWN for CMS billings has been established.				

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)	
				Start Date	End Date
Offer at least one DPP series in Spanish by 2023	a	Expand health promotion program outreach to Spanish-speaking	SDS Program Supervisor, bilingual SDS staff	7/1/21	06/30/23

		community through LINC			
	Accomplishment or Update Year 1: SDS staff provided updates on health promotions classes to LINC in Jackson and Josephine counties Year 2: SDS staff provided updates on health promotions classes to LINC in Jackson and Josephine counties. UNETE Resource Fair, Almeda Anniversary Commemoration and Medford Multicultural Fair. Through a contract with a translation service, SDS materials were translated into Spanish and distributed widely.				
	b	Offer at least one Diabetes Prevention Program in Spanish.	SDS Director, SDS Program Supervisor, bilingual SDS staff	7/1/21	12/31/23
	Accomplishment or Update Year 1: LaClinica is currently offering a DPP class in English and is slated to offer the next DPP class in Spanish. Year 2: LaClinica offered a DPP class in 2022, but was canceled due to lack of enrollees. In 2023, a DPP class in Spanish will be held.				

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)	
				Start Date	End Date
Continue to partner with LaClinica to offer Spanish Chronic Disease Self-Management Classes	a	Ensure LaClinica staff and volunteer leaders maintain active leader status with program	SDS Program Supervisor, Program and Advocacy Coordinator	7/1/21	6/30/25
	Accomplishment or Update Year 1: 3 LaClinica staff were trained in DPP this year but not in CDSME. Year 2: Two LaClinica staff and one SDS staff were trained in CDSMP				

	Year 3: LaClinica continues to deliver CDSME classes in Spanish.				
	b	Continue to provide training, supportive materials, and reporting for all CDSME classes delivered	SDS Program Director, Program and Advocacy Coordinator	7/1/21	6/30/25
	Accomplishment or Update Year 1: We did not offer a CDSME class this year due to staff shortages. Year 2: SDS and La Clinica are holding a CDSMP class in August of 2023. Year 3: LaClinica continues to offer CDSME classes in Spanish. SDS promotes these classes in eblasts and on Facebook.				

Measurable Objectives Continue to offer PEARLS and Buried in Treasures	Key Tasks		Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)	
				Start Date	End Date
	a	Maintain at least 6 ongoing PEARLS participants monthly	SDS Program Supervisor, Behavioral Health staff	7/1/21	6/30/25
	Accomplishment or Update Year 1: SDS exceeded this goal. For Q1, July through Sept. 2021, the PEARLS program received 25 new referrals, screened 10, and enrolled eight. Four PEARLS participants completed the program, and program staff provided seven home visits, 23 phone sessions, and had six new referrals on the waitlist. For Q2, Oct. through Dec. 2021, the PEARLS program received 24 new referrals, screened five, and enrolled four new participants. One participant completed the program, and PEARLS staff provided one home visit (due to high COVID surge and hospitalizations, and staff transition), 18 phone sessions and had 2 new referrals on the waitlist. For Q3, Jan. through Mar. 2022, the PEARLS program received 31 new referrals, screened eight and enrolled five new participants into the program. Two PEARLS				

<table>
<tr><td rowspan="6"></td><td colspan="5">participants completed the program, and PEARLS staff provided 14 home visits, three phone sessions, and had four referrals on the waitlist.
For Q4, April through May 2022, the PEARLS program received 15 new referrals, screened two, and enrolled one new participant. One participant completed the program, and PEARLS staff provided 21 home visits, three phone sessions, and had a waitlist of 10.
Year 2: For FY 22-23 PEARLS staff having been averaging 4 participants per month. This has decreased due to also seeing OPAL clients and working with more complex clients.
Year 3: for FY 23-24, PEARLS clients averaged 3.33 per month with an average of 22.5 sessions per month. The decrease in PEARLS participants can be attributed to a decrease in eligible referrals. Consumers who are not eligible for PEARLS are screened for OPAL eligibility. An average of 2 OPAL participants are served each month with an average of 14.33 sessions per month.</td></tr>
<tr><td>b</td><td>Offer at least one Buried in Treasures Class per year</td><td>SDS Program Supervisor, Behavioral Health staff</td><td>7/1/21</td><td>6/30/25</td></tr>
<tr><td colspan="5"><u>Year 1:</u> Due to staffing shortages, no BIT class was offered this year. We remain in contact with key Older Adult Behavioral Health Specialist Jill Williams and receive updates from Multnomah Buried in Treasures Task Force. We referred clients to the Multnomah Buried in Treasures Task Force for online Buried in Treasures workshops.
Year 2: Due to staffing shortages, no BIT classes were offered for FY 22-23.
Year 3: A successful BIT workshop series was completed in FY 23-24 with eight total participants and six program completions. Another 16-week workshop series is being considered for the 24-25 fiscal year.</td></tr>
<tr><td>c</td><td>Work with Oregon Wellness Network to establish any possible CMS billing procedures.</td><td>SDS Program Supervisor, SDS Program Director</td><td>7/1/21</td><td>6/30/25</td></tr>
<tr><td colspan="5">Accomplishment or Update
<u>Year One Update:</u> this is on-going.
Year 2: RVCOG meets monthly with Oregon Wellness Network to establish CMS billing procedures.
Year 3: An agreement is in place for CMS billing of PEARLS services through OWN.</td></tr>
</table>

<table>
<tr><th rowspan="2">Measurable Objectives

Promote accessible housing for older adults and adults with disabilities through the LifeLong Housing Initiative and advocacy for accessible housing</th><th colspan="2" rowspan="2">Key Tasks</th><th rowspan="2">Lead Position & Entity</th><th colspan="2">Timeframe for 2021-2024 (by Month & Year)</th></tr>
<tr><th>Start Date</th><th>End Date</th></tr>
<tr><td rowspan="3"></td><td>a</td><td>Maintain SDS staff to advocate for the LifeLong Housing Certification program</td><td>SDS LifeLong Housing Staff, SDS Program Director</td><td>7/1/21</td><td>6/30/25</td></tr>
<tr><td colspan="5">Accomplishment or Update
Year 1; One SDS staff member dedicates 8 hours/week to this work.
Year 2: SDS continues to have one staff member working 8 hours per week for the LifeLong Housing Initiative. The local Lifelong Housing Advisory Committee certified 22 homes this year. Age + is building a small housing complex for seniors in Talent. All units will be Lifelong Housing certified. The Lifelong Housing Certification Project is moving ahead to create its first replication pilot project at HASL in Grants Pass.

Year 3: LifeLong Housing Certification efforts and program education continue. Additional certificates have been issued and additional trainings have been provided. Work is also underway to update promotional materials.</td></tr>
<tr><td>b</td><td>Coordinate with local groups, organizations, and services providers who target LGBTQIA2S+, Native Americans, persons experiencing homelessness, persons of low-</td><td>SDS Staff, including the Program and Advocacy Coordinator and SAC/DSAC Advocacy Committee</td><td>7/1/21</td><td>6/30/25</td></tr>
</table>

		income, and at risk elders and adults with physical disabilities to advocate for accessible housing bills in the Oregon Legislature for two Legislative sessions.			
	Accomplishment or Update Year 1: We designate one PT staff person as the LifeLong Housing Coordinator. She reaches out to all the groups named in the key tasks column. Last year, RVCOG spearheaded a Visitability Bill; unfortunately, it was not passed by the Oregon Legislature. We are currently working with Representative Pam Marsh on legislation for the 22-23 Session. Year 2: This is ongoing. Year 3: This remains an ongoing effort, with some progress – see Section C update below.				
	C	Introduce bills for accessible housing and locate bill sponsors for two Legislative sessions.	SDS Staff, including the Program and Advocacy Coordinator and SAC/DSAC Advocacy Committee	9/1/21	6/30/23
	Accomplishment or Update Year 1: Please see above for information on our legislative advocacy Year 2: 2023 session HB 2889 (Amends Oregon Housing Needs Analysis and land use requirements for local governments related to urbanization—Include needs for accessible housing in OHCS annual housing needs analysis; added definitions of accessible housing and requited to be included in local land using planning) worked with Dept of Land Conservation and Development) Committee of statewide disability agencies and advocates worked with DLCD. Bill is on Governor's desk for signature. Also 2023 Session HB 3309 (Requires OHCS to report annually on the number of accessible units created during the year to the Legislature and				

	requires the OHCS Housing Stability Council, that approves grants and loans for affordable housing, to consider accessibility and to include people with disabilities and advocates on the council). Disability Rights Oregon wrote legislative concept, and we and a coalition of Statewide and Metro-centric housing and disability groups helped refine the wording, worked with committee leadership, and testified on behalf of the bill. Rep Valdarama was the lead sponsor. HB3309 has passed House and Senate and is on Speaker's desk awaiting signature. Year 3: HB3309 was passed and signed by the Governor. The first Housing and Community Services Department report that includes, of the dwelling units that the department provided loans, grants or other funding awards to, the number and percentage that include accessibility features of an accessibility category recognized under a state building code established under ORS 455.030 is due by September 15, 2024.

C-4 Family Caregivers (OAA Title IIIE)

Family Caregiver Support and Training – Provide access to a range of services to support family caregivers.

In December 2018, RVCOG convened a Strategic Planning for Caregiver Initiative meeting to review current family caregiver services, identify gaps, and develop and prioritize strategies for meeting gaps. Meeting participants included service providers, Senior Advisory Council members, Southern Oregon Center for Community Partnerships Board members, community members, and AAA staff. The majority of the participants were, or have been, family caregivers. As a result the following list of priorities was developed:

1. Education/training (caregiver support)
2. General population awareness
3. Provide a caregiver college
4. Provide more respite/day care (caregiver support)
5. Provide workplace education
6. Do advocacy to increase funding/capacity
7. Provide home modifications (caregiver support)
8. Provide support groups (caregiver support)

RVCOG is utilizing these priorities to inform local program development and service delivery. At this time, emphasis is being placed on priorities 1,2, 4, and 8.

Current Family Caregiver services include: Access to Caregiver Support, ADRC I&R and Options Counseling for family caregivers, Powerful Tools for Caregivers, and respite. With the Public Health Emergency winding down, RVCOG will begin to offer Powerful Tools for Caregivers both in-person and virtually. RVCOG does not currently have staff trained in Teepa Snow's Positive Approach to Care or STAR-C. During the intake process, caregivers may be referred to any of the above programs or other community resources as dictated by their situation.

SDS strives to provide inclusive and equitable programming that addresses the wide variety of family systems and populations in the community, including related family, domestic partnerships, those not related by blood or marriage, LGBTQIAS2S+ families and other types of unpaid caregivers. This programming is designed to address the following situations:

Limited English-speaking and ethnic caregivers, including Native American caregivers: RVCOG employees have access to the language line to assist with simultaneous translation services for family caregivers who are non-native English speakers. RVCOG is also making targeted outreach attempts to Native American caregivers including being available to distribute information at the Annual Native Caregiving Conference held this year.

Caregivers in the Greatest Economic and Social Need: Though RVCOG does not screen based on income, consumers are asked if they are able to hire an outside caregiver. In general, most report they do not have the resources to make such a hire, and therefore have to depend on relatives to provide the service. Unfortunately, a significant number of family caregivers receiving support also have physical and developmental/intellectual disabilities.

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 SDS Service Coordinators (ongoing Access to Caregiver Support) 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 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 continues to reach out to the LGBTQIA2S+ community to provide information about services and resources. One of our SAC members and our local Community Services and Supports liaison have strong contacts with the local LGBTQIA2S+ communities and have been assisting with outreach.

Grandparents/Relatives Raising Children: There is a support group in Grants Pass called "Grandparents as Parents," which has been meeting weekly for over 15 years. A partnership with Boys and Girls Club allows for the space and free child care during these group meetings. Although this group is located in Grants Pass, grandparents from Jackson County have been invited to attend. RVCOG provides resource materials to the support group. Though RVCOG is not directly involved in running this support group, it provides resource materials, refers grandparents to the group, and recruits support group members to participate in the Powerful Tools for Caregiving workshops and encourages members to take advantage of other RVCOG AAA services. Although the group has not been meeting since the COVID-19 pandemic began, members are using phone calls to continue to provide support.

Older individuals caring for people with disabilities, including developmental disabilities: RVCOG partners with HASL, the Center for Independent Living.

The Family Caregiver Program utilizes the Family Caregiver intake form, from GetCare/RTZ, which screens and assesses callers for demographic, health status, income, living situation, and whether an action plan needs to be generated.

Until the winter of 2020, a waitlist for Family Caregiver referrals was not necessary, because we were able to provide services to all referrals immediately. Because of staffing issues created by the loss of two Family Caregiver staff, a waitlist for FCG referrals was established in winter of 2020 which identified the need for prioritizing those on the waitlist using the service equity categories mentioned above. See goals below to address these issues. For the fiscal year of 2022, a family caregiver waitlist was again implemented. The reasoning for this waitlist was due to funding. We had 235 Family Caregivers enrolled within our program for the 21-22 fiscal year. With these higher consumer counts, RVCOG had to place individuals on a waitlist until funding becomes available.

Focus Area – Family Caregivers

Goal: Increase support options for Family Caregivers

<table>
<tr><td rowspan="4">Measurable Objectives

Re-start the delivery of in-person Powerful Tools for Caregivers</td><td colspan="2" rowspan="2">Key Tasks</td><td rowspan="2">Lead Position & Entity</td><td colspan="2">Timeframe for 2021-2024 (by Month & Year)</td></tr>
<tr><td>Start Date</td><td>End Date</td></tr>
<tr><td>a</td><td>Train staff in the Powerful Tools for Caregivers program</td><td>SDS Program Supervisor</td><td>7/1/21</td><td>12/31/21</td></tr>
<tr><td colspan="5">Accomplishment or Update
Year 1: During this fiscal year, Staff trained in Powerful Tools for Caregivers and Positive Approach to Care have left the agency and new staff will need to be trained to offer these services.
Year 2: SDS was able to provide training for 2 staff members to be trained in the delivery of Powerful Tools for Caregivers. SDS Program Supervisor began discussing collaboration with Douglas County to offer Powerful tools virtually for consumers that are within both service areas and the first class has been scheduled for Summer 2023.
Year 3: A workshop was held in spring of 2024. Another staff member will be training to take the place of a trained staff member who resigned due to relocation.</td></tr>
</table>

	b	Promote the program with current and new community partners when in-person classes become possible	SDS Program Supervisor,	7/1/21	6/30/25
	Accomplishment or Update Year 1: Outreach to community partners includes the Family Caregiver Support Program and all other SDS programs. Year 2: Outreach to community partners is ongoing. Now that more in-person events are happening, Family Caregiver Support Program information is included at all events. Year 3: Outreach continues to ensure that Family Caregiver Support resources are known in the community.				
	c	Deliver at least two Powerful Tools classes per year	SDS Program Supervisor, SDS Program Director	7/1/21	6/30/25
	Accomplishment or Update Year 1: SDS Director and SDS Program Supervisor have been discussing with Asante Health the possibility of Asante Staff being trained to lead in person workshops. Due to staff shortages, SDS was unable to deliver a PTC class. Year 2: With 2 new staff members trained to deliver Powerful Tools for Caregivers, RVCOG plans to offer a class in late Summer or early Fall. Year 3: A Powerful Tools for Caregivers workshop was successfully delivered in Spring of 2024.				

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)	
				Start Date	End Date
Develop and deliver one remote (Zoom)	a	Ensure key staff have technology access and	SDS Program Supervisor	7/1/21	12/31/21

Powerful Tools class		support for delivering online classes.			
	Accomplishment or Update Year 1: SDS has 2 separate zoom accounts to be able to schedule virtual PTC workshops as staffing allows Year 2: SDS maintains these zoom accounts to allow for virtual classes				
	b	Develop and train staff and volunteers in online program delivery	SDS Program Supervisor,	7/1/21	12/30/21
	Accomplishment or Update Year 1. Due to the Pandemic, recruitment of volunteers has continued to be a challenge. Year 2: The challenges regarding volunteer recruitment continued, however, SDS was able to train 2 staff to deliver the program this year. Volunteer Recruitment: SDS participated in 19 tabling and community events this year and attempted volunteer recruitment at each of these, especially at ACCESS' Senior Fair, Community Volunteer Network's Volunteer Fair, UNETE Resource Fair, Multicultural Fair, HASL Accessibility Fair, Grants Pass Senior Resource Center Fair, Central Point Senior Resource Fair, and the Osher Lifelong Learning Institute's Open House. SDS also collaborated with AmeriCorps Volunteers through Community Volunteer Network to produce a public service announcement about volunteers needed for SDS programs.				
	c	Deliver remote Powerful Tools classes as needed	SDS Program Supervisor	10/1/21	6/30/25
	Accomplishment or Update Year 1: Due to staffing shortages, SDS has not been able to begin delivering Powerful Tools workshops remotely. Year 2: This is still in development with the hope of a class being offered remotely this coming Summer				

	Year 3: A virtual class was completed in collaboration with Douglas County AAA. Note that the program does not allow for hybrid classes; they must either be all in-person or all virtual.

Measurable Objectives		Key Tasks	Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)	
				Start Date	End Date
Develop and deliver at least one remote or in-person Spanish Powerful Tools class	a	Identify volunteer leaders and provide Powerful Tools Leader Training	SDS Program Supervisor	7/1/21	6/30/22
	Accomplishment or Update Year 1: This has not yet been implemented Year 2: Volunteer recruitment has still been a challenge and there are no volunteers at this time who could assist with a class. Year 3: Now that a class has been completed, we hope to secure a volunteer to become a leader.				
	b	Work with community partners, including La Clinica, to connect with and support Spanish-speaking caregivers	SDS Program Supervisor	1/1/22	6/30/25
	Accomplishment or Update This has not yet been implemented. SDS will continue to reach out to community partners to assist in providing resources for caregivers whose preferred language is not English.				
	c	Deliver Spanish Powerful Tools class	SDS Program Supervisor	7/1/22	6/30/25

	Accomplishment or Update This has not yet been implemented.

<table>
<tr><th rowspan="2">Measurable Objectives

Initiate and support creation of a more general Family Caregiver Support Group (i.e., not focused on a particular need group)</th><th colspan="2" rowspan="2">Key Tasks</th><th rowspan="2">Lead Position & Entity</th><th colspan="2">Timeframe for 2021-2024 (by Month & Year)</th></tr>
<tr><th>Start Date</th><th>End Date</th></tr>
<tr><td rowspan="8"></td><td>a</td><td>Locate partner agency to host support group</td><td>SDS Program Supervisor</td><td>7/1/21</td><td>6/30/22</td></tr>
<tr><td colspan="5">Accomplishment or Update
This objective needs to be explored.</td></tr>
<tr><td>b</td><td>Provide training and information on conducting a FCG support group</td><td>SDS Program Supervisor</td><td>7/1/22</td><td>12/30/22</td></tr>
<tr><td colspan="5">Due to being short staffed, this task has not yet been explored.
Year 3: Now that a successful class has been delivered, staff will explore options for support group formation and meeting format.</td></tr>
<tr><td>c</td><td>Refer FCG consumers to support group</td><td>SDS Program Supervisor</td><td>1/1/23</td><td>6/30/25</td></tr>
<tr><td colspan="5">Accomplishment or Update
Due to being short staffed, this task has not yet been explored.
Year 3: Now that a successful class has been delivered, participants will be approached to secure interest in joining a support group.</td></tr>
<tr><td>d</td><td>Provide small stipend for supplies and snacks for first year of support group</td><td>SDS Program Supervisor</td><td>1/1/23</td><td>6/30/25</td></tr>
<tr><td colspan="5">Accomplishment or Update
This objective will be revisited once support groups are scheduled.
Year 3: Funding for supplies and snacks will be provided once groups begin meeting.</td></tr>
</table>

Goal: Greater Outreach and Education to support diverse family caregivers.

