

Oregon Cascades West Council of Governments

2025-2029
Area Plan



**OREGON CASCADES WEST COUNCIL OF GOVERNMENTS
2025-2029 AREA PLAN**

TABLE OF CONTENTS

SECTION A - AREA AGENCY PLANNING AND PRIORITIES	3
A.1 Introduction	3
A.2 Mission, Vision, Values	6
A.3 Planning and Review Process	8
A.4 Prioritization of Discretionary Funding	11
A.5 Service Equity	12
SECTION B - PLANNING AND SERVICE AREA PROFILE	20
B.1 Population Profile	20
B.2 Target Populations	25
B.3 AAA Services, Administration and Service Providers	29
(see Attachment A – OPI Service Matrix and Delivery Method)	
B.4 Non-AAA Services, Service Gaps and Partnerships to Ensure Availability of Services Not Provided by the AAA	32
SECTION C - FOCUS AREAS, GOALS AND OBJECTIVES	34
Local Focus Areas, Older Americans Act (OAA) and Statewide Issue Areas	
C.1 Information and Referral Services and Aging and Disability Resource Connection (ADRC)	34
C.2 Nutrition Services	41
C.3 Health Promotion	49
C.4 Family and Unpaid Caregiver Support	57
C.5 Legal Assistance and Elder Rights Protection Activities	65
C.6 Older Native Americans	71
C.7 Financial Wellness	79
C.8 Emergency Planning and Response	87
SECTION D - OPI SERVICES AND METHOD OF SERVICE DELIVERY	95
D.1 Administration of Oregon Project Independence (OPI)	95

SECTION E - AREA PLAN BUDGET Available Upon Request

APPENDICES

Appendix A Organizational Charts99
Appendix B Advisory Council(s) and Governing Body..... 101
Appendix C Public Process 105
Appendix C-1 Community Partner Survey 106
Appendix C-2 Public Planning Flyer..... 109
Appendix D Final Updates on Accomplishments of 2021-2025 Area Plan 110
Appendix E Final Updates on Service Equity Plan Accomplishments 117
Appendix F Emergency Preparedness Plan (COOP)..... 119
Appendix G Conflict of Interest 149
Appendix H OPI Denial or Reduction Form 153
Appendix I OPI Grievance Procedure 154
Appendix J Partner Memorandums of Understanding 155
Appendix K Statement of Assurances and Verification of Intent..... 156

ATTACHMENTS

Attachment A Service Matrix and Delivery Method 165
Attachment B Request to Provide Reduced Meals 175
Attachment C Meal on Wheels – Meal Site Times and Locations 177

Section A: Area Agency Planning and Priorities

A.1 – Introduction

About Oregon Cascades West Council of Governments (OCWCOG)

Oregon Cascades West Council of Governments (OCWCOG) is designated by the Oregon Department of Human Services (ODHS) as the Area Agency on Aging (AAA) and the Aging and Disability Resource Connection (ADRC) lead for Linn, Benton, and Lincoln Counties.

As a voluntary intergovernmental entity, OCWCOG partners with local governments to implement a variety of programming across the three counties including Long-Term Services and Supports (LTSS) that assist older adults, individuals with disabilities, veterans, and caregivers throughout the region.

Governance

OCWCOG is governed by a Board of Directors (BOD) composed of local elected officials from its member governments. Additionally, the Senior Services Advisory Council (SSAC) and Disability Services Advisory Council (DSAC), comprised of community stakeholders and BOD representatives, provide input on policy, service quality, budgeting, and program development. These Councils played a key role in shaping the 2025-2029 Area Plan, which outlines strategic priorities for the Senior and Disability Services Department over the next four years.

Core Programs

Senior and Disability Services (SDS)

SDS administers Medicaid-funded programs in partnership with ODHS, including:

- Eligibility Services – Issuing medical, prescription, nutrition, and cash assistance benefits to eligible Oregonians.
- Case Management – Coordinating Medicaid-funded LTSS for older adults and individuals with disabilities, delivered at home or in care facilities.
- Adult Protective Services (APS) – Investigating and addressing abuse reports for adults over 65 and individuals with disabilities (ages 18–64).
- Adult Foster Home Licensing – Regulating foster care homes within the region.

Additionally, SDS facilitates programs funded by the Older Americans Act (OAA) and state funds to promote health, wellness, and independence, including:

- Meals on Wheels
- Family Caregiver Support
- Health Promotion Programs
- Oregon Project Independence
- ADRC Information & Referral Services
- Oregon Money Management Program

Community Services Programs (CSP)

CSP supports social engagement, volunteerism, and advocacy through federally funded, local, and pilot initiatives. These programs help older adults, individuals with disabilities, low-income families, and veterans maintain dignity, reduce social isolation, and stay connected to their communities.

Community and Economic Development (CED):

CED supports regional economic health, mobility, and resilience. Key initiatives include:

- Cascades West Ride Line: Coordinates Non-Emergent Medical Transportation (NEMT) services for IHN, OHP Open Card, Samaritan Advantage Health Plan, and some Benton County Veteran enrollees.”
- Transit Training: Provides education for older adults and people with disabilities on using public transit safely and effectively.
- Regional Transit Support: Advances initiatives to improve transportation access for all ages and abilities, ensuring access to jobs, goods, and services.

Regional Presence

To ensure all Oregonians in the region are served well, OCWCOG operates offices in Linn, Benton, and Lincoln Counties. Each office is fully accessible to individuals with disabilities, reinforcing OCWCOG’s commitment to providing appropriate access to services.

Linn County

1400 Queen Avenue SE, Suite 206
Albany, OR 97322
541-967-8630 Voice and ADRC
800-638-0510 Toll free
541-924-8402 TTY

Benton County

1211 NW 9th Street
Corvallis, OR 97330
541-967-8630 Voice and ADRC
800-638-0510 Toll free
541-758-3126 TTY

Lincoln County

203 North Main Street Toledo, OR 97391
541-336-2289 Voice and ADRC
800-282-6194 Toll free
541-336-8103 TTY

OUR OFFICES PROVIDE INFORMATION AND SERVICES TO ADULTS AGED 60 AND OLDER, AS WELL AS INDIVIDUALS WITH DISABILITIES UNDER 65. CONSUMERS AND POTENTIAL CONSUMERS CAN ACCESS RESOURCES BY CONTACTING THE **AGING AND DISABILITY RESOURCE CONNECTION (ADRC)**, THE PRIMARY GATEWAY FOR REGIONAL SUPPORT AND INFORMATION.

TO REACH THE **ADRC**:

- **BENTON AND LINN COUNTIES:**
CALL **541-967-8630**
- **LINCOLN COUNTY:**
CALL **541-336-2289**

The full Area Plan is available on our website at www.ocwcog.org. For questions or comments about the plan, please contact Randi Moore, Senior, Disability, and Community Services Director, at 541-967-8630 or rmoore@ocwcog.org.

A.2 – Mission and Values

Oregon Cascades West Council of Governments (OCWCOG), Senior and Disability Services (SDS) is dedicated to enhancing the independence, dignity, choice, and well-being of older adults and individuals with disabilities. Our mission is to serve and protect individuals and families while expanding opportunities for health, wellness, and self-sufficiency.

OCWCOG’s Mission

To promote a thriving region through service, connectivity, and innovation.

Senior, Disability and Community Services Core Beliefs

1. **Service Equity:** Providing fair and unbiased support to all individuals, respecting their unique needs and backgrounds.
2. **Customer Focus:** Treating consumers with respect, courtesy, and dignity while delivering exceptional service.
3. **Innovation:** Embracing change by developing new programs, opportunities, and resources to meet evolving needs.
4. **Community Collaboration:** Building strong partnerships to maximize resources and create a greater impact.
5. **Supportive Work Environment:** Fostering a workplace that values creativity, critical thinking, and innovation, while recognizing and appreciating staff contributions.

Putting Our Beliefs into Action

OCWCOG SDS implements these beliefs by:

- Providing stakeholders, including consumers, caregivers, community partners, and staff—with accurate, timely information.
- Actively listening to individual perspectives and tailoring solutions to meet unique needs.
- Encouraging advocacy and active participation from all stakeholders to shape and strengthen our programs.

OCWCOG is a well-known and trusted resource in our region and our stakeholders, which includes our volunteer member governments, the people and families who access our services, and the agencies and community partners we collaborate with across the three counties have come to rely on us as the area experts in long-term care and support services. We have developed strong community relationships with a variety of providers including health departments, care communities, senior and community centers,

coordinated care organizations, universities, mental health professionals, and grassroots and non-profit groups.

A.3 – Planning and Review

The needs assessment for this Area Plan, conducted over the past four years, combines input from our communities, OCWCOG staff and management, and our Disability and Senior Services Advisory Councils and other volunteers. Demographic data analysis was also a key element in the Plan development. We utilized a comprehensive approach to gather insights from the community.

Ensuring a Plan That Meets the Region’s Needs

Partner and Stakeholder Listening Sessions

To gather feedback from key community partners and consumers, three listening sessions were hosted (one in each county). Attendees provided valuable input on what issues are important to them, the gaps and barriers they are facing, and how they feel agency programming could be improved. If language was a barrier for attendees with limited language proficiency translation services were arranged.

Tabling Events

Attending community fairs and celebrations allows OCWCOG staff to interact with the residents of our region and hear their input on the services and support we provide in the community. Focus is placed on attending events which cater to historically underserved neighbors such as PRIDE events and Latino festivals in all three counties, and events in rural communities such as Alsea and Waldport. Spanish speaking staff attended tabling events and provided interpretation to anyone with limited English proficiency. The information gained from these conversations with our neighbors helps identify gaps and barriers we face in meeting the needs of the most vulnerable members of our community.

Advisory Council Conversations and Forums

Senior/Community Center Roundtable

In January 2025, OCWCOG hosted a roundtable event inviting community center staff from all three counties to discuss the future sustainability of health promotion programming and how to make programming more impactful through collaboration and improved connection. Outcome: Plan to make this a quarterly event.

Senior and Disability Services Resource Fairs

Hosted by SDS and held at our offices in Toledo and Albany once a year, the resource fair is a place for community partners to come to our buildings and share information with our staff about their programs and services. It is a good open door that leads to many conversations about gaps and barriers in service from the people that are out in the community every day working with the folks we jointly serve. Last year these organizations attended the Resources Fair: Grace Center, Corvallis Daytime Drop-in Center, Family Resource Home Care, Legal Aid, Love INC Linn County, Community Services Consortium, Assured Independence, SHIBA, Samaritan Evergreen Hospice,

Samaritan Health Education Hub, New Horizons In-Home Care, North End Senior Solutions and Medscope.

Advisory Council Meetings

Advisory Council meetings were utilized to share information between groups that have input on specific focus areas of programming and allow the Councils to understand current trends in meeting service area needs. Topics that were covered include:

- Elder Justice: Legal Aid, the LTC Ombudsman office, and APS.
- Family Caregiver Support: Family Caregiver Support Program Staff.
- Volunteering Trends: OCWCOG Volunteer Coordinator and other Council members that utilize a large volunteer workforce.
- Emergency Preparedness: OABHI, OSU study on the impact of disaster on at risk individuals, O4AD on work with FEMA and the AAA Emergency Handbook development.
- Behavioral Health: Older Adult Behavioral Health Initiative Staff.
- Tribal Elders: support for Family Caregivers and providing GO Bags as part of Emergency Preparedness.
- Connect with Senior Centers: talk about program collaborations and enhancing Evidence Based Health Promotion program attendance.
- Nutrition Services: rebuilding the infrastructure in dining facilities.
- ADRC call center: training and goals with CSC-Community Services Consortium.

Surveys

Community Partners Survey – Sent to community partners who we work with frequently that work with the public such as Hospice, Adult Day Centers, and Community Centers. Designed to see how they experience working with our agency and how effective we are in meeting the needs they see in the community. Summer 2024

Survey of Agencies that Work with Underrepresented Communities – Sent to community partners that work with specific underserved community members like Tribal Elders, Latinos (translation services to assist in filling out surveys is provided upon request), LGBTQ+ Older adults and people with disabilities. Designed to see where we have gaps and barriers in meeting the needs of the community members they work with.

Meals on Wheels Consumer Survey – Completed annually about quality of service and food.

MOW Volunteer Survey – Sent to OCWCOG MOW volunteer force (December 2024) to learn about effectiveness in training, onboarding and volunteer recognition efforts. Will be repeated annually.

OCWCOG Staff Employee Engagement Survey – Completed January 2025 and ongoing two times a year. Aimed at developing an engaged workforce who finds meaning and purpose in serving our community members.

Upcoming Surveys as Part of Future Area Plan Goals

Medicaid Consumer Survey – Planned for summer 2027

Family Caregiver Participant Survey – More info in Section C4 Goals and Objectives

Plan Review and Approval

Drafts of the Area Plan were reviewed throughout the development process collaboratively with input from consumers, Advisory Council members, service providers, and community partners. This inclusive process ensured the plan was reflective of community needs and aligned with OCWCOG's mission. The draft Area Plan was posted the agency web page and open for public comment from January 30 to February 28, 2025.

Care Planning Committee members voted on March 4th to submit the draft plan, with a follow up vote by Senior Services Advisory Council and Disability Services Advisory Council members at a joint meeting April 1, 2025.

A.4 – Prioritization of Discretionary Funding

OCWCOG receives a small discretionary funding allocation from ODHS, which can be used for pilot programs or to enhance existing services after meeting minimal service and contractual requirements.

Input from SSAC and DSAC members, staff, consumers, and stakeholders was essential in determining how to prioritize the use of discretionary funds. The key focus areas for these funds are:

1. Supporting underserved and disadvantaged populations with limited access to services.
2. Addressing the Social Determinants of Health (SDoH), with an emphasis on food security, housing, financial empowerment, and transportation.
3. Sustaining and expanding Meals on Wheels (MOW) services.
4. Maximizing resources and minimizing service duplication within the community.
5. Assisting family caregivers through respite, supplemental services, training, and recognition.
6. Reducing social isolation among older adults and individuals with disabilities in Linn, Benton, and Lincoln Counties.
7. Integrating Behavioral Health and Long-Term Services and Supports (LTSS) to address both physical care and mental health needs.
8. Ensuring fair and accessible support for all, especially those facing the highest social and economic risks.

OCWCOG has not implemented changes to service priority levels or implemented waiting lists for any of our programming. If funding decreases, efforts will focus on maintaining stability for existing consumers. In the event of a waitlist, a risk assessment tool will be used to prioritize the most urgent cases, with ADRC call center and Options Counseling staff assisting waitlisted consumers to access other benefits and resources.

A.5 - SERVICE EQUITY IN PROGRAMMING

Ensuring fair and effective access to services for all older adults and individuals with disabilities is essential for OCWCOG to provide meaningful service to the Linn, Benton, and Lincoln County region. Service equity refers to promoting health, safety, and independence for all individuals by adapting services and policies to eliminate discrimination and disparities in the delivery of human services. OCWCOG recognizes and addresses the unique challenges faced by different populations to ensure that everyone, regardless of background or circumstances, can age with dignity and independence. Given the demographic and economic diversity within these counties, prioritizing service equity is crucial to meeting the needs of all residents.

Regional Focus

One of the key reasons to focus on service equity is the aging population in these counties, particularly in Lincoln County, where nearly 28.8% of residents are 65 and older—significantly higher than the state average. This high percentage indicates a growing demand for all aging services and an expected strain on long term care support systems.

Economic barriers also impact access to aging services. Many older adults in these counties live on fixed incomes, making it difficult to afford in-home care, home modifications, and assistive technology that could help them remain independent. By prioritizing affordability in service design and supporting financial wellness initiatives (a focus area added to the 25-29 Plan) OCWCOG can ensure that critical resources reach those who need them most.

Social connection is an essential component of aging well and a challenge for older adults and those with disabilities who live in rural areas. These consumers are at higher risk of isolation due to geographic distance, lack of transportation, and limited community engagement opportunities. Many residents of OCWCOG's three-county region experience these issues because of the remoteness of their housing. Expanding access to services through outreach to outlying communities and through virtual programming, can help mitigate these challenges and improve overall well-being.

Amplified Risk

These concerns are amplified for minority older adults, individuals with limited English proficiency, LGBTQ consumers, and those from different ethnic backgrounds. Language barriers can make it difficult to access information about available services, leading to lower utilization rates and increased isolation. LGBTQ older adults may face discrimination or a lack of culturally competent care, making it challenging to find safe and supportive services. Individuals from ethnic minority groups may encounter systemic barriers, including historical mistrust of institutions, cultural stigmas around seeking assistance, or a lack of culturally relevant programming. Addressing these disparities requires intentional outreach, multilingual resources, staff training, and partnerships with

community organizations that serve these populations to ensure their needs are met effectively.

Solutions

To effectively implement service equity, OCWCOG SDS must consider workforce representation, community engagement, prioritization of funding and programming allocations. Hiring staff and volunteers who understand the specific needs of older adults in these counties can help improve service delivery. Gathering input from community members, particularly those in historically underserved areas, can inform more effective policy and program decisions. Additionally, ensuring that funding is directed toward the areas of greatest need will help create a more balanced and effective system of support.

Focus Area – Service Equity

Goal #1: Build a Workforce that Reflects and Understands the Community

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
1. Increase representation among staff, volunteers, and Advisory Council members.	a	Review hiring and volunteer recruitment practices to remove barriers that may discourage applicants from different backgrounds.	HR Manager	1/1/2026	3/31/2026
	Accomplishment or Update				
	b	Provide training on inclusive engagement – Ensure hiring managers, volunteer coordinators, and Advisory Council members receive training on inclusive recruitment, cultural awareness, and strategies to foster a welcoming environment.	Senior Leadership and Contractor	10/1/2025	12/31/2025
	Accomplishment or Update				
	c	Assess and adjust recruitment practices regularly – Implement a system to track and review the demographic composition of staff,	HR Manager	1/1/2026	Annually and Ongoing

		volunteers, and Advisory Council members, using this data to refine and improve recruitment strategies over time.			
Accomplishment or Update					
2. Provide ongoing training to improve communication and service delivery.	a	Develop an annual training plan covering cultural awareness, communication strategies, and best practices for serving diverse populations.	Senior Leadership, DEI Committee and Contractor	3/1/2026	Annually in March
	Accomplishment or Update				
	b	Identify and partner with local experts to conduct visits with Councils and share lived experiences.	Program Director	1/1/2026	12/31/2026
	Accomplishment or Update				

Focus Area - Service Equity

Goal #2: Strengthen Community Engagement and Input

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
			Start Date	End Date
1. Develop strong partnerships with trusted local groups and leaders.	a Attend events and meetings hosted by local organizations to establish relationships and build trust.	Program Management and Staff	7/1/2025	Ongoing
	Accomplishment or Update			
	b Work with community groups – attend, co-host, sponsor outreach events where residents can ask questions and provide feedback.	Management and Staff	7/1/2025	Ongoing
	Accomplishment or Update			
2. Gather and use data to improve programs and policies.	a Conduct surveys and focus groups to understand service gaps.	Program Director	7/1/2025	Ongoing
	Accomplishment or Update			
	b Track participation in programs to identify any disparities in access.	Program Director	7/1/2025	Ongoing
	Accomplishment or Update			
	c Use findings to adjust services, such as changing program hours,	Program Director	7/1/2025	Ongoing

	locations, or offerings based on feedback.			
Accomplishment or Update				

Focus Area - Service Equity

Goal #3: Ensure Resources are Distributed Fairly and Effectively

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
1. Improve how funding is allocated to meet the greatest needs.	a	Assess current spending and adjust budgets to prioritize under-resourced communities.	Monitor and Review Committee and Program Director	3/1/2027-biannually	6/30/2029
	Accomplishment or Update				
	b	Create a process for community input on budget priorities.	Program Director	6/1/2026	6/30/2026
	Accomplishment or Update				
	c	Set aside funds for initiatives designed to expand access to services.	Program Director	7/1/2025	9/30/2025
	Accomplishment or Update				
	2. Increase fairness in contracting	a	Review contracting policies to remove unnecessary barriers for small and locally owned service providers. Biannually through RFP.	Program Director and Monitor and Review Committee	3/1/2027

and partnerships.	Accomplishment or Update				
	b	Offer workshops to help potential vendors understand how to apply for contracts.	Program Director and Monitor and Review Committee	3/30/2027	3/31/2027
	Accomplishment or Update				
	c	Establish goals for working with contractors that have experience serving a wide range of community members.	Program Director and Monitor and Review Committee	1/1/2027	3/31/2027
	Accomplishment or Update				

Focus Area - Service Equity
Goal #4: Improve Outreach and Accessibility of Services

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
1. Ensure older adults are aware of and can access available programs.	a	Review and update outreach materials to be clear, user-friendly, and available in multiple languages.	Program Manager	7/1/2026	6/30/2029
	Accomplishment or Update				
	b	Use multiple communication methods, including in-person events, printed materials, social media,	Program Manager, ADRC Supervisor and Communications Officer	7/1/2026	6/30/2029

	and radio, to reach different groups.			
Accomplishment or Update				
c	Work with community partners to distribute information where people naturally gather, such as senior centers, places of worship, and grocery stores.	Communications Officer, Program Manager and ADRC Supervisor	7/1/2026	6/30/2029
Accomplishment or Update				

Section B: Area Agency Planning and Service Area Profile

B.1 – Population Profile - Demographics of Linn, Benton, and Lincoln Counties and Emerging Trends

The tri-county region of Linn, Benton, and Lincoln Counties in Oregon presents a diverse demographic landscape, particularly concerning older adults and individuals with disabilities. Understanding the unique characteristics and emerging trends within these populations is crucial for the Oregon Cascades West Council of Governments (OCWCOG) Senior and Disability Services, which serves as the Area Agency on Aging (AAA) for this region.

Population Overview:

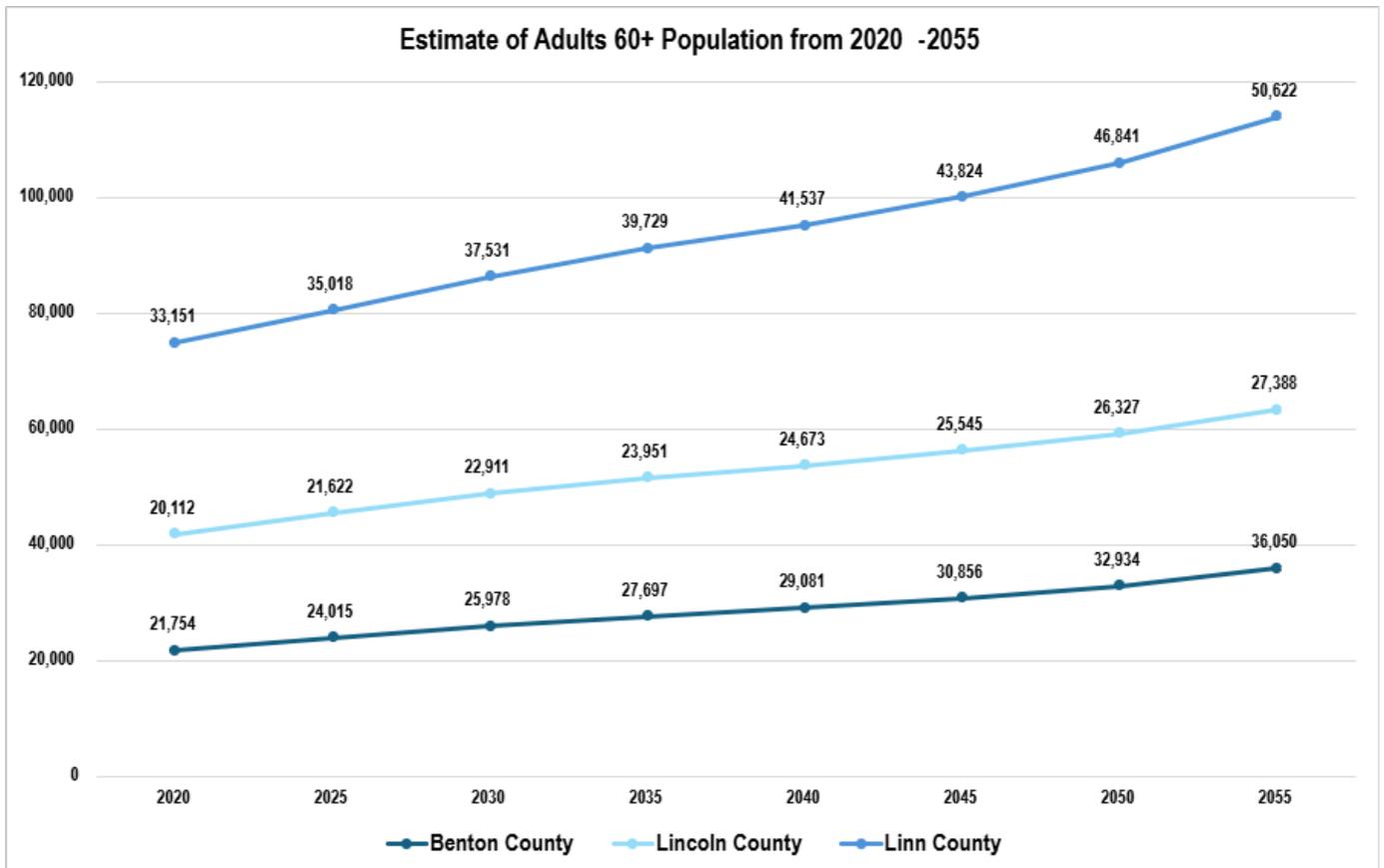
- **Benton County:** Home to Oregon State University, Benton County has a population of around 99,355, with a median age of 34.2 years. The presence of a large student population contributes to a younger median age; however, the county also supports a significant number of older adults, especially in rural areas.
- **Lincoln County:** With approximately 51,930 residents, Lincoln County has the highest percentage of adults aged 65 and older among the three counties. This is largely due to retirees settling along the coast, attracted by the scenic environment and mild climate.
- **Linn County:** As of recent data, Linn County has experienced consistent population growth, with an 11% increase over the past decade. The county's population is approximately 131,984 residents. This growth is partly attributed to its diverse economy and relatively affordable housing, attracting both families and retirees.

