

**COMMUNITY ACTION TEAM AREA AGENCY
ON AGING**

**COLUMBIA COUNTY
OLDER AMERICANS ACT
AREA PLAN**

for period of

JANUARY 1, 2008

to

DECEMBER 31, 2012

**MODIFIED PLAN SUBMITTED:
October 28, 2011**

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VERIFICATION OF INTENT

- Type A: OAA, OPI
- Type B: Staff-Contract: OAA, OPI, Medicaid
- Type B: Staff-Transfer: OAA, OPI, Medicaid

This Area Plan document is an Older Americans Act (OAA) requirement and summarizes planned professional services under contract by agency named below and State of Oregon Department of Human Services Seniors & People with Disabilities. The Area Agency named below agrees to provide said services under federal provisions of the OAA, Titles III B, III C1, III C2, III D, III E, and VII, Oregon Project Independence, and Medicaid during the period identified above.

COMMUNITY ACTION TEAM, INC
310 Columbia Blvd.

St. Helens, OR 97051

Jim Tierney Executive Director

503.397.3511

My signature below endorses this Area Plan and affirms the Plan has been reviewed and approved by the AAA Advisory Council and if applicable, the AAA Governing Body.

Signature

Jim Tierney
Printed Name

Executive Director

October 26, 2007

Title

Date

OVERVIEW OF AREA PLAN

SECTION A **OVERVIEW OF AREA PLAN**

The overview must include, at a minimum the following information:

- a) Through description of the service system, including meeting the needs of rural and low-income minority populations:

Columbia County has a Community based, decentralized, senior service delivery system. The geographic focal points of service are five (5) Senior Centers located throughout the county in the following communities: Clatskanie, Rainier, St. Helens, Scappoose, and Vernonia. These Centers work in concert to make services available throughout the county. Each Senior Center is a separate, private, not-for-profit organization.

We have a decentralized delivery system that provides county-wide access to services for all seniors including those in rural areas. Of great importance is the “dial-a-ride” transit service operated by Rider Transportation. Seniors in our most rural locations have access to services through this transportation system.

Low-income seniors are targeted through our low-income Energy Assistance Program. This program provides energy bill payment assistance to low-income seniors throughout Columbia County. Each fall an outreach campaign is conducted to identify and mail service information to low-income seniors.

Senior Service Case Managers are located at ~~each Senior Center~~ **in St. Helens at the Family Resource Center. The Case Managers specialize in: Information & Assistance, OPI/Respite, Home Delivered Meals, and Senior Housing.** They are responsible for: intake, referral, case management, case monitoring, advocacy, outreach, and information & assistance in their respective specialized areas. ~~Local school boundaries define the service areas.~~

When a Case Manager receives a referral, the person is contacted immediately to set up an assessment. Needed services are made available to the client based on the problems areas identified by the assessment. Subsequently, the Senior Case Manager provides ongoing monitoring to

insure that appropriate services are being accessed or stopped as the case requires.

Each Senior Center operates a congregate meal service and an in-home meal service (Meals on Wheels) once a day, five (5) days a week. The Senior Centers also offer opportunities for foot-care, wellness checks, blood pressure monitoring, recreation, socialization, and education on issues affecting seniors.

b) List of designated focal points;

As mentioned above, Columbia County's five senior centers serve as the focal points for senior service delivery. ~~Senior Services Case Managers operate out of each senior center.~~ Congregate and Home Delivered meals are also proved at all five senior centers. In addition, CAT's Family Resource Center in St. Helens provides **Senior Case Management for Oregon Project Independence**, Respite, **Home Delivered Meal Case Monitoring, Information and Assistance**, **Emergency Housing**, Veterans, and Nutrition Education services. The Family Resource Center is located in downtown St. Helens and is accessible through the County's public Transit Service, Columbia County Rider.

c) Profile of the population to be served by the AAA, including rural and low-income and ethnic minority;

According to the U.S. Census, Columbia County has 6,876 senior residents. The 60-64 age range is the most populous category with 26% of the senior population. Nearly half of the senior population, 47%, are in the 60-69 age category. (See Table I)

During the next 25 years, the fastest growing segment of the senior population will be the 65-74 age group. This population will increase 156% from 2000 to 2025. Services for this age group should experience the highest increase in demand. Overall, the senior population is projected to grow from 6,876 in 2000 to 15,645 in 2025, a 127% increase. (See Table I).

Seven percent of Columbia County's senior population lives below the federal poverty level. The highest rate of poverty, 8%, is in the 75 plus age group. The lowest rate of poverty is in the 65-74 age group. (See Table II).

Columbia County's elderly (65+) poverty rate is lower than the state average, 7% vs. 8% (See Table IV) Clatskanie has the highest elderly poverty rate (12%) and Prescott the lowest (0%).

The majority of the Seniors in Columbia County reside in rural communities with populations under 10,000. Columbia County's senior population is predominantly white (98%). The largest minority group is Hispanic Latino. No minority group exceeds 1% of the population.