<table>
<tr><td rowspan="6">Measurable Objectives

Communicate with at least 6 key community partners about ongoing supports for Family Caregivers</td><td colspan="2" rowspan="2">Key Tasks</td><td rowspan="2">Lead Position & Entity</td><td colspan="2">Timeframe for 2021-2024 (by Month & Year)</td></tr>
<tr><td>Start Date</td><td>End Date</td></tr>
<tr><td>a</td><td>Provide RVCOG printed program materials, including Family Caregiver Respite pamphlets, to community partners.</td><td>SDS Management Team, staff</td><td>7/1/21</td><td>6/30/25</td></tr>
<tr><td colspan="5">Accomplishment or Update
SDS staff promoted all programs when attending outreach events including information about the Family Caregiver Support Program. Examples of outreach include events at low income apartment complexes that are for primarily older adults. Outreach to specific organizations who interface with caregivers such as La Clinica, Rogue Community Health and other agencies with mutual consumers.
Year 2: This work continues and we have presented about these programs to La Clinica medical staff and Behavioral Health staff.</td></tr>
<tr><td>b</td><td>Keep ADRC staff up to date on all available supports, including Teepa Snow (PAC) and STAR-C counseling, Respite</td><td>SDS Program Supervisor, ADRC Lead</td><td>7/1/21</td><td>6/30/25</td></tr>
<tr><td colspan="5">Accomplishment or Update
SDS staff meet monthly to provide updates on all programs including the Family Caregiver Support Program and respite services available.</td></tr>
</table>

	Year 2: PAC and STAR C are not being offered currently, but all other supports available to family caregivers are being discussed, if needed, at the monthly SDS meetings. SDS leadership has met with those who previously offered STAR C training and there is currently no plan to offer trainings in the near future. Year 3: SDS staff is considering reimplementing the STAR-C program. Teepa Snow's Positive Approach to Care training is expensive and will be revisited in the next fiscal year's budget.				
	c	Offer community presentations at churches and other local groups.	SDS Program Supervisor	7/1/21	6/30/25
	Accomplishment or Update Year 1: As the COVID 19 pandemic passes more outreach to local organizations and churches will become possible again. Year 2: In person presentations have been increasing with the public health emergency coming to an end. Year 3: Presentations to various community partners and groups continues to return to pre-pandemic levels.				

Goal: Sustain Ongoing Respite Opportunities for Family Caregivers, including for underserved populations

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)	
				Start Date	End Date
Continue to assist family caregivers in arranging for respite through self-selected caregiver or agency caregiver, with the aim of increasing the	a	Maintain contracts with local in-home care providers to provide respite services for family caregivers.	SDS Management,	7/1/21	6/30/25
	Accomplishment or Update SDS has 2 contracts with in-home care agencies to provide respite services.				

<table>
<tr><td rowspan="7">percentage of underserved population.

(underserved populations include: LGBTQIA2S+, caregivers of color, and limited English proficiency)</td><td colspan="5">Year 2: Contracts have continued with the in-home care agencies to provide respite services.
Year 3: In-home care agency contracts for respite services continue.</td></tr>
<tr><td>b</td><td>Continue to distribute updated printed materials that explain the program, including in Spanish</td><td>SDS Program Supervisor,</td><td>7/1/21</td><td>6/30/25</td></tr>
<tr><td colspan="5">Accomplishment or Update
Year 1: SDS staff continue to participate in outreach events and include Family Caregiver information. Examples include, presentations to Community Volunteer Network staff, articles in the Silver Pages and tabling events through the Housing Authority of Jackson County
Year 2: After being on hold for the pandemic, Access held its annual Senior Fair in Jackson County. This is the largest outreach event that SDS participates in and is comprised of underserved populations such as the rural aging population, LGBTQ, and individuals of color. SDS also attended the Native Caregiving Conference and distributed FCG material.
Year 3: Outreach efforts have now grown beyond pre-pandemic levels. RVCOG participated in 22 fairs and gatherings in the 23-24 fiscal year.</td></tr>
<tr><td>c</td><td>Offer community presentations at churches and other local groups including those who are underserved.</td><td>SDS Program Supervisor</td><td>7/1/21</td><td>6/30/25</td></tr>
<tr><td colspan="5">Accomplishment or Update
This task will need to be developed.
Year 3: Community presentations have increased and planning is in progress to increase the reach to our underserved populations.</td></tr>
<tr><td>D</td><td>Using REALD data, when available,</td><td>SDS Program Supervisor</td><td>7/1/22</td><td>12/31/22</td></tr>
</table>

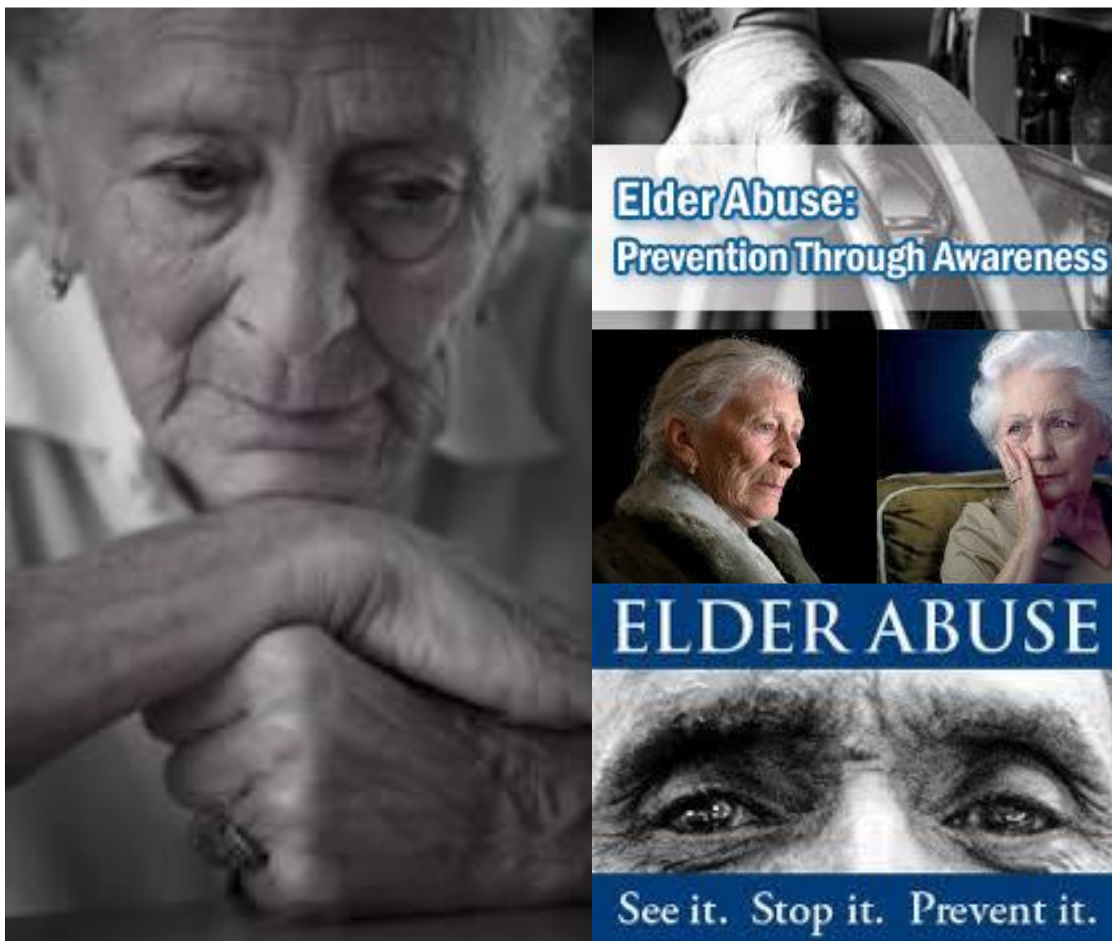
		quantify underserved populations in the respite program.			
	Accomplishment or Update We began gathering REAL-D data in March of 2022. SDS Program Supervisor is able to provide quantifiable data for underserved populations.				
	E	Increase those served in underserved populations by 5%.	SDS Program Supervisor	1/1/23	6/30/25
	Accomplishment or Update Since this in-depth data had not been gathered until March of 2022, more information/data is needed to be able to accurately depict an increase in underserved populations. Year 3: Now that more REAL-D demographics are available, the data shows the following: 2022-2023 Hispanic and Latino – 2.52% Middle Eastern and North African - .42% Black and African American - .42% American Indian and Alaska Native – 2.94% Total 6.3% 2023-2024 Hispanic and Latino – 3.33% Middle Eastern and North African - .67% Black and African American - .67% Asian - .67% American Indian and Alaska Native – 2% Total 7.34% Rural 2022-2023 – **7.14%** 2023-2024 – **5.33%** LGBTQIA2S+ 2022-2023 – **0%** 2023-2024 – **0%**				

Goal: Promote service equity when Family Care Giver programs have waitlists.

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)	
				Start Date	End Date
Develop a waitlist criteria that prioritizes underserved populations.	a	Develop a screening procedure that prioritizes underserved populations and implement it by 2022.	SDS Management Team, staff	9/1/21	12/30/22
	Accomplishment or Update SDS Program Supervisor participated in a statewide work group to create a screening tool to assist in prioritizing underserved and the most vulnerable populations. This statewide screening tool has not yet been implemented. Year 2: The statewide assessment and screening tool has not been implemented at this time. Currently, RVCOG takes referrals from Hospice as the first served on our waitlist. Once those individuals have been enrolled, priority goes by date of referral. Year 3: At this time, clients are prioritized by need and referral date.				

C-5 Legal Assistance and Elder Rights Protection Activities (OAA Titles IIIB and VII)

Safety and Rights – Provide tools to protect aging individuals and individuals with disabilities from harm or abuse.



RVCOG currently provides an Adult Protective Services (APS) Emergency Fund to pay for such things as emergency shelter, transportation, food, medications, and clothing for seniors 60 and older in protective service situations. The agency also sponsors an annual educational initiative for both professionals and the community regarding elder rights, abuse and legal assistance and has a staff person attend the local APS Multi-Disciplinary Team (MDT) Meeting to discuss complex elder abuse investigations.

All employees and volunteers of RVCOG, as well as sub-contractor employees, volunteers, and direct care providers for RVCOG clients are informed that they are mandatory reporters under ORS 124.050 through 124.095 and OAR Chapter 411, Division 20. When a consumer is believed to be at risk of abuse or neglect, mandatory reporters refer the consumer to APS by filling out the APS Screening form (see page 120) and sending a secure email to the APS office.

There are currently two legal services agencies in Southern Oregon with whom RVCOG contracts to provide services to the older adult and disabled populations. The Center for Non-Profit Legal Services (CNPLS) is located in Medford and provides legal assistance on a variety of issues including: guardianship, housing, and elder abuse protections. The Oregon Law Center (OLC) operates in Josephine County and offers a free phone line for legal questions from older adults in the area. Contract language ensures that each agency abides by equity guidelines and also seeks to connect with target populations of at risk or underserved individuals.

RVCOG provides funding to reimburse mileage costs for Oregon Long Term Care Ombudsman program volunteers. The Long-Term Care Ombudsman program is

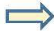
an independent state agency that serves long-term care facility residents through complaint investigation, resolution and advocacy for improvement in resident care. Referrals are also made to the Oregon Long Term Care Ombudsman program through the ADRC where callers are directed to contact the program directly by phone or email to file a complaint.

APS SCREENING FORM

Select Date	Time		Log#		Investigator	Select
Case Type: Select			Allegation #1	Select	Triage	Select
Access	Select	Prime	Allegation #2	Select	Screener	Select
Last Case		CM or Licensor			Time & Date In	
Facility: Self Report ☐	Facility Name:		Facility failed to:	Choose an item.		

CO	Name:		Phone:		Relation to Victim:
	Address:		Email:		
RV	Name:		Phone:		Relation to Victim: RV
	Address:		DOB:		
RP	Name:		Phone:		Relation to Victim:
	Address:		DOB:		
W1	Name:		Phone:		Relation to Victim:
	Address:		DOB:		
W2	Name:		Phone:		Relation to Victim:
	Address:		DOB:		

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:	
Peer Review by:	Select	Date:	

Luisa Waites 02-2018

Goal: To provide a person/family the tools to protect themselves or their loved ones from any kind of harm, abuse, or catastrophe.

<table>
<tr><th rowspan="2">Measurable Objectives</th><th rowspan="2" colspan="2">Key Tasks</th><th rowspan="2">Lead Position & Entity</th><th colspan="2">Timeframe for 2021-2024 (by Month & Year)</th></tr>
<tr><th>Start Date</th><th>End Date</th></tr>
<tr><td rowspan="2">Provide at least one educational initiative annually for both professionals and the community regarding elder rights and legal assistance.</td><td>a</td><td>Work with SAC, APD APS staff, and MDT on an annual basis to identify potential educational initiatives and implement.</td><td>SAC and SDS staff, including Program and Advocacy Coordinator</td><td>7/1/21</td><td>6/30/25</td></tr>
<tr><td colspan="5">Year One Update: Held fourth annual event in May 2021 using a virtual format. Over 30 participants from multiple agencies, including APD, Adult Protective Services, SDS staff.
Held fifth annual Elder Abuse Prevention and Awareness event on June 15, 2022, using a virtual format. The theme of this event was financial fraud and presentations included speakers from APS, Department of Justice, and AARP’s Fraud Network. 97 attendees
Year Two Update: SDS created and funded a public service announcement about elder abuse and abuse prevention. This PSA contained contact information for adult protective services.
Held sixth annual Elder Abuse Prevention Summit on June 15, 2023, using a hybrid format. The theme of this event was elder abuse in underserved populations, including LGBTQIA2S+ populations and tribal communities. Holding an educational event highlighting abuse prevention in these two populations was a goal of our Service Equity Plan. 117 attendees (including in-person and hybrid). Presentations included presentations from CSSU, SAGE, and a Tribal Elder from the Confederated Tribes of the Warm Springs Reservation.</td></tr>
</table>

	Year 3: A joint webinar with AARP, LCOG, and RVCOG was held in June 2024. Forty-six participants logged on for presentations from LCOG, RVCOG, and elder abuse experts.				
	b	Determine target audiences for the training, with emphasis on underserved and at-risk populations (Spanish speaking communities, LGBTQ). Review annually to determine success at reaching target audience.	SDS Staff, SAC	7/1/21	6/30/25
	Accomplishment or Update Year One Update: Outreach for June 15th Elder Abuse Prevention and Awareness Event included UNETE, BASE, United Way Agency Director's listserve, LINC Jackson County, LINC Josephine County, Tribal Governments, statewide AAAs. Year 2 Update: Outreach for the 2023 Elder Abuse Prevention Summit included UNETE, BASE, United Way Agency Director's listserve, LINC Jackson County, LINC Josephine County, Tribal Governments, APD offices, and statewide AAAs. This year's event highlighted abuse prevention in tribal and LGBTQIA2S+ populations, both of which are underserved populations. Year 3: Outreach for the June 2024 webinar included the above and Oregon AARP members.				

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2024

				(by Month & Year)	
				Start Date	End Date
Increase protection of elders from abuse and support Relative Care Providers Sustain capacity to pursue Public Benefit Claims to increase financial and health care stability for elders Increase capacity to reduce homelessness and maintain safe, fair and affordable housing for elderly tenants Increase consumer protections of the elderly from fraud	a	Work with SAC, APD APS staff, and MDT to identify possible victims of abuse and report to APS	SDS and APS Staff	7/1/21	6/30/25
	Accomplishment or Update Year 2 Update: SDS staff work closely with APS staff and report allegations of abuse. This year, SDS created and funded a public service announcement on elder abuse prevention. The PSA provided APS contact information and aired during the month of June 2023. Year 3: Partnership with APS continues, including a presentation at a recent SDS staff meeting.				
	b	Maintain contracts with CNPLS and OLC to ensure objectives are being met and consumers continue to get the help they need	SDS Management Team	7/1/21	6/30/25
	Accomplishment or Update Year 2: Ongoing contact Year 3: Contracts with both agencies have been maintained.				
	c	Collect data quarterly and annually from contracted partners to	SDS Staff	7/1/21	6/30/25

<table>
<tr><td rowspan="4">and unlawful collections</td><td></td><td>address needs of consumers</td><td></td><td></td><td></td></tr>
<tr><td colspan="5">Accomplishment or Update
Year One Update
Oregon Law Center and The Center for NonProfit Legal Services continues to submit quarterly and yearly data.
Year Two Update: OLC and CNPLS continue to submit quarterly and yearly data. This data is now submitted directly to the state.
Year 3: To maintain confidentiality, both firms continue to report data directly to the state.</td></tr>
<tr><td>d</td><td>Increase ADRC referrals to CNPLS and OLC</td><td>SDS Staff</td><td>7/1/21</td><td>6/30/25</td></tr>
<tr><td colspan="5">Accomplishment or Update
Year One Update: ADRC staff has made 47 referrals to the Center for Non-Profit Legal Services and 13 referrals to the Oregon Law Center since July 1st 2021.
Year Two Update: ADRC staff made 126 referrals to the Center for Non-Profit Legal Services and 38 referrals to the Oregon Law Center since July 1, 2022.
Year 3: In FY 23-24, ADRC staff made 139 referrals to Center for Non-Profit Legal Services and 27 referrals to Oregon Law Center.</td></tr>
</table>

C-6 Older Native Americans (OAA Titles VI and III)

Ensure inclusivity, RVCOG must reach out to all populations and remove any cultural and or language barriers that may exist.

Jackson and Josephine counties are served by the Cow Creek Band of Umpqua Tribe Indians and by the Coquille Indian Tribe. Although there are about 1,000 elder Native Americans in the area, the majority belong to tribes from other parts of the state and nation. RVCOG, through its participation on the Regional AAA/Tribal Gathering meetings, will continue to explore ways to make our services more responsive and attractive to Native Americans and to better coordinate services between the tribes and the AAA.

The SDS Program Director and/or SDS Program Supervisor have attended quarterly Regional AAA/Tribal meetings since 2018. Through connections formed as a result of these meetings, the Area Plan survey was able to be distributed through the Klamath and Cow Creek tribes to their members living in Jackson and Josephine counties. As a result, RVCOG received more than a dozen completed surveys from both Klamath tribal members and Cow Creek tribal members.

Although there are few tribal members from any one group in our counties, the agency will continue to attend these joint meetings and collaborate with any neighboring AAAs and Tribes.

Goal: To ensure inclusivity, RVCOG AAA must reach out to all populations and remove any cultural and or language barriers that may exist.

