2013-2016 Area Plan

Senior & Disabled Services
A Division of Lane Council of Governments
Area Agency on Aging and Disability Services Lane County

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Special Acknowledgements
Advisory Councils & Special Committees

Senior Services Advisory Council
Disability Services Council
Planning and Budget Committee

Prepared by:

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# LCOG – SENIOR AND DISABLED SERVICES
## 2013-2016 AREA PLAN

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“A test of a people is how it behaves toward the old. It is easy to love children. Even tyrants and dictators make a point of being fond of children. But the affection of care for the old, the incurable, and helpless are the true gold mines of a culture.”

~ Abraham J. Heschel
Section A: Area Agency Planning and Priorities

A-1 Introduction

Overview of Senior & Disabled Services:
Lane Council of Governments (LCOG) is a voluntary association of general and special purpose governments in Lane County. The Council provides regional planning, coordination, program development and service delivery to 28 member governments and agencies. The governing body of Lane Council of Governments (LCOG) is its Board of Directors, comprised of local elected officials designated to represent member governments.

Among its many responsibilities, LCOG is the designated Area Agency on Aging and Disability Services in Lane County. Within LCOG, operational responsibilities for services for seniors and people with disabilities rests with Senior & Disabled Services (S&DS) and two citizen advisory councils – the Senior Services Advisory Council (SSAC) and the Disabilities Services Advisory Council (DSAC).

Advisory Councils: The Board of Directors appoints a 23-member Senior Services Advisory Council, and a 15 member Disability Services Advisory Council. Their main objectives include:

- Advising on Needs Assessment planning activities;
- Advising on Area Plan implementation activities;
- Monitoring the provision and coordination of S&DS programs and services;
- Providing information about needs, problems, desires, resources and services to seniors and people with disabilities, public and private agencies, elected officials and the general public; and
- Representing the interests of seniors and people with disabilities in Lane County

SSAC: Membership is represented by more than fifty percent (50%) seniors (60+), including minority and rural citizens.

DSAC: Membership is represented by more than fifty percent (50%) of individuals that experience a disability.
**Population We Serve:**

S&DS offers a variety of programs and services tailored to meet the various needs of seniors and persons with disabilities. With respect to the division’s “core functions” (Planning, services coordination and development, advocacy and information/access services), the agency serves all older and disabled residents of Lane County. Concerning other functions and services, S&DS focuses on persons in economic and social need, including frail, vulnerable, functionally impaired, socially isolated, and economically disadvantaged persons. Special consideration is given to serving low-income minority older persons.

**Development of the Area Plan:**

In accordance with federal and state policy, S&DS is required to help create and maintain a comprehensive and coordinated service delivery system to meet the needs of older and people with disabilities in Lane County. To document its work toward this goal, S&DS is required to develop an Area Plan on Aging and Disability Services. The Area Plan is a multi-year document, with annual updates. It serves two purposes: (1) it is a planning document – it identifies the needs of seniors and adults with disabilities, and describes the agency’s plans for addressing these needs; and (2) it is a compliance document which provides the basis for the State of Oregon to contract with LCOG for the delivery of a range of services to older people and people with disabilities.
Contact Us:
Senior & Disabled Services (S&DS) has three full-service offices. These offices house staff who can provide nearly all of the services available from the agency, including: Information & Referral, determination of eligibility for the public benefits administered by S&DS (Medicaid, Food Stamps), case planning and case management for those in need of long term care services, adult protective services, and the licensure of adult foster care homes. Senior Connections’ Area Coordinators are housed in these offices, as well. Senior & Disabled Services’ managerial and administrative employees are housed at the Eugene office.

**Eugene Office:**
1015 Willamette Street  
Eugene, OR 97401  
Tel: 541-682-4038—Fax 541-682-2484

**Cottage Grove Office:**  
37 N. Sixth  
Cottage Grove, OR 97424  
Tel: 541-682-7800—Fax 541-682-7820

**Florence Office:**  
3180 Highway 101  
Florence, OR 97439  
Tel: 541-902-9430 – Fax 541-902-2115

Additional Senior Connections Program Area Coordinators are located in the following three communities: Junction City, Oakridge, and Veneta.

**Junction City Office:**
Viking Sal Senior Center  
245 W. 5th St.  
Junction City, OR 97448  
Tel: 541-998-8445

**Oakridge Office:**
Willamette Activity Center  
47674 School St. Room 10  
Oakridge, OR 97463  
Tel: 541-782-4726

**Veneta Office:**
Garcia Service Center  
88149 Territorial Rd.  
Veneta, OR 97487  
Tel: 541-935-2262
A-2 Mission and Values

Mission:
To advocate for seniors and persons with disabilities and provide to them quality services and information that promote dignity, independence, and choice.

Values:
- We emphasize customer service.
- We are each responsible for LCOG’s success.
- We respect ourselves and others.
- We believe in teamwork.
- We value and reward creativity and efficiency.
- We encourage cooperation and communication.
- We value and support each other.

S&DS offers a variety of programs and services tailored to meet the various needs of seniors and persons with disabilities. With respect to the division’s “core functions” (Planning, services coordination and development, advocacy and information/access services), the agency serves all older and disabled residents of Lane County. Concerning other functions and services, S&DS focuses on persons in economic and social need, including frail, vulnerable, functionally impaired, socially isolated, and economically disadvantaged persons. Special consideration is given to serving low-income minority older persons.

S&DS strives to provide a wide range of programs and services to meet the varied needs of seniors and individuals residing in Lane County. To accomplish our mission we believe the following:

Consumer choice and independence: Consumers should have the opportunity to make informed decisions about their care situations.

Consumer advocacy and involvement: Consumers acting as their own advocates (whenever possible) and community members and organizations advocating with and on behalf of consumers should help shape the system and services that can best address the consumer’s needs.

Protecting seniors and people with disabilities from abuse, neglect and exploitation: Consumers should have access to resources to help them avoid abuse and exploitation as well as resources for timely and appropriate assistance in
responding to problem situations.

Families and other informal supports as the foundation of care: Building on informal supports should be the first step in assisting older people and people with disabilities that need care.

Caregiving is an important and honorable activity: Caregivers, both paid and unpaid, should be valued and supported by their communities. Paid caregivers should be appropriately compensated. All caregivers should have access to training, support and respite from their caregiving responsibilities.

Local community awareness of long term care issues, services and supports: This awareness provides the basis for an effective network of care for consumers. In times of scarce resources, service organizations must support one another and collaborate, not compete, to assure a strong service system for all consumers.

Access for all consumers: Consumers who are aging or living with a disability access services through supportive programs like Aging and Disability Resource Connections. Services, information, and facilities should be physically, culturally, and financially accessible, with appropriate design and sensitivity to consumers of all abilities, languages, cultures, and financial situations.

Diversity: We embrace a diverse workforce and recognizes the importance of full inclusion to our programs and services, regardless of race, ethnicity, gender, or sexual preferences.

Public policy that allows for funding flexibility: We value flexible public policy that allocates funds to local communities to meet local needs.

Opportunities for healthy aging: Community programs which provide activities and exercise for older adults, educational programs, health-related newsletters, and access to free or low-cost screening and prevention services.

Elder-friendly communities: Provides opportunities for people to age in place by making resources available for day-to-day living. Grocery stores, pharmacies, medical care, transportation, social supports, and churches, are within easy reach of and accessible to older citizens so they may continue to live in and make contributions to their community. It means that human services are available when needed, such as home delivered meals. And it means that the community is safe, that housing is affordable, and that the community environment is one in which
older citizens may live with dignity and independence. The most important point is this: a community that is livable for older citizens is a livable community for all ages.
A-3 Planning and Review Process

S&DS has used a variety of methods for identifying and verifying unmet needs among older citizens, people with disabilities and family caregivers residing in Lane County. The advisory council actively participated in the planning process. For the 2013-2016 Area Plan, feedback was gathered from a variety of sources, including, but not limited to: survey data, input from agency staff, and community stakeholders. Results can be found in the 2011 Community Needs Assessment.

Community Survey
Between December 1, 2010 and January 1, 2011 LCOG Senior & Disabled Services surveyed adults who were at least 60 years of age and resided in Lane County. The survey explored the views of adults meeting the age requirements regarding housing, in-home support needs, transportation, health and nutrition, financial security and caregiving.

Based on the 2010 population estimates (67,904 seniors in Lane County) a total of 1,025 surveys needed to be returned to make a statistically valid survey. 4,649 surveys were distributed around Lane County to Senior Centers, meal sites, S&DS clients, local non-profits serving seniors, bingo halls and residential settings for people ages 55+. The survey was also available on-line through Survey Monkey from the S&DS website. For the purposes of this study, seniors living in their own homes were the target population. Therefore, no seniors were surveyed living in facilities or foster homes.

A total of 1,069 useable surveys were returned (23% rate of return). 22 surveys were destroyed due to incomplete information and 159 surveys were not counted because the respondents were under 60. As a result of the return rate, this survey meets a 99% confidence level with an error rate of +/- 4%.

Professional Survey
During the same time period, professionals providing services to seniors were also surveyed. They were asked to rate similar questions to the community survey on a
scale of 1-3: (1) being not a problem; (2) being somewhat of a problem; (3) being a major problem

In order to compare the questions to the community survey 1-2 was combined and rated as no, and 3 was rated as yes. 150 people responded to this survey. The results closely resembled the community survey’s except for a few areas.

Focus Groups
During the same time period ten focus groups were conducted to gather more in-depth analysis of local needs and services. Participants were encouraged to brainstorm current services and gaps in services for seniors living in Lane County in the categories of: housing, Long Term Care, transportation, healthcare, nutrition, financial and caregivers. They were then asked to prioritize services using the “dot” method. These Focus groups consisted of staff, community members and rural areas including Florence and Cottage Grove. 113 people participated in the focus groups.

Disabilities Service Team Focus Group
As an Area Agency on Aging, the majority of this survey is focused on senior issues. However, we also serve individuals with disabilities ages 18-64. Attempts were made to include any relevant data on this group. Data was collected by conducting a focus group and goal setting meeting with the Disabilities Case Managers. 8 people participated in the focus group. Secondary resources were also utilized for research purposes.

Research on Specific Issue Areas:
To gain a better understanding of local and national trends, extensive research was conducted and outlined in the 2011 Community Needs Assessment. Research was conducted on the following topics:

- Caregiving
- Demographics
- Financial Security
- Healthcare
- Housing
- Hunger
- Long Term Care
- Safety
- Transportation
Planning & Prioritization of Funding
A Standing committee of the Senior and Disability Services Advisory Councils, the Planning & Budget Committee, played a critical role in representing the interests of the public and helping to develop the 2013-2016 Four Year Area Plan. The Planning and Budget Committee consists of four (4) members of the SSAC and three (3) members of the DSAC. Based on funding requirements and current needs identified in the Community Needs Assessment, the committee evaluates current program needs and makes recommendations on future OAA services.

Services recommended for funding in 2013 were prioritized with the following questions in mind:

1. Does the program reach the priority/target populations, including those:
   - with low incomes
   - with disabilities
   - who are limited English speaking or have other language barriers
   - who are homebound or geographically isolated
   - who are culturally or socially isolated

2. Does the program support the individual’s ability to remain in their own home as long as possible?

3. Does the service fill a gap in the community?

4. Does the program help accomplish the Area Plan Goals and Objectives?
A-4 Prioritization of Discretionary Funding

Proposed Uses of Area Plan Contract Funds:

OLDER AMERICANS ACT (Federal funds):

Title III-B: Support Services and AAA Administration, including:
1. Federal Priority Services:
   • Access Services: transportation, including assisted transportation (a.k.a. escort); outreach; information and assistance; and case management;
   • In-home Services: home care; personal care; friendly visiting; telephone reassurance; chore; coordination of in-home volunteers (a.k.a. ElderHelp); and in-home support services (such as, respite); &
   • Legal Services
2. Other allowable services: Virtually all supportive services, other than meals, are allowable under OAA Title III-B. In addition to the federal priority services listed above, S&DS currently spends III-B funds on: AAA Administration, and Money Management.

Title III-C-1: Group Meals and AAA Administration.

Title III-C-2: Home-Delivered Meals (a.k.a. Meals on Wheels) and AAA Administration.

Title III-D: Health promotion, disease prevention and prescription medication services. Beginning July 1, 2012, the Planning & Budget Committee directed S&DS to commit these funds to health promotion and coordination with healthcare system transformation. Additionally, the Administration on Aging has directed that Title III-D funds be used towards evidence-based practices. As a result, S&DS will dedicate Title III-D funds for to activities associated with the Care Transitions Intervention, a nationally recognized evidence-based model designed and tested by Eric Coleman, MD.

Title III-E: Family Caregiver Support Services and AAA Administration. S&DS’ current plan for the use of III-E funds calls for the provision of the following services to eligible individuals and families: information,
assistance, counseling, organization of support groups, respite, and supplemental services.

**Title VII-A:** Elder abuse prevention services. Using these funds, S&DS has sponsored a one-day conference on elder abuse prevention for the past few years. These conferences have been well attended and well received.

**TYPE B AAA FUNDS** (a blend of federal and State funds, including Medicaid, Food Stamps, and State funds):

These funds are utilized for eligibility determination, benefits issuance, case management, protective services, the licensure and monitoring of adult foster care homes, and AAA Administration. These funds may not be used for direct services.

**OREGON PROJECT INDEPENDENCE** or OPI (State funds):

OPI can be used for a variety of in-home services. S&DS currently funds: Home Care, Personal Care, Meals on Wheels, Case Management and AAA Administration.
Section B
Planning and Service Area Profile

“Men do not quit playing because they grow old; they grow old because they quit playing.”
~ Oliver Wendell Holmes
Section B: Planning and Service Area Profile

B-1 Population Profile

Characteristics of Seniors Living in Lane County

Age At the time of the 2009 American Community Survey, there were 67,904 seniors ages 60+, or approximately 21% of the total Lane County population.

Gender In Lane County, older women outnumber men in every age category. This trend increases with age. On average there are 45.5% men compared to 54.2% women.

Race & Ethnicity According to the American Community Survey in 2009, 4.1% of seniors ages 60+ in Lane County residents belongs to minority groups, including African Americans, persons of Hispanic Origin, Asian Americans, Pacific Islanders, American Indians and Native Alaskans. While this is significantly below the national average (19.3%), over the next 10 years, minority groups are expected to rise as much as 5%. While this may seem like a small number, if you consider the population as a whole, this would represent a rise of almost 2,500 individuals.

Household Income In Lane County 16.2% or 11,807 seniors live on ≤$903 per month. Currently S&DS is serving 3,851 seniors ages 60+ who live on ≤$903 per month. This means that only one-third of people living at or below the federal poverty level are accessing services through S&DS.

Education The majority of seniors living in Lane County have at least some form of higher education, with only 38.4% reporting a high school diploma or less. Higher education is on the rise. Seniors aged 60-64 were twice as likely as seniors aged 75-84 to have a college degree.

Living Arrangements About 30.1% of all non-institutionalized older persons in 2009 lived alone. They represented 38.8% of older women and 18.7% of older men. The proportion living alone increased with advanced age. Among women aged 75 and over, for example half (49%) lived alone.
## Demographic Characteristics of Lane County

<table>
<thead>
<tr>
<th></th>
<th>Population 2010</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>POPULATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>354,973</td>
<td>100%</td>
</tr>
<tr>
<td>60+</td>
<td>96,154</td>
<td>27.1%</td>
</tr>
<tr>
<td><strong>MINORITY &amp; LEP</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60+ Minority</td>
<td>14,905</td>
<td>4.1%</td>
</tr>
<tr>
<td>60+ Registered Native American Elders</td>
<td>78</td>
<td>----</td>
</tr>
<tr>
<td>60+ Native American (Census Data)</td>
<td>2,063</td>
<td>0.6%</td>
</tr>
<tr>
<td>60+ Limited English Proficiency (LEP)</td>
<td>5,157</td>
<td>1.5%</td>
</tr>
<tr>
<td><strong>POVERTY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60+ at or below 100% FPL</td>
<td>29,565</td>
<td>8.6%</td>
</tr>
<tr>
<td>60+ at or below 100% FPL and minority</td>
<td>5,157</td>
<td>19.8%</td>
</tr>
<tr>
<td><strong>RURAL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65+ Florence</td>
<td>5,077</td>
<td>35.4%</td>
</tr>
<tr>
<td>65+ Cottage Grove</td>
<td>3,185</td>
<td>18.1%</td>
</tr>
<tr>
<td>65+ Creswell</td>
<td>1,438</td>
<td>14.8%</td>
</tr>
<tr>
<td>65+ Junction City</td>
<td>2,045</td>
<td>16.7%</td>
</tr>
<tr>
<td>65+ Oakridge</td>
<td>857</td>
<td>22.1%</td>
</tr>
<tr>
<td>65+ NW Lane County</td>
<td>6,376</td>
<td>18.5%</td>
</tr>
<tr>
<td>65+ NE Lane County</td>
<td>6,669</td>
<td>18.5%</td>
</tr>
<tr>
<td>65+ SW Lane County</td>
<td>710</td>
<td>22.1%</td>
</tr>
<tr>
<td>65+ SE Lane County</td>
<td>6,924</td>
<td>19.1%</td>
</tr>
<tr>
<td><strong>DISABLED</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65+ Disabled</td>
<td>127,540</td>
<td>37.1%</td>
</tr>
<tr>
<td>18 to 64 Disabled</td>
<td>37,471</td>
<td>10.9%</td>
</tr>
<tr>
<td>60+ Intellectual &amp; Developmental Disabilities</td>
<td>185</td>
<td>0.27%</td>
</tr>
<tr>
<td>18+ Intellectual &amp; Developmental Disabilities</td>
<td>37,471</td>
<td>4.29%</td>
</tr>
<tr>
<td>18+ with IADL</td>
<td>12,032</td>
<td>3.5%</td>
</tr>
<tr>
<td>65+ with IADL</td>
<td>51,910</td>
<td>15.1%</td>
</tr>
</tbody>
</table>

*Data for ages 60+ was not available*
Senior Population Growth

The aging population will continue to grow significantly over the next 20 years. This growth slowed during the great depression, because a comparatively small amount of babies were born during this time. But the older population will grow exponentially between 2010-2030 as the baby boomer generation reaches the age of 65.

Minority populations are on the rise as well. In 2000 15.3% of the senior population was represented by minority status. In 2010 that number rose to 23.6% of the total senior population. Between 2010-2030, the white population 65+ is projected to increase by 59% compared with 160% of older minorities. (Administration on Aging, Profile of Older Americans.)

This population shift means that we must rethink at the current service delivery systems model. The older population is not only greater in numbers, they also have different expectations in service delivery.

Number of Persons 65+
in the United States
1900 - 2030 (number in millions)
Between 2000 and 2010 Lane County’s population increased by almost 10 percent, and the senior population proportioned to the total population has increased only incrementally. The first Baby Boomers turned 65 in 2011. The Oregon Office of Economic Analysis projections indicate that the senior population will steadily increase and more than triple by 2040.
Although a small number, Florence has the largest population of older adults of any sub-region in Lane County. It is also interesting to note that while the populations in rural areas are small, they are represented by a high percentage of seniors. Many seniors live in rural areas because of the lower housing costs. However, it also isolates them from many services available in larger metropolitan areas.
In Lane County, older women outnumber men in every age category. Note that while the ratio of women to men increases with age, this trend is becoming less and less distinct. With advances in technology and medical intervention, men are living longer. Forecasts predict that the ratio will continue to decline over the next 40 years.

Source: American Community Survey, 2010
Oregon is continuing to become a more diverse state. An increase in Asian and Pacific Islander and Multi-Racial populations, coupled with a significant increase in the Hispanic population have considerably changed Oregon’s racial and ethnic composition since 1990. However, Oregon has had a lot of growth; we are still far behind the national averages.

**Lane County 60+ by Race**

![Pie chart showing the racial composition of Lane County 60+ population](image)

Source: 2009 American Community Survey
The leading causes of death among adults over the age of 65 are also among most common causes of death among the population as a whole. Many of these conditions are also highly preventable and treatable. It is important to understand these diseases, know when and where to get treatment and know how you can live with them to help prolong life and health. Many of these disease and conditions are preventable or reversible with prevention and lifestyle changes.

Source: Center for Disease Control
Current Smoking among Adults by Demographic Characteristics

***Data not shown because sample size less than 50 Percent

Source: BRFSS, 2010

In Oregon, 16.3% of the adult population (aged 18+ years)—over 476,000 individuals—are current cigarette smokers. Across all states, the prevalence of cigarette smoking among adults ranges from 9.3% to 26.5%. Oregon ranks 11th among the states.

- Adults ages 18-44 where more than twice as likely to smoke.
- As education increases, the likelihood of smoking decreases.
- Native American/Native Alaskan has the highest rate of smoking.
Obesity increases the risk of a number of health conditions including hypertension, adverse lipid concentrations, and type 2 diabetes.

According to data from the National Health and Nutrition Examination Survey, 2009–2010:

- More than one-third of adults and almost 17% of youth were obese in 2010.
- Obesity prevalence did not differ between men and women.
- Adults aged 60 and over were more likely to be obese than younger adults.
**B-2 Target Population**

The Older Americans Act requires Area Agencies on Aging to prioritize services to individuals with the greatest economic and social needs, low income minority individuals, and those living in rural areas. S&DS is dedicated to providing the highest level of service to meet the needs of these targeted populations. We accomplish this through outreach, community education, coordination and collaboration, and implementation of appropriate programs and services with a particular emphasis on the following target populations:

1. Low-income minorities
2. Native Americans
3. Residents in rural areas
4. Limited English-speakers
5. At risk for institutional placement
6. Frail seniors with physical or mental impairments
7. Seniors with Alzheimer’s or related dementias
8. Lesbian, Gay, Bisexual and Transgender (LGBT) seniors
B-3 AAA Administration and Services

S&DS offers a variety of programs and services tailored to meet the various needs of seniors and people with disabilities. With respect to the Division’s “core functions” (planning, service coordination and development, advocacy, and information/access services), the agency serves all older and disabled residents of Lane County. Concerning other functions and services, S&DS focuses on persons in economic and social need, including frail, vulnerable, functionally impaired, socially isolated, and economically disadvantaged persons. Special consideration is given to serving low-income minority older persons.

Aging and Disability Resource Connection (ADRC)
Personal assistance is offered to help people learn about, and to navigate through options for services. ADRC Service includes: The ADRC is designed to be a highly visible and trusted place where people of all incomes and ages can turn for unbiased, reliable information on the full range of long term support options. The ADRC integrates aging and disability services systems so people will have access to the information and assistance they need.

Information & Assistance
Long-Term services and supports within the Lane County area. The Aging & Disability Resource Connection (ADRC) serves as the first stop for consumers, family members and friends, as they seek to find resources for those who are aging or disabled. It’s designed to streamline access to information about long-term care. Referrals are made to programs and organizations that may meet the individual’s specific need. Assistance is provided in accessing services when needed or requested.

Online Resource
An online database of resources is available through www.ADRCofOregon.org

Options Counseling
Trained professionals assess the situation presented and offer options for services. Home visit assessments are available if needed and requested, and help is provided to navigate the maze of programs and services available in Long-Term care.
Senior Connections
Senior Connections has offices in eight communities in Lane County, including: Eugene, Springfield, Oakridge, Cottage Grove, Creswell, Junction City, Veneta, and Florence. Coordinators assist seniors ages 60+ and caregivers with services to help seniors continue to live independently in their own homes. This program is for seniors that do not qualify for Medicaid Services. Services include:

- Case Management
- Senior Medical Transportation
- LIHEAP
- RideSource Eligibility
- ADRC Options Counseling

**Case Management**
Care coordination assisting senior in activities such as assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow up and reassessment as needed.

**Transportation Assessments (RideSource)**
Service Coordinators assess eligibility for RideSource for seniors and people with disabilities. RideSource provides transportation services within the Eugene/Springfield area for individuals who are not able to ride the Lane Transit District (LTD) fixed-route bus system due to a disabling condition either all of the time or for specific trips or under certain conditions.

**Senior Medical Transportation (Escort Services)**
Provide assistance and transportation to an older individual who has difficulty (physical or cognitive) using regular vehicular transportation. This is a door through door service.

**Financial Eligibility (LIHEAP)**
A federally funded seasonal program to help people who are low-income pay for primary or secondary heating costs once a program year. Homeowners and renters are eligible. LIHEAP is open during early winter.

**Family Caregiver Support Program**
The Family Caregiver Support Program (FCSP) provides information, support, and resources to people who need help caring for a family member, friend, or neighbor.
Who is Eligible for the Program?

- Adult family member or another individual, who is a provider of in-home and community care to older individuals (age 60 years or older)
- Family caregivers of a person with Alzheimer’s disease or a related dementia may be served regardless of the age of the person with dementia.
- Grandparents and other relative caregivers providing care to children (under age 18 years) may receive services at 55 years of age and older

Caregiver Information & Referral
S&DS has certified AIRS Specialists in eight local communities. Staff provides comprehensive assistance regarding local information and services for caregivers.

Relatives As Parents Program (RAPP)
Program provides services and supports to grandparents and older family members aged 55+ raising grandchildren. Services include outreach, information and referral, respite and one time stipends for up to $250 for items such as beds or tuition for camps.

Family Caregiver Services

Respite
Respite care offers family caregivers a break from their daily routine by providing temporary care for their loved one in or out of the home. The service is focused on the caregiver, allowing him/her time to take care of his/her needs and pursue activities essential to maintaining a healthy, well-balanced life.

Supplemental Services
Sometimes caregivers need a little added assistance to continue to provide care in their home. S&DS offers one-time scholarships to purchase grab bars, durable medical equipment, etc.

Caregiver Support Groups
Caregiver Support Groups are contracted through Cascade Solutions.
Each session is a two hours and is comprised of seniors, age 60+, who are unpaid caregivers, or individuals under the age of 60, who are unpaid caregivers caring for seniors. The caregiver support groups are open to eligible caregivers in need of emotional support and education.

**Senior Nutrition Program**
*Café 60* serves tasty, nourishing noon meals in friendly Dining Rooms in 9 Lane County Communities: Eugene, Springfield, Coburg, Cottage Grove, Florence, Junction City, Oakridge and Veneta. Meals are offered on a donation basis to those 60 and older and their spouses. There is space at our dining tables for newcomers!

The Senior Meals Program volunteers deliver *Meals on Wheels* and a regular safety check to homebound people age 60+ in eight Lane County Communities. Meals on Wheels participants are unable to prepare adequate meals for themselves and lack a support system to assist with meals. Some need meals for short term recovery and others need Meals on Wheels continuously to allow them to remain in their own homes, where they prefer to live.

20% of the Senior Meals Program budget comes from extensive fund raising necessary to maintain service levels. Government funding for these programs is declining. The increasing costs of living and fixed or declining incomes have reduced the ability of many participants to contribute for their meals.

Meals on Wheels in Lane County are provided by either Senior & Disabled Services’ Senior Meals Program or under contract with Oregon Pacific Chapter of the American Red Cross, depending on location.

**Elder Abuse Prevention**
S&DS provides a variety of services designed to prevent abuse, neglect and exploitation of vulnerable adults. These services include public education, outreach, an annual conference, Adult Protective Services and a multi-disciplinary team.

**Adult Abuse Conference**
The conference brings together community leaders, professional front line staff and volunteers who are working with seniors. We join together to share promising intervention programs, build public awareness, and drive community outreach initiatives to prevent elder abuse, fraud and exploitation. The focus of
this conference is to introduce preventative measures and build awareness on how, as a community, we can prevent vulnerable adult abuse.

**Multi-Disciplinary Team (MDT)**
Provides coordinated efforts to help resolve complex community protective services and abuse issues. The team consists of a variety of community organizations focused on the safety of vulnerable adults. Members range from the District Attorney’s Office, Police Department to Lane County Developmental Disabilities Services.

**Financial Abuse Specialist Team (FAST)**
Volunteers with a financial background in banking or CPAs assist in financial fraud cases. Volunteers in the program assist by helping APS prepare financial evidence for potential criminal prosecution.
Additional Contracted Services

Legal Services
The Senior Law Service of Lane County Legal Aid & Advocacy Center provides civil legal services to persons age 60 and over who reside in Lane County. Any person age 60 or over has access to the program and in most cases, an opportunity to confer with an attorney about a civil legal problem. Services are delivered by both volunteer attorneys and staff. Case types handled by the Senior Law Service staff focus on the area of poverty law: public benefit income maintenance, health care issues, long-term care issues, and basic needs (nutrition, housing, utilities). In addition, services are provided in the areas of guardianship defense, elder abuse, neglect, and exploitation. Seniors can meet with attorneys by appointment at Senior Centers around Lane County.

Money Management
Program offers daily money management services to help low-income seniors 60+, who have difficulty budgeting, paying routine bills, and keeping track of financial matters.

Elder Help
Volunteer program that matches adult volunteers with homebound older adults to provide services that will help them remain independent in their own homes for as long as possible. Volunteers spend a few hours per week with the senior doing a variety of services including: Shopping, reading, friendly visiting, help around the home and respite services.

Oregon Project Independence (OPI)
OPI provides limited in-home services to people 60 and older who need help in order to continue living independently in their own homes. The goal of OPI is to promote quality of life and independence by preventing inappropriate or premature placement into a nursing home.
Medicaid/Food Stamps Program
In 2011, S&DS served more than 17,000 Lane County Residents through the Medicaid & Food Stamps Program.

Financial and Medicaid Services
Staff determines eligibility of programs for both seniors and adults with disabilities. Assists with low-income seniors and people with disabilities obtaining Oregon Health Care Plan/Medicaid, SNAP (Food Stamps), and other financial services. Eligibility is based on income, assets and other factors.

Abuse Protective Services
The Senior & Disabled Services staff responds to protective service complaints. These include allegations of physical, sexual, financial, emotional and verbal abuse. The staff responds to complaints about the care of seniors age 65+ or adults age 18+ with physical disabilities.

Case Managers
Work closely with the client and their family to establish a care plan. Once in place, they keep in touch with the client, caregivers and family members to verify that the plan continues to meet the client’s needs.

Residential Care, Assisted Living Facilities, Residential Care Facilities, Nursing Facilities
Case Managers from Senior & Disabled Services monitor the care of our clients in Residential Care Facilities, Assisted Living Facilities and Nursing Homes.

Residential Care Facilities and Assisted Living Facilities provide 24 hour care in a licensed facility. Nursing Homes offer group living in a hospital-like setting.

Medicaid Funded In-Home Services
Caregivers help with housekeeping, bill paying, meal preparation, medication management, bathing and other personal needs to a Medicaid-eligible client living in their own home.

Adult Foster Care
S&DS licenses and monitors the care of clients who live in non-relative and relative adult foster care homes located throughout the county. Adult foster
homes are licensed to care for up to 5 people per home. The agency also provides ongoing training for foster home providers.

**B-4 Community Services Not Provided by S&DS**

The following services/systems are provided in the Service Area but are not administered by the agency. They are parallel or complimentary services provided by other community resources. LCOG/S&DS partners with many of these programs to enhance services and provide advocacy. Additionally, through the ADRC and local outreach, S&DS educates the senior and disability population and family caregivers on the availability of all services. This list is not intended to be an exhaustive list of all services, but to provide a broad overview of local community resources.

**Adult Centers**
- Booster Senior Center, Florence
- Campbell Senior Center, Eugene
- Peterson Barn Senior Center, Eugene
- River Road Senior Center, Eugene
- Willamalane Adult Activity Center, Springfield
- Tony Garcia Senior Center, Veneta
- Viking Sal Senior Center, Junction City
- Cottage Grove Senior Center, Cottage Grove

**Case Management** *(Fee for Service)*
- Cornerstone Services, Inc
- ElderCare Resources, Inc
- In-Home Elder Care, Inc
- Maxim Healthcare Services
- Morgan Consultants, LLC
- New Horizons In-Home Care

**Disability Services and Programs**
- Lane County Developmental Disabilities Services
- Employment services including: Goodwill, Alternative Work Concepts, Lane Community College,
- The Arc Lane County
- Lane Independent Living Alliance (LILA)
- Residential services including:
• Recreation services including: City of Eugene Adaptive Recreation and Special Olympics.