**TABLE I
COLUMBIA COUNTY SENIOR
POPULATION FORECAST***

<u>YEAR</u>	<u>AGE GROUP</u>					<u>TOTAL</u>	<u>% Change From 2000</u>
	<u>60-64</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80-84</u>		
2000	1,804	1,433	1,278	1,069	751	541	6,876
2005	2,464	1,695	1,300	1,064	807	685	8,015
2010	3,189	2,323	1,547	1,089	811	794	9,753
2015	3,705	3,029	2,132	1,303	834	875	11,878
2020	3,832	3,527	2,793	1,809	1,009	953	13,923
2025	3,742	3,673	3,278	2,398	1,425	1,129	15,645

*Office of Economic Analysis, Department of Administrative Services, State of Oregon, April 2004

**TABLE II
COLUMBIA COUNTY
SENIOR POVERTY POPULATION***

<u>AGE</u>	<u>NUMBER</u>	<u>PERCENT IN POVERTY</u>
55-64	308	7%
65-74	170	6%
75 Plus	178	8%
Total:	656	7%

***2000 U.S. Census**

**TABLE III
COLUMBIA COUNTY
SENIOR MINORITY POPULATION***

<u>ETHNICITY/RACE</u>	<u>60-64</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80+</u>	<u>TOTALS</u>
Black/African American	3	3	4	2	0	12 (.17%)
America Indian/Alaska Native	21	16	9	7	9	62 (.9%)
Asian	4	8	6	2	6	26 (.38%)
Native Hawaiian & Pacific Islander	1	0	1	0	1	3 (.04%)
Hispanic or Latino	15	10	8	3	9	45 (.65%)
Totals	44	37	28	14	25	148 (2.14%)

*2000 U.S. Census

**TABLE IV
COLUMBIA COUNTY**

2000 Census Figures	Oregon	Columbia County	Clatskanie	Columbia City	Prescott	Rainier	Scappoose	St. Helens	Vernonia
Population in 2000:	3,421,399	43,560	1,573	1,574	94	1,728	4,933	10,134	2,254
% Population 65+:	13%	12%	15%	14%	18%	14%	12%	9%	10%
Mid-Range Income:	\$40,916	\$45,797	\$35,833	\$59,545	\$40,000	\$41,949	\$47,796	\$40,648	\$41,181
Homeownership Rate:	64%	76%	66%	86%	76%	65%	72%	63%	80%
% Housing Cost Burden:	56%	46%	44%	58%	17%	55%	47%	45%	58%
% Severe Housing Cost Burden:	29%	21%	18%	30%	0%	28%	22%	18%	28%
Poverty Rate:	12%	9%	12%	5%	7%	10%	6%	12%	10%
Elderly Poverty Rate:	8%	7%	12%	4%	0%	6%	7%	5%	6%

d) the types of services to be funded and any identified unmet needs;

- Outreach Services: Contacts initiated by Case Managers for the purpose of identifying potential clients and encouraging their use of existing services. Contacts include Low-Income Energy Assistance programs, service clubs, local police, and fire departments.
- Information and Assistance: Providing current information on opportunities and services available to seniors in Columbia County. Assessing the problems and capabilities of seniors, linking them to opportunities and services, and following up to ascertain if opportunities and services were utilized. ~~Senior Case Managers will perform the service.~~
- Telephone Reassurance: Providing regular telephone calls to selected seniors to determine they are safe and well, determine if they need assistance, and provide reassurance. Senior advocates will perform this service.
- Legal Assistance: Providing legal advice, counseling and representation by an attorney. Columbia County Legal Aid will provide this service. Areas of services will include guardianship, power of attorney, landlord tenant disputes, consumer protection, elder abuse, and age discrimination.
- Newsletters: Some of the Case Managers will help prepare and distribute regular publications which inform seniors of available services and activities.
- Utility Assistance: Community Action Team will use a number of different financial resources, i.e. LIEAP, OEA, United Way, FEMA, to provide financial assistance to help low-income seniors meet the cost of heat and electricity.

- Housing Assistance: Community Action Team will provide housing rehabilitation loans, using CDBG funds to qualified senior applicants.
- Wellness Education: Contracting with senior centers to provide health promotion programs including blood pressure screenings, foot care, and Alzheimer's awareness.
- Exercise: Contracting with senior centers to provide water aerobics and exercise classes.
- Medication Management: Presentation by pharmacists will be made at senior centers.
- Information for Caregivers: Providing information about the availability of support services for caregivers and their families.
- Respite: Contracted out respite services for family caregivers.
- Congregate Meals: Contracted meals provided to seniors at seniors centers which comply with Dietary Guidelines for Americans.
- Home Delivered Meals: Contracted meals provided to seniors in their homes which comply with Dietary Guidelines for Americans.
- Elder Abuse Awareness: **Workshops conducted in the communities** that promote understanding and increase public awareness about elder abuse.
- Center Renovation/Acquisition: Providing technical assistance to St. Helens Senior Center for their facility expansion and Vernonia Senior Center for developing and building a new facility.

e) description of any major changes to the service system planned during the next area plan period, with annual updates; and

The Vernonia Senior Center currently lacks the facility space to adequately provide nutrition and other services to seniors in their community.. The Vernonia Center doesn't have adequate space for preventative health and case monitoring services. Consequently, major changes planned to this plan period include building a new senior center in Vernonia.

The facility improvements will significantly improve our area's capacity provide services to a growing senior population in Columbia County.

f) description of the area agency planning process used to determine service priorities.

- Senior Services Needs Assessment: In May 2007, our Area Agency on Aging began work on a Senior Needs Survey. Examples of other Senior Needs Surveys were reviewed. A draft survey was developed and sent to the AAA Advisory Council members for comment. After modifications a final survey instrument was printed and distributed to all the Senior Centers in the County.

Survey responses were obtained from each community in the county (St. Helens, Scappoose, Clatskanie, Rainier, and Vernonia). Completed surveys were collected in June and August.