BENTON	LINCOLN	LINN
Population: 99,355	Population: 51,930	Population: 131,984
Area 675.2 Sq. Miles	Area 981 Sq. Miles	Area 2,289.5 Sq. Miles
People over age 65: 17,906 (18.0%)	People over age 65: 16,224 (31.2%)	People over age 65: 25,242 (19.1%)
?(see note) Live in Rural Areas	38% Live in Rural Areas	50.1% Live in Rural Areas
Median Household Income: \$76,011	Median Household Income: \$61,314	Median Household Income: \$73,396

NOTE: The percentage of residents living in rural areas in Benton County is not explicitly stated in the available data. It is noted that Benton County has the lowest percentage of rural-dwelling population compared to Linn and Lincoln Counties and is similar to Oregon's overall rural population percentage of 33%. The Oregon Office of Rural Health defines "rural" as any geographic area that is ten or more miles from the center of a population center with 40,000 or more residents.

Emerging Trends:

- Aging Population:** All three counties are experiencing an increase in their older adult populations. This trend is most pronounced in Lincoln County, where the proportion of residents aged 65 and older is significantly higher than the state average. This shift necessitates enhanced services tailored to the needs of older adults, including healthcare, housing, and social support.
- Rural Challenges:** The rural nature of many communities within these counties amplifies challenges such as limited transportation, access to healthcare, and availability of social services. Older adults and individuals with disabilities in these areas may face isolation and have difficulty accessing essential services.
- Economic Disparities:** While Benton County benefits economically from the presence of a major university, both Linn and Lincoln Counties have higher rates of poverty among older adults. Economic challenges can exacerbate issues related to housing stability, healthcare access, and overall quality of life for seniors and individuals with disabilities.



Note: Data collected utilizing PSU estimates (file can be found on the institution's website)

Impact on Area Agency on Aging and Service Providers:

The demographic shifts and emerging trends in Linn, Benton, and Lincoln Counties have several implications for OCWCOG's Senior and Disability Services and other providers within the aging and disability network:

- **Increased Demand for Services:** As the population of older adults grows, there is a corresponding rise in demand for services such as in-home care, meal delivery, transportation, and healthcare coordination. Providers must upscale their operations to meet these needs effectively.
- **Resource Allocation:** The economic disparities, particularly in Linn and Lincoln Counties, require targeted resource allocation to ensure that low-income seniors and individuals with disabilities receive adequate support. This may involve securing additional funding, grants, and utilizing community partnerships.
- **Infrastructure Development:** Addressing the challenges of rural communities involves investing in infrastructure that improves access to services. This includes expanding telehealth capabilities, enhancing transportation networks, and developing community centers that offer a range of services under one roof.
- **Caregiver Training and Retention:** With the increasing complexity of needs among older adults and individuals with disabilities, there is a pressing need for a well-trained caregiver workforce. This includes unpaid family caregivers as well as paid home care workers and other professionals such as healthcare providers and social workers who are equipped to handle the unique challenges of these populations.

Prioritizing Outreach and Services for High-Risk and Economically Disadvantaged Older Adults

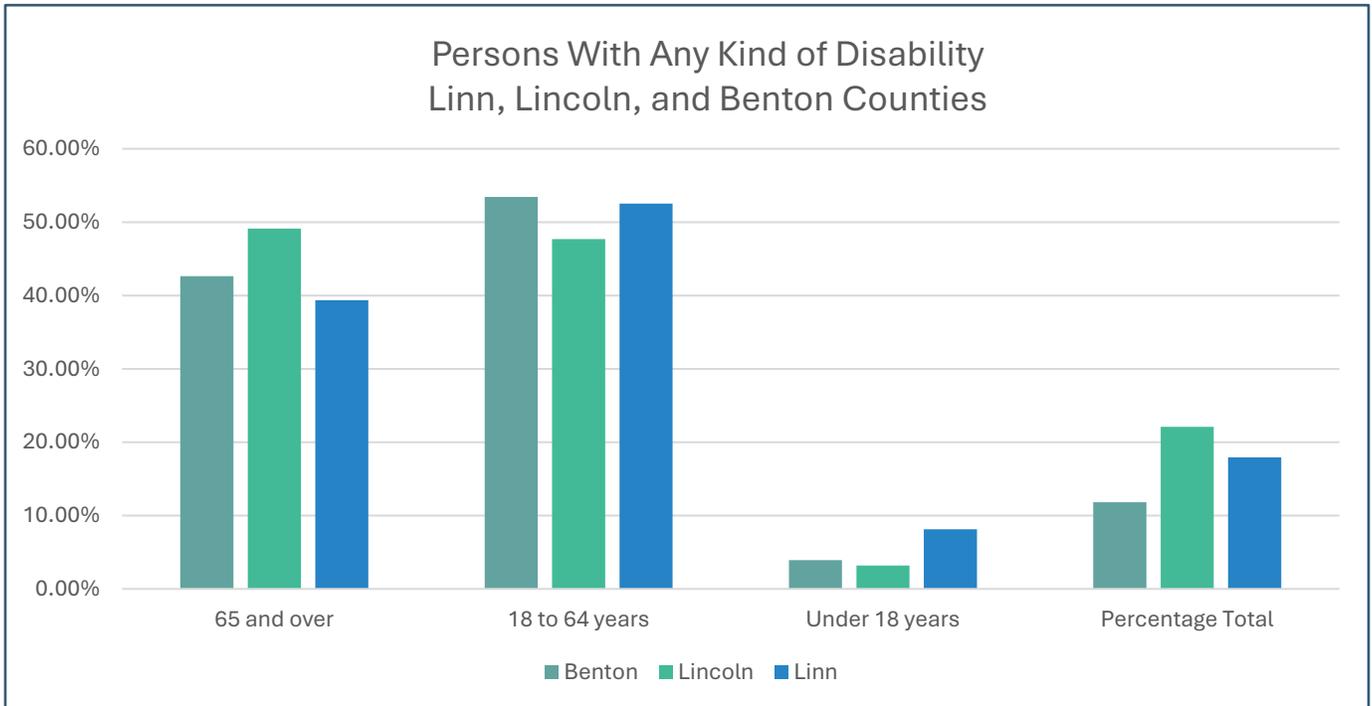
As the Area Agency on Aging that serves this region, Oregon Cascades West Council of Governments (OCWCOG) Senior and Disability Services prioritizes outreach and service delivery for older adults and individuals with disabilities who are at the greatest social and economic risk.

Identifying High-Risk Populations

To effectively allocate resources, outreach efforts focus on:

- **Older adults living in poverty** – Particularly in Linn and Lincoln Counties, where economic hardship is more prevalent.
- **Rural and isolated seniors** – Those with limited transportation and healthcare access.

- **Minority and culturally diverse older adults** – Including Indigenous populations, Hispanic/Latino seniors, LGBTQ individuals, and other marginalized communities.
- **Individuals with disabilities** – Who face additional barriers to accessing healthcare, housing, and social support.
- **Older adults at risk of abuse, neglect, or exploitation** – Ensuring protective services are available.



Methods to Meet the Needs of Minority Older Adults

Culturally Competent Outreach and Engagement

- **Community Partnerships:** Work with local cultural organizations, tribal entities, and faith-based groups to enhance trust and service accessibility.
- **Bilingual and Culturally Relevant Materials:** Develop outreach materials in Spanish, Indigenous languages, and other key languages spoken in the region to ensure accessibility.
- **Community Ambassadors:** Train peer advocates from diverse backgrounds to serve as liaisons between service providers and minority communities.

Expanding Access to Services in Underserved Areas

- Mobile and In-Home Services: Expand outreach via home visits, mobile service units, and telehealth initiatives for rural seniors.
- Flexible Service Locations: Establish service hubs in community centers, places of worship, and tribal buildings to increase access.

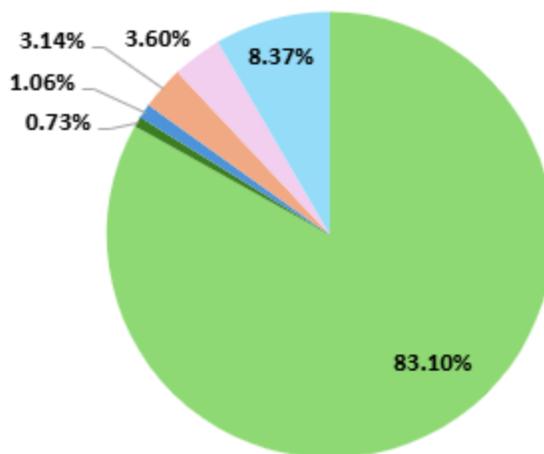
Enhancing Economic and Social Support Programs

- Financial Assistance Programs: Prioritize low-income older adults for housing support, food assistance, and healthcare subsidies.
- Job Training and Volunteer Programs: Provide older adults, including minority seniors, with employment resources to maintain financial independence.
- Expanded Transportation Services: Increase access to affordable or free transportation for medical appointments, grocery shopping, and community activities.

Strengthening Protections Against Exploitation

- Elder Abuse Prevention Initiatives: Provide legal services, scam awareness training, and financial education to protect older adults from fraud and exploitation.
- Collaboration with APS and Law Enforcement: Ensure swift response to reports of abuse or neglect among high-risk minority seniors

Race and Hispanic Origin of the Region's Population



- White alone
- Black or African American alone
- American Indian and Alaska Native alone
- Asian and Pacific Islander
- Some Other Race alone
- Two or More Races

B.2 – Target Populations

Identification of Target Populations

OCWCOG SDS used a combination of data sources and community outreach to identify and focus our programming efforts on those we serve who have the greatest economic and social needs including:

Analyzing Demographic Data:

- Assessed Census data, American Community Survey (ACS) data, and state/local government reports to identify high-need areas.
- Used internal GIS mapping staff to compile data points and graphs.

Asking Community Partners:

- Surveyed staff from nonprofits, senior centers, food banks, faith-based organizations, and housing authorities to identify at-risk populations.
- Surveyed partners that specifically serve LGBTQIA2S+, Tribal Elders, and Rural and Latino communities.
- Invited community partners to listening sessions in each county.

Polled Staff and Advocates

- Brought public speakers to Council meetings to share information about gaps in the service delivery system and discuss unmet needs.
- Asked staff (including Adult Protective Services, Case Managers, and Eligibility) for information about where they see consumers falling through cracks in the system.

Public Engagement

- Conducted surveys and held listening sessions in communities (and one virtually) to understand the needs of older adults directly.

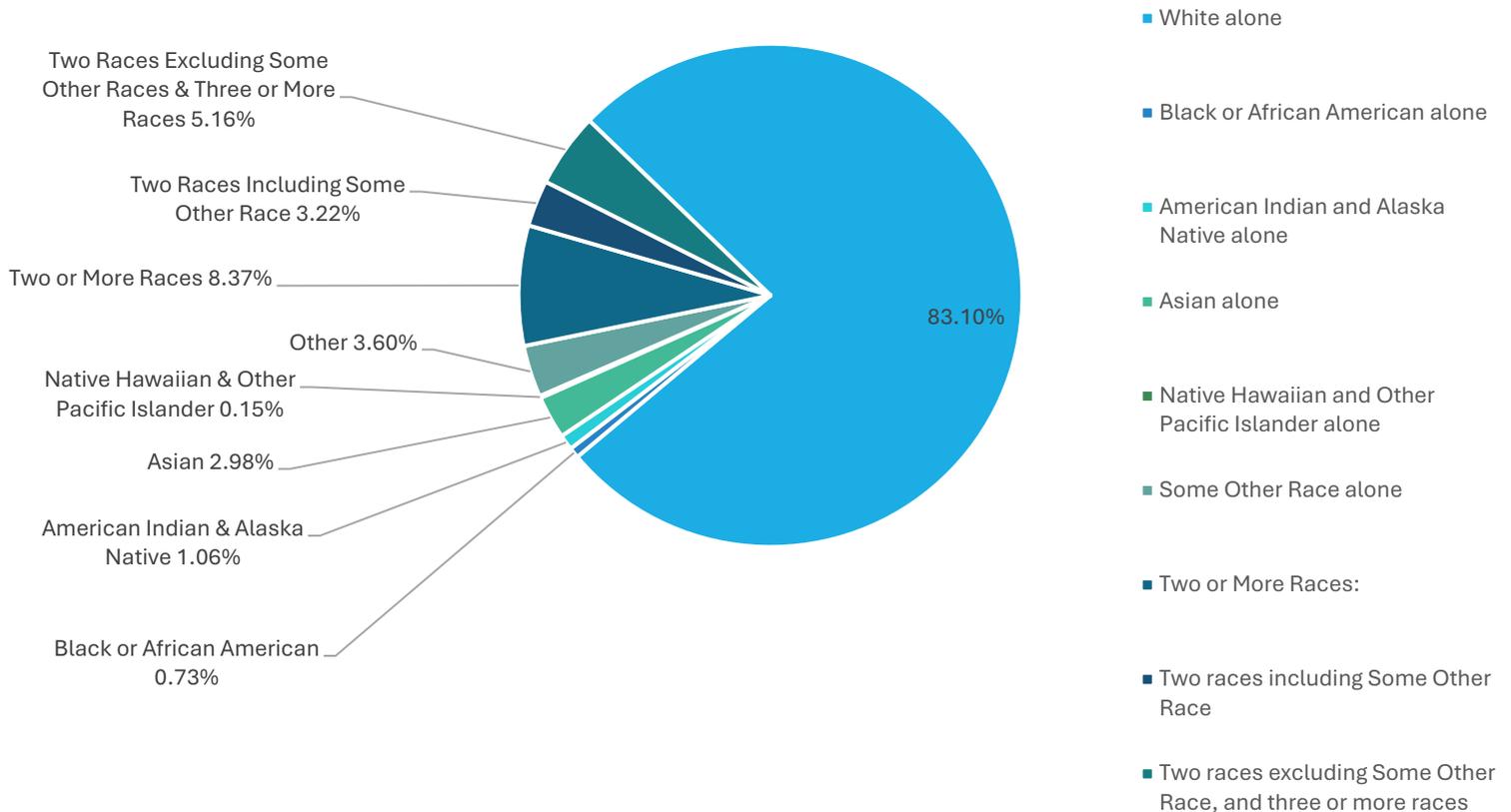
Engagement Strategies Moving Forward

Outreach strategies for improving services to those populations who have the greatest social and economic need will be tailored to each group:

Low-Income and Minority Older Adults

- Provide targeted outreach and training about programming to trusted community leaders, places of worship, and food assistance programs.
- Offer culturally and linguistically appropriate materials.

Race and Hispanic Origin of the Region's Population



Older Adults with Limited English Proficiency

- Hire bilingual staff and offer translation services for all agency materials.
- Partner with Latino organizations and immigrant resource centers.
- Provide training to staff at these agencies about our programs.

Rural Residents

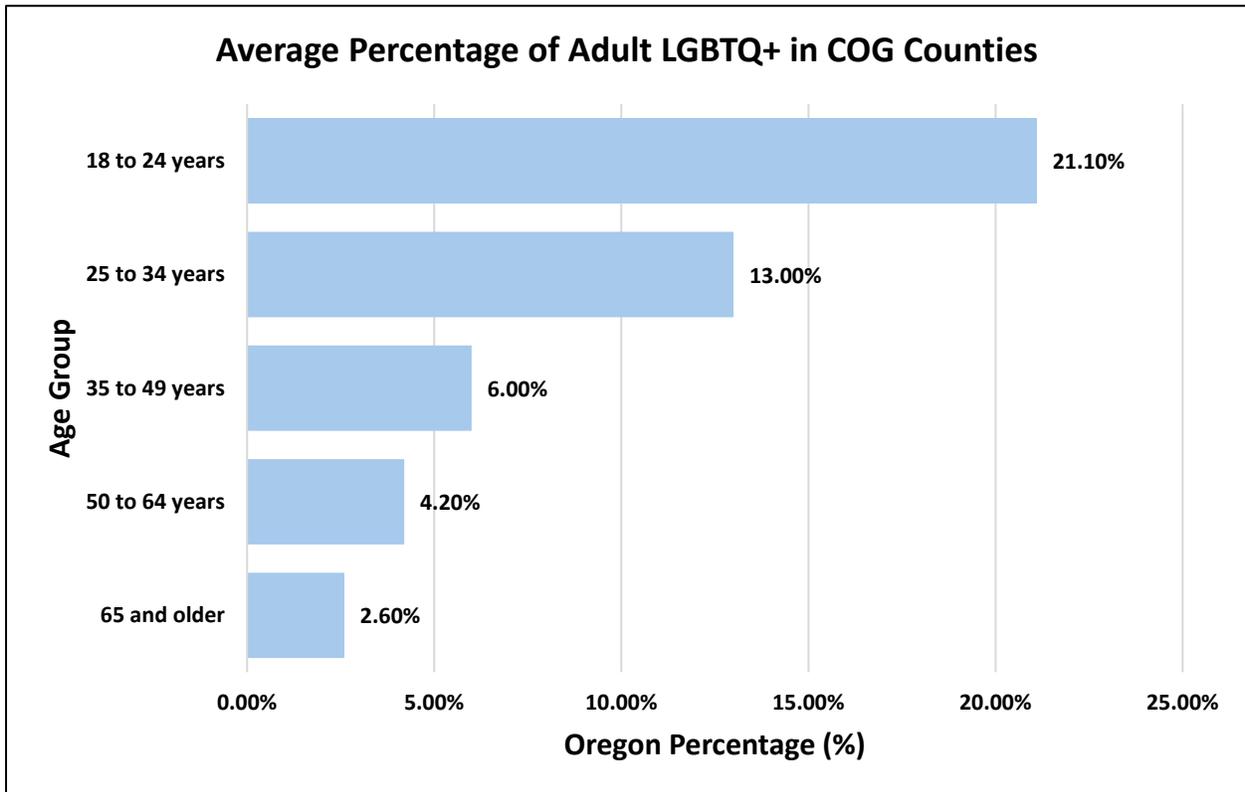
- Utilize mobile or virtual services to provide healthcare, wellness classes, legal aid consultation, and nutrition support.
- Provide services at out stations across the region so consumers find us in nearby and familiar places in their communities.

Native American Older Adults

- Engage with Tribal Elders and Councils to co-develop culturally appropriate programs.
- Work with Indian Health Services (IHS) and tribal health clinics.
- Have a Tribal Relations Coordinators group who works closely and is a trusted ally in supporting Tribal members accessing services.

LGBTQIA2S+ Older Adults

- Partner with advocacy groups to build programs that are welcoming to this community.
- Train staff on culturally competent care and address discrimination concerns.



Focused Outreach

OCWCOG will provide outreach materials such as brochures and posters outlining services and programs to community partners that serve at risk populations to be posted where consumers and the public can freely access the information. Outreach materials will be developed that embrace and are representative of the consumers we aim to serve.

Cross training and making connections with partner agencies, attending meetings, and providing programmatic information so staff at these agencies know about the resources and services we can provide will allow them to share the info with their clients. A focus will be placed on attending staff meetings at organizations who work with the identified underserved populations.

Through Memorandums of Understanding (MOU) and contracts with partner and volunteer agencies, these organizations agree to refer consumers who are identified as low income, minority, at-risk for isolation, or who are generally underserved due to their socio-economic status to our ADRC for information and assistance.

A Presence in the Community

Staff will attend speaking engagements at local service clubs, churches, business and civic organizations and share information about the services we provide. Identifying groups that have ties to the underserved populations we want to focus on will be a priority. In addition, while out in the community, Older Americans Act (OAA) staff (Case Managers and Options Counselors) will stop at local businesses such as rural stores and introduce themselves and provide information about the agency and programs. Both strategies are necessary for meeting people where they are at in their communities.

OCWCOG staff regularly man tables at events and festivals geared toward specific populations such as local Latino and Pride Celebrations, Veterans Stand Down, the annual Elder Native Caring Conference, and the Senior Fair at the Chinook Winds Casino.

OCWCOG's Corvallis office functions as the Benton County Veterans Service Office. Due to the proximity to Oregon State University, the Corvallis SDS staff is able to engage and increase its visibility with younger disabled adults. Additionally, the relationships we have developed with the university because of our proximity to the main campus has allowed us to collaborate more with university cultural resource centers.

The Confederated Tribes of Siletz has a major presence in Lincoln County and has Tribal members living in that county as well as the rest of the region. Lincoln County is also home to Tribal members of the Coos, Lower Umpqua, and Siuslaw Tribes. A primary focus of our organization is to partner in activities with the Confederated Tribes of Siletz through the ADRC, Family Caregiver Support Program, and the Meals on Wheels Program.

B.3 – AAA Services and Administration

OCWCOG Services and Programs

OCWCOG's Senior and Disability Services (SDS), Community Services Programs (CSP), and the Community and Economic and Development Department (CED) provide comprehensive programming to support older adults, people with disabilities, caregivers, veterans, and others. Below are the key services we offer:

Non-Medicaid Support Services, including Older Americans Act (OAA) Programs Contracted with Department of Human Services

- **Information and Assistance/Referral:** Call Center Agents connect individuals to OCWCOG services and external community resources. For more information, refer to Section C.
- **Options Counseling:** Counselors assist individuals and families with care planning, offering resource education, need assessments, and action planning. Services are typically provided in-person.
- **Meals on Wheels (MOW):** Delivers nutritious meals to homebound older adults and individuals with disabilities, with volunteer drivers providing well-checks and reducing isolation. Additionally, our Connections Café locations allow older adults to enjoy a healthy meal and spend time with their community, reducing isolation and loneliness. More details in Section C – Nutrition Services.
- **Elder Abuse Prevention:** Raises awareness and prevents abuse by engaging with local law enforcement, legal aid, and other partners through monthly Multidisciplinary Team (MDT) meetings.
- **Advocacy:** Offers opportunities for consumers to engage in public policy discussions and advocate for the rights of older adults and people with disabilities at local, state, and national levels.
- **Family Caregiver Program:** Provides support to family caregivers to reduce stress and prevent premature placement in institutional care. More details in Section C under "Family Caregivers."
- **Employer Resource Connection:** Offers free support to individuals approved for in-home services, helping them manage staff through tools like interview guidance and backup plans.
- **Oregon Project Independence (OPI):** Provides case management and in-home care for individuals 60+ (or younger adults with physical disabilities) who are not Medicaid eligible, offering services like adult day care, respite, and nursing.
- **Money Management Program (MMP):** Offers personalized, confidential support for individuals over 60 or with disabilities to manage their finances, including budgeting, paying bills, and organizing financial documents. Services also include Rep Payee assistance for individuals unable to manage federal benefits.

Non-Medicaid Support Services Funded By Other Sources

- **Stand By Me:** A financial empowerment program to help participants set and achieve financial goals such as budgeting, debt reduction, and increasing savings.
- **AmeriCorps Seniors Programs:** Engages individuals 55+ in service programs, including the Retired and Senior Volunteer Program (RSVP), Foster Grandparent Program (FGP), and Senior Companion Program (SCP).
- **Benton County Veterans Services:** Provides guidance and assistance to veterans in partnership with Benton County Health Department, ensuring they receive the full range of benefits and resources.

Transportation Services

- **Medical and Non-Emergency Medical Transportation:** Provides access to transportation for low-income seniors and people with disabilities. Vouchers and bus tickets are available for medical appointments, and RideLine ensures safe, timely rides.

Medicaid-Funded Support Services Provided by OCWCOG Contract with Department of Human Services

These services are available to residents of Linn, Benton, and Lincoln Counties. Eligibility is based on factors like age, income, resources, and the level of assistance required for Activities of Daily Living (ADLs).

- **Program Coordination and Development:** OCWCOG staff manage administrative functions, negotiate and maintain contracts, and ensure compliance with funding obligations and record-keeping.
- **Adult Protective Services (APS):** APS investigates allegations of abuse, neglect, and exploitation of older adults and individuals with disabilities in both community settings and long-term care facilities. APS collaborates with law enforcement, district attorneys, and hospital social workers to ensure the safety and well-being of vulnerable individuals. Reports are generated for all investigations.
- **Pre-admission Screening and Diversion/Transition:** Trained professionals assess the need for nursing facility care and identify resources to support transitioning individuals to lower levels of care. This service involves working with consumers and families to secure the most appropriate care setting, in alignment with personal goals and needs.
- **Case Management:** OCWCOG provides person-centered case management for Medicaid-eligible consumers. Case Managers assist with service planning, need assessments, and coordinates services in home or community-based settings,

such as assisted living or adult foster homes. Regular follow-up ensures care is aligned with the individual's needs.

- **Eligibility Services:** Eligibility Specialists assess qualifications for various state and federal programs, including those for nutrition, medical, and cash assistance. Since the rollout of the Integrated Eligibility (IE) System in 2020, these specialists can assist any Oregon resident who meets the income and resource eligibility requirements, expanding services beyond older adults and individuals with disabilities.
- **Adult Foster Home (AFH) Licensing:** OCWCOG is responsible for licensing and overseeing Adult Foster Homes (AFHs) in Linn, Benton, and Lincoln Counties. Licensors conduct regular inspections of these small, home-like settings (with fewer than 5 residents) to ensure compliance with state rules. The Oregon Department of Human Services (ODHS) holds overarching authority, including the power to impose penalties or revoke licenses for non-compliance.
- **Consumer Employed Provider Support:** In Oregon, consumers can hire Home Care Workers (HCWs) to assist with daily living tasks, enabling them to maintain independence. While consumers handle the hiring, training, and termination of HCWs, OCWCOG provides administrative support by processing applications, conducting criminal history checks, issuing HCW numbers, and managing payroll.

Support Services Managed by OCWCOG through Contracts

- **Health Promotion:** OCWCOG partners with community organizations to offer Evidence-Based Programs that improve quality of life and help reduce healthcare costs in our region.
- **Legal Assistance:** OCWCOG contracts for up to 539 hours of legal aid services for individuals 60 and older, funded by the Older Americans Act (OAA). Legal Aid Services of Oregon helps vulnerable consumers, focusing on residents of care facilities, Medicaid and SSI recipients, and issues such as guardianship or conservatorship. Additional services include support for Elder Abuse Task Forces and public outreach to raise awareness of available legal resources.
- **Adult Day Services:** OCWCOG contracts with two adult day service providers to offer respite for family caregivers and Oregon Project Independence (OPI) consumers. These providers are the Grace Center in Corvallis and North End Senior Solutions (NESS Club) in Lincoln County.

See Attachment A – OPI Service Matrix and Delivery Method

B. 4 – Non-AAA Services, Service Gaps and Partnerships to Ensure Availability of Services not Provided by AAA

As the Area Agency on Aging (AAA), OCWCOG understands that we cannot meet every complex and diverse need across our three-county region. When we do not have internal programming to support a community member, our Aging and Disability Resource Connection (ADRC) staff assess the needs and help connect individuals with other resources provided by community partners in the region that can meet their needs. Rather than duplicating services, we focus on partnering with other agencies, fostering collaboration, and raising awareness about existing resources. Our goal is to complement and strengthen the Long-Term Services and Supports (LTSS) network in our area. Working on filling gaps, when necessary, but never competing with other providers.

