

**COMMUNITY ACTION TEAM, INC.
AREA AGENCY ON AGING OF
COLUMBIA COUNTY
2025-2029 AREA PLAN**

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SECTION A – AREA AGENCY PLANNING AND PRIORITIES

A – 1 Introduction:

Area Agencies on Aging (AAAs) were created in 1974 under the Older Americans Act (OAA) as part of the national framework of senior support services. AAAs serve as local resource hubs connecting seniors with information, services, and resources unique to their geographic areas, to increase independence and improve overall quality of life.

The Area Agency on Aging of Columbia County is administered by Community Action Team, Inc. (CAT). CAT has been serving Columbia County for more than 50 years, providing a range of programs, including anti-poverty initiatives, and support services for at-risk populations, families, and veterans, as well as seniors. With well-established partnerships with local governmental agencies, as well as area non-profits, acting as the county AAA is a natural fit.

The majority of OAA services are administered directly through Community Action Team's main office by a team of designated staff. OPI, options counseling, respite care, family caregiver support, preventative health, and case management, for example, are all scheduled and coordinated through the CAT office in St. Helens. When a member of the senior support team, a Senior Care Coordinator, receives a referral, the customer is contacted immediately to set up an assessment. Needed services are made available to the client based on the problem areas identified by that initial assessment. Subsequently, the Senior Care Coordinators provide ongoing monitoring to ensure that appropriate services are being accessed or discontinued as the client's case evolves.

The Community Action Team Energy Assistance Program is another resource available to low-income seniors throughout the county. Each fall an outreach campaign is conducted to identify low-income seniors who might benefit from energy bill payment assistance.

Beyond the AAA activities administered through the CAT office, additional senior support services are dispensed through four (4) senior centers located throughout the county. The senior centers are contracted to provide preventative health services and nutrition services, including both congregate and home delivered meal options. These Senior Centers, located in Clatskanie, Rainier, St. Helens, and Vernonia, are each private, not-for-profit organizations which, in addition to providing meal services, also offer a variety of social activities and other events.

“Dial-a-ride” transit service, operated locally by CC Rider Transportation, is another third-party resource available to area seniors. Reliable transportation support ensures that seniors in our most rural locations have access to services, though funding cuts have, unfortunately, reduced the system’s flexibility in recent years.

The AAA also works closely with governmental agencies, such as APD, mental health partners, such as CCMH, and a variety of private, non-profit, and faith-based groups and organizations to meet the myriad needs of local seniors. The system of programs and partnerships which make up the senior care network of Columbia County is complex, and while this brief introduction barely scratches the surface of the services available to older adults in our area, it does provide some context by identifying some of the vital programs currently serving our seniors.

Every four years, AAAs are required to evaluate the landscape of elder care needs and resources in their communities. CAT has developed this Area Plan, drawing on the firsthand knowledge of AAA staff and volunteers, input from partnering senior service providers in the region, and feedback from the public- particularly consumers of AAA services themselves, including the elderly, persons with disabilities, and care providers. This Area Plan is a roadmap for the next four years: highlighting existing support systems, identifying service gaps and areas needing improvement, anticipating funding needs, and determining overall program goals.

Any questions about this Area Plan or the AAA of Columbia County can be directed to CAT by phone at 503-397-3511, or by email to seniorp@cat-team.org.

A-2 Mission, Vision, Values

As mentioned above, Community Action Team, Inc. (CAT) acts as the local Area Agency on Aging for Columbia County. In addition to its work here, CAT also provides anti-poverty programs in neighboring Clatsop and Tillamook counties. All told, CAT aids over 16,000 individuals annually in this tri-county region.

While the three counties differ from each other in many respects, they do face many similar challenges— a shortage of affordable housing, the

absence of living-wage jobs, a crisis of substance abuse and mental illness with limited resources available for treatment, homelessness, and a lack of public transportation, to name a few.

CAT is committed to:

- Reducing the extent and negative effects of poverty
- Increasing family self-reliance
- Improving community facilities and affordable housing stock

CAT envisions vibrant communities with hope and opportunity where basic needs are met, and CAT's overarching mission is to connect people with the resources needed to become self-sufficient. These goals align perfectly with the objectives of the Older American Act (OAA), to provide seniors and people with disabilities with the tools and supports necessary to maintain healthy, independent, and dignified lives.

Community Action programs actually trace their roots to the Johnson Administration's War on Poverty. Like similar Community Action agencies across the country, CAT's Board of Directors is community based. One-third comes from the business sector, one-third from the government sector, and one-third are low-income residents of the community. This board structure ensures a diverse perspective and approach to meeting the needs of our communities.

Another of CAT's primary strengths lies in the fact that there are three distinct "sides" to the organization:

- Community Investment –Assisting clients with their physical structures, offering weatherization, self-help housing, mortgage assistance, home repairs, rehabilitation, and home modifications;
- Human Investment –Providing programs to combat homelessness, utility assistance, rental assistance, veteran's assistance, and senior services (also known as the Area Agency on Aging); and
- Child and Family Development – Focusing on providing support through programs such as Head Start, Healthy Families, and parenting education classes.

All of the departments at CAT work together to provide wrap-around services, meaning that staff members at CAT are able to refer clients

internally to multiple programs, ensuring that as many of their needs are being met, with as little duplication of effort, as possible. This one-stop shop approach can be particularly helpful to the older adult population. CAT and the AAA strive to overcome the barriers that might otherwise limit access to crucial services, such as geographic distance, social isolation, or limited English proficiency. It is imperative that personalized opportunities for healthy aging are available regardless of an individual’s lifestyle choices or cultural identity.

A-3 Planning and Review Process

Scope of Need: According to Portland State University’s Population Estimate Data of 2023, Columbia County has a population of 14,892 residents age 60 and older. This is nearly a 4% increase since 2019. The Older adult population has been steadily rising and will continue to rise. The fastest growing segment of the senior population will be in the 65-75 age group. According to the Oregon Health Care Association (www.ohca.com/consumers/aging-in-oregon), by the year 2030 one in five Americans will be aged 65 and older.

Columbia County, Oregon	Total Population	%
59 and Younger	38,253	72%
60-64	3,932	7.39%
65-69	3,524	6.63%
70-74	3,061	5.76%
75-79	2,206	4.15%
80-84	1,197	2.25%
85 and Over	972	1.82%
TOTAL POPULATION	53,153	100%

PSU 2023 Annual Population Report Tables

Persons and groups consulted: Over the past year, the Advisory Board of the AAA of Columbia County has been gathering data for the development of the 2025-2029 Area Plan. Armed with information from their team of Senior Care Coordinators, as well as feedback from staff and volunteers at the various Senior Centers and senior-focused community organizations in the area, the Advisory Board held a series of meetings to consider known concerns, and to review the prior plan, section-by-section, in order to

generate preliminary recommendations.