- Establishing Service Priorities: The Planning Sub-Committee of the AAA Advisory Council met on September 6th to review the Senior Needs Survey results and establish a draft of service priorities. After a lengthy discussion a list of senior service priorities was drafted. These priorities include: maintaining nutrition services; establishing a Visiting Nurse Program; developing and distributing a Senior Services Resource Guide for Power of Attorney, Legal Guardianship, and Home Repair Decisions; conducting a completing Financial Reviews of county Senior Centers; improving Senior Service facilities in St. Helens and Vernonia; and distributing Senior Emergency Preparedness kits.

- Public Hearings: Public hearings were conducted in September and October to obtain input on proposed senior service priorities. A total of four hearings were held culminating with AAA advisory Board meeting on October 18, 2007.

ADMINISTRATION

Governing Body

Advisory Council

Organizational Chart

Administrative Goals and Objectives

Other Programs & Activities

SECTION B-1
AGENCY'S GOVERNING BODY

List all members of the Governing Body (Board of Directors, COG Board, County Commissioners) indicating officers by title and the date each member's term of office expires.

Agency's Governing Representative Name & Contact Information	Date Term Expires (if applicable)	Title/Office (if applicable)
Commissioner, Rita Bernhard	February, 2009	Chairperson
John Helm	August, 2014	Vice-Chairperson
Maddy Sheehan	January, 2016	
Jon Hanken	October, 2016	
Bob Sipe	October, 2016	
Mark Labhart	October 2016	
Keith Locke	October 2016	
Henry Heimuller	January 2016	
Cynthia Price	October 2016	
Babette Heeffle	October 2016	

Agency's Governing Representative Name & Contact Information	Date Term Expires (if applicable)	Title/Office (if applicable)

Additional Comment:

SECTION B-2
AREA AGENCY ADVISORY COUNCIL

List the names of all Advisory Council members and indicate when the term of office expires for each member. Please indicate in the Category of Representation column all population segment(s) each member is representing. One person can represent more than one segment of the population. Refer to 45 CFR 1321.57 and OAA 306(a)(6)(D)

Name & Contact Information	Date Term Expires	Category of Representation
Dan Garrison, CPA 137 N. 21 st Street St. Helens, OR 97051 (503) 366.0994	6/30/2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Nancy Harwood 2194 Columbia Blvd. St. Helens, OR 97051 (503) 397.0685	6/30/2013	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
Connie Budge PO Box 125 Rainier, OR 97048 (503) 556.3456	8/31/2013	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____
Carl Holsey 191 A Vernonia, OR 97064 (503) 429.5571	6/30/2012	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____

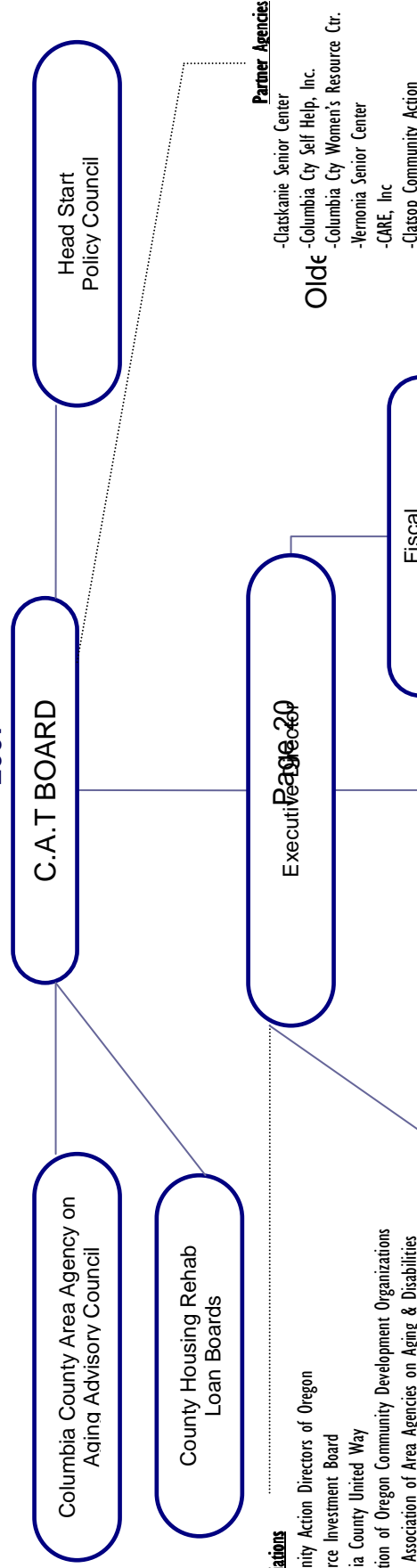
Name & Contact Information	Date Term Expires	Category of Representation
Bill James 1530 Heather Court Vernonia, OR 97064 (503) 429.2072 George Gans Vernonia, OR	06/30/2013	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
Cheryl Young PO Box 692 St. Helens, OR 97051 (503) 396.0265	6/30/2013	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input checked="" type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
John Goldwell PO Box 692 St. Helens, OR 97051 (503) 397.3377 Ray Pohl 7881 Beaver Falls Road Clatskanie, OR 97016 503-728-3258.503308-2663	03/30/2012	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
Julie Stephens PO Box 797 Scappoose, OR 97056 (503) 543.2047	6/30/2012	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input checked="" type="checkbox"/> Rural <input checked="" type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input type="checkbox"/> General Public <input type="checkbox"/> _____
Janice Blazek Meadowpark Facility 445 North Star Court Columbia City, OR 97018 503-396-0604/503-366-2714	6/30/2013	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public <input type="checkbox"/> _____

Name & Contact Information	Date Term Expires	Category of Representation
Sharon Borrevik P.O. Box 100 Columbia City, OR 97018 503-396-1300/503-366-1806	6/30/2013	<input checked="" type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Vicki Davis Senior & People with Disabilities 500 N. Hwy 30, Suite 240 St. Helens, OR 97051 503-397-5863	8/31/2013	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public
Gared Wold Rainier Senior Center	8/31/2012	<input type="checkbox"/> 60+ y/o <input type="checkbox"/> Minority <input type="checkbox"/> Rural <input type="checkbox"/> Service provider <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Elected official <input checked="" type="checkbox"/> General Public

SECTION B-3
ORGANIZATIONAL CHART(S)

Insert organizational chart(s) that clearly show the functional organization of the Area Agency sponsor and the Area Agency on Aging.