OCWCOG continues to take an extensive and strategic approach to identifying qualified service providers for programs delivered directly by the agency. These efforts begin with a deep understanding of community needs, achieved through regular assessments such as surveys, focus groups, and consultations with stakeholders. By analyzing demographic data and trends, OCWCOG pinpoints service gaps and areas of high demand, ensuring its efforts are targeted and responsive to the needs of older adults, individuals with disabilities, and minority populations.

OCWCOG SDS actively engages with local organizations, including nonprofits, healthcare providers, and community-based groups, to build partnerships and identify providers that align with our mission. Participation in community forums, events, and networking groups strengthens connections to identify service gaps, foster collaboration, and provided programming in the most cost effective manner. To maintain transparency and inclusivity, The agency implements a fair procurement process by issuing Requests for Proposals (RFPs) to attract service providers with proven expertise in targeted areas such as nutrition, health promotion, and caregiver support. The agency strives to ensure that this process is accessible to minority and women-owned businesses, as well as culturally specific organizations, fostering equity and diversity in its provider network.

Service providers are rigorously evaluated based on their experience, cultural competence, and capacity to serve diverse populations. This vetting process includes a contract application process that highlights alignment with the goals and objectives of the Older Americans Act, assessing prior performance, and reaching measurable outcomes to uphold the highest standards of quality and accountability.

Collaboration with state and local agencies further strengthens our ability to identify reliable service providers. By sharing resources and insights with other entities, OCWCOG enhances its capacity to address community needs while avoiding duplication of efforts. Special attention is also given to engaging underrepresented providers, such as tribal organizations, LGBTQ+ advocacy groups, and those serving rural or isolated communities. OCWCOG supports these smaller organizations by offering technical assistance, such as application guidance and compliance training to help them meet

qualification requirements.

Through these concerted efforts, our agency has built a robust network of service providers capable of delivering high-quality programs that address the unique and evolving needs of its planning and service area. This collaborative and inclusive approach not only ensures programs are managed as economically as possible, but that resources are allocated where they are needed most, making a meaningful impact on the lives of those the Agency serves

In 2024 our ADRC call center answered 4,499 calls from 3,074 consumers and made over 7,600 referrals to various services. About half of these referrals were to programs provided by OCWCOG, while the other half went to services offered by other community organizations. Below is a summary of the types of referrals made and the agencies involved:

- **Housing:** Housing Authority offices, low-income housing communities, DevNW, and Community Services Consortium.
- **Energy Assistance:** Community Services Consortium and faith-based organizations offering utility payment assistance.
- **Legal Assistance:** Legal Aid of Linn, Benton, and Lincoln Counties, and private Elder Law attorneys.
- **Transportation:** Love INC, volunteer providers, and Albany Transit System.

Thanks to our ongoing commitment to keeping the ADRC database current, consumers and ADRC specialists can easily access up-to-date information on community resources. We aim to have over 95% of resources updated at any given time and ensure that all resources are reviewed and updated annually. This tool provides comprehensive access to organizations in our region, connecting individuals to services beyond those offered by OCWCOG.

Despite the collaborative efforts of OCWCOG and our partners, service gaps continue to exist for the individuals we serve in Linn, Benton, and Lincoln Counties. Our Area Plan needs assessment highlighted several critical issues, including affordable and accessible housing, transportation, emergency preparedness for older adults and people with disabilities, and the integration of behavioral health with long-term care systems. These challenges are addressed in more detail in the goals and objectives sections of this plan.

Section C: Focus Areas, Goals and Objectives

C.1 – INFORMATION AND REFERRAL SERVICES:

Aging and Disability Resource Connection (ADRC)

The Aging and Disability Resource Connection (ADRC) serves as a central hub for information, support, and services through a network of community partnerships. ADRC's professional staff are trained to assist individuals and families in connecting to programs, services, and resources tailored to aging and disability needs. OCWCOG (Oregon Cascades West Council of Governments) oversees ADRC operations in the tri-county region and manages a call center providing free information and referral services accessible to all, regardless of income. In a complex landscape of long-term services and supports, OCWCOG emphasizes a "No Wrong Door" approach. This ensures individuals and families can easily access the resources they need to address life's challenges.

OCWCOG SDS upholds the quality of ADRC services through comprehensive training, compliance with state and federal standards, and regular staff performance reviews. Feedback from satisfaction surveys and stakeholders drives continuous improvement initiatives. Staff and volunteers contribute to initiatives like satisfaction surveys, process improvements, and professional training events to enhance service delivery.

A cornerstone of the ADRC 's mission is community outreach. Staff actively participate in events such as Veteran Stand Downs, LGBTQ Pride celebrations, health fairs, and tribal community gatherings. To ensure equitable access, OCWCOG employs bilingual staff, offers translation services, and prioritizes rural communities in all outreach activities. The agency website and social media campaign further extend the ADRC 's reach, making resources more accessible to all.

Our Information and Referral staff are certified by the Assistance and Information Resources System (AIRS), a nationally recognized accreditation in information and assistance services. ADRC team members evaluate individual needs and offer guidance on eligible programs, which may include support for health and wellness, nutrition, legal aid, transportation, counseling, family caregiving, and assistance with activities of daily living such as bathing or dressing.

For those requiring more comprehensive support, ADRC refers individuals to Options Counselors. These professionals conduct in-depth, person-centered planning through face-to-face consultations at a client's home or in one of our offices. Options Counselors help individuals and families explore care options that align with their unique goals, needs, and preferences.

OCWCOG also collaborates with the 211-info program through an interagency agreement. Residents of Linn, Benton, and Lincoln Counties seeking aging or disability resources through 211 are seamlessly connected to our local Information and Referral team for expert assistance and guidance.

Funding for the ADRC is derived from the Older Americans Act (OAA), Medicaid, and other grants and contracts when available. Continued efforts are made to work with core community partners such as health departments, Community Care Organizations, the Tribes, Community and Senior Centers, faith communities and local non profits to leverage the power of collaboration, reduce duplication, and make the ADRC model more sustainable. Additionally, we hope to continue to work with the Oregon Association of Area Agencies on Aging and Disabilities (O4AD) and use the power of that collective to increase contracted revenue streams for ADRC activities.

A key regional partner in these efforts is the Community Services Consortium (CSC), a state-designated Community Action Agency. Both organizations share service areas across Linn, Benton, and Lincoln Counties. CSC's mission to combat poverty and enhance community well-being fits nicely together with COG's programming in addressing food security, affordable housing, financial wellness, and veteran support.

In 2019, elected officials, CSC, OCWCOG leadership, and board members, initiated discussions to enhance collaboration between the two agencies. These efforts aim to reduce service duplication, improve efficiency, and remove barriers for community members accessing assistance. To better serve our region OCWCOG and CSC officially partnered in 2024 by sharing office space at our Corvallis office location and recently hired an Executive Director to manage both organizations.

Focus Area – ADRC - Information and Referral Services

Goal #1: Enhance Accessibility to ADRC Information and Referral Services

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
1. Reduce barriers and delays in accessing services.	a	Reduce wait times consumers experience when accessing benefits and services by streamlining intake and referral processes.	ADRC Program Manager and Supervisor	1/1/2026	6/31/2026
	Accomplishment or Update				
	b	Obtain data about office walk-in traffic to assess response times and quality of service and complete steps to improve any areas of concern.	ADRC Lead and Supervisor	7/1/2026	12/31/2026
	Accomplishment or Update				
	c	Create virtual stations in Toledo and Corvallis so offices with no call center agents on location can still provide real-time assistance.	Program Director and Tech Services	7/1/2025	12/31/2025
	Accomplishment or Update				

Focus Area - Information and Referral Services and ADRC

Goal #2: Increase the Impact of Long-Term Care Options Counseling Services in the Region

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
				Start Date	End Date
1. Complete more community outreach.	a	Develop and distribute targeted educational materials (flyers, brochures, social media content) to inform the public, especially underserved populations (Tribal, Rural, LGBTQ, Latino), about LTC options counseling.	Program Manager	7/1/2025	9/30/2025
	Accomplishment or Update				
	b	Build stronger relationships with hospitals, rehab centers, and community centers by doing semiannual outreach to increase referrals.	Program Manager	9/30/2025	6/30/2029
	Accomplishment or Update				
Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
				Start Date	End Date
	a	Provide training annually to Options	Program Supervisor	1/1/2026	6/30/2029

2. Provide staff with tools for success.		Counselors on Medicaid waivers, private-pay options, home- and community-based services (HCBS), and VA benefits as well as topics like de-escalation training, trauma informed care practices, and implicit bias.			
	Accomplishment or Update				
	b	Implement data tracking systems to measure the number of clients served, service outcomes, and client satisfaction.	Program Manager	7/1/2025	12/31/2025
	Accomplishment or Update				

**Focus Area - Information and Referral Services and ADRC
Goal #3: Program Sustainability**

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
1. Capture the maximum Medicaid Match available through the ADRC activity.	a	Identify a local area expert in OMAC billing.	Program Director	7/1/2025	7/31/2025
	Accomplishment or Update				
	b	Have designated team member work with other agencies and State	Identified Team Member	8/1/2025	10/31/2025

		partners to identify steps to accomplishing goal.				
Accomplishment or Update						
	c	Make sure data and reporting requirements are identified and met.	Executive Assistant	7/1/2025	12/31/2025	
Accomplishment or Update						
	d	Track data annually and assess success of drawing down more dollars, adjust as needed.	Executive Assistant and Program Director	12/31/2025	6/30/2029	
Accomplishment or Update						
Measurable Objectives 2. Contract with community partners to bring in additional revenue.	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
				Start Date	End Date	
	a	Consider what other revenue sources can be billed to support ADRC activities.	Program Director and Program Manager	7/1/2026	6/30/2026	
	Accomplishment or Update					
	b	Work with local partners and others such as the Oregon Wellness Network (OWN) and the Regional Health Education Hub (REHUB)	Program Director and Program Manager	1/1/2026	12/31/2026	

	to support contract development.			
Accomplishment or Update				
c	Assess the success of bringing in more revenue annually and adapt plan as needed.	Program Director	12/31/2027	6/30/2029
Accomplishment or Update				

C. 2 – NUTRITION SERVICES

Food insecurity remains a significant challenge for many older adults and individuals with disabilities in our region. This issue is especially pronounced among residents in rural communities, racial and ethnic minority groups, individuals experiencing health challenges, and those who live alone. Older adults facing food insecurity often experience a range of adverse health outcomes, including diabetes, depression, high blood pressure, congestive heart failure, heart attacks, gum disease, asthma, and difficulties performing activities of daily living (ADLs).

OCWCOG is deeply committed to enhancing food security for seniors and individuals with disabilities. Through a combination of internal programs and strategic partnerships with community organizations, we aim to address the root causes of hunger and provide access to nutritious meals. Our efforts focus on ensuring that no one in our community must choose between food and other essential needs, enabling them to lead healthier, more fulfilling lives.

PROGRAMS THAT SUPPORT FOOD SECURITY AT OCWCOG

Supplemental Nutrition Assistance Program (SNAP)

Formerly known as "food stamps", SNAP is a federal program designed to help low-income families and individuals afford nutritious food. OCWCOG Eligibility Workers process SNAP applications, determine eligibility, and issue benefits, which are distributed monthly through Electronic Benefit Transfer (EBT) cards.

Despite its importance, senior participation in SNAP remains low. According to the National Council on Aging, three out of five seniors who qualify for SNAP do not enroll. Barriers to participation may include limited mobility, lack of access to technology, misconceptions about program eligibility, misunderstanding of how the program operates, and the stigma associated with seeking assistance. At local listening sessions we also heard many eligible participants find the "red tape" of applying to not be worth the small amount of money awarded. OCWCOG is dedicated to addressing these barriers by increasing awareness, simplifying the application process, and providing support for seniors and individuals with disabilities to access the benefits they need.

Grocery assistance by the Senior Companion Program

Since 2018, OCWCOG has sponsored the AmeriCorps Senior Companion Program (SCP), which leverages the support of National Service volunteers aged 55+ to help seniors aged 65+ remain independent at home. This program fills gaps in care by providing an additional 1–2 hours of weekly volunteer assistance for clients referred internally by OCWCOG programs such as Money Management, Meals on Wheels, and Options Counseling.

A core element of the SCP program is assisting with grocery shopping, which includes door to door service, help with loading and unloading food, etc. Most volunteers drive their companion to the nearest store; others deliver food boxes or, in remote areas, Meals on Wheels. Volunteers use their own vehicles and receive a tax-exempt stipend of \$4/hour, mileage reimbursement at \$0.40/mile, liability insurance, and ongoing driver training. SCP continues to serve as a vital resource for seniors who need extra help to age in place safely and comfortably.

Meals on Wheels (MOW)

OCWCOG's Meals on Wheels (MOW) program provides fresh, hot meals to residents across Linn, Benton, and Lincoln Counties, promoting independent living and social connection for older adults and individuals with disabilities. Eligible participants include adults aged 60 and over, Native Americans/Alaskans aged 55+, and people with disabilities. Meals are available through home delivery or at Connections Café (our newly branded name for congregate dining services) locations. All referrals for nutrition support are routed through the ADRC call center where agents assess for all possible needs for the consumer being served including access to health promotion programming, options counseling, caregiver support, and other long-term services and support options.

Dining Room Services

For residents who can drive, MOW offers meals in 11 Connections Café locations across the region. These settings provide opportunities for social interaction, reducing isolation and loneliness by fostering community connections. Reopening dining sites after the pandemic has been a challenge because of volunteer and staffing shortage, but a strong push is being made to get back to pre-Covid diner numbers.

Home-Delivered Meals

Homebound participants receive hot, nutritious meals delivered by dedicated volunteers. Delivery schedules vary by meal site. A selling point for the program, each delivery also serves as a wellness check, providing critical contact for those who may have little or no other daily interactions with other people or their community.

Paws and Claws

The Paws and Claws program provides pet food to interested qualified Meals on Wheels consumers. Our goal is to help older adults to keep their companionship animals. Often consumers would need to surrender their animals because of food scarcity. The Paws and Claws program addresses this need by offering pet food for up to 2 pets in a household. Pet food is sourced from local animal shelters and humane societies then

packaged and delivered to consumers once a month along with their meal delivery. We are actively seeking community partners to expand the program to include basic pet care supplies. Additionally, we are also working toward establishing a volunteer manager in each community to work with community partners and further expand pet services.

Meal Preparation and Nutrition Education

MOW contracts with TRIO Community Health, whose dietitian plans fresh, balanced meals prepared at a central kitchen in Salem for the valley meal sites and Newport for the coastal communities and then distributed. Monthly nutrition education articles accompany menus, and quarterly seminars are provided for dining room participants. Homebound recipients also receive nutritional education which is discussed with the MOW Program Coordinator during their initial and annual reassessments, ensuring they are equipped with resources to maintain healthy eating habits.

Community Support and Innovation

MOW staff and volunteers actively refer consumers who could benefit from additional services to the Aging and Disability Resource Connection (ADRC). The MOW program operates without a waitlist, thanks to continuous fundraising efforts and grant support. Additionally, our volunteer force of almost 350 people is vital for making the delivery of meals sustainable. This last year a Volunteer Coordinator was added to the MOW team to help support the recruitment, onboarding and recognition of volunteers, but recently those duties were wrapped into the duties of our new MOW Administrative Supervisor position.

Using Title III-C funding, Meals on Wheels (MOW) meal sites are available in Linn, Benton, and Lincoln counties.

See Attachment B – Request to Provide Reduced Meals

See Attachment C – Meal Site Hours and Locations

Focus Area – Nutrition Services

Goal #1: Increase Nutrition Access for Those at Highest Risk

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
1. Provide increased rapid response food access.	a	APS will have access to shelf-stable meals to provide as part of risk mitigation when working with food insecure consumers and track how many are deployed annually.	Program Supervisor	7/1/2025	6/30/2029
	Accomplishment or Update				
	b	Case Managers will have access to shelf-stable meals for consumers identified as food insecure during assessment or direct contact time frames and track how many are deployed annually. .	Program Supervisor	7/1/2025	6/30/2029
	Accomplishment or Update				
	c	Write grants for ongoing sustainability of shelf-stable meals purchases for this work.	Program Manager	7/1/2025	6/30/2029
	Accomplishment or Update				

Focus Area – Nutrition Services

Goal #2: Improve Advocacy and Oversight for Meals on Wheels

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
1. Reestablish Meals on Wheels Advisory Committee.	a	Recruit members for re-established Meals on Wheels Advisory Committee (MOWAC) and hold at least one meeting each quarter.	Program Manager and MOW Administrative Supervisor	10/1/2025	6/30/2029
	Accomplishment or Update				
	b	Reset guidelines for MOWAC purpose, goals and objectives.	MOW Supervisor and Program Manager	7/1/2025	9/30/2025
	Accomplishment or Update				
	c	Have MOWAC representative share program updates with full council at full joint Council meetings every other month.	Program Director	1/1/2026	6/30/2029
	Accomplishment or Update				

Focus Area – Nutrition Services

Goal #3: MOW Program Will Become More Financially Sustainable.

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
1. Volunteer workforce enhancement.	a	Complete a volunteer Engagement Survey annually to assess quality of training, onboarding, and engagement tools.	MOW Administrative Supervisor	7/1/2025	6/30/2029
	Accomplishment or Update				
	b	Host Annual Volunteer Appreciation events at each site.	MOW Administrative Supervisor	1/1/2026	6/30/2029
	Accomplishment or Update				
	c	Analyze annual Volunteer Survey data and share with the Meals on Wheels Advisory Committee to identify areas of improvement needed.	Program Manager and MOW Administrative Supervisor	7/1/2026	6/30/2029
	Accomplishment or Update				

Focus Area – Nutrition Services

Goal #3 continued: MOW Program Sustainability

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
2. Increase fundraising.	a	Identify and implement two new fundraising events per year for a total of up to 4 annually.	MOW Administrative Supervisor and Program Manager	1/1/2026	6/30/2029
	Accomplishment or Update				
	b	Annually analyze grant and fundraising activities from the previous year.	Program Director and Program Manager	12/1/2026	6/30/2029
	Accomplishment or Update				
	c	Identify gaps in service that grant writing may be able to more fully support and seek grants to fill the need.	Program Director and Program Manager	1/1/2027	6/30/2029
	Accomplishment or Update				

Focus Area – Nutrition Services

Goal #4: Promotion of Socialization and Community Engagement

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
1. Connections Café will have increased operations.	a	Fully reopen congregate meal sites to pre-covid operational day numbers.	Program Operations Supervisor	7/1/2025	12/31/2025
	Accomplishment or Update				
	b	Increase attendance by 20% in meal sites that are underutilized.	Site managers and Operations Supervisor	1/1/2026	12/31/2026
	Accomplishment or Update				
	c	Enhance congregate meal sites to encourage social interaction and reduce isolation and survey participants annually to judge impact.	Operations Supervisor and Site Managers	1/1/2026	6/30/2029
	Accomplishment or Update				
	d	Organize group activities, health screenings, or educational workshops at each meal site at least quarterly.	Operations Supervisor and Site Managers	1/1/2026	6/30/2029
Accomplishment or Update					

C.3 – HEALTH PROMOTION

An essential outcome of the services provided or administered by OCWCOG is the stabilization and improvement of health for older adults and younger adults with disabilities across the region. These populations often face higher risks of chronic disease and preventable health issues. To address these challenges, OCWCOG supports targeted programs and collaborates with healthcare providers and non-clinical community partners across the three-county area. By improving health outcomes, individuals can preserve their independence, exercise personal choice, and uphold their dignity.

Partnerships with Healthcare Systems

OCWCOG has established a robust and ongoing partnership with InterCommunity Health Network Coordinated Care Organization (IHN-CCO), the region’s largest Coordinated Care Organization. OCWCOG staff serve on the IHN-CCO Regional Planning Council (RPC) which comprises key stakeholders advising on regional health strategies.

A Memorandum of Understanding (MOU) between OCWCOG and IHN-CCO defines their shared commitment to supporting members across the continuum of care. Monthly Intensive Care Team meetings, co-hosted by IHN-CCO and OCWCOG, bring together community partners to address the needs of individuals requiring additional assistance. Quarterly “coffee breaks” provide a collaborative forum for staff from IHN-CCO and OCWCOG to discuss shared initiatives, review processes, and strengthen professional relationships.

OCWCOG also maintains strong working relationships with Samaritan Health Services discharge planners and care coordinators from both Samaritan Health Services and Corvallis Clinic. These partnerships enable effective problem-solving and ensure that individuals navigating the healthcare system receive the long-term services and support necessary for success.

Partnerships with Community Agencies

OCWCOG is a key partner in the Regional Health Education Hub (ReHUB), a collaboration among multiple community organizations designed to streamline health education programs across Linn, Benton, and Lincoln Counties. ReHUB provides accessible, evidence-based workshops and training tailored to community needs, benefiting residents, clinicians, and partner organizations alike.

ReHUB partners meet quarterly to coordinate regional health promotion activities and have participated in the Sustainable Relationships in Community Health (SRCH) Institutes. With support from an Oregon Health Authority SRCH grant, ReHUB partners have developed strategies to ensure the sustainability of health promotion programs, enhancing long-term benefits for the community. Despite this, regional Community Centers who attended a forum on the topic of health promotion identified long-term sustainability of evidence-based class offering to be one of their biggest concerns. Addressing that ongoing funding issue as a goal of this Area Plan.

OCWCOG provides funding and support to community partners to promote healthy aging. Requests for Proposals (RFP) were sought to support community organizations across the three counties that focus on providing evidence-based classes. Priority was given to proposals that emphasized serving those with the greatest social and economic need. OCWCOG historically provides 100% of IID Health Promotion funding to the community in the form of contracts.

Key programs and initiatives supported through these contracts include:

Fall Prevention

- **Better Bones and Balance:**
Offered by the Willamette Valley YMCA, this evidence-based program improves balance and reduces the risk of falls.
- **Walk with Ease:**
Available through the Newport Senior Center, this Arthritis Foundation-developed program has proven to reduce pain and stiffness while encouraging physical activity.

Diabetes Prevention Programs

Educational sessions are provided one-on-one, in classrooms, and online to teach individuals about healthy eating, exercise, and lifestyle changes. These programs focus on delaying, preventing, and managing diabetes.

Transitions

A non-medical program by Lumina Hospice and Palliative Care that supports individuals and families in living well with serious, life-limiting illnesses.

Living Well with Chronic Conditions

Samaritan Health Educations Department offers Living Well Workshops classes focused on managing chronic health conditions, preventing disease, and improving quality of life. These initiatives aim to lower healthcare costs through better education and self-management skills.

Additional OCWCOG Support for Community Health Promotion Programs

In addition to financial contributions, OCWCOG actively supports health promotion efforts through various means:

- **Training Reliable Class Leaders:**
Volunteer class leaders play a critical role in sustaining health promotion programs. As a Regional Health Education Hub (ReHUB) partner, OCWCOG has invested in training staff of multiple community organizations to be trained facilitators.

- **Transportation Support through RideLine:**
OCWCOG’s transportation brokerage, RideLine (part of the CED department), provides rides for participants attending in-person classes across the region. This service is available to all class attendees, even those who do not typically qualify for Ride Line transportation, removing barriers to access for community health programs.
- **Referral to Classes Through the ADRC Call Center:**
Agents at OCWCOG are equipped with information about health promotion classes across the three-county region, enabling them to connect consumers to programs that support their health and well-being.

Addressing Key Gaps in Health Promotion Services

OCWCOG recognizes several critical gaps in health promotion services for older adults and people with disabilities and is dedicated to addressing these issues in our Health Promotion Goals and Objectives. These include supporting folks who face barriers in accessing mental health services, working to reduce social isolation, loneliness, and depression, and increasing sustainability in health promotion program funding regionally through collaboration and reducing duplication.

Focus Area – Health Promotion

Goal #1: Better Promote Preventative and Wellness Programs

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
1. Improve ADRC Call Center and OAA Case Manager support of health promotion programming.	a	Support healthy aging initiatives such as fall prevention, chronic disease management, and caregiver training by making sure agents/CMs are provided with accurate information to local class offerings monthly.	ADRC Supervisor and Lead	1/1/2026	6/30/2029
	Accomplishment or Update				
	b	Continue to work with the Regional Health Education Hub to have up to date info of class offerings.	ADRC Program Manager	7/1/2025	6/30/2029
	Accomplishment or Update				
	c	Increase the number of referrals to health promotion programming documented in Get Care database and assess that number every July.	ADRC Supervisor	7/1/2025	6/30/2029
	Accomplishment or Update				

Focus Area – Health Promotion

Goal #1 continued: Better Promote Preventative and Wellness Programs

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
2. Complete more outreach about health promotion programming	a	Provide information about classes to staff that work in the community.	Program Supervisors	1/1/2026	12/31/2026
	Accomplishment or Update				
	b	Utilize OCWCOG's social media presence to promote information quarterly.	Communications Officer	1/1/2026	6/30/2029
	Accomplishment or Update				
	c	Use tools like a lobby TV monitor or mass mailings to share information to a wider audience.	Communications Officer	1/1/2027	6/30/2029
	Accomplishment or Update				

Focus Area – Health Promotion

Goal #2: Increase Health Promotion Programming Sustainability

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
1. Community partners offer more class sessions.	a	Schedule a quarterly roundtable with Community/Senior Center personnel to assess needs of each community, gaps, barriers, and funding issues.	Program Director	7/1/2025	6/30/2029
	Accomplishment or Update				
	b	Agencies work as a collaborative to try to reduce duplication and increase efficiency.	Program Director	7/1/2025	6/30/2025
	Accomplishment or Update				
	c	Map out class offering at early roundtable meeting – what classes are offered where, when, how?	Program Director	7/1/2025	12/31/2025
	Accomplishment or Update				
	d	Reassess with group annually to see if we have made greater	Program Director	12/31/2025	6/30/2029

	impact in sustainability and impact in the communities.			
Accomplishment or Update				

Focus Area – Health Promotion

Goal #3: Increase the Impact of Health Promotion Funding

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
			Start Date	End Date
1. Contract with local agencies focusing on diversification of programming, regionwide support, and meeting the needs of the most underserved.	a Complete a bi-annual RFP process to support health promotion programming in the three-county area.	Program Director	7/1/2025	6/30/2029
	Accomplishment or Update			
	b Focus on outreach to find contractors that serve underserved populations across the region.	Program Director	7/1/2025	6/30/2025
	Accomplishment or Update			
	c Monitor each contracted agency at least once every two years.	Program Director and Monitor and Review Committee	7/1/2025	6/30/2029
	Accomplishment or Update			
	d Use Monitor and Review Committee to annually assess programming for	Program Director and Monitor and Review	6/1/2026	6/30/2029

	impact vs funding amount.			
Accomplishment or Update				
e	Work annually to find specific contractors to support programming gaps identified by Monitor and Review Committee.	Program Director	7/1/2026	6/30/2025
Accomplishment or Update				

C.4 – FAMILY CAREGIVERS

Family caregivers are essential to the Long-Term Services and Supports (LTSS) system, providing vital assistance to older adults and people with disabilities. Caregiving duties range from help with household tasks, such as cleaning and meal preparation, to personal care activities like eating, bathing, and mobility. These unpaid caregivers offer the critical support that allows many individuals to remain safe and healthy at home, potentially avoiding the need for expensive nursing facility or hospital care.