While preparing the 2021-2024 Area Plan, a series of community meetings were offered, however participation was extremely low. In order to maximize public participation at a minimal expense, the Advisory Board recommended using a survey similar to that employed during the prior Area Plan development process for the 2025-2029 cycle. The surveys were directly distributed this past June to hundreds of community partners and known consumers of senior services, in addition to being posted publicly on the Community Action Team website. The target deadline for survey submission was August of 2024.

While survey results are still being analyzed, at present, the Subcommittee is recommending a continued focus on the areas previously identified in the 2021-2024 plan cycle. Limited staff and volunteer support means that putting efforts toward maintaining existing services is likely to be the best use of resources in the immediate future. Continued efforts to attract additional volunteers, and continued outreach to community partners (e.g. the Ombudsman, emergency management, the food bank, funeral homes, assisted living), will also be key.

In addition, invitations have been extended to various community partners to participate in AAA meetings in order to further facilitate communication about the successes and challenges being observed around the county, and to share more broadly what the AAA is doing locally to improve outcomes for seniors as a whole.

CAT is committed to increasing the number of skilled volunteers who work in all levels of the organization. Through the use of skilled volunteers, the AAA believes it can improve the delivery of services in the most rural communities, especially through programs such as the Senior Peer Outreach Program, and services to high-risk individuals, through preventative health workshops and the like.

The following are the focus areas identified in the prior Area Plan, which will remain central to the 2025-2029 agenda- family caregiver services, elder rights and legal assistance, preventative health, I&A/ADRC, and nutrition, in addition to issues related to social isolation and loneliness, transportation challenges, increasing engagement and outreach, and equity training.

Tools employed: As detailed above, surveys were the primary mechanism for public input. Paper versions of the survey were distributed through senior centers, libraries, food banks, mental health and public health offices, thrift stores, municipal offices, and other key partner organizations. Online copies were also available via Survey Monkey.

Resources Used: In addition to custom survey data, Census data, GIS mapping data, DHS service data, and records from senior centers were also used.

A-4 Prioritization of Discretionary Funding

OAA funds are used to support the Core Programs as identified in Titles III (Supportive Services, Nutrition, Disease Prevention/Health Promotion, and Caregiver Programs) and VII (Elder Rights Programs) of the Older Americans Act. These key service areas are the pillars of the AAA at CAT.

Other focus areas, such as housing, utility assistance, weatherization, home modifications, veteran's services, transportation, diversity, and inclusion are supported through private donations and grants, and under the umbrellas of other existing program areas at CAT.

By partnering with Columbia Community Mental Health (CCMH), we are able to provide mental health services and interventions, where appropriate. To meet transportation needs, we work with Columbia County Rider, in addition to leveraging various volunteers, and church groups. While housing, energy assistance, weatherization, foreclosure avoidance, and veteran's services, are just a few examples of the overall array of services we are able to offer in-house as a Community Action Program.

A-5 Service Equity

Service equity promotes health, safety, and independence for all Oregonians by adapting services and policies to eliminate discrimination and disparities. The goal of service equity is to use individualized approaches, which are free from bias or favoritism, to achieve common outcomes for all. Service equity creates an environment of fairness and respect that values, attracts and supports diversity.

Community Action Team is committed to valuing and supporting all people as they age. The vision of CAT's AAA is to work within the community to embrace diversity and to stand against systemic bias, racism and unequal treatment of any person, no matter their race, ethnicity, religion/faith, income, age, disability, nationality, immigration status, sexual orientation, or gender identity. To achieve this vision, CAT will work to ensure that all Columbia County older adults, their families, and adults living with a disability will have access to opportunities and services to age how and where they choose.

- **Workforce development**

Professional development opportunities will be provided for staff relative to cultural humility, diversity, and education about the changing population being served.

- **Training, initial and ongoing**

AAA staff, volunteers, and Advisory Board members will participate in regular trainings related to equity, diversity, and inclusion. In addition to which, CAT is committed to recruiting and retaining staff and board members who are representative of the diverse communities that we serve, including recruitment of staff who are bilingual and/or bicultural. An emphasis will be placed on creating a safe learning and working environment, thus fostering candid and honest conversations on how we can achieve an inclusive program.

- **Integration of service equity throughout budgetary decisions and contract decisions**

CAT management and board members will consider equitable outcomes when making determinations pertaining to allocation of funds, contract development and implementation, and support of policies to support underserved populations. Leadership will make informed decisions, using all resources available, including the Service Equity Framework.

Section B Planning and Service Area Profile

B-1 Population Profile

The majority of the older adult population in Columbia County resides in rural communities with populations under 10,000. St. Helens is the only community in the county with a population higher than 10,000. According to the US Census Bureau, Columbia County's older adult population is predominately white (approx. 95.0%), with the largest older adult minority population being Hispanic (approx. 2.2%), and other minority groups representing 1% or less of the total population. The frequency of older individuals reporting limited English proficiency was negligible.

The Social Security Administration Data from December 2019 lists a total of 9695 older adults living on Social Security Retirement and another 1775 living on Social Security Disability. Fifty-three 53% are women and 47% are men.

According to Portland State University, there are a total of 14,892 individuals over the age of 60 in Columbia County. Age distribution data was not available in the same categories, however, according to the US Census Bureau 2019 poverty statistics, about 10% of the overall population 55 years and above lives under the 100% poverty level. Of those, 55% were female and 45% were male. Data from CAT's Low Income Heating and Energy Assistance Program (LIHEAP) for the 2024-2025 fiscal year shows that about 27% of Columbia County recipients are over the age of 60.

B-2 Target Populations

The following at-risk populations have been identified to be targeted by the AAA of Columbia County in planning and service delivery:

- Low-income older adults
- Older adults residing in rural areas
- Persons 85 and older
- Women age 85 and older living alone
- Individuals with dementia and their family caregivers
- Older adults living with a disability
- Homeless older adults
- Low-income minority older adults

These populations are considered to represent the greatest economic and/or social needs in our service area.

B-3 AAA Services, Administration and Service Providers

All care coordination staff within the Human Investment department at CAT- this includes staff in the housing, utility assistance, and Veteran's program areas, as well as senior services- have been cross trained to provide intakes across all program areas. Human Investment care coordination staff meet weekly to discuss new and on-going cases, and to make collective service decisions. In addition to those weekly staff meetings, Senior Care Coordinators participate in a county-wide inter-disciplinary team (IDT) with representatives of the local Adults and People with Disabilities (APD) office, Columbia Community Mental Health (CCMH), The Public Health Foundation of Columbia County (TPHFCC), local law enforcement, and staff from the Columbia County District Attorney's Office. There are currently 3 full-time Senior Care Coordinators at CAT who provide assessments for Meals on Wheels, care coordination, person-centered options counseling, OPI, respite, family caregiving, risk management, and other OAA services. These 3 individuals, together with a volunteer Program Aid, form the core of the AAA of Columbia County. Two of the Senior Care Coordinators are also certified I&R Specialists (CIRS-A/D) and provide information and assistance/referrals for all aging and disability programs in Columbia County, in addition to maintaining the ADRC RTZ computer system.