COMMUNITY ACTION TEAM ANTI-POVERTY
ORGANIZATIONAL NETWORK
2007



SECTION B-4

ADMINISTRATIVE GOALS AND OBJECTIVES

Listed goals and objectives must be measurable in terms of results and have a target date or time duration for accomplishment. Goals and objectives must be reviewed and updated annually with accomplishments noted for the previous year's goals.

As required by the Older Americans Act you must have goals and objectives in the five areas explained below. Please indicate the type(s) of each goal in the table. Some goals may cover more than one area.

Administration: Administrative functions required to implement planned services, maintain records, fulfill the requirements of Federal regulation, State rules, and Community Independence & Advocacy/State Unit on Aging policies and procedures. Support advisory committees. Includes such functions as bidding, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring and quality assurance.

Advocacy: Monitor, evaluate and comment on issues related to community actions affecting older persons; conduct or attend public hearings; represent older persons' interests at the local, state and national levels; and support Long Term Care Ombudsman program.

Coordination: The coordination of programs funded through the Older Americans Act with other supportive federal, state, local or private programs. Coordination is a continuing activity linking, in support of common service objectives, existing planning and service resources on a cyclical and ongoing basis.

Development: Functions directed toward the development of specific service(s), goals or objectives. Includes such functions as needs assessment, plan development, budgeting/resource analysis, inventory, standards development, policy analysis, resource development and research.

Outreach: Efforts used to identify individuals eligible for assistance under the Older Americans Act, with special emphasis on:

- older individuals residing in rural areas;

Outreach, continued

- older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- older individuals with severe disabilities;
- older individuals with limited English-speaking ability;
- and older individuals with Alzheimer's disease or related disorders.

GOAL DESCRIPTION <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D <input type="checkbox"/> E Maintain five congregational meal sites in the county	MEASURABLE OBJECTIVES -Increase Nutrition Funding by 10% -Increase number of meals served by 10%	ACTIVITIES -Nutrition Grant Development and Sub-mission -Identification and implementation of cost savings strategies -Explore cost/effective alternatives to current meal sites	DURATION 2008-2012	(Complete this column as achieved and submit this section with your annual AP updates) OUTCOMES/ ACCOMPLISHMENTS At this time all 5 centers operate. In spite of decreases in funding, meal counts increased by 4% since 2008.

<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p>GOAL DESCRIPTION</p>	<p>MEASURABLE OBJECTIVES</p>	<p>ACTIVITIES</p>	<p>DURATION</p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p>OUTCOMES/ ACCOMPLISHMENTS</p>
<p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input checked="" type="checkbox"/>D <input type="checkbox"/>E</p> <p>Improve In-Home Services for Seniors</p>	<p>-Develop Visiting Nurses Program</p> <p>-Increase number of OPI Clients receiving In-Home Medical assistance by 10%</p> <p>-Establishment of Visiting Nurses program</p>	<p>-Contact County Health Department about potential support or collaborative effort to obtain resources</p> <p>-Identify potential grant sources</p> <p>-Write grants</p> <p>-Implement new program</p>	<p>2008-2010</p>	<p>OPI hours increased by 30% since 2008.</p> <p>Number of OPI clients decreased by 30% due to decreases in funding.</p>
<p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input checked="" type="checkbox"/>D <input checked="" type="checkbox"/>E</p> <p>Improve the ability of seniors to remain Self-Sufficient</p>	<p>-Development of Self-Sufficiency Resource Guide</p> <p>-Number of guides printed (500)</p> <p>-Number of guides distributed (500)</p> <p>-Increase the percentage of seniors remaining in their homes by 2%</p>	<p>-Obtain information on Power of Attorney, Guardianships, Home Repairs, In-Home Services, Legal Aid, Other;</p> <p>-Write guide</p> <p>-Obtain printing</p> <p>-Print guides</p> <p>-Distribute guides</p>	<p>2008-2010</p>	<p>Accomplished</p>

<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p>GOAL DESCRIPTION</p>	<p>MEASURABLE OBJECTIVES</p>	<p>ACTIVITIES</p>	<p>DURATION</p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p>OUTCOMES/ ACCOMPLISHMENTS</p>
<p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input checked="" type="checkbox"/>D <input type="checkbox"/>E</p> <p>Increase the availability of Senior Housing in Columbia County</p>	<p>Develop a Senior Housing Action Plan for two communities in Columbia County</p>	<ul style="list-style-type: none"> -Inventory existing senior housing -Identify senior housing gaps -Prioritize senior housing needs -Disseminate senior housing needs assessment 	<p>2008-2010</p>	<p>Senior Housing assessment completed as part of County-wide Housing Assessment.</p>
<p><input checked="" type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input type="checkbox"/>E</p> <p>Improve the Financial Management of Senior Centers</p>	<ul style="list-style-type: none"> -Conduct Financial Reviews for 3 centers -Increase funding sources for senior centers by 10% 	<ul style="list-style-type: none"> -Contract with accountant to conduct financial reviews -Complete financial reviews -Disseminate financial reviews to potential senior center funding sources 	<p>2008-2010</p>	<p>Completed the financial audits through grant support. 3 participated. No increased funding for senior centers.</p>
<p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input checked="" type="checkbox"/>D <input type="checkbox"/>E</p> <p>Decrease the incidence of elder abuse in Columbia County</p>	<p>-Develop a Guardian-Ship Assistance Program</p>	<ul style="list-style-type: none"> -Meet with County Judges -Develop program concept -Obtain resources -Implement program 	<p>2008-2010</p>	<p>Pursued as completely as possible at the local level.</p>