With the continued aging of the population, especially as the Baby Boomer generation grows older, the burden on family caregivers is expected to increase. As more people rely on a smaller group of caregivers, the demands on these individuals will intensify. Many family caregivers receive no financial compensation for the care they provide, which places a significant emotional and financial strain on them. The inability to work full-time due to caregiving responsibilities adds further financial pressure. Beyond the economic challenges, many caregivers also experience emotional stress and negative impacts on their physical health. Feelings of guilt for taking time off, poor eating habits, and lack of exercise are common, leading to serious health risks over time.

The OCWCOG Family Caregiver Support Program (FCSP)

OCWCOG's FCSP serves unpaid caregivers who provide care for aging or disabled spouses, parents, grandparents, or friends, as well as older adults caring for children or adult children with developmental or intellectual disabilities. OCWCOG prioritizes serving caregivers who have the greatest social and economic need because of several factors, including those from racial minorities, non-English speakers, Native Americans, rural communities, low-income backgrounds, and those caring for individuals with Alzheimer's or related disorders who have functional impairments. Information about the FCSP program is displayed whenever we participate in events such as Veteran Stand Downs, LGBTQ Pride celebrations, Latino celebrations, health fairs, and tribal community gatherings. To ensure all caregivers have access to the program, OCWCOG employs bilingual staff, offers translation services, and prioritizes rural communities in all outreach activities.

The key components of the FCSP include providing information and assistance, caregiver training, support groups, counseling, supplemental services, and respite care. Respite care is provided, both through stipend payments and by contracting with adult day service providers and OCWCOG collaborates with a range of community partners across the three-county region to provide other essential caregiver services, such, support groups, training, and supplying medical equipment like emergency response systems. These partnerships are critical in meeting the needs of unpaid caregivers.

When caregivers inquire about services, they are first screened by ADRC call center staff, who are trained on both agency programs and community resources. Those needing additional support are referred to an Options Counselor, who assists them in making informed decisions about long-term care options based on the needs of both the caregiver

and the care recipient. When FCSP benefits are something a caregiver thinks will support them in meeting the needs of caring for their care recipient, they are provided with more detailed information about the benefits of the program and if interested are enrolled in services moving forward.

Caregivers are only eligible to receive FCSP services once they complete the Oregon Caregiver Assessment Tool (OCAT) followed by their OCAT risk calculation score. Those tools will determine their risk factor for receiving services. Once a caregiver is eligible for FCSP services, the case managers works with the care provider and care recipient to create a personalized care plan that promotes a healthy caregiving environment as well as helps us prioritize services for those most at risk. The care plan may include referrals to local support groups, evidence-based caregiver training, and other community resources. The caregiver is provided with a written explanation of benefits and agreed upon next steps to achieve their goals. A follow-up call from the FCSP Specialist is made within one month to check on progress and address any additional concerns and regular check-ins happen throughout the year if a caregiver identifies ongoing support as a need.

Celebrating Caregivers

Recognizing the invaluable work of caregivers is an essential part of OCWCOG's FCSP. We aim through the next four years to get back to hosting an annual caregiver celebration event in each of our three counties. These events, which were paused during the pandemic, are aimed at bringing caregivers together, recognizing their efforts, and offering them time for self-care, and are open to all unpaid caregivers. Funds are provided to attendees who need respite services for their loved one to attend.



Supporting Relatives As Parents

One of the weakest aspects of the FCSP in Linn and Benton Counties is the support we can provide to older adults raising family members or the Relatives As Parents Program (RAPP). Goals around doing more outreach and support for this group will remain as part of this focus area for our agency.

Paid Caregiver Workforce

While this section of the Area Plan focuses on the needs of unpaid caregivers, it was also important to our community and advocates for our agency to address the significant issue of the shortage of trained, paid Home Care Workers (HCWs) in our region in the 25-29 Plan. The lack of paid caregivers available creates stress for consumers who rely on this

workforce for assistance with daily activities and an additional burden on unpaid family caregivers who may need respite care or professional caregiver support with skilled tasks, such as bathing assistance.

In conclusion, while unpaid family caregivers continue to be the backbone of LTSS, both the caregivers and the individuals they care for face ongoing challenges. OCWCOG remains dedicated to supporting caregivers, improving their well-being, and addressing the systemic issues that impact the caregiving experience.

Focus Area – Family Caregiver

Goal#1: Assess and Rebuild Family Caregiver Program to be More Impactful Across the Region

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
1. Assess current programs and caregiver needs to inform future initiatives.	a	Create and conduct an initial needs assessment survey for caregiver input.	Program Manager and FCSP Supervisor	7/1/2025	12/31/2025
	Accomplishment or Update				
	b	Review and report on the initial caregiver survey to identify gaps and additional needs.	Program Director and Manager	1/1/2026	6/30/2026
	Accomplishment or Update				
	c	Identify and key stakeholders and potential partners that could support filling gaps (healthcare orgs, community groups).	Program Director and Manager	7/1/2025	12/31/2025
	Accomplishment or Update				
	d	Identify best practices from similar programs nationwide and integrate into our model.	Program Director and Manager	1/1/2026	6/30/2026
Accomplishment or Update					

	e	Develop an action plan for improving support based on findings including addressing how individuals of hard to reach/target groups are identified, engaged, and served.	Program Manager and Supervisor	7/1/2026	9/30/2026
	Accomplishment or Update				
	f	Complete follow-up assessment survey to determine impact of program changes, adapt as necessary.	Program Manager and Supervisor	7/1/2027	12/31/2027
	Accomplishment or Update				

Focus Area - Family Caregiver

Goal #2: Strengthening Support and Building Awareness

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
1. Resume caregiver appreciation events and expand community outreach.	a	Plan and launch the first Caregiver Appreciation Events post COVID (luncheon, awards, wellness day).	Program Supervisor and Staff	1/1/2026	10/31/2026
	Accomplishment or Update				

	b	Develop/update a caregiver resource guide (website or printed materials with info on services, respite care, etc.).	Program Manager	1/1/2028	12/31/2028
Accomplishment or Update					
	c	Continue to strengthen partnerships with organizations to expand support services and report out on work to Councils annually.	Program Director	1/30/2026	Annually
Accomplishment or Update					
	d	Evaluate appreciation event success, gather feedback for improvements.	Program Manager	11/1/2026	12/31/2026
Accomplishment or Update					
	e	Develop partnerships with businesses for caregiver discounts and giveaways.	Program Staff	1/1/2026	10/31/2026
Accomplishment or Update					
	f	Promote caregiver stories through social media, newsletters, and community events at least 2 times annually.	Program Staff	1/1/2026	Ongoing
Accomplishment or Update					

Focus Area - Family Caregiver
Goal #3: Expanding Education & Training

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
1. Enhance caregiver knowledge and skills through training focusing on rural areas and underserved populations.	a	Assess caregiver support services by county to determine where gaps in programming exist.	Program Director	7/1/2025	12/31/2025
	Accomplishment or Update				
	b	Develop and launch caregiver training programs (workshops, webinars, online courses) in 3 underserved areas.	Program Director	1/1/2026	12/31/2026
	Accomplishment or Update				
	c	Partner and/or contract with local community centers, faith-based organizations, and other organizations to provide training.	Program Director	1/1/2026	12/31/2026
	Accomplishment or Update				
	d	Expand online training and resource access for rural caregivers.	Program Manager	1/1/2027	12/31/2027
Accomplishment or Update					

Focus Area - Family Caregiver
Goal #4: Strengthening Grandfamilies Support

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
1. Support grandfamilies with a Kinship Navigator program.	a	Create or support an already existing Kinship Navigator program framework, securing funding and resources.	Program Director and Manager	1/1/2028	12/31/2028
	Accomplishment or Update				
	b	Hire and train kinship navigators to guide grandfamilies through services.	Program Manager	1/1/2028	12/31/2028
	Accomplishment or Update				
	c	Develop informational materials and referral networks for grandfamilies.	Program Staff	1/1/2029	6/30/2029
	Accomplishment or Update				
	d	Work with local school districts to support grandfamilies with Kinship navigators.	Program Staff	1/1/2029	6/30/2029
Accomplishment or Update					

C.5 – LEGAL ASSISTANCE AND ELDER RIGHTS PROTECTION

Oregon Cascades West Council of Governments (OCWCOG) collaborates with community partners to safeguard the rights and well-being of older adults and individuals with disabilities. Our primary focus is on preventing abuse, neglect, and exploitation while ensuring that vulnerable populations receive the support they need to remain safe and independent.

Our outreach strategy emphasizes culturally sensitive and inclusive resources designed to reduce risk and empower individuals with the knowledge and tools needed to protect themselves. Staff at OCWCOG are trained in trauma-informed and person-centered practices in order to ensure services are provided in the ways consumers and caregivers need.

Adult Protective Services

As the designated Area Agency on Aging (AAA), OCWCOG contracts with Oregon Department of Human Services to manage reports of abuse and neglect against older adults and people with disabilities in Linn, Benton, and Lincoln Counties. APS screens and triages these reports, providing consultation and referrals when cases do not meet investigative criteria. If a complaint falls within OCWCOG's regulatory scope, an APS investigator is assigned to conduct a thorough review. This process includes interviewing the alleged victim, the alleged perpetrator, and relevant witnesses to determine the validity of the allegations.

When abuse is substantiated, APS staff take action to safeguard the victim. However, assistance may be limited by the individual's personal choices and cognitive capacity. For those identified as "at risk," APS provides intervention services, which may include continuous monitoring, reassessment, and the development of a tailored plan to mitigate potential harm.

APS personnel are trained to recognize indicators of criminal activity. If there is suspicion of a crime, APS refers the case to law enforcement, which then leads the investigation and, if necessary, pursues legal action. Local police and sheriff departments collaborate with APS staff, utilizing their specialized knowledge to support cases involving elder abuse and the mistreatment of individuals with disabilities.

Referring the APS or law enforcement is a well-oiled process for agency staff who receive regular training on being a mandatory reporter and how to recognize abuse and neglect red flags. On site APS screeners as well as an agency email specific to reaching out to a screener makes reporting easy.

Increasing Numbers

As seen below, complaints and investigation numbers have increased dramatically since 2021, in some cases increasing by 100% over the four-year period which the 2021-2025 Area Plan covered.

2021-2024 Adult Protective Services Data by County					
County - Year	Complaints	Community Investigations	Facility Investigations	Community Non-Abuse	Facility Non-Abuse
Benton 2021	767	145	173	306	144
Benton 2022	838	156	242	271	169
Benton 2023	1025	152	218	349	306
Benton 2024	973	165	238	297	273
Increase from 2021 to 2024	26.86%	13.79%	37.57%	-2.94%	89.58%
Lincoln 2021	828	233	90	391	94
Lincoln 2022	948	240	97	485	80
Lincoln 2023	855	213	119	421	102
Lincoln 2024	1046	230	184	473	179
Increase from 2021 to 2024	26.86%	-1.29%	51.08%	20.97%	90.43%
Linn 2021	1679	769	200	801	239
Linn 2022	1808	486	258	872	192
Linn 2023	1859	438	196	925	301
Linn 2024	1943	457	291	881	314
Increase/Decrease from 2021 to 2024	15.72%	-40.57%	45.50%	9.99%	31.38%

Multidisciplinary Teams (MDT)

Additionally, OCWCOG's APS team and leadership actively participates in Multidisciplinary Teams (MDTs) across our three-county service area. These teams, facilitated by the District Attorney's office, bring together ADRC community partners, including law enforcement, emergency responders, and mental health professionals, to review ongoing criminal cases as well as chronic and ongoing safety issues in the communities. MDT meetings foster a collaborative approach to addressing community challenges, such as unsafe living conditions for seniors, and the team identifies gaps and barriers in the current service delivery model and works together to mitigate these issues and find solutions. MDT meetings reinforce the importance of thoroughly investigating and prosecuting crimes against vulnerable populations as well as working together as a team to serve our most vulnerable residents.

Elder Abuse Education and Scam Prevention

OCWCOG's goal is to increase awareness and empower older adults with practical education, prevention tools and knowledge to reduce abuse, including financial abuse by scams. The SDS program will conduct outreach initiatives at senior living communities, meal sites, and other community hubs. These efforts aim to connect those who are most at risk. To ensure inclusivity, OCWCOG will provide materials in English and Spanish and large print font, as well as any other languages requested. To reach individuals unable to attend in-person events, SDS will collaborate with community partners to deliver educational materials directly to homes. Additionally, OCWCOG hosts other events designed around protection of financial information such as an annual shred event where people can drive through our Albany parking lot and have sensitive documentation securely destroyed.

Contracting for Legal Services

OCWCOG uses Older Americans Act IIB Supplemental Services funding to contract with Legal Aid Services of Oregon to provide legal information and free legal services for older adults in our region. We annually provide funding well more than the 3% require by the Older Americans Act. Legal Aid Service of Oregon seeks to achieve justice for low-income communities in Oregon in areas of elder abuse, landlord-tenant or housing discrimination, government benefits, disability health benefits and more. We are excited to have a strong partner with Legal Aid and regularly have their attorneys interact with our staff to make sure we understand the programs and services they offer to the consumers we serve. The Legal Aid contract scope of work is written to ensure services are delivered according to Oregon's legal assistance program standards and bi annual contract visits occur to check in about deliverables and make sure contract language is being acted upon.

Looking ahead to the next four years, OCWCOG is excited to strengthen collaborations with key community partners, including Legal Aid, local senior centers, the Long-Term Care Ombudsman office, financial institutions, and staff from long-term care communities to support scam and elder fraud education and prevention across our communities.

Focus Area – Legal Assistance and Elder Rights
Goal #1: Continue and Expand Partnership with Legal Aid

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
			Start Date	End Date
1. Staff is more aware of Legal Aid Services.	a Have Legal Aid attorneys attend APS and CM staff meetings and share info about the programs they provide.	Program Supervisors	1/1/2026	12/31/2026
	Accomplishment or Update			
	b Make sure the information in the ADRC data base is up to date and accurate.	ADRC Lead	12/1/2025	12/31/2025
	Accomplishment or Update			
Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
			Start Date	End Date
2. Serve more at need consumers.	a Discuss expansion of contract to support more consumers and specifically more targeted outreach to greatest economic and social need. To be addressed, would be how individuals of hard to reach/target groups are identified, engaged, and served.	Program Director and Contractor	3/1/2026	6/30/2026
	Accomplishment or Update			

	b	Adapt contract to include expanded scope.	Program Director and Contractor	3/1/2026	6/30/2026
	Accomplishment or Update				
	c	Track outcomes for impact of increased funding.	Program Director	7/1/2026	6/30/2029
	Accomplishment or Update				

Focus Area - Legal Assistance and Elder Rights

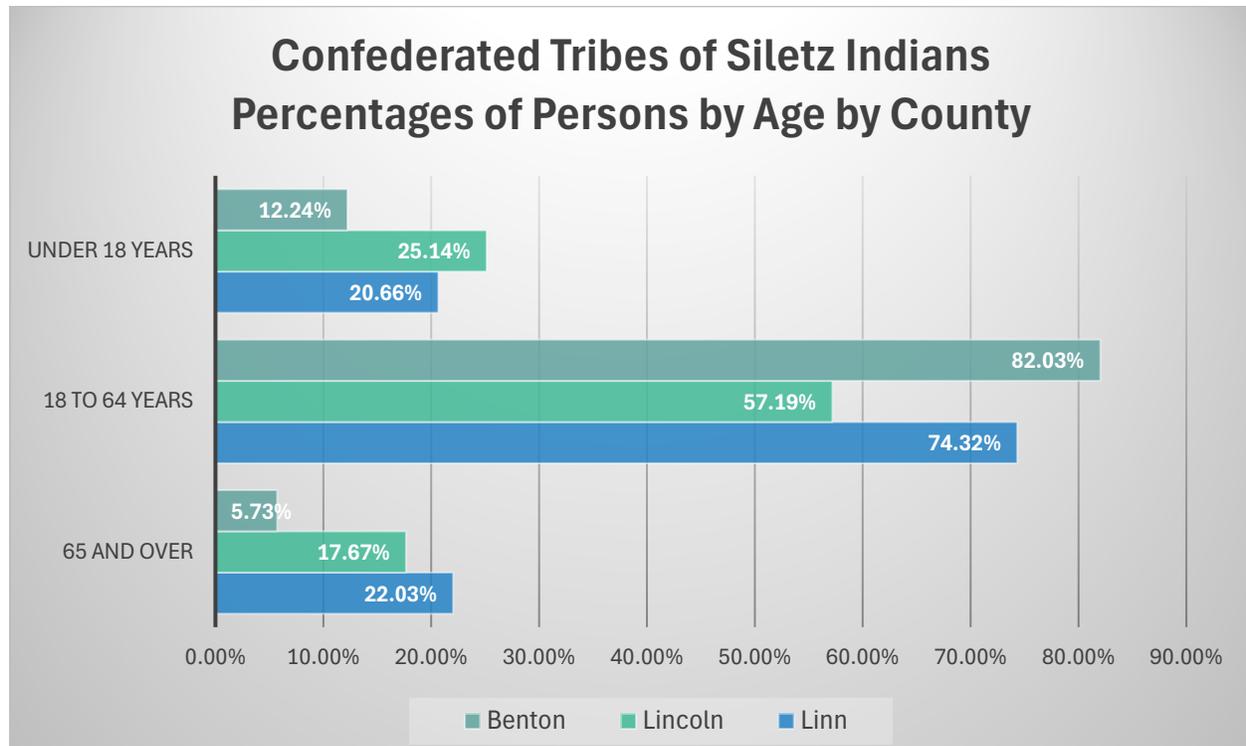
Goal #2: Enhance Tenant Rights and Housing Stability for Older Adults

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
1. Increased referral to appropriate resources.	a	Provide higher levels of legal assistance for seniors facing eviction, foreclosure, or housing discrimination.	Program Director and Contractor	7/1/2027	6/30/2029
	Accomplishment or Update				
	b	Make sure ADRC agents have info about resources for when people call with these issues.	Program Supervisor and Contractor	1/1/2026	6/30/2026
	Accomplishment or Update				
	Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	

			Start Date	End Date	
2. Community education about housing related supports is implemented.	a	Work with Legal Aid and the Fair Housing Coalition to develop workshops on lease agreements, fair housing laws, and navigating subsidized housing programs.	Program Director and Contractor	1/1/2028	06/30/2028
	Accomplishment or Update				
	b	Partner with regional Housing Authorities and tenant advocacy groups to educate seniors on their rights and protections.	Program Director and Contractor	1/1/2029	6/30/2029
	Accomplishment or Update				

C.6 – NATIVE AMERICAN ELDERS

The Confederated Tribe of the Siletz Indians has approximately 5,600 enrolled Tribal members. About 27% live within our three-county service area and approximately 70% of Siletz Tribal members live in Oregon. They occupy and manage approximately 3,666 acres of reservation located in Lincoln County. Only 8% of the Siletz Tribe live on the reservation with 22.6% living elsewhere in Lincoln County. Additionally, 17.67% of Tribal members in Lincoln County are over the age of 65, compared to 5.73% and 22.03% in Benton and Linn Counties respectively.



Given that the largest numbers live in Lincoln and Linn Counties within OCWCOG's service areas, working with its leadership, staff, and members has been where we have focused the majority of our outreach and relationship building efforts. OCWCOG is fortunate to have representatives from the Siletz Tribe on its Board of Directors and on its Senior Services Advisory Council. Additionally, OCWCOG operates a Meals on Wheels site out of the Siletz Tribal Community Center and has participated in multiple health fairs and other events sponsored by the Tribe to continue building the relationship. Information on how to access services is at all tabling events, as is information about opportunities to serve on advisory councils and work groups. OCWCOG's Board has an assigned seat for a Tribal representation. OCWCOG has been working over the last four years to establish stronger relationships with the Tribal Communities, small gains have been made but communication and developing strong entry points for Native Elders to access benefits are areas that could still be improved. Frequent turnover and vacancies in Tribal Elder Program staffing has been a challenge. Over the next four years, we will continue to work

toward having better relationships and collaboration with the Tribes to improve the coordination of services including emergency management (please see section C8 for more information), share information, and provide services in more culturally appropriate ways.

OCWCOG will establish robust communication opportunities with Title VI programs to ensure they are informed about Title III and other funding opportunities and receive technical assistance for applying for these opportunities. Regular virtual and in-person meetings will foster collaboration and provide a discussion forum. Email distribution lists will be used to share updates, application deadlines, and technical guidance promptly. OCWCOG will also deliver presentations tailored to Tribal audiences at community events, Tribal meetings, and public hearings to explain funding opportunities and application processes. Additionally, OCWCOG will offer one-on-one technical assistance sessions, either on-site or remotely, to support Title VI programs in preparing successful applications. By maintaining open and consistent communication, OCWCOG will ensure that Title VI programs have the resources and knowledge to access and utilize available funding effectively

Over the next four years OCWCOG would like to continue to develop and improve relationships with the Tribes that have members living in our communities but do not have outstations in the region. In particular, we would like to expand our agency's relationship and collaboration with the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians which has two outstations located in Lane County and have members in Lincoln County. OCWCOG plans on developing relationships with these outstations that involve regular communication and information sharing and support the Tribes and Tribal members who need to access the services and supports OCWCOG provides.

Our relationship with Tribal communities across Oregon has been enhanced over the last several years by our staff's involvement in "Meet and Greet" events created by the State Aging and People with Disabilities office and we hope they will continue to happen. These events brought AAA staff and the staff that run similar programs for Tribal Elders (Title IV) together to share food, discuss topics of interest, and build camaraderie and trust. OCWCOG hosted one of the first events in our Albany building, another was held at the Tribal Community Center in Siletz, and most recently the event was sponsored by COG and hosted by the Siletz Tribe in Lincoln City. All our Older Americans Act Case Managers have attended these events, and we are committed to always being at the table moving forward.

OCWCOG looks to Tribal members to guide any partnerships and services that may develop over the next four years and will be seeking input in the form of stakeholder groups, surveys, and other outreach. We are excited to continue to develop the idea of a Tribal Navigator staff person who can be a trusted touch point and support for Native Elders and people with disabilities from the Tribal Community who are referred for Title III, Title VII, or Medicaid programming. This staff person will work in coordination with ADRC call center staff to provide more support and direct access to services and

supports. We also embrace the connection having our Siletz MOW Connections Café housed at the Tribal Center and know that being located in that facility has helped develop the relationship between the Tribal Elders Program and our staff.

Focus Area – Native American Elders
Goal #1: Support Tribal Elders Who Need Services

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
1. Establish a designated unit of coordinators to support Tribal requests and strengthen relationships.	a	Identify and appoint a dedicated team of coordinators to serve as primary contacts for tribal requests and support.	Program Manager and Director	1/1/2026	6/30/2026
	Accomplishment or Update				
	b	Develop a structured process for responding to tribal inquiries, ensuring timely and culturally responsive communication.	Program Manager and Coordinators	7/1/2026	12/30/2026
	Accomplishment or Update				
	c	Facilitate quarterly coordinator meetings and engagement opportunities to foster collaboration and trust with tribal communities.	Program Manager and Coordinators	1/1/2027	6/30/2029
	Accomplishment or Update				

Focus Area – Native American Elders

Goal #2 continued: Support Tribal Elders Who Need services

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
2. Recruit and onboard at least one Tribal Member as a SHIBA Counselor.	a	Conduct outreach efforts to identify and recruit a tribal member interested in becoming a SHIBA counselor.	CSP Program Manager	1/1/2026	3/31/2026
	Accomplishment or Update				
	b	Provide necessary training and certification to ensure the new counselor is well-equipped to assist tribal elders with Medicare counseling.	CSP SHIBA Staff	4/1/2026	8/30/2026
	Accomplishment or Update				
	c	Establish quarterly check ins to provide mentorship and support to help the SHIBA counselor integrate into the program successfully.	CSP SHIBA Staff	4/1/2026	6/30/2029
	Accomplishment or Update				

Focus Area - Native American Elders
Goal #3: Build Relationship with Tribal Community

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
				Start Date	End Date
1. Implement routine onsite SDS support on a quarterly basis.	a	Develop a schedule to ensure regular quarterly visits from SDS staff to provide direct support to tribal members.	Program Manager and Tribal Elders Program Staff	9/1/2026	6/30/2029
	Accomplishment or Update				
	b	Coordinate with tribal leadership to determine priority needs and tailor SDS services/information sharing accordingly.	Program Manager, Tribal Coordinators, and Tribal Elders Program Staff	1/1/2027	12/31/2027
	Accomplishment or Update				
	c	Track engagement and feedback to assess the impact and effectiveness of onsite support visits.	Program Manager and Supervisor	1/1/2028	12/31/2028
	Accomplishment or Update				
Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
				Start Date	End Date
2. Establish Tribal program leaders and OCWCOG staff check-ins.	a	Establish quarterly communication effort with Tribal Elder Program Leaders to foster collaboration and mutual support.	Program Director, Manager, and Tribal Elder Leadership	1/1/2026	6/30/2029

Accomplishment or Update				
b	Work to recruit an Advisory Council member that represents Tribal Elder programs at Council meetings.	Program Director	7/1/2025	12/31/2025
Accomplishment or Update				
c	Participate in at least one Tribal Elder program events and initiative annually to build trust and engagement.	All OCWCOG Staff	7/1/2025	Annually through 6/30/2029
Accomplishment or Update				
d	Work at quarterly check ins to identify opportunities for resource sharing and joint efforts such as grant writing in supporting Tribal Elders.	Program Director, Manager and Tribal Elder Program Leadership	1/1/2026	6/30/2029
Accomplishment or Update				

Focus Area - Native American Elders

Goal #4: Support Tribe with Adult Protective Services Programming

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
			Start Date	End Date
1. Enhance APS general education and reporting for elders through strategic partnerships.	a Collaborate with the Siletz Tribal Navigator and Health Clinic to develop and deliver APS education tailored to elders.	APS Program Manager	1/1/2026	6/30/2026
	Accomplishment or Update			
	b Conduct regular training sessions to inform elders and caregivers about reporting processes and available resources	APS Program Manager	6/30/2026	6/30/2029
	Accomplishment or Update			
	c Create and distribute culturally appropriate educational materials that outline APS services and how to access them.	APS Program Manager	1/1/2027	6/30/2027
	Accomplishment or Update			

C.7 – Financial Wellness

Economic stability is a critical Social Determinant of Health (SDOH), meaning it plays a significant role in shaping an individual's health and quality of life. A stable income is essential for securing the goods and services needed for a healthy life, including access to medications and medical care, nutrition, and housing.