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)	
				Start Date	End Date
Continue intentional outreach to the Native American	a	Continue relationships with Native American organizations in the area.	SDS Program Director, SDS Program Supervisor	7/1/21	6/30/25

<table>
<tr><td rowspan="6">population in the area</td><td colspan="5">Accomplishment or Update
Year 1: Have provided information to tribal partners on behavioral health programs, special events, such as legislative forums and annual elder abuse conferences
Year 2: During the winter of 22/23, SDS worked closely with several tribal partners to design the 2023 Elder Abuse Prevention Summit and relied on their expertise to create an educational event that would provide community leaders with elder abuse prevention strategies. SDS was grateful for the culturally-relevant presentation provided by Wilson Wewa of Warm Springs at the Elder Abuse Prevention Summit. RVCOG continues to provide information to tribal partners regarding all of our programs. This year SDS staff attended the Native Caregiving Conference to support Native Caregivers. Also provided background information on SDS' OPAL and PEARLS program at two regional tribal gatherings during FY 22-23. In addition, provided literature on abuse of tribal elders at 2023 Elder Abuse Prevention Summit and distributed it again virtually in post-summit follow-up email. Will invite tribes to upcoming Legislative Dialogue.
Year 3: RVCOG continues to foster and develop relationships with tribal partners and consumers. Participation in AAA/Tribal Gatherings has been maintained during FY 23-24.</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 Program Director, SDS Program Supervisor</td><td>7/1/21</td><td>6/30/25</td></tr>
<tr><td colspan="5">Accomplishment or Update
Year 2: Provided brochures and flyers about SDS programs and resources at the Elder Abuse Prevention Summit and at regional gatherings.
Year 3: Outreach to Native American organizations continues.</td></tr>
<tr><td>c</td><td>Attend any Tribal/AAA gathering or event in other counties.</td><td>SDS Program Director, SDS Program Supervisor</td><td>7/1/21</td><td>6/30/25</td></tr>
<tr><td colspan="5">Accomplishment or Update</td></tr>
</table>

<table>
<tr><td rowspan="3"></td><td colspan="5">Year One Update:
SDS Director and SDS Supervisor attended virtual tribal gatherings in 2021 and 2022 and in-person gathering in Bend, OR on June 7, 2022.
Year 2: In September of 2022, RVCOG went to the Statewide Tribal Gathering in Canyonville. In December of 2022, RVCOG hosted a regional Tribal Gathering. In April of 2023, RVCOG was a vendor at the Native Caregiving Conference.
Year 3: SDS Management Team members attended both AAA/Tribal Gatherings in FY 23-24.</td></tr>
<tr><td>d</td><td>Research and add Native American resources to ADRC, following plain language policy (www.plainlanguage.gov) to foster service equity.</td><td>SDS Program Supervisor, ADRC Lead</td><td>7/1/21</td><td>6/30/25</td></tr>
<tr><td colspan="5">Accomplishment or Update
Year 1 Update: Ongoing; Year 2: Ongoing
Year 3: This remains a continuous, ongoing effort.</td></tr>
</table>

C-7 Behavioral Health

Provide resources and services that help provide a better quality of life.

As our population ages, there is a greater need for behavioral health services, especially in Southern Oregon, where older adults make up a higher percentage of our population than is the case in the rest of the state. Although most older adults rely on Medicare to cover their healthcare needs, both Medicare behavioral health coverage and Medicare behavioral health providers are severely limited.

Recognizing this need, RVCOG has developed and implemented several behavioral health programs to address the issues of depression, social isolation, and other behavioral health challenges facing older adults in our area.

- Buried in Treasures – Designed to address hoarding disorder and acquiring behavior, this workshop helps participants learn the skills to de-clutter and mitigate the drive to acquire. This 16-week course helps improve the training participant's life, increases their safety, and creates more living space for them and for their family. This group is held once per week for two hours and offers a judgement-free environment for people ready to make a change in their life.

- Dementia Training – Teepa Snow: Positive Approach to Care trainings assist care partners (agencies, care providers, professionals) to better respond to the needs of individuals living with dementia. In the past, these trainings were provided as part of the Older Adult Behavioral Health Initiative. Currently, no SDS staff are trained in PAC.

- PEARLS (Program to Encourage Active and Rewarding Lives for Seniors) is an evidence-based treatment program for seniors with depression. PEARLS is for older adults (and all-age adults with epilepsy) with minor depression. This brief intervention program is delivered in the home with 8 visits and 4 follow-up calls over a period of 6 to 8 months.

- OPAL (Options for People to Address Loneliness) RVCOG is also engaged in creating alternative programs to help address the need for greater behavioral health resources, such as our OPAL (Options for People to

Address Loneliness) program, which is an evidence-informed program. Using behavioral activation, action planning, and resource identification through Options Counseling, OPAL counselors provide support and encouragement in order to reduce stress, anxiety, depression, and feelings of loneliness and isolation. RVCOG developed this program using a COVID ADRC/ACL Section 6 grant, and has received grants from Oregon Health Authority and two private donors to support this program. IIIB funding is also utilized for this program. In 2022, the OPAL program was awarded an Aging Innovation and Achievement Award by USAging. Since 2022, SDS Behavioral Health staff have provided OPAL trainings to community health workers and behavioral health professionals in Coos, Curry, and Klamath Counties in an effort to replicate OPAL in other regions.

- Two Additional Ways of Addressing Social Isolation – In 2023, RVCOG launched Life Reflections, a Guided Autobiography Class, as another support for those experiencing social isolation and loneliness. Many of the class participants are graduates of the OPAL and PEARLS programs and benefit from this additional interaction with age peers.
  The RVCOG Food & Friends Program not only provides much needed nutrition to seniors and the disabled in our community, it is also a source of face-to-face connection for lonely and socially isolated individuals. Too often, the meal delivery volunteer is the only person that an individual may interact with in a given day.

Goal: Increase dementia support for people living with dementia and their caregivers

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2021-2024

<table>
<tr><td rowspan="8">Deliver at least two Dementia Trainings in a variety of community settings each year</td><td colspan="2" rowspan="2"></td><td rowspan="2"></td><td colspan="2">(by Month & Year)</td></tr>
<tr><td>Start Date</td><td>End Date</td></tr>
<tr><td>a</td><td>Work with local agencies to determine gaps in dementia knowledge</td><td>SDS Program Director, Behavioral Health Staff</td><td>7/1/21</td><td>6/30/25</td></tr>
<tr><td colspan="5">Accomplishment or Update
Year 1: Due to staffing shortages, this did not occur in FY 21-22.
Year 2: Since the Older Adult Behavioral Initiative position relocated to Jackson County Mental Health, the OABHI staff delivers the dementia trainings previously run by SDS. While SDS did not deliver trainings this year, staff members did participate in several throughout this year. In October of 2022, SDS Program Supervisor participated in the McGinty Conference in Portland. In April of 2023, a staff member participated in local Alzheimer’s Association community forum for caregivers and volunteers identifying local gaps and resources in dementia care.
Year 3: Behavioral Health Specialists continue to partner with OABHI staff in both Jackson and Josephine Counties to support dementia care training.</td></tr>
<tr><td>b</td><td>Develop and train community agency staff and community members</td><td>SDS Program Director, Behavioral Health Staff</td><td>7/1/21</td><td>6/30/25</td></tr>
<tr><td colspan="5">Accomplishment or Update
Year 1: Due to staffing shortages, this did not occur in FY 21-22.
Year 2: The Older Adult Behavioral Health Staff in Jackson and Josephine Counties provides workshops on dementia.
Year 3: OABHI staff in both counties continue to provide this training.</td></tr>
<tr><td>c</td><td>Deliver remote dementia trainings</td><td>SDS Program Director, Behavioral Health Staff</td><td>7/1/21</td><td>6/30/25</td></tr>
<tr><td colspan="5">Accomplishment or Update
Year 1: April 2022 – Behavioral Health Specialist and SDS Director met with Sue McCurry to discuss remote STAR-C training.</td></tr>
</table>

<table>
<tr><td></td><td>Year 2: The Older Adult Behavioral Health Staff in Jackson and Josephine Counties delivers remote trainings .
Year 3: OABHI staff in both counties provide trainings.</td></tr>
</table>

Goal: Reduce gaps and barriers for older adults to receive behavioral health treatment

<table>
<tr><th rowspan="2">Measurable Objectives</th><th colspan="2" rowspan="2">Key Tasks</th><th rowspan="2">Lead Position & Entity</th><th colspan="2">Timeframe for 2021-2024 (by Month & Year)</th></tr>
<tr><th>Start Date</th><th>End Date</th></tr>
<tr><td rowspan="3">Identify gaps and barriers to behavioral health treatment for older adults including increased access to needed medical care.</td><td>a</td><td>Continue work with Providence Hospital to provide competent behavioral health care in the medical setting.</td><td>SDS Program Director, SDS Program Supervisor, Behavioral Health staff</td><td>7/1/21</td><td>6/30/24</td></tr>
<tr><td colspan="5">Accomplishment or Update
Year 1: Our Behavioral Health staff have developed relationships with Providence staff during the FY 21-22.
Year 2: SDS Behavioral Health staff increase access to home health nursing, physical and occupational therapy for SDS Behavioral Health consumers through case consultations, education, and resource sharing with home health Providence and Providence Hospice and Palliative Care social workers.
Year 3: Successful partnership with Providence continues.</td></tr>
<tr><td>b</td><td>Continue work on addressing Medicare coverage gap with community partners</td><td>SDS Program Director</td><td>7/1/21</td><td>6/30/25</td></tr>
</table>

	Accomplishment or Update Year 1: The SAC is working diligently to educate on the Mental Health Access Improvement Act which would allow more types of mental health caregivers to work with the older adult population than is currently possible under Medicare legislation. Year 3: Legislation had passed to include additional types of mental health caregivers in Medicare coverage; however, there is still a shortage of available mental health practitioners in the region.				
	c	Create partnership with Asante to increase quality of care for behavioral health in medical settings	SDS Program Director, Behavioral Health staff	7/1/21	6/30/25
	Accomplishment or Update Year 1: Asante has been referring many clients to our OPAL and PEARLs programs. We have on-going conversations to increase quality of care for behavioral health. Year 2: Partnerships with Asante have continued through year 2. Year 3: Successful partnership with Asante has continued.				
	d	Increase access for older adults and people with disabilities with behavioral health and medical challenges.	SDS Program Director and Behavioral Health staff	7/1/22	06/30/24
	Accomplishment or Update: Year 2: Behavioral Health staff met with La Clinica, a local federally qualified community health clinic, to locate clinic services, overcome systemic barriers and increase access to care for older adults and people with disabilities in behavioral health programs, especially at Birch Grove, La				

<table>
<tr><td rowspan="6"></td><td colspan="5">Clinica’s primary health clinic for individuals with complex mental and physical health conditions.
Year 3: Behavioral Health Specialists continue to work with La Clinica and develop partnerships with other service providers in the region. Again, there is still a lack of qualified mental health resources in the region.</td></tr>
<tr><td>e</td><td>Increasing access to home health care for older adults and people with disabilities also experiencing behavioral, cognitive and health challenges.</td><td>Behavioral health staff</td><td>07/01/22</td><td>06/30/24</td></tr>
<tr><td colspan="5">Accomplishment or Update:
Year 2: SDS Behavioral Health staff increase access to home health nursing, physical and occupational therapy for SDS BH consumers through case consultations, education, and resource sharing with home health Providence and ACCENT Care social workers, and Providence and Asante Hospice and Palliative Care social workers.
Year 3: Behavioral Health Specialists continue to partner with service delivery providers and Interdisciplinary Team Conferences.</td></tr>
<tr><td>f</td><td>Increase access to behavioral health, medical and community services through increased professional networks.</td><td>SDS Program Director and Behavioral Health Staff</td><td>11/01/22</td><td>06/30/2024</td></tr>
<tr><td colspan="5">Accomplishment or Update:
Year 2: On Nov. 14, 2022, Established monthly meetings with Jackson County’s Older Adult Behavioral Health specialist, which includes case</td></tr>
</table>

	consultations, resource coordination for clients, and increased community education programs. Dec. 2022-Joined Josephine County Wellness Coalition. Monthly meetings include education on behavioral health and community programs, and resource sharing. In February of 2023, staff coordinated ongoing monthly meetings with Josephine County Oregon Adult Behavioral Health Specialist to discuss client cases, consult on available behavioral health resources and system navigation. Year 3: Behavioral Health Specialists continue to partner with OABHI staff in both counties and participate in other professional networking activities.

Goal: Improve health outcomes by offering person-centered programming to meet the needs of the most vulnerable populations in our service area.

Measurable Objectives		Key Tasks	Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)	
				Start Date	End Date
Develop and offer OPAL (Options for People to Address Loneliness)	a	Develop program, measurable outcomes, data tracking,	SDS Program Supervisor, Behavioral Health staff	7/1/21	12/31/21
	Accomplishment or Update Year 1: Sept. - Oct. 2021 Trained new SDS employee in OPAL program. Oct- Dec. 2021 Expanded data collection to measure and collect mid program outcomes. 2022: Continued review and development of data organization and tracking report for various categories of service provided by program. Year 2: Worked on data migration to the new Mon Ami database.				
	b	Develop outreach materials, outreach plan and education about program	SDS Program Director, SDS Program Supervisor, Behavioral Health staff	7/1/21	12/31/21
	Accomplishment or Update				

	July 2021 – Started developing outreach plan and included outreach to affordable and subsidized housing programs for older adults, including Housing Authority of Jackson County and Pacific Retirement Senior Housing managers. Also considering outreach to Farmers Markets, Five on Five KOBI TV program; and the Community Volunteer Network volunteers. Aug. 2021 – Provided presentation on OPAL to Age Wise Age Well Peer Counseling program. Aug. - Oct. 2021 -- Discussions with Oregon Health Authority, Older Adult Behavioral Specialists leader Nirmala Dhar to provide OPAL training and implementation to Coos and Curry Counties. Oct. 2021 - Presented OPAL program to Coos County health and local APD for possible expansion into Coos County. Oct. 2021 – Updated consumer and professional flyers. Nov- Dec. 2021 – Developed four half-day training, redesigned OPAL coach and consumer materials and documents specifically for community health and outreach workers in Coos and Curry Counties. January 2022 – Delivered OPAL training in Coos and Curry Counties.				
	c	Work with Oregon Wellness Network to establish CMS billing procedures.	SDS Program Director	7/1/21	12/31/21
	Accomplishment or Update In process; on-going Year 3: Contract with OWN established.				
	d	Advocate and increase access to behavioral health services in rural communities in Oregon through onsite OPAL training.	Behavioral Health Staff, SDS Program Director	4/1/2023	06/30/2024
	Accomplishment or Update				

	Year 2: In April of 2023 staff prepared and trained two licensed clinicians and a QMHA from Klamath Basin Behavioral Health on delivering the OPAL program as part of agency's services for Klamath County older adults. Year 3: Additional virtual training in OPAL service delivery provided in FY 23-24.				
	e	Provide advocacy and education at national level concerning negative impacts on loneliness and isolation and programs such as OPAL to reduce negative impacts and close gaps	SDS Program Director, Behavioral Health staff	1/1/2022	06/30/2024
	Accomplishment or Update: Year 2: Applied for Innovative Program Award in Social Engagement category by describing program and outcomes in application. OPAL won third place in national competition for innovative programs addressing loneliness and isolation and social engagement in older adults. Year 3: Increasing awareness of the impact of social isolation and loneliness for seniors and people with disabilities continues to be a main focus.				
	f	Increase knowledge concerning negative impacts of loneliness and isolation, and the OPAL program to health care organizations.	Behavioral Health Staff	1/1/2022	06/30/2024
	Accomplishment or Update: Year 2: Oct. 11, 2022-OPAL Presentation to health care professionals, case managers and clinicians with All Care Oregon Health Plan and Medicare Advantage Plan. 30 staff attended.				

	Year 3: Information regarding the OPAL program continued to be provided to health care organizations in the region, including flyers, referral forms, and in-person presentations.

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2021-2024 (by Month & Year)	
				Start Date	End Date
Continue to offer PEARLS and Buried in Treasures	a	Maintain a small ongoing PEARLS program	SDS Program Supervisor, Behavioral Health staff	7/1/21	6/30/25
	Accomplishment or Update Year 1: For Q1, July through Sept. 2021, the PEARLS program received 25 new referrals, screened 10, and enrolled eight. Four PEARLS participants completed the program, and program staff provided seven home visits, 23 phone sessions, and had six new referrals on the waitlist. For Q2, Oct. through Dec. 2021, the PEARLS program received 24 new referrals, screened five, and enrolled four new participants. One participant completed the program, and PEARLS staff provided one home visit(high COVID surge and hospitalizations, staff transition), 18 phone sessions and had 2 new referrals on the waitlist. For Q3, Jan. through Mar. 2022, the PEARLS program received 31 new referrals, screened eight and enrolled five new participants into the program. Two PEARLS participants completed the program, and PEARLS staff provided 14 home visits, three phone sessions, and had four referrals on the waitlist. For Q4, April through May 2022, the PEARLS program received 15 new referrals, screened two, and enrolled one new participant. One participant completed the program, and PEARLS staff provided 21 home visits, three phone sessions, and had a waitlist of 10. Year 2: From July 1, 2022 through the end of May, the PEARLS Program had 116 referrals, 22 screenings and enrolled 11 participants. 11 participants completed the program it its entirety. Behavioral health staff provided 77 home visits in Jackson and Josephine counties. There is a large number of				

	referrals indicative of shrinking behavioral health resources and limited number of staff who can serve clients. Year 3: for FY 23-24, PEARLS clients averaged 3.33 per month with an average of 22.5 sessions per month. The decrease in PEARLS participants can be attributed to a decrease in eligible referrals. Consumers who are not eligible for PEARLS are screened for OPAL eligibility. An average of 2 OPAL participants are served each month with an average of 14.33 sessions per month.				
	b	Offer Buried in Treasures class as soon as in-person classes become possible	SDS Program Supervisor, Behavioral Health staff	7/1/21	6/30/25
	Accomplishment or Update Year 1: We did not have staff capacity to offer this in FY 21-22. Year 2: Due to limited number of staff RVCOG was not able to offer BIT at this time. Year 3: A successful BIT workshop series was completed in FY 23-24 with eight total participants and six program completions. Another 16-week workshop series is being considered for the 24-25 fiscal year.				
	c	Work with Oregon Wellness Network to establish any possible CMS billing procedures.	SDS Program Supervisor	7/1/21	12/31/21
	Accomplishment or Update Year 1 In process; on-going Year 2: This is still in process. RVCOG meets regularly with the Oregon Wellness Network to establish CMS billing procedures. Year 3: Contract with OWN for CMS billing has been established.				

SECTION D - OAA/OPI SERVICES AND METHOD OF SERVICE DELIVERY

D- 1 Administration of Oregon Project Independence (OPI)

Types and Amounts of Authorized Services

The following services are offered in both OPI and OPI 19-59 programs, based on the best mix of services to meet the Consumer's needs: Home Care, Personal Care, Service Coordination, Home Delivered Meals, Chore Service, Assistive Technology, Adult Day Services, Evidence-Based Health Promotion programs, Options Counseling, and Assisted Transportation. Amounts of authorized services are determined by local priorities (see section "Prioritizing OPI Service Delivery" below), safety of care plan, best mix of services to meet Consumer need, and the most cost-effective service options, including natural supports. The maximum hours of Home and Personal Care that can be assigned to an OPI Consumer in either the 60+ or 19-59 program is 25 hours per month. Exceptions to the maximum can be approved for short term situations of no more than six weeks. Other services may be authorized by the assigned Service Coordinator in consultation with the SDS Program Supervisor, depending on Consumer need and available funds.