<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p>GOAL DESCRIPTION <input type="checkbox"/>A <input type="checkbox"/>B <input checked="" type="checkbox"/>C <input checked="" type="checkbox"/>D <input type="checkbox"/>E Increase the capacity of the St. Helens Senior Center Facility</p>	<p>MEASURABLE OBJECTIVES</p> <ul style="list-style-type: none"> -Complete Facility Expansion -Increase services provided at the Senior Center by 10% 	<p>ACTIVITIES</p> <ul style="list-style-type: none"> Work with City of St. Helens to: -Obtain construction over-sight contract from City -Hire Architect -Hire Construction Company -Oversee construction -Complete construction 	<p>DURATION</p> <p>2008-2009</p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p>OUTCOMES/ ACCOMPLISHMENTS</p> <p>Completed March 2010</p>
<p>Form ADRC in Columbia County.</p>	<p>Develop I&R and Options Counseling positions. Increase services to senior and disabled in Columbia County as evidence by survey results.</p>	<ul style="list-style-type: none"> -Work in partnership with Multnomah, Washington, and Clackamas Counties, to form regional ADRC. - Work with state ADRC staff to improve I&R services to Columbia County residents. 	<p>2010-2012</p>	<p>Planning to go live in the next few months as possible with QUAD and state progress.</p>

<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p>GOAL DESCRIPTION</p>	<p>MEASURABLE OBJECTIVES</p>	<p>ACTIVITIES</p>	<p>DURATION</p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p>OUTCOMES/ ACCOMPLISHMENTS</p>
<p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input checked="" type="checkbox"/>D <input type="checkbox"/>E</p> <p>Establish new Senior Center in Vernonia</p>	<p>-Complete Fund-raising</p> <p>-Complete construction</p> <p>-Increase services provided at the center by 10%</p>	<p>Work with City of Vernonia to:</p> <ul style="list-style-type: none"> -Write CDBG Grants -Write Foundation Grants -Raise Local funding -Complete Fundraising -Obtain Construction oversight contract from City -Hire Architect -Hire Construction Company -Oversee Construction 	<p>2008-2012</p>	<p>Process on hold with CDBG.</p>
<p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input type="checkbox"/>D <input checked="" type="checkbox"/>E</p> <p>Improve the Emergency Preparedness of Seniors in Columbia County</p>	<p>Distribute 100 Emergency Preparedness Kits to seniors</p>	<ul style="list-style-type: none"> -Identify Seniors in need -Arrange for delivery of Kits -Deliver Kits 	<p>2008-2009</p>	<p>Accomplished</p>

<p>A=Administration B= Advocacy C=Coordination D=Development E=Outreach</p> <p>GOAL DESCRIPTION</p>	<p>MEASURABLE OBJECTIVES</p>	<p>ACTIVITIES</p>	<p>DURATION</p>	<p>(Complete this column as achieved and submit this section with your annual AP updates)</p> <p>OUTCOMES/ ACCOMPLISHMENTS</p>
<p><input type="checkbox"/>A <input type="checkbox"/>B <input type="checkbox"/>C <input checked="" type="checkbox"/>D <input checked="" type="checkbox"/>E</p>	<p>Develop a Money Management Program in Columbia County. The Money Management Program is sponsored by Easter Seals of Oregon and AARP.</p>	<ul style="list-style-type: none"> - Partner with the local DHS/SPD Office to help provide a Money Management Service. -Identify Seniors in need of financial management services -Assemble and advisory board. -Recruit volunteers for staffing. 	<p>2009-2012</p>	<p>Accomplished. Have a money management counselor program in place. Training volunteer coordinator in conjunction with county SPD office.</p>

SECTION B-5

OTHER PROGRAMS AND/OR ACTIVITIES OF THE AAA

Explain all other coordinated services/activities of the area agency whether funded by public or private funds and NOT funded by the State provided OAA, OPI, and Medicaid allocation, nor indicated in Section D-1. (OAA 306(a)(12))

Describe each type of activity and source of funding of each activity. (e.g., Low-Income Home Energy Assistance Act, Community Services Block Grant Act, Titles XVI, XVIII, XIX and XX of the Social Security Act, Housing & Community Development Act, Workforce Investment Act, etc.)

Caring Options:

Child & Family Development Programs:

- Head Start: A comprehensive preschool for families with incomes at or below the federal poverty guidelines. The program includes nutrition, education, mental health, and medical/dental services for enrolled children. Funding sources include Federal and State grants, private foundations and donations.
- Healthy Start: Provides home visiting services for families with first born; and services to prenatal care through age three. Funding includes State and Commission on Children and Families grants. Private grants are contributed to program revenue.