CAT's Executive Director, Chief Fiscal Officer, and the Senior Programs Manager/Budget Analyst, provide administrative, fiscal, and program management services for the Human Investment department as a whole, including senior services, or the AAA. Costs for upper management team support are divided among all Human Investment program areas.

Because CAT is a full-service Community Action Program, many additional services exist within the organization that can be helpful to seniors. These include:

- **Housing Services:** CAT's Housing Solutions program provides access to affordable housing, and assistance with many housing-related issues. Seniors, persons with disabilities, veterans, and their families, can access a range of services, including foreclosure avoidance support, help with move-in or relocation costs, assistance with deposits, and assistance filling out housing and/or social security applications. CAT's weatherization department helps consumers with energy education, furnace repairs, and other services to keep people in their

homes.

- Utility Assistance: CAT works with a variety of organizations - including LIHEAP, Oregon Energy Assistance, United Way, and the Emergency Food & Shelter Program- to provide financial assistance to help low-income individuals and families meet the costs of heat, electricity, natural gas, and water and sewer.

- **Veterans Services:** CAT employs the Columbia County Veterans Service Officer, a designated liaison working to connect veterans and their families with available resources and providing assistance with applications to access benefits. CAT is also a recipient of the Supportive Services to Veterans and their Families grant, which provides funding to help veterans overcome barriers to housing and employment.
- **Home Repairs and Modifications:** CAT's Community Investment staff frequently work with the Senior Care Coordinators when low-income older adults need home modifications or necessary repairs to enable them to safely remain in their homes. Examples of past services include: installation of grab bars and accessibility ramps, toilet repairs, gutter repairs, electrical system repairs, and furnace repairs.

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

Columbia County is a Type 'A' AAA and has a Memorandum of Understanding (MOU) in place with the local Aging and People with Disabilities office. The MOU articulates joint efforts such as warm transfers (i.e. sharing of information between agencies to reduce redundancy and improve the overall service experience) between our agencies when clients call for Medicaid screening, risk assessment, and other joint services. The APD Program Manager sits on the AAA Advisory board to advance collaborative efforts between the agencies. Both offices have experienced extensive budget cuts and find that by working together we are better able to continue services.

Below are examples of services essential to Columbia County seniors, along with details regarding current availability of related services through community partners, where applicable, and identification of current service gaps:

- **Mental Health Services** – Columbia County has a limited number of public mental health providers – Columbia Community Mental Health (CCMH) provides a broad array of services to substance addicted, developmentally disabled, and chronically mentally ill patients who qualify for Medicaid or the Oregon Health Plan. Columbia Health Services in St. Helens is another option for counseling services, and Medicine Wheel is a relatively new mental health and addiction service

provider in the county. The availability of mental health programs for non-Medicaid consumers, in particular, is limited. CAT does refer to the Oregon Senior Peer Outreach, as appropriate.

- Transportation – Columbia County Rider offers limited, fee-based transportation services throughout the county and beyond. However, as mentioned previously herein, this service has been hard hit with budget cuts which has limited the mobility options for some older adult consumers and those living with a disability. At present, door-to-door service is only available with advanced scheduling and is subject to cancellation. APD does offer transportation through Ride Care to senior consumers who are eligible through their Medicaid insurance coverage. There are also some limited, faith-based and volunteer transportation options to supplement community needs, however, access to transportation remains an area of concern.
- Housing – CAT provides a variety of affordable housing services throughout the county. The housing and homeless service department- Housing Solutions- is part of the service delivery system in our organizational model. While this is a valuable resource for local seniors, according to a study of affordable housing conducted by CAT in 2017, housing affordability is a challenge faced by Columbia County households of all income levels. In addition, Columbia County has a deficit of units affordable for households earning less than \$25,000 annually. While some affordable senior housing units exist in the communities of Rainier, St. Helens, and Scappoose, there are extensive waiting lists.
- Elder Abuse Awareness and Prevention – Gatekeeper training and education is provided by CAT and DHS-APS. Gatekeeper funding through the ADRC was cut, but calls still come in from community partners expressing a need for this service. So far, CAT has continued to offer this vital service despite the lack of funding.
- Employment Services – The Oregon Employment Department provides basic employment and unemployment services, as well as vocational rehabilitation. Northwest Oregon Works provides supported work experiences, volunteer work experiences, and other services. There is also a designated veteran’s employment officer in the Oregon Employment Department. In addition, the Senior Community Service Employment Program provided through EasterSeals is another resource for job seekers 55 and over.
- Energy/Utility Assistance Programs – CAT provides financial assistance toward energy and utility costs through a variety of

programs. Program information is mailed-out to seniors and people with disabilities, and those needing help completing the necessary forms are referred to Senior Care Coordinators for in-home assistance.

- Disability Services and Programs (e.g., Developmental Disabilities, Independent Living Centers) – The APD office provides the only physical disability services in Columbia County; CCMH provides the only intellectual disability program in the county. There is currently no local Center for Independent Living.
- Community Healthy Aging and Care Transitions Partners (e.g., local public health, healthcare systems, health promotion programs) – There is no hospital within Columbia County. The closest hospitals are in Portland, OR and Longview, WA. There are several clinics, but they have more of an urgent-care focus. For chronic conditions or long-term needs, the vast majority of seniors have to leave the county to find appropriate care. Clinics in Columbia County include: Sacagawea Health Center in St. Helens; Legacy Urgent Care and Medical Group in St. Helens; Rainier Health Center in Rainier; Community Health Center in Clatskanie; OHSU Clinic in Scappoose; and the Vernonia Health Center in Vernonia. A care coordination process will be developed and administered by Columbia Pacific Coordinated Care Organization (CCO).
- Senior Centers – Columbia County has five senior centers located in Clatskanie, Rainier, St. Helens, Scappoose, and Vernonia. Each is a private, independently operating not-for-profit responsible for their own programming, fiscal management, and personnel. The Scappoose Community and Senior Center does not currently participate in AAA activities.
- Information and Referral/Assistance Programs– The AAA of Columbia County is part of the METRO ADRC and is participating fully in its processes. Additionally, the AAA receives United Way funding for respite care, homelessness assistance, and utility assistance. 211 is operational within the county. CAT also publishes a county-wide resource directory in English and Spanish on a semi-annual basis.
- Case Management (fee-based or privately funded) – There are no fee-based case management services through CAT.
- Services that target minority, limited English proficiency (LEP) or other persons with unique needs (e.g., Title VI services, or an ethnic health clinic which serves elders). There are no programs specific to limited English proficiency in Columbia County. CAT has one bilingual-

bicultural staff person to provide care coordination for OPI, respite, Meals on Wheels, and other services, for persons of Hispanic/Latino origin.