According to the National Council on Aging, more than 25 million Americans aged 60 and older live at or below 250% of the Federal Poverty Level (FPL), which equals \$29,425 annually for a single person. The National Council on Disability further reports that people with disabilities experience poverty at more than double the rate of those without disabilities. These groups face substantial challenges, including rising housing costs, healthcare expenses, food insecurity, limited access to transportation, and shrinking savings. For older adults and individuals with disabilities above the poverty line, a single life crisis can quickly turn current hardships into long-term struggles.

Approximately, 12.2% of Oregon residents live at or below the Federal Poverty Level (Oregon Health Authority) of \$15,060 for 2024. While some areas, like Northwest Portland, have lower poverty rates (around 9.9%), other rural regions, such as Blodgett-Eddyville in OCWCOG's service area, have much higher rates, with 22%-27% of residents falling into this income bracket. Unfortunately, many communities within the OCWCOG region face higher poverty rates than the state average, with rural areas experiencing the greatest disparities. These underserved communities will continue to be a central focus of our outreach efforts over the next four years.

Programs That Support Financial Wellness

OCWCOG is dedicated to supporting financial wellness through various programs, including Medicaid, SNAP, and Medicare Savings Programs (MSP). These initiatives help low-income individuals and families meet their basic health and nutritional needs while improving their overall financial well-being. One of our key objectives is to reduce the barriers that prevent people from accessing these critical services, which can often be complex and difficult to navigate.

In addition to these core programs, OCWCOG sponsors the Money Management Program (MMP) and Stand By Me (\$BM), which focus on financial education and empowerment. These programs provide individuals and families with the tools they need to achieve financial wellness at every stage of life. AmeriCorps Seniors plays a key role in financial wellness providing insurance counseling for low-income seniors through the Senior Health Insurance Benefits Advisor (SHIBA) program and providing stipends for seniors who volunteer their time to serve their communities.

Over the next four years, we aim to expand and improve these programs to make an even greater impact in the communities we serve with targeted goals around supporting older adults and people with disabilities in navigating SNAP and Medical program applications,

increasing the number of people served by the Money Management Program, and expanding the reach of Stand By Me to more participants.

Effects on Regional Economic Health

The financial health of individual residents is closely linked to the overall economic health of the region. OCWCOG's Community and Economic Development Department works in partnership with local stakeholders and governments to improve the financial wellness of communities within our service area. This includes initiatives like the Business Lending program. Additional information on these efforts can be found in the Comprehensive Economic Development Strategy (CEDS) available on the OCWCOG Community and Economic Development website.

Affordable Accessible Housing

Addressing the issue of affordable housing is a critical aspect of financial wellness. Lincoln County has faced an ongoing housing shortage, worsened by the 2020 wildfires that destroyed 293 homes in northern Lincoln County. This shortage disproportionately affects older adults and people with disabilities, many of whom live on fixed incomes. Not only do they struggle to find accessible and affordable housing, but the lack of affordable housing also has impacts on the caregiving workforce. Many care providers and support staff are unable to live in the area due to high housing costs, which further compounds the challenges in accessing in-home care and long-term care facilities.

Recent data shows that a growing number of people experiencing homelessness are over the age of 60. According to the National Alliance to End Homelessness, older adults are one of the fastest-growing segments within the homeless population. Homeless shelters often struggle to meet the unique needs of older adults and individuals with disabilities due to a lack of accessibility, specialized medical care, and appropriate support services. Many shelters are not equipped with mobility-friendly facilities, such as wheelchair-accessible restrooms and beds, making them difficult to navigate for those with physical limitations. Additionally, shelters may not provide necessary accommodations for chronic health conditions, cognitive impairments, or personal care assistance, leaving older and disabled individuals vulnerable to neglect or worsening health conditions. The absence of tailored resources and trained staff further exacerbates these challenges, rendering traditional shelter environments inadequate for those requiring specialized care.

Solving the housing crisis in Linn, Benton, and Lincoln Counties will require collaboration among multiple agencies. As part of this effort, OCWCOG has set goals in this Area Plan to continue working closely with housing-focused organizations, such as Community Services Consortium, DevNW, the Linn, Benton, and Lincoln Housing Authorities, NW Coastal Housing and local homelessness advocates and shelters. Specifically, OCWCOG SDS's work with these groups is to focus on the older adult and disabled community members which are affected by these housing issues.

Focus Area - Financial Wellness

Goals #1: Support Consumers in Accessing Benefits

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
1. Provide benefit application assistance.	a	Create a job description and recruit LTSS Benefit Assistance Coordinator.	Program Manager	9/1/2025	12/31/2025
	Accomplishment or Update				
	b	Provide training on the LTSS application process to ensure coordinators can effectively assist applicants with complex cases.	Program Supervisor and Training Unit	1/1/2026	6/30/2026
	Accomplishment or Update				
	c	Establish a structured support system for coordinators to track data, progress, and address challenges in application completion.	Program Supervisor and Manager	7/1/2026	12/31/2026
	Accomplishment or Update				

Focus Area - Financial Wellness

Goal #2: Improve and Expand Training

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
			Start Date	End Date
1. Empowering seniors with financial coaching.	a Design and schedule at least 2 interactive workshops annually tailored to seniors, focusing on providing the knowledge and tools needed to respond effectively to urgent or unexpected decisions related to health, finances, housing, or legal matters.	Program Manager	1/1/2026	12/31/2028
	Accomplishment or Update			
	b Collaborate with experts in elder law, healthcare, and financial planning to provide relevant workshop topics.	Program Manager	9/1/2025	6/30/2028
	Accomplishment or Update			
	c Gather feedback from participants to refine and improve future workshops.	Program Manager	3/1/2026	3/1/2029
	Accomplishment or Update			

Measurable Objectives 2. Increase APS/CM staff training on financial exploitation.	a	Develop specialized training sessions for staff focused on identifying and preventing financial exploitation among vulnerable adults.	Program Manager	7/1/2026	12/31/2026
	Accomplishment or Update				
	b	Incorporate real-world case studies and best practices into training materials to enhance staff preparedness.	APS Supervisor and Program Manager	1/1/2026	6/30/2026
	Accomplishment or Update				
	c	Establish ongoing training schedule to keep staff updated on emerging scams.	APS Program Supervisor and Trainer	1/1/2027	Ongoing
	Accomplishment or Update				
Measurable Objectives 3. Strengthen scam awareness and prevention for older adults and individuals with disabilities.	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
				Start Date	End Date
a	Develop and Distribute Educational Materials – Create accessible brochures, digital content, and videos outlining common scams, warning signs, and prevention strategies tailored to older adults and	APS Trainer and Supervisor	7/1/2026	Annual update	

	individuals with disabilities.			
Accomplishment or Update				
b	Integrate Scam Awareness into Routine Services – Ensure that case managers, caregivers, and service providers include scam education as part of their interactions with clients, incorporating scam alerts into regular communication.	Program Managers	7/1/2026	6/30/2027
Accomplishment or Update				
c	Strengthen Partnerships for Scam Prevention – Annual Roundtable to Collaborate with financial institutions, law enforcement, and advocacy groups to provide coordinated support, offer reporting resources, and enhance protections for those at risk of financial exploitation.	Program Manager and Director	3/1/2026	Ongoing
Accomplishment or Update				

Focus Area - Financial Wellness

Goal #3: Promote Affordable and Accessible Housing in the Region

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
			Start Date	End Date
1. Expand awareness of housing issues specific to SDS consumers and support advocacy.	a Arrange Advocate/Council visits to other State AAAs that have had success supporting accessible housing initiatives.	Program Director	1/1/2026	6/30/2026
	Accomplishment or Update			
	b Advocate for Policy and Funding Support – Collaborate with local and state governments to influence policies and secure funding for affordable, accessible housing initiatives.	Program Director and Issues and Advocacy Committee	1/1/2026	6/30/2029
	Accomplishment or Update			
	c Seek representation from Housing Authority to be an Advisory Council member or have SDS staff on Housing Authority Commissions.	Program Director	7/1/2025	12/31/2025
	Accomplishment or Update			

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
2. Support shelter providers and others that work with homeless older adults and people with disabilities.	a	Host a shelter provider event once every two years where information about SDS programs is provided and attendees problem solve barriers to service and gaps in support.	Program Manager, Director, and Councils	9/1/2025	9/31/2028
	Accomplishment or Update				
	b	Continue to support programming for agencies like Community Services Consortium or the Corvallis Daytime Drop-In Center who work with unhoused community members who are seniors or disabled. Schedule visit 2 times each year.	Program Director	1/1/2026	6/30/2029
	Accomplishment or Update				

C.8 – EMERGENCY PLANNING AND RESPONSE

Increasing Numbers of Emergency Events

In recent years, OCWCOG's three-county region has faced a troubling increase in weather-related emergencies, including freezing temperatures, wildfires, flooding, and landslides. In August 2020, the Beachie Creek Fire burned approximately 50,000 acres in Linn County and 8,000 acres in Benton County, causing widespread destruction to homes, infrastructure, and natural landscapes. Recovery efforts have been ongoing as these communities work to rebuild. Similarly, in February 2021, record-breaking freezing temperatures led to power outages and hazardous road conditions. Flooding events in 2020 and 2022 swelled rivers, triggered landslides, and damaged infrastructure, prompting evacuations in flood-prone areas such as the Alsea River corridor. Landslides, exacerbated by heavy rains, have become increasingly common in the steep terrain of the Coast Range. These escalating weather events highlight the urgent need for improved preparedness and resilience efforts.

Emergency Planning for the Populations We Serve

Emergency planning is especially critical for agencies serving older adults and people with disabilities, as these populations face higher risks during disasters due to factors such as limited transportation access, reliance on medications or medical equipment, and difficulty evacuating or seeking shelter. For example, older adults with chronic health conditions may struggle to evacuate or manage without consistent care, while people with disabilities may require specialized assistance or accessible evacuation routes that are not always available.

The geographic spread of Linn, Benton, and Lincoln Counties adds further challenges. Rural and suburban areas may experience delayed emergency response times and limited resources, particularly in remote regions. With emergency services stretched thin, agencies must develop robust local emergency plans tailored to the needs of these populations. Effective communication is also crucial, as many older adults and individuals with disabilities rely on assistive devices or have sensory impairments that may hinder their ability to receive warnings.

Creating an up-to-date comprehensive emergency preparedness plan will allow OCWCOG to coordinate resources, disseminate vital information, and ensure that vulnerable individuals are not left behind.

Coordination and Agreements Around Emergency Response

OCWCOG will coordinate with emergency management agencies with all three counties and the Tribe by establishing clear communication channels and building strong partnerships with emergency response personnel. This includes developing joint emergency response plans, participating in cross-training and preparedness exercises, and ensuring culturally sensitive approaches. OCWCOG will also share resources, such

as emergency preparedness materials and logistical support, while engaging in regular meetings to discuss strategies, assess needs, and improve coordination.

OCWCOG's management will maintain ongoing relationships with local emergency managers, law enforcement, fire departments and emergency responders. OCWCOG will participate in local response exercises and planning. These planning exercises should include broad discussions regarding the vulnerable populations we serve and discuss certain high-risk populations that would require specialized response(s) by OCWCOG and emergency responders. When appropriate, department maintained lists of high-risk consumers should be shared with emergency responders so appropriate triage can occur in the response activities. In the case of an event that triggers the activation of the OCWCOG SDS Emergency Response Plan, the local Manager will connect with the local identified Emergency Operations Commander. At a minimum, the following will be discussed/communicated with the Emergency Operations Center (EOC):

- Current situations of agency operations, including agency resources available to help local recovery activities
- Shared list of high-risk consumers and planned actions for follow-up and check-in
- Any facility issues necessitating assistance or help from the Emergency Operations Center
- Date/Time of next update
- Regular updates and communication with the local EOC will be the responsibility of the onsite manager or OCWCOG's Communication Officer Officer.

After the Disaster

Proactive emergency planning also reduces the long-term impact of disasters on older adults and people with disabilities. Disruptions caused by disasters can exacerbate existing health conditions, increase the risk of injury or death, and cut off access to essential services. By prioritizing preparedness, OCWCOG can help maintain continuity of care and minimize long-term health complications for these populations.

In summary, emergency preparedness is essential to safeguarding the health, safety, and dignity of older adults and individuals with disabilities in Linn, Benton, and Lincoln Counties. OCWCOG plays a vital role in coordinating resources, ensuring accessibility, and developing comprehensive plans tailored to their needs. Proper planning not only enhances emergency response efforts but also helps maintain the quality of life for vulnerable individuals before, during, and after a crisis.

Focus Area – Emergency Planning and Response

Goal #1: Prepare the Department for Serving People in a Time of Crisis

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
				Start Date	End Date
1. Finalize a comprehensive emergency preparedness plan for the department.	a	Assess risks and identify essential services.	Program Managers and Director	7/1/2025	12/31/2025
	Accomplishment or Update				
	b	Develop and document clear Emergency Response Protocols that tie to agency COOP (Continuity of Operations Plan).	Program Director and Program Managers	1/1/2026	12/31/2026
	Accomplishment or Update				
	c	Coordinate with local and state emergency – find one contact in each county and meet quarterly.	Program Director	1/1/2026	6/30/2029
	Accomplishment or Update				
	d	Train staff and conduct emergency drills annually.	Program Director	7/1/2026	Annually
Accomplishment or Update					
	e	Review, test, and update the plan when needed and in December.	Program Managers and Program Director	12/1/2025	6/30/2029

		Accomplishment or Update			
Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)		
			Start Date	End Date	
2. Develop and launch an efficient emergency communication system to utilize with consumers.	a	Choose a text or call platform to more easily communicate with consumers in areas experiencing a disaster.	Program Managers and Tech Services	7/1/2025	12/31/2025
	Accomplishment or Update				
	b	Test roll out through a small pilot.	Program Managers and Staff	1/1/2026	3/31/2026
	Accomplishment or Update				
	c	Assess success of pilot operation.	Program Director and Tech Services	4/1/2026	4/30/2026
	Accomplishment or Update				
	d	Implement on a larger scale.	Program Director, Program Managers and Tech Services	5/1/2026	12/31/2026
Accomplishment or Update					
	e	Review after each emergency and change any areas of system that were not successful.	Program Director, Program Managers and Tech Services	5/1/2026	Ongoing
Accomplishment or Update					

Focus Area - Emergency Planning and Response

Goal #2: Provide Resources to Those Most at Risk in Our Communities During a Disaster

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
			Start Date	End Date
1. Purchase and deploy emergency supplies.	a Provide shelf stable meals to all MOW consumers including case managed and APS consumers labeled as high risk.	MOW Team, Case Managers, and APS Staff	7/1/2025	Ongoing
	Accomplishment or Update			
	b Provide emergency bags to high-risk consumers including those in very remote locations.	Case Managers and APS Staff	7/1/2025	Ongoing
	Accomplishment or Update			
Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
			Start Date	End Date
2. Create sustainable funding to continue to provide resources.	a Grant write for ongoing funding to restock supplies when needed.	Program Manager	7/1/2025	6/30/2029
	Accomplishment or Update			

Focus Area - Emergency Planning and Response

Goal #3: Support Training in Emergency Preparedness Tailored to the Population We Serve

Measurable Objectives	Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
			Start Date	End Date

1. Provide training to our staff and the community at large.	a	Complete an Emergency Preparedness Month “push” every September, developing training materials and outreach materials specifically tailored to the special needs of older adults and people with disabilities.	Program Managers and Program Director	7/1/2025	Annually
	Accomplishment or Update				
	b	Provide created materials to consumers, facilities and the public in our region.	Facilities and the public in our region	9/1/2025	9/30/2028
	Accomplishment or Update				
	c	Provide training on go bags to consumers showing them how to customize their bag for their specific needs.	Local Emergency Preparedness Partners	1/1/2026	6/30/2029
	Accomplishment or Update				
	d	Provide at least one training session every two years to staff on how to have their family and themselves be better prepared for an emergency.	Emergency Preparedness Partners	September 2026	September 2028
Accomplishment or Update					

Focus Area - Emergency Planning and Response
Goal #4: Provide Post Disaster Support

Measurable Objectives 1. Assess department emergency response systems to improve response.	Key Tasks		Lead Position & Entity		Timeframe for 2025-2029 (by Month & Year)	
					Start Date	End Date
	a	Complete after-action review after any wide spread disaster.	Leadership Team		9/1/2025	Ongoing
	Accomplishment or Update					
	b	Assess what went well, what we need to do better next time, and what kind of follow-up is needed.	Leadership Team		9/1/2025	Ongoing
	Accomplishment or Update					
	c	Complete any follow up actions identified and update and plans or tools based on assessment.	Leadership Team		9/1/2025	Ongoing
Accomplishment or Update						
Measurable Objectives 2. Provide post trauma care after wide spread regional emergencies.	Key Tasks		Lead Position & Entity		Timeframe for 2025-2029 (by Month & Year)	
					Start Date	End Date
	a	Work with local supports and resources to provide post trauma care for staff that aided during trauma inducing events.	Program Director		7/1/2025	Ongoing
Accomplishment or Update						

	<p>b Work with the Older Adults Behavioral Initiative (OABHI) contractors within our region to support consumers experiencing loss or trauma post disaster.</p>	<p>Program Director</p>	<p>7/1/2025</p>	<p>Ongoing</p>
<p>Accomplishment or Update</p>				
	<p>c Work with emergency personnel to support boots on the ground efforts of disaster recovery as possible.</p>	<p>Program Director</p>	<p>7/1/2025</p>	<p>Ongoing</p>
<p>Accomplishment or Update</p>				

Section D: OPI Services and Method of Service Delivery

D. 1 – ADMINISTRATION OF OREGON PROJECT INDEPENDENCE (OPI)

The Oregon Project Independence program provides services and assistance to residents who are between the ages of 19 and 59 with a disability, 60 years or older, or under 60 years and diagnosed as having Alzheimer's disease. Demographic information about all OPI consumers is entered into Oregon ACCESS (OA).

OPI participants can utilize a suite of services and supports aimed at allowing them to live in their home as independently and safely for as long as possible. These services may include case management, personal care, home care, adult day care services, home delivered meals, assistive technology, and chore services.

Initial screenings are conducted by a Resource Specialist in the ADRC call center who gathers information about the individual or family's needs and provides referral to internal OCWCOG programs as well as external community resources. Consumers and their families who are not able to or do not want to apply for Medicaid but require more information about resources, benefits, and long-term care services are referred to Option Counselors.

Options Counselors make phone contact with potential consumers and/or family members within 5-10 business days of receiving a referral to schedule a home visit and assessment. During the visit Options Counselors take a deeper dive into the needs and desires of the person they are working with and share a wide breadth of programs and resources. If OPI is decided to be the best fit for the individual's specific needs the case managers perform a functional assessment to determine the participant's ability to perform Activities of Daily Living (ADL). The assessment is based on observation and a consumer interview. The assessment tool then generates a Service Priority Level (SPL) which is the basis of program eligibility. Consumers with priority levels 1-15 are currently served under OPI in OCWCOG's service area.

Once eligible, the consumer plays an active role in determining how many hours per week/month they will need in the areas of personal care, home maker services, and chore services to remain independent in their own home. Options of using a Home Care Worker through the Client Employed Provider (CEP) program versus the option of using an in-home care agency are discussed as well as the benefits and costs of each option. Other community resources and supports that will augment the service hours are provided to develop a comprehensive support system. The Case Manager will complete a service plan in OA and process the plan through the appropriate channels for referral and payment of services.

OPI funds are limited. They are intended to supplement, rather than replace, existing support systems. These services provide valuable assistance, helping consumers maintain their independence. However, due to funding constraints, OPI services are not designed to fully address a consumer's complete care needs. Traditionally, case managers have worked to keep monthly service costs at around \$400 per consumer per

month with an ability to increase the number with Program Manager approval for short term scenarios, but living within these boundaries has been harder over the last several years with the increased cost of providing the services. The lack of clarity over future OPI Classic budget and knowing there will be significant cuts to that funding makes setting a monthly service amount impossible at this time.

Case Managers follow up with consumers within three to six months of the initial needs assessment to make sure that the plan is working or adjusted as needed and a reassessment is done annually to review and reevaluate current services. In addition, consumers can always ask for a reassessment because of a change in condition.

Many consumers enter the Long-Term Services and Supports system through referrals from partner agencies and the local healthcare system when they have experienced a healthcare crisis, or their current supports are no longer adequate. Individuals with the greatest risk factors often enter the system through APS. APS workers refer at-risk consumers to the ADRC Call Center and Options Counselors to assess for community resources and services. These cases are often a priority and OPI is regularly used to stabilize the situation. All other consumers are assessed on a first-come, first served basis. Funding is used to assist as many high-risk consumers as possible.

When consumers are determined ineligible at their initial assessment or during their annual review, or if they are going to experience a reduction or closure, the Case Manager will have a conversation to inform the consumer of the action prior to sending out any paperwork. After the conversation, the Case Manager will send a written notice to the consumer along with a copy of the formal complaint process and information on a consumer's right to grieve adverse eligibility or service determinations. The Program Manager will be made aware of any denials, reduction, or terminations of services prior to the notice(s) being sent, as the complaint process directs consumers to the local Program Manager with questions or concerns (see attached Appendix G, H, I for forms and processes regarding OPI). The OPI Case Manager will provide the consumer with information about other available community resources that may meet their ongoing need for assistance.

At initial enrollment, the Case Manager informs the consumer of the grievance procedure, they are provided a copy of the Reduction/Closure Grievance Policy. In addition, OPI brochures are given to all new consumers, which provides them of their right to file a complaint and the office contact information.

When the case is opened, the consumer is sent the Service Agreement form confirming the start of the OPI service. If housekeeping or personal care services are provided through an in-home care agency, the Case Manager sends a copy of the consumer service plan to the agency contractor to begin service and to inform them of the percentage to be billed to the consumer.

OPI is a program in which some consumers may have a cost share for services rendered. Fees for Home Care and Personal Care services are based on the fee schedule published

by the State of Oregon’s Department of Human Services. Each consumer receives a fee determination form outlining their fee calculation and maximum monthly payment. OCWCOG fiscal staff issue monthly statements to all OPI consumers with pay-ins. Collected fees are deposited into OCWCOG’s OPI Program Income account. These funds are exclusively allocated to support the OPI program. If a consumer regularly does not pay their monthly fee the case manager and program manager will staff the case and decide whether to waive the fee or proceed with closing the case for nonpayment.

A minimum one-time fee of \$25.00 is required for OPI consumers whose income does not mandate a cost share under the sliding fee schedule. Consumers are encouraged to contribute toward the cost of services as outlined in the OPI regulations. However, the \$25 fee can be waived with permission from a manager and failure to pay fees will not result in a denial of services.

OCWCOG has never had a waitlist for OPI services. If a waitlist is ever required by the agency, consumers on the OPI waitlist would be prioritized for services based on their Risk Assessment Score and the length of time they have been on the waitlist. The Risk Assessment score is determined by using the Department approved Risk Assessment Toll that takes into consideration the individual’s financial, physical, functional, medical, and social service needs. OCWCOG’s waitlist would be sorted first by Risk Assessment Score, to prioritize those with the greatest need, followed by waitlist duration.

Service providers are monitored through reporting requirements determined in the contract’s scope of work. Contract agencies for adult day services and home-delivered meals are monitored biannually through site visits. Site visits may entail the review of case files, employee records and practices, fiscal practices, and discussion of any findings or issues that may occur. All contract agencies are monitored through monthly fiscal audits of billings and unit reporting.

Cost of Authorized Services per Unit

Service Type	Provider	Rate
Home Care	Addus Health Care	\$32.00
	New Horizons	\$36.24
	Home Care Worker	\$24.83 - \$26.77
Personal Care	New Horizons	\$36.24
	Addus Health Care	\$32.00
	Home Care Worker	\$24.83 - \$26.77
Home Delivered Meals	OCWCOG MOW	\$9.54

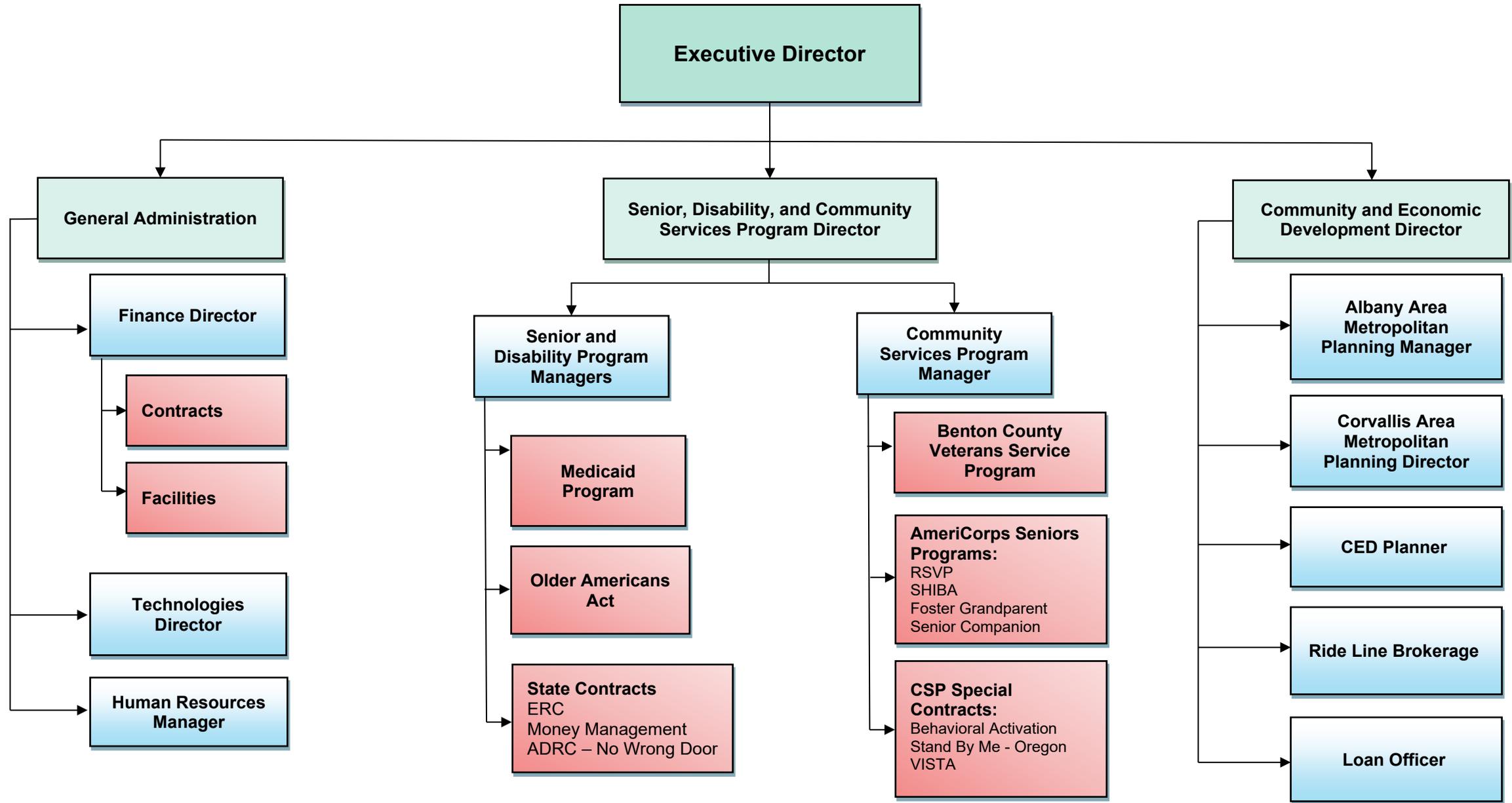
Adult Day Services	Grace Center	\$92.00 Full Day
		\$70.40 Half Day
Assistive Technology		Determined on a case-by-case basis
Chore Services		Determined on a case-by-case basis
Case Management	OCWCOG	\$ 60.00 hr.