**Education & Counseling Programs**
• Successful Aging Institute of Lane Community College
• Osher Lifelong Learning Institute, University of Oregon
• Elderhostel
• Alzheimer’s Association

**Employment**
• RSVP
• Experience Works
• WorkSource Lane, Employment Department

**Financial & Energy Assistance**
• LIHEAP
• Social Security Administration
• Tax-Aide (AARP)
• Lane County Veterans Services
• Siuslaw Outreach Services

**Nutrition**
• Community Sharing, Cottage Grove
• FISH, Inc. Eugene
• Food for Lane County
• Love Projects, Veneta & Elmira
• Oakridge Food Box

**Health & Wellness**
• Lane County Mental Health
• Whitebird Health & Dental Services
• Volunteers in Medicine
• Lane Community College Dental Society
• Eugene Hearing & Speech
• Hospitals
  o McKenzie Willamette Medical Center
  o Riverbend
  o Cottage Grove Community Hospital
- Peace Harbor Hospital

- Community Healthy Aging Programs
  - Living Well With Chronic Conditions

**Housing**
- Adult Foster Homes (109)
- Assisted Living Communities (15)
- Continuing Care Communities (1)
- Independent Retirement Communities (25)
- Nursing Facilities (14)
- Over 55 Communities (20)
- Residential Care Communities (23)
  - Memory Care Units (9)
- Housing Authority (7)

**Information & Assistance Services**
- 211Lane call center and on-line database services contracts with 211Oregon to provide Information & Assistance for all Lane County residents. LCOG acts as a partner organization providing funding as well as serving on local board and committees.
- Lane County Senior Network
- The Lane Senior Guide
- Community Healthcare Resource Guide

**In Home Support Agencies**
- In home care agencies provide in home care for seniors and people with disabilities. Services range from housekeeping, personal care, respite and companionship with the goal of keeping people in their homes for as long as possible. Agencies include:
  - Addus Healthcare
  - American Heritage
  - Alternative Care
  - Marquis Care
  - At Ease Home Care
  - Pacific Home Health & Hospice
  - Cascade Health Solutions
  - Home Instead Senior Care
  - New Horizons In-Home Care
o Home Parenteral Care Inc
o In-Home Elder Care Inc
o Welcome Home Homecare
o Maxim Home Care
o Signature Home Health
o Visiting Angels

**Transportation Services**
- Lane Transit District (LTD)
- RideSource, Eugene Metro
- Diamond Express, Oakridge
- South Lane Wheels, Cottage Grove
- Rhody Express, Florence

**Vulnerable Adults, Limited English Speaking and Title VI Populations**
- Centro Latino Americano
- Multi-Disciplinary Team
- Title VI (of the Older Americans Act) services, including: Coquille Indian Tribe, Confederated Tribes of Coos, Lower Umpqua & Siuslaw, Cow Creek Band of the Umpqua Tribe of Indians and the Siletz Indian Tribe.

**Additional Services**
- Additional services and contact information can be found at: [www.ADRCofOregon.org](http://www.ADRCofOregon.org)
Section C
Issue Areas, Goals & Objectives

“Age should not have its face lifted, but it should rather teach the world to admire wrinkles as the etchings of experience and the firm line of character.”
~ Ralph B. Perry
Section C: Issue Areas, Goals & Objectives

Section C- 1 Local Issue Areas, Older Americans Act (OAA) and Statewide Issue Areas

Family Caregivers

Informal, unpaid caregiving is universally recognized as the cornerstone of long-term care for older Americans. The continued aging of the population and the demographic shifts due to the baby boomers is likely to increase the caregiving burden to a smaller number of caregivers over the next few decades. State and federal policies to prevent or defer admission to nursing facilities or return seniors to the community will largely depend on the availability and willingness of informal caregivers to continue care of disabled seniors in their homes. The main caregiver when a person needs assistance is the spouse or an adult child.

In a study by Houser & Gibson (Valuing the Invaluable) in 2007 over 10% of all Oregonians at any given time were caring for a spouse, parent or other loved one. Although Medicaid is the largest payer of long-term care services, the stabilizing force of long-term care across all states is family caregivers. The estimated economic value of the unpaid contributions of family caregivers in Oregon was $10.91 per hour and totaling $4.8 million. The economic value of family caregiving far exceeded Medicaid spending in all states.
Family caregivers delay or prevent the need for nursing home or hospital care by providing personal care and helping with everyday tasks such as administering complex medications. Yet, their own needs often go unmet. Many caregivers are at risk of becoming patients themselves due to the physical and mental health effects of caregiving.

Initiatives for reducing caregiver stress among people caring for seniors with chronic conditions could reduce or defer nursing home entry. Strategies for reducing caregiver stress could include a greater availability of respite care, caregiver training and more information on how to access needed services in the community.

The number of people needing Long Term Services and Support is expected to rise after 2021, when older baby boomers begin to turn 75, and will continue to rise through 2050. It is imperative that we invest in programs now that support caregivers and allow people to live in their homes for as long as possible.

**Greatest Social & Economic Need**

As mandated by the OAA program standards programs are prioritized for persons at least 60 years of age, in the greatest social and economic need, with special emphasis placed on low-income minority elderly. This information is tracked on the Client Registration form and reported in NAPIS.

**Outreach and Support for Target Populations**

S&DS and its contractors work to ensure that programs are available to populations in the “greatest social and economic need”, much still needs to be done to provide outreach to existing and emerging underserved populations, including: limited English speaking caregivers, non-traditional family caregivers, Lesbian, Gay, Bi-Sexual and Transgender (LGBT), those in greatest economic need, minority caregivers, grandparents raising grandchildren and older adults providing care to younger people with disabilities.

**Limited English Proficiency & Minorities**

In Lane County, approximately 1% or 1,000 seniors aged 60+ have limited English proficiency. The majority of these seniors are of Hispanic or Latino origin. To better serve individuals with Limited English proficiency, S&DS produces materials in Spanish. Bilingual staff and
translation services also help to reach these underserved populations. For other languages S&DS contracts with Language Link to provide translation services. Targeted outreach services are made through agencies that specialize in serving the Latino population, such as Centro Latino Americano.

**Lesbian, Gay, Bisexual and Transgender (LGBT)**

Lesbian, gay, bisexual and transgender (LGBT) seniors are at risk for social isolation and living with the emotional effects from years of discrimination and intolerance. According to an article by the American Society on Aging, LGBT elders are five times less likely to access senior services than their heterosexual peers.

The LGBT face unique barriers in gaining access to housing, healthcare, long-term care and other needed services. LGBT caregivers and care recipients face discrimination at doctors’ offices, hospitals, nursing homes, and other places we entrust with the care of our loved ones. In addition to caring for ill and/or elderly members of their families of origin, the families into which they are born/adopted, LGBT also care for LGBT partners and friends, their families of choice.

- LGBT individuals in need of care cannot always rely on their families of origin due to relationship strains related to their sexual orientation.
- Additionally, because many were same-sex partnered their whole lives, they lose out on Social Security and pension benefits opposite-sex partners receive.
- Same-sex couples also lose out on the ability to take leave to care for each other under the Family and Medical Leave Act.

Estimating the LGBT population is a challenge because the US Census does not ask the question. The Williams Institute of UCLA conducted a study in completed in June of 2012, estimates that as many as 3.5% of adults in the United States identify themselves as lesbian, gay, bi-sexual or transgender. We can therefore estimate that there are almost 2,400 LGBT seniors living in Lane County. Additional research shows that 65% of LGBT seniors live alone, almost twice the amount of all seniors. It is also estimated that 90% have no children to assist them with their long term care needs.
Rural Outreach
ADRC/Senior Connections has satellite offices in rural communities including: Cottage Grove, Florence, Veneta, Junction City and Oakridge. This allows Area Coordinators to provide services to the unique needs of the outlying communities. The Family Caregiver Program also works to ensure funds for Respite Services are comparable in the rural areas. 25% of all respite scholarships are dedicated to rural families.

Grandparents
The number of grandparents raising grandchildren has increased substantially in the last decade, due to the increasing incidence of substance abuse, child abuse and neglect, abandonment, health problems, incarceration and other problems faced by young parents. Over the past 25 years, the numbers of children living in grandparent-headed households has increased dramatically with the largest increase coming in the numbers of children being raised by grandparent-headed households with no parent present.

As the number of grandparent headed household’s increases, there is a growing need for community organizations to provide supports to the grandparents and grandchildren. Assistance should include an array services including respite, support groups and social opportunities to network with families in similar situations.

Parents Caring for Adult Children with Disabilities
Almost 500 parents currently registered with Brokerage Services are raising their adult children (18+) with intellectual and developmental disabilities. As these parents age and they are no longer able to care for their child, more individuals will enter the service systems. This could put stress on an already stretched budget.

Seniors Living Solo
The demand for long-term care services will surge in coming decades when the baby boomers reach their 80s. Declining family sizes, increasing childlessness, and rising divorce rates will limit the number of
family caregivers. Rising female employment rates may further reduce the availability of family care, increasing the future need for paid home care. 40% of seniors living in Lane County live alone. Of those living alone, over 2,000 were never married, and over 10,000 are currently divorced or separated.

Core Elements

Screening and Assessment
Area Coordinators utilize a Risk Assessment Tool that helps to identify indicators of caregiver stress and burnout. Area Coordinators use this tool to determine priority funding for Respite services.

Outreach and Education
Despite advances in educating the public about caregiving and the services available, continued outreach is still necessary, particularly to several specific caregiver populations, including: those providing care to loved one’s with Alzheimer’s disease and other dementias, limited English speaking caregivers, non-traditional family caregivers, those in greatest economic need, minority caregivers, and older adults providing care to younger people with disabilities.

Information and Assistance (I&R)
S&DS has certified AIRS Specialists in six local communities. Staff provides comprehensive assistance regarding local information and services for caregivers.

Options Caregiver Counseling
Options Caregiver Counseling provides an in-depth discussion on options and planning tools to determine services and supports that are unique to the long-term care needs of the person receiving care.

Training
Training for family caregivers is vital to their continued well-being and informed caregivers provide better care. There are several programs in the community that families are referred to. Trainings available in Lane County include Powerful Tools for Caregivers sponsored by the Parish Nurses, Living with Chronic Conditions through PeaceHealth Gerontology Dept., classes through the Successful Aging Institute and the Alzheimer’s Association.
Support Groups
Support groups allow caregivers time to talk about their roles, problems, and concerns with people who are able to understand. Currently S&DS contracts with Cascade Health Solutions to offer support groups. The main topic of these groups is Alzheimer’s and dementia care, though any caregiver caring for a loved one 60+ with a life threatening condition is welcome to attend. Support groups are available three times per week during the afternoon. Respite care stipends are available to caregivers who need someone to provide care in order to attend sessions. There is a growing need to provide an evening support group to individuals who work or are unable to attend day time support groups.

Respite Care Services
Respite Care Services are vital to caregivers. This service provides trained caregivers to care for the loved one while the caregiver takes a break. Respite to caregivers is offered in-home with a trained caregiver or out-of-home in a facility that provides respite services. S&DS has several Agreements with local in-home agencies and facilities that provide short-term care.

Supplemental Services
Sometimes caregivers need a little added assistance to continue to provide care in their home. S&DS offers one-time assistance of up to $250 to purchase grab bars, durable medical equipment, etc.

Relatives As Parents Program (RAPP)
Program provides services and supports to grandparents and older family members aged 55+ raising grandchildren. Services include outreach, information and referral, respite and one time stipends for up to $250 for beds, camp tuition and clothes.

Problem/Needs Statement
The demand for long-term care services is expected to surge in coming decades when baby boomers reach their 80s.Declining family sizes, increasing childlessness, and rising divorce rates will limit the number of family caregivers. Rising female employment rates may further reduce the availability of family care, increasing the need for paid in-home care.

Goals & Objectives
Goal as approved by the S&DS Advisory Council: Explore mechanisms to reach under-served populations.

Objective 1: Improve access to the Family Caregiver Support Program (FCSP) by conducting outreach, public awareness and services to limited English speaking and caregivers who are people of color, including Native Americans.

Lead Staff: AAA Planner

Activities: Steps to Accomplish Objectives
1. Develop baseline of current demographics
2. Conduct focus group with appropriate representation from individuals and staff to develop culturally relevant materials
3. Contact community partners at least quarterly to replenish outreach materials as needed
4. Develop and implement bi-annual presentations to community partner agencies and their clientele.
5. Continue to provide outreach and education materials in Spanish, utilizing Language Link and other appropriate modes of communication.

Benchmarks:
- Research & identify a minimum of five community partners
- At each community presentation (when appropriate) evaluations will be distributed and compiled

Evaluation/Outcomes:
- Focus group will consist of a minimum of 4 people and be represented by a minimum of 50% targeted minority consumers
- 5% growth in minority populations annually

Objective 2: Improve access to FCSP by conducting outreach and public awareness to non-traditional family members such as LGBT caregivers.

Lead Staff: AAA Planner & FSCP Coordinator

Activities: Steps to Accomplish Objectives
1. Conduct a population specific focus group to identify areas for FCSP enhancement to targeted groups.
2. Identify community resources (PFLAG, support groups, etc) geared towards identified target group(s)
3. Submit information about events and programs to community partners to include their communication devices, such as community calendars, newsletters, social media, etc
4. Attend LGBT sponsored events when applicable
5. Identify and implement a minimum of one program improvement addressing the needs of the targeted caregiver populations
Benchmarks:
• Focus group will consist of a minimum of 4 people and be represented by a minimum of 50% LGBT caregivers.

Evaluation/Outcomes:
➢ Targeted focus group completed by the end of FY2012-13

Objective 3: Improve access to FCSP by conducting outreach and public awareness to grandparents raising grandchildren.

Lead Staff: FCSP Coordinator

Activities: Steps to Accomplish Objectives
1. Increase distribution list of grandparents to receive the Caregiver Newsletter
2. Continue partnership with DHS Adults and Families Division to expand outreach to grandparents raising grandchildren.

Benchmarks:
• # of newsletters will increase by 25% annually
• 10 stipends will be awarded annually

Evaluation/Outcomes:
➢ Number of grandparents served will increase by 10% annually
➢ Grandparents will access respite on an increasing basis
Information and Assistance Services and Aging and Disability Resource Connections (ADRC)/Senior Connections

Baby Boomers and Long Term Care

The aging population will continue to grow significantly over the next 20 years. This growth slowed during the great depression, because a comparatively small amount of babies were born during this time. But the older population will grow exponentially between 2010-2030 as the baby boomer generation reaches the age of 65.

Long-Term Care (LTC) is a continuum of services to meet the medical and non-medical needs of people with chronic illness or disability provided in the person’s home, in the community, in an assisted living facility or in a nursing home. These services range from help with self-care activities, household tasks, home health, meal delivery, case management, assistive technology and nursing homes. Most people prefer to stay in their own homes or in the least restrictive environments.

Research shows that about 70 percent of people age 65 or older will need long term care services at some point in their lifetime. And while most people think of long term care as impacting only those in senior years, 40 percent of people currently receiving long term care services are ages 18 to 64.

When the baby boomers reach ages 85 and older, signals a likely surge in the use of long-term care services. Long-term care is the help people need when physical or mental disabilities impair their capacity to perform everyday life’s basic tasks. It is a leading cause of catastrophic out-of-pocket costs for families and involves substantial government spending, primarily through Medicaid and Medicare. Few people have insurance coverage against the high costs of long-term care. After impoverishing themselves, most people must turn to Medicaid to pay for their long-term care services.

Where Do Oregonians Find Their Information?

In 2009 AARP held 7 “Long-Term Care and Caregiving” forums across the state. The forums were advertised on websites, in brochures and through word of mouth.
Attendees of the forums were primarily female (76%) with 60% between the ages of 55 and 75 years of age. 75% reported household income above $25,000, and 82% reported having a college education.

**Family & Friends**
Men were less likely than women to report using family and friends to gather information than women. In addition, those with a higher education were less likely than those with less education to use family and friends as a source of information.

**Yellow Pages**
There was a statistically significant difference in utilizing the yellow pages by age, with those aged 55-64 the most likely users of this source.

**Internet**
The internet was reported as a resource to the majority of respondents. 87% reported having a computer and access to the internet. Nearly two-thirds reported that they would use the internet to search for information regarding assistance with daily activities. Access to the internet decreased with age and increased with income and education.

**Professionals**
93% of respondents affirmed the importance of speaking with a professional.

**What is the ADRC?**
Information and Assistance (I&A) Services have been critical to consumers and are in integral part of the Aging and Disability Network. The ADRC initiative is a collaborative effort of the Administration on Aging (AoA), the State Unit on Aging (SUA) and local Area Agencies on Aging (AAA). It is designed to streamline access to home and community supports and services for consumers of all ages,
incomes and disabilities and their families. ADRC raises visibility about the full range of options that are available to empower people to make informed decisions about their long term supports.

Aging and Disability Resource Connection (ADRC) is not a place or a program. It is a coordinated system of partnering organizations that are dedicated to:

- Providing accurate information about publicly and privately financed long-term supports and services.
- Offering a consumer-oriented approach to learning about the availability of services in the home and community.
- Alleviating the need for multiple calls and/or visits to receive services.
- Supporting individuals and family members who are aging or living with a disability.

To accomplish these goals, ADRC utilizes a spectrum of services to best meet the needs of our consumers.

**Partnerships**
The ADRC facilitates informal and formal partnerships with agencies to provide a centralized location for consumers to access services. These partnerships encourage cross referrals, maintaining up to date records on community wide services and educating staff on various populations represented by partner agencies. Current Memorandums of Understanding (MOU’s)

- Senior Health Insurance Benefit Assistance Program of Lane County (SHIBA)
- Lane Independent Living Alliance (LILA)
- Lane County Legal Aid and Advocacy Center, Senior Law Service
- Cascade Health Solutions
- Successful Aging Institute of Lane Community College & the Senior Companion Program (SCP) of Lane County
- Oregon Department of Human Services, Adults and Families Division

**Statewide Information System & Resource Directory**
S&DS is one of three pilot programs implementing the ADRC. Grant funding was received in 2008 Real Choices Systems Change and 2009 ADRC grant. Grant funds were in response to:

- Growing number of older adults
- Increased survival rates form catastrophic health problems and lengthening time to live with chronic illness and disabilities
- Ongoing tension to streamline service delivery systems in tight economic times to unite public and private resources for the community

Grant funds were used to create a statewide public-facing website, on-line resource database and a client contact module that has the capacity to track and monitor service delivery. SUA acts as the “umbrella” organization, uniting the local AAA’s to create a statewide information system and resource directory.

As a pilot agency, S&DS has worked diligently over the past two years to build up a comprehensive database of both private and public local resources available in Lane County. We have accomplished this through a network of formal and informal interagency agreements and partnerships. Currently we have a data listing of over 700 agencies and services. Listings range from services to meet basic needs, i.e. housing and food, healthcare, education, mental health and more. This data is continually built upon to create more options and greater search power through the use of AIRS taxonomy coding.

Furthermore, S&DS has been very active in participating on statewide committees including the Options Counseling Committee, ADRC Grants Committee and ADRC IT Committee.

Currently S&DS piloting a new toll free number, 1-855-ORE-ADRC. The goal is the AAA’s into a centralized number that all Oregon residents (or family members out of the area) can call to receive Information and Referral Services.

This pilot also is establishing the AAA as the local contact agency for Section Q nursing home referrals who would like Options Counseling.
Annual Summary – Lane ADRC

Information and Assistance Specialist (I&R) provide a wide array of resources and referrals to consumers. Ways that consumers can connect with an I&R Specialist include: telephone, fax, walk-in’s and email. Information is provided on services ranging from long-term care options, home delivered meals, caregiver support, medical equipment, Medicaid and more. Over the past year, ADRC has assisted in 3,382 calls in total, which included 2,473 unduplicated callers. This averages out to be almost 10 calls a day which vary in call length of 5 minutes to 30 minutes in duration. Depending on the needs of the caller, some calls are scheduled for a home visit with an Options Counselor.

Call Volume
July 1, 2011 - June 30, 2012

Age Groups

>60  60-74  75-84  85+

0  100  200  300  400  500  600
**Gender of Caller**

- **Male:** 419 (34%)
- **Female:** 829 (66%)

### Top Caller Needs

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<th>Unmet</th>
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### Top Referral Agencies

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<tbody>
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<td>Senior &amp; Disabled Services</td>
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### Contact Method

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Sustainable Funding
For the past two years ADRC has operated under grant funds. As these funds are depleting, it is imperative that we seek sustainable funding sources. One potential source of operating income is the Medicaid Federal Financial Participation (FFP) for ADRC Functions. Medicaid dollars can be used for ADRC if services are available to Medicaid clients, or potential Medicaid clients. While this is a great resource to the program, it does require a 50% local match. S&DS will continue to seek grants and local support for the program.

Continuous Quality Improvement
Evaluation and continuous quality improvement is a cornerstone to success in the ADRC. The State Unit on Aging contracts with Portland State University (PSU) to monitor performance goals. These goals include:

- **Ease of Access**: Professional and consumers have access to the online resource database and local assistance centers. Consumers will report less confusion and enhanced individual choice.
- **Visibility**: Implementation of the marketing plan will inform the public of the availability of information and assistance services resulting in an increase in the proportion of the target population being aware of how to contact the local assistance center and/or online resource database.
- **Trust**: Professionals and consumers will indicate confidence in the information provided and the online resource database.
- **Responsiveness**: Professionals and consumers will experience improved ability to connect with services and support.
- **Efficiency**: S&DS has developed collaborations with community agencies to expedite referrals resulting in more focused results.
- **Effectiveness**: Consumers choose services most suited to their needs.

Quantitative and qualitative measurement indicators include:
- Number of times the on-line database is accessed by the public
- Number of resources provided in the database
- Number of calls handled by the ADRC
- Consumer satisfaction surveys

Ongoing evaluation will assist in the ADRC’s ability to learn from past mistakes, monitor developments and help drive overall quality improvement plans.
All staff are certified specialist for AIRS and Options Counseling. Regular trainings will sharpen staff skills and keep them abreast on the latest trends. Staff also meets monthly to discuss issues and best practices for the benefit of the team.

**Streamlined Eligibility Determination for Public Programs**
S&DS is a “Type B Transfer Agency on Aging”. As such S&DS administers the Medicaid program for seniors and people with disabilities in Lane County including eligibility for long term services and supports. Additionally, S&DS receives Older Americans Act and State of Oregon funding to serve people over sixty (60) who are not receiving Medicaid long-term care services and are at risk of institutionalization. S&DS is a Single Entry Point for Medicaid, Older Americans Act Services, and State funded services to seniors and people with disabilities.

**Senior Connections**
Senior Connections has offices in eight communities in Lane County, including: Eugene, Springfield, Oakridge, Cottage Grove, Creswell, Junction City, Veneta, and Florence. Coordinators assist seniors ages 60+ and caregivers with services to help seniors continue to live independently in their own homes. This program is for seniors that do not qualify for Medicaid Services. Services include:

- Case Management
- Assess eligibility for Meals on Wheels
- Assess eligibility for RideSource and Escort Services
- Referrals to the Money Management Program, Caregiver Support Groups, ElderHelp Program & Senior Companions Program
- AIRS Certified Information & Referral Specialists
- Certified Options Counseling

**Information, Referral & Awareness**
Building brand awareness and credibility is essential in providing services to the community. If people do not know how to contact the ADRC, or S&DS is unable to provide appropriate referrals, we are not meeting the community need. In partnership with the SUA, S&DS provides outreach to educate the public on available services and the ADRC. This is accomplished through public presentations, trade fairs and building partnerships with Lane County agencies.
Accessing services and programs that assist older adults and people with disabilities can be confusing. Trained staff is available by phone or appointment to help consumers navigate the system. Staff utilizes an evidence based model, to determine client needs and refer them to appropriate services. When a more comprehensive evaluation/assistance is needed, S&DS staff are also able to provide Options Counseling.

**Options Counseling**
97% of Oregonians will never access a public benefit, but they need a trusted source of information about long-term services and supports. 1 in 3 consumers who contact S&DS office about Medicaid eligibility are not eligible, but would benefit from Options Counseling. Options Counseling provides an in-depth discussion on options and planning tools to determine services and supports that are unique to the long-term care needs of the person receiving care.

**Person-Centered Care Transitions Supports**
The Care Transition program operates under the belief that patients should not only have access to their care plan, they should have the opportunity to provide direct input. The development of a care team should involve medical staff, patient and/or care provider and the transition coach. This patient centered approach takes into consideration the goals of the patient. The individual must be vested in the plan in order for lifestyle changes to occur. For more information on Care Transitions see Section C: Health Promotion.

**Problem/Needs Statement**
The current lack of sustainable funding creates a huge barrier for program growth of the Aging and Disability Resource Connection. This creates many challenges in planning to meet the needs of the ever growing senior & disabled population. Long term goals and financial feasibility will need to be taken into consideration as S&DS invests in an easy to access resource for information such as the Aging and Disability Resource Connection.
Goals & Objectives


Objective 1: Promote and encourage the use of ADRC services to enable older adults and adults with disabilities to continue to live safely and independently in their community.

Lead Staff: AAA Planner & ADRC/Senior Connections Program Manager

Activities: Steps to Accomplish Objectives

Lead Staff: AAA Planner/ADRC Supervisor

1. Create a marketing “toolkit” to provide a consistent message
2. Integrate ADRC promotion into community events, speaking engagements and distribution of ADRC materials at community partner locations

Benchmarks:

• Toolkit completed by February 2012
• A minimum of one event/speaking engagement will be held quarterly

Evaluation/Outcomes:

➢ # of contacts will be measured based on amount of materials distributed

Objective 2: Development of a fully functional, data rich resource database that is user friendly. Resources can be found at www.adrcforegon.org.

Lead Staff: AAA Planner

Activities: Steps to Accomplish Objectives

1. Existing resources are properly indexed and updated in the database.
2. Continue to develop community partnerships and identify additional resources for the database.

Benchmarks:

• Database updated on a quarterly basis.

Evaluation/Outcomes:

➢ 75% of all records will be current at the end of each fiscal year.
➢ A decrease in the ratio of unmet needs vs met needs
Elder Rights & Legal Assistance

Elder Abuse in Lane County
Oregon Adult Protective Services (APS) investigate nine (9) types of abuse: physical, sexual, financial, verbal, neglect, self-neglect, abandonment, involuntary seclusion, wrongful use of physical or chemical restraint.

Abuse robs older adults and persons with physical disabilities of health, safety and property in communities across Oregon. Each year, the Oregon Department of Human Services (DHS), local offices of Seniors and People with Disabilities (SPD) and Area Agencies on Aging (AAAs) receive more than 20,000 calls of concern and investigate more than 12,000 complaints of adult abuse and self-neglect. In 2011-2012 Lane County Adult Protective Services screened and triaged 2,699 referrals and 1,273 allegations of abuse and neglect were investigated.

Adult abuse is hidden. It is a crime that thrives in silence. Adult abuse exists in every community and every neighborhood, rich and poor. Adult children and grandchildren are often abusers. For every case of abuse reported, statistics say that as many as six cases go unreported. This means the majority of vulnerable adults being harmed continue to suffer—often without any way of getting help.

As baby boomers age, the reports of abuse will increase. In 2010, 13 percent of Oregon’s population was 65 or older. In 2030, 20 percent will be 65 or older.

Allegations by Abuse Type
5 Year Comparison
S&DS is dedicated to ensure the rights of seniors and people with disabilities and to prevent their abuse, neglect and exploitation. We do this through a variety of targeted programs that are focused on preventive measures.

**Elder Abuse Prevention**

*Adult Abuse Prevention Conference*
For the past two years S&DS has hosted an adult abuse prevention conference and Lane Community College, entitled, “No Excuse for Adult Abuse. This conference is in partnership with Lane County Developmental Disabilities Services and AARP. The conference brings together community leaders, professional front line staff and volunteers who are working with seniors. Participants come together to network and share promising intervention programs, build public awareness, and drive community outreach initiatives to prevent elder abuse, fraud and exploitation. The focus of this conference it to introduce preventative measures and build awareness on how we as a community can help prevent elder abuse.

*Financial Abuse and Exploitation*
In 2011, elder financial abuse continues to be the “Crime of the 21st Century”, one that is often the heart of other forms of elder mistreatment. Elder financial abuse falls into three types of crimes:

1. **Crimes of occasion, or opportunity** – incidents of financial abuse or exploitation that occur because the victim is merely in the way of what the perpetrator wants. The elder has money, assets, etc.
2. **Crimes of desperation** – these are typically those in which family members or friends become so desperate for money that they will
do whatever it takes to get it. Often their need for money is heightened because of drugs, alcohol or their gender (i.e. men are frequently perpetrators of this crime in comparison to women).

3. **Crimes of predation or occupation** – A relationship is build, either through a bond of trust created through a relationship, or a trusted professional advisor. The taking of assets by stealth and cunning, by working their way into the trust and life of the elderly only to take it all and leave the elder penniless and without a relationship that was important in his or her life.

**The Financial Abuse Specialist Team (FAST)**

Financial experts assist community-based programs with financial abuse investigations perpetrated against the elderly and other vulnerable adults. As the number of elder financial exploitation cases rises, adult protective services encounter difficult investigations due to the voluminous nature of these cases or their complexity. Unfortunately, some cases never are fully investigated or prosecuted because of these issues. S&DS utilizes financial experts to assist in the investigation and/or organization of cases that are likely to lead to criminal justice involvement. The vast experience of bankers, accountants, and other financial managers can supply a valuable hand helping with these technical cases.

**Senior Law Program**

As people age or become disabled, they sometimes fall victim to exploitation and/or abuse. The physical, emotional and financial abuse of elderly and disabled adults is an ever-increasing concern. Adult Protective Services are emergency intervention activities which may include: investigating complaints, coordinating family and community support resources, strengthening current living situations, developing and
protecting personal financial resources and facilitating legal intervention. When legal intervention is required, APS links consumers to the Senior Law Program. Cases range from capacity, unlawful evictions, and financial fraud. APS staff also attends seminars facilitated by the Senior Law Program to stay current on issues, trends and intervention.

**Legal Services**
With OAA Title IIIB funds, S&DS supports the efforts of the Senior Law Service of Lane County Legal Aid & Advocacy Center. The Senior Law Program provides civil legal services to persons age 60 and over who reside in Lane County. Any person age 60 or over has access to the program and in most cases, an opportunity to confer with an attorney about a civil legal problem. Services are delivered by both volunteer attorneys and staff. The target population for service, with respect to both volunteers and staff, consists of those with the greatest economic or social need. Case types handled by the Senior Law Service staff focus on the area of poverty law: public benefit income maintenance, health care issues, long-term care issues, and basic needs (nutrition, housing, utilities). In addition, services are provided in the areas of guardianship defense, elder abuse, neglect, and exploitation.

**Multi-Disciplinary Team**
S&DS Adult Protective Services (APS) acts as the lead organization for Lane Counties Multi-Disciplinary Team (MDT) The team is represented with stakeholders (i.e., representatives from the District Attorney, social services, police, fire and emergency personnel.) within each community to identify areas of safety and security that may need to be addressed to ensure all seniors feel safe in their homes and neighborhoods and increase knowledge regarding warning signs of abuse and statutes related to vulnerable adult abuse.