Cost of Authorized Services per Unit

Unit cost per service is as follows, as of July 1, 2024

Home Care—Contracted:	$32.92/hour (Addus); $32.92/hour (New Horizons)
Personal Care—Contracted:	$32.92/hour (Addus); $32.92/hour (AllCare)
Home Care Worker:	$24.83 through $30.09, depending on training and length of service
Home Delivered Meals:	$10.25/meal
Assistive Technology:	Variable, depending on item needed
Service Coordination / Options Counseling:	$60.63 through $78.96

Timely Response to Inquiries for Service

The following Priorities for OPI Service Coordinators have been established for RVCOG, and staff will schedule work to be completed based on these priorities. The SDS Program Supervisor periodically monitors for compliance.

- **Priority 1: Intake and Annual Paperwork**

  Intake paperwork of eligible consumers will be scheduled within 5-7 days of consumer coming up on the waitlist according to SPL. Paperwork includes:
  - OPI Service Agreement (SE287L), including signatures of consumer and service coordinator, updated annually
  - OPI Fee Determination (SE287K), updated annually
  - Authorization for Disclosure, Sharing, and Use of Individual Information (ME3010), updated annually
  - Home Care Worker Compensation Agreement, 354, at intake or as needed
  - Representative Choice (SE737) annually
  - HCW/In-Home Agency Service Authorization (546N), annually

- Task List (598) completed and mailed to consumer/employer representative if using a HCW, or to home care agency annually or as needed
- Home Care Worker Notice of Authorized Hours and Services (4105) completed and mailed to HCW, annually or as needed

Establishment of services will begin as soon as possible after timely completion of intake paperwork including signatures of the consumer and/or the Consumer Representative.

- **Priority 2: Maintain Waitlist**

  In the event that funding does not allow addition of new Consumers, a Waitlist will be maintained in the following way:
  - Designated Service Coordinator will contact consumer or Authorized Representative within 3 business days of referral to complete a new Electronic Waitlist Tool (MSC2549B)
  - Consumer information and outcome of Waitlist Tool is recorded in SDS file, OACCESS if already in the system or RTZ within 3 days of Waitlist Tool assessment
  - Consumers will be prioritized according to highest need, as shown by Waitlist Tool, and for those with equal score, will be prioritized according to first-come-first-served
  - Waitlisted OPI Consumers will be offered Options Counseling to address their current needs

- **Priority 3: Ongoing OPI Consumer Services and Program Management**
  - Reviews of Consumer will be completed annually on or before due date or as requested/required
  - Narration of any activity will be completed within 3 business days
  - Monthly OPI unit meetings will be held to staff issues, share information and education

- OPI core curriculum/training will be completed by all service coordinators as soon as possible after hiring
- Urgent OPI Consumer calls will be returned within the same business day if possible
- Non-urgent OPI Consumer calls will be returned within 3 business days. If Service Coordinator is out for 3 days, a backup worker will be assigned to triage non-urgent phone calls
- Non-OPI-specific problems or concerns will be addressed by assigned service coordinator through Options Counseling and/or referral to community partners or services

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 submit a referral to the designated OPI Service Coordinator. Designated Service Coordinator will contact Consumer or Authorized Representative within 3 business days of the referral to complete an Electronic Waitlist Tool. The EWT will provide information on whether a consumer is eligible to be placed on the OPI waitlist according to the Electronic Waitlist Tool score.

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 enroll. People who are eligible for SNAP, 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 or request for a new assessment, 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 electronic Oregon Access case file their exploration or discussion regarding other resources, including Medicaid.

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 and receive OSIPM and/or SSI are not eligible for OPI and may be referred to State Plan Personal Care. To assess eligibility, the assigned OPI Service Coordinator meets with the applicant to complete an assessment, including assessing the individual's needs, resources, natural supports, 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 SPL requirements, qualifying income and living arrangements.

Service Provision

The OPI Service Coordinator meets with the applicant to complete an assessment for service eligibility including assessing the individual's needs, resources, natural supports and eligibility for the program. OPI staff use the Oregon Access 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 eligibility requirements including all qualifying living arrangements. (See section *Prioritizing Service Delivery*, below.)

Home Care and Personal Care services are provided either through the use of a State Home Care Worker (HCW) or through a contracted in-home agency. Currently the agency is contracted with Addus Healthcare, Inc., and New Horizons Homecare. The Consumer is responsible for making a decision to use an agency or a HCW, with support and information from the Service Coordinator.

If needed, home-delivered meals are provided by the Food & Friends Senior Meals Program. Options Counseling and Service Coordination are provided by SDS staff. Assistive Technology is purchased as needed, on a limited basis through a variety of vendors depending on the item, consumer choice, and price.

Prioritizing Service Delivery

An AAA may establish local priorities for OPI authorized services, although 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. The current priorities of RVCOG are as follows:

1. **Maintaining Current Consumers**: Maintaining Consumers already receiving authorized service as long as their condition indicates they qualify for the program (with a Service Priority Level between 1 and 18). Prioritized services are Personal Care, Home Care, and Service Coordination, and in addition, for OPI PWD consumers, Home Delivered Meals. Other services may be approved if the budget allows by authorization from the Direct Services Programs Supervisor. These may include Home Delivered Meals for regular OPI Consumers, Chore Service, Assistive Technology, Adult Day Services, Evidence-Based Health Promotion programs, Options Counseling, and Assisted Transportation. The Consumer has the primary responsibility (with OPI Service Coordinator’s guidance) for choosing and whenever possible developing the most cost-effective service options. The maximum units of In-Home service per eligible OPI consumer in either program is up to 25 hours per

month for both Home Care and Personal Care. When an OPI PWD Consumer turns 60, they will be reassessed and if they continue to remain eligible, and the budget allows, they will be enrolled into OPI 60+. A discussion regarding a possible reduction of hours, an exploration of natural supports and as needed meeting with SDS Supervisor for exception approval if reduction will cause an unsafe care plan. The Maximum units of in-home services per eligible OPI individual (60 and older) and Person with Disability (PWD) age 19-59, per month will be up to twenty-five (25) hours per month for both Home Care and Personal Care combined, whether it is delivered via contract or by State Home Care Worker, within District Eight budget limitations. If budget circumstances change, the monthly maximum hours may be reconsidered. This does not mean that every Consumer will be authorized the maximum units of service. Hours are assigned after consideration of need, natural and other supports. Exceptions to the maximum will be staffed by the Lead Services Coordinator and SDS Program Supervisor 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 being discharged from the hospital, acute illness, etc.

2. **Maintaining and prioritizing a Waitlist**: When adequate funding to bring on new Consumers to OPI services is not available, the OPI Service Coordinator will continue to accept applicants for OPI service and will complete the Electronic Waitlist Tool for each referral. They will inform the Consumer 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 Waitlist and there is funding to provide services to them. The minimum information needed for the Waitlist is the Consumer's full name, EWT score, prime number if they have one, phone number, screening date and date of birth. Individuals are placed on the Waitlist with those having the highest EWT score at the top of

the list, descending to those with the lowest EWT score (see OAR 411-015-0010). If two or more people score the same on the priority scale, priority will be given on a first-come-first-served basis. The OPI Service Coordinator will offer Information and Referral services or Options Counseling for individuals who are placed on Waitlist but need immediate assistance.

Services may be authorized on an exception basis when lack of services will present imminent risk to health or safety of the individual or no other funds/resources are available to provide services. These cases will be staffed with the SDS Program Supervisor for approving services. The OPI Service Coordinator will document the exception justification in Oregon Access.

OPI Service Coordinator will continue to stress the 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. Referral to the Aging and Disability Resource Connection (ADRC) for resource needs and Options Counseling if needed.

Denial, Reduction, or Termination of Services

In some instances, a Consumer will be denied or terminated from OPI services, or have their services reduced.

Denial of services for a new applicant will be based on whether they qualify for OPI according to the CA/PS assessment and other eligibility requirements. If they do not qualify for services, they will be informed of this in writing. Denial of a requested service for a current Consumer will be based on the CA/PS assessment, the Care Plan or living environment is unsafe, or lack of available funds.

A current Consumer may have their services reduced if their annual or other reassessment indicates a reduced need for services. A current Consumer in the OPI program may have services terminated in the following instances:

1. **Unsafe Care Plan:** If the maximum number of allowable hours of Home and Personal Care, along with other authorized support services, result in an unsafe Care Plan, the Consumer will be counseled by the OPI Service Coordinator and strongly encouraged to utilize other services in the community. The OPI Service Coordinator will thoroughly narrate in the Consumer's electronic file in Oregon Access their discussion regarding the unsafe Care Plan. If the Care Plan remains unsafe, Service Coordinator will staff the case with Direct Services Programs Supervisor, and make any additional relevant referrals (APS, APD offices, mental health, etc.). If situation cannot be made safe with available OPI services, local resources, and natural supports, the consumer may be deemed inappropriate for the program and terminated.

2. **Unsafe Working Conditions:** If the Service Coordinator determines that the service setting has dangerous conditions that jeopardize the health or safety of the individual or Service Provider and necessary safeguards cannot be taken to improve the setting. Or Services cannot be provided safely or adequately by the service provider based on the choices or preferences of the eligible individual or the individual's representative the Service Coordinator will staff the situation with the SDS Program Supervisor, and the Consumer may be terminated from the program.

3. **Non-Use of Program:** If the Consumer has not used program services for a continuous 30-day period, they will be reassessed for OPI eligibility and, if appropriate, terminated from the program.

4. **No Longer Qualifies:** If the annual or other reassessment indicates that the Consumer no longer qualifies for the program based on the CA/PS

assessment or other criteria, the Consumer will be terminated from the program.

A Consumer may have their services reduced if their reassessment, whether annual or for a change in circumstances, indicates a safe care plan with reduced services based on the CA/PS assessment.

NOTE: During an Emergency Declaration time period, there may be restrictions on reducing or terminating of services. RVCOG will follow APD policy in the event this occurs.

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

When an OPI Service Coordinator determines that an applicant or consumer of OPI service will not be provided a requested service, or service will be reduced or terminated, 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 (see below), including the deadline for submitting an appeal and the form for filing such an appeal. Change in service level or termination from services will not be effective until 10 business days after the notification is sent, except in the instance of Unsafe Work Environment, in which case services may be reduced or terminated immediately.

All written notices to Deny, Reduce or Terminate OPI Service should include information listing possible alternative services or referrals that could assist the Consumer, including Options Counseling services to assist with transition planning.

Copies of all written correspondence to the Consumer should be placed in the physical file and narrated in OACCESS.

Appeals and Grievance Process

This procedure is designed to address and resolve Consumer concerns related to the provision, denial, reduction, or termination of OPI services by RVCOG .

1. **Guidelines and Definitions:**
    a. Appeal: filed by a Consumer who wishes to appeal RVCOG decisions which result in a reduction, termination, or denial of OPI services.

    b. Grievance: filed formally or informally to resolve a difference in opinion between a Consumer and RVCOG , for example, a process concern or customer service complaint.

    c. 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: Oregon Public Benefits Hotline – 1-800-520-5292; Center for Non-Profit 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.)

    d. 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 Consumer or representative.

    e. 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 filing the appeal/grievance and RVCOG . If documentation is not submitted by the Consumer or

their representative within the time limit established by this procedure, the appeal shall become void. If RVCOG fails to respond to a procedural step within the established timeline, the Consumer or their representative may proceed to the next step of the process within the specified timeline for it.

f. 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. 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.

   New Year’s Day
   Martin Luther King Jr. Day
   President’s Day
   Memorial Day
   Juneteenth (added 2022)
   Independence Day
   Labor Day
   Veteran’s Day
   Thanksgiving Day
   Day following Thanksgiving
   December 24
   Christmas Day

2. Filing a Grievance:

a. Ideally, differences of opinion between a Consumer and RVCOG should be resolved informally, at the lowest level possible. A suggested first step is for a Consumer or representative to share their concern in writing or verbally to the OPI Service Coordinator. Service

Coordinators should schedule a meeting to attempt to resolve such concern within 5 business days.

b. If the Consumer or their representative do not find a suitable resolution after requesting a meeting with their OPI Service Coordinator, or if they wish to forgo this first step, they should file a Grievance with the SDS Program Supervisor. A grievance can be filed formally using the provided form or can be done informally by contacting the SDS Program Supervisor by phone at 541.423.1365.

c. Upon receiving either an informal or formally submitted Grievance, SDS Program Supervisor will review the complaint, interview the involved SDS staff, contact the Consumer, and conduct any other necessary steps to determine a potential resolution. Upon receipt of a grievance, a response will be written and mailed to the Consumer and/or representative within 5 business days for an informal grievance or 10 business days for a formal grievance.

3. Filing an Appeal for denial, reduction, or termination of services:

The Consumer or their representative must file a written notice of appeal with RVCOG at the address below within 10 days of the mailing of the notice of contemplated action which is the subject of the appeal.

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

a. If a Consumer files an appeal with RVCOG , their benefits will continue during the appeal process, except in the case of termination

for Unsafe Working Conditions, in which case program service will end immediately upon verbal notification.

b. Upon the receipt of a written notice of appeal, RVCOG shall schedule an appeal review meeting. This meeting shall be scheduled within 10 days of the receipt of the appeal. The Consumer and their 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:

    i. The name and phone number of the RVCOG staff member to contact for additional information about the contents of the notification letter.
    ii. Notification of the Consumer right to continue receiving OPI service while he/she is awaiting the outcome of RVCOG appeal review.
    iii. Information on the Consumer rights at the appeal review, including the right to representation and the right to have witnesses testify on their behalf.
    iv. Information on the Consumer right to seek an administrative review by ODHS of the outcome of RVCOG 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 SDS Program Supervisor.

d. Within five (5) days of the conclusion of this meeting, the SDS Program Supervisor shall inform the Consumer or representative, as appropriate, of a decision in writing regarding this matter. Upon notification, services could be terminated immediately.

e. Within 5 days of receipt of the decision, the Consumer or their representative may contact the SDS Program Director to request a review of the decision. The SDS Program Director will complete their review and make a final decision within five (5) days of the request. During this review, terminated services will not be reinstated. The SDS Program Director will review the written documentation and may contact the eligible individual or their representative, for additional clarification. The SDS Program Director's decision shall be binding unless the aggrieved Consumer or their representative wishes to pursue this matter with the Oregon Department of Human Services.

f. The Consumer or their representative who wishes to request an administrative review with ODHS may do so following the conclusion of RVCOG's appeal review process. The administrative review request should be sent to Aging and People with Disabilities (APD) Director, 500 Summer Street NE, Salem, Oregon, 97310-1015. The OPI Policy Analyst should also be notified if the consumer chooses to request an administrative review. In the event ODHS decides against RVCOG as a result of their review, the Consumer will be eligible for reinstatement of service at the time of ODHS's decision.

Fees for Services

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 household income is from Social Security, pension, interest on savings, investments, property rentals or other income sources and enters this information on the 287K 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 is 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 Fee Schedule and taking into consideration whether the Consumer is living in a single-person up to a six-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 up and posts units of service in OACCESS 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 is opting to apply the $25.00 fee to Service Coordination services.

At the time of initial assessment, the OPI Service Coordinator will inform 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 287L, 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), bills consumers monthly, and reports any income billed and collected to the RVCOG Finance Office 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 Monthly 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 Consumers 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 Program Supervisor to determine what action may be needed. If it is determined that the consumer is unable to pay because of financial hardship or other challenges, or if the consumer has left the program, the fees will be waived. The OPI Service Coordinator will notify the NAPIS Office Specialist in writing and the balance due is zeroed out.

Monitoring and Evaluation

Service Coordinators at least annually review 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 reviewed by the SDS Program Director and SDS Program Supervisor as well as the OPI Service Coordinators 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 Program Supervisor maintains daily contact with OPI Service Coordinators to problem solve and assure Consumer needs are being met. SDS Program Director and SDS Program Supervisor meet regularly to address status of expenditures and budget.

Conflict of Interest Policy

There is no direct provision of services for OPI Consumers for which a fee is set.

D-2: SERVICE MATRIX and DELIVERY METHOD

☒ **#1 Personal Care** (by agency)

Funding Source: ☒ OAA ☒ OPI ☐ Other Cash Funds ☐ Other (describe):

☒ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

Addus Health Care, Inc.
Christina Stryczek, 541-857-9899 cstryczek@addus.com
1240 N Riverside Ave
Medford, OR 97501
Addus is a "for profit agency"

New Horizons
Ali Dean, 541-857-9195 ali@nhcares.com
255 West Stewart Avenue, Suite 101
Medford, OR 97501
New Horizons is a "for profit agency".

☒ **#1a Personal Care** (by HCW)

Funding Source: ☐ OAA ☒ OPI ☐ Other Cash Funds ☐ Other (describe):

☒ **#2 Homemaker** (by agency)

Funding Source: ☒ OAA ☒ OPI ☐ Other Cash Funds ☐ Other (describe):

☒ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

Addus Health Care, Inc.
Christina Stryczek, 541-857-9899 cstryczek@addus.com
1240 N Riverside Ave
Medford, OR 97501
Addus is a "for profit agency"

New Horizons
Ali Dean, 541-857-9195 ali@nhcares.com
255 West Stewart Avenue, Suite 101
Medford, OR 97501
New Horizons is a "for profit agency".

☒ **#2a Homemaker** (by HCW)

Funding Source: ☐ OAA ☒ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ **#3 Chore** (by agency)

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☐ **#3a Chore** (by HCW)

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☒ **#4 Home-Delivered Meal**

Funding Source: ☒ OAA ☒ OPI ☐ Other Cash Funds ☒ Other (describe): local fundraising and match

☒ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

RVCOG's Senior Nutrition Department provides the home delivered meals program oversight and management of distribution locations through the Food & Friends Meals on Wheels Program.

Food & Friends contracts for meal preparation, a driver/kitchen supervisor for the Josephine County Central Kitchen and two Jackson County drivers with:

Bateman Community Living, LLC dba TRIO Community Meals "for profit agency"

10 Canebrake Blvd, Suite 120

Jackson, MS 39232

Phone: 601-664-3100

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

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☒ **#6 Case Management**

Funding Source: ☐ OAA ☒ OPI ☒ Other Cash Funds ☐ Other (describe):

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☒ **#7 Congregate Meal**

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds ☐ Other (describe): local fundraising and match

☒ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

RVCOG's Senior Nutrition Department provides the congregate meals program oversight and management of congregate meals sites through the Food & Friends Senior Meals Program.