Oregon Project Independence Medicaid (OPI-M)

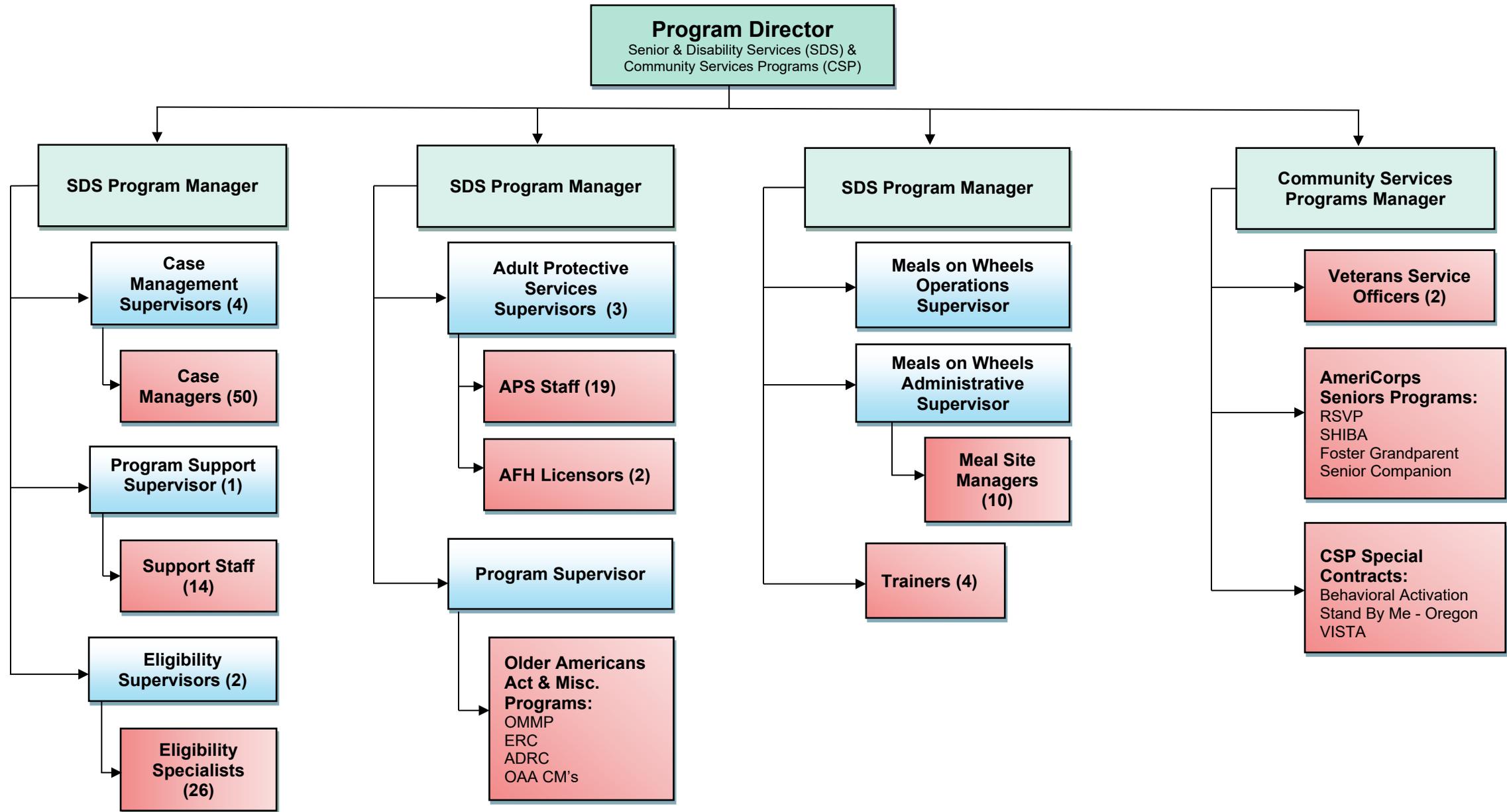
Aging and People with Disabilities (APD) is expanding the Oregon Project Independence (OPI) Program by leveraging Medicaid funds through the Oregon Project Independence-Medicaid (OPI-M) demonstration project, which launched in June 2024. Full implementation is anticipated by mid-2025. During this demonstration phase, OCWCOG will continue administering the current OPI and OPI Pilot programs while gradually integrating OPI-M. This new initiative will offer enhanced in-home caregiver hours and additional support services for Medicaid Long -Term Services and Supports (LTSS) populations, utilizing both state and federal funding.

After the demonstration project concludes program details are finalized, OPI-M will be incorporated into the next OCWCOG Area Plan. It’s not clear what the full effect of launching OPI-M will have on the Classic OPI program, any changes regarding this will also be addressed in future Area Plan updates.

Oregon Cascades West Council of Governments



Oregon Cascades West Council of Governments - Senior & Disability Services Organization Chart



2024-2025 OCWCOG Senior Services Advisory Council (SSAC)

BENTON COUNTY

	*	
Lee Strandberg Corvallis, OR 97330	Terri Fackrell <i>Vice Chair</i> Corvallis, OR 97330	Holly Bollman Corvallis, OR 97333

Mimi Chen
Adair Village, OR 97330

LINCOLN COUNTY

Bill Turner
Waldport, OR 97394

LINN COUNTY

*	*
Mitzi Naucner, <i>Chair</i> Albany, OR 97322	Kay McDonald Eugene, OR 97402

(*indicates Executive Committee)

Total number age 60 or over = 3
 Total number minority = 1
 Total number rural = 2
 Total number family caregiver/older relative caregiver = 0
 Total number self-identifying as a person with a disability = 0

2024-2025 OCWCOG Disability Services Advisory Council (DSAC)

BENTON COUNTY

* Allison Hobgood, <i>Vice Chair</i> Corvallis, OR 97330	* Suzanne Lazaro Corvallis, OR 97330
--	---

LINCOLN COUNTY

* Jan Molnar-Fitzgerald <i>Chair</i> Otis, OR 97368	* Michelle Giammona Newport, OR 97365
---	---

LINN COUNTY

Richard Montgomery, Corvallis, OR 97330	Gena Sellers Albany, OR 97322
--	----------------------------------

(*indicates Executive Committee)

Total number age 60 or over = 3
 Total number minority = 0
 Total number rural = 2
 Total number family caregiver/older relative caregiver = 1
 Total number self-identifying as a person with a disability = 1

2025 OCWCOG Board of Directors

BENTON COUNTY

*Pat Malone (CHAIR) Commissioner, Benton County Term Ends:	Vacant Adair Village	*Charles Maughan Mayor, Corvallis Term Ends:
Jeanni Cuthbertson City of Monroe Term Ends:	Christopher McMorran Mayor, Philomath Term Ends:	

LINCOLN COUNTY

*Claire Hall (VICE-CHAIR) Commissioner, Lincoln County Term Ends:	Bonnie Peterson Member, Confederated Tribes of Siletz Indians Term Ends:	Debie Poland Councilor, City of Depoe Bay Term Ends:
Kevin Hohnbaum Councilor, Lincoln City Term Ends:	Jan Kaplin Mayor, Newport Term Ends:	Gil Sylvia Commissioner, Port of Newport Term Ends:
Vacant City of Siletz	Rod Cross Mayor, Toledo Term Ends:	*Rick Booth Councilor, City of Waldport Term Ends:
Vacant City of Yachats		

(*indicates Executive Committee)

LINN COUNTY

*Sherrie Sprenger (Treasurer) Commissioner, Linn County Term Ends:	*Alex Johnson, II Mayor, Albany Term Ends:	Vacant Mayor, Brownsville
Scott Cowan Mayor, City of Halsey Term Ends:	Mike Caughey Councilor, City of Harrisburg Term Ends:	Vacant Councilor, City of Lebanon
Jeremy Romer Councilor, Millersburg Term Ends:	Joseph Parsons Councilor, Sodaville Term Ends:	Joshua Thorstad Councilor, Sweet Home Term Ends:
Loel Trulove Jr. Councilor, Tangent Term Ends:		
(*indicates Executive Committee)		

Appendix C – Public Planning Process

The development of the OCWCOG Area Plan was a collaborative process that involved gaining community input in a variety of ways and from multiple sectors across the region. Listening sessions to get the perspective of residents and stakeholders, surveys, roundtables, Council member and volunteer feedback, and information from line staff doing the “boots on the ground” work, were all important parts of assessing the needs, barriers, and gaps facing older adults and people with disabilities.

Community Partner Surveys - To gather input from community partners, a survey was created and distributed electronically. Surveys were sent in batches, one batch to community partners who work with shared consumers, and the other batches to three groups – those that serve Latino Community members, those that serve LGBTQ community members, and those that serve Tribal community members. All surveys provided valuable suggestions for addressing service gaps and barriers faced by older adults and people with disabilities in our community. The surveys sent to agencies that serve minority communities focused specifically on understanding the main barriers or issues those populations face when accessing services and benefits we manage. The data collected also helped assess the level of communication between OCWCOG and our community partners regarding services.

See attached Appendix C-1: Community Partner Survey language example.

Public Listening Sessions - Senior and Disability Services conducted three public listening sessions in Linn, Benton, and Lincoln counties and one virtual listening session to introduce recommendations for the 25-29 Area Plan focus areas to the community. E-invites, Facebook announcements and flyers were distributed in our tri-county service areas. The dates of these meetings were: Linn County January 17th, Benton County January 24th, Lincoln January 27th, Virtual February 27th.

See attached Appendix C-2: Flyer – for information shared about listening sessions.

Community Partner Agency Survey

A priority for Oregon Cascades West Council of Governments over the next four years is to be more inclusive, engaged with, and supportive of our community partner agencies who work with older adults, people with disabilities, and their caregivers. As a partner agency we work with frequently, your input on how we could better support this population is important. Please take a few minutes to fill out this short survey. Your time is greatly appreciated.

1. What is the name of the organization that you are answering for?

2. How often do you work/communicate with Senior and Disability Services about the needs of an older adult or person with disability you are trying to find resources for?

- Daily
- Weekly
- Monthly
- Rarely
- Never

3. Overall, how satisfied are you with the services you receive when you work/communicate with our agency?

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

4. What could we have done to improve your experience?

5. Do you think our organization effectively reaches older adults and people with disabilities in need?

- Yes
- No
- Unsure

6. Do you believe our services meet the needs of the community partners who serve the same individuals?

- Yes
- No
- Unsure

7. Do you feel knowledgeable about the services we provide?

- Very aware
- Somewhat aware
- Not aware

8. How do you typically learn about our programs and services? (can select multiple answers)

- Social media
- Word of mouth
- Email
- Events
- Information and Referral workers from our agency
- Other

9. Are there any resources or information you wish we provided that could enhance the work you do?

10. What are the issues facing older adults and people with disabilities, or services gaps in our communities, that our agency should focus on over the next four years?

11. What is your name? (optional)

12. What is your email address? (optional)

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.



Senior and Disability Services wants to hear from YOU!

Join us for an important community gathering “Listening Session” where we can learn together, share ideas, and provide valuable feedback.

Your voice matters!

Why Attend?

- **Learn:** Discover how we can better support older adults, people with disabilities, and their caregivers.
- **Share:** Offer your thoughts, ideas, and feedback on how we can improve our services.
- **Collaborate:** Connect with community partners and other consumers who share your goals and concerns.

Our Commitment

Over the next four years, our agency is focused on becoming more inclusive, engaged with, and supportive of older adults, people with disabilities, and their caregivers, as well as the agencies that serve them in our community.

Three opportunities
to attend:

January 17, 2025

1:30 – 3:30 PM

Albany Public Library

2450 14th Ave SE

Albany, OR 97322

January 24, 2025

1:30 – 3:30 PM

Corvallis Community

Center- Oak Room

2601 NW Tyler Ave

Corvallis OR 97330

January 27, 2025

1:30 – 3:30 PM

60+ Activity Center

20 SE 2nd Street

Newport, OR 97365

Light refreshments provided



Appendix D – Final Update from 2021-2025 Area Plan

Because of the dedicated work of the Oregon Cascades West Council of Governments staff, advocates, volunteers and leadership, we successfully accomplished many of the goals and objectives outlined in OCWCOG's 2021-2025 Area Plan. As part of our preparation for the 2025-2029 Area Plan, SDS is reflecting on those accomplishments as well as identifying areas where improvement could have been made, or we fell short of our goals. Thank you to the members of OCWCOG's Senior and Disability Advisory Councils who have been constant advocates and cheerleaders during the very challenging last four years. Below are some highlights of the work we have done in each of the Plan Focus Areas.

Information and Referral – ADRC Services

- Tabling events which came to a halt in the early years of the pandemic are back in full swing in our region with staff on average going to 2-3 such activities monthly.
- ADRC staff man these events taking brochures and providing content on how to access information and Referral services.
- Many of these activities were aimed at reaching underserved communities and populations such as Spanish Speakers (Festival Latino), LGBTQ people (PRIDE Festivals), and in rural parts of the region.
- Additionally, we continue to share ADRC information with different community groups across the three counties.
- We continued to advertise the ADRC over the radio, in print, and through social media.
- The ADRC database is up to date with 100% of all 305 listings updated within the last 12 months. Currently 1.3% (4 listings) need to be renewed. All of the listings that need to be renewed are less than 1 month old.
- We are fully staffed with call center agents and now have 5 full-time call takers.
- Two out of 5 ADRC staff have become Inform USA certified with the other 3 actively preparing for the test.
- A virtual assistance station was set up in our Corvallis office so people who walk into that location can talk to an ADRC agent virtually if that is their preference rather than driving to Albany or calling.
- OCWCOG completed the CSSU assigned self-monitoring process related to ADRC work in early 2024 and used it to assess ways to improve ADRC functions moving forward.

- We continue to try to figure out how to best use the No Wrong Door/ADRC contract to support Information and Referral and capture as many Federal Match dollars as possible.

Elder Rights and Legal Assistance

- The increased number of calls received by the APS screeners is a sign of the success of the team in meeting the goal of increasing outreach and bringing more awareness about abuse and neglect to our communities.
- We continue to contract with Legal Aid to support services for older adults and people with disabilities in our counties. At an average rate of about 12% per year of our allocated IIIB funding, we spend well over the 3% mandated by the Older Americans Act.
- Self-monitoring of our Legal Services Programming was completed in early 2025.
- Legal Aid staff interacts with COG staff regularly providing information about their program and our staff are excited to better understand the resource.
- A Legal Aid attorney is a member of our Advisory Council and is very active in providing insight and support that shapes COG programming.
- APS recruitment and retention continues to be a struggle meaning our bandwidth for supporting expanded elder justice initiatives has been difficult to come by. We do continue to hope that we can do more locally around Elder Justice efforts such as scam prevention moving forward.
- APS staff attend and are active participants in multidisciplinary teams in all three counties.
- Despite a 19% increase in the number of calls reporting abuse and neglect, and a 41% increase in facility investigations over the last 4 years, investigations continue to happen in a thorough and timely way, with 99% of reports being submitted within State required timelines.

Caregiver Resources

For Unpaid Caregivers:

- With the ending of public health restrictions, Family Caregiver Program staff are excited to be out in the community again, attending events aimed at supporting unpaid caregivers.

- The team completed outreach to all FCG participants reminding them of funds available and dispersed stipend funds to caregivers in the region.
- A survey of family caregiver participants is being developed to assess the success of the program and set goals for the next Area Plan.
- Funds were provided to local agencies to teach Powerful Tools for Caregiver and Savvy Caregiver class sessions across the three counties.
- Caregiver funds were provided to Tribal caregivers to go to the Native Caring Conference held in April 2023.

For paid care providers:

- A second Employer Resource Connection Staff was hired at the agency. These positions help support consumers who utilize Home Care Workers (HCW) to meet their care needs, the skills to recruit, interview, hire, train, and potentially terminate their care providers.
- A “Application and Renewal Specialist” position has been created within our In-Home Assistant team allowing Home Care Workers to have one point of contact to access the status of their application or receive specialized support related to the application process.
- Weekly “Home Care Worker Workshops” have been started in all three offices aimed at supporting Home Care Workers in accessing benefits and troubleshooting common errors when claiming time or mileage.
- Information about applying to be a HCW were supplied at all hiring events.

Health Promotion

- Over the last four years we have continued to provide financial support for several Evidence Based Health Promotion Programs operated by a variety of community partners across the three-county region.
- Requests for proposals were sought that supported underserved communities including those living in rural communities, unhoused, Latino, and Tribal older adults, non-English speakers, and LGBTQ individuals.

- All IID Health Promotion funding was used to directly fund contracts with providers and the money allocated for programming was all designated to programming early in the biennium.
- Behavioral Activation class series were offered over the last two years focused on reducing depression and loneliness by having participants set goals and becoming more active in their community.
- OCWCOG continues to be an integral part of the Regional Health Education HUB, a community collaborative which works to streamline referrals to evidence-based curriculum and make health education programming more sustainable.

Programs supported by the grants over the last four years were:

Agency	Program
Albany Helping Hands	Get That Van Moving
Albany Parks & Rec	Engage, Explore, Connect Seniors
Corvallis Comm Ctr – C3	Fit & Strong and Walk With Ease
Corvallis Day Time Drop-In Ctr	Senior Ctr. Assistance
Dev NW	Health & Financial Workshops
Grace Center	Financial Assistance & Shower Scholarship Programs
Lebanon Senior Center	Bingocize, Geri-Fit, Walk With Ease
Lebanon Senior Center	iPad Program
Lumina Hospice	Powerful Tools for Caregivers
Lumina Hospice	Grief Education & Support Program
North End Senior Solutions	Savvy Caregiver, Matter of Balance
Newport 60+ Activity Center	Grand Pads/Hotspots
SHS Health Education Dept.	Tomando Control
Mid-Willamette Family YMCA	Better Bones & Balance

Native American Elders

- SDS continues to be involved and attend Meet and Greet events between Area Agency on Aging and Title VII staff.
- Financial support was provided for Tribal Elder events such as the Elder Days conference.
- Supporting staff from the Coos, Lower Umpqua, and Siuslaw Tribes in Lane County in providing food for homebound Elders during the COVID 19 pandemic.

- We have been working to develop relationships with the staff that lead the Tribal Elders programs with the Confederated Tribes of the Siletz Indians. This work has had a lot of stops and starts because of the frequent turnover of Tribal staff, but we are excited to reestablished contact with the new Elders Coordinator and have several meetings scheduled over the next couple of months over a variety of issues.
- A dedicated staff that has a long-standing relationship with the Tribe (lifelong Siletz resident) has become our designated point of contact for questions or concerns related to our programming and how it serves Tribal Elders.
- OCWCOG staff were able to arrange a connection between Tribal Health Center staff and the State contracting team. The idea of a Tribal Navigator embedded with the Tribe was shared. An agreement has been signed, and the position is being recruited! Success!
- OCWCOG was invited to present SDS program information at a meeting of Tribal Elders.
- Family Caregiver funding was used to support Siletz caregivers who wanted to attend the Native Caring conference.
- Staff were part of the planning committee for the Tribal Meet and Greet that took place in Lincoln County last fall and OCWCOG sponsored a participant meal.
- The Siletz Meal site, which had been closed since COVID, experienced several roadblocks to reopen but now is finally open again for community dining and MOW delivery.
- Tribal and OCWCOG leadership met to discuss the idea of cooperatively supporting the Elder Visitor and Senior Companion program. Ongoing talks are scheduled.
- Gaining a more frequent audience with Tribal Elders remains difficult but continues to be something we strive for.

Nutrition Services

- Two new program supervisors have been hired to oversee program operations and administrative work for the Meals on Wheels Program ensuring excellence and making sure all required program standards are met.

- The implementation of the Serv Tracker software is complete.
- A volunteer recruitment and retention strategy has been developed, which included developing a volunteer manual, guidelines for training, standards of accountability, and better onboarding for all new volunteers.
- A MOW volunteer survey was completed.
- Volunteer appreciation is back on the docket in a more formal way after a hiatus of several years because of COVID. This coming year we hope to have several in-person volunteer appreciation events.
- An audit of our volunteer database has been completed making sure that all required steps in bringing on new volunteers have been accomplished including catching up on formally updating the database for volunteers that have been with the agency longer term and might have not had updated records. Specifically, all volunteers have documentation of background checks updated in the system.
- A required RFP was completed with partners Lane Council of Governments and Northwest Senior and Disability Services to seek a contractor for production of our food for the MOW program.
- The language in the food contract around deliverables were better defined to hold the contractor to standards for service delivery and quality assurance.
- Congregate dining has been reopened in eight of our eleven site locations to some level, but volunteer shortages, construction issues, and staff coverage issues have created a need for a slow roll out of congregate dining at some sites.
- The Corvallis Meal Site which was housed at the ELKS lodge in Corvallis has been moved back to the Corvallis Community Center (C3) where it was housed before a 2019 remodel of that building.
- MOWAA grants were awarded to OCWCOG in support of the MOW Pet Food program. The funds were used to create outreach videos about the program and support the purchase of food.

- The congregate dining program and MOW pet food program both went through a major rebranding and naming effort this last year. Now known as Connections Café and Paws and Claws, both programs have new logos for improved outreach.
- We were awarded a grant by the Department of Environmental Quality (DEQ) to support a reusable container pilot at our Corvallis MOW location.
- ARPA funds of almost \$250,000 were secured to support infrastructure improvements at all 11 congregate dining sites.
- Two rounds of shelf stable meals were purchased in FY 24-25 for MOW consumers to eat in the case of program closures.

Financial Wellness

- OCWCOG hired two housing specific positions to help support older adults and people with disabilities who were at risk of or were homeless, but ongoing funding has been cut, and the positions will not be refilled. The relationships the housing staff built with housing groups and agencies that support homeless populations was invaluable. We will miss having the positions.
- Stand By Me – A financial empowerment program which uses volunteer coaches to support participants in meeting their financial goals continues to grow.
- A new OCWCOG Money Management Program Coordinator has been hired and has slowly started to rebuild the consumer base which had been depleted through COVID and staffing changes.
- A new streamlined relationship with local SSA staff helped in growing the number of Rep Payee consumers.

Appendix E – Final Updates on Service Equity Plan Accomplishments

At OCWCOG, we believe that working toward service equity is essential to ensuring we provide the best possible support to older adults and people with disabilities in our community. As an Area Agency on Aging, we are deeply committed to addressing the unique needs of diverse populations, ensuring that all individuals—regardless of race, ethnicity, socioeconomic status, or background—have equal access to the services and resources they need. Our Service Equity Plan was created because equitable service delivery is a cornerstone of our beliefs. We continuously review and refine this plan, focusing on identifying disparities, eliminating barriers to access, and fostering an inclusive environment where everyone’s voice is heard. Through ongoing collaboration, data analysis, and feedback from those we serve, we strive to make meaningful improvements and ensure that equity remains at the forefront of all our initiatives. This plan is a living document, and we are committed to working tirelessly to uphold its principles and enhance the quality of care we provide to our region and the consumers we serve. Below are some highlights of the work we have done in the areas of service equity:

- A contractor was hired to support OCWCOG in implementing a DEI plan. The focus was to use these experts to guide leadership and the DEI Committee as we launch DEI initiatives and provide staff training across the agency.
- The original DEI contractor provided DEI training at the annual agency all staff meetings in 2024.
- A lack of follow through from the original DEI contractor led to ending the original relationship, but a new contract was obtained.
- The new contracting agency led DEI training at our 2025 all staff meeting – the training focused a lot on microaggressions and implicit bias.
- They will be providing training to agency leadership in April 2025.
- Our internal DEI Committee is very engaged and active and has recently been rebranded the CARE (Community, Awareness, Responsibility and Empathy) Committee.
- The Committee has hosted DEI specific events at COG including a PRIDE celebration and Juneteenth lunches where information was shared with staff.
- A newsletter is developed by the Committee to highlight and share information about different cultural events and celebrations that happen monthly.

- OCWCOG attends tabling events/celebrations across the communities that are focused on diverse communities – PRIDE celebrations in Linn and Lincoln Counties and Festival Latinos are a couple of examples.
- DEI was adopted as one of OCWCOG's values.
- A month of the year is dedicated to supporting the agency Value of DEI with toolkit provided to supervisors to support messaging around the value.
- HR hiring practices have been implemented to make sure job recruitments and postings are designed to be inclusive in nature.
- HR is assessing data about hires and comparing staff demographics with that of the larger community to assess success in hiring workers that reflect the population and region we serve.
- Training has been provided on how to interview to avoid discrimination and bias in hiring.
- Signage around the agency has been assessed for being person centered, inclusive, and trauma informed.