**Problem/Needs Statement**

Over the past 5 years the reports of abuse have been on the rise. Of special concern is the number of reports of financial abuse. Financial abuse cases are complicated and cumbersome to investigate. S&DS lacks adequate staff resources to investigate the magnitude of reports. Local legal authorities (District Attorney & police) depend on Adult Protective Services to present comprehensive reports to enable them to prosecute cases. Additional work needs to be done to educate the consumer on how to prevent themselves from becoming a victim of financial fraud.
Goals & Objectives

Goal as approved by the S&DS Advisory Council: The prevention of adult abuse through participation in community-wide networks that are dedicated to promoting awareness, prevention and response to senior abuse in Lane County through advocacy, education and collaboration.

Objective 1: Dedicated participation in coordinated systems to respond to and prevent elder abuse.
Lead Staff: APS Supervisor
Activities: Steps to Accomplish Objectives
  1. Continue as lead agency for the Multi-Disciplinary Team (MDT)
  2. Continue participation on the Domestic Violence Council
  3. Continue participation in the Sexual Assault Lane County Task Force
  4. Continue participation in the Governor’s appointed Guardianship/Conservatorship work group.

Benchmarks:
- S&DS staff member attends a majority of local MDT, Domestic Violence Council, Sexual Assault Lane County Task Force, and the Guardianship/Conservatorship work group.

Evaluation/Outcomes:
- Community partners report better awareness of and positive collaboration with S&DS towards increased safety of elders and people with disability.

Objective 2: Outreach and public education of abuse prevention and understanding the warning signs of abuse.
Lead Staff: APS Supervisor
Activities: Steps to Accomplish Objectives
  1. Update training materials
  2. Conduct quarterly trainings to local agencies on elder abuse

Benchmarks:
- Training materials updated annually

Evaluation/Outcomes:
- A minimum of six (6) trainings will have been conducted by the end of each FY.

Objective 3: Coordination of the “No Excuse for Adult Abuse” conference.
Lead Staff: APS Supervisor & AAA Planner
Activities: Steps to Accomplish Objectives
1. Contact and create partnerships with state and local sponsors
2. Coordinate speakers for conference
3. Distribute marketing materials on a state wide basis

**Benchmarks:**
* 10% increase in conference attendance annually

**Evaluation/Outcomes:**
- Presenter/Conference evaluations
Health Promotion

Health care reform is a pivotal issue on the national, state, and local levels. Approximately 80% of people 65 or older have at least one chronic condition and about 50% have two. Chronic conditions account for three-fourths of all health related costs nationally.

Adults with multiple chronic conditions, such as diabetes, cardiovascular disease, mental health and/or substance abuse are very high users of expensive pharmacy services, emergency rooms and other hospital care.

Poor health is not an inevitable consequence of aging, but chronic disease management is widely recognized as a key “preventative service” for older adults. Case management services, chronic care management, and partnerships that emphasize effective patient-centered communications and accountability among health care providers are important keys to successful health care reform.

Healthy Habits
While access to medical care continues to be a problem (35% of the 2011 S&DS Community Needs Assessment respondents reported they failed to go to the doctor due to cost), even more alarming is the significant impact that lifestyle, behavior, and other social issues have on one’s health. Evidence shows that 40% of a person’s overall health is impacted by these “social determinants”. For example,

- People that smoke or drink more than three alcoholic beverages per day are twice as likely to visit the Emergency Room or Urgent Care.
- 45% of survey respondents reporting they visited the Emergency Room or Urgent Care within the last 90 days also indicated they did not eat at least 3 servings of fruit and vegetables per day.
- 35% of survey respondents that reported they visited the Emergency Room or Urgent Care within the last 90 days stated they exercised less than twice per week.
• 31% of survey respondents that visited the Emergency Room or Urgent Care were not current on their tests, such as mammograms or prostate screening.
• 39% of survey respondents that visited the Emergency Room or Urgent Care within the last 90 days reported they did not have someone that checks in on them regularly.
• 40% of survey respondents reporting they failed to go to the doctor due to cost also reported they visited Emergency Room or Urgent Care within the last 90 days.
• 19% of survey respondents that live alone do not have someone to call in case of an emergency.
• People who reported they felt depressed or hopeless were almost twice as likely to visit the Emergency Room or Urgent Care.

**Improving Oral Health**

In the 2011 Community Needs Assessment, 32% of focus group participants listed lack of dental coverage as a major concern for seniors. New research suggests that the health of your mouth mirrors the condition of your body as a whole. For example, when your mouth is healthy, chances are your overall health is good, too. On the other hand, if you have poor oral health, you may have other health problems. According to the Academy of General Dentistry, there is a relationship between gum (periodontal) disease and health complications such as a stroke and heart disease.

Other research shows that more than 90 percent of all systemic diseases (diseases involving many organs or the whole body) have oral manifestations, including swollen gums, mouth ulcers, dry mouth and excessive gum problems. Such diseases include:

- Diabetes
- Leukemia
- Oral Cancer
- Pancreatic Cancer
- Heart Disease
- Kidney disease

In summary, dentists may be the first health care provider to diagnose a health problem in its early stages so access to a regular oral exam is key to continued good health.
Triple Aim: Better Health, Better Care, Lower Costs

In October 2007 the Institute for Healthcare Improvement (IHI) launched the Triple Aim initiative, designed to help health care organizations improve the health of a population and patients’ experience of care (including quality, access, and reliability) while lowering—or at least reducing the rate of increase in—the per capita cost of care. Dr. Donald Berwick, current Administrator of the Centers for Medicare and Medicaid Services (CMS) was the brainchild of this concept. Since that time, the concepts of the Triple Aim have taken hold throughout the U.S. and abroad, serving as a guidepost in the field of healthcare towards more efficient and effective use of funds to provide better health in our communities. The IHI believes that new designs can and must be developed to simultaneously accomplish three critical objectives, or what is known as the “Triple Aim”:

- Improve the health of the population
- Enhance the patient experience of care (including quality, access and reliability)
- Reduce, or at least control, the per capital cost of care

The pursuit of the Triple Aim objectives has provided incentive for health care organizations to identify and work towards resolving problems such as poor coordination of care and overuse of medical services. In February 2011, Oregon’s Governor John Kitzhaber and the State Legislature worked together to create and pass House Bill 3650. The intent is to overhaul the State’s health care system and achieve a new vision for a healthy Oregon. Work is currently under way, with oversight by the Oregon Health Authority, to re-vamp the delivery of health care in Oregon.

As part of this initiative, new attention has been given to what is known as “social determinants”. Research indicates that only 10% of a person’s overall health is impacted by the delivery of medical care. Genetics and human biology account for 30% of a person’s health, with environmental at 5%. Social factors impact a person’s health at a higher level than the delivery of medical care, at 15%. And finally, lifestyle and behavior account for a whopping 40% of a person’s overall health. Policy makers now believe far too much focus has been placed on medical care, while disregarding the larger sphere of contributing health factors. There is much interest in finding and creating new interventions that will impact those social determinants that reduce a person’s overall health and impact the use, or over-use, of the health care system. In order to leverage the unique expertise, skill and direct knowledge that exists
within the network of social service agencies, collaboration must occur between health care and social service organizations. Information and data needs to be shared across disciplines. Health care and social service organizations should be working side by side to achieve common goals and objectives.

**Progress toward More Coordinated Care in Lane County**

In response to escalating health care costs and limited State revenue, in 2011 and 2012 Governor Kitzhaber and bi-partisan lawmakers passed landmark legislation to create a new model of delivery of healthcare in Oregon, the Coordinated Care Organizations (CCOs). CCOs are health plans that include all types of health care providers who have agreed to work together in their local communities for people who receive health care coverage under the Oregon Health Plan (Medicaid). The goal is to tear down the silos within health care and create a more seamless, coordinated, and person-centered experience for patients.

The process for creation of a CCO in Lane County included extensive community and stakeholder input. Effective August 1, 2012, Trillium Community Health Plan was one of the first CCOs in Oregon to roll out. S&DS has been actively engaged in the planning process and participates on several healthcare related committees, representing a social service perspective and the needs of seniors and people with disabilities. Connecting health care providers and social service providers is critical improving the health of the population and the success of CCOs.

**Problem/Needs Statement**

Escalating health care costs and limited State revenue demands a change in how healthcare has historically been administered. There is a critical need to reach older adults with limited income to ensure their health and well-being improves and to promote healthy lifestyles and increase their quality of life.

**Goals & Objectives**

**Goal as approved by the S&DS Advisory Council:** Pursue partnerships with other organizations and agencies to combine efforts towards common objectives to improve services for seniors and people with disabilities. This includes researching the potential blending funds and services and integrating physical health, mental health and social service interventions to provide improved health outcomes and increased independence.
Objective 1: Promote and further develop care transitions work, partnering with healthcare and seeking to find sustainable systems and funding sources.

Activities: Steps to Accomplish Objectives
1. Seek agreements with local area hospitals and health care organizations to provide care transition assistance using Title IIID funds.

Benchmarks:
- Agreement(s) to provide care transition services will be in place in 2013.

Evaluation/Outcomes:
- Health care provider(s) report satisfaction with S&DS services and improved transitions of care for those patients referred.
- Consumers report a smoother transition of care and reduced rehospitalization.

Objective 2: Establish information sharing agreements and processes with health care providers, specifically the Coordinated Care Organization.

Activities: Steps to Accomplish Objectives
1. Implement the approved Memo of Understanding with the CCO.

Benchmarks:
- S&DS staff and CCO staff meet regularly to design processes to improve information sharing, including regular inter-disciplinary meetings and data sharing practices.

Evaluation/Outcomes:
- Inter-disciplinary team members report greater coordination of services and increased understanding of programs.
- Identified data is shared between CCO and S&DS on a regular basis.

Objective 3: Greater collaboration and communication with Person-Centered Primary Care Medical Homes (PCPCMH).

Activities: Steps to Accomplish Objectives
1. S&DS participates on the Person-centered Primary Care Medical Home committee to provide input on how to achieve better coordination between health care and social services.

Benchmarks:
- New partnership agreements with Person-centered Primary Care Medical Homes.

Evaluation/Outcomes:
- Patients of PCPCMHs have easy access to information and assistance regarding available social services.
Older Native Americans

There are over 2,000 Lane County seniors (60+) that identify themselves as Native American Indians. Only 78 of those individuals are enrolled with one of the local tribes. There are currently four Native American Tribes with elders living in Lane County. For the purposes of this paper Native members represent seniors ages 60+, and the tribes consider their elders at 55+. Therefore their numbers are slightly higher than what is reported here.

- Coquille Indian Tribe – 3 members
- Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians – 31 members
- Cow Creek Band of Umpqua Tribe of Indians – 1 member
- The Siletz Indian Tribe – 44 members

All four tribes receive Title VI funding. These funds are used to create services for tribal elders. Current programs include: socialization activities, nutrition services, in-home services, caregiver services financial benefits and referral services to other local and Tribal resources.

Problem/Needs Statement

Native American elders have historically been underserved by the traditional community service system. Developing new, culturally appropriate methods of connecting them to needed services is called for in order to increase their access to the service system.

Goals & Objectives

Goal: Increase outreach and education to individuals enrolled as Tribal Elders.
Objective 1: Continue to participate in the Oregon Native American Family Caregiver Conference

Lead Staff: Senior Connections Supervisor

Activities: Steps to Accomplish Objectives

1. Participate in the Native Caregiver meetings

Benchmarks:
- Attend at a minimum of two meetings annually

Evaluation/Outcomes:
- Provide a minimum of two scholarships for Native Caregivers to attend the annual Native Caregiver Conference

Objective 2: Increase Tribal member’s awareness and utilization of LTC services.

Lead Staff: AAA Planner

Activities: Steps to Accomplish Objectives

1. Establish relationships with Native Elder Coordinators
2. Establish needs through conversations with Elder Coordinators
3. Communicate quarterly with Elder Coordinators

Benchmarks:
- A minimum of four contacts annually will be made with Elder Coordinators

Evaluation/Outcomes:
- Coordinators will report having a better understanding of OAA programs
Nutrition Services

Hunger and Food Security

Food Insecurity is defined as a limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.

Since the inception of the Older Americans Act, great progress has been made towards reducing hunger and food insecurities among seniors. The Senior Meals Program has made significant impact on senior hunger in Lane County. The programs are successful at feeding seniors, but the cost of providing the meals has increased dramatically, while funding has remained stagnant or even decreased in some areas. These financial challenges have led to closure of some meal sites, and “furlough” days at other sites to make ends meet. The loss of meals to a community which depends upon them limits their effectiveness in supporting good nutrition among seniors.

In 2011, S&DS completed a Community Needs Assessment to evaluate senior trends and identify gaps in services. Research showed that seniors between the ages of 60 and 64 appeared to have higher risk indicators for food insecurities. While several factors could contribute to this trend, it seems likely that this age group falls through the cracks. Seniors do not qualify for Medicare services until the age of 65. People 60 or older, may be unaware of programs funded through Older Americans Act, such as the Congregate Dining Sites. Many older Americans do not even realize they qualify for food stamps until the age of 65, when they apply for Social Security and Medicare. This means a huge service gap for this population. Increasing public awareness to this target population could help alleviate this trend.

The average SNAP benefit amount is about $128 per month, per person, or
about $1.42 per meal if stretched over the entire month. The USDA estimates that eating a low cost, but nutritionally adequate home cooked meal costs approximately $2.30 per meal. In a survey conducted by the Oregon Food Bank, 34% of respondents said that their food stamps last them 3 weeks. A typical food box contains enough food box contains enough food to last three to five days. However, most pantries have limitations on how often you can receive assistance. 2010 data from Food for Lane County showed that 8% of their pantry users were age 65 or older.

Specific groups are at a higher risk of food insecurity. The highest at risk group for food insecurities is a Hispanic African-American who is a high school dropout, is divorced, is living with a grandchild, is between the ages of 60-64, is renting, and is disabled or unemployed. The lowest risk group consists of a white college graduate who is married, not living with a grandchild, is age 80 or older, is a homeowner and is retired.

- High school dropouts are 2-3 times more likely than high school graduates to be at risk of hunger.
- Even among the poor, the likelihood of experiencing hunger decreases with education – there is nearly 10 percentage point difference between a college graduate and those without a high school diploma.
- Seniors living alone are twice as likely to experience a very low food insecurity compared to those living with other household members.
- More than one in two African American households are food insecure compared to 20% of Hispanics.
- The effect of insufficient nutrient intakes is large enough that an estimated one-third to one-half of all health conditions in elderly persons may be related to low intakes.

**Health Eating**

A healthy diet supports active aging; however, many seniors in Lane County face multiple barriers in obtaining a well-balanced meal. Barriers include the cost of fresh fruits and vegetables, inability to get out of the house to purchase groceries on a regular basis and needing assistance in preparing meals. According to the 2011 Community Needs Assessment, seniors reported:

- 56% reported not having enough money for basic needs
- 45% don’t eat 3 servings of fruits or vegetables a day
• 19% do not have enough money to buy the food they need.
• 23% have gained or lost 10 pounds without wanting to
• 20% need assistance preparing meals
• 7% not able to shop for groceries
• 23% reported feeling depressed or hopeless
• 34% do not have someone to check in with them regularly

A nutritious diet is the foundation of good health, instrumental in recovery from an illness or surgery and key to managing chronic health conditions like diabetes. People who have a social support network recover from illness more quickly.

Senior Meals Program in Lane County - offering Café 60 and Meals on Wheels

• Hot, nutritious meals which meet one-third of an older person's dietary needs.
• Affordable, delicious meals offering a variety of food.
• An opportunity to meet others in a group dining atmosphere.
• Social contact for those who are homebound.
• Daily fellowship for an active and healthy lifestyle.

Café 60
The congregate setting is designed to provide a welcoming and pleasant atmosphere where people age 60 and older (and their spouses) can gather for a meal. Seniors can enjoy meeting new people, form friendships and support groups by coming together for meals on a regular basis. The balanced meal and the social contact together provide a positive motivation for self-care for seniors who often eat poorly on their own and can become lonely and depressed in isolation. The nutrition program is more than just a meal—it's purpose is to nourish the whole person.

Baby boomers aging into ‘seniorhood’ and other elders do not identify themselves as "seniors". While the Senior Meals congregate dining program has changed the name to “Café 60,” more may need to be done to entice seniors into participating in the program. Furthermore, baby boomers are the most ethnically and culturally diverse generation. Limited funding has thwarted efforts to cater to different groups. Ideas included having different environments at different meal locations. This would not only include the social
environment, but could also be a matter of offering different ethnic cuisines at different locations.

Program promotion is an ongoing effort in this information overloaded culture. The program mails newsletters 5 times a year to area churches, organizations, schools, medical providers and donors. In addition, a website, www.laneseniormeals.org was launched in late 2011. Each site coordinator visits local gatekeeper organizations and businesses to assure that they are aware of the program.

**Meals on Wheels**
Meals delivered to homebound clients, who are otherwise unable to provide themselves with nourishing meals, are critical to maintaining independence and allowing clients to remain in their own homes. Meals on Wheels are delivered by S&DS from * designated Café 60 Dining Rooms and by Oregon Pacific Chapter of American Red Cross, who contracts with LCOG for home delivered meal assessment and delivery in designated Eugene-Springfield areas. Volunteers deliver the meals and provide welfare checks on clients in the program.

Fresh meals are delivered according to the Café 60 operating schedule and frozen meals are available for days fresh meals are not delivered.

**Where is the food prepared?**
Fresh meals are prepared at the Eugene Central Kitchen and shipped in bulk to all Café 60 Dining Rooms and Meals on Wheels dispatch locations (including Red Cross) in Lane County on refrigerated and heated trucks for packaging and serving in the local community. LCOG is a partner in an interagency consortium with NorthWest Senior & Disability Services (NWSDS) and Oregon Cascades West Council of Governments to procure food service for congregate and home delivered meals in a seven county area. NWSDS is the lead agency in the Consortium. The Eugene kitchen facility is leased and equipped by LCOG and operated under the Consortium contract by Bateman Senior Meals, a commercial food service company.
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<td></td>
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<td>(541) 689-8011</td>
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<td>1570 Kingwood</td>
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<td>(541) 782-4318</td>
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<td>12:00</td>
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Meal Quality
Every effort is made to provide a high quality meal that not only meets the highest nutritional standards, but also provides a quality dining experience. By FY14, the menu will transition to the Menu Planning and Nutrition Standards required in the Oregon Congregate and Home Delivered Nutrition Program Standards for OAA and OPI. The 2011 Annual Food Service Satisfaction Survey found that 90% of the customers reported that the overall quality of meals was good to excellent and 95% would recommend the food to their friends.

The Basic Fresh Menu Offers:
- A choice of entrees
- Recipes modified to reduce fat and sodium
- Nonfat milk in all recipes (including puddings)
- Most gravies are very low in fat.
- Averaged over the month, no more than 30% of calories from fat (with the First Entree selected).
- No tropical oils or lard used
- Variety in fruits and vegetables
- Freshly baked breads and rolls
- One cup of 1% milk with each meal
- At least 1/3 DRI

Cost/Revenues
Nutrition Education

Adequate nutrition is a key component to health, functioning, and quality of life. The Senior Meals Program provides education and insight to participants in the program regarding good nutrition. Each quarter, the Program Manager selects a topic from the approved Nutrition Education Resources provided by the State Unit on Aging. These topics are prepared by a Registered Dietician and are in compliance with the Oregon Nutrition Standards. Site Coordinators are trained and educated on the topics of discussion. Handouts and supplemental materials are provided to reinforce topics. Potential topics include, but are not limited to:

- Water, Your Liquid Asset
- Eating Right for a Healthy Weight
- Get Your Plate in Shape
- Shop Smart – Get the Facts on Food Labels

### Nutrition Education Budget

#### Expense

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<tr>
<th>Category</th>
<th>Congregate</th>
<th>S&amp;D Home Delivered</th>
<th>Combined S&amp;D Senior Meals Program</th>
<th>ARC Home Delivered</th>
<th>Lane County Total Meals</th>
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#### Total Incomes

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<th>ARC Home Delivered</th>
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#### Total Expenses

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<th>Lane County Total Meals</th>
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2013 – 2016 Area Plan Section C: Issue Areas, Goals & Objectives Page 79 of 144
Problem/Needs Statement

Over the past few years the costs associated with providing nutrition services have steadily increased. Concurrently, the demand for home delivered meals has also increased, without additional State or Federal funding. There has actually been a steady decline in government support. The Senior Meals Program is a vital program for over 2,000 seniors in 9 local Lane County communities and continues to explore additional funding streams to meet the growing need.

Goals & Objectives

Goal: Reduce nutritional risk and food insecurity and improve participant’s quality of life by providing meals, supportive services and social interactions.

Objective 1: Offer Congregate Meals at Café 60 Dining Rooms

Lead Staff: Sandy Karsten and local Site Coordinators

Activities: Steps to Accomplish Objectives

1. Identify funding available to provide services in Lane County Communities
2. Secure charitable support to augment limited and declining public resources.
3. Develop or maintain contracts with local landlords for service locations
4. Maintain a cost effective, quality food service contract
5. Manage a volunteer program sufficient to operate the program, offering elders the opportunity to give to their community
6. Promote the Café 60s to the extent allowed by budget
7. Operate clean, safe, friendly dining rooms which promote information sharing, social interaction and mutual support.

Benchmarks:

- Clients report eating more food each day than before starting
- Clients report that the program improves or maintains their nutritional health
- Clients report that the program helps them retain their independence
• Clients have made new friends in the program
• Clients report satisfaction with the meals and their experience in the program.

Evaluation/Outcomes:
- FY 14 Conduct a Café 60 Participant Satisfaction and Program Evaluation Survey
- 50% Clients report eating more food each day than before starting
- 70% Clients report that the program improves or maintains their nutritional health
- 70% Clients report that the program helps them retain their independence
- 80% Clients have made new friends in the program
- 85% Clients report satisfaction with the meals and their experience in the program

Objective 2: Provide Meals on Wheels Services to homebound elders who are unable to provide their own nutritious diet
Activities: Steps to Accomplish Objectives
1. Identify funding available to provide services in Lane County Communities
2. Secure charitable support to augment limited and declining public resources.
3. Develop or maintain contracts with local landlords for service locations
4. Maintain a cost effective, quality food service contract
5. Maintain a cost effective, quality contract with a home delivered meal provider in the Eugene-Springfield area
6. Manage a volunteer program sufficient to operate the program
7. Promote the Meals on Wheels Program to the extent allowed by budget.

Benchmarks:
• Clients report eating more food each day than before starting
• Clients report that the program improves or maintains their nutritional health
• Clients report that the program helps them retain their independence
• Clients report satisfaction with the meals and the program.

Evaluation/Outcomes:
- FY 15 Conduct a Meals on Wheels Participant Satisfaction and Program Evaluation Survey
- 60% Clients report eating more food each day than before starting
- 80% Clients report that the program improves or maintains their nutritional health
- 80% Clients report that the program helps them retain their independence
- 85% Clients report satisfaction with the meals and the program.

**Objective 3: Promote better health through Nutrition Education**

**Activities: Steps to Accomplish Objectives**

1. Offer nutrition information and instruction as required in the Oregon Congregate and Home Delivered Nutrition Program Standards for OAA and OPI.
2. Print articles on nutrition topics on the back of monthly menus and post on website.
3. Offer participants nutritional analysis of the menus on request.

**Benchmarks:**

- Participants report that Nutrition Education provided by the program is helpful.

**Evaluation/Outcomes:**

- Results from the FY 14 and FY 15 Participant Satisfaction and Program Evaluation Survey show that 30% of Participants report that Nutrition Education provided by the program is helpful.
- 1200 Units of Nutrition Education will be reported annually for Congregate Participants.
- 1200 Units of Nutrition Education will be reported annually for Home Delivered participants
**Creating Livable Communities**

Maximizing independence for vulnerable populations including the aging and disabled community is vital to the health of Lane County. The current age wave places a higher number of residents in a vulnerable position. The community should provide accessible and affordable transportation, adequate in-home services, and appropriate safe and affordable housing to offer its citizens the freedom to be active and involved in their community.

**Aging in place** is a goal that should be incorporated into every initiative to build livable or sustainable communities as well as every government and nonprofit effort to build transportation systems, create universal design, and bolster the economy and/or plan for growth. When communities offer affordable and appropriate housing, supportive community features, and mobility options, people of all ages can thrive.

Lane use policies should incorporate the **Smart Growth** strategies, as defined by the Environment Protection Agency: “development patterns that create attractive, distinctive, walkable communities that give people of varying age, wealth, and physical ability range of safe, affordable, convenient choices in where they live and how they get around.”

There has been a lot of talk over the past few years regarding planning for the senior population boom. The expected influx of baby boomers is not a wave of the future; it is affecting senior services now. The first of the baby boomers turned 65 in 2011.

- Between 2007 and 2030, the age 85+ population is expected to increase by 74%.
- Between 2030 and 2050, the age 85+ population is projected to increase by another 118%.
- Baby boomers will begin to turn 85 in 2031.

**Sociological Perspectives of the Baby Boomer Generation**

This population shift means that we must rethink at the current service delivery systems model. The older population is not only greater in numbers; they also have different expectations in service delivery.
• Many Boomers live in poverty: At midlife, Boomers have the highest wage inequality of any recent generation. Late Boomers have the highest levels of poverty since the generation born before World War I. One in 10 late Boomers lives in poverty at middle age.

• Many Boomers are poor savers and have more financial difficulty as they age. A majority of Boomers report that they are significantly behind in retirement savings, and one in four reports being significantly behind where they hoped where they would be at this point in their lives.

• Baby Boomers are likely to extend midlife well into what used to be considered "old age." They will continue working longer, and responsibilities such as paying for college or having children at home will extend to older ages. They also are likely to enjoy good health and remain "actively engaged" longer than previous generations.

• Boomers acknowledge the digital revolution and are becoming increasingly knowledgeable about technology. Significantly more Boomers than people over the age of 65 use the Internet. Tomorrow’s seniors will use far more technology than the generations before them, and expect information at their fingertips 24/7, much as younger generations.

• Economic inequalities are likely to become more important as the Boomers age. The least well-off may face higher risks of unemployment and worse health at a time when policy changes are encouraging them to remain at work longer. Low wages and job instability also may mean they have less saved than previous generations.

• Nontraditional families may pose new problems. Those who never married, had no children or were "absent fathers" may not be able to rely on family as part of their social safety net.

As Boomers age, the aging network will adapt to meet many of their needs; however, communities will need to change too. And Boomers themselves will find – out of necessity – that healthy aging strategies must be infused in every part and in all stages of life.
Housing
Despite rising housing costs, many older adults prefer to age in place. The majority of seniors live in homes that were built long before architects and builders thought about designing spaces that are accessible and livable for everyone. Stairs and narrow doorways might have worked when a homeowner was 30 but, at age 80, those things can pose a hazard. Problematic house design can force many elder homeowners to leave their homes -- due to the danger of falling in the shower or bathtub, difficulty preparing meals when cabinets are out of reach, or inability to take the stairs to get to a bedroom on the second floor.

Affordable Housing
The cost of housing is considered affordable when it equals no more than 30% of household income, including expenditures for utilities. Households putting more than 30% of their income towards housing costs are considered to have a “housing cost burden,” and households putting more than 50% of their income towards housing is considered to have a “severe housing cost burden.” In the S&DS Community Needs Assessment 30% of all seniors surveyed reported a housing cost burden. 24% were home owners.

Universal Design
Universal Design is a concept of designing all products and the built environment to be aesthetic and usable to the greatest extent possible by everyone, regardless of their age, ability, or status in life.

Incorporating Universal Design at the outset of housing developments contributes to sustainable development goals. This allows people of all abilities to live where they want, when they want. People can rent or buy whatever is built, because the unit and the entire footprint of the house/apartment is designed to meet all their needs as a rule rather than an exception.

Home Modifications
Most older people live in homes that are more than 20 years old. As these buildings get older along with their residents, they may become harder to live in or maintain. A house that was perfectly suitable for a senior at age 55, for example, may have too many stairs or slippery surfaces for a person who is 70 or 80. Research by the national Centers for Disease
Control and Prevention shows that home modifications and repairs may prevent 30% to 50% of all home accidents among seniors, including falls that take place in these older homes.

**Transportation**
When older drivers lose their ability to drive, they can become isolated, even depressed. Non-drivers leave the house—even to take a walk—fewer than three times a week, according to an AARP study. This decreased access to social activities, medical care, shopping, and other services critical to living independently also has a negative economic and cultural impact on their communities. Half of all non-drivers aged 65 or more stay home because they have no mobility options. Many cannot choose to take public transportation because service is not available in their areas, particularly in rural areas. Compared with older drivers, older non-drivers in the United States make:

- 15% fewer trips to the doctor;
- 59% fewer shopping trips and visits to restaurants;
- 65% fewer trips for social, family and religious activities.

**Transportation Services**
S&DS partners with LTD to perform transportation assessments that match individuals with available transportation services. These services include: Medicaid medical and non-medical transportation, ADA paratransit and other transportation service eligibility and authorizations.

There is no one size fits all for providing transportation. As reported in the Lane Coordinated Public Transit – Human Services Transportation Plan of 2009, “the aging of Lane County’s population points to the need for a range of transportation options for older adults”
**Fixed Route Buses**

Lane Transit District (LTD) offers routes in the Eugene/Springfield area. Limited routes are available to outlying areas. In an effort to keep seniors mobile, LTD offers targeted programs for seniors 65+. This includes a free bus pass and a Bus Buddy Program. The program is a one-on-one orientation and training on how to access the fixed route buses.

The bus is not for everyone. Fixed routes have their own limitations. Bus stops are not always convenient, and may pose a barrier to people with mobility issues. Other issues include: frequency in service and limited access to rural areas.

**Curb-To-Curb**

Special Mobility Services (RideSource) operates a curb-to-curb service for individuals that are unable to use the bus due to a disabling condition.

**Door-to-Door**

Volunteers are utilized for senior medical transportation services (Escort Services) in the rural areas. This service is provided to seniors ages 60+ that need assistance getting from their home to medical appointments. Local Service Coordinators recruit and match qualified volunteers with low income seniors.

**Community Walkability**

Walking is beneficial to people’s health, to community vitality, and for the environment. According to a report prepared by the Maine Development Foundation, “walking improves community interaction as people are more likely to talk with neighbors and shop in local stores when they are walking through a community. It also provides easy, inexpensive and low-impact exercise that can improve the overall health of community residents. Walking instead of driving also protects environmental quality. Reducing vehicular emissions benefits plants, watersheds, and the health of wildlife and people alike.”

**What makes a community walkable?**

- Intact town center with a quiet, pleasant main street containing a hearty, healthy set of stores;
- Residential densities including mixed income and mixed uses near the town center;
• Many public places for people to assemble, play and associate with others within their neighborhood;
• Universal design that respects and accommodates people of all abilities;
• Traffic on main street and in neighborhoods that move at safe, pleasant and courteous speeds;
• Streets and trails that are well linked, often in a grid or other highly connected pattern;
• Design that is properly scaled allowing most residents to get to most services in ¼ mile (walking distance);
• Town is designed for people first, cars second;
• Town thinks small with caps on parking and store size;
• The town has a vision and decision makers are visionary, communicative, and forward thinking.

A walkable community Eugene scored the 10th highest in community walkability in Oregon. We were surpassed by Portland, Ashland and Milwaukie. The most walkable neighborhoods in Eugene are downtown, West University, and South Eugene. Areas that scored the lowest included: Cal Young, Trainsong and Fairmont neighborhoods.

**Pedestrian Safety**

A growing trend in roadway design favors continuous-flow roundabouts over traditional signalized intersections. While their design varies widely, roundabouts typically feature a circulatory roadway around a central island. Entering traffic yields to vehicles already in the circle. Increasingly popular because they add vehicle capacity and reduce delay.