Community Development Programs:

Affordable housing development; property management; development of community facilities; self -help housing project (sweat equity); no interest deferred home improvement loans and weatherization installation. Funding includes Federal and State grants, and bank financing.

Emergency Energy Services Program:

This program provides energy bill paying assistance, and energy conservation education/case management to those in need of utility assistance. Funding includes State Contracts and Utility Company grants, and private, e.g. United Way.

Housing Center Program:

This program provides tenant trainings, housing information & referrals, and home ownership assistance. Funding comes from a State grant.

Information & Referral:

C.A.T.'s main focus is to mobilize resources to address the needs of the economically disadvantaged by trying to link persons up with resources. A social service resource directory is developed and distributed for Columbia, Tillamook, and Clatsop Counties. Funding comes from Federal grants and in-kind printing donations.

Kid Care:

Provides an extended day care program for children K-6. Structured and unstructured activities are provided as well as nutritious snacks. Kid Care operates on a fee for services basis with scholarships available to low income families. Funding comes from United Way, Commission on Children & Families, and client fees.

Transitional Housing Program:

This program provides homeless intervention, eviction prevention, transitional housing, and affordable rental housing to low-income households who are homeless or at risk of becoming homeless. Funding includes Federal and State grants, private foundations, and donations.

Veterans Services:

CAT runs Columbia County's Veterans Services Program. This program helps veterans and their families access government benefits; it also links them to other needed services. Funding is provided by State and county grants.

Weatherization & Housing Rehab

For the past 25 years CAT has operated a weatherization program for households with annual incomes at 125% or less of the poverty level. Both home owners and renters qualify for the program. The program operates in all three counties. To date, CAT has invested over 4 million dollars in weatherizing 2,000 homes. CAT also works with Rural Development to obtain and administer Housing Preservation funds which are used to rehabilitate homes occupied by households with incomes below 50% of the county median income. This assistance has been provided to Columbia, Clatsop and Tillamook counties. Funding includes Federal and State grants, and Utility contracts.

PLAN & SERVICE DEVELOPMENT

**Public Hearings
Contracted Services**

SECTION C-1
PUBLIC HEARING COMMENTS

The Area Agency on Aging is required to conduct at a minimum, one public hearing on the Area Plan content, planned services, goals, objectives, etc., prior to submittal of the plan for State review and acceptance (OAA 306(a)(6). Consistent with CFR 1321.17(14)(ii) the Area Agency will submit proposals to pay for program development and coordination as a cost of supportive services, to the general public for review and comment. The AAA shall maintain documentation of public hearing notifications/discussion for the duration of the Plan. During the duration of the plan, public hearings are required if the area agency seeks to fund Title III B access, in-home or legal services below the minimum percentage. OAA 306, (a)(2)(A-C) and 306(c)

1. Please provide the following information:

City and Hearing Location: Scappoose Senior Center

Date: September 10, 2007

Number in Attendance: 7

Number of 60 y/o+:5

City and Hearing Location: Vernonia Senior Center

Date: September 14, 2007

Number in Attendance: 11

Number of 60 y/o+:10

City and Hearing Location: St. Helens, NW Regional Education Service Dist.

Date: September 19, 2007

Number in Attendance: 7

Number of 60 y/o+:4

City and Hearing Location: St. Helens, NW Regional Education Service Dist.

Date: October 18, 2007

Number in Attendance: 6

Number of 60 y/o+:5

City and Hearing Location:

Date:

Number in Attendance:

Number of 60 y/o+:

City and Hearing Location:

Date:

Number in Attendance:

Number of 60 y/o+:

City and Hearing Location:

Date:

Number in Attendance:

Number of 60 y/o+:

2. Briefly describe the information presented at the public hearing(s), and a summary of any objections related to the material presented, from those in attendance at the hearing.

At each hearing a description of the Area Plan was presented and copies of the proposed Area Plan Goals were handed out. There were no objections to the material presented. However, a number of suggestions were received regarding additional needs and potential resources. At the Vernonia hearing the need for a guide to In-Home services was raised. At the Scappoose hearing information about Senior Housing resources was offered.

3. Were any changes made to the plan based on the public hearing comments? No Yes

If yes, briefly describe: At the St. Helens Hearing the Area Plan goals on Senior Housing Action Plan was amended to specify local communities.

SECTION C-2
CONTRACTS OF THE AREA AGENCY

Except where a waiver is granted by the State, AAA's shall award funds by grant or contracted to community services provider agencies and organizations. OAA Sec 306(a)(13)(B) and (CFR 1321.63(b))

List all contracts and funding agreements that provide services to the elderly with Older Americans Act, NSIP and OPI funds. Do not include contracts to provide services to Medicaid clients in this section.

CONTRACTOR NAME ADDRESS & CONTACT PERSON	MATRIX # SERVICE NAME
Clatskanie Senior Center Ernie Crmine <input type="checkbox"/> For profit agency	4,7 Home Delivered & Congregate Meals
Rainier Senior Center Gared Wold <input type="checkbox"/> For profit agency	4,7 Home Delivered & Congregate Meals
Scappoose Senior Center Julie Stephens <input type="checkbox"/> For profit agency	4,7 Home Delivered & Congregate Meals
St. Helens Senior Center Cheryl Young <input type="checkbox"/> For profit agency	4,7 Home Delivered & Congregate Meals
Vernonia Senior Center George Gans <input type="checkbox"/> For profit agency	4,7 Home Delivered & Congregate Meals
Oregon Law Center <input type="checkbox"/> For profit agency	11, Legal Assistance
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	
<input type="checkbox"/> For profit agency	

SERVICES PROVIDED

**Service Matrix
Oregon Project Independence**

SECTION D-1
SERVICE MATRIX

The AAA is required to provide comprehensive and coordinated community based services designed to assist older Oregonians in leading independent, meaningful and dignified lives in their own homes and communities. Examples of such services are in the Service Definitions for Older Americans Act and Oregon Project Independence Services as released at:
<http://www.dhs.state.or.us/policy/spd/transmit>.