Continuity of Operations **(COOP)** **and** **Emergency Protocols**



Oregon Cascades West Council of Governments
1400 Queen Ave., SE
Albany, OR 97322

Updated: 9/2023

Introduction

This document contains the Continuity of Operations (COOP) plan for Oregon Cascades West Council of Governments (OCWCOG). It is the document containing the information needed to post-interruption decision-making and the agency's response to any disruptive or extended interruption of the organization's normal operations and services. This plan outlines an action plan appropriate for our clients, employees, and visitors in the event of an emergency. This plan identifies natural and man-made emergencies that may impact our operations as well as the community. It details the response procedures that should be followed in case of an emergency.

Purpose

The COOP plan is to be used as a guide whenever an event results in prolonged disruption of services provided by OCWCOG. Some examples include but are not limited to:

- Fire or other damage to the building
- Natural disasters such as earthquakes, flood or volcano
- Chemical Event
- Temporary loss of significant number of staff
- Damage or interruption to utilities, computer or telephone systems

Applicability and Scope

This Plan is based on a short-term (less than five business days) closure. If closure is for an extended period of time, all functions will resume operation as quickly as possible at a new and previously identified temporary long-term location.

A copy of this Plan is to be maintained by all OCWCOG managers and at each worksite. A backup copy of this Plan will be kept offsite by the Executive Director, the Deputy Director, and the Program Directors.

All OCWCOG employees have received a copy of the OCWCOG Employee Office Safety and Protection Guide. This guide is to assist employees in dealing with the emergency at-hand and the safety of building occupants. If

the building cannot be used, the OCWCOG Business Continuity Plan will be used.

The succession of events in an emergency are not predictable, hence, published support of operational plans will serve only as a guide and checklist, and will require modification during an event to meet the requirements of the emergency. Flexibility and rationality are keys to successfully managing an emergency. Our organization stresses human safety above material loss at all times.

The following people have been designated as the OCWCOG Continuity Planning Team.

Continuity Planning Team		
Andrea Turner	Toledo	541-270-5735
Alicia Lucke	Corvallis	541-609-8073
Ryan Schulze	Albany	971-701-3120
Randi Moore	Albany	541-990-5422
Jason Sele	Albany	541-788-7353
Marit Nelson	Albany	541-401-9094
Ryan Vogt	Albany	503-269-7523

Guiding Principles and Assumptions

- Every incident will be different, both in severity and in length of impact. The response needs to be flexible and meet the needs of the incident.
- Safety of staff and clients is the first goal, though efforts will be made to minimize damage to property.
- Responses will be made in cooperation with local emergency authorities and organizations according to the Linn-Benton Vulnerable

Populations Emergency Plan. Assistance will be available from outside our tri-county area through mutual aid agreements with County, State and Federal emergency services.

- Documentation of the event and all steps taken, decisions made, and funds expended are very important.
- Every event is stressful on all employees. If the response is likely to last more than a couple of days, plans should be made to rotate staff to allow for periods of rest.
- A major disaster event will likely affect the lives of many Linn, Benton and Lincoln County agency employees limiting, or preventing, them from performing shelter and care activities.
- A major disaster will likely result in loss of utilities, communication systems, and transportation systems making evacuation to mass care facilities difficult and may limit which mass care facilities can be used.
- Experience has shown that a high percentage of evacuees will seek lodging from friends or relatives rather than go to facilities during minor events or localized conditions.
- Additional services, including the care of special needs groups and crisis counseling, will be required from our agency.
- Many residents, especially those with special medical needs, may assume there will be local resources available to rescue them. Medically-fragile clients may not have access or transportation to regular services such as dialysis, oxygen or chemotherapy.
- Patients who normally receive home healthcare services may need to be accompanied by a caregiver to a shelter. In such cases, the caregiver should be transferred with the evacuee and permitted to remain with that person as the caregiver is able.

Activation of Plan

Decision Process

The Executive Director, or successor if the Executive Director is not available, will make the decision whether or not to implement the COOP. Communication of decisions will flow from the Executive Director to the Program Directors. Program Directors will be responsible for communicating to their unit Managers or designated staff and on down to their assigned staff. Section 2 of this Plan further describes the agency communication protocol.

Orders of Succession

Succession for the Agency will take place in the event the Executive Director is unavailable, debilitated, or incapable of performing their legally authorized duties, roles, and responsibilities.

Successors
Marit Nelson, Finance Director
Randi Moore, Senior and Disability Services Director
Ryan Schulze, Human Resources

Succession of each Department for the purpose of continuing operations is as follows:

PROGRAM	PRIMARY STAFF PERSON	FIRST BACK UP PERSON	SECOND BACK UP PERSON
Senior & Disability Service	Randi Moore	Rachel Sine	Lauren Fontanarosa
CED	Jaclyn Disney	Britny Chandler	Emma Chavez Sosa
Tech Services	Jason Sele	Jacob Blinn	Laura South
Human Resources	Ryan Schulze	Jesus Jara	Reina Avila
Finance	Marit Nelson	Brett Tieszen	

Each Program Director will also have a succession plan for each office. The Program Directors will communicate this plan with their Unit Management Team.

Employees are encouraged to have individual and family emergency plans. Being prepared themselves will keep them better equipped to help others in the event of an emergency. It is recommended to keep a five-day kit, stocked with food, water, blankets and other supplies.

Communications

Oregon Cascades West Council of Governments is registered with the Linn-Benton ALERT Emergency Notification System and with the Reverse 9-1-1 alert system in Lincoln County. If an event has been reported, the Executive Director will contact the appropriate county's Emergency Management program through the Sheriff's office to verify. A list of Emergency Resources can be found in the Appendices of this document.

Once the event has been verified, the following communications plan will be used:

Employees

During an event, we will assess which means of communication are still available to us and use the means closest in speed and form to the means that we have used in the past to communicate with the staff.

All OCWCOG managers, including the Facilities Maintenance Coordinator and the IT Manager, are required to maintain a cell phone for emergency contact purposes. Human Resources (HR) provides an updated emergency after-hours contact list to each person required to maintain a cell phone.

The Human Resources Manager will also provide an updated employee contact list to unit managers on a monthly basis.

Communication decisions will flow from the Executive Director to the Program Directors. Program Directors will be responsible for communicating to their unit Managers or designated staff and on down to their assigned staff.

The Executive Director will serve as the Public Relations Officer at an emergency scene. Only the Public Relations Officer (or a representative designated by the Executive Director) will provide statement to media personnel. Not all employees will have all of the pertinent information; therefore, employees will be instructed not to release any information to media personnel, and to provide "no comment" when approached for information by any member of the media.

The on-site Supervisors have been designated as Building Evacuation Supervisors. The Evacuation Supervisors will assist employees as needed during an evacuation and will take a head count of all employees in the building at the time.

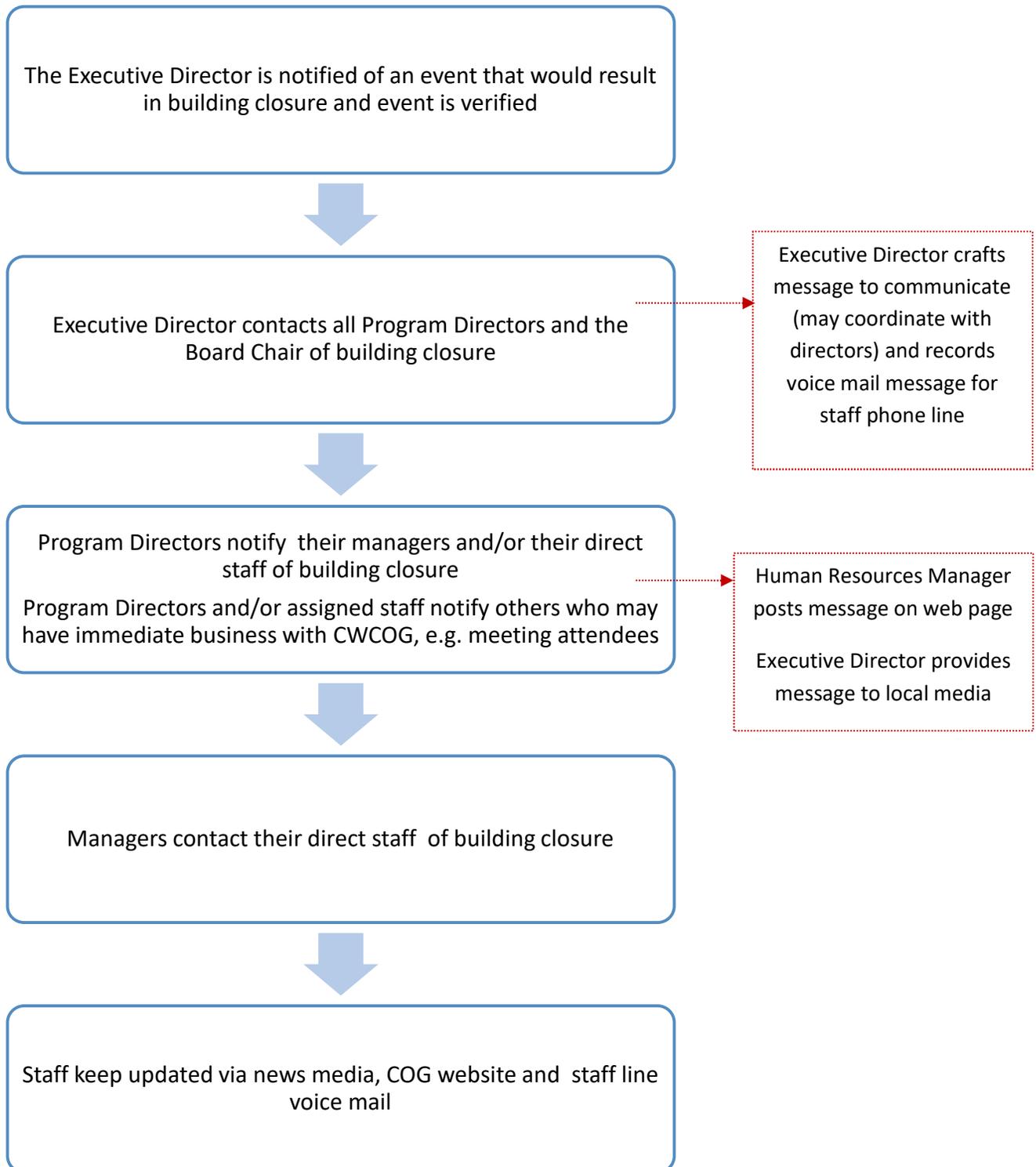
External internet-based communications will be posted by HR or Technology Services staff. OCWCOG is registered with FlashAlert News Wire, which notifies all television, radio stations, and newspapers within the Albany/Corvallis, Eugene/Roseburg, and Portland/Salem (includes Lincoln City and Newport) of any business continuity information that needs to be communicated to OCWCOG employees. The HR Manager is responsible for providing the necessary information to FlashAlert News Wire. If the HR Manager is not available, another assigned OCWCOG Continuity Planning Team member will contact FlashAlert.

If phone service to the affected worksite has not been obstructed, voicemail instructions will be recorded on the following Staff Information Lines:

Albany/Corvallis Staff Line	1-541-924-8434
	1-888-777-5958
Toledo Staff Line	1-541-336-2289
	1-800-354-1095

If an event should result in a building closure, the following chart illustrates the agency flow of communication.

Agency Flow of Communication



Communications to OCWCOG clients/customers and other people we do business with is as follows:

Clients/Customers

In the event that any of the OCWCOG buildings are closed to the public, information will be posted on the external website by HR, Communications, or Technology Services staff. Information will also be communicated to the public via FlashAlert News Wire, which notifies all television, radio stations, and newspapers within the OCWCOG service areas. The HR Manager, in coordination with appropriate department Directors, will be responsible for posting information on FlashAlert News Wire.

If feasible, information and instructions for our consumers will be posted by the OCWCOG Primary Responders on the outside doors of each affected worksite.

Shared Resource Organizations

In the event that any of the OCWCOG buildings are closed to the public and/or business services suffer interruption, other agencies should be notified and kept informed. The appropriate Program Directors, or assigned staff, will be responsible for communicating the status of OCWCOG operations with them. Shared resource organizations are found in the Appendices of this document.

Disaster Detection and Determination

Should there be an event that would potentially cause any of the COG buildings to be inaccessible, a primary responder will be responsible for assessing the building and reporting to the Executive Director. Designated Primary Responders are as follows:

Albany Building: **Facilities Maintenance Coordinator** and/or assigned back-up

Toledo Building: **Senior & Disability Services Program Manager** and/or assigned back-up

Corvallis Building: **Senior and Disability Services Director** and/or assigned back-up

Each Primary Responder will have an assigned backup should they be unavailable to assess their assigned building.

Each building has a Vendor Reference Manual that will provide contact information of building contractors. A list of primary vendor contacts is provided in the Appendices of this document.

Should an event happen, that could potentially compromise any of the OCWCOG facilities, the Executive Director will verify the event and then contact the appropriate Primary Responder for that building. The Primary Responder will assess the building using an assessment check-off list to determine damage and/or safety concerns and report back to the Executive Director.

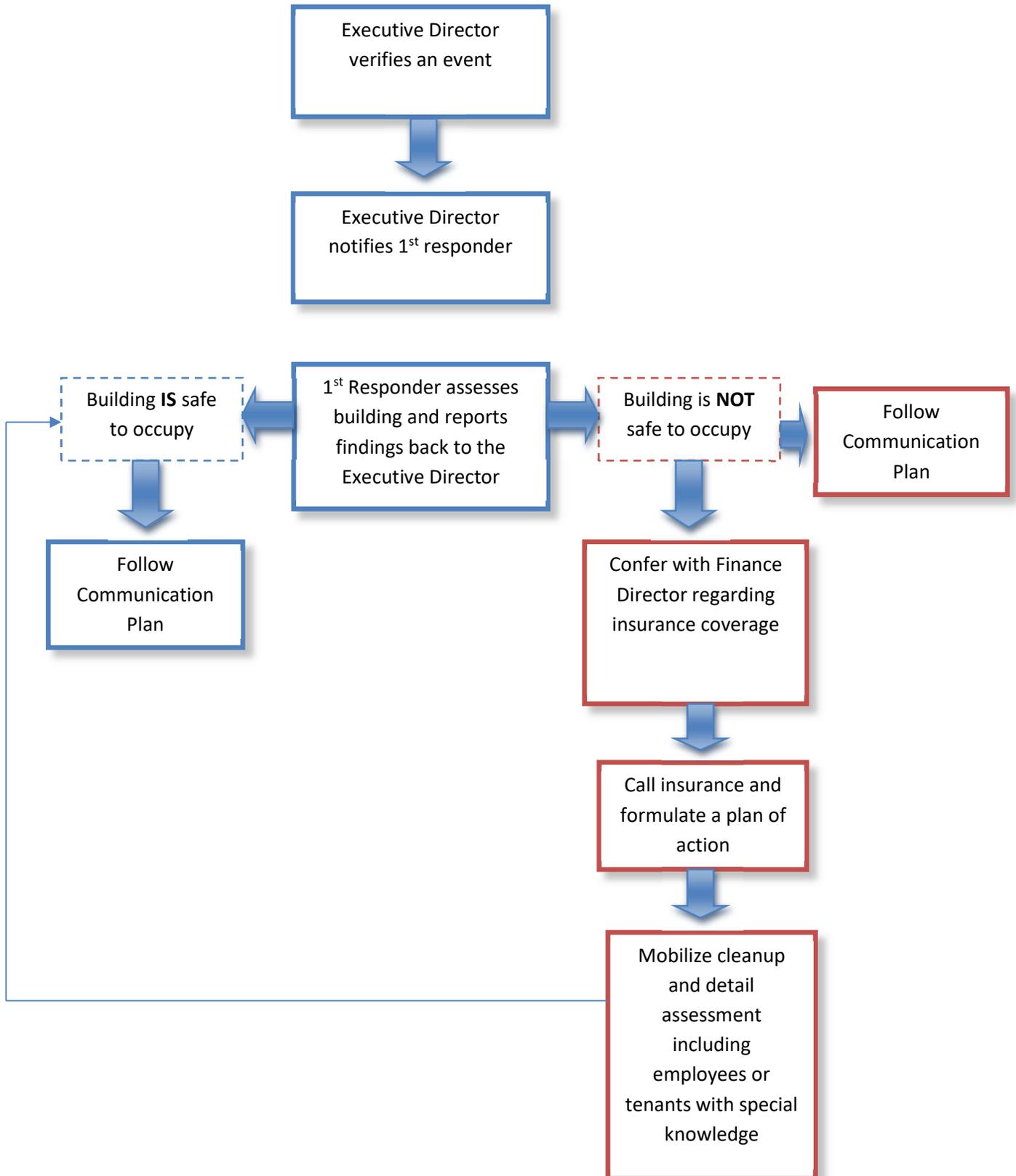
If the building is found safe to occupy, staff will follow the Communication Plan outlined in Section 1 of this manual.

If the building is not safe to occupy, staff and tenants will be notified per the Communication Plan. The Primary Responder and/or the Facilities Maintenance Coordinator will confer with the Finance Director regarding insurance coverage. The Facilities Maintenance Coordinator will contact the insurance company to formulate a plan of action to mobilize cleanup and

detail. A copy of City County Insurance Services' Claim Procedure can be found in the Appendices of this document. The Facilities Maintenance Coordinator will notify the appropriate vendors, and employees and building tenants who have the expertise needed to regain building operations.

The following flow chart illustrates detection and determination.

DISASTER DETECTION AND DETERMINATION FLOW CHART



Types of Hazards

Electrial Fire Hazards

Electrical system failures and the misuse of electrical equipment are the leading causes of workplace fires. Fires can result from loose ground connections, wiring with frayed insulation, or overloaded fuses, circuits, motors or outlets.

To prevent electrical fires, employees should:

- Replace worn wires.
- Use appropriately rated fuses.
- Do not use extension cords as substitute for wiring improvements.
- Use only approved extension cords.
- Check wiring in hazardous locations where the risk of fire is especially high.
- Check electrical equipment to ensure it is properly grounded or double insulated.
- Ensure adequate spacing while performing maintenance.
- Do not overload circuits with office equipment.
- Turn off nonessential electrical equipment at the end of each workday.
- Keep storage areas and walkways clear.
- Do not let trash and recycling accumulate.

General Fire Prevention and Procedures

Fire prevention is everyone's responsibility. Unsafe practices shall not be tolerated. The following safe practices are required of all staff members.

- Flammables and combustibles will not be stored near heaters, electrical appliances or other potential sources of ignition.

- Smoking is prohibited in public places and places of employment, which means smoking is prohibited in all OCWCOG buildings and within fifty (50) feet of a service line that extends out of doors.
- Do not block potential escape routes.
- Any gasoline, kerosene or cleaning solvents which must be stored inside must be stored in an approved container with identifying information readily visible.

Administrators shall present basic fire prevention training to all employees upon employment, and shall maintain documentation of the training. Portable extinguishers shall be maintained in fully charged and operable condition. Maintenance staff will provide upkeep of fire alarms and sprinkler systems throughout our facilities. All persons in their respective buildings need to know how to get out of the building in the event of a fire or other emergency. Fire exits should be clearly marked, identifiable and continually up kept by maintenance staff. In the event of an emergency, stairs should be used as preference to elevators.

Medical Emergencies

Major medical emergencies can include an array of conditions such as a fall, burns, choking, heart attack, poisoning, severe bleeding or stroke.

How to respond:

- Quickly assess emergency situation.
- Check for any additional immediate danger.
- Seek professional medical help as soon as possible.
- Avoid moving an injured person unless absolutely necessary.
- Wait until medical help arrives.
- Do not provide first aid or CPR unless you have been trained.

Natural Disasters

Hurricane

High winds, flooding and flying debris resulting from hurricanes can be extremely dangerous. Hurricanes typically affect coastal areas such as Lincoln County, but can also inflict damage far inland. A hurricane watch is issued when threat hurricane conditions are expected within 24-36 hours. A hurricane warning is issued when hurricane conditions are expected within 24 hours or less. The hurricane season typically lasts from July through November.

How to Respond:

1. It is essential that all employees stay indoors throughout the entire hurricane. During the peak of the storm for maximum protection, it is suggested that employees close doors and remain in hallways and/or spaces farthest from windows.
2. Employees should remain away from dangerous areas, such as glass windows.
3. Do not attempt to open windows or doors to see what is happening outside.
4. Employees should report all accidents, injuries, broken windows, or excessive water to a supervisor.
5. Telephone calls should be made only in case of emergency.
6. Keep in mind that everything is calm when the eye of the storm passes overhead. Do not venture outside, as the second half of the storm will follow shortly.
7. Do not use fire stairs to go to an adjacent floor where the elevator will be shut off. Do not go outside.

Tsunami

A tsunami can cause major damage and loss of life along coastal areas, such as Lincoln County. Traveling at speeds of up to 500 miles per hour, a tsunami wave can be among the most powerful destructive forces on Earth. These waves typically occur as a result of earthquakes giving little or no warning for nearby shorelines.

How to Respond:

1. Listen to broadcasts that keep citizens up to date of potential tsunami situations. National Oceanic and Atmospheric Administration weather radios are especially helpful in sending out immediate warnings and instructions. Local news stations are typically quick to respond and get the message out to the people in their listening area.
2. Listen carefully to instructions and follow them in order to remain as safe as possible until the all clear has been issued for your area.
3. Move away from the shoreline and seek higher ground and stay there. Tsunamis are not a single wave, but are instead a series of waves that are unpredictable. Do not return to low ground until the all clear signal has been given.

Earthquake

One of the most destructive phenomena of nature is an earthquake. An earthquake is a sudden, rapid shaking of the Earth, caused by the breaking and shifting of subterranean rock as it releases strain that has accumulated over a long period. This is followed by aftershocks.

How to Respond:

1. React quickly, but stay calm.
2. Move away from windows. Duck and cover or stand securely in a doorway to avoid falling debris.
3. Do not use elevators or stairs until identified as safe.
4. Expect fire alarms and sprinklers to activate.

Flood

Floods are the most common hazard for our tri-county area. Flooding can happen gradually or in an instant. Flash floods usually occur within a few minutes or hours of excessive rainfall or sudden rush of water held by an ice jam. Flash floods often have a dangerous wall of roaring water carrying rocks, mud and other debris. Overland flooding, the most common type of flooding, typically occurs when waterways such as rivers or streams overflow their banks as a result of rainwater. It can also occur when rainfall or snowmelt exceeds the capacity of underground pipes, or the capacity of streets and drains designed to carry flood water away from urban areas.

How to Respond:

1. Turn off main switches or valves if instructed to do so. Disconnect electrical appliances. Do not touch electrical equipment if you are wet or standing in water.
2. Keep a safe distance from flooded water. Avoid walking through moving water. Any amount of flooded water can cause a fall. If you have to walk through water, walk where the water is not moving. Use a stick to check the firmness of the ground in front of you.
3. Do not drive into flooded areas. If floodwaters rise around your car, abandon the car and move to higher ground if you can do so safely. You and the vehicle can be swept away quickly.
4. Do not camp or park your vehicle along streams, rivers, or creeks, particularly during threatening conditions.

Severe Winter Storm

A winter storm watch means severe weather is possible. A winter storm warning signals that severe winter weather is expected. A blizzard warning signals severe weather with substantial winds is expected. A Traveler's Advisory means that conditions may make driving unsafe. In some instances during extreme weather or other emergency conditions OCWCOG may close operations. SDS will notify employees if evacuation is necessary.

Bomb Threat

Anyone who receives a bomb threat should adhere to the following procedures in the order shown.

1. The person receiving the threat should remain calm and attempt to obtain as much information as possible from the caller.
2. Call 911. Give your name, location and telephone number. Inform the responder of the situation, reporting the exact words of the threat including information you may have as to the location of the threat, time of the threat and time you received the call. Emergency personnel will handle the evacuation if necessary upon their arrival.
3. Do not evacuate the building and do not sound the alarm, but wait for further instruction. Authorities will be responsible for necessary evacuation of buildings.
4. If you should spot something out of the normal that appears suspicious, report it to your supervisor. Under no circumstances should you touch, tamper with, or move objects that look out of place or confront persons acting suspicious.
5. Immediately cease the use of all wireless transmission equipment.
6. Record conversation if at all possible.
7. If the building is evacuated, move as far from the building as possible.
8. Keep the street, fire landings, hydrants and walkways clear to emergency vehicles and crews.
9. Do not return to the building until told to do so by emergency personnel.

Essential functions

Essential functions are those organizational functions and activities that must be continued under any and all circumstances.

OCWCOG has identified the following functions as essential and are those that cannot suffer interruption for more than 12 hours.

Priority	Essential Functions
1	Case Management
2	MoW
3	In-home client health and safety check
4	Medical transportation through Ride Line
5	Adult Protective Services

Each program has established protocols for emergency situations.

Technology Services

In the event the network has been compromised, the following protocol will be used in order to retain network services as quickly as possible:

- The first priority for Technology Services is to establish phone communications followed by remote access to the agency network. Secondary tasks will involve restoring agency critical services such as the Transportation Brokerage, and Oregon Access.
- Photos of the server room equipment and its location are included as a part of this Plan. Should emergency personnel be able to access the building, the IT Manager, or designee, will remove critical equipment, such as hard drives and backup tapes, if feasible.

- The State Department of Human Services (DHS) will be contacted to allow staff to access Oregon Access and other State programs from alternate locations.

A list of pertinent Technology Services Vendor information is provided in the Appendices of this document.

Telephones/Voice Mail

All phone lines can be forwarded to cell phones or other locations where a telephone line exists. Teams/3CX Phone lines can be forwarded by individual personnel immediately from the online 3CX or Teams apps as long as access to those cloud services still function. Fax lines can be adjusted by Technology Services staff with support from the phone provider. The published numbers are:

Albany: 541-967-8720 (GA), 541-967-8630 (SDS), 541-967-8551 (CED)

Corvallis: Same as Albany

Toledo: 541-336-2289

Ride Line: 541-753-2277, 541-924-8738, 541-812-2584

RSVP – 541-812-0849, 541-574-3721

ADRC – 541-812-2580

APS Screeners – 541-924-8418

VSO – 541-368-7100

Eligibility Information – 541-574-3712, 541-812-2001

Tech Support – 541-924-8401

Trainers – 541-924-4542

Staff Emergency Line – 541-924-8434

Shared CM Intake – 541-714-5800

HR – 541-574-3734

Computer and Remote Access

All staff have access to Microsoft 365 apps and shared files and have been set up with VPN access to the agency network. In the event the building(s) is not accessible, and the network has not been compromised, all staff with remote access can access emails and critical files and information stored on the network from their home or another location.