- Any service which specifically serves persons with Alzheimer’s disease or other dementia, or their caregivers (Family Resource Center, Support Groups) – Avamere Assisted Living has a monthly Alzheimer’s Support Group meeting. CAT also has implemented the Rosalynn Carter Institute’s Resources for Enhancing Alzheimer’s Caregiver Health (RCI REACH) program. The RCI REACH coordinator attends the support group meetings at Avamere and is working to provide more caregiver training and education opportunities in Columbia County.
- The programs below provide significant benefit to the seniors in the county.
 - Senior Health Insurance Benefits Assistance (SHIBA) – currently provided by Washington County.
 - Case Management – APD offers senior-specific case management services.
 - Housing Authority – The Northwest Oregon Housing Authority (NOHA) serves Columbia, Clatsop and Tillamook Counties. NOHA is located in Clatsop County with an office in Columbia County open on a limited basis.

The AAA of Columbia County considers the following service gaps to be the most detrimental for area seniors. This list is organized in the order of greatest need:

- 1) Lack of affordable housing for the older adult population
- 2) Lack of accessible transportation for the older adult population
- 3) Lack of in-home assistance or housekeeping assistance for low- income older adults. (OPI is on a waitlist and provides a minimal amount of services; OPI-M may provide some additional relief in this area once implementation is complete)
- 4) Lack of affordable home repair options for low-income older adults. (CAT provides some assistance but uses private funding to support the program. This limits CAT’s ability to meet all of the needs.)
- 5) No dementia or adult day-care

SECTION C – FOCUS AREAS, GOALS AND OBJECTIVES

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

Person–Directed Services and Supports

In order to meet the State Community Services and Supports Unit’s (CSSU) goal of “Person-directed philosophies...that are committed to providing respectful and responsive services and supports. Taking into account individuals’ preferences, needs, values, cultures and diverse backgrounds,” Community Action Team (CAT) implements a person-centered and directed approach throughout all programs, including the AAA senior programs. CAT employees are also trained in techniques for interacting with consumers in a way that is trauma-informed and culturally sensitive.

Over the past two decades, the number of options for receiving Long-Term Services and Supports (LTSS) has grown immensely. While these options are welcome and provide more flexibility for people seeking LTSS, it can also make the process of finding and accessing the right services very complex. People do not know where to get reliable information to meet their unique needs. Many senior service providers and health care professionals operate within specialized areas of expertise, with a focus on specific tasks or aspects of the overall care needs of their consumers. The result can be a fragmented and unwieldy process for people seeking help, with no single point of contact to understand and develop a more holistic, overall plan of support.

The “No Wrong Door” (NWD) approach is a commitment to developing partnerships and increasing understanding about LTSS options, so that regardless of a person’s initial point of access to LTSS services, they will be guided to the comprehensive information needed to make informed care decisions.

NWD Information and Assistance (I&A)

Aging and Disability Resource Centers (ADRCs) are designed to serve as ideal access points for consumers, providing a reliable resource for unbiased information and support. Community Action Team is a member of the METRO Aging and Disability Resource Connection, consisting of the Columbia, Clackamas, Multnomah and Washington county AAAs. The METRO ADRC is active in developing partnerships, both formal and informal, to bring the NWD system to the local service area. These

partnerships include nursing homes, hospitals, public health programs, senior centers, preventative health programs, centers for independent living, multi-cultural foundations and coalitions, veteran affairs organizations, medical centers, and more. In Oregon, the Department of Human Services and the ADRCs are working to provide education and opportunities so that service professionals can collaborate more effectively, and so that partnering organizations have the information needed to better support their consumers in accessing the specific resources that will best meet their needs.

NWD Outreach

Unfortunately, most people don't know much about Long-Term Services and Supports until they are in crisis. Once a person is vulnerable or sick, the maze of options and paperwork can be overwhelming and, in many cases, consumers may end up with very expensive services that may not effectively meet their needs. One of the primary goals of the NWD system is to reach prospective consumers of LTSS services before they have gotten to the point, physically or financially, where they are only eligible for public programs. This is why outreach and education are so important.

NWD in Data Collection/Information Sharing

Streamlining access requires a coordinated effort across organizations, and the implementation of processes to reduce redundancies so that consumers are not caught in a cycle of repeating the same information to multiple providers. This means, the state needs to change their processes for eligibility and assessment and make better use of the information systems and data sources used to collect and analyze the information necessary to carry out NWD functions.

In September 2020, the state moved the Older American's Act (OAA) reporting out of the Oregon Access System (ORA) and into the GetCare RTZ System. This was done in order to expedite and refine the reports that the State provides to the Federal Government on activities under the OAA. However, one of the disadvantages of this data migration was the separation of information from the AAA and DHS. AAA staff must now enter a separate system in order to know what is going on with a consumer's Medicaid applications and services. Case notes that would have been shared seamlessly between the AAA and DHS in the past must now be entered

twice, in both ORA and GetCare, to ensure that case details are available to staff in both organizations. This has adversely impacted CAT's ability to provide comprehensive and inclusive services to consumers.

NWD Person-Centered Options Counseling and Care Coordination

Connecting with the right resources can greatly enhance a person's quality of life, and consumers who fully understand their options can make better, more informed choices, and can often do so with a more judicious use of resources. This is why providing consistent, person-centered support to consumers as they navigate LTSS is important.

Person-centered options counseling (OC) is an approach that uses person-centered thinking, planning, and practice skills to discover and organize each person's goals, strengths, interests, and preferences. Options counseling helps to ensure the overall hopes and wishes of the individual remain central, in the face of potentially conflicting family demands and/or professional recommendations. CAT is committed to using a variety of person-centered OC approaches to support consumers and better meet their unique needs. A focus on the consumer's strengths, goals and preferences is important. So is an emphasis on the consumer's ability to exercise personal choice, and maintain control as they determine which services and supports are right for them. The primary duties of an Options Counselor include:

- Use of person-centered discovery to understand individual goals and preferences while building a foundation for working with a consumer.
- Addressing urgent and basic concerns (such as homelessness) as immediately as possible while looking at longer-term solutions, as well.
- Collaborating with other local professionals, such as Medicaid staff, to speed up processes and access to services.
- Considering natural supports and typical solutions to issues as part of organizing options.
- Providing accurate information about eligibility criteria and application processes for federal, state and local programs.
- Assisting with applications for all services for which a consumer may qualify. Examples of these may include, but are not limited to: housing assistance, utility assistance, Veteran's assistance, Medicaid, and SNAP.
- Supporting the person in researching alternative LTSS

resources, as appropriate.

- Offering to follow-up and adjust plans and goals as desired by the consumer.
- Maintaining complete and accurate records to avoid duplicated efforts, frustration, and confusion.

NWD Inclusion and Service Equity

The goal of service equity is to use individualized approaches, which are free from bias or favoritism, to achieve common outcomes for all.

A service system which advances the guiding principles of service equity includes actions such as:

- **Engagement, collaboration, and trust** with members of each diverse community, by fostering relationships based on mutual respect. Intentional efforts are made to maintain an open dialogue, and internal and external communication efforts are centered on inclusion and outcomes.
- **Collaboration with other agencies** to create a seamless long-term service and support delivery system that is culturally and linguistically responsive.
- **Service provision for diverse populations** in a culturally and linguistically responsive manner. Services are provided to all consumers at their specific need level with community needs informing and guiding services.
- **Accessibility** of long-term services and supports information in a variety of formats to meet individuals' diverse linguistic, literacy, and communication needs, available in locations regularly visited and/or easily accessed by underserved populations.
- **Data collection and reporting** for effective monitoring and meaningful evaluation of the quality and capacity of long-term services and supports being provided to diverse older adults and people with disabilities.