Because crossing at a roundabout requires a pedestrian to visually select a safe gap between cars that may not stop, accessibility has been problematic. While roundabouts may be an asset to traffic planners in controlling and slowing the flow of traffic at intersections without using traffic signals,
the absence of stopped traffic presents a problem for pedestrians with vision impairments or disabilities in crossing streets. Pedestrians report that vehicles at roundabouts, as well as at other unsignalized crossings, often do not yield for pedestrians. Persons with vision impairments and pedestrians who may hesitate at such crossings are at a particular disadvantage. Aside from accessibility, the use of roundabouts in areas of high pedestrian use has been questioned by some in the industry.

Access to roads and sidewalks that are easy to navigate and safe for seniors and people with disabilities are a critical part of a community. The Advocacy Committee of the Senior and Disability Services Advisory Council has been working with local entities to promote pedestrian safety at roundabouts. Further work, advocacy, and education are needed. Our work is not done. Additionally energy will be committed to working with cities and the Department of Motor Vehicles to assure safe passage for all pedestrians, but particularly seniors and people with disabilities, as they encounter roundabouts and other potential barriers to independent ambulation.

**Access to Nutritious Food**
A healthy diet supports active aging, yet barriers exist for some seniors include the cost of fresh fruits and vegetables, lack of interest in preparing a meal for one person and an inability to get to the grocery store regularly. Just as the reasons for needing healthy food differ, a multi-disciplinary approach to solving the problem is essential.

**Senior Farm Direct**
For seniors where cost is the prohibitive factor, seniors 60+ with a limited income may be eligible for access to fresh fruits and vegetables through the Oregon Health Authority. Seniors receive vouchers that can be used in neighborhood markets and farmers market.
Senior Meals Program
Cooking for one can be not only be unfulfilling, but can also be cost prohibitive and socially isolating. The Senior Meals program offers Café 60 in eleven Lane County neighborhoods. Participants enjoy both companionship as well as a healthy meal. For seniors who are unable to leave their home to shop or who cannot prepare their own nutritious meals, Meals on Wheels delivers fresh and frozen to their home.

Proximity to Shopping Centers
Access to shopping for seniors is a critical factor in maintaining independence. Shopping centers have changed over the past years to go from small, family owned stores to large grocery chains that offer a variety of services including pharmacies and banking services. The annual Financial Review released by the Food Marketing Institute (FMI) indicates that the average supermarket has grown from an average of 33,000 square feet to 44,000 square feet over the past 10 years. Finding space to accommodate these supermarkets is a challenge in most residential neighborhoods.

For some residents without access to transportation or have limited mobility issues, traveling or navigating such large retailers is an issue. RideSource provides a “Shopping Shuttle” program which is a once-a-week shopping service. This service provides transportation for grocery shopping on a regularly scheduled route. The driver assists with getting groceries on and off the bus. Service is available in Eugene and Springfield.

Some strip malls are being renovated for new and innovative uses. These designs include small specialty grocers, such as Trader Joes. They require less square footage and often take up residence inside of strip malls. The types of malls also incorporate hair stylist, coffee shops and gift stores. These neighborhood friendly models are growing in popularity.
Recreation & Civic Engagement
Access to opportunities for recreational, social and civic engagements is an essential element to creating an elder friendly community. Social engagement is a key factor in maintaining mental, emotional, and physical health and independence. The strongest predictor of premature death among older people is social isolation. Cognitive decline is almost twice as great among those reporting no social ties than those who had frequent contact with family, friends, religious services or participating in regular social activities. Proximity and accessibility to community centers and parks is an essential part of a senior’s ability to maintain a healthy, active lifestyle.

The Health Benefits of Volunteering: A Review of Recent Research has found a significant connection between volunteering and good health. The report shows that volunteers have greater longevity, higher functional ability, lower rates of depression and less incidence of heart disease.

Research suggests that volunteering is particularly beneficial to the health of older adults and those serving 100 hours annually. According to the report:

- A study of adults age 65 and older found that the positive effect of volunteering on physical and mental health is due to the personal sense of accomplishment an individual gains from his or her volunteer activities.
- Another study found that volunteering led to lower rates of depression in individuals 65 and older.
- A Duke study found that individuals who volunteered after experiencing heart attacks reported reductions in despair and depression – two factors that have been linked to mortality in post-coronary artery disease patients.
• An analysis of longitudinal data found that individuals over 70 who volunteered approximately 100 hours had less of a decline in self-reported health and functioning levels, experienced lower levels of depression, and had more longevity.

• Two studies found that volunteering threshold is about 100 hours per year, or about two hours a week. Individuals who reached the threshold enjoyed significant health benefits, although there were not additional benefits beyond the 100-hour mark.

Access to Healthcare
Healthcare is essential for maintaining independence. Having access to Medicaid/Medicare is a start, but it is only helpful if there is a physician within a reasonable proximity to the senior’s home. This can also include limitations on referrals, cost of co-pays and restrictions on certain durable medical equipment needs. Lack access to adequate healthcare can lead to unplanned hospitalizations, which is a far more expensive service. For more information see Section C: Health Promotion.

Lane Livability Consortium
The Lane Livability Consortium is a collaborative effort of eleven agencies (including LCOG) serving the Eugene-Springfield metropolitan area to advance community growth and prosperity. The primary focus of the Consortium is to identify opportunities for greater impacts and linkages among our region’s core plans including land use, transportation, housing, and economic development plans and investment strategies. Other elements include work on public engagement, regional investments, organizational capacity building, and identification of catalytic projects. The Consortium’s efforts are funded through the HUD Sustainable Communities Regional Planning Grant program and through leveraged resources.
contributed by local partner agencies. Work through the Consortium commenced in 2011 and will conclude in 2014.

**Livable Communities AARP**

AARP, in partnership with S&DS, will be focusing on expanding consumer access and choice to an array of affordable long-term care options, with an emphasis on improving home and community-based services, supporting family caregivers, and making communities more livable. This work will be accomplished through: building partnerships, community forums, advocacy and other methods to be determined.

**Problem/Needs Statement**

The majority of adults prefer to stay in their communities as they age. Only a small percentage move to warmer climates and fewer than 5% of the over 65 populations reside in nursing homes. Although most residents want to age in place, they confront many barriers to remaining active and engaged in their communities. The most common barriers include: lack of affordable/appropriate housing, inadequate mobility options, limited access/knowledge about health and supportive services.

**Goals & Objectives**

**Goal as approved by the S&DS Advisory Council:** Build on the 2011 S&DS Needs Assessment to research links between healthcare usage and access to services, including transportation and other social service supports. Propose changes to current models to address the aging demographics and limited resources.

**Objective 1:** Collaborate with local government agencies to identify gaps and duplication of services and to build a stronger data model that helps create linkages between healthcare, housing, transportation and economic development.

**Lead Staff:** AAA Planner

**Activities: Steps to Accomplish Objectives**

1. Participation on the Lane Livability Consortium Planning Committee
   a. Establish a sustainability baseline
   b. Scenario Planning
   c. Develop strategies and new models for integrating planning & decision making.

**Benchmarks:**
• Action plan or plan of direction that provides focus and steps to finalize a Regional Investment Strategy

**Evaluation/Outcomes:**

- Regional Investment Strategy that will link key housing, transportation, economic development and other infrastructure investments

**Objective 2:** Participate in planning and investment strategies with AARP to initiate Livable Communities in Lane County

**Lease Staff: AAA Planner**

**Activities: Steps to Accomplish Objectives**

1. Strategic Planning
2. Community conversations
3. Forum

**Benchmarks:**

- Evaluation of Lane County’s Livability standards

**Evaluation/Outcomes:**

- Blueprint for creation of Livable Communities in Lane County
Financial Security

According to a report on Long-Term Care by DHS, only about a third of people over 65 have enough resources (money in checking, savings account, individual retirement accounts, etc.) to pay for one year of nursing facility care. About a third has such limited resources that they can barely afford three months of home care. Many seniors believe that their retirement can be financed through Social Security, and learn the hard way that they did not adequately plan ahead.

In a local study conducted by the United Way of Lane County, only 50% of seniors had enough money to pay their bills for three months. 57% of the respondents depended on SNAP benefits and 16% reported not having enough money to pay for basic needs. Most financial advisors recommend having at least 3-6 months of living expenses in savings. According to the 2011 S&DS Community Needs Assessment survey, only 33% of respondents reported having 6 months’ worth of savings. 21% of Senior & Disabled Services clients live on less than $904 per month.

According to a demographic analysis produced by the National Council on Aging, in 2008 the percentage of seniors ages 65 and older living in poverty was almost 10%. 96% of those living below the federal poverty level have a retirement savings of less than $10,000. Many more seniors are one crisis away from falling into poverty. Individuals who have an annual income between 100% and 199% of the federal poverty threshold are financially vulnerable. In the event of a life crisis such as a death of a spouse, natural disaster or negative health event, they are not financially secure enough to absorb the loss of income. The potential for older Americans to fall into poverty has increased in the economic downturn. Unemployment rates have increased by 3.1% for women and 2% for men since 2007. The decline in the stock market has reduced the nest eggs for many Baby Boomers as they approach retirement age. According to recent census data, currently a third of people 65 and older have a mortgage vs. 20% two decades ago, and the median mortgage balance is $56,000.

It has been well-documented that the recession was particularly hard on senior citizens. The number of older Americans filing for bankruptcy has climbed in large part due to a perfect storm of expensive medications, declining value of real estate holdings and a stock market crash that crushed their nest eggs. In desperation, many seniors turned to credit cards to cover their expenses and now are faced with enormous debts in their golden years -- debts they probably won't be able to pay
back in their lifetime. Most seniors are using their credit cards to pay for necessary medical expenses like prescriptions, whose prices have continued to rise.

**Financial Stability**
More than one of every three seniors (36 percent) is economically insecure today as measured by the Senior Financial Stability Index. But not all seniors are affected the same way. Close to half of single female seniors are economically insecure, while more than half of all seniors of color do not have the resources required to support themselves over the remainder of their lives. Women and minorities are more likely to need assistance with basic activities of daily life than their white male counterparts.

52% of African-American and 56% of Latino senior households are economically insecure.
Historical inequalities in opportunities for work, education and even access to Social Security were the norm when today’s seniors of color were entering the workforce. While we should not underestimate the progress that has been made to remedy such inequalities, they are still at a financial disadvantage. People of color remain less likely to receive pension benefits from their employers and most have very little, if any, asset wealth—a crucial factor for a secure retirement. These trends have long-term ripple effects that impact the ability of future generations to get ahead.

Older single women are particularly vulnerable, with 47% at risk of outliving their savings.
While senior women can expect to live longer than men on average, their ability to amass adequate retirement resources is often limited. Thus, the often meager resources they do have must be stretched further. Women still make less than men on average, are more likely to have extended interruptions in their careers to handle family caregiving duties, and are less likely than men to have family income from pensions. Social Security is critical for older women; many rely almost exclusively on Social Security benefits to make ends meet.

**Financial Fraud**
Seniors aged 60 and older – especially older women – are common targets for financial fraud. According to the Federal Bureau of Investigations, seniors are especially vulnerable for telemarketing scams. Telemarketing scams often involve offers of free prizes, low-cost vitamins and health care products, and inexpensive vacations.
• Senior citizens are more likely than younger people to have a “nest egg,” to own their home, and/or to have excellent credit—all of which make them attractive to con artists.

• People who grew up in the 1930s, 1940s, and 1950s were generally raised to be polite and trusting. Con artists exploit these traits, knowing that it is difficult or impossible for these individuals to say “no” or just hang up the telephone.

• Older Americans are less likely to report a fraud because they don’t know who to report it to, are too ashamed at having been scammed, or don’t know they have been scammed. Elderly victims may not report crimes, for example, because they are concerned that relatives may think the victims no longer have the mental capacity to take care of their own financial affairs.

• When an elderly victim does report the crime, they often make poor witnesses. Con artists know the effects of age on memory, and they are counting on elderly victims not being able to supply enough detailed information to investigators. In addition, the victims’ realization that they have been swindled may take weeks—or more likely, months—after contact with the fraudster. This extended time frame makes it even more difficult to remember details from the events.

• Senior citizens are more interested in and susceptible to products promising increased cognitive function, virility, physical conditioning, anti-cancer properties, and so on. In a country where new cures and vaccinations for old diseases have given every American hope for a long and fruitful life, it is not so unbelievable that the con artists’ products can do what they claim.

Progress toward Supporting Greater Financial Security: S&DS’ Money Management Program
For seniors living on a fixed income, managing the day to day bills can be a challenge. In Lane County, the Money Management Program, supported with Older Americans Act funds, utilizes trained volunteers to help low-income older adults who have difficulty budgeting, paying routine bills and keeping track of financial matters.
The program serves seniors who have lost the ability to manage their financial affairs. They may have had their utilities shut off, be in danger of eviction from their homes, or are being financially exploited.

As the senior population grows, there is increasing demand for these services. An additional unmet need is the inability of the Money Management Program to serve disabled adults under the age of 60, as the Older Americans Act funding source specifically targets older individuals. This segment faces the same difficulties as older adults. There are programs that provide this service for a fee, but for those living on a fixed income; even a small fee can prevent someone from being able to afford the service.

**Problem/Needs Statement**

According to the 2011 Community Needs Assessment, the most financially vulnerable population is between the ages of 60-64. This group is more likely to live in poverty, report having a housing cost burden, would like to retire, but lack the financial resources and report having less than 6 months’ worth of living expenses in savings.

**Goals & Objectives**

**Goal as approved by the S&DS Advisory Council:** Increase financial stability of seniors and adults with disabilities through education and outreach.

**Objective 1:** Provide outreach services to low income seniors and people with disabilities regarding available benefits and services.

**Activities: Steps to Accomplish Objectives**

2. Leverage outreach, options counseling, and home visits delivered through the Senior Connections program to inform and educate people over 60 about the availability of Food Stamps (also called SNAP, the Supplemental Nutrition Assistance Program). Senior Connections staff will have the ability to accept initial application forms for SNAP, thus making it easier to access benefits for those seniors less able to travel to the office.

**Benchmarks:**

- Procedures are in place and Senior Connections staffs are trained on how to accept SNAP applications.
Evaluation/Outcomes:
- SNAP applications are submitted via Senior Connections staff.

Objective 2: People have access to Money Management assistance.

Activities: Steps to Accomplish Objectives
1. Money Management continues to be supported using funding from the Older Americans Act.

Benchmarks:
1. At a minimum, the program is stable and the number of people served does not decline. Ideally, the program will see growth.

Evaluation/Outcomes:
More people are served through the Money Management program.
Section D
Area Plan Budget

“Money is not the only answer, but it makes a difference.”

~ Barack Obama
Section D Area Plan Budget
## Budget by Service Category

**Budget Period:** 07/01/2012 - 06/30/2013 - Year 1

### ADMINISTRATION

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<th>T III C-2</th>
<th>T III D</th>
<th>T III E</th>
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### NUTRITION SERVICES

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### SOCIAL & HEALTH SERVICES

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Other (specify)
### Source of Local Match for FY: 07/01/2012 - 06/30/2013 - Year 1

#### OAA Cash & Inkind Match

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#### Medicaid Local Match

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<td>Director</td>
<td>1.00</td>
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<tr>
<td>Program Manager</td>
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<tr>
<td>Senior Meals Manager</td>
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<tr>
<td>Contracts Manager</td>
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<tr>
<td>Program Supervisor - Medicaid</td>
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<tr>
<td>Program Sup. - Sr. Conn/ADRC</td>
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| DIRECT SERVICES         |            |                             |            |                   |                                  |                           |                                |           |           |             |       |
| Admin Asst/CEP Spec     | 13.00      | 449,354.00                  | 329,709.00 | 779,063.00        |                                  |                            |                               |           |           |             | 779,063.00 |
| Asst Case Manager/Crm Check | 3.00 | 100,553.00                  | 51,831.00  | 152,384.00        | 152,384.00                      |                            |                               |           |           |             | 152,384.00 |
| Eligibility Specialist  | 24.00      | 933,481.00                  | 672,871.00 | 1,606,352.00      | 1,606,352.00                    |                            |                               |           |           |             | 1,606,352.00 |
| Eligibility Lead Worker | 2.00       | 98,945.00                   | 48,177.00  | 147,122.00        | 147,122.00                      |                            |                               |           |           |             | 147,122.00 |
| Licensing and Monitoring Assistant | 2.00 | 89,248.00                   | 68,475.00  | 157,723.00        | 157,723.00                      |                            |                               |           |           |             | 157,723.00 |
| Licensing and Monitoring Specialist | 1.00   | 49,472.00                   | 38,498.00  | 87,970.00         | 87,970.00                       |                            |                               |           |           |             | 87,970.00 |
| Case Manager            | 31.00      | 1,424,504.00                | 899,323.00 | 2,323,827.00      | 2,323,827.00                    |                            |                               |           |           |             | 2,323,827.00 |
| Case Manager Float      | 2.00       | 105,531.00                  | 66,926.00  | 172,457.00        | 172,457.00                      |                            |                               |           |           |             | 172,457.00 |
| Case Manager Lead       | 1.00       | 54,852.00                   | 35,180.00  | 89,032.00         | 80,170.00                       |                            |                               |           |           |             | 80,170.00 |
| Adult Protective Services Specialist | 8.00 | 589,762.00                  | 359,723.00 | 949,485.00        | 949,485.00                      |                            |                               |           |           |             | 949,485.00 |
| PAS Screener            | 2.00       | 117,515.00                  | 53,405.00  | 170,920.00        | 170,920.00                      |                            |                               |           |           |             | 170,920.00 |
| Admission and Diversion Case Manager | 2.00 | 106,005.00                  | 67,634.00  | 173,639.00        | 173,639.00                      |                            |                               |           |           |             | 173,639.00 |
| Hospital Intake Case Manager | 1.50 | 86,123.00                   | 44,365.00  | 130,488.00        | 65,244.00                       | 65,244.00                  |                               |           |           |             | 130,488.00 |
| RC/Senior Connections Coordinator | 7.50 | 310,989.00                  | 220,889.00 | 531,878.00        | 18,676.00                       | 10,000.00                 | 283,340.00                    | 50,240.00 | 178,622.00 |             | 531,878.00 |
| ADRC Lead Worker        | 1.00       | 54,852.00                   | 26,533.00  | 81,385.00         | 24,692.50                       | 24,692.50                 | 20,000.00                     |           |           |             | 81,385.00 |
| ADRC Resource Specialist | 1.00 | 30,564.00                   | 25,980.00  | 56,544.00         | 19,272.00                       | 19,272.00                 | 18,000.00                     | 56,544.00 |           |             | 56,544.00 |
| Meals Program Site Coordinator | 5.44 | 174,620.00                  | 56,494.00  | 231,114.00        | 184,891.20                      | 46,222.80                 | 231,114.00                    |           |           |             | 231,114.00 |
| Meals Program Admin Support | 1.00 | 40,855.00                   | 27,843.00  | 68,698.00         |                                  |                            |                               | 54,958.40 | 13,739.60 |             | 68,698.00 |
| SUBTOTAL: DIRECT SERVICES | 108.44    | 4,817,225.00                | 3,083,994.00 | 7,901,219.00      | 6,794,415.00                    | 119,208.50               | 119,208.50                    | 523,189.60 | 76,613.00 |            | 7,901,219.00 |

| GRAND TOTALS            | 122.44     |                            |            |                   |                                  |                           |                                |           |           |             |       |
|                        | 127,720.15 |                            |            |                   |                                  |                           |                                |           |           |             | 127,720.15 |

<p>|                        | 758,606.92 |                            |            |                   |                                  |                           |                                |           |           |             | 758,606.92 |
|                        | 94,354.03  |                            |            |                   |                                  |                           |                                |           |           |             | 94,354.03  |
|                        | 289,117.20 |                            |            |                   |                                  |                           |                                |           |           |             | 289,117.20 |</p>
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<th>AAA Titles</th>
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<td>HSS3-</td>
<td>C6659</td>
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<td>Eligibility Specialist</td>
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Section E
Services and Method of Service Delivery

Our entire life - consists ultimately in accepting ourselves as we are.
~ Jean Anouilh
Section E Services and Method of Service Delivery

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

**SERVICE MATRIX and DELIVERY METHOD**

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<th>#1 Personal Care (by agency)</th>
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<tr>
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<td>□ Contracted  □ Self-provided</td>
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</tbody>
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Contractor name and address (List all if multiple contractors):  
NorthWest Senior & Disability Services  
P.O. Box 12189  
Salem, OR 97309

Public Agency

Subcontracted To:  
Addus Healthcare  
1142 Willagillespie Rd, #20  
Eugene, OR 97401

For Profit Agency
Note if contractor is a “for profit agency”

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<tr>
<th>#1a Personal Care (by HCW) Funding Source: □ OAA □ OPI □ Other</th>
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<tbody>
<tr>
<td>Cash Funds</td>
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<table>
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<th>#2 Homemaker (by agency)</th>
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<tbody>
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<tr>
<td>□ Contracted □ Self-provided</td>
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<tr>
<td>Contractor name and address (List all if multiple contractors):</td>
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<tr>
<td>NorthWest Senior &amp; Disability Services</td>
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<tr>
<td>Salem, OR 97309</td>
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<td>Public Agency</td>
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<td>Subcontracted To:</td>
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<td>Addus Healthcare</td>
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<tr>
<td>1142 Willagillespie Rd, #20</td>
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<tr>
<td>Eugene, OR 97401</td>
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<tr>
<td>For Profit Agency</td>
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<tr>
<td>Note if contractor is a “for profit agency”</td>
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| #2a Homemaker (by HCW) | □ OAA □ OPI □ Other Cash Funds |  |

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<tr>
<td>□ Contracted □ Self-provided</td>
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<tr>
<td>Contractor name and address (List all if multiple contractors):</td>
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<tr>
<td>Note if contractor is a “for profit agency”</td>
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| #3a Chore (by HCW) | □ OAA □ OPI □ Other Cash Funds |  |


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<th>Contractor Name and Address</th>
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<td>#5 Adult Day Care/Day Health</td>
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<td>Self-provided</td>
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#8 Nutrition Counseling
Funding Source: ☐OAA ☐OPI ☐Other Cash Funds
☐Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):

Note if contractor is a “for profit agency”

#9 Assisted Transportation
Funding Source: ☑OAA ☐OPI ☐Other Cash Funds
☑Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):
Lane Transit District
3500 E. 17th Ave
Eugene, OR 97401

Note if contractor is a “for profit agency”

#10 Transportation
Funding Source: ☐OAA ☐OPI ☐Other Cash Funds
☐Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):

Note if contractor is a “for profit agency”

#11 Legal Assistance
Funding Source: ☑OAA ☐OPI ☐Other Cash Funds
☑Contracted ☐Self-provided
Contractor name and address (List all if multiple contractors):
Lane County Law & Advocacy Center
376 East 11th Ave
Eugene, OR 97401

Note if contractor is a “for profit agency”
<table>
<thead>
<tr>
<th>Service</th>
<th>#12 Nutrition Education</th>
<th>#13 Information &amp; Assistance</th>
<th>#14 Outreach</th>
<th>#15/15a Information for Caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Source</td>
<td>[✓] OAA  [ ] OPI  [ ] Other Cash Funds</td>
<td>[✓] OAA  [ ] OPI  [ ] Other Cash Funds</td>
<td>[ ] OAA  [ ] OPI  [ ] Other Cash Funds</td>
<td>[✓] OAA  [ ] OPI  [ ] Other Cash Funds</td>
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<td></td>
<td>[✓] Contracted  [✓] Self-provided</td>
<td>[✓] Contracted  [✓] Self-provided</td>
<td>[ ] Contracted  [ ] Self-provided</td>
<td>[✓] Contracted  [✓] Self-provided</td>
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<tr>
<td>Contractor name and address (List all if multiple contractors):</td>
<td>American Red Cross 862 Bethel Drive Eugene, OR 97402</td>
<td>Note if contractor is a “for profit agency”</td>
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### #16/16a Caregiver Access Assistance

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<tr>
<td>Contractor type:</td>
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Contractor name and address (List all if multiple contractors):

Note if contractor is a “for profit agency”

### #20-2 Advocacy

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<tr>
<td>Contractor type:</td>
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Contractor name and address (List all if multiple contractors):

Note if contractor is a “for profit agency”

### #20-3 Program Coordination & Development

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<td>Contractor type:</td>
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Contractor name and address (List all if multiple contractors):

Note if contractor is a “for profit agency”

### #30-1 Home Repair/Modification

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<td>Contractor type:</td>
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Contractor name and address (List all if multiple contractors):

Note if contractor is a “for profit agency”

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

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<th>☐OPI</th>
<th>☐Other Cash Funds</th>
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<td>Contractor type:</td>
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Contractor name and address (List all if multiple contractors):

Note if contractor is a “for profit agency”
#30-5/30-5a Caregiver Respite

Funding Source: ☒ OAA  ☐ OPI  ☐ Other Cash Funds

☒ Contracted  ☐ Self-provided

Contractor name and address (List all if multiple contractors):
ElderHealth & Living
382 B South 58th St.
Springfield, OR 97478

For Profit Agency

New Horizon
1345 Olive St.
Eugene, OR 97401

For Profit Agency

Home Instead Senior Care
P.O. Box 5248
Eugene, OR 97405

For Profit Agency

Florence Area Alzheimer's Hospitality Program
P.O. Box 2724
Florence, OR 97439

Not For Profit Agency

Quail Park
2630 Lone Oak Way
Eugene, OR 97404

For Profit Agency

The Arc Lane County
4181 E St
Springfield, OR 97478

Not For Profit Agency
<table>
<thead>
<tr>
<th></th>
<th>#30-6/30-6a Caregiver Support Groups</th>
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<tr>
<td>Funding Source:</td>
<td>☒OAA  ☐OPI  ☐Other Cash Funds</td>
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| Contractor name and address (List all if multiple contractors): | Cascade Health Solutions  
66 Club Road, Suite 140  
Eugene, OR 97401 |
| Note if contractor is a “for profit agency” | Not For Profit Agency |

<table>
<thead>
<tr>
<th></th>
<th>#30-7/30-7a Caregiver Supplemental Services</th>
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<thead>
<tr>
<th></th>
<th>#40-2 Physical Activity and Falls Prevention</th>
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<tr>
<th></th>
<th>#40-3 Preventive Screening, Counseling and Referral</th>
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<tr>
<td>Funding Source:</td>
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<td>Service Description</td>
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<tr>
<td>#40-4 Mental Health Screening and Referral</td>
<td>OAA OPI Other Cash Funds</td>
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<tr>
<td>#40-5 Health &amp; Medical Equipment</td>
<td>OAA OPI Other Cash Funds</td>
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<tr>
<td>#40-8 Registered Nurse Services</td>
<td>OAA OPI Other Cash Funds</td>
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<tr>
<td>#40-9 Medication Management</td>
<td>OAA OPI Other Cash Funds</td>
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<tr>
<td>#50-1 Guardianship/Conservatorship</td>
<td>OAA OPI Other Cash Funds</td>
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<tr>
<td>#50-3 Elder Abuse Awareness and Prevention</td>
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<td>Funding Source: ☑OAA ☐OPI ☐Other Cash Funds</td>
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<td>Contractor name and address (List all if multiple contractors):</td>
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<td>Note if contractor is a “for profit agency”</td>
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<thead>
<tr>
<th>#50-4 Crime Prevention/Home Safety</th>
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<td>Funding Source: ☐OAA ☐OPI ☐Other Cash Funds</td>
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<td>☐Contracted ☐Self-provided</td>
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<td>Contractor name and address (List all if multiple contractors):</td>
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<thead>
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<th>#50-5 Long Term Care Ombudsman</th>
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<td>Note if contractor is a “for profit agency”</td>
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<thead>
<tr>
<th>#60-1 Recreation</th>
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<td>Funding Source: ☐OAA ☐OPI ☐Other Cash Funds</td>
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<td>Contractor name and address (List all if multiple contractors):</td>
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<td>Note if contractor is a “for profit agency”</td>
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## #60-3 Reassurance

**Funding Source:** [☐] OAA  [ ] OPI  [ ] Other Cash Funds

[☐] Contracted  [ ] Self-provided

Contractor name and address (List all if multiple contractors):
Elder Help
Carole Ford
1015 Willamette
Eugene, OR 97401

Note if contractor is a “for profit agency”

## #60-4 Volunteer Recruitment

**Funding Source:** [☐] OAA  [ ] OPI  [ ] Other Cash Funds

[ ] Contracted  [ ] Self-provided

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

Note if contractor is a “for profit agency”

## #60-5 Interpreting/Translation

**Funding Source:** [☐] OAA  [ ] OPI  [ ] Other Cash Funds

[ ] Contracted  [ ] Self-provided

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

Note if contractor is a “for profit agency”

## #70-2 Options Counseling

**Funding Source:** [☑] OAA  [ ] OPI  [ ] Other Cash Funds

[ ] Contracted  [☑] Self-provided

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

Note if contractor is a “for profit agency”
<table>
<thead>
<tr>
<th>Service Description</th>
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<th>Contractor Info</th>
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<tr>
<td>#70-2a/70-2b Caregiver Counseling</td>
<td>OAA, OPI, Other Cash Funds</td>
<td>Contracted, Self-provided</td>
<td>Contractor name and address (List all if multiple contractors): Note if contractor is a “for profit agency”</td>
</tr>
<tr>
<td>#70-5 Newsletter</td>
<td>OAA, OPI, Other Cash Funds</td>
<td>Contracted, Self-provided</td>
<td>Contractor name and address (List all if multiple contractors): Note if contractor is a “for profit agency”</td>
</tr>
<tr>
<td>#70-8 Fee-based Case Management</td>
<td>OAA, OPI, Other Cash Funds</td>
<td>Contracted, Self-provided</td>
<td>Contractor name and address (List all if multiple contractors): Note if contractor is a “for profit agency”</td>
</tr>
<tr>
<td>#70-9/70-9a Caregiver Training</td>
<td>OAA, OPI, Other Cash Funds</td>
<td>Contracted, Self-provided</td>
<td>Contractor name and address (List all if multiple contractors): Note if contractor is a “for profit agency”</td>
</tr>
<tr>
<td>#70-10 Public Outreach/Education</td>
<td>OAA, OPI, Other Cash Funds</td>
<td>Contracted, Self-provided</td>
<td>Contractor name and address (List all if multiple contractors): Note if contractor is a “for profit agency”</td>
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<tr>
<td>#71 Chronic Disease Prevention, Management/Education</td>
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<td>--------------------------------------------------</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Funding Source: ☐ OAA  ☐ OPI  ☐ Other Cash Funds</td>
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</tr>
<tr>
<td>☐ Contracted  ☐ Self-provided</td>
<td></td>
<td></td>
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<tr>
<td>Contractor name and address (List all if multiple contractors):</td>
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<td>Note if contractor is a “for profit agency”</td>
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<thead>
<tr>
<th>#72 Cash and Counseling</th>
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<tbody>
<tr>
<td>Funding Source: ☐ OAA  ☐ OPI  ☐ Other Cash Funds</td>
</tr>
<tr>
<td>☐ Contracted  ☐ Self-provided</td>
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<tr>
<td>Contractor name and address (List all if multiple contractors):</td>
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<td>Note if contractor is a “for profit agency”</td>
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<table>
<thead>
<tr>
<th>#73/73a Caregiver Cash and Counseling</th>
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<tr>
<td>Contractor name and address (List all if multiple contractors):</td>
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<tr>
<td>Note if contractor is a “for profit agency”</td>
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<table>
<thead>
<tr>
<th>#80-1 Senior Center Assistance</th>
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<tbody>
<tr>
<td>Funding Source: ☐ OAA  ☐ OPI  ☐ Other Cash Funds</td>
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<td>Note if contractor is a “for profit agency”</td>
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<table>
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<th>#80-4 Financial Assistance</th>
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<td>☐ Contracted  ☐ Self-provided</td>
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<td>Contractor name and address (List all if multiple contractors):</td>
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<td>Note if contractor is a “for profit agency”</td>
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## #80-5 Money Management

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

**Contractor name and address (List all if multiple contractors):**  
Money Management Program  
Julie Austin  
497 Oakway Rd, #100  
Eugene, OR 97401

Note if contractor is a “for profit agency”

## #90-1 Volunteer Services

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

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

Note if contractor is a “for profit agency”
**E-2 Administration of Oregon Project Independence**

Oregon Project Independence (OPI) provides limited in-home services to people 60 and older who need help in order to continue living in their own homes. The goal of OPI is to promote quality of life and independence by preventing inappropriate or premature placement in a nursing home. OPI is a state program, created and funded by the Oregon State Legislature.