Computer connectivity priorities have been established as follows:

Priority	Program
1	Ride Line
2	Senior and Disability Services
3	ADRC
4	Veteran's Services
5	General Administration
6	LMS (Lending)

In-Home Client Health and Safety Check

A list of the most vulnerable of OCWCOG's clients is updated quarterly. This list consists of individuals who will not be able to function without aid during an emergency. This list is distributed to each of OCWCOG's managers in a sealed envelope to open only in the case of an emergency. Copies are also kept in a safe at each office location.

Senior Meals

Meal Sites are equipped with non-perishable foods for use when adverse weather or other emergencies prevent timely delivery of hot meals.

Meals on Wheels recipients are provided with emergency meal boxes stocked with non-perishable foods. These are to be used in the event of an emergency if volunteers cannot safely deliver hot meals.

VITAL RECORDS MANAGEMENT

Critical records of the agency have been identified in order for the continuation of business. Records required for business success, legal reasons, regulatory agency, and/or to support recovery efforts are listed to the extent possible. How records are stored and how they may be accessed are as follows:

Federal Records

Vital File, Record or Database	Form of Record (e.g., hardcopy, electronic)	Pre-positioned at Alternate Location	Hand Carried to Alternate Location	Backed up at Third Location
Program Management				
Receipt of Fed Funds				
Federal Grants	Electronic	Feds		
CFDA Numbers	Electronic			
SBA Loans		CWFS		
USDA/RDF 133&4				
EDA/RLF		LMS & Auditors		
EEOC Reports	Electronic	Department of Labor		
I-9's	Hard copy			

Emergency Operations Records

Vital File, Record or Database	Form of Record (e.g., hardcopy, electronic)	Pre-positioned at Alternate Location	Hand Carried to Alternate Location	Backed up at Third Location
Emergency Continuity of Operations Plan (COOP)	Hard copy and electronic	All Program Directors		
Staff contact and assignment information	Hard copy and electronic	Program Directors and Management Team		X
Orders of succession and delegations of authority	Hard copy and electronic	Included in COOP		
Agency Insurance Information	Hard copy	Barker Uerlings & CIS		
Policy, procedural and systems manuals	Hard copy and electronic			
List of credit card holders to purchase needed supplies	Electronic	US Bank		

Rights and Interest Records

Vital File, Record or Database	Form of Record (e.g., hardcopy, electronic)	Pre-positioned at Alternate Location	Hand Carried to Alternate Location	Backed up at Third Location
Agency Bylaws	Hard copy & electronic			
Articles of Agreement	Hard copy and electronic			
Articles of Incorporation	Hard copy in fire proof file cabinet			
Board Resolutions	Hard copy and electronic			
State & Federal Employer Identification Number Authorization	Hard copy in fireproof safe			
Audit Reports	Hard copy and DVD in fire proof safe			
Adopted Budgets	Electronic			
Payroll and Accounts Receivable	Electronic	NetSuite		
Personnel Files	Hard Copies			
Client Records	Electronic	State of Oregon DHS		

Vital File, Record or Database	Form of Record (e.g., hardcopy, electronic)	Pre-positioned at Alternate Location	Hand Carried to Alternate Location	Backed up at Third Location
COG Inventory	Hard copy and electronic			
Titles, deeds, and contracts	Hard copies in fire proof safe			

COOP Planning Responsibilities

All OCWCOG managers are designated as Emergency Relocation Team (ERT) personnel. The team members are responsible for ensuring that the elements of this Plan are activated and followed by providing leadership in a calm manner to enable the continuation of mission critical functions.

OCWCOG recognizes the importance of taking care of family first in order to be available to then serve the agency. Employees must be sure that their family is safe and secure prior to reporting to work. Employees should develop a personal “go kit” that includes the items their families will need if they have to evacuate or shelter in place. As well, employees should have an office “go kit” that includes the employee’s contact information.

The following table reflects COOP responsibilities for the agency:

Responsibility	Position
Update COOP plan annually.	Executive Director, Program Directors, and HR Manager
Update telephone rosters monthly.	HR Manager
Review status of vital files, records, and databases.	Tech Services Director, Finance Director, other Program Directors as appropriate
Conduct alert and notification tests.	HR Manager in coordination with the Program Directors
Develop and lead COOP training.	HR Manager
Plan COOP exercises.	HR Manager in coordination with the Program Directors

Test, Training, and Exercises

Training will be provided to all OCWCOG managers, and key personnel, in order to ensure consistent application of the Plan, when a crisis occurs, for continuity of operations.

- The Continuity Planning Team and key personnel will test the Plan to confirm whether or not procedures, processes, and systems function as intended.
- Managers will train their staff to ensure that all personnel know what to do, how to do it, and when it should be done during an emergency.

Designated managers will complete an After-Action Report regarding any emergency incidents. The Continuity Planning Team will review and analyze the data from the After-Action Reports to determine if there are any areas of improvement needed for the OCWCOG Business Continuity Plan.

COOP Plan Maintenance

Our Continuity Planning Team will meet annually to review this document, Continuity of Operations and Emergency Protocol, for necessary updates and revisions. Key evacuation routes, roster and telephone information, as well as maps and room/building designations of alternate locations will be updated as changes occur.

EMERGENCY RESOURCES

Linn and Benton County

AGENCY	PHONE
Linn Co. Sheriff <i>Emergency Management</i>	541-967-3901
Benton C. Sheriff <i>Emergency Management</i>	541-766-6864
Linn County Public Health <i>Albany</i> <i>Lebanon</i> <i>Sweet Home</i>	541-967-3888 541-451-5932 541-367-3888
American Red Cross	541-926-1543

Lincoln County

AGENCY	CONTACT PERSON
Lincoln Co. Sheriff <i>Emergency Management</i>	541-265-0651
American Red Cross	541-265-7182
Reverse 9-1-1	9-1-1

State of Oregon

AGENCY	CONTACT PERSON
DHS Public Health Division	971-673-1222

Radio Stations

STATION	PHONE NUMBER	CITY	RADIO DIAL
KRKT	541-917-0212 early am 541-926-8628 office FAX 541-928-1261	Albany	990AM/1240AM 1340AM 106.3FM/99.9FM
KSHO KGAL	541-926-8683 FAX 541-451-5429	Albany	920AM 1580AM
KHPE KWIL	541-926-2431 FAX 541-926-3925	Albany	107.9FM 790AM
KLCC	800-922-3682 541-463-6000	Eugene	89.7FM
KBCH	541-994-2181	Lincoln City	1400 AM
KNPT KYTE	541-265-2266	South Lincoln Co.	1310 AM 102.7 FM
KFIR	541-367-5115 —Steve (after 4:30am)	Sweet Home	720 AM
KORC	541-563-5100 FAX 541-563-5116 Email: bet8@korcam820.com	Waldport	820 AM

Appendix G – Oregon Cascades West Council of Governments Conflict of Interest Policy

Purpose

Oregon Cascades West Council of Governments (OCWCOG) is committed to ensuring that the activities of agency staff reflect service to the mission of the agency and the highest ethical standards. The Human Resources (HR) office engages with staff to ensure that agency business, the use of agency resources, and staff roles outside the agency do not present a conflict of interest. OCWCOG HR ensures that any conflict is resolved in a way that will not impact the business or services OCWCOG provides, or the perception or reputation of the agency.

Description

This policy describes the circumstances under which agency staff are responsible for evaluating their activities or relationships outside OCWCOG for the possibility of personal gain or influence using OCWCOG resources or information.

Applicability

This policy applies to all OCWCOG staff including employees, volunteers, trainees and interns. As keepers of the public trust, all employees have a responsibility to comply with agency policies, administrative rule, and state and federal law. The agency takes this responsibility seriously and failure to fulfill this responsibility is not treated lightly. Employees who fail to comply with agency policy, administrative rule, or state and federal law may face progressive discipline, up to and including dismissal.

Policy

1. It is a conflict of interest for OCWCOG staff to:
 - a. Use information or resources accessed through their employment for personal gain, whether their own or others.
 - b. Engage in personal activities or roles that could reflect negatively on OCWCOG.
2. OCWCOG staff shall report any potential conflict of interest to HR using the Conflict-of-Interest Declaration Form.
3. Conflicts of interest may occur through relationships with any individual, including:
 - a. OCWCOG service recipients or their family members.
 - b. Vendors, providers, or contractors.

- b. Co-workers or other professional associates.
 - c. Participation or membership in community groups, boards or professional associations.
 - d. Family or other personal relationships.
4. The appropriate OCWCOG authority, as determined by the Executive Director, shall review and make a determination about potential conflicts of interest that result from any outside relationships or opportunities that involve OCWCOG staff or business, including:
- a. Personal or professional relationships.
 - b. OCWCOG service recipients or their families.
 - c. Non-OCWCOG employment.
 - d. Board or commission memberships.
 - e. Expert witness activities.
 - f. Commercial gain.
5. OCWCOG staff shall not use their positions to:
- a. Obtain favors or other personal or financial benefit.
 - b. Grant favors or unwarranted benefits.
6. OCWCOG staff should not establish personal relationships with individual service recipients to whom the staff member has case responsibility or provides services.
7. OCWCOG staff shall receive approval from HR before providing services that could create a conflict of interest with their employment responsibilities, including:
- a. Working with service recipients, or the service recipient's families, authorized representatives, or payees with whom the staff member has or has had personal or family relationships.
 - b. Developing personal relationships outside of OCWCOG with service recipients, their families, authorized representatives, or payees with whom they have or have had personal or family relationships.
 - c. Accepting secondary employment by an agency that contracts with OCWCOG.

- d. Working for agency service recipients.
8. OCWCOG staff shall receive approval from HR before receiving compensation (financial or other) from public or private agencies, businesses, individuals, or organizations. Staff shall not:
 - a. Be compensated for work that is considered part of their agency job.
 - b. Use OCWCOG equipment or copyrighted material obtained with public funds for activities related to outside employment.
 9. OCWCOG staff working for compensation outside their agency employment (moonlighting) shall not accept employment that:
 - a. Interferes with performance of their agency job duties.
 - b. Reflects negatively on the agencies.
 - c. Involve unethical practices that could impact their ability to perform their agency job duties.
 10. OCWCOG staff shall receive approval from HR before participating as a member of any public or private board or commission not required by employment. HR shall ensure that:
 - a. Membership does not conflict with OCWCOG job duties.
 - b. Staff provide a statement to the board or commission that the membership position does not represent OCWCOG.
 11. OCWCOG staff shall receive approval from HR before providing any expert witness testimony outside their assigned job duties if the testimony is related to their assigned job duties.
 12. Staff may accept compensation for expert testimony, speaking engagements, or activities outside their job duties if:
 - a. Their preparation for and presentation of the testimony are entirely on their own time.
 - b. They use no OCWCOG resources in their preparation and participation
 - c. They make clear that their preparation and participation are not part of their job duties or as an employee of OCWCOG.

13.OCWCOG staff shall not solicit money or other gifts related to the performance of their duties.

14.OCWCOG staff shall consult with HR when gifts or honoraria are being offered.

a. Staff may retain honoraria only if their preparation for and participation in the activities for which the honoraria are offered are entirely on their own time, no OCWCOG resources are used in preparation and presentation, and staff make clear that their preparation and participation are not as employees of OCWCOG.

b. Staff shall not accept gifts related to the performance of their job duties and shall report to HR offers of gifts, gratuities, or favors related to the performance of their job duties.

c. Staff shall not accept gifts unless the gifts are unrelated to their OCWCOG duties.

15.OCWCOG staff shall not use information obtained through their employment for personal gain. Staff shall not:

a. Sell, buy, trade, negotiate, or accept any services or items from service recipients.

b. Knowingly conduct or negotiate business matters with former consumers.

16.OCWCOG staff who are uncertain about whether alternative employment, relationships, opportunities or gifts may impact their ability to perform their job performance or responsibilities and create a conflict of interest shall contact their supervisor and request a determination from their appointing authority.

References ORS 25.260 ORS 244 OAR 137-055-1140 and 137-055-1145 The Public Officials Guide; Forms referenced Conflict of Interest Declaration



Senior & Disability Services

1400 Queen Ave SE • Suite 206 • Albany, OR 97322
(541) 967-8630 • (800) 638-0510 • TTY (541) 924-8402



Date _____

Name _____

Address _____

This is to confirm that on _____, your Oregon Project Independence service will be:

- Denied
- Closed

The reason for this action is being taken:

- Your care needs do not meet program guidelines.
- You have not hired a homecare worker.
- You have not paid your monthly service contribution.
- Other: _____

_____ Case Manager (name and phone number)

_____ Date

If you have any questions regarding this notice or you feel that this action was taken in error, you may appeal the decision by filing a grievance within ten (10) business days of the date of this notice to the Senior & Disability Services Program Manager:

Lauen Fontanarosa
(541)248-5441
lfontanarosa@ocwcog.org

The Program Manager will schedule a meeting with you within ten (10) business days of receiving your grievance. You and your representative, if any, will be notified of the date, time, and location of this meeting. Your rights will be set forth at the meeting per the agency grievance procedure.

If you contest the action taken above to deny or terminate your service, you will continue to receive OPI services until the outcome of your formal grievance is known.

Appendix I – OPI Service Reduction/Closure Grievance Procedure

1. If service hours for an OPI consumer are reduced or closed, and the consumer disagrees with the action, they have the right to present information about their case to the agency.
2. Consumers must request a grievance review within 10 days of receiving written notice of a decrease or closure in OPI service hours. If they do not request a grievance review during that period, they have forfeited their opportunity to do so.
3. Consumers have the right to present their information in person, with legal counsel, to the Program Director of Senior & Disability Services, before services are terminated. The consumer's case will remain open until final determination is made.
4. The agency decision, although informal, must state the reasoning, facts and rules upon which the decision maker at the grievance review relied.
5. Service hour reduction/closure can proceed once the grievance review is completed and the denial upheld.
6. If, after the grievance process, the consumer still disagrees with the local agency's decision, the consumer has the right to request an Administrative Review by the State Aging and People With Disabilities (APD) Community Services and Supports Division (CSSU).
7. In the Administrative Review, CSSU will review the following issues:
 - Whether Cascades West Senior Services' service priorities are established in policy, are consistently applied and do not contradict State statute/rule.
 - Whether service determination is individualized.
 - Whether the consumer has been informed of the agency's service priorities, grievance policies and right to participate in a grievance review.
 - The notification process was complete and timely; and
 - The consumer has been offered the opportunity to explore alternative services.

Appendix J – Partner Memorandums of Understanding

Oregon Cascades West Council of Governments is a type B Medicaid Transfer Agency foregoing appendix H, Partner Memorandum of Understanding.

Appendix K – Statement of Assurances and Verification of Intent

For the period of July 1, 2025, through June 30, 2029, the **Oregon Cascades West Council of Governments (OCWCOG), Senior and Disability Services (SDS)** 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, **OCWCOG, SDS** 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 **OCWCOG, SDS** 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

(l) 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 areawide 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.

The further assures that it will:

With respect to legal assistance —

(A)

- (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) assure 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.

(C) 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.

With respect to services for the prevention of abuse of older individuals—

(A) when 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) active participation of older individuals participating in programs under the OAA 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
- (iii) referral of complaints to law enforcement or public protective service agencies where appropriate;

(B) 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.

If a substantial number of the older individuals residing in the planning and service area are of limited English-speaking ability, the area agency on aging for each such planning and service area is required—

(A) to utilize in the delivery of outreach services under OAA 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 the OAA; 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.

Conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to OAA 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.

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 Oregon Cascades West Council of Governments (OCWCOG), Senior and Disability Services (SDS) shall publicize the hearing(s) through legal notice, mailings, advertisements in newspapers, and other methods determined by the AAA to be most effective in informing the public, service providers, advocacy groups, etc.

Date

Director, OCWCOG, S&DS and CSP

Date

Legal Contractor Authority

Title

SERVICE MATRIX and DELIVERY METHOD

Instructions: Indicate all services provided, method of service delivery and funding source. (The list below is sorted alphabetically by service.)

#5 Adult Day Care

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency): a e ente o A ult a e vi es 980 p u e Ave o vallis R 97330

#20-2 Advocacy

Funding Source: OAA OPI Other Cash Funds

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

Contracted Self-provided

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

#16/16a Caregiver Case Management

Funding Source: OAA OPI Other Cash Funds

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

Contracted Self-provided

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

#15/15a Caregiver Information Services/Information and Referral

Funding Source: OAA OPI Other Cash Funds

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

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency): Grace Center for Adult Day Services, 980 NW Spruce Ave, Corvallis, OR 97330

#73/73a Caregiver Self-Directed Care

Funding Source: OAA OPI Other Cash Funds

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

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency): Assu e n epen en e 3125 olb Ave te ve ett A 98201 o p o it

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

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency): Lumina Hospice & Palliative Care, 720 SW 4th St., Corvallis, OR 97330
a e ente o A ult a e vi es 980 p u e Ave o vallis R 97330

#70-9/70-9a Caregiver Training

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency): Lumina Hospice & Palliative Care, 720 SW 4th St., Corvallis, OR 97330

#6 Case Management

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#3 Chore (by agency)

Funding Source: OAA OPI Other Cash Funds

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

#7 Congregate Meals

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency): R o unit eals o 742992 Atlanta A 30374 o p o it

#80-4 Consumable Services

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#50-1 Elderly Abuse Prevention (50-1 Guardianship/Conservatorship; 50-3 Elder Abuse Awareness & Prevention; 50-4 Crime Prevention/Home Safety; 50-5 LTCO)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#40-4 Health Promotion: Evidence-Based (Access)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#40-2 Health Promotion: Evidence-Based (40-2 Physical Activity and Falls Prevention; 40-4 Mental Health Screening and Referral; 71 Chronic Disease Prevention, Management/Education)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency): i illa ette alle A 3201 a ii lv . Alban R 97321 u ina ospi e 720 4t t. o vallis R 97333 ebanon enio t. 80 an ent t ebanon R 97355 o p o it o vallis o unit ente 2601 le Ave o vallis e on 97330 o p o it

#40-3 Health Promotion: Non-Evidence-Based (Access) (40-3 & 40-4)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency): ebanon enio t. 80 an ent t ebanon R 97355 o p o it

#40-5 Health Promotion: Non-Evidence-Based (In-Home) (40-5 & 40-8)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency): Assured Independence, 3125 Colby Ave Ste B, Everett, WA 98201-for profit

#4 Home Delivered Meals

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency): Trio Community Health, PO Box 7153 Salem, OR 97303 "for profit". OCWCOG operates meal sites.

#30-1 Home Repair/Modification

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#2 Homemaker (by agency)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency): Addus Health Care Inc., 2300 Warrenville Rd., Ste. 100, Downers Grove, IL 60515 "for profit". New Horizons In Home Care, 3125 Chad Dr., Ste 290, Eugene, OR 97408 "for profit"

#2a Homemaker (by HCW) Funding Source: OAA OPI Other Cash Funds

#13 Information & Assistance

Funding Source: OAA OPI Other Cash Funds

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

Contracted Self-provided

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

#11 Legal Assistance (50-1 Guardianship/Conservatorship; 50-3 Elder Abuse Awareness & Prevention; 50-4 Crime Prevention/Home Safety; 50-5 LTCO)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency): Legal Aid Services of Oregon, 433 4th Ave SW, Albany, OR 97321

#8 Nutrition Counseling

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#12 Nutrition Education

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#70-2 Options Counseling

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#900 Other – Computer Technology Expense

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#60-1 Other Services (60-1 Recreation; 70-8 Fee Based CM; 80-5 Money Management; 80-6 Center Renovation/Acquisition)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency): Alban a s Re eation 333 oa albin t Alban R 97321

#70-8 Other Services - Fee-based Case Management - Access

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#901 Other (specify)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided - purchased fans for consumers during heatwave

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

#14 Outreach (14 Outreach; 70-5 Newsletter; 70-10 Public

Outreach/Education)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#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 Healthcare, 2300 Warrrenville Rd., Ste. 100, Downers Grove, IL 60515 "for profit".
New Horizons, 3125 Chad Dr., Ste 290, Eugene, OR 97408 "for profit".

#1a Personal Care (by HCW)

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

#20-3 Program Coordination & Development

Funding Source: OAA OPI Other Cash Funds

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

Contracted Self-provided

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

#30-4 Respite Care - Other (IIB/OPI)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#72 Self-Directed Care

Funding Source: OAA OPI Other Cash Funds

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

Contracted Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency): o vallis a ti e op in ente 530 4t t o vallis R 97333

#10 Transportation

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#60-4 Volunteer Services

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

#90-1 Volunteer Services (In-Home)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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



ODHS/APD COMMUNITY SERVICES & SUPPORTS UNIT
 500 Summer St NE, MS E-12 • Salem OR 97301

REQUEST to PROVIDE REDUCED MEALS

CSSU use only	Approved <input type="checkbox"/> Y <input type="checkbox"/> N	Date:	CSSU Initials:
---------------	--	-------	----------------

Date: 5/26/2025	AAA: Oregon Cascades West Council of Governments		
Contact Name: Scott Harper	Tel: 541-924-8455 x238		
Email: sharper@ocwcog.org	Contract # 160434		

Please submit as part of the AAA Area Plan. (If submitting between plans, prior to a planned reduction in meals, submit to the CSSU at SUA.Email@odhsoha.oregon.gov and reference Nutrition Approval in subject line)

Request for approval for a AAA nutrition program to offer meals less than five days/week in a county must be submitted for approval by the CSSU with each new Area Plan, or prior to a reduction in meals that occurs during an existing approved Area Plan.

Congregate Nutrition Services OAA Section 331(1): Five or more days a week (except in a rural area where such frequency is not feasible and a lesser frequency is approved by the State agency), provide at least one hot or other appropriate meal per day and any additional meals which the recipient of a grant or contract under this subpart may elect to provide.

Home-Delivered Nutrition Services OAA Section 336(1): Five or more days a week (except in a rural area where such frequency is not feasible and a lesser frequency is approved by the State agency), at least one home delivered meal per day, which may consist of hot, cold, frozen, dried, canned, or fresh foods, and supplemental foods and any additional meals that the recipient of a grant or contract under this subpart may elect to provide.

Please complete the following for each county where OAA meals are offered less than 5 days/week:



ODHS/APD COMMUNITY SERVICES & SUPPORTS UNIT
500 Summer St NE, MS E-12 • Salem OR 97301

County: **Lincoln**

Average number of older adults currently being served -

congregate: **185 (average monthly served)**

home-delivered: **222 (average monthly served)**

Proposed days and location(s) for meals to be provided:
Waldport, Newport, Toledo/Siletz, and Lincoln City sites will be open on Monday, Wednesday, and Friday. For Tuesday and Thursday, participants will receive a frozen meal.

Please provide rationale for request: **Current service area in Lincoln County includes very rural homes that we are delivering too. Due to limited funding and a small volunteer pool, we are unable to facilitate having the four sites open more than three days per week.**

Last updated: 1-18-24

Benton County

Meal Site	Service Days for HDM's	Additional Services Provided	Average Monthly Participation HDM's & Congregate	Days of Operation & Serving Times
Corvallis Corvallis Community Center 2601 NW Tyler Ave, Corvallis OR 97330 Ph: 541-223-1005	M – F 10:30 am – 12:30 pm	Shelf Stable	3506 HDM's 57 Congregate	Congregate Dining M – F Serves at 12:00

Lincoln County

Meal Sites	Service Days for HDM's	Additional Services Provided	Average Monthly Participation HDM's & Congregate	Days of Operation & Serving Times
Lincoln City Lincoln City Community Center 2150 NE Oar Place Lincoln City, OR 97367 Ph: 541-994-7731	M, W, F 10:30 am – 12:30 pm	Shelf Stable	2872 HDM's 25 Congregate	Congregate Dining Wednesday Only Serves at 12:00
Newport Newport 60+ Activity Center 20 SE 2nd Street Newport, OR 97365 Ph: 541-574-0669	M, W, F 10:30 am – 12:30 pm	Shelf Stable, Congregate Pickup	1747 HDM's 144 Congregate	Congregate Dining M, W, F Serves at 12:00
Siletz Confederated Tribes of Siletz Indian Community Center 402 Government Hill Siletz, OR 97390 Ph: 541-812-2591	T & Th 10:30 am – 12:30 pm	Shelf Stable	527 HDM's 3 Congregate	Congregate Dining T & TH Serves at 12:00

Toledo Trinity Methodist Church 383 NE Beech Street Toledo, OR 97391 Ph: 541-812-2591	M & W 10:30 am – 12:30 pm	Shelf Stable	494 HDM's 129 Congregate	Congregate Dining Friday only Serves at 12:00
Waldport South County Community Center 265 Hemlock Street Waldport, OR 97394 Ph: 541-563-8796	M, W, F 10:30 am – 12:30 pm	Shelf Stable	1261 HDM's 75 Congregate	Congregate Dining M, W, F Serves at 12:00

Linn County

Meal Sites	Service Days for HDM's	Additional Services Provided	Average Monthly Participation HDM's & Congregate	Days of Operation & Serving Times
Albany Riverfront Community Center 489 Water Avenue, NW Albany, OR 97321 Ph: 541-967-7647	M – F 10:30 am – 12:30 pm	Shelf Stable, Congregate-Pickup	4918 HDM's 76 Congregate	Congregate Dining Wednesday only Serves at 12:00
Brownsville Brownsville Christian Church 117 N Main Street Brownsville, OR 97327 Ph: 541-466-5015	T & Th 10:30 am – 12:30 pm	Shelf Stable	513 HDM's 40 Congregate	Congregate Dining Tuesday only Serves at 12:00
Lebanon Lebanon Senior Center 80 Tangent Street Lebanon, OR 97355 Ph: 541-451-1139	M – F 10:30 am – 12:30 pm	Shelf Stable, Congregate Pickup	2481 HDM's 310 Congregate	Congregate Dining M - F Serves at 12:00
Mill City Presbyterian Church 236 W Broadway Mill City, OR 97360 Ph: 503-897-2204	T & Th 10:30 am – 12:30 pm	Shelf Stable	327 HDM's 268 Congregate	Congregate Dining T & TH Serves at 12:00

Sweet Home Sweet Home Senior Center 880 18th Street Sweet Home, OR 97386 Ph: 541-367-8843	M, T, F 10:30 am – 12:30 pm	Shelf Stable	2472 HDM's 96 Congregate	Congregate Dining M, T, F Serves at 12:00
--	--------------------------------	--------------	-----------------------------	---