Food & Friends contracts for meal preparation, a driver/kitchen supervisor for the Josephine County Central Kitchen and two Jackson County drivers with:

Bateman Community Living, LLC dba TRIO Community Meals "for profit agency"

10 Canebrake Blvd, Suite 120

Jackson, MS 39232

Phone: 601-664-3100

☐ **#8 Nutrition Counseling**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☐ **#9 Assisted Transportation**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☒ **#10 Transportation**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☒ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

Rogue Valley Transportation District (RVTD)
239 E Barnett Rd
Medford, OR 97501

Josephine Community Transit (JCT)
300 NW 5th St
Grants Pass, OR 97526

☒ **#11 Legal Assistance**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☒ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

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

☒ **#12 Nutrition Education**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☒ **#13 Information & Assistance**

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds ☐ Other (describe):

☒ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

Rogue River Community Center

132 S Broadway, P.O. Box 295

Rogue River, OR 97537

Executive Director Sherill Boots

541-582-0609

☒ **#14 Outreach**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

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

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

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

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☐ **#20-2 Advocacy**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

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

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☒ **#30-1 Home Repair/Modification**

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds ☐ Other (describe):

☒ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

Rebuilding Together Rogue Valley

po box 1837

Jacksonville OR 97530

Kendyl Berkowitz

☐ **#30-4 Respite Care (IIIB/OPI)**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☒ **#30-5/30-5a Caregiver Respite**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☒ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

Addus Health Care, Inc.
Christina Stryczek, 541-857-9899 cstryczek@addus.com
1240 N Riverside Ave
Medford, OR 97501
Addus is a "for profit agency"

New Horizons
Ali Dean, 541-857-9195 ali@nhcares.com
255 West Stewart Avenue, Suite 101
Medford, OR 97501
New Horizons is a "for profit agency".

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

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

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

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

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

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

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

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds ☐ Other (describe):

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

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

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds ☐ Other (describe):

☒ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

Community Volunteer Network- RSVP
One West Main Street, Suite 303
Medford, OR 97501
Cassie Rose, Executive Director
541-857-7784
crose@retirement.org

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

Funding Source: ☒ OAA ☒ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☐ **#40-8 Registered Nurse Services**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☒ **#40-9 Medication Management**

Funding Source: ☒ OAA ☒ OPI ☐ Other Cash Funds ☐ Other (describe):

☒ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

Addus Health Care, Inc.
Christina Stryczek, 541-857-9899 cstryczek@addus.com
1240 N Riverside Ave
Medford, OR 97501
Addus is a "for profit agency

New Horizons
Ali Dean, 541-857-9195 ali@nhcares.com
255 West Stewart Avenue, Suite 101
Medford, OR 97501
New Horizons is a "for profit agency".

☒ **#50-1 Guardianship/Conservatorship**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☒ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

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

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

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

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

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☒ **#50-5 Long-Term Care Ombudsman**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☒ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

Long-Term Care Ombudsman

3855 Wolverine St Suite 6

Salem OR 97305

☐ **#60-1 Recreation**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☒ **#60-3 Reassurance**

Funding Source: ☒ OAA ☒ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☒ **#60-4 Volunteer Recruitment**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☒ **#60-5 Interpreting/Translation**

Funding Source: ☒ OAA ☒ OPI ☐ Other Cash Funds ☐ Other (describe):

☒ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

Language Line Services, Inc

One Lower Ragsdake Dr. Bldg. 2

Monterey, CA 93940

For profit agency

Written translation services through:
Silvia Roxana Zepeda Moran
CChM Management Inc/RoxLation
PO Box 993 Medford OR 97501
Cell: (541) 601-7771
Fax (541) 665-8312
zepedarox@gmail.com
For profit agency

☒ **#70-2 Options Counseling**

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds ☐ Other (describe):

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

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

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☐ **#70-5 Newsletter**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☐ **#70-8 Fee-based Case Management**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☒ **#70-9/70-9a Caregiver Training**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

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

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

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

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds ☐ Other (describe):

☒ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

La Clinica

931 Chevy Lane

Medford OR 97504

☒ **#72 Cash and Counseling**

Funding Source: ☐ OAA ☐ OPI ☒ Other Cash Funds ☐ Other (describe):

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

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

Funding Source: ☐ OAA ☐ OPI ☒ Other Cash Funds ☐ Other (describe):

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☐ **#80-1 Senior Center Assistance**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☒ **#80-4 Financial Assistance**

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds ☐ Other (describe):

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☐ **#80-5 Money Management**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☒ **#90-1 Volunteer Services**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds ☐ Other (describe):

☒ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

Community Volunteer Network- RSVP
One West Main Street, Suite 303
Medford, OR 97501
Cassie Rose, Executive Director
541-857-7784
crose@retirement.org

United Community Action Network – UCAN
280 Kenneth Ford Dr.
Roseburg, OR 97470
541-492-3502

SECTION E - Area Plan Budget

Area Plan Budget, Worksheet 1
Rogue Valley Council of Governments (RVCOG)
BUDGET PERIOD: 7.1.2024 - 6.30.2025 Area Plan Year 4

Budget by Service Category

(3)	(4)		(5)	(6)	(7)	(8)	(9) OAA						(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
Matrix	SERVICE NAME	SERVICE TYPE					T III B	T III C-1	T III C-2	T III D	T III E	T VII	OAA Total	NSIP	COVID Relief (ARP, VAC5 and SLFRF)	OPI (Classic and/or Pilot)	Other State-provided Funds	Other Cash Funds	Total Funds	Estimated Cost Per Unit	Comments Explanation
ADMINISTRATION							**$36,505**	**$25,000**	**$57,000**	**$0**	**$48,398**	**$0**	**$166,903**	**$0**	**$30,000**	**$156,864**	**$177,540**	**$0**	**$531,307**		
20-1	Area Plan Administration	Administration	C = Contract				$36,505	$25,000	$57,000		$48,398		$166,903		$30,000	$156,864	$177,540		**$531,307**		Other: Sequestor and
20-2	AAA Advocacy	Administration											$0						**$0**		
20-3	Program Coordination & Development	Administration	D = Direct Provision	Estimated Units	Unit Definition	Estimated Clients							$0						**$0**		
ACCESS SERVICES -							**$319,316**	**$0**	**$0**	**$0**	**$0**	**$0**	**$319,316**	**$0**	**$253,323**	**$216,857**	**$578,094**	**$40,000**	**$1,407,590**		
6	Case Management	Case Management			1 hour								$0			$216,857	$508,863		**$725,720**	#DIV/0!	No units of service for
9	Assisted Transportation	Assisted Transportation			1 one-way trip								$0						**$0**	#DIV/0!	
10	Transportation	Transportation			1 one-way trip								$0						**$0**	#DIV/0!	
13	Information & Assistance	Information and Assistance	D	3100.00	1 contact	177	$15,000						$15,000		$177,326		$69,231		**$261,557**	$84.37	NWD Funding
14	Outreach (14 Outreach; 70-5 Newsletter; 70-10 Public	Outreach	D	1508.00	1 activity	1620	$224,623						$224,623					$40,000	**$264,623**	$175.48	USAging Vaccine Grant
40-3	Preventive Screening, Counseling, and Referral	Health Promotion and Disease Prevention	D	2100.00	1 session	100	$25,000						$25,000						**$25,000**	$11.90	
40-4	Mental Health Screening & Referral	Health Promotion and Disease Prevention			1 session								$0						**$0**	#DIV/0!	
60-5	Interpreting/Translation	Other Services			1 hour or activity								$0						**$0**	#DIV/0!	
70-2	Options Counseling	Information and Assistance	D	221.00	1 contact	180	$54,693						$54,693		$75,997				**$130,690**	$591.36	
70-8	Fee-Based Case Management	Other Services			1 hour or activity								$0						**$0**	#DIV/0!	
IN-HOME SERVICES							**$21,442**	**$0**	**$1,171,000**	**$0**	**$0**	**$0**	**$1,192,442**	**$145,365**	**$10,000**	**$1,000,727**	**$0**	**$1,064,814**	**$3,413,348**		
1/1a	Personal Care	Personal Care			1 hour								$0			$400,291			**$400,291**	#DIV/0!	
2	Homemaker/Home Care	Homemaker			1 hour								$0			$600,436			**$600,436**	#DIV/0!	
2a	Homemaker/Home Care - HCW	Homemaker			1 hour								$0						**$0**	#DIV/0!	
3	Chore	Chore			1 hour								$0						**$0**	#DIV/0!	
3a	Chore - HCW	Chore			1 hour								$0						**$0**	#DIV/0!	
5	Adult Day Care/Adult Day Health	Adult Day Care/Health			1 hour								$0						**$0**	#DIV/0!	
30-1	Home Repair/Modification	Other Services	C	60.00	1 payment	60	$15,000						$15,000		$10,000				**$25,000**	$416.67	
30-4	Respite (IIIB)	Respite Care			1 hour								$0						**$0**	#DIV/0!	
40-5	Health, Medical & Technical Assistance Equip.	Health Promotion and Disease Prevention			1 loan/payment								$0						**$0**	#DIV/0!	
60-3	Reassurance	Outreach			1 contact								$0						**$0**	#DIV/0!	
90-1	Volunteer Services (In Home)	Other Services			1 hour								$0						**$0**	#DIV/0!	
4	Home Delivered Meals	Home Delivered Meals	D/C	234465.00	1 meal	1499			$1,171,000				$1,171,000	$145,365				$1,024,814	**$2,341,179**	$9.99	
8	Nutrition Counseling	Nutrition Counseling			1 session								$0					$40,000	**$40,000**	#DIV/0!	
12	Nutrition Education	Nutrition Education	D	1540.00	1 session	1540	$6,442						$6,442						**$6,442**	$4.18	
LEGAL SERVICES							**$30,000**	**$0**	**$0**	**$0**	**$0**	**$0**	**$30,000**	**$0**	**$10,000**	**$0**	**$0**	**$0**	**$40,000**		
11	Legal Assistance	Legal Assistance Development	C		1 hour		$30,000						$30,000		$10,000				**$40,000**	#DIV/0!	Service units direct to
NUTRITION SERVICES							**$0**	**$435,000**	**$0**	**$0**	**$0**	**$0**	**$435,000**	**$0**	**$0**	**$0**	**$0**	**$0**	**$435,000**		
7	Congregate Meals	Congregate Meals	D/C	34838.00	1 meal	384		$435,000					$435,000						**$435,000**	$12.49	

			Contract or Direct Provide	Estimated Units	Unit Definition	Estimated Clients	T III B	T III C-1	T III C-2	T III D	T III E	T VII	OAA Total	NSIP	COVID Relief (ARP, VAC5 and SLFRF)	OPI (Classic and/or Pilot)	Other State-provided Funds	Other Cash Funds	Total Funds	Estimated Cost Per Unit	Comments Explanation
FAMILY CAREGIVER SUPPORT							**$0**	**$0**	**$0**	**$0**	**$435,582**	**$0**	**$435,582**	**$0**	**$0**	**$0**	**$0**	**$0**	**$435,582**		
15/15a	Caregivers Information Services / Information and Refe	Information for Caregivers			1 activity								$0						**$0**	#DIV/0!	
16/16a	Caregiver Case Management	Access Assistance	D	202.00	1 contact	180					$160,582		$160,582						**$160,582**	$794.96	
30-5/5a	Caregiver Respite	Respite Care	C	3604.00	1 hour	180					$250,000		$250,000						**$250,000**	$69.37	
30-6/6a	Caregiver Support Groups	Counseling/Support Groups/Caregiver Training	D	8.00	1 session	10					$10,000		$10,000						**$10,000**	$1,250.00	
30-7/7a	Caregiver Supplemental Services	Supplemental Services			1 payment								$0						**$0**	#DIV/0!	
70-2a/2b	Caregiver Counseling	Counseling/Support Groups/Caregiver Training			1 client served								$0						**$0**	#DIV/0!	
70-9/9a	Caregiver Training	Counseling/Support Groups/Caregiver Training	D	192.00	1 session	16					$15,000		$15,000						**$15,000**	$78.13	
73/73a	Caregiver Self-Directed Care	Self-Directed Care			1 client served								$0						**$0**	#DIV/0!	
SOCIAL & HEALTH SERVICES							**$8,000**	**$0**	**$0**	**$57,629**	**$0**	**$8,900**	**$74,529**	**$0**	**$57,401**	**$0**	**$174,000**	**$205,000**	**$510,930**		
40-2	Health Promotion: Evidenced-Based (40-2 Physical Ac	Health Promotion and Disease Prevention	D	480.00	1 session	60				$32,629			$32,629		$57,401		$174,000		**$264,030**	$550.06	ODHS MH Grant,
50-1	Elder Abuse Prevention (50-1	Elderly Abuse Prevention	C	150.00	1 activity	120	$8,000						$8,000						**$8,000**	$53.33	
50-3	Elder Abuse Awareness and Prevention	Elderly Abuse Prevention	D	2.00	1 activity	60						$8,900	$8,900						**$8,900**	$4,450.00	
50-4	Crime Pervention/Home Safety	Elderly Abuse Prevention			1 activity								$0						**$0**	#DIV/0!	
60-4	Volunteer Services	Other Services			1 hour or activity								$0						**$0**	#DIV/0!	
60-1	Other Services (60-1 Recreation; 70-8 Fee Based	Other Services			1 hour or activity								$0						**$0**	#DIV/0!	
71	Chronic Disease Prevention, Management & Ed	Health Promotion and Disease Prevention	D	96.00	1 session	12				$25,000			$25,000						**$25,000**	$260.42	
72	Self-Directed Care	Self-Directed Care			1 client served								$0						**$0**	#DIV/0!	
80-1	Senior Center Assistance	Other Services			1 hour or activity								$0						**$0**	#DIV/0!	
80-4	Consumable Services	Other Services	D	75.00	1 hour or activity	75							$0					$15,000	**$15,000**	$200.00	
80-5	Money Management	Other Services			1 hour or activity								$0						**$0**	#DIV/0!	
80-6	Center Renovation/Acquisition	Other Services			1 center acqrd/renovated								$0						**$0**	#DIV/0!	
900	Computer Terchnology Expense	Other Services			1 payment/activity								$0						**$0**	#DIV/0!	
901	Other - Veteran Directed Care Program	Other Services	D			45							$0					$190,000	**$190,000**	#DIV/0!	
901	Other (specify)	Other Services											$0						**$0**	#DIV/0!	
901	Other (specify)	Other Services											$0						**$0**	#DIV/0!	
						GRAND TOTAL	**$415,263**	**$460,000**	**$1,228,000**	**$57,629**	**$483,980**	**$8,900**	**$2,653,772**	**$145,365**	**$360,724**	**$1,374,448**	**$929,634**	**$1,309,814**	**$6,773,757**		
						18%	$74,747														
						3%	$12,458														
						10%	$258,724														

Area Plan Budget, Worksheet 2
Rogue Valley Council of Governments (RVCOG)
BUDGET PERIOD: 7.1.2024 - 6.30.2025 Area Plan Year 4

Cash Match/In-kind Match

(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
SOURCE OF OAA CASH & INKIND MATCH FUNDS Be descriptive (e.g. Donated dining space @ SC)	Admin. Cash Match	Admin. Inkind Match	III B & C Cash Match	III B & C Inkind Match	OAA III E Cash Match	III E Inkind Match	TOTAL Cash Match	TOTAL Inkind Match
City Funds			$63,770				$63,770	$0
Private Grants & Contracts			$14,508				$14,508	$0
Other Funds - Individual Donations			$2,500				$2,500	$0
Other Funds - Food & Friends Fund Raising			$80,000				$80,000	$0
Other Funds - Center for Non-Profit Legal Services			$15,000				$15,000	$0
Other Funds - Oregon Law Center			$5,000				$5,000	$0
Donated Volunteer Mileage				$25,000			$0	$25,000
United Way			$14,000				$14,000	$0
Volunteer Time		$63,431		$1,634,000		$65,340	$0	$1,762,771
							$0	$0
							$0	$0
							$0	$0
							$0	$0
Column Totals:	**$0**	**$63,431**	**$194,778**	**$1,659,000**	**$0**	**$65,340**	**$194,778**	**$1,787,771**

(12)	(13)
SOURCE OF MEDICAID LOCAL MATCH FUNDS	TOTAL
Column Totals:	**$0**

Notes/Comments

Area Plan Budget, Worksheet 3
Rogue Valley Council of Governments (RVCOG)
BUDGET PERIOD: 7.1.2024 - 6.30.2025 Area Plan Year 4

Medicaid/OAA/OPI/OPI-M Staffing Plan

ADMINISTRATIVE POSITIONS									Breakout of funding sources			
(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
Position Title	FTE Worked	Annual Salary (excludes OPE)	Annual OPE	Total Salary + OPE	OAA Funds	OPI Funds	OPI-M Funds	Other Funds	Medicaid Funds Regular Allocation	Medicaid Funds Local Match	Medicaid Matched by Local Funds	Total
SDS Program Director	1.00	$90,459	$94,189	**$184,648**	$63,648			$12,000	$109,000			**$184,648**
SDS Program Supervisor	0.20	$18,000	$19,540	**$37,540**		$37,540						**$37,540**
Program and Advocacy Coordinator	0.35	$24,600	$22,780	**$47,380**	$47,380							**$47,380**
Office Specialist II	0.75	$33,446	$40,767	**$74,213**	$29,213	$20,000	$25,000					**$74,213**
Administrative Specialist	0.75	$40,576	$43,287	**$83,863**		$52,323	$31,540					**$83,863**
Office Specialist III	0.50	$21,934	$25,067	**$47,001**		$47,001						**$47,001**
Lifelong Housing Specialist	0.20	$12,272	$7,809	**$20,081**	$20,081							**$20,081**
Nutrition Program Director	0.10	$9,535	$7,046	**$16,581**	$16,581							**$16,581**
				$0								**$0**
ADMINISTRATIVE TOTAL	**3.85**	**$250,822**	**$260,485**	**$511,307**	**$176,903**	**$156,864**	**$56,540**	**$12,000**	**$109,000**	**$0**	**$0**	**$511,307**