**The goals of OPI are to:**
1. Promote quality of life and independent living among seniors and people with physical disabilities;
2. Provide preventive and long-term care services to eligible individuals to reduce the risk for institutionalization and promote self-determination;
3. Provide services to frail and vulnerable adults who are lacking or have limited access to other long-term care services; and
4. Optimize eligible individuals' personal and community support resources.

**Services**
- Bathing, dressing and personal hygiene
- Mobility and transfers
- Getting to and from the bathroom
- Housekeeping and laundry
- Meal preparation or Meals on Wheels
- Shopping and transportation
- Assistance with medications
- Case Management
Who is Eligible?
Individuals 60 years or older who need personal care and adults (18 years and older) with dementia (Alzheimer’s disease or related illness) who need personal and home care, do not want or who do not qualify for Medicaid and meet the requirements of the Long-Term Care Services Priority Rule, OAR 411, division 015.

Inquiries for Service
OPI has been in flux for the past two years as it has been subject to state budget cuts. For the period of August 2010 to December 2011, the program was closed to new applicants. During this time, when a potential client was identified for OPI services, they were entered into an waiting list. In January of 2012 OPI enrollment was re-opened for new applicants. When the program was re-opened, potential clients from the list were pre-screened on the telephone using an evidence based risk assessment tool. The tool rates individuals on a scale of 1 to 15+. A higher indicates a higher risk factor, and is used to prioritize clients for OPI services.

Screening
The OPI program is designed to assist clients in remaining in their own homes. Often, OPI funded services augment other support systems the client may have available. Due to limitations of funding, it should not be expected that the services offered will meet the total care needs of extremely functionally, dependent clients. Applicants are carefully screened to determine whether their needs can be met through other resources, including Medicaid.

It is the responsibility of the case manager to screen for other community services., including Medicaid. Clients receive an annual, in person, reassessment to determine if the care plan is meeting their needs. If circumstances change and Medicaid services are more appropriate, clients are encouraged to apply for Medicaid.

Eligibility
The S&DS eligibility process for OPI is as follows:
1. A potentially-eligible individual is identified by an S&DS staff person or an individual contacts our agency with a request for OPI service. The individual’s name is placed on a waiting list.
2. The individual is contacted by an OPI case manager. Program options and parameters are explained. The OPI case manager completes a scored risk assessment of the potential client.
3. The OPI program is currently open to new intakes, thus the individual is scheduled for an intake.
4. The intake, a face-to-face visit with a case manager, allows individual additional time to discuss needs and determine which program might be most appropriate. A psycho-social functional assessment is completed on the individuals wishing to apply for OPI services. Currently, OPI clients must demonstrate a need for assistance, and score a priority Level of 15 or below on the SPD CAPS assessment tool. S&DS currently limits the number of hours available to clients to no more than twenty-five (25) per month.

**Service Delivery**
The majority of the agency’s OPI clients, receive home care and/or personal care through our in-home service provider, Addus HealthCare, Inc.

The S&DS case manager assesses the need for personal care (PC), RN supervision and home care assistance (HC) (CAPS assessment); develops a case plan, including specific in-home services; determines eligibility (CAPS assessment) for publicly financed services, and discusses with the client the appropriateness of using a contract agency provider versus a HCW. If the assessment substantiates need, eligibility and appropriateness of service provision by a contract agency or a HCW, the worker authorizes the service, develops a plan of care, forwards the authorization and service plan to the contract agency or the client recruits a HCW, and assures ongoing coordination/monitoring of the service. The worker reassesses the client annually, modifying the plan of care or terminating the service, when appropriate.

Contract agency Information: The contract agency recruits, screens, hires, trains, completes criminal record checks, places and supervises the PC and HC provider and RN. Per contract, the contract agency must initiate service provision within five calendar days of referral, unless an emergency exists or another start date is agreed to by all parties. The agency coordinates service provision with the S&DS case manager and reports on service provision to S&DS on a monthly basis.

**Prioritization**
Due to the financial constraints of the OPI program, it is necessary to prioritize potential consumers based on risk levels. New clients are placed on a list and assessments are completed on waiting list clients as intake slots become available.

**Denial, Reduction or Termination of Services**
Clients, who are denied service, receive a reduction of service hours, or who are terminated from service are sent a 10 day notice, along with a copy of the S&DS OPI Grievance Procedure which outlines their right to grieve the decision. Please see OPI Grievance Procedure listed below.

**Grievance Procedure**
The Area Plan Contract between the Department of Human Services (DHS) and Lane Council of Governments/Senior & Disabled Services (S&DS) requires S&DS to establish and maintain an Oregon Project Independence (OPI) Grievance Procedure. This procedure is designed to address and resolve client grievances regarding the provision of OPI services by S&DS. Its use is most appropriate for clients who wish to grieve S&DS decisions which result in a reduction, termination, or denial of OPI services. The following process will be used to resolve client grievances concerning OPI services.

1. Guidelines and Definitions:
   a. Representation: The client may be represented at any stage in the grievance process by a representative of the clients choosing, including legal counsel. (Free legal counsel may be available from Lane County Legal Aid or Lane County Law and Advocacy Center, 376 E. 11th, Eugene, 541-485-1017.)
   b. Written Decision: A decision, rendered at any level, shall be in writing, setting forth the decision and the reason for it. The decision shall be promptly mailed to the aggrieved client or representative.
   c. Time Limits: It is important that a grievance be processed as rapidly as possible. If a grievance is not submitted by the client or his/her representative within the time limit established by this procedure, the grievance shall become void. If S&DS fails to respond to a procedural step within the established time line, the client or his/her representative may proceed to the next step of the process within the specified time line for it.
   d. Definition of the term A day: A day shall mean a business day. If a due date falls on a weekend or holiday, the due date shall be the next business day.
   e. Notices of grievance and other written correspondence regarding grievances are to be mailed or delivered to S&DS at the following address:

         S&DS Director
         1015 Willamette Street
2. Notice to Applicant or Client of Decision to Reduce or Terminate OPI Service Involuntary Reduction or Termination: When a S&DS worker determines that service to an OPI client is to be reduced or terminated, the worker shall provide to the client, by mail, a written notice of this decision. This notice shall state the specific reason(s) for this decision and shall describe the clients grievance rights, including the deadline for submitting a grievance (Refer to letter from your case manager).

3. Informal Problem Resolution Process (Optional): Ideally, differences of opinion between a client and S&DS should be resolved at the lowest level possible. If the client or his/her representative wishes to avail himself/herself of this step in S&DS OPI Grievance Procedure, the client or representative should contact S&DS worker involved in the clients case within ten (10) days of date of the mailing of the notice of contemplated action which is the subject of the grievance. Within five (5) days of this contact, S&DS worker shall schedule a meeting with the client and representative (if any) to attempt to reach a mutually acceptable resolution of the matter. Within five (5) days of the conclusion of this meeting, the worker shall inform the client or representative, as appropriate, of a decision regarding this matter.

4. Formal Grievance Process:
   a  Filing a Grievance:
      1. A client or representative may file a formal grievance with S&DS without taking advantage of the informal process described in Paragraph 3 above. If the informal process is omitted, the client or his/her representative must file a written notice of grievance with S&DS at the address set forth in Paragraph 1.e above within ten (10) days of date of the mailing of the notice of contemplated action which is the subject of the grievance.
      2. If the client or representative participated in the informal grievance process described in Paragraph 3 above, he/she or representative must file a written notice of grievance with S&DS at the address set forth in Paragraph 1.e above within ten (10) days of date of the mailing of the outcome of the informal process.
      3. Assistance in filing a written notice of grievance may be obtained from S&DS. Contact S&DS Contract Manager in the Eugene Office (541-682-4137) for assistance.
   b  Upon the receipt of a written notice of grievance, S&DS shall schedule a grievance review meeting. This meeting shall be scheduled within ten (10) days of the receipt of the grievance (note all mail is date stamped
when received at the office). The client and his/her representative (if any) shall be notified by mail of the date, time and location of the meeting. This notice shall contain the following additional information:

1. The name and phone number of the S&DS staff member to contact for additional information about the contents of the notification letter.
2. Notification of the client’s right to continue receiving OPI service while he/she is awaiting the outcome of S&DS grievance review.
3. Information on the client’s rights at the grievance review, including the right to representation and the right to have witnesses testify on his/her behalf.
4. Information on the client’s right to seek an administrative review by DHS of the outcome of S&DS grievance review.

c The grievance review meeting shall be held at the date, time and location specified in the grievance meeting notification letter. To assure impartiality, the review shall be conducted by the S&DS Contracts Manager who does not directly supervise the S&DS employee who routinely works with the aggrieved individual.

d Within five (5) days of the conclusion of this meeting, the S&DS Contracts Manager who conducted the meeting shall inform the client or representative, as appropriate, of a decision regarding this matter. This decision shall be binding unless the aggrieved client or his/her representative wishes to pursue this matter with the Oregon Department of Human Services (see below). Regardless of whether an administrative review with the Department of Human Services is pursued, if the decision of the grievance review meeting upholds S&DS plan to reduce or terminate OPI services, these services shall be reduced or terminated immediately.

e A client or his/her representative who wishes to request an administrative review hearing with the Oregon Department of Human Services may do so following the conclusion of S&DS grievance review process. The hearing request should be sent to the DHS, SPD Office of Home and Community Supports, 500 Summers NE, E-10, Salem, Oregon, 97309-4020.

**Fees for Service**
The S&DS case manager determines a client's OPI fee based on income information provided by the client or the person acting on the client's behalf. Costs for medical services are deducted from income to arrive at the amount used to determine a client’s fee. For each client determined appropriate for OPI services, based on
Administrative Rule and current agency guidelines, the case manager completes the OPI Income/fee determination, which provides for monthly income and allowable deductions. The fee is based on the state provided fee schedule and the minimum $5.00 annual OPI fee for all clients.

If service is provided by the in-home service contractor, a copy of the 546 is faxed to the contractor. The 546 includes service start date and amount of fee to be charged, if any. A copy of this form is also retained in the client’s file. A client's income and fee determination is reviewed on an annual basis at the time of the review of the service plan.

S&DS' OPI Home and Personal Care provider is responsible for billing and collection of the client fees for services they provide. The provider bills on a monthly basis. All collected fees are forwarded to S&DS by the provider. They are used to fund additional services in the year collected. Occasionally, an OPI client will receive services from a home care worker, rather than the contract agency. In these cases, client fees are determined in the same manner as previously stated. If a fee is assessed for an OPI client utilizing a home care worker, the contract manager is responsible for billing and collecting the fees. Fees collected in this manner are receipted in by clerical staff then forwarded to LCOG fiscal staff and deposited as OPI program income to be used for program services during the contract year in which they are received.

**Non-Payment of Fees**

The In-home service provider and the contract manager (for HCW clients) track the client fees. If a client's payments are in arrears and the outstanding balance is more than $5.00, the case manager contacts the client to discuss the problem of non-payment. Usually the client renders payment following this contact. On occasion, however, the case manager finds that the client's circumstances have changed (e.g., larger medical bills). If this has occurred, depending on the situation, the worker may find it appropriate to amend the extent of fees assessed or the level of services to be provided. On rare occasions, the worker identifies a client in need of OPI services who, for cognitive and/or emotional reasons, refuses to use his/her resources to pay for needed care. In this instance, the contract manager may elect to waive the OPI fee. Finally, if a client does not pay his/her bill and has no compelling reasons for not paying, the worker has the authority to terminate OPI service after staffing the situation with a supervisor and/or contracts manager. All worker-initiated changes in the level of fees assessed and changes in status are documented in the client's file and the client receives a 10 day notice along with a copy of the S&DS OPI Grievance policy.
Appendices

“Do not go where the path may lead, go instead where there is no path and leave a trail”

~ Ralph Waldo Emerson
Appendix A Organizational Chart

Updated - July 2012
Aging & Disability Resource Center / Senior Connections

Program Supervisor
Patti Little

Area Coordinators/Family Caregiver Services
- Suzanne Huebner, Cottage Grove
- Jonalou Haak, Veneta, Junction City
- Rebecca McMurrick, Oakridge
- Kristine Sirmans, Florence
- Linda Dodgen, Springfield
- Twila Jacobson, Springfield
- JoAnn Coker, Eugene
- Michelle Apparcel, Eugene

ADRC
- Judy Wolf
- Len Reuther

Updated
June 2012
Senior Meals Program
Offering Café 60 & Meals on Wheels

Program Manager
Sandy Karsten

Senior Meals Coordinator
Jim Broughton, Coburg
Kindra French, Cottage Grove
Richard Thomas, Creswell
Rose Elder, Eugene
Gwen Jaspers, Eugene
Marti Wicks, Florence
Kali Milten, Oakridge
Lee Johnson, Springfield
Jim Matejka, Springfield
Anne James, Veneta

Kitchen Assistants
Vicki Perles, Florence
Katherine Allensworth, Oakridge

Administrative Specialist
Brandi Gleason

Senior & Disabled Services
A Division of Lane Council of Governments

Updated
June 2012
Appendix B Advisory Council(s) and Governing Body

Board of Directors

The governing body of Lane Council of Governments (LCOG) is its Board of Directors, comprised of local elected officials designated to represent member governments. It is the role and responsibility of the Board of Directors to establish the policies of LCOG. Included is the power to:

- Adopt plans, policies, and position statements on behalf of the region;
- Annually adopt a work program, prescribing the activities of Lane Council of Governments;
- Annually adopt a budget, setting forth the fiscal expectations and limitations for a 12-month period;
- Appoint or remove an Executive Director; and
- Establish and charge advisory committees or councils to assist in the performance of work program tasks.

Listed are the members of the LCOG Board of Directors as of August 31, 2012:

City of Coburg: Jae Pudewell
City of Cottage Grove: Gary Williams
City of Creswell: Bob Hooker
City of Dunes City: Rebecca Ruede
City of Eugene: Chris Pryor*
City of Florence: Phil Brubaker*
City of Junction City: Dave Brunscheon
City of Lowell: Bill George
City of Oakridge: Glenn Fortune
City of Springfield: Christine Lundberg
City of Veneta: Sharon Hobart
City of Westfir: Neal Choiniere
Emerald People's Utility District: Penny Jordan
Eugene Water and Electric Board: Rich Cunningham*
Fern Ridge Library: Steve Recca
Lane Community College: Rosie Pryor
Lane County: Faye Stewart*
Lane Education Service District: Sherry Duerst-Higgins*
Lane Library District: Vacant
Lane Transit District: Mike Dubick
Port of Siuslaw: Vacant
River Road Park & Recreation District: Wayne Helikson
School District 19: Al King*
School District 4J: Mary Walston
School District 52: Alan Laisure
School District 68: Vacant
Siuslaw Valley Fire and Rescue: Vacant
Western Lane Ambulance District: Bob Sneddon
Willamalane Park & Recreation District: Greg James*

* Member of the Executive Committee of LCOG’s Board of Directors

**Advisory Councils**

The Advisory Council’s roles are to advise LCOG on issues related to services for seniors and people with disabilities who reside in Lane County, Oregon. Members are encouraged to join at least one standing committee:

- Executive Committee
- Planning & Budget Committee
- Long Term Care Committee
- Advocacy Committee
- Procurement & Monitoring Committee
- Nominating Committee
- Ad Hoc Committees

**Senior Services Advisory Council**

Rosemary Beachy, PeaceHealth Medical Group
Amy Bresler, RSVP
Kim Duerst, Trillium
Marion Esty, Community Member
Andy Fernandez, Hilyard Community Center
Carol Ford, ElderHelp
Rosemary Foster, Community Member
Heather Hall, Addus Healthcare
Rod Holst, Adult Living Solutions
Kim Kelly, Long Term Care Insurance
Karen Locke, Community Member  
Sue Maddron, Community Member  
Melanie Martinez, Pinnacle Healthcare  
Janet O’Bryant, Community Member  
Donna Peterson, New Horizons  
Jonathan Ramey, Junction City  
Dr. Dwayne Rice, Oregon Medical Group  
Dennis Shine, Community Member  
Barbara Susman, Successful Aging Institute  
Charles Tucker, Oakridge  
Ken Viegas, Community Member

Total number age 60 or over = 12  
Total number minority = 3  
Total number rural = 3

**Disability Services Advisory Council**

Bruce Abel, Trillium  
Dawn Aubrey, Full Access  
David Balthrop, Mentor Oregon  
Robert Fritson, Florence  
Linda Hamiliton, Lane County Sherriff’s Office  
Jessica Harris, Sheltercare  
Marianne Malott, Community Member  
Ed Necker, Community Member  
Stephen Pickett, Community Member  
L.M. Reese, Community Member  
Christine Riley, Lane Independent Living Alliance  
Diane Rogers, Community Member

**Community Representatives**

Terry Parker, Lane Transit District  
Kathy Jenness, Lane Independent Living Alliance

Total number rural = 2  
Total number self-indicating having a disability = 8
Appendix C Public Process

Needs Assessment

Every effort was made to include the public in the assessment process. This process consisted of on-line surveys, paper surveys and focus groups. For a full list of distribution sites, see page 127 of the Needs Assessment.

Community members were also utilized in section specific groups. Members of the professional community were invited to participate in review groups to focus on areas of expertise. i.e. for the hunger section, staff from Food For Lane County, American Red Cross and Meals on Wheels were invited to the table to help interpret research results and recommend actions.

The Planning and Budget Committee was used each step of the way to provide feedback and guidance of the process.

For a full description of the planning process see page 13 of the Area Plan.

Area Plan

Process:
Budget for 2012-13: The Planning & Budget Committee met five times to review and recommend the S&DS OAA budget expenditures for 2012-13. Additionally the Planning & Budget Committee reviewed and recommended Area Plan Objectives (or areas of focus) for 2012-13. A public hearing was held March 15, 2012.

Area Plan for 2013-16: The Planning & Budget Committee met July 26, 2012 to review the Strategic Areas of Focus and recommended goals to achieve. Two weeks prior to the public hearing a draft copy was sent to all Lane County Adult Centers and Public Libraries to announce the delivery of the Area Plan and to open for public comments.

Libraries
Cottage Grove Public Library
Creswell Public Library
Eugene Public Library
Eugene Public Library – Bethel Branch
Eugene Public Library – Sheldon Branch
Fern Ridge Library
Junction City Library
Lowell City Library
Oakridge Public Library
Siuslaw Public Library
Springfield Public Library
Alvadore Volunteer Library
Blue River Volunteer Library
Cascade Foothills Volunteer Library
Country Corner Community Library
River Road/Santa Clara Volunteer Library

**Adult Activity Centers**
Campbell Senior Center
Cottage Grove Senior Center
Florence Boosters Senior Center
Garcia Service Center
Hilyard Community Center
Peterson Barn Community Center
River Road Park & Recreation
Viking Sal Senior Center
Willamalane Adult Activity Center
Willamette Activity Center

A public hearing was held on August 14, 2012 at the Hilyard Community Center in conjunction with the Senior and Disabled Services Advisory Council. Copies of the Area Plan were distributed prior to the hearing.

**Summary of Public Hearing**

Each attendee was presented with a copy of the Executive Summary in addition to the full report (mailed out prior). The hearing was opened by S&DS Director, Kay Metzger, who provided a brief background summary on the Area Plan and the functions of the Area Agency on Aging. Angela Phinney, Contracts Manager/Planner presented on the 2013-2016 Area Plan. The presentation covered a brief description of each of the focus areas, identified gaps/issues and provided the goals and objectives recommended by the Planning and Budget Committee.
<table>
<thead>
<tr>
<th>Comments/Recommendation</th>
<th>S&amp;DS Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>A request was made to include the website for ADRC of Oregon</td>
<td><strong>Response:</strong> Website address was incorporated into the section C, ADRC</td>
</tr>
<tr>
<td>Discussion was held in regards to how to increase S&amp;DS outreach to Native Americans.</td>
<td><strong>Response:</strong> This information will be used for future outreach purposes.</td>
</tr>
<tr>
<td>A suggestion was made to visit <a href="http://www.getinvolved.gov">www.getinvolved.gov</a>.</td>
<td></td>
</tr>
<tr>
<td>Comment that on page 60, the RideSource Shopper Program does not go to Coburg, only</td>
<td><strong>Response:</strong> Correction was made</td>
</tr>
<tr>
<td>the Eugene/Springfield area.</td>
<td></td>
</tr>
<tr>
<td>Page 10 of Executive Summary. Request to add info on the work of Senior Companions in</td>
<td><strong>Response:</strong> Contributions of the Senior Companion program were acknowledged. No change to Executive Summary.</td>
</tr>
<tr>
<td>providing transportation</td>
<td></td>
</tr>
<tr>
<td>Comment that it is important for the community to understand that the problems in this</td>
<td><strong>Response:</strong> Staff from S&amp;DS acknowledged that this is a true barrier to the plan.</td>
</tr>
<tr>
<td>plan are under-represented. There is no money to do the extensive research to truly</td>
<td></td>
</tr>
<tr>
<td>reach the most underserved populations.</td>
<td></td>
</tr>
<tr>
<td>Comment was made of the importance of volunteerism and civic engagement for seniors</td>
<td><strong>Response:</strong> Research was performed to validate statement and was added to the Livable Communities section.</td>
</tr>
<tr>
<td>and the health impact it has on seniors.</td>
<td></td>
</tr>
<tr>
<td>Request was made for APS to give a presentation to Senior Companions Program and</td>
<td><strong>Response:</strong> Request was passed on the APS program and will be scheduled for a future meeting.</td>
</tr>
<tr>
<td>personal assistance</td>
<td></td>
</tr>
<tr>
<td>Request was made to add under the section of Livable Communities the importance of</td>
<td><strong>Response:</strong> The importance of volunteerism and its contribution to healthy aging was acknowledged. Information was added to the</td>
</tr>
<tr>
<td>volunteers for transportation and friendly visits.</td>
<td>Livable Communities section.</td>
</tr>
<tr>
<td>Comment was made that faith</td>
<td><strong>Response:</strong> Information was passed on to the</td>
</tr>
<tr>
<td>communities i.e. churches are looking for civic projects in the community. May be a good place to look for volunteers for programs such as the ElderHelp Program.</td>
<td>coordinator of the ElderHelp program.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Comment was made that it is important to advertise our programs for outreach purposes. An example would be to advertise in the Senior and Boomer News for ADRC.</td>
<td><strong>Response:</strong> Comment noted.</td>
</tr>
<tr>
<td>Comment was made that it would be good if there was money to provide stipends to volunteers as it would open up the ability for more seniors to volunteer in the community. An example would be reimbursement for mileage.</td>
<td><strong>Response:</strong> Comment was acknowledged.</td>
</tr>
</tbody>
</table>
Appendix D Report on Accomplishments from 2011-2012 Area Plan

1. In preparation for the new four year Area Plan that is required for 2013-16, complete an updated Needs Assessment, utilizing data from other sources to inform that process.

   **Accomplishments:**
   S&DS has used a variety of methods for identifying and verifying unmet needs among older citizens, people with disabilities and family caregivers residing in Lane County. The advisory council participated in the planning process. For the 2013-2016 Area Plan, feedback was gathered from a variety of sources, including, but not limited to: survey data, input from agency staff, and community stakeholders and secondary resources.

2. Work towards the sustaining two important grant projects within S&DS – the Mobility Management grant (in collaboration with LTD) and the Real Choices Systems Change grant (in collaboration with the State of Oregon, PeaceHealth, Lane Individual Practice Association (LIPA), Lane Independent Living Alliance (LILA), and other community partners).

   **Accomplishments:**
   A. Sustaining Mobility Management Grant
      S&DS moved its operational design from a pilot-oriented model (with one specialist testing the program and doing all the work) to a more integrated service delivery model. As a result, Mobility Management responsibilities are now incorporated into the job description of all S&DS Senior Connection staff. Extensive training was received by Senior Connection staff to properly assess and perform the transportation assessment function consistent with contract timelines and expectations.

   B. Sustaining the Real Choices Systems Change Grant
      (1) The RCSC grant-funded Resource Specialist, Judy Wolf, received specialized training in Eric Coleman’s Care Transition Intervention. Under a special 8 week agreement, Judy worked within Sacred Heart Hospital, completing daily rounds with hospital staff and identifying potential candidates for the Care Transitions Intervention (CTI).
Since this portion of the RCSC grant closed effective December 31, 2011, S&DS was forced to discontinue this service at that time. However, S&DS is in the process of renewing partnerships and building on past successful relationships to offer CTI services to hospitals using Title III-D funds and other potential opportunities through the Coordinated Care Organization.

(2) The ADRC portion of the Real Choices Systems Change Grant was approved for a no cost extension through March 2012 (original end date was September 30, 2011). Additionally, the State Unit on Aging identified S&DS as one of three agencies to test a statewide 1-800# for the ADRC. This funding runs through September 2012.

(3) ADRC functions have been incorporated into the organizational structure of services within S&DS including the job descriptions of Senior Connection staff. For example, Senior Connection staff has all received certification as Options Counselors and I&A specialists through AIRS. This standard will be incorporated on an ongoing basis into the job description.

3. Research opportunities to improve and expand services to seniors and people with disabilities through newly proposed health care initiatives and reform.

**Accomplishments:**
S&DS coordinated an intensive cross-functional workgroup to make application to the CMS’ Community Based Care Transitions Program. Funding for the CCTP is a part of the Affordable Care Act. Although our application was not funded, the collaboration served to build very positive bridges with health care providers. We are currently planning for meetings with the Coordinated Care Organization (CCO) to brainstorm how we can adapt and build on the CCTP proposal using CCO support.

4. Pursue partnerships with other organizations and agencies to combine efforts towards common objectives to improve services for seniors and people with disabilities. This includes researching the potential for blending funds and services and integrating physical health, mental health and social service interventions to provide improved health outcomes and increased independence. Report back to the Senior Services and Disability Services Advisory Councils on the progress and findings.

**Accomplishments:**
S&DS staff actively participated on the design committee and community forums for Lane County’s Coordinated Care Organization. S&DS staff has a seat on the CCOs Governing Board and also meets monthly with CCO Executive Leadership. Currently S&DS and Trillium are exploring a sustainable means to embed behavioral health clinicians and nurse practitioners alongside S&DS staff. S&DS entered into a Memo of Understanding with Trillium Community Health Plan (Lane County’s CCO) in which both organizations agreed to share information and participate in inter-disciplinary teams. This collaboration will help to break down silos, improve quality of care, ease of access for consumers, and keep both organizations accountable.
Appendix E Emergency Preparedness Plan

Please Note:

Lane Council of Governments is NOT a first responder to any type of natural or man-made disasters. We are not a part of any city/county Emergency Preparedness Plan.
EMERGENCY PREPAREDNESS PLAN

Updated: 9/18/12

Mission:
Advocate for seniors and persons with disabilities and provide to them quality services and information that promote dignity, independence, and choice.

1015 Willamette, Eugene, OR 97401
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Section 1: Introduction, Purpose, and Scope

Introduction

This document, *Emergency Preparedness Plan*, is written for the specific purpose of outlining 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 Senior & Disabled Services (S&DS) operations as well as the senior & disability community. It details the response procedures that should be followed in the case of an emergency.

An Emergency Preparedness Committee, chaired by the Contracts Manager, will meet every two years to review S&DS’s Emergency Preparedness Plan for necessary updates and revisions. During alternate years, all requests for procedural changes, suggestions, or recommendations will be reviewed at S&DS Management Team meeting for the approval and inclusion in this plan.

Purpose

The basic emergency procedures outlined in this guide are to protect the life and property through effective use of S&DS resources, and to provide for the physical and emotional well-being of our clients, employees and visitors during and immediately following and emergency.

Scope

An emergency or a disaster may occur at any time of the day or night, weekend or holiday, with little or no warning. It is also important to note that S&DS are not first responders. The purpose of this plan is to keep staff and visitors of S&DS as safe as possible until first responders are able to take over.

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. S&DS stresses human safety above material loss at all times.

S&DS is located inside the Schaefers building located at 1015 Willamette, Eugene, OR 97401. The building is three stories and including the basement level is approximately 38,142 square feet, housing over 120 employees, visitors and leasee’s at any given point in time.

- Basement Level: 12,800 sq ft
- 1st Floor: 12,613 sq ft
- 2nd Floor: 12,729 sq ft

**Level I**
Any incident, potential or actual, that will not seriously affect the overall functional capacity of S&DS. These would be emergencies that can be handled through normal operating channels. Examples include, but are not limited to, minor chemical spills, most deaths/suicides, low-level acts of violence, sewer stoppages, power outages, and weather-related situations such as occur during winter storms.

**Level II**
Any incident, potential or actual, that affects the entire building or surrounding buildings, and which may disrupt the operations of S&DS. These would be emergencies that require coordinated response beyond normal operating channels. Outside emergency services will probably be required, as well as major efforts from senior management staff. These situations are those that are likely to traumatize a significant number of community members, e.g., some deaths, violence or fire.

**Level III**
Any event or incident that has the potential or does seriously impair or halt S&DS operations. In some cases, death of personnel and severe property damage may be sustained. Such major disasters require coordinated response by all S&DS personnel and outside emergency services. These situations may include disasters such as tornadoes, hurricanes, earthquakes, major chemical incidents and major fires. In all cases, an Emergency Operations Center will be activated and appropriate support and operational plans implemented.
Vulnerable Populations
The target populations served by S&DS include seniors and people with all types of disabilities. These populations are particularly vulnerable to potentially life-threatening impacts of emergencies and disasters. Almost 70,000 Lane County residents are over the age of 60, many have critical human service needs that must be met on a daily basis. Included in this population are 8,000 frail elderly persons. In addition, of the approximately 43,000 individuals with disabilities in Lane County. It is estimated that approximately 12,000 elderly and disabled citizens are likely to require specialized assistance in crisis situations.

Types of Emergencies
S&DS is at risk from various emergencies and/or hazards. The following list identifies those that would pose the greatest need of Level II or Level III response.
- Medical Emergencies
- Fire
- Natural Disasters
- Violent or Criminal Behavior
- Utility Failure
- Bomb Threat
- Civil Disturbances
- Chemical Spills
- Pandemics

Guiding Principles
- 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 is the first goal. Every task should be evaluated for safety.
- Efforts should be made to mitigate damage to property.
- Responses should be in conjunction with local emergency authorities and/or Emergency Operations Center.
- Lines of authority should be clear to all.
- Communication is vital. Keep local and state partners and authorities informed.
- 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.

Assumptions

• Although local government has overall responsibility, the American Red Cross will manage and coordinate shelter and mass care operations within their capacity.
• Until such time that the Red Cross arrives on-scene, local government will manage and coordinate all shelter and mass care activities.
• It is plausible that it could be three (3) days before emergency personnel can respond to the scene.
• It may be necessary to shelter in place
• Other professional and volunteer organizations that normally respond to disaster situations will do so.
• A major disaster event will likely affect the lives of many Lane County and other local response 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.
• Assistance will be available from outside Lane County through mutual aid agreements and County, State, and Federal emergency agencies (i.e. FEMA).
• Experience has shown that a high percentage (50% or more) of evacuees will seek lodging from friends or relatives rather than go to established facilities during minor events or localized conditions.
• In addition to the provision of shelter and mass care, unique demands will be placed upon the delivery of human services to include the care of special needs groups and crisis counseling.
Section 2: General Plan

Declaration of an Emergency

The authority to declare an S&DS state of emergency rests with the Executive Director, the Division Director or a designee i.e., Program Manager. Until the Director makes such a declaration, Program Supervisor(s) will place into immediate effect the procedures necessary to meet the emergency, safeguard persons and property, and to secure the building.