CAT believes that in order to achieve long-term sustainable change that benefits a community's most vulnerable residents, it is essential to prioritize equity outcomes and strategies, and to engage those impacted through the process. CAT and the AAA seek to engage all of the communities across Columbia County to identify service gaps that need to be closed, and opportunities that need to be developed to better serve underrepresented populations.

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

As mentioned above, AAA of Columbia County is a member of the METRO Aging and Disability Resource Center. This regional ADRC includes the Multnomah, Clackamas, Washington and Columbia County Area Agencies on Aging. This regional ADRC includes APD offices located in Columbia, Clackamas and Washington Counties and the Independent Living Resource Center covering the Portland metro area. Members of the regional ADRC have all agreed to work together to pool information and resources, so clients experience and advanced level of care coordination across the region. All resources are shared, without bias, so consumers can make informed decision.

The METRO ADRC is a highly visible and trusted place where people of all income levels and ages can turn for unbiased, comprehensive information on the full range of long-term support services in our area. Supported by a statewide searchable database, website, toll free phone line, professionally trained Alliance of Information and Referral Services (AIRS) certified staff not only provide information, but help consumers access a wide variety of public and private services to meet their needs. The ADRC integrates aging and disability service systems to streamline the process of identifying appropriate services regardless of the consumer's unique goals and challenges.

Quality assurance is addressed through the ADRC Operations Committee of the METRO ADRC. Service quality is reviewed by the METRO ADRC through the work done by Portland State University to ensure the ADRC is meeting the needs of the community they serve. The resource database is updated at least annually by the CAT resource specialist to ensure that all information in the system is up-to-date. Additionally, CAT provides a quality report twice a year to the AAA Advisory Board to review quality of services, accuracy of referrals and resources, and verify the ADRC of Columbia County remains on task to meet the goals.

METRO ADRC Core Services -

Information, Referral and Assistance – The METRO ADRC serves as the first stop for consumers, family members, and friends as they seek resources for those who are aging and/or living with a disability. The ADRC is designed to streamline access to information about long-term care, so all of the Senior Care Coordinators at CAT are trained in providing information, referrals, and assistance.

The phone line at CAT is manned Monday through Friday between 8:30 am and 5:00 pm. The state provide a 24-hour/7 day per week toll free phone line for consumers needing information after hours and on weekends. State staff inform CAT staff of any referral needing additional assistance for in-county resources via email.

All ADRC staff at CAT are required to obtain their AIRS (Alliance of Information and Referral Specialist) certification within two years of hire. To ensure ADRC services are available to all members of the community, CAT employs bilingual (English/Spanish) staff for translation services. CAT works with Friendly House in Portland, Oregon to provide referrals and services to the LGBTQ consumers in our community. Friendly House also provides education in the LGBTQ culture to CAT staff in order to understand how to better serve the community.

Online Resources – The ADRC uses the RTZ system as an online database of resources. The database can be accessed through the web site: www.adrcoforegon.org.

Information about local resources are maintained in the database by a resource specialist at CAT, who is a member of the AAA of Columbia County Senior Program team, and also participates as a member of the state ADRC resource group that meets monthly.

Person-Centered Options Counseling – All of CAT's Senior Care Coordinators have been trained in person-centered options counseling by the state Community Services and Supports Unit (CSSU). Options counseling is traditionally conducted as a home visit, however, assessments can also be conducted over the phone, or in the CAT office. The assessment process is an important step in identifying the specific services and supports best suited to a consumer's unique needs and goals

Care Transition Assistance – The Metro Care Transitions Program (MCTP) was a four-county collaborative that aimed to reduce hospital readmissions by building patient and caregiver confidence, improving self-management skills, and coaching patients to take a more active role during transitions from one care setting to the next. Though the program was an invaluable tool in improving patient outcomes, the MCTP was discontinued in 2017 due to funding cuts.

Although the MCTP no longer exists in Columbia County, CAT continues to receive calls from discharge planners at various area hospitals to refer consumers who are transitioning from the hospital back to their homes. Through the use of trained care coaches, CAT continues to provide this service, using private or III-B funds.

Problem/Need Statement – Although funding for the ADRC has declined significantly in recent years, the need to provide consumers with reliable and unbiased LTSS information and assistance has not declined. All Oregonians, particularly older adults, caregivers, persons with disabilities, and parents of children with disabilities must have access to this support, and the METRO ADRC continues to provide information and counseling for the AAA of Columbia County service area. THE METRO ADRC is available by phone, and statewide resources can be accessed on

the ADRC website at www.adrcoforegon.org..

The lack of sufficient funding for the ADRC reduces program reach and capacity. For the ADRC to continue to more efficiently serve the growing population of older adults and people with disabilities in Columbia County, CAT will have to restructure how services are provided. CAT does receive some funding through the Oregon Medicaid Administrative Claiming Program (OMAC). OMAC funding reimburses the AAAs for certain activities pertaining to Medicaid eligibility or Information and Referral services. This program is valuable as a source of revenue but does not provide enough sustainable funding to hire on full-time program specialist in the ADRC.

Issue Area: Aging and Disability Resource Connection (ADRC)							
Profile: The Aging and Disability Resource Connection (ADRC) serves as a single point of entry into the long-term supports and services system for older adults, people with disabilities, veterans and their families. Through integration of existing aging, disability and veteran's service systems, the ADRC raise visibility about the full range of options that are available, provide objective information, advice, counseling and assistance, empower consumers to make informed decisions about their long term supports, and help them more easily access public and private long term supports and services.							
Goal: Empower Columbia County's older residents, their families, and other consumers to make informed decisions about, and be able to easily access existing health and long-term care options.							
Problem/Need Statement: Consumers are not aware of the ADRC in Columbia County							
Outcomes	Measurable Objectives		Key Tasks	Responsible Person	Timeframe (2025-2028)		Accomplishment/Update
					Start Date	End Date	
The Columbia County ADRC is available and known to all consumers in Columbia County.	Strengthen outreach efforts in Columbia County by providing ADRC information to 4 organizations each year.	a.	Present ADRC to community partners such as service organizations, churches, libraries, city councils, county administrators, and public organizations.	AAA Staff and Board Members	6/2025	6/2028	
		b.	Provide information about the ADRC to social media, newspapers, community newsletters, radio and other venues.	ADRC Resource Database staff	7/2025	Ongoing	

		<p>c. Attend public events to promote the ADRC (when able) such as county fairs, community fairs, health fairs, PRIDE events, public events, etc.</p>	<p>AAA Director, Senior Department Staff and AAA Board</p>	<p>7/2025</p>	<p>Ongoing</p>	
		<p>d. Identify underserved populations: Outreach to community organizations that represent underserved populations in Columbia County.</p>	<p>CAT and AAA Directors and Staff</p>	<p>7/2025</p>	<p>Ongoing</p>	

	Update RTZ resource database yearly.	a.	Review the current database and identify resources needing to be included, updated or deleted.	ADRC Resource Database staff	10/2025	1/2026	
		b.	Follow the timeline to update the database on a yearly schedule	ADRC Resource Database staff	1/2026	4/2026	
		c.	Strengthen existing quality improvement measures to include services/resources that focus on non-English speakers, communities of color and LGBTQ (This is a Metro ADRC Key Task)	ADRC Resource Database staff	7/2025	Ongoing as communities are identified	



Nutrition Services (OAA Title III C)

Profile of the Issue: The purpose of the OAA Nutrition Program is to reduce hunger and food insecurity, promote socialization, promote health and well-being, and delay adverse health conditions for older individuals. A healthy diet is key to helping older adults maintain their physical and mental health, and to delay or prevent the onset of diseases.