Indicate all services provided to OAA and/or OPI clients and the method of service delivery.

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
CLUSTER 1 REGISTERED SERVICES			
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 1a	Personal Care – HCW <input checked="" type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 2	<input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 2a	Homemaker – HCW <input checked="" type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 3a	Chore – HCW <input checked="" type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 4	Home Delivered Meals <input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Meal Delivered	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 5	Adult Day Care/ Adult Day Health <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient

	NAME OF SERVICE	UNIT DEFINITION	METHOD of SERVICE DELIVERY
<input checked="" type="checkbox"/> 6	Case Management <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
CLUSTER 2 REGISTERED SERVICES			
<input checked="" type="checkbox"/> 7	Congregate Meals <input checked="" type="checkbox"/> OAA	1 Eligible Meal	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 8	<input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 9	Assisted Transportation <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 One-Way Trip	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
CLUSTER 3 NON-REGISTERED SERVICES			
<input type="checkbox"/> 10	Transportation <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 One-Way Trip	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 11	Legal Assistance <input checked="" type="checkbox"/> OAA	1 Hour of Service	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 12	Nutrition Education <input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Session per participant	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 13	Information and Assistance <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Contact	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 14	Outreach <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Contact	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 15	Information to Caregivers <input checked="" type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 16	Assistance in Gaining Access to Caregiver Services <input checked="" type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient

OTHER SERVICES – ADMINISTRATIVE FUNCTIONS

<input checked="" type="checkbox"/> 20-1	Administration <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 20-2	AAA Advocacy <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 20-3	AAA Program Coordination <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 20-4	AAA Program Development <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient

Services Which Address Functional Limitations

<input checked="" type="checkbox"/> 30-1	<input type="checkbox"/> OPI	1 Activity	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 30-2	Home Health <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Home Visit	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 30-3	<input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 30-4	Respite <input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 30-5	Caregiver Respite <input checked="" type="checkbox"/> OAA	1 Hour of Service	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 30-6	<input checked="" type="checkbox"/> OAA	1 Session per participant	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 30-7	<input checked="" type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient

Services Which Maintain Health			
<input checked="" type="checkbox"/> 40-1	<input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Screening per participant	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 40-2	Exercise/Physical Fitness <input checked="" type="checkbox"/> OAA	1 Session per participant	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 40-3	Wellness Education <input checked="" type="checkbox"/> OAA	1 Session per participant	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 40-4	Mental Health Services <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-5	<input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Unit/Loan	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-6a	Medical Alert Installation <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Installation per Client	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-6b	Medical Alert Rental <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Payment for Service per Client	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-7	<input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Client Served	<input checked="" type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 40-8	Registered Nurse Services <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 40-9	Medication Management <input checked="" type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
Services Which Protect Elder Rights			
<input type="checkbox"/> 50-1	Guardianship Conservatorship <input type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 50-2	<input type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient

<input checked="" type="checkbox"/> 50-3	Elder Abuse Awareness <input checked="" type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 50-4	Crime Prevention/Home Safety <input type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 50-5	LTC Ombudsman <input type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
Services Which Promote Socialization and Participation			
<input type="checkbox"/> 60-1	Recreation <input type="checkbox"/> OAA	1 Activity per Participant	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 60-2	<input type="checkbox"/> OAA	1 Visit	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 60-3	Telephone Reassurance <input checked="" type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 60-4	Volunteer Recruitment <input checked="" type="checkbox"/> OAA	1 Placement	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 60-5	Interpreting/Translation <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
Services Which Assure Access and Coordination			
<input checked="" type="checkbox"/> 70-1	<input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Hour of Service	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 70-2	Counseling <input type="checkbox"/> OAA	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 70-2a	Individual Counseling for Caregivers <input type="checkbox"/> OAA	1 Hour of Service	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 70-3	<input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Screening	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 70-4	Geriatric Assessment <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Assessment	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient

<input checked="" type="checkbox"/> 70-5	Newsletter <input checked="" type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Newsletter Distributed	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input type="checkbox"/> 70-6	Gatekeeper Training <input type="checkbox"/> OAA	1 Activity	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 70-7	Placement Services <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Referral	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 70-8	Private Case Management <input type="checkbox"/> OAA <input type="checkbox"/> OPI	1 Hour	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 70-9	<input checked="" type="checkbox"/> OAA	1 Session per Participant	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient

<input checked="" type="checkbox"/> 70-10			<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
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Services that Support Other Goals/Outcomes

<input checked="" type="checkbox"/> 80-1	<input checked="" type="checkbox"/> OAA	1 Center Assisted	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 80-2	Employment Assistance <input type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 80-3	<input checked="" type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 80-4	Financial Assistance/Material Aid <input type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input type="checkbox"/> 80-5	Money Management <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI	1 Contact	<input type="checkbox"/> Contracted <input type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 80-6	<input checked="" type="checkbox"/> OAA	1 Center Acquired or Renovated	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient
<input checked="" type="checkbox"/> 80-7	<input checked="" type="checkbox"/> OAA	1 Contact	<input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Waiver request to self-provide <input type="checkbox"/> no provider <input checked="" type="checkbox"/> cost efficient