This plan will be activated if any of the following occur. This could be caused by, but not limited to, weather or other natural event, a man-made event or a pandemic. The extent of activation will be decided by the Director.

Chain of Command

The first of the following list has the authority to activate the plan:

- Executive Director, LCOG
- Director, S&DS
- Program Manager
- Most senior Program Supervisor that is available. As soon as possible, one of the above should be contacted and authority should be transferred.

Under the provisions of S&DS Emergency Preparedness Plan, the S&DS Director has been designated as the Incident Commander, and shall be the ranking S&DS officer on site at any given time. The Director shall be responsible for the initiation and coordination of the Emergency Preparedness Plan during an emergency situation.

The Incident Commander Shall:
1. Assess and triage the incident.
2. Ensure accurate accounting of a S&DS personnel on the scene.
3. Create a Response Team (Size will depend upon the event).
4. Determine the response activities in accordance with the Emergency Preparedness Plan.
5. Assign duties
6. Ensure constant communication with themselves, Response Team and S&DS employees
7. Plan for the next phase of the response.
8. Planning for and authorizing the deactivation of the response.

**Public Relations Officer**

The S&DS Director shall also serve as the Public Relations Officer while at the scene. Only the Public Relations Officer (or a representative designated by the Director) shall provide statements to media personnel (including television, radio and newspaper). Not all employees will have all the available pertinent information; therefore, employees shall be instructed not to release any information to media personnel, and to provide a “No Comment” response when approached for information by any member of the media.

**Evacuation Supervisors**

The on-site supervisors have been designated as Building Evacuation Supervisors. The Evacuation Supervisors shall assist employees as needed during an evacuation, and to the degree as feasible, attempt to identify missing personnel.

**Emergency Operations Center**

In the event of a Level II or III disaster, an Emergency Operations Center (EOC) will be established under the direction of the Incident Commander. The location of the EOC will be announced depending on the circumstances surrounding the emergency. See Appendix E for details on establishment of the EOC.

**Emergency Management**

An *Emergency Preparedness Committee*, chaired by the Contracts Manager, will meet a minimum of every two years to review S&DS’s Emergency Preparedness Plan for necessary updates and revisions. Members of this team will consist of the following:
Emergency Resource Information

FOR ALL EMERGENCIES, S&DS EMPLOYEES SHALL DIAL 911

Resource Contacts
The following non-emergency contacts are provided for reference purposes. A full list of contact numbers can be found in Appendix C.

- Shelter
- Emergency Responders
- Transportation
- Road Information
- Wild Fire Status
- Food
- Utilities
- Information & Referral
- Public Health
- Sanitation
- Animal Shelters

Roles & Responsibilities

For full description of duties, refer to attachment H.

Emergency Director/Incident Commander: LCOG Executive Director and/or S&DS Director
Emergency Services Coordinator(s): Contracts Manager and/or APS Supervisor
Evacuation Coordinator: Support Services Manager  
Physical Damage/Maintenance: Building Supervisor  
Financial Impact: Executive Director and/or Fiscal Management  
Information Technology: IT Supervisor  
Client Impact: Program Supervisors  
Employee Impact: Human Resources  
Public Information: S&DS Director  
Food Services: Senior Meals Manager

**Activation of the Plan**

This plan will be activated if any of the following occur. This could be caused by weather or other natural event, a man-made event or a pandemic. The extent of the activation will be decided by the Incident Commander.

- The Lane County emergency manager requests activation or the participation of the office in response to an event.
- Office is unable to complete any of its mission critical duties for two (2) business days. This could be caused by power, phone, or computer outages or staff shortages.
- The office must be evacuated or is otherwise unusable for more than a couple of hours or entails significant damage to its structure.
- An event causes or probably will cause an evacuation of a significant number of clients or vulnerable citizens. *(This will be determined by the person with authority to activate the plan.)*
- Any other event that management or the most senior staff available decides warrants activation of this plan.

**Activation Authority**

The first of the following list has the authority to activate the plan:

- LCOG Executive Director
- S&DS Director
- Program Manager
- Most senior staff person available. *As soon as possible, one of the above should be contacted and authority should be transferred.*
Communication Plan

- Identify key audiences. Determine who needs to be informed of the situation, and in what order (both on- and off-site).
- Designate an agency spokesperson(s).
- Coordinate with Park Place Building and satellite offices if the event is regional.
- Provide guidance to personnel or a crisis communication team if the EOC is not activated.
- Activate all available and/or appropriate mass notification systems to communicate the message.
- Develop additional messages to be delivered repeatedly and clearly, and by one voice.
- Control the message and the flow of information.
- Keep track of all calls and requests with a contact log.
- Respond to the media quickly and fairly.
- Manage rumors and misinformation.

Decision Criteria for Communications

Five criteria shall be considered to determine the type of communication and who activates the warning:

1. Hazard Type
   - What is the hazard? (Room fire, hazardous spill, shooter, bomb threat)
   - What is the impact? (Minor, major, catastrophic)
   - What is the potential for the situation to worsen?
   - Is the situation under control?
2. Life Safety / Property Protection
   - What is the potential for death?
   - What is the potential for serious injury?
   - What is the potential for minor injury?
   - What is the potential for damage?
   - What is the potential for disruption to normal course of business?
3. Urgency
   - How soon does the message need to go out? (Seconds, hours, days)
   - Is there time for approval?
4. Audience
• Who needs to be alerted? (Administration, staff, clients, media)
• How many people need to be alerted? (dozens, hundreds, thousands)

5. Capabilities / Limitations
• What are the limitations of the system/tool? (Limited audience, lengthy delivery time, mass panic)
• Which system should be used? (Press conference, bulk text message, siren)

Emergency Communications Timeline

Goal: Post to the Web within minutes providing information, as brief as it might be, about what's happened and instructions on what to do: show S&DS is taking action. As time progresses, reports can get longer and more in-depth. Accuracy and credibility are vital; report information quickly and correct errors quickly.

Within minutes:
1. Incident Commander, report that an incident/crisis/emergency has been reported or has occurred even when only limited information is available: an earthquake has struck; an explosion has been reported; emergency responders are on the scene; more information is coming.
2. Provide instructions on what to do.
3. Post to Website
4. Notify staff through department phone messages to standby for assignments.
5. Report to EOC, if activated.

Within the first hour:
1. Update incident report and instructions on Web as frequently as possible (Ongoing)
2. Update situation with staff alerts as warranted (ongoing)
3. Prepare short statement for Incident Commander, get approval, post on Web -- if possible include instructions to employees and clients.
4. Record message to emergency 800 number; send message to local radio/tv stations. Update as necessary
5. (Ongoing)
6. Alert media to Website postings as source of information updates
7. Handle incoming media calls at EOC (Ongoing)

Within two hours:
1. Monitor news reports, blogs, etc. for inaccuracies and rumors; post corrections and rumor control information to the web (Ongoing)
2. Dispatch media relations coordinator to manage any on-site media, and report conditions to EOC (Ongoing).

**Within four hours:**
1. Determine need/timing to establish media center. Begin preparations if needed
2. Determine need for press briefing, media site tours; set time and location if formal briefing is necessary, post announcement on Web
3. Determine potential need for manned call-center; begin establishing it if needed

**With 8-12 hours:**
1. Determine need for on-going operations; plan for food/supplies.
## Communications Checklist

<table>
<thead>
<tr>
<th>Action</th>
<th>Date/Time</th>
<th>Assigned To</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Following onset of incident, emergency communications (EC) team leader obtains situation report from incident response team.</td>
<td></td>
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<tr>
<td>EC team leader launches EC team</td>
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<tr>
<td>EC team meets to assess situation, develop approach and strategies</td>
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<tr>
<td>EC team meets with senior management to determine the response and message</td>
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<tr>
<td>EC team meets with company spokesperson to discuss responses</td>
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<tr>
<td>EC team prepares initial internal and external communications</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Messages and strategy reviewed and approved by senior management</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>EC team and spokesperson deliver initial internal and external messages</td>
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<tr>
<td>EC team updates company website with information on the emergency</td>
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<tr>
<td>EC team coordinates meetings with media and delivers approved messages</td>
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<tr>
<td>EC team obtains regular status reports from BC/DR team and other teams</td>
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<tr>
<td>EC team prepares and distributes status reports regularly on the situation</td>
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<tr>
<td>EC team prepares and delivers regular updates to stakeholders, government agencies and other relevant entities</td>
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<tr>
<td>EC team prepares and delivers messages on resolution of the</td>
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<tr>
<td>emergency</td>
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<tr>
<td>EC team provides ongoing updates to internal and external parties as the situation is resolved</td>
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<tr>
<td>EC team is advised by senior management that the emergency is over</td>
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<tr>
<td>EC team stands down once the emergency has been resolved</td>
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</tr>
<tr>
<td>EC team prepares and issues post-event reports as needed to internal and external parties</td>
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<td></td>
</tr>
<tr>
<td>EC team conducts post-event review of and revision to the EC process</td>
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</tr>
</tbody>
</table>
Training, Drills and Exercises

1. Evacuation drills shall be conducted at least once every year at unexpected times and under varying conditions to simulate the unusual conditions that occur should an evacuation be necessary. These drills may be obstructed, (having various means of exit made temporarily unavailable) in order to familiarize occupants with secondary routes of evacuation, or unobstructed.

2. Evacuation drills will be scheduled by the evacuation coordinator at least one week prior to the drill.

3. Evacuation drills shall involve all occupants. Everyone shall leave the building when the fire alarm sounds. Exceptions are strongly discouraged. It may be advisable to notify anyone needing special assistance prior to planned evacuation drills.

4. In the conduct of drills, emphasis shall be placed upon orderly evacuation under proper discipline rather than upon speed. The Evacuation Coordinator and Sweeps are expected to perform their assigned duties as if in an actual emergency situation.

5. Provisions should be made for timing and evaluating the orderliness of each drill.
Section 3: Fire Prevention Plan

Background

The purpose of this plan is to circulate procedures which will minimize hazards to employees, the public, and the environment from fire. Further, to satisfy the requirements of 29CFR1910.39(b) which specifies a written Fire Prevention Plan. The Federal Occupational Safety and Health Administration (OSHA) standard for ensuring that all employers provide a fire safety plan for their facilities is presented in subpart L of title 29 of the Code of Federal Regulations (CFR) section 1919.155. In addition, the National Fire Protection Association (NFPA) has produced a series of standards which cover all aspects of fire prevention including the Life Safety Code for various types of buildings.

This plan is not intended to deal with all the complexities of fire prevention in building design, fire protection systems, high-hazard exposures, compliance with legal ordinances, or the many technicalities of fire prevention. It is meant to serve as an outline of the various aspects of S&DS fire prevention program, and as a resource for all employees.

S&DS is committed to minimizing the threat of fire to employees, visitors, and property. S&DS complies with all applicable laws, regulations, codes, and good practices pertaining to fire prevention. S&DS’s separate Emergency Action Plan spells out the procedures for responding to fires. This Fire Prevention Plan serves to reduce the risk of fires at S&DS at 1015 Willamette, Eugene, OR 97401 in the following ways:

a. Identifies materials that are potential fire hazards and their proper handling and storage procedures;
b. Distinguishes potential ignition sources and the proper control procedures of those materials;
c. Describes fire protection equipment and/or systems used to control fire hazards;
d. Identifies persons responsible for maintaining the equipment and systems installed to prevent or control ignition of fires;
e. Describes good housekeeping procedures necessary to insure the control of accumulated flammable and combustible waste material and residues to avoid a fire emergency; and
f. Provides training to employees with regard to fire hazards to which they may be exposed.

**Assignment of Responsibility**

Fire safety is everyone's responsibility. All employees should know how to prevent and respond to fires, and are responsible for adhering to company policy regarding fire emergencies.

**Management**

Management determines the S&DS fire prevention and protection policies. Management will provide adequate controls to provide a safe workplace, and will provide adequate resources and training to its employees to encourage fire prevention and the safest possible response in the event of a fire emergency.

**Plan Administrator:**


b. Conduct fire risk surveys (see Appendix H) and make recommendations.

c. Maintain an active agreement with Omlid and Sweeney Fire Company to conduct fire extinguisher maintenance for S&DS and work with this fire company to schedule such maintenance and service as required.

d. Provide logistical and maintenance support as required in support of this plan.

f. Ensure individuals in each area or building know the location of all fire extinguishers, fire exits, evacuation routes and alarm systems and how to use them.

g. Make sure all individuals in each area have taken a Fire Safety Training.
Supervisors
Supervisors are responsible for enforcing S&DS fire prevention and protection policies.

Employees

_All employees shall:_

a. Complete all required training as applicable.
b. Conduct operations safely to limit the risk of fire.
c. Report potential fire hazards to their supervisors.
d. Follow fire emergency procedures.
e. Follow safety procedures.

Plan Implementation

Good Housekeeping

_To limit the risk of fires, employees shall take the following precautions:_

1. Minimize the storage of combustible materials.
2. Make sure that doors, hallways, stairs, and other exit routes are kept free of obstructions.
3. Dispose of combustible waste in covered, airtight, metal containers.
4. Use and store flammable materials in well-ventilated areas away from ignition sources.
5. Use only nonflammable cleaning products.
6. Keep incompatible (i.e., chemically reactive) substances away from each other.
7. Perform “hot work” (i.e., welding or working with an open flame or other ignition sources) in controlled and well-ventilated areas.
8. Keep equipment in good working order (i.e., inspect electrical wiring and appliances regularly and keep motors and machine tools free of dust and grease.
9. Ensure that heating units are safeguarded.
10. Repair and clean up flammable liquid leaks immediately.
11. Keep work areas free of dust, lint, sawdust, scraps, and similar material.
12. Do not rely on extension cords if wiring improvements are needed, and take care not to overload circuits with multiple pieces of equipment.
13. Turn off electrical equipment when not in use.

Types of Hazards

The following sections address the major workplace fire hazards at S&DS facilities and the procedures for controlling the hazards.

**Electrical Fire Hazards**

Electrical system failures and the misuse of electrical equipment are 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, Property Manager shall:*

1. Make sure that worn wires are replaced.
2. Use only appropriately rated fuses.
3. Never use extension cords as substitutes for wiring improvements.
4. Use only approved extension cords [i.e., those with the Underwriters Laboratory (UL) or Factory Mutual (FM) label].
5. Check wiring in hazardous locations where the risk of fire is especially high.
6. Check electrical equipment to ensure that it is either properly grounded or double insulated.
7. Ensure adequate spacing while performing maintenance.

**Portable Heaters**

All portable heaters shall be approved by the Support Services Supervisor. Portable electric heaters shall have tip-over protection that automatically shuts off the unit when it is tipped over. There shall be adequate clearance between the heater and combustible furnishings or other materials at all times.

**Office Fire Hazards**
Fires in offices have become more likely because of the increased use of electrical equipment, such as computers and fax machines.

To prevent office fires, employees shall:

1. Avoid overloading circuits with office equipment.
2. Turn off nonessential electrical equipment at the end of each workday.
3. Keep storage areas clear of rubbish.
4. Ensure that extension cords are not placed under carpets.
5. Ensure that trash and paper set aside for recycling is not allowed to accumulate.

**Smoking**

6.230 Smoking Prohibited in Public Places and Places of Employment. Smoking is prohibited in all LCOG buildings, including, but not limited to the following:
   a. All elevators.
   b. Rest rooms, lobbies, reception areas, hallways, and any other areas of common use.
   c. LCOG vehicles
   d. Service lines, or within ten feet of a service line that extends out of doors.

**Training**

Plan Administrator shall present basic fire prevention training to all employees upon employment, and shall maintain documentation of the training, which includes:

a. Review of 29 CFR 1910.38, including how it can be accessed;
b. This Fire Prevention Plan, including how it can be accessed;
c. Good housekeeping practices;
d. Proper response and notification in the event of a fire;
e. Instruction on the use of portable fire extinguishers (as determined by company policy in the Emergency Action Plan); and
f. Recognition of potential fire hazards.
Inspection

Portable extinguishers shall be maintained in a fully charged and operable condition. Visual inspections are required to ensure that the extinguishers are in their designated places, have not been tampered with, or actuated, and are free from obvious physical damage, corrosion, or other impairments. Any extinguisher showing defects shall be removed from service and replaced with a fully serviceable unit. Fire Safety Coordinator shall maintain appropriate records of inspections through tagging of the extinguishers and other means found as appropriate. Additionally, the Fire Safety Coordinator will ensure an annual maintenance inspection is carried out, to include appropriate record updates. Fire extinguishers shall be recharged, or repaired, as necessary during this inspection to insure operability and safety. The Fire Safety Coordinator shall arrange for Hydrostatic testing of fire extinguishers as specified in 29CFR1910.157(e)(4), and shall maintain appropriate records of such testing. Unless otherwise indicated or required this inspection shall follow National Fire Protection (NFPA) standard 10, maintained on file in the Office of Fire Safety.

Each extinguisher shall have a durable tag securely attached to show inspections, maintenance and/or recharge dates. This tag shall also include the date of inspection, and the initials or signature of the person who performs the service.

Anyone noting a portable fire extinguisher in a location, or any condition that may compromise its operation, should contact the Support Services Supervisor.
**Fire Alarm, Sprinkler, and Standpipe systems**

Property Management Staff is responsible for the scheduling of required routine maintenance for all buildings which have fire alarms under the direction of the Support Services Supervisor. Property Management is also responsible for scheduling a routine maintenance for all buildings which have sprinkler, and standpipe systems. This service is conducted in accordance with the various applicable National Fire Protection Association (NFPA) Standards. Appropriate documentation shall be kept on file of such inspections.

**Safe Practices**

The easiest fire to extinguish is the one that never starts. Fire prevention is everyone’s responsibility. Unsafe practices shall not be tolerated, and if repeated, or if they should result in death, injury, or property damage, could be considered an offense against University Policy and Procedures, as well as State and local rules and regulations. The following safe practices are only common sense, yet they are often forgotten or ignored.

1. Flammable and Combustibles including data sheets, books, rags, clothing, flammable liquids (solvents, thinners, cleaners, gases), or rubbish shall not be placed or stored near heaters, and electrical appliances, (i.e., copy machines), or other potential sources of ignition.
2. Sources of actual or potential heat such as portable space heaters, hot plates, electric coffee pots, and welding or cutting apparatus will not be placed near flammable or combustible materials.
3. Care must be taken not to block potential escape routes.
4. Any gasoline, kerosene or cleaning solvents which must be stored inside, must be stored in an approved container and have the appropriate NFPA 704 markings readily visible. All portable storage cans must conform with 29CFR1910.1200(d), and any other applicable regulations.
5. **NFPA code 11.1.5** states, Extension Cords shall not be used as a substitute for permanent wiring. **11.1.5.3.1** Extension cords shall be plugged directly into an approved receptacle, power tap, or multi-plug adapter and shall, except for approved multi-plug extension
cords, serve only one portable appliance.  **11.1.5.3.2** The ampacity of the extension cords shall not be less than the rated capacity of the portable appliance supplied by the cord.  **11.1.5.3.3** The extension cords shall be maintained in good condition without splices, deterioration, or damage.  **11.1.5.3.4** Extension cords shall be grounded when servicing grounded portable appliances.  **11.1.5.3.5** Extension cords and flexible cords shall not be affixed to structures; extend through walls, ceilings, or floors, or under doors or floor coverings; or be subject to environmental or physical damage.

6. Particular care must be taken at any construction/repair site, or shop area so as to avoid an accumulation of debris.

**Emergency Procedures**

Every Building Coordinators and Floor Representatives should ensure that all persons in their respective areas know how to get out of the building in the event of a fire or other emergency. An orderly evacuation depends on both an early and effective warning system, and an individual awareness of the proper procedures to follow. Building Coordinators and Floor Representatives should include a discussion of procedures to be followed during a briefing and orientation of new employees.

The person in charge of each work area should establish procedures to be followed regarding the evacuation of buildings in emergencies. Building Coordinators and Floor Representatives must be able to account for all persons reporting to them or known to have been in the area at the time of evacuation. Pre-determined assembly points have already been established at a safe distance normally at 300 feet from any structure for personnel accounting (See Building Evacuation Map Appendix F).
Fire Exits:
Any swinging fire door and any door in any stairwell designed to prevent the spread of fire shall be provided with positive latching mechanisms to hold it in the closed position against the pressure of expanding fire gases. Fire doors shall not be secured in the open position at any time, unless configured with a magnetic release mechanism that will release the magnet when the fire alarm system is sounded.

Under no circumstances should elevators be used in the event of a fire. Every individual at S&DS is responsible to ensure he or she is familiar with all available fire exits.

Smoke Detectors and Heat Sensors:
Smoke detectors have been installed in the building with central alarm systems. The detectors are tied into a control panel which will automatically activate the fire alarm system.

Fire Drills
Should a fire alarm sound, the situation should be treated as a true emergency in which data and equipment might have to be lost in order to assure personal safety. Building Coordinator and Floor Representatives should review the contents of this document and the procedures to be followed in the event of a fire or other potentially life threatening emergency on at least an annual basis with all persons in their building.
Section 4: Senior Meals Program

Emergency Food Supplies

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

Replacement of emergency food supplies stored at the Meal Site will be handled as follows:

1. All emergency foods will be rotated yearly in the month of September.
2. The Central Kitchen Manager will discuss available menu options with S&DS Meals Program Manager and agree upon items.
3. The Central Kitchen Manager will order food items from supplier.
4. The Central Kitchen Manager will request Site Coordinators to return all unused emergency foods to the kitchen. As soon as it is returned, the Kitchen Manager will send out a new supply each fall.
5. All returned canned products in good condition will be utilized in food production in order to rotate and use up the stock. The Food Service Provider will credit S&DS for full meals returned to the kitchen (entree, vegetables and fruit).
6. The Food Service Provider will charge S&DS full meal price for new emergency food when sent to the Sites. The Food Service Provider will reimburse S&DS for cost of rolls and milk when used by the Site at the price the Site had to pay for those two items.
7. Employees who must purchase these items to complete the menu will be reimbursed by returning a receipt for purchase to the Food Service Manager at the Central Kitchen.

Emergency Meals on Wheels

Provide emergency meals for Meals on Wheels recipients when weather or other emergency prevents delivery.

Each fall either frozen or shelf stable meals will be delivered to each current Meals on Wheels participant along with storage and reheating instructions. During the winter months an Emergency Meal Box should be distributed to
each new participant. The date the meal box is distributed should be logged on the EM Column on the Reservation Roster for the month the meals were delivered.

Monitor the weather. If snow or ice is predicted, take MOW participant registrations and volunteer roster home at night.

When an emergency prevents delivery, staff will call the participant to check on their well-being and suggest they use their emergency meal.

MOW staff with remain in contact with Senior Connections Worker during a shutdown. If you discover that a person needs special help during an emergency, provide as much of the following information as possible:

1. Client name, address, phone
2. Description of the problem
3. Food supply and ability to prepare food
4. Medical status and supply of medications
5. Shelter Concerns - Water, heat, power, structural damage?
6. Pets
7. Others in the household
8. Who usually helps?
9. Neighbors, family or friends?

Emergency Meal Boxes have a 6 month shelf life. Participants will be notified to use up their Emergency Meal Box each March.

Bad Weather and Other Emergencies

The S&DS Senior Meals Program will close Café 60 when it is unsafe for participants to attend. Meals on Wheels service will be maintained for vulnerable seniors if at all possible.

Meal Sites
Each weather emergency is different and affects the various locations in the county differently. The Meal Site will be closed if the local School District closes school for the day. Site Coordinators should review this procedure several times during the winter with the participants. Generally, the Café 60 will remain open if the School District delays opening school for the day. If the local School District closes or delays school, or if the local School District is not in session,
the Site Coordinator is asked to contact the Senior Meals Program Manager or, if they are unavailable, the Kitchen Manager to discuss meal plans for the day. Site closure information will be broadcast over local radio stations after 8 a.m.

**Meals on Wheels**

Emergency Meal Boxes will be distributed to every Meals on Wheels client in November. These boxes contain instructions to save the shelf stable food for use when the volunteers are unable to deliver meals. Sites will receive sufficient boxes to supply clients who start service between November and February.

Each Site Coordinator will develop an emergency Meals on Wheels service plan.

During winter months, Site Coordinators, in conjunction with the Senior Connections Worker, will maintain an up to date list of Meals on Wheels clients names, addresses and phone numbers and information about which people have no back up support from families or neighbors to help them in bad weather. When snow is forecast, take the MOW participant list and your volunteer roster home at night.

Site Coordinators are asked to monitor weather reports. Plan to report to work unless you are notified otherwise or if local schools are closed.

If for some reason, Meals on Wheels service is cancelled for some or all clients, Site Coordinators will be expected to notify participants by phone and check on their welfare.

If the weather emergency extends into a second day, S&DS Case Managers may request that Meals on Wheels be delivered to selected vulnerable clients on a temporary basis until their regular care system can be resumed. These clients will be served temporarily if they can be accessed safely.
Rural Sites
Rural Site Coordinators will receive a 2 day supply of food for storage in their community to distribute to Meals on Wheels participants in case of Site and Kitchen closure. These meals can be distributed when volunteer assistance is available.

Metropolitan Sites
If Eugene/Springfield School Districts are not in session or closed, a decision will be made by the Senior Meals Program Manager, American Red Cross, and the Central Kitchen Manager whether or not the Central Kitchen will prepare hot Meals on Wheels for delivery.

Staff Pay During Closures
If LCOG closes the site, you are paid for your time. If the site is open, but you cannot get there, you use your vacation accrual.
Section 5: Evacuation Procedures

General Procedures

Staff Reporting/Notification

All S&DS Staff understand that during an emergency they may be reassigned to other functions necessary to assure the welfare of our clients and to provide information to the public.

Reporting in Event of an Emergency

Staff who are able to get to the office are expected to report to the office and remain available.

LCOG Administrative Procedure 1.A.5 states the leave policy during an emergency:

- Generally, LCOG offices will be closed if road conditions are so adverse that LTD discontinues operation. On days that LTD modifies routes, due to adverse conditions, employees are expected to work, but will be granted reasonable flexibility with respect to arrival and departure times.
- Employees who choose not to report to work when LTD is operating during an emergency may use accrued vacation time for paid time off. These same standards also apply to employees who reside outside the LTD service area.
- Employees who work at locations other than in Eugene are to check with their supervisor as to work hours during periods of emergency and adverse road conditions.
- In the event an emergency that occurs outside normal business hours, each staff member who is unable to report to work shall notify their supervisor by calling their voice mail by 7:15 a.m. of the next scheduled work day. This also applies to staff in outlying areas. Staff who normally report to work after 8:00 a.m. shall
phone their supervisor at the office by 8:00 a.m. if they will be late or unable to report. If the immediate supervisor is on vacation, staff should instead contact the Program Manager and/or Director to let them know if they will be late or unable to report to work.

- Office and home phone numbers of supervisors are attached to these procedures. Home phone numbers of staff will be circulated to supervisors in the event a staff member must be reached at home. Again, supervisors should be notified of staff absences via their work voice mail.

- Staff should notify the central voice-mailbox used for unplanned leave (x2631) in the event that they cannot report to work. Staff who will be absent shall also change their own voice mail message to reflect their absence. Standard greeting scripts should be followed until staff is given further instruction regarding greetings. From outside the office individuals may access their voice mail accounts by dialing (541) 682-2300, then entering their mailbox number and password. Follow the voice prompts to record a greeting.

- Supervisors will be expected to be in the office by 8:00 a.m. or they shall call (or leave a voice mail message) the Program Manager. Supervisors in the office will update their staffs’ schedules on CIAO by 8:00 a.m. The Program Manager will update staff schedules for those Supervisors who are out of the office on CIAO by 8:00 a.m. The Program Manager will determine a staffing plan and then update CIAO and inform console and reception staff as soon as possible as to who will provide backup for staff who are not present.

Evacuation Policy

In making the decision to evacuate a building, or area, everyone should put the highest priority on protection of all persons from harm, with protection of equipment, furnishings, records and other material, being secondary to the protection and safety of persons. The evacuation policy is based upon whether or not the emergency is of an interior or exterior nature.
If the need for an Evacuation is discovered:

Safely Stop Your Work

1. Quickly evacuate the building using the nearest door marked with an EXIT sign
   - Do not use elevators.
   - Go to the nearest safe stairway.
   - Help those who need special assistance, such as disabled persons and small children.
   - Touch closed doors before opening. If the surface is hot, do not open — use another exit route.
   - Close, but do not lock, all doors as you leave.

2. Report to your designated assembly area
   - Stay in your designated assembly area for a head count.
   - Report any missing individuals and last known locations to emergency responders.
   - Notify emergency responders about sensitive research, operating equipment, animals left in buildings, etc.

3. Wait for instructions from emergency responders
   - Remain outside at your designated assembly area.
   - Do not reenter the building until authorized to do so by an appropriate authority (police, fire department, etc.).

Evacuation Procedures for Individuals with a Disability

Persons with a disability or medical condition may not be able to evacuate without special assistance. Employees should inform their Floor Proctor of any special needs that may be necessary during an emergency situation using the Emergency Evacuation Special Needs Notification. The Sweep will communicate the special needs with the Evacuation Coordinator and other emergency personnel as appropriate.
The Sweep should ensure that individuals with disabilities are provided with assistance during an emergency situation. Never attempt to use an elevator unless instructed to do so by emergency personnel.

**Buddy System Option**
Make use of a "Buddy System." Individuals with a disability should inform colleagues of any special assistance that may be required in the event of an emergency or emergency evacuation (i.e., hearing the alarm, guidance during the alarm, etc.).

When there has been notification of an emergency situation, the "Buddy" will make sure of the location of the person with a disability, then go outside and inform emergency personnel that a person in that location needs assistance in leaving the building. Emergency personnel will then enter the building and evacuate that person.

**Evacuation Options during an Emergency**
Use of the "Buddy System" along with the following evacuation options will help to assure the prompt evacuation of any person with a disability.

- **Horizontal Evacuation**
  Move away from the area of imminent danger to a safe distance (i.e., another wing, adjoining building, opposite end of corridor, outside to ground level).

- **Vertical (Stairway) Evacuation**
  Stairways can be used by those who are able to evacuate with or without assistance. Persons with sight disabilities may require the assistance of a sighted person. Persons who must use crutches or other devices as walking aids will need to use their own discretion, especially where several flights of stairs are concerned.

- **Stay in Place**
  Unless danger is imminent, remain in a room with an exterior window and a telephone closing the door if possible. Dial 9-911 (if this hasn't been done). The operator will give emergency personnel the location of the disabled person who needs evacuation assistance. If phone lines fail, the disabled person can signal from the window by waving a cloth or other visible object.

- **Area of Refuge**
  If the person with a disability cannot get far away from the danger using the Horizontal Evacuation, then that person should seek an area of refuge away...
from danger. Such an area should have the following if possible: 1) telephone communication, 2) a sprinkler system, 3) fire rated doors, walls, or ceilings if available. Specific areas of refuge for our building would be:

- Basement Level: Ed’s Room, by stairs
- First Floor: 10th Street Conference Room
- Second Floor: Lobby close to the stairs

**Disability Guidelines**
Prior planning and practicing of emergency evacuation routes are important to ensure a safe evacuation

- **Mobility Impaired (Wheelchair)**
  Persons using wheelchairs should stay in place or move to an area of refuge with their assistant when they are notified of an emergency situation. If a building evacuation is required, the assistant should then proceed to the evacuation assembly point outside the building and tell emergency personnel the location of the person with the disability. If the person with the disability is alone, the person should dial 911 and tell the emergency operator their location and that they need assistance. Never attempt to use an elevator unless instructed to do so by emergency personnel.