DIRECT SERVICES POSITIONS					Breakout of funding sources							
Position Title	FTE Worked	Annual Salary (excludes OPE)	Annual OPE	Total Salary + OPE	OAA Funds	OPI Funds	OPI-M Funds	Other Funds	Medicaid Funds Regular Allocation	Medicaid Funds Local Match	Medicaid Matched by Local Funds	Total
SDS Program Supervisor	0.80	$72,000	$78,160	$150,160	$100,160	$20,000		$30,000				$150,160
Program and Advocacy Coordinator	0.65	$45,684	$42,306	$87,990	$47,990			$40,000				$87,990
ADRC Lead	1.00	$56,202	$71,245	$127,447	$95,447		$20,000	$12,000				$127,447
Outreach Coordinator	1.00	$52,603	$73,584	$126,187	$126,187							$126,187
Outreach Coordinator	0.80	$45,344	$53,092	$98,436	$98,436							$98,436
PEARLs Specialist	1.00	$74,422	$77,693	$152,115	$122,115			$30,000				$152,115
PEARLs Specialist	1.00	$68,557	$64,371	$132,928	$102,928			$30,000				$132,928
SDS Service Coordinator	1.00	$52,458	$53,281	$105,739		$35,739	$50,000	$20,000				$105,739
SDS Service Coordinator	1.00	$52,458	$53,281	$105,739		$35,739	$50,000	$20,000				$105,739
SDS Service Coordinator	1.00	$56,888	$80,487	$137,375		$37,375	$80,000	$20,000				$137,375
SDS Service Coordinator	1.00	$56,888	$80,487	$137,375		$50,008	$87,367					$137,375
SDS Service Coordinator	1.00	$55,619	$71,577	$127,196		$37,996	$80,000	$9,200				$127,196
SDS Service Coordinator	1.00	$59,800	$81,696	$141,496			$141,496					$141,496
SDS Service Coordinator	0.15	$12,272	$6,985	$19,257	$19,257							$19,257
Home Delivery Coordinator	1.00	$43,763	$70,347	$114,110	$114,110							$114,110
Meal Site Coordinator	0.50	$18,522	$12,676	$31,198	$31,198							$31,198
Meal Site Coordinator	0.20	$7,442	$4,930	$12,372	$12,372							$12,372
Meal Site Coordinator	0.50	$20,931	$13,937	$34,868	$34,868							$34,868
Meal Site Coordinator	0.50	$18,699	$12,518	$31,217	$31,217							$31,217
Meal Site Coordinator	0.63	$21,434	$14,420	$35,854	$35,854							$35,854
Meal Site Coordinator	0.63	$21,949	$17,346	$39,295	$39,295							$39,295
Meal Site Coordinator	0.63	$22,932	$15,523	$38,455	$38,455							$38,455
Meal Site Coordinator	0.34	$12,559	$8,362	$20,921	$20,921							$20,921
Nutrition Program Director	0.90	$85,812	$63,415	$149,227	$149,227							$149,227
Nutrition Program Analyst	1.00	$71,178	$72,630	$143,808	$143,808							$143,808
Nutrition Program Coordinator	1.00	$60,570	$76,281	$136,851	$136,851							$136,851
Nutrition Program Volunteer Coordinator	1.00	$48,402	$51,990	$100,392	$100,392							$100,392
Nutrition Program Office Specialist	0.63	$23,309	$17,874	$41,183	$41,183							$41,183
Office Specialist III	0.50	$21,934	$25,067	$47,001	$47,001							$47,001
				$0								$0
				$0								$0
DIRECT SERVICES TOTAL	22.36	$1,260,631	$1,365,561	$2,626,192	$1,689,272	$216,857	$508,863	$211,200	$0	$0	$0	$2,626,192
GRAND TOTAL	26.21	$1,511,453	$1,626,046	$3,137,499	$1,866,175	$373,721	$565,403	$223,200	$109,000	$0	$0	$3,137,499

APPENDICES

Appendix A - Organizational Chart

Appendix B - Advisory Council(s) and Governing Body

Appendix C - Public Process

Appendix D - Final Updates on Accomplishments from 2017-2020 Area Plan

Appendix E - Emergency Preparedness Plan

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

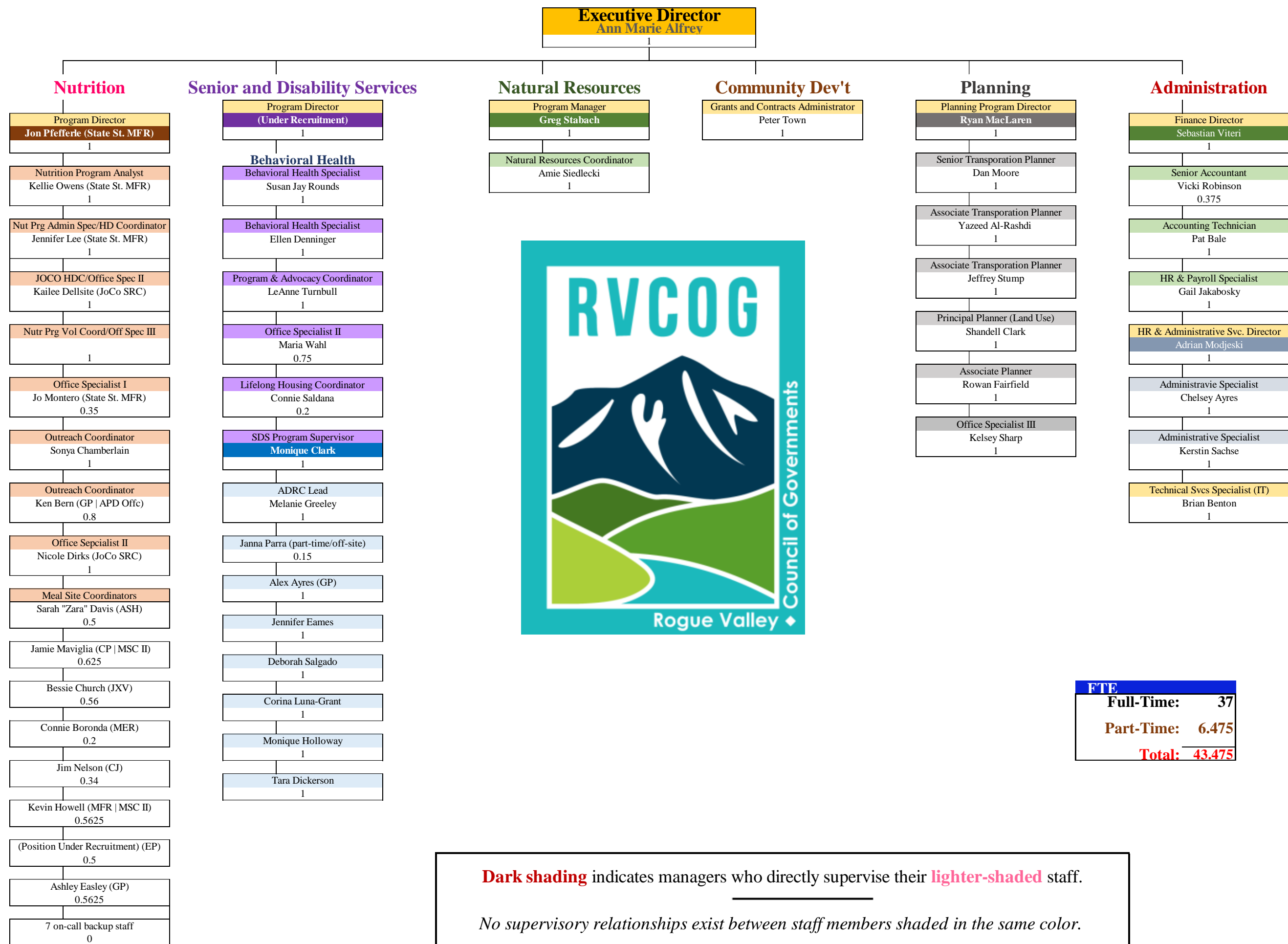
Appendix G - Partner Memorandums of Understanding

Appendix H - Needs Assessment Summary

Appendix I – Statement of Assurances and Verification of Intent

Appendix J – Service Equity Plan with Year 3 2024 Updates

Appendix A: Rogue Valley Council of Governments Organizational Chart



Dark shading indicates managers who directly supervise their **lighter-shaded** staff.

No supervisory relationships exist between staff members shaded in the same color.

Appendix B – Advisory Council(s) and Governing Body

Senior Advisory Council

The purpose of the Council is to advise, provide guidance and support, and assist the RVCOG in administration of AAA Services. As described and mandated by the Older Americans Act and the Oregon Revised Statutes, the purpose of the council is to provide citizen involvement, whose members provide a link between seniors and the Area Agency on Aging (RVCOG) to help ensure that programs and service delivery meet the needs of local seniors and people with disabilities.

The Senior Advisory Council Executive Committee consists of the Council Chair, the Vice Chair, and the chair or designated alternate from each standing committee. The Executive Committee provides advisement and assistance to AAA staff in a variety of ways, including the preparation and revision of long range plans, recommendations on the allocation of funds, and in the preparation and implementation of the administrative budget.

SENIOR ADVISORY COUNCIL		
NAME & CONTACT INFORMATION	**REPRESENTING**	**DATE TERM EXPIRES**
Rick Dyer	Jackson County Commissioner	N/A
John West	Josephine County Commissioner	N/A
Natalie Mettler	Jackson County	June 30, 2027
Paul Golding	Jackson County	June 30 2025
John Irwin	Jackson County	June 30, 2025
Liz James	Jackson County	June 30, 2025
Noriko Toyokawa	Jackson County	June 30, 2025
Leah Swanson	Josephine County	June 30, 2025
Jennine Greenwell	Jackson County	June 30,2026
Cherie Linnemeyer	Josephine County	June 30,2026
Eleanor Ponomareff	Jackson County	June 30,2026
Sherrill Boots	Josephine County	June 30,2027

Total number age 60 or over = 5
Total number minority = 3
Total number rural = 3
Total number self-indicating having a disability = 1

DISABILITY SERVICES ADVISORY COUNCIL		
NAME & CONTACT INFORMATION	**REPRESENTING**	**DATE TERM EXPIRES**
George Adams (Vice Chair)	Jackson County	June 30, 2026
Denyce Gavin	Jackson County	June 30, 2027
James Naegle (Chair)	Jackson County	June 30, 2026
Katie Callies	Josephine County	June 30, 2025
Kerrie Walters	Josephine County	June 30, 2027
Tony Ellis	Jackson County	June 30, 2027
Bonnie Huard	Jackson County	June 30, 2027
Cody Guinn	Jackson County	June 30, 2027
Leslie McIntyre	Jackson County	June 30, 2025

Total number age 60 or over = 4
Total number self-indicating having a disability = 8

Rogue Valley Council of Governments Board of Directors

<u>Executive Committee</u>

Carl Tappert (1st Vice President), General Manager
Rogue Valley Sewer Services

Jody Hathaway (Board President), HR/Finance Manager
Emergency Communications of Southern Oregon

Colleen Padilla (2nd Vice President), Executive Director
Southern Oregon Regional Economic Development, Inc.

Bill Mansfield, Board Member
Rogue Valley Transportation District

Kelley Johnson, Councilor
City of Central Point

Pam VanArsdale, Mayor
City of Rogue River

Board Members

Darby Ayers-Flood, Mayor
City of Talent

Mark Overbeck, Government RelationsSouthern Oregon University

Marta Trantsey, Board Member
Jackson County Library District

Meadow Martell, Mayor
City of Cave Junction

Rick Dyer, Commissioner
Jackson County

John West, Commissioner
Josephine County

Dylan Bloom, Councilor
City of Ashland

Trish Callahan, Mayor
Town of Butte Falls

Kathy Sell, Mayor
City of Eagle Point

Bill Rigney, Councilor
City of Gold Hill

Valerie Lovelace, Councilor
City of Grants Pass

Andrea Thompson, Councilor
City of Jacksonville

Eric Stark, Councilor
City of Medford

Terry Baker, Mayor
City of Phoenix

Jon Ball, Mayor
Shady Cove

Mike Hussey, Fire Chief
Jackson County Fire District 3

Jill Smedstad, Executive Director
Jackson Soil & Water Conservation District

Jonah Liden, Community and Government Relations Coordinator
Rogue Community College

Associate Members
Ian Horlacher MPO Senior Planner
ODOT Region 3/District 8

Jessica LaBerge, Regional Solutions Coordinator
Southern Oregon Regional Solutions Team

Appendix C – Public Process

The following is a list of the 2021-2025 Four-Year Area Plan public involvement activities that have been completed.

- The agency conducted a survey of seniors and individuals with disabilities in their counties in 2019-2020. 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 745 survey forms were completed, of which 616 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 2019 to May 2020. The respondents were identified at events where seniors gather, such as education and health fairs, Food and Friends sites, AARP Vital Aging Conference, Alzheimer's caregivers, and area senior centers. The data was 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. This data was analyzed and is reflected in the attached Needs Assessments report in Appendix H on page 219.
- Utilized a Four-Year Area Plan Workgroup comprised of SAC and staff members to write the plan.
- Reviewed and updated the AAA's mission and values statements with the Senior Advisory Council Executive Committee.
- Conducted interviews with key stakeholders, including: AARP, Addus Homecare, AllCare Health Coordinated Care Organization, Ashland Senior Center, At Home Senior Solutions, Columbia Care, Providence Medical Group - Eagle Point, Senior Options, Jackson County Housing Authority, Jackson County Library, Jackson County Mental Health, LaClinica, Center for Non-Profit Legal Services, Medford Senior Center, OLLI - Osher Lifelong Learning Institute, Power of the Heart Dementia Care, Rogue River Assembly of God, Rollins Family

Health, Valley Lift RVTD, SONAR - Southern Oregon Networking and Resource, Asante Three Rivers, Veteran's Affairs, and Valley Evangelical Church

- Conducted a public meeting to develop future Title IIIB discretionary funding priorities.
- A November 2, 2020 public hearing was advertised in the Medford Mail Tribune, the Ashland Daily Tidings and the Grants Pass Courier – see next page for proofs of publication. Recommendations from the public hearing are as follows:
    - LGBTQ+ individuals are an identified priority population. In the demographic portion, there is no quantifiable population. Oregonians 18 and over that identify as LGBTQ+ is 5.6% per the Williams Institute data. Include that demographic info to the area plan. Consider changing to LGBTQ+ instead of LGBTQ. (Changes added to the area plan.)
    - Add executive committee to the other standing committees. (Change added to the area plan.)
    - A wish for more funding for meals, ombudsman, OPI and educational activities.
    - Recommendation to consider hyperlinks to direct people to RVCOG programs, specifically disaster registry and lifelong housing. (A notation was added on page 24 identifying the SDS website for more information on all SDS programs.)
    - The Senior Advisory Council reviewed the proposed Four-Year Area Plan at the same November 5, 2020 meeting and approved it – see attached agenda on page 136.
    - On January 27, 2021, the RVCOG Board met and approved the Area Plan.

Mail Tribune and Ashland Daily Tidings Proof

NOTICE OF PUBLIC HEARING

Rogue Valley Council of Governments Senior and Disability Services (RVCOG SDS) is hosting a public meeting to get input about our 2021-2024 proposed Area Plan before it is submitted to the State of Oregon for approval. Once a public meeting is held, comments received during the meeting will be incorporated into the Plan and the Plan will be finalized and submitted to the Oregon Department of Human Services, Community Services and Supports Unit.

This meeting is designed to:

· Review the proposed 2021-2024 Area Plan for District 8, Jackson and Josephine Counties

· Notify the public about how RVCOG SDS plans to utilize its budget

The meeting will be held via the Zoom platform on November 2, 2020 from 12:30pm-2:00pm.

To view a copy of the area plan and to join the meeting on November 2, 2020 at 12:30pm, visit: www.rvcog.org/areaplan

Grants Pass Courier Proof

~Please take this opportunity to offer input on our proposed 2021-2024 Area Plan~

Rogue Valley Council of Governments Senior and Disability Services (RVCOG SDS) is hosting a public meeting to get input about our 2021-2024 proposed Area Plan before it is submitted to the State of Oregon for approval. Once a public meeting is held, comments received during the meeting will be incorporated into the Plan and the Plan will be finalized and submitted to the Oregon Department of Human Services, Community Services and Supports Unit.

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○

Administration Office
Senior and Disability Services
(541) 664-6674 • FAX (541) 664-7927 • www.rvcog.org

Rogue Valley Council of Governments (RVCOG)
Senior Advisory Council

Date/Time: 12:30 – 2:30 p.m., Monday, November 2, 2020
Location: ZOOM Meeting

Agenda

12:30 Call to Order/Attendance .... John Curtis

12:35 Public Comment on the 2021-2024 Area Plan .... John Curtis

12:55 SAC Recommendation to the Board of Directors to accept 2021-2024 Area Plan .... John Curtis

1:00 General Meeting Business .... John Curtis
- a) Introductions of guests & public comments
- b) Additions to agenda
- c) Review and approval of October 12, 2020 Minutes
- d) Announcements

1:15 Director's Report .... Laura O'Bryon

1:30 Field Office Report .... Jeremy Wolf

1:45 Committee Reports
- a) Executive Committee .... John Curtis
- b) Council Development .... Rhonda Lawrence
- c) Communications & Outreach, Support Services .... Linda Serra
- d) Advocacy .... Liz James
- f) Disability Services Advisory Council .... Jeremy Wolf
- g) Home & Community Based Care Committee .... Nancy Randolph

1:55 Break

2:10 Presentation
Spiritual Care with Elders .... Anya Neher

2:30 Adjourn .... John Curtis

Members: Don't forget to complete Volunteer & Expense Reports and send to: jpfefferle@rvcog.org

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 2017-2020

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 ADRC Lead and a part time Office Specialist continue to maintain the database to assure current and accurate resource information is available. There are currently approximately 340 resources listed.

    b. Goal: ADRC provides accurate and relevant information to all Consumers seeking assistance in making future care decisions.
    Actions:
        i. Develop training plan for all ADRC specialists which includes person-centered and service equity training. – Except for one part time ADRC staff, all other ADRC staff have completed Person Centered Options Counseling training. ADRC staff participates in state Webinars. Two ADRC staff are bilingual.
        ii. The ADRC Core Partners and the ADRC Advisory Committee meetings have been combined and now meet quarterly in February, April, August and November as a part of the Senior Advisory Council Support Services Committee meeting. The ADRC Lead provides updates and leads discussion(s) around ADRC issues.

2. **Nutrition Services**
    Actions:
    Goal: Reduce older adult hunger and food insecurity. Continue to offer over yield as an additional meal for those seniors attending congregate meal sits especially in the rural areas – We do offer over yield as an additional meal.

i. Establish partnerships with local food retailers to augment clients diet with donated fruit, vegetables, bread or protein foods. – Costco provides bread and baked goods every Wednesday for distribution in Center Point, Jacksonville and Medford, Ray's Market provides the same of Jacksonville home-delivered meals clients. Local growers provide fresh veggies in season for congregate participants.
ii. Maintain adequate volunteer force to meet demand for service. – Update Facebook page to increase awareness. – Facebook page has been improved. We now have 311 followers on Facebook, increasing outreach when we share posts to increase awareness and help recruit volunteers. Updated with new posts often (typically weekly). Continue to use MOWA social media and recruitment materials/tools. – Continue to use various tools to outreach for volunteer recruitment and education. – MOWA periodically offers update images, social media templates, or other materials to be used in outreach efforts. Although the Ad Council campaign has ended, the "America, Let's do Lunch" tools is still available and utilized by individuals wishing to be referred to the MOW program in their area.
iii. Continue to use various tools to outreach for volunteer recruitment and education. – Print ads & TV PSAs. Posters/Flyers. VolunteerMatch.org.
iv. Establish Memorandums of Understandings MOUs with Providence Hospital in Jackson County and Three Rivers Asante Medical Center in Josephine County, as back-ups for meal production in the event that the main kitchen is not functional.
v. MOUs have yet to be established. MOU with OSU extension Food Hero's publication to give F&F permission to publish on R&F webpage. Established and ongoing.

3. **Health Promotion**
   a. Goal: <u>Increase participation in evidence-based health promotion programs in the area.</u>

Actions:

i. Living Well Chronic Disease workshops have been put on hold since July of 2019 due to budgetary constraints; they are however, still being provided through La Clinica in the community under RVCOG license.
ii. The Diabetes Prevention Program (DPP), which started in 2019, was shift to a virtual format due to COVID-19.
iii. Face-to-Face programs such as PEARLS were shifted to phone based programs due to COVID-19 for the last half of FY 20.
iv. The PEARLS program is currently being conducted on a limited basis as State Mental Health Funding was discontinued at the end of FY 20.
v. RVCOG currently participates in the Oregon Wellness Network (OWN) both on the OWN Board and the OWN Operations Council. OWN is working towards a statewide billing system to establish local health care partners in each county and bill insurance programs including Medicaid and Medicare for various health promotions programs.
vi. RVCOG SDS has delivered 3 Buried in Treasures workshops since its inception in 2018.