In Columbia County, both congregate and home delivered meals are provided through contracts with our local senior centers. The St. Helens Senior Center serves the St. Helens, Warren, Deer Island, Columbia City, and Scappoose areas; the Clatskanie Senior Center serves the Clatskanie, Alston-Mayger, and Westport areas; and the Rainier and Vernonia Senior Centers serve their respective local communities.

The Clatskanie Senior center completed renovations and reopened for congregate meals in March 2023. They continue to provide home delivered meals 5 days per week and congregate meals on Monday, Wednesday, and Friday. Clatskanie is planning to restart their chair yoga class and OSU extension nutrition classes.

The Vernonia Senior Center had been under construction since March of 2016 and held their grand opening on September 12, 2020. Vernonia provides home delivered meals 5 days per week and is open for congregate meals Monday, Wednesday, and Friday. They have an active group that meets for exercise class that has 20-30 participants. Post-Covid activities resumed with Bingo, health clinics, exercise classes, yard sales, and other outreach activities.

Congregate and home delivered meals are available five days per week through both the Rainier and St. Helens Senior Centers.

While the return to congregate-style meals post-pandemic has been slow, the socialization opportunities provided by the congregate programs are of vital importance to seniors, particularly in smaller communities where alternative opportunities for socialization are limited.

Congregate meals are provided at area Senior Centers according to the following schedules:

- Clatskanie Senior Center, Monday, Wednesday, Friday at 12:00 pm

- Rainier Senior Center, Monday – Friday at 12:00 pm
- St. Helens Senior Center, Monday – Friday at 11:30 am
- Vernonia Senior Center, Monday, Wednesday, Friday at 12:00 pm

Standards Used:

CAT uses the most recent Oregon Nutrition Program Standards published by the State Unit on Aging in September of 2022. CAT monitors each meal site at least twice a year. CAT requires each contracted meal site to attend a mandatory yearly training in reporting requirements, nutrition requirements, and other program standards. Additionally, quarterly meetings are held by CAT's Nutrition Coordinator with the meal site cooks and kitchen staff. These meetings are designed to provide information, updates, and ensure quality in the meals provided.

Congregate Meal Eligibility:

- A. Congregate meals will be available to persons who are 60 years of age or older, and their spouses, regardless of age, and to individuals with disabilities who reside at home with and accompany older individuals who are eligible under the OAA. (NOTE: Efforts should be made to serve those eligible participants with the greatest economic need, greatest social need, those with low incomes, and eligible minorities. OAA Sec. 306 (a) (1))
- B. Congregate meals may also be made available to disabled persons under 60 years of age who reside in housing facilities where congregated meals are served and which are primarily occupied by persons age 60 and older.
- C. AAA's have authority to establish procedures that allow the option to offer a meal, on the same basis as meals provided to participating older individuals, to volunteers, regardless of age, who provide volunteer services during meal hours. OAA Section 339(2) (H) d.

Home Delivered Meal Eligibility Criteria:

1. Be 60 years of age or older and homebound by reason of injury, illness, or an incapacitating disability or be otherwise isolated, or

2. Be the spouse or disabled dependent child of any age who resides with a senior who is eligible under this criteria, if it is in the best interest of the client, or
3. Be a disabled person under 60 years of age who resides in a housing facility where a senior meal site is located, or
4. Be 60 or older and physically or mentally unable to shop for or safely prepare meals to meet minimal nutrition requirements, or
5. Be 60 or older and have an inadequate support system for food shopping or meal preparation, or
6. Be 60 or older and unable to tolerate a group situation due to physical or mental disability or substance abuse, and
7. Is willing to eat the meal within a reasonable time, and
8. Is approved for eligibility by the AAA or the service provider, and
9. Lives within the service area boundaries designated by the AAA or service provider, or
10. Lives outside the service area boundaries and can make arrangements to have a meal picked up and delivered to the eligible client's home.
(NOTE: Efforts should be made to serve those eligible participants with the greatest economic need, greatest social need, those with low incomes, and eligible minorities. (OAA Sec. 206 & 307).

It is the responsibility of Community Action Team's HDM Care Coordinator to complete eligibility assessments for all applicants. Consumers who request home delivered meals will be contacted within 72 business hours of initial request to discuss the services and schedule an assessment. The response time for emergency request (such as coming home from surgery) have a response time of 24 hours. Reassessments will be conducted at least yearly or sooner if warranted. The purpose of the reassessment is to monitor the progress or decline of recipients, their need for continued service, or other service needs, or the termination of home delivered meals.

All HDM Care Coordinators are cross-trained to provide referrals. HDM consumers are offered optional services which include, but are not limited to:

- Food Boxes
- SNAP Benefit Referrals
- Referrals to Preventative Health Programs
- Referrals to Dietitians

- Medicaid/OPI-M Referrals
- In-home services
- Home Rehabilitation
- Mental Health Services
- Utility Assistance
- Rental Assistance/Housing Assistance
- Weatherization
- Veterans Benefits

Screening for these supplemental services takes place at the initial assessment, and at least yearly thereafter. CAT's HDM assessment form includes a matrix of services that are available in the community. A copy of the assessment form is available upon request. Senior Care Coordinators can assist consumers in making calls to follow up on referrals, at the consumer's request.

Problem/Need Statement: The Columbia County senior population is spread over a large geographic area. Ninety-two (92%) percent of consumers receiving meals (both congregate and home delivered) live in rural areas. Home delivered meal routes have to be divided up in order to remain within the two-hour time limit for food delivery. This means a higher number of volunteers are needed to cover the service area. Finding replacements for long-time volunteers who have "retired" from service, continues to be a struggle.

All of the senior centers had been using a cycle menu for meal planning which was prepared in 2012. At the request of the senior centers, a new set of cycle menus and standardized recipes were developed and approved by a registered dietitian for use beginning 9/1/2024. The new menus feature reduced carbohydrate counts, and a focus on meals that are diabetic friendly. In addition, vegetarian options have been added to the menus to accommodate requests from meal program participants. Training on using the new cycles and recipes was conducted in August 2023 and June 2024 for all meal sites. On-going quarterly meetings for area cooks have also been established.