- **Mobility Impaired (Non-wheelchair)**
  Persons with mobility impairments, who are able to walk independently, may be able to negotiate stairs in an emergency with minor assistance. If danger is imminent, the individual should wait until the heavy traffic has cleared before attempting the stairs. If there is no immediate danger (detectable smoke, fire, or unusual odor) the person with the disability may choose to stay in the building, using the other options, until emergency personnel arrive. Never attempt to use an elevator unless instructed to do so by emergency personnel.

- **Visually Impaired**
  Most buildings are equipped with fire horns/strobes that sound the alarm and/or flash strobe lights. The horn is for sight-impaired persons. Most people with a visual impairment will be familiar with their immediate surroundings and frequently traveled routes. Since the emergency evacuation route is likely different from the commonly traveled route, persons who are visually impaired may need assistance in evacuating. The
assistant should offer help to the individual with visual impairment and guide him/her through the evacuation route. Never attempt to use an elevator unless instructed to do so by emergency personnel.

**Interior Fires**

Fires in interior workplaces pose the greatest risk to employees. These fires can produce greater exposure to quantities of smoke, toxic gases, and heat because of the capability of a building or structure to contain or entrap these combustion products.

*Upon discovery of any interior fire, the following procedures shall be followed:*

1. Activate the building fire alarm.

2. When you are evacuating from your area/building, you are to meet in your designated meeting place. These areas are located on the buildings Evacuation Maps. The Evacuation Maps are located in the buildings on every floor. If possible, without compromising safety, close all windows and doors in the vicinity of the fire.

3. Assist any disabled or vulnerable clients and/or employees from the building. **Do not use the elevator.** Do not panic.

4. From a telephone in a safe location, 911, and provide the Operator with the following information:
   
   a. Your name, department name, current location and telephone number.
   b. Location of the fire (building and room number).
   c. Description of the fire (size, materials involved, how long it has been burning and what actions have been taken).
   d. The extent of injuries, if appropriate.
   e. If someone is trapped.

5. Even if properly trained in the use of fire extinguishers, before considering fighting an interior fire ask yourself these questions.
a. Can I escape quickly and safely from the area if I attempt to extinguish the fire? (The first priority for you and your buddy is safety.)
b. Do I have the right type of extinguisher?
c. Is the extinguisher large enough for the fire?
d. Is the area free from other dangers, such as hazardous materials and falling debris?

6. Never attempt to fight an interior fire if any of the following conditions exist:

a. If you answer NO to any of the above questions.
b. If the fire is spreading beyond the immediate area where it started, or is already a large fire.
c. If you are unsure of the proper operation of the fire extinguisher.

NOTE: If any of the above conditions exist, it is reckless to attempt to fight the fire with a portable extinguisher. Instead, leave the area immediately. If possible, without compromising safety, close all windows and doors in the immediate area of the fire.

7. If trapped in the building during a fire, do the following:

a. **STAY CALM. DO NOT PANIC.**
b. Keep all doors and windows closed.
c. Place an article of clothing inside or outside the window, if a window is available, as a marker for the emergency rescue crew. **DO NOT LEAVE THE WINDOW OPEN.**
d. Stuff objects, such as wet cloth towels, into openings to prevent smoke from entering the area.
e. Wet clothing if possible. Wrap wet clothing around face to minimize smoke inhalation. Fill sinks and tubs with water if possible to maintain a supply of water.
f. Keep your head no more than 8-12 inches off the floor where the air is less toxic.
g. Shout at regular intervals to alert emergency crews of your location.
h. Maintain contact with Emergency Operator by telephone as long as possible.
Exterior Fires

Work areas which are normally open to the environment are somewhat less hazardous because the products of combustion generally are carried away by the thermal column of the fire. Employees also have a greater selection of evacuation routes if it is necessary to abandon any ongoing employee firefighting actions.

Upon discovery of any exterior fire, the following procedures shall be followed:

1. If the fire poses a threat to any immediately adjacent structure, inform someone inside the building so that personnel can evacuate the building and go to their designated meeting area.

2. Call 911 and provide the Emergency Operator with the following information:
   
a. Your name, department name, current location and telephone number.
b. Location of the fire (building and room number).
c. Description of the fire (size, materials involved, how long it has been burning and what actions have been taken).
d. The extent of injuries, if appropriate.
e. If someone is trapped.
f. Automobile fires can be extremely hazardous due to the type of materials used for construction and the proximity of the fuel tank. Most automobiles contain synthetic materials which may produce cyanide and a host of other highly toxic gases when burned. Stay upwind at all times. Do not try to extinguisher the fire. Keep others clear of the area until emergency personnel have arrived on scene.

Coordinating with the Fire Department
Stand well away from the building, driveways, roads, and fire hydrants. Arrival of fire trucks and other emergency responders can be hindered by you or your vehicle. When you evacuate the building you need to go to the designated meeting place and will stay there until it is all clear. If you have specific knowledge of the fire (nature, location, or hazards) stay at your designated meeting place and tell your Incident Commander, because you may be questioned.

Assembly of Evacuees

The Emergency Management Team will designate particular areas for all building occupants to meet during evacuation. These areas are indicated on the evacuation maps located the building. The wind carrying smoke and toxic gases could affect those who have evacuated the building. In case of this situation the Incident Commander will designate a safer area. The assembly areas will be at least 300 feet from the affected building or area, and will have a building or garage in case of bad weather. The Building Coordinator should conduct a “roll-call” or similar action to ensure that everyone is clear of the building. The Building Coordinator should then report the results of the roll call to Police Personnel or other appropriate emergency personnel. If a person cannot be accounted for, the Building Coordinator should immediately notify the nearest Police Officer. He/She will in turn notify the Incident Commander.

Portable Fire Extinguishers

Portable fire extinguishers are designed to cope with fires of limited size. Fire extinguishers should be checked for use codes and used only on the type of fires for which the contents are specified. All portable fire extinguishers currently being utilized within S&DS are of the dry chemical type ABC or “triple purpose”, and can be used on Class “A” through “C” user unique locations, i.e., Halon and FM200.

Aftermath Procedures

1. The Incident Commander will designate someone to review the area or building to ensure that it is safe to return.
2. Emergency Personnel will notify the Building Coordinators, Floor Representatives, when the building is safe to enter.

3. As building operations return to normal and building occupants return to their respective work areas, all individuals need to be aware of the following hazards that may exist:
   
   a. broken glass and other sharp objects
   b. electrical wires
   c. tripping hazards
   d. partial power to equipment
   e. chemical hazards

4. Hazards should be reported to your supervisor and to the Support Services Supervisor. Do not attempt to make any repairs or enter an area in which these hazards are present.
Section 6: Business Continuation Plan

It is critical to identify the essential functions and personnel that must be in place during and immediately after an emergency/disaster to ensure that this agency maintains stability. These critical functions require a plan for continued operations during and after any level of emergency or disaster.

This Plan identified seven objectives of continuity of operations that include:

- To ensure the continuous performance of S&DS essential functions during an emergency;
- To ensure the safety of employees;
- To protect essential equipment, records and other assets;
- To reduce disruption to operations;
- To minimize damage and losses;
- To achieve orderly recovery from emergency operations;
- To identify relocation sites and ensure operational and managerial requirements are met before an emergency occurs.

The following are elements to consider in planning for the continuity of operations:

- Evacuation of office site;
- Identification of Alternative Office Site(s);
- Transportation to Alternative Office Site(s);
- Replacement/repair of damaged/destroyed essential equipment;
- Identification of Mutual Aid Agreements;
- Identification of Vital Functions;
- Establishing policies;
- Risk Assessment.

Evacuation of Office Site

The evacuation of this agency office building is to ensure the safety of all staff and visitors. Evacuation routes are posted throughout the agency building. All exits are clearly marked. The following personnel have the authority to evacuate the building by order of importance:

- Executive Director
The evacuation plan includes:

- When the alarm is sounded, employees are to exit the building immediately following the safest and nearest evacuation route from where they are located at the time;
- Program Supervisors are to assist and monitor the evacuation of employees in their department;
- When exiting the building, employees are to go to the parking lot behind LCC Downtown Center.
- Program Supervisors shall:
  - Account for each of their staff member to determine if they have safely exited the building.
  - Provide the Evacuation Coordinator with the status of their staff members:
    - All accounted for or:
    - All accounted for with the exception of…
- Trained staff members are to render first aid as necessary.
- The Evacuation Coordinator will:
  - Notify and keep the Incident Commander informed
  - Consult with the on the scene Emergency Response Personnel if necessary to determine if the building is safe for staff members to return.
  - No one is to re-enter the building until the on the scene Emergency Response personnel gives the all-clear.

Identification of Alternative Site

The identification of potential alternative agency office sites is to ensure there is appropriate and viable alternative location for S&DS to continue essential operations during an emergency/disaster.

The following are identified as alternative sites for this agency:
Warm Site
An alternative processing site which is partially equipped (as compared to a Hot Site which is fully equipped). Computers and communications will be available to support necessary functions. *This site will be located at the Park Place Building.*

Cold Site
Relocation to a site that is reserved for emergency use, and relies on the use of agency staff who can work with senior and disabled citizens. (I.E. Red Cross Shelter)

Hot Site
A fully equipped operational site. This shall be located at the Cottage Grove office.

Transportation of Alternative Office Site

If an alternative site is needed for operations, the Evacuation Coordinator will need to coordinate a transportation plan depending on:

- Availability of staff to do the transporting;
- Availability of vehicles for the transporting
- Distance and routes available for transporting
- Arrangements needed with other agencies, i.e. LTD.

Replacement/Repair of Damaged/Destroyed Essential Equipment

The following list represents essential equipment that may require replacing/repairing damaged/destroyed during/after an emergency/disaster:

LCOG currently has a contract with Agility that is responsible for replacing our equipment in the event of a disaster.

Identification of Mutual Aid Agreements

Currently S&DS plays a leadership role in the Vulnerable Populations Emergency Preparedness (VPEP) Steering Committee. The Contracts Manger serves as the Chair and the APS Supervisor serves as Vice-Chair. The goal of VPEP is to create a community-wide plan that will incorporate agencies serving vulnerable populations including: Seniors and people with physical and developmental disabilities. In this plan agreements will be made with the following:
• With other Area Authorities
• With Lane County
• With State Facilities
• With Emergency Management

Areas of Responsibility and Identification of Vital Functions
S&DS is responsible for managing Medicaid and Older Americans Act funds for seniors and people with disabilities. This agency is organized into twelve (12) functional areas of responsibility. They are:

• Administration
• ADRC/Senior Connections
• Adult Foster Care Unit
• Adult Protective Services
• Business Management
• Case Management of Seniors and People with Disabilities, Oregon Project Independence (OPI) & Intake Unit
• Eligibility
• Facilities
• Human Resources
• Information Technology
• Senior Meals Program
• Support Services

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<th>Vital Function</th>
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<td>• Executive Leadership</td>
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| Assistance                                       | • Licensing new foster homes  
• Monitoring Visits  
• Crim Checks  
• Assist APS as Needed | • Welfare Checks                                                           |
| Adult Foster Care Unit                           |                                                                            |                                             |
| Adult Protective Services                        | • Triage  
• Screening  
• Investigations  
• Intervention | • Welfare Checks                                                           |
| Business Management                              | • Accounting  
• Auditing  
• Risk Management  
• Purchasing  
• Payroll  
• Purchasing | • Payroll                                                             |
| Case Management / OP I/Intake Case Management of Seniors and People with Disabilities, Oregon Project Independence (OPI) & Intake Unit | • Provide In-Home Svcs  
• Determine Eligibility | Provide Welfare Checks |
| Community Based Facilities & Nursing Homes       | • Financial/Service Eligibility  
• Facility Placements  
• Placement Issues  
• Basic Case Management | • Emergency Placements/Relocation |
| Eligibility                                      | • SNAP  
• OHP | • D-SNAP  
• Paper Medical Cards  
• Emergency Intakes |
| Human Resources                                  | • Hiring  
• Orientation  
• Personnel Records  
• Recruiting  
• Staff Assistance | • Access to Personnel Records |

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<td><strong>Senior Meals Program</strong></td>
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<td>PREPARE &amp; DELIVER MEALS</td>
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<td>• Prepares Meals for entire County</td>
<td>• Make and receive bulk food deliveries</td>
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<td>• 2 Food service Delivery Trucks</td>
<td>• Safely Prepare fresh meals</td>
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<tr>
<td>• Lease/Equip and Maintain Central Kitchen (1407 Cross St, Eugene)</td>
<td>• Safely Distribute Fresh &amp; Frozen Food from Central Kitchen to 11 Service Locations</td>
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<tr>
<td><strong>SMP: Main Office</strong></td>
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<td>• Budget Management</td>
<td>Coordination between kitchen, site staff, facility owners, road conditions, utilities, public information in affected areas.</td>
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<td>• Personnel Management</td>
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<tr>
<td>• Fund Raising 25% of Budget</td>
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<td>• Program Management</td>
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<td>• Facility Relations/Agreements</td>
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<td><strong>Congregate &amp; Home Delivered Meals</strong></td>
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<tr>
<td>• Operate 11 Meal Sites/</td>
<td>• Safe, sanitary dining rooms for congregate dining</td>
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<tr>
<td>• Operate 9 MOW Dispatch Locations (including 1 contracted to Red Cross)</td>
<td>• Safe sanitary kitchen facilities to receive, hold and portion food for delivery</td>
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<td>• Coordinate Daily Meals on Wheels Routes &amp; Volunteers</td>
<td>• Volunteer Management - for kitchen and Meals on Wheels operation</td>
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<tr>
<td><strong>PREPARE &amp; DELIVER MEALS</strong></td>
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<td>• Safely Distribute Fresh &amp; Frozen Food from Central Kitchen to 11 Service Locations</td>
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Policies

S&DS maintains and annually reviews all business continuity and disaster planning policies and procedures. This includes:

- Determination of essential personnel during an emergency/disaster based on essential functions;
- Establishing lines of succession to essential positions and delegations of authority;
- Pre-delegation of emergency authorities;
- Determination of how staff and others will be notified of operational changes;
- Established policies to meet the staff health, family and psychological needs.

Risk Assessment

S&DS will conduct an annual risk assessment, annual review of the Disaster Plan and participate in drill exercises. When risks are identified, strategies will be developed.
Section 7: Emergency Procedures Action Plans

FOR ALL EMERGENCIES, S&DS EMPLOYEES SHALL DIAL 911

Medical Emergency

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.

Burns
First-degree burns are red and painful but don’t have blisters. For a first-degree burn, put the injured area under cool water. Second-degree burns are deeper, painful and have blisters. They should be washed with soap and water and treated with an antibiotic ointment. If the blisters are severe, the skin looks white or charred, cover the burn with a non-stick sterile gauze bandage, if you have one, and seek medical attention.

Seek immediate emergency treatment if the burn is on the face, hands, feet or genitals; covers more than one square inch of skin; or causes respiratory problems because of smoke inhalation, indicated by coughing, wheezing, soot-tinged spit, or red sores in the mouth.

Choking
If the person is still conscious, stand up and hold the person from behind. Wrap your arms around his or her waist and put one fist against the abdomen. Make sure your fist is slightly above the navel but below the rib cage. Holding your other hand over your fist, quickly thrust in and up with both hands four to 10 times. Call for emergency medical help if the person continues to choke.
Heart Attack

If you suspect someone is having a heart attack:
- Call 911 or your local access number for emergency medical service.
- Tell the dispatcher where you are. Don't hang up until you're told to do so.
- Give the person CPR only if you've been properly trained to do so.
- Utilize the Defibrillator. Locations:
  - 1st floor, directly across from the Support Services Supervisor – right outside the door of the front workroom.
  - 2nd floor, on the wall next to the car keys in the workroom.

While waiting for emergency help to arrive:
- If possible, get the person into a relaxed sitting position, with the legs up and bent at the knees, to ease strain on the heart.
- Loosen tight clothing around the neck and waist. Stay calm and reassuring.

Poisoning

If someone has been poisoned, call a poison-control center or 911. Try to determine what the person has swallowed by finding the product container. Don't induce vomiting unless instructed to do so by medical personnel. The American Association of Poison Control Centers is available by telephone at 800-222-1222 to help you locate a poison control center that is open 24 hours a day, 7 days a week.

Severe Bleeding

Elevate the injured area, support it, then use a sterile pad to apply pressure to the wound. If blood seeps through the pad, place additional clean pads on top of each other. Wear rubber gloves or place plastic bags over your hands to prevent hepatitis or HIV infection. Call for emergency medical assistance.

Stroke

If someone is having a hard time breathing, talking, seeing or moving one side of his or her face or body, the person could be having a stroke. Call 911 or seek emergency medical help right away.
Fire

In all cases of fire all employees are to follow the Evacuation Procedures outlined in Section 5.

Natural Disasters

If a natural disaster such as an earthquake or hurricane has been forecast or is imminent for the area, the following actions shall be taken:

1. A member of the Management Team shall notify all employees of the warning and instruct employees to assemble in the building’s shelter area.
2. Upon hearing the notification of the warning, all employees shall gather in the building’s designated shelter area.
3. When all employees have gathered in the shelter area, the Program Supervisors shall take head counts of the employees in their department.
4. If it is determined that employee(s) are missing, the Program Supervisor(s) shall re-check the facilities, provided it is safe to do so.
5. If employee(s) cannot be located, Program Supervisor will report to the Incident Commander.

NOTE: It is advised that the following are kept ready for use, in each floor’s shelter area:

- Portable emergency band radio
- Portable transistor radio
- Flashlight(s)
- Spare Batteries
- First Aid Kit
- Water
- Granola Bars

Hurricane

High winds, flooding and flying debris resulting from hurricanes also can be dangerous killers. While hurricanes typically threaten coastal areas, they can also inflict damage far inland. A hurricane watch is issued when
a threat hurricane conditions within 24-36 hours. A hurricane warning is issued when hurricane conditions (winds of 74 miles per hour or greater or dangerously high water and rough seas) are expected within 24 hours or less. The hurricane season lasts from July through November.

**In the event of a hurricane:**

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 the glass windows and doors in the lobby areas.
3. Do not attempt to open windows or doors to see what is happening outside. Wind currents are especially strong near high-rise buildings.
4. Employees should report all accidents, injuries, broken windows, or excessive water to your Supervisor or the Incident Commander.
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, and elevators will be shut off. DO NOT ATTEMPT TO GO OUTSIDE.

**Tsunami Emergency Procedures**

A tsunami can cause major damage and loss of life along coastal areas, such as Florence.

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 that give little or no warning for nearby shorelines, but they are powerful enough to send tsunami waves across thousands of miles of ocean to another shore far away.

**Broadcast Warnings**

Listen to broadcasts that keep citizens up to date of a potential tsunami situation. National Oceanic and Atmospheric Administration weather radios are especially helpful in sending out immediate warnings and instructions. Also, local news
stations are typically quick to respond and get the message out to the people in their viewing or listening area.

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.

**Stay away from the shoreline.**

It may seem like an obvious response to a tsunami warning to move away from the shoreline and seek higher ground, but staying away is just as important. Tsunamis do not occur as a single wave, but are instead a series of waves that are unpredictable. This means moving away to higher ground for the arrival of a first wave is pointless if you return to the shore only to be swept up in a second, potentially larger wave that arrives soon after. Never go near the water or return to low ground until the all-clear signal has been given. Only then is it safe to go back to these areas.

**Earthquake**

One of the most frightening and destructive phenomena of nature is a severe earthquake and its terrible aftershocks. An earthquake is the 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 time.

- Duck and cover!
- Stay Calm!
- Think clearly and use common sense.
- Don't run for the exit; there may be a stampede.
- Stay on the same floor.
- Move away from windows.
- Crouch under a desk, bench, or table.
- Do not use the elevator.
- Expect the fire alarm and sprinkler to activate.
- Drop, cover and hold on.
- Do not come out until instructed to do so.
Flood

Floods are one of the most common hazards in the United States, however not all floods are alike. Some floods develop slowly, while others such as flash floods, can develop in just a few minutes and without visible signs of rain. Additionally, floods can be local, impacting a neighborhood or community, or very large, affecting entire river basins and multiple states.

Flash floods can occur within a few minutes or hours of excessive rainfall, a dam or levee failure, or a sudden release 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 event typically occurs when waterways such as rivers or streams overflow their banks as a result of rainwater or a possible levee breach and cause flooding in surrounding areas. 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.

Evacuation tips:
1. Turn off the 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. Do not walk through moving water. Six inches of moving water can make you fall. If you have to walk in 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 Storms
• A winter storm watch means severe weather is possible
• A winter storm warning signals that severe weather is expected
• A blizzard warning signals severe weather with sustained winds of at least 35 miles per hour
• A traveler’s advisory means that conditions may make driving difficult.

In some instances during extreme weather or other emergency conditions LCOG/S&DS may opt to close operations. S&DS Director will notify employees if evacuation is necessary.

Violent or Criminal Behavior

LCOG Policy 5.11 Violence in the Workplace
For purposes of this policy, violent behavior is defined as:

• Loud, angry or disruptive behavior that is clearly not a part of the typical work environment.
• The actual or implied threat of harm to an individual, group of individuals, or relatives of those individuals.
• The possession on agency premises of weapons of any kind, or the brandishing of any object that could reasonably be construed as a weapon.
• Callous or intentional disregard for the physical safety or well-being of others.
• Willful destruction of agency or employee property.
• Commission of a violent felony or misdemeanor on agency premises.
• Any other conduct that a reasonable person would perceive as constituting a threat of violence. *Examples include:*
  - Inappropriate verbal behavior such as derogatory name calling; profanity; ridicule; coercion; inappropriate phrases; threats;
  - Inappropriate physical behavior such as hitting; slapping; kicking; scratching; pinching; poking; choking; pushing.

To protect themselves, employees should observe the following:
- Employees who believe they are in dangerous situations should leave the immediate area and contact authorities at 911 for immediate assistance.
- Employees can request that clients who yell or threaten LCOG employees, clients, or other providers, leave the premises immediately.
- Employees who are subject to or witnesses violent acts, or have reason to believe that such actions may occur, should report the incident promptly to a supervisor, Division Director, or to the human resources office.
- With approval from the Supervisor, employees can deny services to clients who act violently or threaten LCOG employees, clients, or other providers. These incidents should be documented in writing and, when feasible, employees should provide clients with appropriate counsel and warnings regarding potential consequences of abusive behavior and language.

**Utility Failure**

In the event of a major utility failure occurring during regular working hours, immediately notify Facilities Management or Support Services Supervisor.

If there is a potential danger to building occupants, or if the failure occurs after hours, weekends or holidays, contact your Program Supervisor.

Follow the standard evacuation procedures if a building emergency exists. Always observe the above procedure whenever the following utility emergencies arise:

**Electrical/Light Failure**
Keep a flashlight and portable radio available for emergencies.

**Elevator Failure**
If you are trapped in the elevator, turn on the emergency alarm (located on the front panel), which will signal for help.

**Plumbing Failure/Flooding**
Cease using all electrical equipment. Notify Facilities Management or the Support Services Supervisor.

**Ventilation Problem**
If smoke odors come from the ventilation system, immediately notify your supervisor. If necessary, cease all operations and vacate the area.

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

*Important: Do not touch any suspicious object or potential bomb.*

1. The person receiving a threat should remain calm and attempt to obtain much information as possible from the caller by using the check list given on Appendix I. (please note that this check list can be adapted for any threat).
2. Call 911. Give your name, location, and telephone number. Inform them 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. The Incident and other authorities will be responsible for necessary evacuation of buildings or the campus.
4. If you should spot something out of the normal that appears suspicious, report it to your Supervisor. Under no circumstances should you touch, taper with, or move objects that look out of place or confront persons acting suspicious.
5. Immediately cease the use of all wireless transmission equipment (cellular phone, 2-way radio).
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 lanes and hydrants and walkways clear to emergency vehicles and crews.
9. Do not return to the building until told to do so by Emergency Personnel.
10. In some cases, it will be necessary for Emergency Personnel to enlist personnel from the affected building to assist in the identification of suspicious packages. Please assist the emergency personnel as much as possible.

11. Bomb threats received by means other than telephone are to be reported to your Supervisor immediately.

**Civil Disturbances**

If a civil disturbance (i.e. protest, large crowd, strike) occurs or is imminent, the Management Team will take the following actions:

1. 911 shall be called to begin local emergency response
2. All doors, windows, gates, or other points of access shall be locked and secured.
3. Employees shall gather in a safe location within the building, away from windows or doors.
4. Prior to the start of their shift, all in-coming employees shall be contacted and informed to remain at home.

**Other Emergency Scenarios**

In the event of a unique emergency situation, (including, but not limited to) robbery, vehicle accident, hostage situation, etc.), the Management Team shall immediately be notified of the situation. At that time, a course of action shall be determined and further instructions shall be issued to S&DS employees.
Section 8: Disaster Recovery

Recovery of Office Functions

The survival and safety of S&DS employees is the highest priority in a work-related incident or disaster. Following a disaster, the final step of the Emergency Preparedness Plan is disaster recovery. Disaster recovery shall involve the following:

- The Management Team shall survey the scene of the incident or disaster.
- The following professionals and agencies shall be consulted for further recommendations (including, but not limited to):
  - Building/Structural Engineers
  - Fire Marshall
  - Law Enforcement
  - Plumbers
  - Electricians
  - Local Utility Provider
  - Other Professionals as necessary
- If an employee fatality occurs as a result of work-related disaster or incident, the Incident Commander, or assigned designee shall notify OSHA within 8 hours of the incident’s occurrences.
- If 3 or more S&DS employees are hospitalized as a result of a work-related disaster or incident, the Incident Commander, or assigned designee, shall notify OSHA within 8 hours of the incident’s occurrence.
- Upon consultation with the appropriate individuals and/or agencies, the Incident Commander shall make a final determination as to when normal operations can resume.
- The Incident Commander, or assigned designee, shall direct any salvage and recovery operations done by S&DS employees. Salvage and recovery efforts shall include the salvage of any usable, undamaged, and functioning S&DS equipment, machinery, tools, records, furniture, etc. S&DS employees shall only do salvage and recovery efforts, provided that the building has been deemed safe for entry and occupancy.
- The S&DS Director shall ensure that a thorough and comprehensive investigation and review of the incident and subsequent actions is
conducted; and that appropriate adjustments, policy/procedure changes, etc. are implemented following the completion of the investigation.

- The Management Team shall ensure that the scene remains secured and that access to the scene is restricted to outside individuals (except for authorized personnel) until the decision has been made to return to normal operations.
# Appendix A: Internal Phone List

This list should be checked and updated at the Management Team meeting at *least quarterly*. Please do not release these numbers on this list. Remember to call your supervisor at their work first. Home numbers are for emergency back-up only.

<table>
<thead>
<tr>
<th>Supervisor</th>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angela Phinney</td>
<td>(541) 685-9028</td>
<td>(541) 743-6289</td>
<td>(541) 682-4137</td>
</tr>
<tr>
<td>Becky Strickland</td>
<td>N/A</td>
<td>(541) 912-0277</td>
<td>(541) 682-4454</td>
</tr>
<tr>
<td>Brenda Lattion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brenda Wilson</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brooke Emery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carrie Lynn</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elizabeth Willis</td>
<td>(541) 342-1611</td>
<td>(541) 913-2095</td>
<td>(541) 682-4456</td>
</tr>
<tr>
<td>Glen Phillips</td>
<td>(541) 942-5816</td>
<td>(541) 767-9079</td>
<td>(541) 682-3746 FL (541) 682-7808 CG</td>
</tr>
<tr>
<td>Jody Cline</td>
<td></td>
<td>(541) 517-7554</td>
<td>(541) 682-2389</td>
</tr>
<tr>
<td>Kay Metzger</td>
<td></td>
<td>(541) 285-1445</td>
<td>(541) 682-4432</td>
</tr>
<tr>
<td>Lynn Boone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marianne Griffin</td>
<td>(541) 461-3792</td>
<td></td>
<td>(541) 682-4502</td>
</tr>
<tr>
<td>Marie Iverson</td>
<td>(541) 746-5310</td>
<td>(541) 517-6948</td>
<td>(541) 682-6782</td>
</tr>
<tr>
<td>Nancy Sargent-Johnson</td>
<td></td>
<td>(541) 206-2098</td>
<td>(541) 682-3888</td>
</tr>
<tr>
<td>Sandy Karsten</td>
<td>(541) 686-1073</td>
<td>(541) 729-9218</td>
<td>(541) 682-4387</td>
</tr>
<tr>
<td>Schaefers Reception Msg</td>
<td></td>
<td></td>
<td>(541) 682-2631</td>
</tr>
<tr>
<td>Sue Wilbur</td>
<td>(541) 343-8508</td>
<td>(541) 915-3951</td>
<td>(541) 682-4455</td>
</tr>
</tbody>
</table>
# Appendix B: Service Contractor Phone List

## Contractor

<table>
<thead>
<tr>
<th>Contractor</th>
<th>Contact</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OAA Contracts</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregiver Support Groups</td>
<td>Diana Jacoby</td>
<td>Cascade Health Solutions, (541) 726-4484, 66 Club Road, Ste 140, Eugene, OR 97401</td>
</tr>
<tr>
<td>Elder Help</td>
<td>Carole Ford</td>
<td>Coordinator, (541) 255-2494, 1199 N. Terry St., #394, Eugene, OR 97402</td>
</tr>
<tr>
<td>Metro Meals on Wheels</td>
<td>Kate Laakso</td>
<td>Red Cross, (541) 344-5244, 862 Bethel Drive, Eugene, OR 97402</td>
</tr>
<tr>
<td>Money Management</td>
<td>Julie Austin</td>
<td>Coordinator, (541) 687-1874, Umpqua Bank, 497 Oakway Road, Eugene, OR 97401</td>
</tr>
<tr>
<td>Senior Law</td>
<td>Jean Beachdel</td>
<td>Senior Law Services, (541) 485-1017 ext 131, 376 E. 11th Ave, Eugene, OR 97401</td>
</tr>
<tr>
<td>Addus</td>
<td>Heather Hall</td>
<td>OPI Homecare, (541) 342-5567, 1144 Willagillespie Rd, Ste 32, Eugene, OR 97401</td>
</tr>
<tr>
<td><strong>Medicaid Contracts</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assured Quality</td>
<td>Casey Scott</td>
<td>Nurse, (541) 337-7191, 345 W. 13th, Ste 5, Eugene, OR 97401</td>
</tr>
<tr>
<td>At Ease Home Care</td>
<td>Kim Robles</td>
<td>Nurse, (541) 344-3273, 509 Willamette St., Eugene, OR 97401</td>
</tr>
<tr>
<td>At Home Care Group</td>
<td>Debra Panther</td>
<td>Nurse, (541) 343-6216, 1202 Jacobs Drive, Eugene, OR 97402</td>
</tr>
<tr>
<td>Service Contractor</td>
<td>Name</td>
<td>Title</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>---------------------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>Home Instead</strong></td>
<td><strong>Debbie Olsen, MSW</strong></td>
<td>Administrator</td>
</tr>
<tr>
<td>Maxim Health Care Svs</td>
<td>Sandy Browne</td>
<td>Nurse</td>
</tr>
<tr>
<td>New Horizons</td>
<td>Leslie Bower</td>
<td>Nurse</td>
</tr>
<tr>
<td>Signature Home Health</td>
<td>LeeAnn Gallinger</td>
<td>Nurse</td>
</tr>
</tbody>
</table>
Appendix C: Emergency Resources – Lane County

**Lane County**

Emergency Responders
- Lane County Sherriff Emergency Management (541) 682-6744
- Police Services Division (541) 682-3729
- Lane Rural Fire/Rescue (541) 688-1770
- Red Cross (541) 344-5244

Transportation
- General Information (541) 687-5555
- RideSource (541) 082-5566

Road Information
- Lane County Roads and Construction (541) 682-6900
- Oregon Division of Transportation (ODOT) (541) 744-8080

Wild Fire Status
- Lane County Land Management Division (541) 682-4631

Utilities
- Listed by city/town

Public Health
- Lane County Public Health (541) 682-4008

Sanitation
- Lane County Subsurface Sanitation (541) 682-3754

Animal Shelters
- Lane County Animal Services (541) 682-3645
- Greenhill Humane Society (541) 689-1503

**Eugene**

Emergency Responders
- Emergency Management (541) 682-5665
- City of Eugene Police (541) 682-5010
- Eugene Fire & EMS Department (541) 682-7100

Transportation
- General Information (541) 687-5555
- RideSource (541) 682-5566

Road Information
- Eugene Road Work (541) 682-5291
- Oregon Division of Transportation (ODOT) (541) 744-8080

Utilities
- Eugene Water & Electric Board (541) 685-7000
Springfield
Emergency Responders
Springfield Fire & Life Safety  (541) 726-3737
Springfield Police Department  (541) 726-3714
Transportation
General Information  (541) 687-5555
RideSource  (541) 682-5566
Road Information
Oregon Division of Transportation (ODOT)  (541) 744-8080
Utilities
Springfield Utility District  (541) 746-8451
## Appendix D: Emergency Supplies

<table>
<thead>
<tr>
<th>Supply</th>
<th>Floor</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSHA Approved 1st Aid Kit</td>
<td>Basement</td>
<td>Kitchen</td>
</tr>
<tr>
<td></td>
<td>1st Floor</td>
<td>Front Work Room</td>
</tr>
<tr>
<td></td>
<td>2nd Floor</td>
<td>Work Room</td>
</tr>
<tr>
<td>Flashlight</td>
<td>Basement</td>
<td>Kitchen</td>
</tr>
<tr>
<td></td>
<td>1st Floor</td>
<td>Front Work Room</td>
</tr>
<tr>
<td></td>
<td>2nd Floor</td>
<td>Work Room</td>
</tr>
<tr>
<td>Safety Vests (6)</td>
<td>1st Floor</td>
<td>Closet behind Elizabeth W. office</td>
</tr>
<tr>
<td>Battery Operated Radios</td>
<td>Basement</td>
<td>Kitchen</td>
</tr>
<tr>
<td></td>
<td>1st Floor</td>
<td>Front Work Room</td>
</tr>
<tr>
<td></td>
<td>2nd Floor</td>
<td>Work Room</td>
</tr>
<tr>
<td>Paper Copy of Local Resources</td>
<td>1st Floor</td>
<td>Front Reception Desk</td>
</tr>
<tr>
<td>Paper Temp Medical Cards</td>
<td>2nd Floor</td>
<td>File Drawer Labeled Emergency</td>
</tr>
<tr>
<td>Paper OHP Applications</td>
<td>2nd Floor</td>
<td>File Drawer Labeled Emergency</td>
</tr>
<tr>
<td>List of HCW</td>
<td>2nd Floor</td>
<td>File Drawer Labeled Emergency</td>
</tr>
<tr>
<td>List of Foster Care Providers</td>
<td>2nd Floor</td>
<td>File Drawer Labeled Emergency</td>
</tr>
<tr>
<td>List of High Risk Clients</td>
<td>2nd Floor</td>
<td>File Drawer Labeled Emergency</td>
</tr>
<tr>
<td>Paper Copy of Staff Contacts</td>
<td>2nd Floor</td>
<td>File Drawer Labeled Emergency</td>
</tr>
<tr>
<td>LCOG Car Keys</td>
<td>2nd Floor</td>
<td>Work Room</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>1st Floor</td>
<td>Work Rooms</td>
</tr>
<tr>
<td></td>
<td>2nd Floor</td>
<td>Work Room &amp; Supply Closet</td>
</tr>
<tr>
<td>Defibrillators</td>
<td>1st Floor</td>
<td>Across from Elizabeth’s W. Office</td>
</tr>
<tr>
<td></td>
<td>2nd Floor</td>
<td>Work Room</td>
</tr>
<tr>
<td>Emergency Totes</td>
<td>1st Floor</td>
<td>Closet behind Elizabeth W. office</td>
</tr>
<tr>
<td></td>
<td>2nd Floor</td>
<td>Supply Closet</td>
</tr>
</tbody>
</table>
Appendix E: Emergency Operations Center

The Emergency Operations Center (EOC) concept groups primary decision makers, and the Emergency Management Team, together for a coordinated effort during a major emergency. In addition to a policy group, the EOC will house the group controlling operations during disaster situations. The EOC must be adequately equipped with tables, chairs, phones, FAX, radios, computers, maps, reference documents, operating procedures and office supplies.