4. **Family Caregivers**

A number of things impacted delivery of Family Caregiver Support Programs during the Area Plan cycle including staffing changes in 2017 and 2018 as well as COVID-19 in 2020.

a. Goal: <u>Assure outreach to individuals who have the greatest economic and social need.</u>

Actions:

i. Agency management and staff continue to identify available trainings and work with other community partners to ensure all staff are well trained and informed regarding caregiver needs and screenings.

ii. Community outreach has been increased by agency staff to develop and implement ongoing strategies for distributing up-to-date brochures throughout the community with an emphasis on the target populations.
iii. RVCOG SDS staff were certified as Teepa Snow Positive Approach to Care Counselors to deliver in-home interventions with caregivers caring for someone living with dementia. These counselors increase a caregiver's dementia knowledge and provide strategies and tips to make caring for a person living with dementia easier.

5. **Elder Rights and Legal Assistance**
   a. Goal: To provide a person/family the tools to protect themselves or their loved ones from any kind of harm, abuse, or catastrophe.

   Actions:
   i. Held annual Elder abuse conferences in fall of 2018 and 2019. Participants included members of the community as well as multiple agencies including: APD, Adult protective services, mental health agencies, RVCOG SDS staff, and SAC members.
   ii. Another conference is planned for 2020, however it will be virtual due to COVID-19.

6. **Older Native Americans**

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

      Actions:
      i. The Agency provides information to Native American organizations about RVCOG AAA services through presentations, brochures, and or electronic outreach efforts.

ii. RVCOG SDS staff attend Regional Tribal Meetings with other agencies and representatives from local tribes in the region. These meetings are held quarterly and designed to help engage with and address needs of tribal members.

Appendix E - Emergency Preparedness Plan

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 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 RVCOG 's Administration Office in Central Point and is a subset of the Rogue Valley Council of Government's overall Emergency Plan. The RVCOG plan relates to the plans of the three Oregon Department of Human Services/Adults and Persons with Disabilities (ODHS APD) field offices, as well as Food & Friends Senior Meals Program's plan.

- Administration Office is located at the Rogue Valley Council of Governments, 155 N. 1st St., Central Point, Oregon 97502.
- Service Coordinators for SDS programs as well as Food & Friends are out-stationed in two of the three APD Field Offices of Department of Human Services (ODHS) Aging and People with Disability (APD): the Medford Senior Services Office and the Grants Pass Senior and Disability Services Office. Each of these offices has both a response and a continuity of operations plan, as directed by the State of Oregon APD. RVCOG staff are expected to follow the immediate safety plans of those offices while present in the offices, and to follow the RVCOG plan for their work assignments during and after the event.
  - 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.
- RVCOG interests also include the safety of Food & 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

RVCOG leadership is aware of the Jackson and Josephine County Emergency Operations Plans, which contains 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 and pandemics. All of these incidents could impact RVCOG consumers. For detailed information regarding potential hazards in Jackson and Josephine Counties and general plans for community response, refer to these documents.

RVCOG 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

PREPAREDNESS PHASE

Disaster Registry and Go Stay Kit: RVCOG SDS maintains the Disaster Registry for Jackson and Josephine Counties. Vulnerable adults who cannot evacuate themselves nor stay in their own homes alone for three days may register by completing an application which is entered into a database, mapped by GIS, and distributed to the local 911 Center and other response agencies. Volunteers phone everyone in the Registry once a quarter to make sure information is current and RVCOG staff use State licensing information, email contact with local County Developmental Disability and

Mental Health residential staff, and community directory information to update both the Childcare and Residential Facilities layers of the Disaster Registry GIS Map. RVCOG 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.
Review and Exercise of Plan, Participation in Community-wide Exercises: RVCOG Management Team shall review and exercise the plan once a year through table top exercise. If the COAD or either County Emergency Managers plan a county- or region-wide exercise, RVCOG and, in particular, Disaster Registry staff will participate on behalf of the vulnerable populations they represent and the organization.

RESPONSE PHASE

Notification

RVCOG staff will receive notification of impending events through normal broadcast and social media as the general public receives it or other informal methods. However, Disaster Registry staff may receive specific notification through one or both County Emergency Managers. When notification is received through any medium, it should be relayed immediately to the RVCOG Executive Director or SDS Program Director or designee, who will verify the information and activate the RVCOG Emergency Plan. A current list of RVCOG staff may be found in Appendix i.

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
    - RVCOG staff, all departments
- SDS Program Director and Nutrition Program Director
    - SDS and Nutrition Management Staff
        - SDS and Nutrition Staff
        -
        - Meal Site Coordinators, Volunteers

- APD District Manager (State Employees)
  - APD Field Office Mangers
    - APD Staff

A Standing RVCOG Response Team will be created, with active defined roles. (See Appendix i.) In addition, a current list of contact names, office numbers and cell phone numbers will be attached to this plan and updated twice a year. (For current list, see Appendix i.)

The SDS Program Director has been designated as the Incident Commander on-site at the Central Point Office. They shall be the ranking SDS Program 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 Program Director is not available, SDS Program Supervisor will perform this role. The RVCOG Executive Director or their designee will assign this duty.

As part of their duties, the Incident Commander shall perform or delegate:

- Assess and triage the incident
- Ensure an accurate accounting of RVCOG 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 RVCOG 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 RVCOG 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 SDS Program Director for any of these duties, should the RVCOG Executive Director so order

The APD District Manager is the 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.

When the Incident Command Team has developed a plan for response to the event, Managers will communicate the plan and assignments to their staff through phone trees or other appropriate communication method, given the urgency of the need for action.

Continuity of Operations Plan and Local Partner Coordination

RVCOG has developed, and will continue to develop, working relationships with local emergency management personnel and agencies. RVCOG 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. RVCOG's 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 RVCOG to successfully continue to provide services during an emergency will depend to a large degree on the ability of RVCOG consumers and long-term care facilities to continue their own operations.

The three APD 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, RVCOG will coordinate with State level ODHS/APD department officials, other Area Agencies on Aging and local partners such as the ODHS Self-Sufficiency office, County offices, and community centers for service and business continuation.

SDS Service Coordinators will maintain a list of names and addresses of the most high risk and vulnerable clients that receive in-home long-term care services based on their care plan. This list will be updated twice a year. At the time of an event, Service Coordinators will phone their vulnerable clients for a status check. If the safety of any client is in question, the information will be conveyed to Emergency Management or First Responders via RVCOG Chain of Command.

Food & Friends Senior Meals Program

See full Food & Friends Plan in Appendix iii. Generally: The 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 Director in coordination with the RVCOG Executive 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 Director. 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, RVCOG 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 Activation

The Disaster Registry is activated by RVCOG SDS staff as soon as a disaster is announced by Emergency Management. If the event is localized, SDS staff will implement contact procedures for individuals and facilities in the impacted area. If the event is an earthquake or other 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.

The primary purpose of contacting registrants is to see if they are aware of the event and have assistance to shelter in place or to evacuate as instructed by emergency responders. If the individual or facility has been given orders to evacuate but is unable to do so because they need assistance, the caller contacts the Disaster Registry Coordinator or designate who then notifies the appropriate County Emergency Manager.

RECOVERY PHASE

RVCOG will resume operations—in a phased in manner, if necessary—as dictated by the type and severity of damage to facilities and impact on community resources available

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APPENDICES

i. RVCOG SDS Contact Information
   a. SDS Management Staff
   b. SDS Employees
ii. APD Management Contact Information
iii. RVCOG Food & Friends Emergency Plan
   a. Food & Friends Contact Information

Appendix F – List of Designated Focal Points

Senior Center Focal Points

- Ashland Senior Center
- Eagle Point Senior Center
- Rogue River Community Center

Other Focal Points:

- Grants Pass Senior and Disability Services Field Office
- Josephine County Senior Resource Center
- Central Point Senior Resource Center
- Medford Senior Services Field Office

Appendix G – Partner Memorandums of Understanding

Senior and Disability Services
(541) 664-6674 • FAX (541) 664-7927 • www.rvcog.org

Memorandum of Understanding

Between the

The ADRC
(of RVCOG Senior & Disability Services)
And
Jackson County

I. Purpose

The following Memorandum of Understanding is between the Aging and Disability Resource Connection of RVCOG SDS and Jackson County (JC).

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

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

II. Roles and Responsibilities

Referrals for Service

JC will strive to refer clients to the ADRC for services such as:

- Information and assistance where ADRC services can complement or augment those provided by JCMH and/or JCDD services;
- 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 strive to refer clients to JC to:

- Determine if they have an existing DD or MH service coordinator.

- 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 either party. This MOU may be revised upon the mutual concurrence of both parties.

Senior and Disability Services
(541) 664-6674 • FAX (541) 664-7927 • www.rvcog.org

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 RVCOG SDS ADRC

6/3/13
Date

Shelly Uhrig, COO Options for Southern Oregon

6/3/13
Date

MEMORANDUM OF UNDERSTANDING FOR Rogue Valley Council of Governments (RVCOG)

This Memorandum of Understanding ("MOU" or "Agreement") is entered into effective as of 11/15/2019 by and among Rogue Valley Council of Governments (RVCOG) hereinafter referred to as **"Partnering Agency"**, and **La Clinica del Valle Family Health Care Center, Inc.**, hereinafter referred to as **"La Clinica"**.

RECITALS

This Memorandum of Understanding is for licensure and administrative support to offer Living Well programs at La Clinica sites. By this MOU, the parties seek to clarify their respective rights and obligations with respect to the operation of the program.

In consideration of the mutual covenants set forth herein, the parties agree as follows:

SECTION 1. SUPPORT AND SERVICES

1.1. La Clinica

La Clinica shall:

a. Offer and promote Living Well programs for patients and community members.
b. Deliver services to patients and allow 4-8 community members at least one per year per type of class to keep certification.
c. Manage and coordinate Spanish referrals.
d. Arrange food preparations at each session.
e. Provide appropriate space for classes.
f. Maintain appropriate health records for patients consistent with applicable federal and state laws and regulations.
g. Responsible for partial staff training cost.

1.2 Rogue Valley Council of Governments

RVCOG shall:

a. Promote and offer training to La Clinica staff at a discounted rate or no cost.
b. Coordinate English referrals and keep current certifications.
c. Design and cover cost of the flyers.
d. Provide class materials, food costs, forms and books for participants.
e. Provide data collection, analysis and report.
f. Bill Coordinated Care Organizations (CCO's) and insurance for reimbursement.

SECTION 2. TERM AND TERMINATION

2.1 Term:
This MOU shall be effective as of 11/15/2019, and shall continue until 11/15/2022, unless earlier terminated in accordance with SECTION 2.2.

2.2 Termination:

a. Mutual Consent. This Agreement may be terminated at any time by the mutual consent of both parties by giving the other party at least 120 days prior written notice of such termination.

b. La Clinica's Convenience. This Agreement may be terminated at any time by La Clinica upon thirty (30) days' notice in writing and delivered by certified mail or in person.

c. For Cause. La Clinica may terminate or modify this Agreement, in whole or in part, effective upon the delivery of written notice to Partnering Agency, or at such later date as may be established by La Clinica, under any of the following conditions:

   i. If La Clinica's funding from the grant sources is not obtained or continued at levels sufficient to allow for the purchase of the indicated quantity of services;

   ii. If the grant regulations or guidelines are modified, changed, or interpreted in such a way that the services are no longer allowable or appropriate for purchase under this Agreement, or are no longer eligible for the funding proposed for payments authorized by this Agreement; or,

   iii. If any license or certificate required by law or regulation to be held by Contractor to provide the services required by this Agreement is for any reason denied, revoked, suspended, or not renewed.

d. For Default or Breach. Either La Clinica or Partnering Agency may terminate this Agreement in the event of a breach of Agreement by the other party. Prior to such termination the party seeking termination shall give to the other party written notice of the breach and intent to terminate. If the party committing the breach has not entirely cured the breach within fifteen (15) days of the date of the notice, or within such other period as the party giving the notice may authorize or require, then the Agreement may be terminated at any time thereafter by a written notice of termination by the party giving notice. Time is of the essence for the Partnering Agency's performance of each and every obligation and duty under this Agreement.

SECTION 3. RELATIONSHIP OF PARTIES

This Agreement shall not be construed to create a partnership, joint venture or an employer-employee relationship between the parties, or their agents and employees.

SECTION 4. COMPENSATION

Neither party in this Agreement will receive compensation from the other party as part of this Agreement.

SECTION 5. COMPLIANCE BY LAW

Each party shall be responsible, in connection with the services that party is providing under this MOU to (a) comply with all applicable federal, state and local laws and regulations with respect to the performance of such Party's respective services; (b) file all required reports relating to the services such Party is providing (including, without limitation, federal, state and local tax returns); (c) pay all applicable filing fees, federal, state and local taxes applicable to such parties business as the same shall become due and payable; and (d) pay all amounts required under local, state and federal workers' compensation acts, disability benefit laws, unemployment insurance laws, and other employee benefit laws when due for such party's employees who are participating in the provision of services to La Clinica under this Agreement.

SECTION 6. INSURANCE; RISK OF LOSS

Each party to this MOU shall maintain general liability insurance coverage in sufficient amounts to protect against all foreseeable risks that are related to the services and support provided by such party under this Agreement. La Clinica shall carry a minimum of $1,000,000 combined single limit general and professional liability insurance coverage at all times during the term of this MOU covering the services and support provided by La Clinica pursuant to this MOU. La Clinica shall also, at a minimum, carry $500,000 in property damage insurance coverage and shall name Partnering Agency as an additional insured in said policy. Each party shall provide appropriate evidence of such insurance coverage as may be reasonably requested by each party to evidence such other party's continuing compliance with these insurance requirements.

Notwithstanding these insurance requirements, each party shall be legally responsible for its own acts or omissions in the provision of services under this Agreement, and each party shall indemnify, defend and hold the other party harmless from and against any claims, liabilities or actions as a result of the active negligent or wrongful conduct of such party, including their agents and employees, under this Agreement.

SECTION 7. EMPLOYEE SUPERVISION

La Clinica shall appropriately investigate and screen (i.e. criminal background checks, fingerprinting, etc.) all non-professional employees who provide services under this MOU. La Clinica shall also provide appropriate supervision of its employees and agents providing services in accordance with La Clinica human resource policies and procedures. La Clinica shall further ensure that its employees and agents

shall at all times comply with Partnering Agency's policies, procedures and protocols. All incidents of alleged misconduct by a La Clinica employee or agent while providing services under this MOU shall be reported immediately to Partnering Agency. Partnering Agency reserves the right to deny any La Clinica agent or employee from performing services under this Agreement on Partnering Agency property.

SECTION 8. **CONFIDENTIALITY OF PATIENT RECORDS**

8.1 The Parties (and their directors, officers, employees, agents, and contractors) shall maintain the privacy and confidentiality of all information regarding the personal facts and circumstances of the La Clinica patients, in accordance with all applicable federal and state laws and regulations (including, but not limited to, the Health Insurance Portability and Accountability Act and its implementing regulations set forth at 45 C.F.R. Part 160 and Part 164) and La Clinica's policies and procedures regarding the privacy and confidentiality of such information. The Parties (and their directors, officers, employees, agents, and contractors) shall: (1) not use or disclose patient information, other than as permitted or required by this Agreement for the proper performance of its duties and responsibilities hereunder; (2) use appropriate safeguards to prevent use or disclosure of patient information, other than as provided for under this Agreement; and (3) notify the other immediately in the event the Party becomes aware of any use or disclosure of patient information that violates the terms and conditions of this Agreement or applicable federal and state laws or regulations.

8.2 It is further understood and agreed that all reasonable efforts will be taken to obtain parental or student consent prior to disclosure of confidential information to Partnering Agency's designated personnel, which shall only occur to better coordinate services to enhance a student's learning and success in Living Well programs.

8.3 In situations involving suspected abuse or neglect, La Clinica staff will promptly make a report to the Oregon Department of Human Services and notify designated Partner Agency's representatives that a report has been made. La Clinica staff will ensure completion of proper documentation.

SECTION 9. **GOVERNING LAW; JURISDICTION; VENUE**

This MOU shall be governed and construed in accordance with the laws of the State of Oregon without resort to any jurisdiction's conflict of laws, rules or doctrines. Any claim, action, suit, or proceeding between La Clinica and the Partnering Agency that arises from or relates to this Agreement shall be brought and conducted solely with in the Circuit Court of Jackson County for the State of Oregon. Provided, however, if the claim must be brought in a federal forum, then it shall be brought and conducted solely and exclusively within the United States District Court for the District of Oregon filed in Jackson County, Oregon. Partnering Agency, by the signature herein of its authorized representative, hereby consents to the in *personam jurisdiction* of said courts.

SECTION 10. GENERAL CONDITIONS

10.1 Force Majeure: Neither La Clinica nor Partner Agency shall be held responsible for any delay nor default caused by fire, riot, acts of God, or war where such cause was beyond, respectively, La Clinica or Partner Agency's reasonable control. Partner Agency shall, however, make all reasonable efforts to remove or eliminate such a cause of delay or default and shall, upon cessation of the cause, diligently pursue performance of its obligations under this Agreement.

10.2 **Severability:** The parties agree that if any term or provision of this Agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Agreement did not contain the particular term or provision held to be invalid.

10.3 **Survival**: The terms, conditions, representations, and all warranties contained in this Agreement shall survive the termination or expiration of this Agreement.

10.4 **Waiver:** The failure of La Clinica to enforce any provision of this Agreement shall not constitute a waiver by La Clinica of that or any other provision.

10.5 **Execution and Counterparts**: This Agreement may be exercised in several counterparts, each of which shall be an original, all of which shall constitute but one and the same instrument.

10.6 **Notice:** Notices required by this Agreement must be given in writing or by personal delivery or mail, at the following addresses, unless some other means or method of notice is required by law. Each party will notify the other of any change of address.

Rogue Valley Council of Governments
POB 3275
155 N. 1st St.
Central Point, OR 97502

La Clinica del Valle Family Health Care Center, Inc.
931 Chevy Lane
Medford, OR 97504

10.7 **Merger Clause**: This Agreement and the attached exhibits constitute the entire agreement between the parties. No waiver, consent, modification or change of terms of this Agreement shall bind either party unless in writing and signed by both parties. Such waiver, consent, modification, or change, if made, shall be effective only in the specific instance and for the specific purpose given. There are no understandings, agreements, or representations, oral or written, not specified

herein regarding this Agreement. Partner Agency, by signature of its authorized representative, hereby acknowledges that (s) he has read this Agreement, understands it, and agrees to be bound by its terms and conditions.

SECTION 11. ASSIGNMENT

Neither party may assign this MOU, in whole or in part, without each of the other party's prior written consent.

SECTION 12. ENTIRE AGREEMENT, INTERPRETATION AND CHANGES

This MOU constitutes the entire agreement between the parties with respect to the subject matter described herein, and all prior and contemporaneous oral or written communications, understandings or agreements between the parties with respect to the subject matter herein are hereby superseded in their entirety. Any changes, amendments, or modifications to this Agreement shall not be binding on the parties unless mutually agreed to by the parties in writing.