Though nutrition counseling is not provided by the AAA at this time, nutritional health promotion and education materials are distributed at the

congregate meal sites, and to recipients along the home delivered meal routes, at least quarterly. Home delivered meal (HDM) consumers are also given nutrition education materials by the HDM Case Manager at their initial home visit and at annual assessments upon renewal each year.

Nutrition Education Policy:

Nutrition Education, as defined by the Administration on Aging, is: “A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as related to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.”

According to the Community Services and Supports Unit (CSSU), to be effective a program must incorporate methods to encourage behavioral change. When providing nutrition education to congregate and home delivered meal participants, CAT uses materials provided by the CSSU.

Congregate Meals

As the Area Agency on Aging, CAT provides each congregate meal nutrition site with State-approved nutrition education materials, accompanied by brief talking points which highlight the main concepts to be presented. The information is distributed to area Meal Site Managers on a quarterly basis at the AAA Advisory Board meetings. Meal Site Managers then present those education materials at their respective congregate sites on a quarterly basis. Education materials have talking points and may also include items such as newsletters, tent cards, placemats, brochures, posters, etc.

Home Delivered Meals

CAT’s Home Delivered Meal (HDM) Care Coordinators use State-approved nutrition education materials and perform annual nutritional risk assessments at initial enrollment and at each subsequent home visit. Education materials are both written (pamphlets, handouts, infographics, etc.) and oral. Talking points are provided to HDM Care Coordinators to discuss the information on the written materials. HDM Care Coordinators may also provide additional information as requested or required by homebound consumers.

Materials

Nutrition education must be planned and directed by a licensed dietitian who is covered by liability insurance, though individuals with comparable expertise or special training (e.g. Cooperative Extension agents or trained meal site coordinators) may provide such activities under the direction of a qualified dietitian. Comparable expertise may include a Bachelor's or Master's Degree in fields such Home Economics, Family and Consumer Sciences, Public Health Nutrition, Health Education, or Human Sciences with an emphasis on Nutrition and Dietetics.

The use of nutrition education materials reviewed by the state CSSU Dietitian fulfills the requirement for oversight by a qualified dietitian. CAT uses CSSU approved materials, and strives to cater education topics to the specific needs of program participants, including considerations of cultural sensitivity. Teaching methods and instructional materials are also evaluated to ensure they accommodate the specific needs of older adult learners (e.g. availability of large print handouts).

Issue Area: Nutrition Services

Profile: The purpose of the OAA Nutrition Program is to reduce hunger and food insecurity, promote socialization, promote health and well-being, and delay adverse health conditions for older individuals.

Goal: Provide nutritious meals in a congregate setting or by home delivery that meet 1/3 of the US RDA Nutritional Requirements for Older Adults.

Problem/Need Statement: Older Adults need access to healthy food and socialization

Outcomes	Measurable Objectives		Key Tasks	Responsible Person	Timeframe (2025-2029)		Accomplishment/Update
					Start Date	End Date	
Older adults have access to healthy food and socialization in a variety of settings to meet the diverse needs of older adults in Columbia County	Provide 30,000 nutritious meals that meet 1/3 RDA to 900 participants in a congregate meal setting each year.	a.	Oversee meal site's compliance with OAA nutritional regulations and data reporting requirements. Work with meal site cooks to continue to improve meal quality.	AAA Nutrition Specialist	9/2025	10/2025	
		b.	Obtain NAPIS forms from all congregate meal participants on a yearly basis.	Meal Sites	7/2025	6/2026	
		c.	Work with meal sites to promote and increase participation in the Congregate meal program at each meal site.	AAA Board, Senior Program Staff, Meal Site Staff	8/2025	Ongoing	
	Provide 60,000 nutritious meals that meet 1/3 RDA to 250 participants as home delivered meals each year.	a.	Oversee meal site's compliance with OAA nutritional regulations and data reporting requirements.	AAA Nutrition Specialist	9/2025	10/2025	
		b.	Assess new home delivered meal applicants and reassess existing consumers on, at least, a yearly basis.	AAA Staff	7/2025	Ongoing	

Goal: Deliver meals to homebound older adults, their significant other, and/or their caregivers in a timely manner.

Problem/Need Statement: Inability to maintain an adequate number of volunteers to support all of the meal routes on a daily basis.

Outcomes	Measurable Objectives		Key Tasks	Responsible Person	Timeframe (2025-2029)		Accomplishment/Update
					Start Date	End Date	
Ability to maintain an adequate number of volunteers to support daily delivery of meals at all meal sites.	Meal routes in all four centers will be able to deliver meals daily (five days per week).	a.	Recruit additional volunteers for meal delivery	AAA Staff and Meal Sites			
		b.	Process background checks for additional volunteers	AAA Staff			

Goal: Provide nutrition education and resources for addressing the nutritional health of aging adults to promote lifestyle changes, behavior modification, healthy choices, and reduce hunger and food insecurity.

Problem/Need Statement: Older Adults need access to healthy food and socialization

Outcomes	Measurable Objectives		Key Tasks	Responsible Person	Timeframe (2025-2029)		Accomplishment/Update
					Start Date	End Date	
Older adults will have access to healthy food and socialization.	Provide culturally appropriate health education and educational materials through a variety of channels. See key tasks for individual	a.	Provide nutrition education at congregate meal sites on a quarterly basis.	AAA Staff and Meal Sites	7/2025, 10/2025, 1/2026, 4/2026	7/2025, 10/2025, 1/2026, 4/2026	

	measures.	b.	Care coordinators will provide one-on-one nutrition education and screenings at least yearly or as requested by home delivered meal	AAA Staff	7/2025	Ongoing as assessments are complete	
		c.	Care coordinators will be certified in Person Directed Services and Service Equity as training is made available. All materials and education will be culturally appropriate.	AAA Staff and CSSU	7/2025	Ongoing as training is available	

Goal: Provide medically tailored meals (MTM) to Columbia Pacific Coordinated Care Organization (CPCCO) members with health conditions that benefit from nutrition support.

Problem/Need Statement: CPCCO members have health conditions that would benefit from adequate nutritional support.

Outcomes	Measurable Objectives		Key Tasks	Responsible Person	Timeframe		Accomplishment/Update
					Start Date	End Date	
Adults are provided with MTM as prescribed by their CPCCO health care provider.	Provide MTM meals as requested by CPCCO health care professionals. This is the first year of this program. Our objective is to provide MTM to 15 individuals during the first year of operation. (2025)	a.	CPCCO will identify individuals with health-related social needs and refer to home delivered meal program for MTM to be delivered.	CPCCO health care providers, meal site staff, nutrition coordinator, HDM care coordinator	1/1/2025	Ongoing	

2. Health Promotion (OAA Title III-D)

Profile of the Issue: The CDC reports that “age brings a higher risk of chronic diseases such as dementias, heart disease, type 2 diabetes, arthritis, and cancer. These are the nation’s leading drivers of illness, disability, deaths, and health care costs in the United States.” Recommendations from the CDC list several proven ways to empower consumers in the management of their chronic conditions, provide strategies to regain control over their condition, and to improve their quality of life. These are:

1. Participation in evidence-based self-management education programs
2. Clinical preventative services such as screenings for chronic conditions, immunizations, and counseling about personal health behaviors
3. Increased physical activity
4. Talking with a health care professional about the chronic condition

In their study of Oregonians, the Columbia Pacific CCO found that over half of all residents have one or more chronic conditions. The data for Columbia County states that sixty percent (60%) of residents have one or more chronic conditions. This is a little higher than the state average.