<input type="checkbox"/> 90-1	Volunteer Services	<input type="checkbox"/> OAA	1 Hour of Service	<input type="checkbox"/> Contracted	<input type="checkbox"/> Waiver request to self-provide	<input type="checkbox"/> no provider	<input type="checkbox"/> cost efficient
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SECTION D-2
OREGON PROJECT INDEPENDENCE

Provide the following information about the procedures your agency (or your contractor) uses in the OPI program:

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

~~There are currently five case managers located in each of the major towns in Columbia County. The case managers are currently half time employees working at local senior centers for 20 hrs per week. The program director is back-up for the case managers when they are out of the office.~~

Columbia County is participating fully in the development and implementation of a state-wide coordinated OPI intake and administration program. **The OPI Case Manager is located in CAT's Family Resource Center in St. Helens. A toll free number is available to all residents of Columbia County. The case manager works 18 hours per week. The program director is available for back up when the case manager is out of the office.**

Requests for service can come directly to the case manager or through the toll free number. ~~or direct line to the Community Action Team main office in St. Helens.~~

Currently there is a very quick turn around, from the time the client calls in for service and the time he or she is directly contacted for follow-up.

b. Explain how clients will receive initial and ongoing periodic screening for other community services, including Medicaid.

Requests for information and program referrals such as; Medicaid, OPI, Respite Services, Nutrition Programs, and other community services, are performed initially by the case managers as first contact. Nutrition referrals for meals on wheels and other related services are performed locally through the senior centers **or by requests made directly to the Case Manager or Nutrition Specialist.** Follow-up to initial assessments is performed by the program director. Community Action Team is unique because the agency has many in-house programs such as energy assistance, housing, and other community services that can assist the client with direct service requests.

In addition we are in partnership with other community agencies in Columbia

County such as; mental health, Commission on Children and Families, Women's Resource Center, and other agencies.

Our staff has a very good working knowledge of these agencies and can make referrals, appointments, or provide other such services to clients when they call for assistance.

c. Describe how eligibility will be determined.

Initial eligibility for OPI services will be performed by Risk assessment. Also the client fills out a one page (front side only) application requesting services.

The application determines if the clients meet the eligibility criteria of 60 years of age and over and are not Medicaid eligible.

The client also initially receives a confidentiality rights form, and an OPI Fee Determination form to fill out along with grievance rights information.

The CAPS assessment is completed when it is determined that there is an opening on the OPIU Service List. The clients are notified in writing if they are determined eligible based on the CAPS scoring system.

The CAPS is done once every year the client is on the program in order to provide accurate information about current client condition. The client can also request a reassessment at anytime during the year and each client is told this.

d. Describe how the services will be provided.

Direct services to the client are performed through registered home care workers that the client chooses to perform the work. The Home Care Workers are co-supervised by the Program Director. The client also directs the work to be done based on the assessment.

Clients are re evaluated each year as mentioned to update eligibility and care needs. The case manager performs these updated CAPS assessments. **Describe the agency policy for prioritizing OPI service delivery.**

Priority for new enrollment is determined by need. The CAPS service priority matrix 1-18 is used to determine priority. We also staff new cases to determine if there are other factors to be considered, such as social isolation,

lack of community resources, clients in under served areas, also factor into the decision making process.

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

Denial, reduction, or termination of services, whether for ineligibility, program reductions, will be shared with the clients in written letter form, explaining the reason for the decision as well as the clients right to appeal. In addition, in the case of eligibility based on CAPS assessment we will perform a second CAPS assessment to ensure that the client still is not eligible based on the CAPS. Reduction or termination of services based on budget cuts would include information on expected length of budget reduction or termination, available local resources to possibly meet the immediate needs and any information on volunteer services available such as churches etc., that may be available to assist.

Clients making appeal for reduction of services would continue to receive services until the disposition of the grievance procedure was decided.

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

Clients signing up with the OPI Program initially receive the Grievance Procedure along with information about their rights under the appeal process. In addition with any reduction or termination letters they receive an additional copy of the Grievance Procedure and appeal process forms. Agency staff are also available to assist clients with understanding their appeal rights.

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

Fees for services are determined by the latest Services Fee Matrix provided by the State of Oregon/SPD/DHS.

The program director works with case managers to help clients update their incoming income and current medical out of pocket deductions and using those figures compared to the Service Fee Matrix to determine current fees for service.

Over income for services have their pay-in process explained to them and then

are asked if they would like to continue the enrollment process.

Clients are billed at the end of each month for all service from that month through a billing invoice process. Once client fees are collected a HCW pay voucher is issued for the upcoming month. All fees collected are applied directly towards overall program costs.

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

The client's HCW are not issued pay vouchers until fees from the client have been collected. Clients who have difficulty making payments will be contacted by the case manager or program director to see if income has been reduced or medical costs have gone up within the household. The agency will work with these clients to recalculate their pay in fees based on this new updated information.

Clients who are still found over income and still have not paid fees despite contacts and reminders will be given a 30 day grace period in which to catch up on overdue fees before OPI services will be terminated and the client notified of that fact by registered letter which will include grievance procedures.

i. Explain how service providers will be monitored and evaluated.

All HCW s that are used in the OPI Program are part of the State wide collective bargaining unit and receive an hourly rate for services provided to the client. The Program Director monitors direct care providers through the CAPS reassessment process. The Program Director will talk to the clients directly as part of the CAPS assessment and surveys the clients regarding their satisfaction with their current HCW. Many of our HCW s call the Program Director on a regular basis to up date and problem solve client care or current case issues.