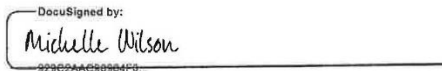
SECTION 13. DISPUTE RESOLUTION

The parties shall attempt to use reasonable efforts to resolve any disputes through good faith negotiations and, where appropriate, use alternative dispute resolution as may be agreed by the parties, including mediation and/or arbitration.

The parties have executed this Memorandum of Understanding on the dates first noted below:

12/16/19
Date

Michael Cavallaro
Executive Director
Rogue Valley Council of Governments (RVCOG)



12/17/2019
Date

Michelle Wilson
Wellness Program Manager
La Clinica del Valle Family Health Care Center, Inc.

Appendix H – Needs Assessments

Rogue Valley Council of Governments
Area Agency on Aging
2019-2020 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 2019-2020. 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 745 survey forms were completed, of which 616 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 2019 to May 2020. The estimated time to complete each survey form was 10 minutes. The respondents were identified through events/activities where seniors congregate, such as congregate meal sites, AARP Vital Aging Conference, Providence Resource Fair, Grants Pass Senior Resource Fair, Three Rivers Resource Fair, Twin Creeks Senior Resources Fair, and area senior centers.

Announcements were made at regularly attended meetings including: APD Managers, APD/AAA Team Enhancement Committee, RVCOG SDS All Staff, Latinx Interagency Networking Committee, Homeless Task Force, Human Service Consortium, United Way Directors, Unete, and SOHealthy. COVID-19 stopped plans to participate in the ACCESS Senior Fair and the Illinois Valley Health Fair. Senior Advisory Council members and staff assisted in getting the word out to churches, service clubs, and their own social networks. Notices with links to the survey were sent to SDS email distribution lists including OAA and OPI subcontractors and Older Adult Behavioral Health Specialist (OABHS) social services agencies list-serve. Surveys were distributed to home-delivered meals participants. An article was run in the regional AARP publication. 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 and 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 (73.5%) and white (92%). Only 4% said they were Hispanic and 6% identified themselves as LGBTQ+. The percent of respondents in the three age categories were 59 years or younger (21%), 60-79 years (51%) and 80 years or older (28%). Almost three-quarters (72%) of the respondents were female (Table 1). Jackson County residents made up 64% of the respondents.

Table 1. Percentage gender by age category

Gender	<59 years	60-79 years	>80 years	All (%)
Female	31	274	108	73
Male	12	100	39	27
All	43	374	147	100

Household Living and Transportation Arrangement

Most of the respondents currently live in their own home or apartment (69%) or rent a house or apartment (17%). A few lived with their family or friends (6%) and some were homeless (1%)

When asked if they are living in a home with someone else, 42% said they lived with a spouse or significant other and almost 14% said there were children or grandchildren living with them. Companionship was the most common reason for living with someone else (32%), but their own or the other's financial needs were important (36%) as were health needs (32%).

Over three fourths (77%) said they do not receive assistance with transportation. Of those that did, 59% said they relied on family and 36% relied on friends. Almost half (46%) of them also used some kind of public or volunteer transportation. Most reported that they did not miss activities because of transportation issues (61%) but 8% 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 (63%), computer/internet (62%) and the media such as newspaper and TV (37%). A few (9%) said they didn't know who to ask. Of the 20% of the respondents who said they used the Aging and Disability Resource Connection (ADRC), 58% said it was extremely or very helpful, and the remaining 6% said moderately or slightly helpful and 1% reported it was not helpful at all. **A vast majority of respondents (80%) had not used ADRC at all.**

Health

When asked to rate their physical health, 18% said excellent, 47% said good and the remaining 25% said fair or poor. Most had an advanced directive (67%), but 27% said they didn't and 6% said they didn't know. **The health services that the respondents felt they need but are not accessing were dentist (40%), eye care (18%), and alternative health (25%).** Most were able to access physical therapy (77%) and mental health (78%) with a doctor being the most accessible (91%). Governmental assistance plans such as Medicare or **Medicaid are readily available to most, but 21% said they could not go to a health care provider because they did not accept these plans.**

Most (86%) of the respondents said they have an annual physical checkup. They received health screening procedures for high or low blood pressure (82%), heart disease (53%), diabetes (49%), and colon/rectal cancer (44%). Half (49%) of the men were screened for prostate cancer and 52% of the women had mammograms. Most (85%) 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, 21% said they did. They were most often a spouse or significant other (38%) or a parent (22%).

About 15% said they cared for either a child, friend, or a neighbor. Unrelated to family caregiving, almost half of the respondents (45%) said they receive help with tasks from family or friends and 77% said they receive enough help.

Well Being

Are the respondents lonely? Over half (55%) said no, but 9% said yes, and 25% said sometimes. How secure about finances, health, dependency, loneliness, and crime do the respondents feel? (Table 2). Most (78%) of the respondents felt they would have enough to eat, while fewer felt they would not be lonely and without friends (52%), will not have to leave their home (38%), have enough to live on (50%), and not be a victim of a crime (44%). **Loss of memory (25%) and dependency on others (27%) was where respondents felt the most insecure.**

Table 2. Percent who felt secure and levels of insecurity

	Secure	Insecure		
		Little	Somewhat	Very
Enough to live on	50	24	13	13
Good health	28	38	21	14
Enough to eat	78	12	7	3
Not depend on others	27	36	18	19
Not leave home	38	32	16	13
Not be lonely	52	25	13	10
Not victim of crime	45	36	13	7
Not lose memory	25	42	22	12

Housing

Among all respondents, 63 of them (12%) 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 6% of the respondents knew about the Lifelong Housing Certification Program.

Among those who indicated that they own their home, they were asked about the cost of maintenance and needs for repairs and modification. **Over a third (39%) said their residences need significant repairs or modifications**. The modifications needed and plans to change are shown in Table 3. A little less than half said they are planning to change bathrooms and more than half, make structural changes with fewer saying they plan to change the remaining. **When asked why they are not planning to make changes, over half (51%) said they could not afford to make these changes.**

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

	No	Yes	Plans to Change		
			No	Yes	NA
a. Cooling	76	24	47	16	36
b. Heating	73	27	46	18	36
c. Weatherization	66	34	54	14	32
d. Access	54	46	57	20	23
e. Kitchen appliances	85	15	42	11	47
f. Bathroom	46	54	43	43	14
g. Pests	67	33	35	28	36
h. Structural-roof/plumbing	58	42	46	27	27

Disaster Registry

Most of the respondents (88%) said a family member or friend would help them during an emergency and **34% said they would need help evacuating during an emergency or natural disaster**. About one quarter (24%) said they know about the

Disaster Registry but only 5% are listed. Among all respondents, **40% 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

Available Services	% aware of	% used
Adult Protective Services	97	6
Care Settings	96	7
Caregiver Training and Support	95	11
Chronic Disease/Pain/Diabetes Self-Management	90	17
Driver Safety Training	93	13
Financial Assistance	92	13
Guardianship/Conservancy	95	7
Heating and Utility Assistance	91	17
Home Care/Personal Care	93	14
Home-Delivered Meals/Senior Meal Sites	92	14
Housing assistance	94	9
Legal Assistance	95	8
Medical Supplies	93	12

Medicare Information	92	17
Mental Health Services	94	8
SNAP (food stamps)	85	25
Support Groups (i.e. Alzheimer's, Grief)	95	10
Tax Preparation Assistance	90	15
Transportation	93	14

In the final question, the respondents were asked to list other services they wish were available in the two counties. They are listed at the end of this 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 males (59%) said they were not able to access dental care than females (46%). Males were more likely to have certain health screening procedures than females, that is, 62% of males had heart disease screening compared to 49% of females, 89% of the males had blood pressure screening compared to 79% of females, and 44% of the males and 51% of females were screened for diabetes. When asked about loneliness, 66% of males said they were not lonely, compared to 52% of females. Males (51%) were more likely to be providing care to a spouse than females (32%). Slightly more females (32%) reported that they did not have enough help with tasks compared to males (25%).
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 (36%) 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 two thirds of all groups lived in their own homes. Few of the respondents lived in residential care facilities and if they did, they were most likely in the older group (4%). The older group by far (30%) compared to 16% and 19% 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 friends the most, however, the older and middle groups used them more, 64% compared to the younger, 50%. **The Aging and Disability Resource Connect (ADRC) had not been used by 70% of the younger, 79% of the middle and 88% of the older respondents**. 46% of the respondents in the older group used the internet as a resource while 85% of the younger group did. One quarter (26%) of the younger group reported that they were in excellent health compared to almost a fifth of the middle group and 12% of the older. 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

Services	Age Category		
	59 or less	60-79 years	80 or more
Alternative Health	30	39	10
Dentist	52	37	34
Doctor	15	9	4
Eye Care Provider	22	19	10
Mental Health	48	21	22
PT or OT	37	22	20

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 (54%), diabetes (53%) and prostate (17%) examinations or procedures. The percent of the older group who had these examinations or procedure tended to be considerably lower. Among the younger group of respondents who provided care, 63% provided care to a parent. A spouse or significant other was the person receiving care by the middle and older respondents, 38% and 56%, respectively. When asked, “Are you lonely?”, 12% of the younger group said “yes”, while 7% of the middle and 8% 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

	Secure			Insecure								
				Little			Somewhat			Very		
	Y	M	O	Y	M	O	Y	M	O	Y	M	O
Enough to live on	33	50	56	30	25	24	27	12	15	30	14	5
Good health	16	29	29	37	33 7	42	37	21	22	28	15	8
Enough to eat	63	78	86	9	12	10	20	8	3	9	3	.6
Not depend on others	19	25	34	21	38	34	21	18	17	40	19	15
Not leave home	26	38	41	33	33	31	14	14	21	23	16	7

Not be lonely	37	51	59	16	26	25	22	13	11	16	11	5
Not victim of crime	36	43	48	16	36	36	24	13	11	14	8	4
Not lose memory	17	23	29	14	41	40	28	24	21	24	12	10

Y=<59 years, M=60-79 years, O=>80 years

Affordable housing was a problem for 40% of the younger group and 35% of the middle and 10% of the older. Among those looking for housing, 22% of the older and 6% of the middle were waiting for senior housing. Almost three quarters of the younger group was waiting for Section 8 housing, while 16% of the middle and 22% of the older were. **Over half of the younger group said their residences need significant repairs, modifications or changes**. Fewer of the middle (42%) and older (29%) 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 group (32%). The older group was split on the reason that they did not make repairs between being unable to afford it (22%) and not being able to make the repairs themselves (19%).**

Around 80% of all respondents said they had a relative or friend who would help them during an emergency. Almost half of the younger group said they would need assistance, fewer (29%) of the middle group did, but almost half (44%) 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 90% of all age groups were aware of home delivered or senior meal sites. However, 11% of the younger and middle groups have used the service, but 19% of the older did.

List of Other Services Needed from 2019 2020 Senior Needs Assessment Survey

In-Home Services

- Help to bathe
- Help to stay in the home

- Help with shopping
- Home delivery of groceries
- Housekeeping care in home
- Housekeeping/maid services for the elderly handicapped
- More respite service hours for caregivers
- Occasional In home care
- On-call caregiver in case mine cannot come
- Since I’m confined to a wheelchair I order everything online, but have problem with help

Housing

- Ability to match roommates in rentals.
- Emergency housing
- Full rental assistance
- HUD for rent assistance
- I am on the senior housing list for senior housing - not sure how long
- More housing for homeless seniors
- More low-income rental facilities

Loneliness

- Elder visitation - just someone to stop by once in a while to keep me company. I have no family/friends

Transportation

- 24 hours bus services
- Affordable transportation to live entertainment
- Autonomous transportation not tied to when bus schedule cuts off at night
- Better access to public transportation in rural areas, not just to and from urbanized areas along main highways
- Better bus service for Mountain Meadows area
- Better individual transportation
- Better transportation for grocery, shopping and medical appointments
- Bus in the rural areas
- Bus or taxi services
- Bus or Valley Lift run on weekends and holidays, some of the best events happen on those times and I can’t go
- Easily accessible bus transport/bus used to stop near our house but no longer available

- Evening and weekend RVTD bus service
- Extended bus route in Grants Pass
- Free transportation for elderly and disabled
- Free transportation to Dr appts
- Less expensive medical transportation
- Low cost transportation to grocery store or free delivery
- More rides for grocery shopping
- More transportation for uninsured clients
- More transportation options for those unable to ride bus (and don't qualify for valley transit)
- More transportation options for those who no longer drive
- Non-medical transportation
- Personal helpers when I need help or transportation such as getting my cats to the vet or pick up or delivery services such as UPS or postal services or banking. I use a walker and no longer drive.
- RVTD service on N Mountain in Ashland
- The bus stop closer to my house
- Transportation
- Transportation for those who use portable oxygen
- Transportation if unable to drive, does not drive at night, in Jerome Prairie Area
- Transportation to and from Jump Off Joe Creek Rd
- Transportation to medical
- Transportation to medical appointments. I can't afford it.
- Transportation to Portland and San Francisco by rail and not via Klamath Falls at 3 a.m.

Maintenance/Repair/Chore Services

- Handyman services
- Help with major home repair expenses for those on limited incomes
- Lane County has a Fix-it Fair twice per year. Volunteers fix toasters, help with sewing etc.
- Reasonable yard maintenance
- Yard work/ Home Maintenance - affordable help
- Yard care

Medical/Dental/Vision

- Affordable dentures

- Denture services
- Help obtaining expensive medications
- Medical cost aid for the Donut Hole between Medicare and actual cost for doctors and lab
- More medical information

Legal/Financial/Government Programs

- A higher threshold of income for accessing services or ability of agencies to take into account
- Answers to simple or non-complex legal questions such as doing your own simple will
- Assistance for senior homeowners when the property is hit by vandals
- Assistance with will
- Complete veteran medical service in Grants Pass
- Comprehensive place to obtain legal and medical advice and assurance in filling out
- Counseling for divorced woman with children
- Do not understand why reduction of my food allowance to near starvation levels
- Government deleted my food stamps
- Help with American Indian money
- Help with qualification for SSI
- Less restraint on income for food stamps in the senior population
- Make my Food & Friends meal last for two meals
- Need help with housing and negotiating the bureaucracy of social services. I'm exhausted and overwhelmed by the challenges ill health has presented, so I'm not energetic enough to put up with making calls being referred elsewhere after being on hold and or after having been referred to three times before
- Power of Attorney
- Senior portfolio protection, i.e., someone who regulates brokers who diminish a senior’s income
- Wish it was more easy to get VA help

Other

- Access to more activities to keep a body moving. Monetarily is the biggest issue
- Assisted Living options in the Illinois Valley
- Club houses or meeting places where we can meet, gather and support each other

- Dairy-free meals
- I need to educate myself so I can be a better caregiver to my mom.
- I’m not aware of them. I'm often confused
- Josephine County needs adequate law enforcement, Sheriffs
- LGBTQ+ housing
- LGBTQ+ safe service
- 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 companion care for folks with early to moderate Alzheimer’s
- More free social services
- More places where our homeless people can take showers and do laundry more often
- Music option for disabled folks that love to sing and or play piano
- Paid indigent bill paying and periodic reports to Social Security, Medicare, Medicaid and VA
- People who would give me a second chance. 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 rates for Club Northwest. I would use their warm pool, but can’t afford cost.
- Senior social groups
- Services directed toward the chemically sensitive
- Something for people like my neighbor, who does not want to move, but needs to
- Wellness checks

Summary and Recommendations

Between October 2019 and March 2020, the Senior and Disability Services of the Rogue Valley Council of Governments conducted a Senior Needs Survey resulting in 616 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 (73.5%) and white (92%). They were

categorized into three age groups, 59 years or less (7%), between 60 and 79 years (66%) and 80 years or more (26%).

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 similarity in that group that was not captured in the survey. It is possible that these respondents were those who are severely disabled.

The following is a high-level list of needs (not prioritized) identified:

- Address loneliness
- Assist seniors to move through legal, financial and government program challenges
- Encourage all health care providers to accept Medicare
- Focus on addressing fear of memory loss and dependency on others
- Increase access to dental, eye and alternative health care
- Increase awareness of Disaster Registry
- Increase community awareness of Aging and Disability Resource Connection (ADRC)
- Provide affordable, accessible housing
- Provide help to make home repairs and/or modifications
- Provide in-home services
- Research and plan for people approaching turning 60 who are not prepared for aging
- Strengthen public and private transportation system

Appendix I: Statement of Assurances and Verification of Intent

For the period of July 1, 2022, through June 30, 2025, the Rogue Valley Council of Governments (RVCOG) Area Agency on Aging - District 8 accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) as amended in 2020 (P.L. 116-131) and related state law and policy. Through the Area Plan, 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. The 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.

OAA Section 306, Area Plans

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number

of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—
(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
(B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
(C) legal assistance;
and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and
(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4) (A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —
(I) identify the number of low-income minority older individuals in the planning and service area;
(II) describe the methods used to satisfy the service needs of such minority older individuals; and
(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—
(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;
(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—
(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;
(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals

to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;
(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—
(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;
and that meet the requirements under section 676B of the Community Services Block Grant Act; and
(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;
(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;
(E) establish effective and efficient procedures for coordination of—
(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;
(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds

expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;
(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;
(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and
(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—
(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—
(i) respond to the needs and preferences of older individuals and family caregivers;
(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
(C) implementing, through the agency or service providers, evidence- based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and
(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—
(A) not duplicate case management services provided through other Federal and State programs;
(B) be coordinated with services described in subparagraph (A); and
(C) be provided by a public agency or a nonprofit private agency that—
(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—
(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area

agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—
(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
(B) disclose to the Assistant Secretary and the State agency—
(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and
(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—
(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and
(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with

special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

Section 306 (e)
An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney- client privilege.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan…
Each such plan shall comply with all of the following requirements:

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

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;
(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service

promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The [State] plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals—
(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—
(i) public education to identify and prevent abuse of older individuals;
(ii) receipt of reports of abuse of older individuals;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;
(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(15) The [State] plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—
(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—
(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The [State] plan shall provide assurances that the State agency will require outreach efforts that will—
(A) identify individuals eligible for assistance under this Act, with special emphasis on—
(i) older individuals residing in rural areas;
(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
(iv) older individuals with severe disabilities;
(v) older individuals with limited English-speaking ability; and
(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(18) The [State] plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long- term care services, pursuant to section 306(a)(7), for older individuals who—

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
(B) are patients in hospitals and are at risk of prolonged institutionalization; or
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

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

Obtain input from the public and approval from the AAA Advisory Council on the development, implementation and administration of the Area Plan through a public process, which should include, at a minimum, a public hearing prior to submission of the Area Plan to ODHS. The Rogue Valley Council of Governments Area Agency on Aging - District 8 shall publicize the hearing(s) through legal notice, mailings, advertisements in newspapers, and other methods determined by the AAA to be most effective in informing the public, service providers, advocacy groups, etc.

7/13/2022
Date

Constance Wilkerson
Director, Constance S; Wilkerson

July 8, 2022
Date

Advisory Council Chair, LIZ JAMES

7/13/2022
Date

Ann Marie Alfrey
Legal Contractor Authority

Executive Director
Title