In general, the major functions performed by the staff in the EOC include:

- **Direction and control** – The EOC is a single point where all information is received and analyzed, decisions made, priorities established and resources allocated.
- **Information collection, evaluation and display** – From information gathered here, the entire situation can be reviewed and evaluated. Here the key question raised by an emergency can best be answered – “What is the impact of what has happened based upon factual, coordinated data?” Information gathered should be used to make assessments from which decisions can be made and priorities established. Also rumors may be counteracted.
- **Coordination** – Facilities coordination among responding personnel, departments, and off-site offices. This is especially important in the area of communications.
- **Establishment of priorities** – Determining the order that problems should be addressed.
- **Resource management** – Facilitates the acquisition, distribution, and use of personnel and material needed in an emergency.

**Location**

The primary location of the EOC is Senior & Disabled Services, Second Floor Large Conference Room at 1015 Willamette, Eugene.

If the Conference Room in S&DS is unsafe or unavailable for use, the EOC will be established in the Park Place Building in the 5th Floor Large Conference Room.
Personnel

The following positions and/or their assigned alternates are required to be available to work as part of the Emergency Management Team in the EOC once activated:

Operations Emergency Response Team
1. Executive Director
2. S&DS Director
3. Program Manager
4. IT Manager
5. Facilities Management
6. Senior Meals Program Manager
7. Emergency Services Coordinator(s)
8. Program Supervisors as Required

Start –up, Equipment & Supplies

Although the preliminary preparations may begin at any time, the Director must order the opening of the EOC. The EOC should be operational two hours after the order is given. Two hours and thirty minutes after the order is given, all EOC personnel, their alternates and others as designated should report to the EOC for formal briefing by the Director or the designated Incident Commander.

The EOC should contain individual work space and telephones for each member of the Campus Emergency Response Team, plus a large meeting area/conference room for briefing team members. Appropriate office equipment should be readily available, such as computer access, computer printer, electric /manual typewriter, copier, and generator backup for the building in case power goes out. Each functional group is responsible for providing its own portable emergency supplies, including general administrative supplies and supplies relative to its specific function ( forms, manuals, etc.).

A list of telephone numbers (office, home, cell) for strategic individuals should be kept updated at all times for immediate use in an emergency situation. In addition, a list of off-site emergency contacts should be maintained.
Appendix F: Evacuation Floorplan

FIRST FLOOR

SECOND FLOOR
Appendix G: Priority Objectives

Activities and populations will be prioritized in each event by the Agency Incident Commander, in conjunction with the local first responders. The decisions will be made in order to:

1. Protect the lives of the greatest number of people;
2. Minimize injury to the greatest number of people; and
3. Mitigate impact to property.

Every event will be different and everyone responding needs to respond to the situation. The following is a suggested priority of activities in an event but best judgment of the local response team should be used:

1. Any actions necessary to protect clients or staff (including requesting support to meet the need).
2. Communicate with local emergency responders/members of the local emergency response team.
3. Office closure decisions and actions.
4. Documentation of actions and financial responsibilities.
5. Communication with other local partners.
6. Updating DHS central office.

Although these decisions are likely to change in any event, this office has weighed the potential risks, the readiness of others to respond and decided it is likely that response to potentially affected populations will likely be prioritized in the following order:

1. Any known client to be at immediate risk of losing their life.
2. Any senior or person with a disability known to be at immediate risk of losing their life.
3. In-home clients on the high-risk list.
4. Other in-home clients
5. Clients in Relative Adult Foster Homes.
6. Clients and others in Adult Foster Homes.
7. Clients and others in Assisted Living/Residential Care facilities.
8. Clients and others in Nursing Facilities.
9. Seniors and people with disabilities who are not known to the office.
Appendix H: Emergency Team Responsibilities

Incident Commander

S&DS Director & Program Manager

1. In advance of an emergency, the Team Leader will assign management team staff as primary and backup in the roles indicated on the previous page. The Incident Commander will also ensure that plans are in place for outlying offices.

2. Keep staff informed of emergency status, specifically those assigned as role leaders.

3. Provide a list to the front desk/reception of role leaders & backups.

4. Verify that Supervisors or designated staff is following up on the list of vulnerable clients managed by Case Managers who are unable to be in the office.

5. Consult with staff, Meals Program Manager, Lane County Emergency Management and other community partners to determine if the emergency places a substantial number of elderly and other clients at substantial risk.

6. Screen and approve staff requests to provide personal assistance to clients.

7. Serve as primary media contact & represent S&DS in interviews according to the crisis communication plan. Assign additional staff as media contacts if needed.

8. Deploy staff to alternate service locations if the need exists.

Post-crisis:

1. Collect from staff the names and addresses of organizations and individuals who assisted S&DS during the emergency. Send thank you letters or certificates after the emergency.

2. After the emergency, the Team Leader will lead a staff committee to evaluate the S&DS response to the emergency and revise procedures as indicated.
Evacuation Coordinator Responsibilities

Support Services Supervisor
1. Serve as a liaison with emergency responders
2. Meet responders upon their arrival and convey specific information about hazards in the building, access, locations of persons with special needs, etc.
3. Maintain communication with Floaters regarding status of the emergency.
4. Upon receiving clearance from the emergency responders, notify the Sweepers and building occupants that the building is safe for re-entry.
5. Keep Evacuation Plan, Contact Persons and Numbers and Floor Diagrams up to date.
6. Conduct and/or assist in Fire Drills
7. Assign area to assemble after evacuation.
8. Assist in training and/or scheduling training the building occupants in emergency procedures.

Sweepers Responsibilities

Support Services Supervisor
1. Orange Vest’s will be stored in designated areas to wear in the event of an emergency.
2. Do a quick sweep of your assigned area, informing everyone of the emergency and assisting anyone out of the building that cannot do so on their own.

Note: it is a good idea to do a dry run of the path you will taking your area and familiarize yourself with any hazards or obstacles you may encounter in the event of an emergency.

Safety:
1. Do not enter smoky or closed of areas.
2. If you encounter someone that is injured or needs assistance out of the building, and you cannot get them out, exit the building and alert emergency personnel of the person’s name and last known location.
3. Do not be a hero. Do not put yourself in a position the will compromise your health and safety. You cannot help anyone if you are injured yourself. **If it does not seem safe, do not do it.**
Medical Transportation Liaison & Backup

Support Services Supervisor & Backup that He/She Assigns

1. This role primarily assists with medical transportation. Senior Connections staff have escort rides scheduled and will contact their volunteers and clients. If needed and time permits the Medical Transportation Liaison & Backup will also assist with escort ride coordination.

2. The Medical Transportation Liaison and/or backup should phone the medical transportation brokerage to determine operating plans. A format to share this information should be developed. Then the information is shared with the Team Leader, Information Center Coordinator, and staff using the format developed.

3. Serve as liaison to the Medical Transportation Brokerage regarding rides scheduled for the day. Problem solves and update staff as needed.

Emergency Service Coordinators

Planner Contracts Specialist & APS Supervisor

1. In advance of an emergency, collaborate with the American Red Cross Disaster Coordinator, 344-5244 and Linda Cook, Emergency Management Coordinator for the Sheriff's Department, 682-6744, regarding plans are for service and to coordination of referrals for emergency service to prevent duplication of effort. Keep abreast of the County’s plan for Emergency Response and inform the S&DS Management Team annually.

2. When an emergency occurs, contact the Red Cross and Emergency Management Coordinator again to find out any changes in plans. Coordinate referrals for emergency service. Keep Team Leader informed.

3. Collect information from Case Managers or other staff about clients needing critical life support assistance.

4. Coordinate contact with the individuals needing emergency life support assistance and tell them what arrangements have been made to assist them.

5. Give follow up information on the services provided to the referring S&DS staff and the Team Leader.

6. Set up an Information Center in the 2nd Floor Large Conference Room. The Information Center staff will post information and keep I&R and console staff informed about closures, contractor service
status, volunteer needs, etc. If the computer network is available, this information should also be posted on the Intranet, LCOG Internet Website, & http://www.flashalert.net (http://valleyinfo.net ). Coordinate staff activities in support of staff needing assistance such as contacting staff at home or other family members if needed.

7. After the emergency, meet with appropriate agencies to debrief the situation and collect information about the number of volunteers and volunteer hours used. Compile a list of volunteers so thank you letters may be mailed.

**Notes:**

Red Cross will set up Shelters with cots, blankets & food. Red Cross will not provide volunteers to offer personal care, medical care or transportation to the shelter. LCOG should plan for a care network for vulnerable clients which could work at one or more shelters.

COG will work with local volunteer agencies (i.e. RSVP, United Way, etc.) to coordinate deployment of volunteer assistance.

---

**Staff Responsibilities**

**Case Managers, Eligibility Specialists and Senior Connections Workers**

1. When opening a new case or reviewing an existing case, make a note whether or not the client will have a support system available in case of an emergency. Are there relatives, friends or neighbors who can check on the person or provide relief if their services are disrupted temporarily? Give clients individual disaster planning information.

2. Maintain a list of vulnerable clients who would require a safety check or those who may need help during an emergency. Keep the list on your bulletin board. Provide your supervisor with a copy. In the event you are not at work, someone else can check this list and follow up with these clients. This list should also include information about homeless clients, including possible leads on their whereabouts. On a monthly basis Supervisors should check to make sure these lists are being maintained. Information Services will determine where to store lists electronically for access in case the regular office is unavailable.

3. During the emergency, make contact with the clients on this list to determine if they have sufficient heat, food, water, medication, assistance. Refer those who need emergency, life support assistance to
the Emergency Service Coordinator. Fill out the attached assessment form. For those who may need temporary help with meals, discuss the possibility of emergency Meals on Wheels with the LCOG or/and Red Cross Meals on Wheels Program Manager.

4. If Senior Connections Staff are unable to work, a backup should be appointed by the Team Leader or Team Leader Backup.

5. For Title XIX and OPI clients referred to MOW – MOW should develop a plan to determine if these clients have support available or not.

I & R Specialists

ADRC Staff – Eligibility Supervisor & Lead Eligibility Specialist
1. These staff shall return messages taken by I&R staff and Screeners regarding calls from people who have requested help. A screening form will be attached to the message to help Back-up staff determine if this is a life threatening need which should be referred to the Emergency Service Coordinator or if there is a relative, neighbor or friend who can assist the person. (See Appendix L – Telephone Assessment for Emergency Help.)

Care Provider Follow Up & Backup

Planning & Contracts Specialist & Foster Home Licensors
1. Planning & Contracts Specialist or his/her backup contacts the In-Home Provider Agencies to determine their service plans and priorities for the day. Ask them to keep you informed as their plans change.

2. Contact licensed facilities, including AFHs, regarding needs/status of residents.

3. Provide up to date information to Team Leader, Case Managers, Area Coordinators, I&R, and Community Relations.

4. Maintain a list of Adult Foster Homes & Facilities.
Senior Meal Program

Meal Site Coordinators

1. Redistribute Emergency Meal in November to all MOW clients and to each new client through February. Each box contains 6 meals with a shelf life of six months which can be eaten heated or non-heated in an emergency.

2. In conjunction with Area Coordinators and Case Managers, maintain an up to date list of Meals on Wheels clients who have no back-up support from families or neighbors during a weather crisis.

3. Monitor weather & other news reports. When snow or other emergency situations are forecast, take the MOW participant registration and your volunteer roster home at night. Plan to report to work unless you are notified otherwise.

4. The Senior Meals Program Manager or Central Kitchen Manager will inform you if the kitchen is closed. If conditions and inventory allow, additional frozen meals may be delivered to homebound clients or pantry food should be heated and served at meal site and delivered to MOW clients.

5. If your local school district closes school, the Site will generally be closed. Contact the Supervisor before 7:00 a.m. to discuss cancellation of Meals on Wheels.

6. Be prepared with names and addresses of people who will need service if meals can be delivered and volunteer names and addresses who would be available to assist if Emergency Services volunteers are available.

7. Contact Meals on Wheels clients to tell them the service plan and check on their welfare.

8. Maintain contact with the Supervisor.
Senior Meals Manager & Senior Connections Supervisor
1. The Senior Meals Program Manager or backup in consultation with the Kitchen Manager, will determine the ability of the kitchen to produce and distribute Meals on Wheels by 7:00 a.m.
2. Order Emergency Meal Boxes in the late summer for distribution to each MOW client starting in November and continuing through February.
3. Stock each out of town meal site with two or three menus of canned food items which can be heated for service if the Central Kitchen truck cannot reach the community
4. If the kitchen is closed and conditions permit operation of certain meal sites, those sites will be instructed to heat their canned emergency food supply and operate the Dining rooms and Meals on Wheels Program in their community. The Senior Meals Program Manager will notify American Red Cross that the kitchen will close; they will instruct clients to use emergency meals. If the meal site must close, Site Coordinators will be instructed to call those Meals on Wheels clients who have Emergency Meals on Wheels in their cupboards and tell them to prepare one of those meals.
5. If the kitchen can operate, the supervisor will confer with American Red Cross and the Site Coordinator to determine the feasibility of operating or the advisability of closure. The Program Manager will consult with the Team Leader before making media contact regarding meal service cancellations.
6. Confer with Central Kitchen to determine if the kitchen can operate the next day of the emergency and the most reasonable distribution system for metro meals. Discuss options for rural locations.
7. Confer with Site Coordinators and American Red Cross about status of their delivery capabilities on subsequent days.
8. Communicate operating schedule to Team Leader, appropriate press contacts & post on LCOG Website.
9. Screen requests for emergency additions to MOW routes.
10. Maintain minimal stock of Emergency Meal Boxes at Schaefers for Case Manager distribution in emergency situations.
Occupant Responsibilities

All Staff & Visitors

1. You are responsible for your own safety! Stay calm – avoid panic and confusion.
2. Know the locations and operation of fire extinguishers.
3. Know how to report an emergency (9-911).
4. When the fire alarm sounds, make sure other personnel in your immediate area are aware of the alarm.
5. Inform visitors of pertinent information about evacuation procedures.
6. Close but DO NOT LOCK doors as you leave. Items requiring security may be placed in a locked file cabinet or desk drawer on the way out. Turn off unnecessary equipment, if possible.
7. Know the locations of primary and alternative exits. During an emergency, walk to the nearest exit and evacuate the building. NOTE: Do not use the elevators during a fire-related emergency!
8. Go to your assigned area of assembly outside the building and wait there. Do not leave the area unless you are told to do so.

Area of Assembly: LCC back parking lot

9. Persons needing special assistance not able to exit directly from the building are to proceed to and remain in the stairwell vestibule. Inform evacuating occupants to notify the Evacuation Coordinator of your location. Fire Department Personnel will evacuate occupants needing special assistance from the building.

10. Do not re-enter the building until you have been notified to do so. Emergency personnel often silence the alarm in order to communicate with each other. Silencing the alarm is NOT a signal for occupants to re-enter!
Floaters and Case Managers
   Assist with any role that is vacant as assigned by Team Leader.

Remote Branch Contacts- Designated by Florence & Cottage Grove Sups

   Florence: Eligibility Specialist & Outreach Worker
   Cottage Grove: To be named by Cottage Grove Sup
   Coordinate with Team Leader to provide services in remote branches.

Technical Communications Coordinator
   IS Manager, Help Desk Staff & S&DS Developer
   Provide technical support during and after emergency.

LCOG Director Liaison – HR Manager
   Facilitate communication between Team Leader and other LCOG Directors.
## Appendix I: Fire Risk Survey

### Fire Risk Survey
Senior & Disabled Services
Schaefers Building

<table>
<thead>
<tr>
<th>Type of Fire Hazard</th>
<th>Location</th>
<th>Emergency Actions</th>
<th>Required PPE</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Completed by:__________________________ Date:__________________
Appendix J: General Fire Prevention Checklist

General Fire Prevention Checklist

Use this checklist to ensure fire prevention measures conform with the general fire prevention requirements found in OSHA standards.

☐ Yes ☐ No  Is the local fire department acquainted with your facility, its location, and specific hazards?

☐ Yes ☐ No  If you have a fire alarm system, is it tested at least annually?

☐ Yes ☐ No  If you have interior stand pipes and valves, are they inspected regularly?

☐ Yes ☐ No  If you have outside private fire hydrants, are they on a routine preventive maintenance schedule and flushed at least once a year?

☐ Yes ☐ No  Are fire doors and shutters in good operating condition?

☐ Yes ☐ No  Are fire doors and shutters unobstructed and protected against obstructions, including their counterweights?

☐ Yes ☐ No  Are automatic sprinkler system water control valves, air pressure, and water pressure checked weekly or periodically?

☐ Yes ☐ No  Has responsibility for the maintenance of automatic sprinkler systems been assigned to an employee or contractor?

☐ Yes ☐ No  Are sprinkler heads protected by metal guards?

☐ Yes ☐ No  Is proper clearance maintained below sprinkler heads?

☐ Yes ☐ No  Are portable fire extinguishers provided in adequate number and type?

☐ Yes ☐ No  Are fire extinguishers mounted in readily accessible locations?

☐ Yes ☐ No  Are fire extinguishers recharged regularly with the recharge date noted on an inspection tag?
Appendix K: Emergency Reporting Procedure

If the need for an Evacuation is discovered:

1. Activate manual fire alarm pull station if possible.

2. If you are not in immediate danger, notify the Emergency Operator (911) and provide:
   
   **Your Name**
   
   **Fire Location (Bldg______, Floor#_______, Area ________)**
   
   **Size and Type of Emergency**
   
   **Any additional information requested by the operator.**

3. If you are not in immediate danger, also notify the Evacuation Coordinator.

4. If you are trained in the proper use of portable fire extinguishers and are not in immediate danger, you may attempt to fight the fire. Do not place yourself or others in unnecessary danger.

If you are TRAPPED in the building and cannot find an escape route:

Call the Emergency Operator (911) and give your exact location.
# Appendix L: General Fire Prevention Checklist

**LOCATION:**

<table>
<thead>
<tr>
<th>General Work Environment Checkpoint</th>
<th>Y/N</th>
<th>Comments/Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evacuations routes are posted.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carpeted and tiled floors are free of tripping, slipping, falling hazards.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aisles and passageways are clear and at least 22” wide.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work areas are clean and orderly.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Aid kits are easily accessible and contain necessary supplies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire extinguishers are mounted and in readily accessible locations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire extinguishers are recharged regularly as noted on inspection tag.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employees are trained on how to evacuate the building.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exits are marked and clearly visible.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Directions to exits are clearly marked with visible signs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exits are free of obstructions and unlocked.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only approved space heaters are present.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only approved extension cords are present.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Materials and supplies are stored in a manner to prevent sprain/strain/lifting injuries.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work can be performed without eyestrain or glare.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furniture is adjusted, positioned, arranged to minimize body strain.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Defibrillator machine batteries and pads checked and current.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Inspection Team: ____________________________________________________________

Date Completed: ____________________________________________________________
# Appendix M: Evacuation Drill Report

## Senior & Disabled Services
### Evacuation Drill Report

<table>
<thead>
<tr>
<th>Building Name:</th>
<th>Building Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time Evacuation Started:</td>
<td>Ended:</td>
</tr>
<tr>
<td>Type of Drill: Obstructed</td>
<td>Unobstructed</td>
</tr>
<tr>
<td>Number of Participants (approximately):</td>
<td></td>
</tr>
</tbody>
</table>

Did occupants immediately begin to evacuate the building when alarm sounded? Yes No
Did building staff check restrooms and confined areas? Yes No
Was building staff aware of handicapped person(s) and provide assistance? Yes No
Were doors closed to contain smoke/fire? Yes No
Did everyone evacuate the building? Yes No
Did everyone remain outside the building and wait for further instructions? Yes No
Are the building staff knowledgeable in their assigned duties? Yes No
Was the drill conducted in an orderly manner? Yes No

Drill Rating: Excellent □ Good □ Poor □

Comments:

---

Observed/Rated By: 

Building Proctor/Person in Charge: 

Date of Drill:  

---

Appendix M: Evacuation Drill Report  
Page 82 of 92
Appendix N: Bomb Threat Checklist

Bomb Threat Checklist

*Fill out completely, immediately after or during threat*

Date_________________ Time____________

**Questions to ask:**

1. When is the bomb going to explode?__________________________
2. Where is it right now?_____________________________________
3. What does it look like?____________________________________
4. What kind of bomb is it?___________________________________
5. What will cause it to explode?_______________________________
6. Did you place the bomb?___________________________________
7. Why?____________________________________________________
8. What is your address?_______________________________________
9. What is your name?________________________________________
10. Where are you now?_______________________________________

Sex of caller_______ Age_______ Race_______ Length of call __________

Did the caller appear familiar with the premises?___________________

**Caller’s Voice:** *Circle best description*

<table>
<thead>
<tr>
<th>accent</th>
<th>distinct</th>
<th>lisp</th>
<th>angry</th>
<th>slow</th>
</tr>
</thead>
<tbody>
<tr>
<td>distinguished</td>
<td>loud</td>
<td>calm</td>
<td>excited</td>
<td>slurred</td>
</tr>
<tr>
<td>clearing throat</td>
<td>ragged nasal</td>
<td>soft</td>
<td>stutter</td>
<td>crying</td>
</tr>
<tr>
<td>cracking voice</td>
<td>familiar</td>
<td>If familiar, who did it sound like?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raspy</td>
<td>deep breathing</td>
<td>rapid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>deep voice</td>
<td>laughing</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Background Sounds:** *Circle applicable sounds*

<table>
<thead>
<tr>
<th>animal sounds</th>
<th>house noises</th>
<th>office machines</th>
<th>motor</th>
</tr>
</thead>
<tbody>
<tr>
<td>booth sounds</td>
<td>local call</td>
<td>PA system</td>
<td>other</td>
</tr>
<tr>
<td>long distance</td>
<td>static</td>
<td>crockery(dishes)</td>
<td>clear sound</td>
</tr>
</tbody>
</table>

---

Appendix N: Bomb Threat Checklist

Page 83 of 92
Threat Language: Circle best descriptions

- foul
- taped
- well spoken (English)
- incoherent
- irrational
- maker

Other remarks: ____________________________

Name________________________ Position __________ Phone________________
Appendix O: Sample Press Release

Sample News Release

A (what happened)________________ at (location)______________ involving (who)________________ occurred today at (time)_______________. The incident is under investigation and more information is forthcoming. The next news conference will be at (date and time) _______________. (if you know it)

Insert information about casualties or other pertinent information here:

(Next of kin should be notified before any names are released.)

Example:
An explosion at 1210 Market Street, the main plant for the Acme Toy Company occurred today at 3 p.m. The incident is under investigation and more information is forthcoming.

You could put down a definitive time for the next news conference or release of information if you know it but it is not necessary. This will not solve your problems, but may buy you enough time to prepare for the next news conference or release.

You could also add information if it is available such as how many casualties there are known up to this point or any other pertinent information available. Once again, this information should be definitive and not speculative, verify everything you say. This will help your credibility in the long run.

Collateral Materials:
Information brochures or fact sheets about S&DS are helpful in informing the reporters or anyone else seeking information about the company.
Always do what you can to make a complicated issue as simple as you can for reporters.

Contact Log:
A log should be established and given to I&R Specialists to record all telephone calls from the media or other parties inquiring about the crisis. This will help to
ensure that the many callbacks required are not overlooked. It will also assist in the post-crisis analysis.

The contact log should contain the following information:

Date; Name of caller; Questions(s) asked; Telephone number; Person responsible for response; Additional follow-up needs
Appendix P: Telephone Assessment for Emergency Help

Date_________________ Time________ Worker__________________________

Client Name________________ Phone________________ Age_______

Caller Name/Relationship________________________ Phone________________

Description of Problem

________________________________________________________________________
                                                                                     
________________________________________________________________________
                                                                                     
________________________________________________________________________

1. Food
   a. Is there food for today? __________________________________________
   b. Ability to prepare food?_________________________________________
   c. Cooking facilities?_____________________________________________

2. Medical
   a. Ill or injured?____________________________________________________
   b. Medication supply, type needed____________________________________

         Physician_____________________________________________________
         Pharmacy Name & Address________________________________________

3. Shelter
Appendix P: Telephone Assessment for Emergency Help

a. Intact? Roof, windows, doors, flooring, plumbing?

b. Water? Hot, cold, frozen pipes?

c. Heat? System working? Wood, gas, or electricity?

d. Power? On or off, lights, refrigerator, stove?

Address where service is needed?

Who else lives in the household where the service is needed?

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Special Assistance Needs</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Are there pets in the household?

Are there friends, family or neighbors that can help?

Comments/Outcome

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Appendix Q: Emergency Evacuation Special Needs Notification

State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. Contact: ewillis@lcog.org or extension: 4501

This form is for employees of the LCOG, Senior & Disabled Services, to provide information about special assistance that may be needed in case of an emergency evacuation while at work. The information provided will be kept confidential and will not be placed in any personnel files. The Evacuation Coordinator will retain the completed forms, and may communicate special needs to the appropriate Floor Proctors, safety / emergency personnel, “Buddy System” volunteers, or other individuals who may be entitled to the information necessary to fulfill their responsibilities under our Emergency Evacuation Plan.

Please be aware that self-identification is voluntary and employees are not required to provide this information.

Employee Name: __________________________________________________________

Work Location _________________

Suite/Office # _________________

Please describe the type of assistance you think will be needed in case of an emergency evacuation:

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________
Appendix F List of Designated Focal Points

Services may be secured from S&DS at any of the following locations:

**Main Office**
Senior & Disabled Services (541) 682-4038  
1015 Willamette Street (800) 441-4038  
Eugene (541) 682-4567 TTY

*Full Service Satellite Offices*

**South Lane Office**
Senior & Disabled Services (541) 942-9430  
37 N. Sixth Street (541) 682-7821 TTY  
Cottage Grove

**Coast Office**
Human Resource Office (541) 902-9430  
3180 Hwy. 101 N.  
Florence

*Community Offices – OAA Services*

**Tony Garcia Service Center**
88149 Territorial Road (541) 935-2262  
Veneta

**Viking Sal Senior Center**
245 W. 5th Street (541) 998-8445  
Junction City

**Willamette Activity Center, Room A**
47674 School Street (541) 782-4726  
Oakridge
Appendix G Partner Memorandums of Understanding
Appendix H Statement of Assurances and Verification of Intent

For the period of January 1, 2013 through December 31, 2016, Lane Council of Governments, Senior & Disabled Services accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) (P.L.106-510) and related state law and policy. Through the Area Plan, Senior & Disabled Services 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 Senior & Disabled Services assures that it will: Comply with all applicable state and federal laws, regulations, policies and contract requirements relating to activities carried out under the Area Plan. Conduct outreach, provide services in a comprehensive and coordinated system, and establish goals objectives with emphasis on: a) older individuals who have the greatest social and economic need, with particular attention to low income minority individuals and older individuals residing in rural areas; b) older individuals with significant disabilities; c) older Native Americans; and d) older individuals with limited English-speaking ability.

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

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

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

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

B. An assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides with services provided under Title VI of the Older Americans Act; and Attachment A 2013-2016 AREA PLAN INSTRUCTIONS 26

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

Obtain input from the public and approval from the AAA Advisory Council on the development, implementation and administration of the Area Plan through a public process, which should include, at a minimum, a public hearing prior to submission of the Area Plan to DHS. The Senior & Disabled Services 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, Senior & Disabled Services

Date
Advisory Council Chair

Date
Legal Contractor Authority

Title