Arthritis, depression, diabetes, asthma, cardiovascular disease, and cancer are the top six chronic conditions in the country. Chronic pain due to an underlying chronic condition is also prevalent.

As part of a statewide effort to advance policies, environments, and systems that promote health, prevent diseases, and manage chronic diseases, the AAA of Columbia County has offered several self-management classes. Most recently, a diabetes self-management training was offered in St. Helens in June of 2023. Due to low interest, instead of providing a local diabetes prevention course in 2024, referrals were made to online training opportunities. Recent inquiries have also indicated a lack of interest at this time in a local chronic pain self-management course.

Decades of research studies have shown that participants in Stanford’s self-management programs consistently have greater energy, reduced fatigue, more exercise, fewer social role limitations, better psychological well-being,

enhanced partnerships with physicians, improved health status, and greater self-efficacy, and these benefits persist over time. Research also demonstrates reductions in health care expenditures, such as fewer emergency department visits, hospitalizations, days in the hospital, reduced outpatient visits, and more appropriate utilization of healthcare services. This benefit is especially important in an area that has a shortage of health care providers and socio-economic barriers to care.

Problem/Need Statement: The AAA of Columbia County is committed to promoting future self-management classes, however, the growth and sustainability of the chronic self-management training program will rely upon the organization's capacity to offer classes on a regular and reliable basis, to expand class offerings to rural parts of the county, and to effectively promote these opportunities to maximize participation and impact.

CAT currently has one trained staff members that can facilitate the Stanford suite of self-management classes, one staff person able to offer Program for Encouraging Active and Rewarding Lives (PEARLS), and one staff member to offer Resources for Enhancing Alzheimer's Caregiver's Health (REACH). Providing future training sessions will also require the recruitment of a larger pool of program volunteers. Attracting and maintaining volunteers has been a struggle across various Senior Program areas and beyond.

Additionally, the following access issues will need to be addressed if this program is to be effectively sustained and expanded:

1. Increasing the number of classes offered each year, and expanding the geographic reach of culturally specific programs.
2. Addressing behavior modification by raising awareness.
3. Creating a regional and centrally-managed program registration system.
4. Addressing the transportation challenges of rural populations.

Issue Area: Preventative Health Services

Profile: Older adults and people with disabilities in Columbia County need to have access to opportunities to engage in health promotion and disease prevention and receive equitable, person-centered, high-quality health care.

Goal: Empower older adults to stay active and healthy

Problem/Need Statement: Older adults in Columbia County have a high prevalence of chronic conditions and limited access to health promotion and disease prevention and opportunities for equitable, person-centered, high-quality health care.

Outcomes	Measurable Objectives		Key Tasks	Responsible Person	Timeframe 2025-2029		Accomplishment/Updates
					Start Date	End Date	
Older adults and people living with disabilities have health promotion and disease prevention classes available to allow them to self-manage their health in order to reduce the prevalence of chronic diseases in Columbia County	Offer two new self-management classes in Columbia County each year. Classes include: Chronic Pain Self-Management, and Diabetes Self-Management.	a.	Offer at least one DSMP and CPSMP in Columbia County each year.	Preventative Health Life Coaches	9/2025	7/2026	
		b.	Reach out to Vernonia, Clatskanie and Rainier to offer classes in these areas.	Preventative Health Life Coaches	7/2025	Ongoing	
		c.	Reach out to Vernonia, Clatskanie and Rainier to offer classes in these areas.	Preventative Health Life Coaches	7/2025	Ongoing	
		d.	Recruit and train at least two volunteers to offer classes.		7/2025	Ongoing	
		e.	Work with CCO, OHSU, and Legacy in providing health promotion and disease prevention in Columbia County.	Preventative Health Life Coaches	7/2025	Ongoing	
	Connect consumers to on-line health prevention programs. This would allow consumers to choose their language or culture of choice.	a.	Create a list of preventative health class choices available in Oregon or surrounding areas (Longview or Vancouver)	ADRC Resource Specialist	7/2025	Ongoing	
		b.	Update ADRC with class listings as needed	ADRC Resource Specialist	7/2025	Ongoing	
		c.	Purchase technology and equipment to remove barriers that would enable consumer to participate in classes.	AAA Staff	7/2025	Ongoing	
	Provide in-home preventative	a.	Offer PEARLS as an in-home option for Preventative Health.	ADRC Resource	7/2025	Ongoing	

	health programs to include: PEARLS and Powerful Tools for Caregivers			Specialist			
		b.	Offer at least one PTC class in Columbia County	ADRC Resource Specialist	7/2025	Ongoing	

4. Family and Unpaid Caregiver Support (OAA Title III E)

According to the Administration for Community Living (ACL) “The National Family Caregiver Support Program (NFCSP) provides grants to states and territories to fund various supports that help family and informal caregivers care for older adults in their homes for as long as possible.

Established in 2000, the NFCSP provides grants to states and territories, based on their share of the population age 70 and over, to fund a range of supports that assist family and informal caregivers to care for their loved ones at home for as long as possible.

NFCSP grantees provide five types of services:

- information to caregivers about available services
- assistance to caregivers in gaining access to the services
- individual counseling, organization of support groups, and caregiver training
- respite care; and
- supplemental services, on a limited basis

These services work in conjunction with other state and community-based services to provide a coordinated set of supports to meet the unique needs of individual families and caregivers. Studies have shown that these services can reduce caregiver depression, anxiety, and stress as well as enable caregivers to provide care longer, thereby avoiding or delaying the need for costly institutional care.”

Community Action Team recognizes that family caregivers are responsible for providing a wide range of assistance to their person, often involving what amounts to complex nursing care, in addition to managing overall care needs, while also providing cognitive support, general supervision, transportation, and more. Family caregivers provide the help and support that may delay a person’s entry into the Medicaid system and/or prevent or postpone institutionalization. Yet, the work can seem unending, is usually unpaid and, in some cases, seems to be unappreciated. Caregivers are often more prone to depression, grief, fatigue, and physical health problems, all of which may have roots in stress, exhaustion, and self-neglect. Additionally, it is documented that caregivers have an increased risk of heart disease, diabetes, stroke, and even death.

Problem/Need Statement: In Columbia County there are no adult daycare centers, only one of the four local assisted living facilities offers a memory

care unit, and support groups are limited.

CAT has been reevaluating the services provided to family caregivers in our community to determine how we can better meet their needs moving forward.

According to the Area Plan Survey conducted in the fall of 2020, of those who indicated that they provide care for loved ones:

- 38% reported they have been providing care for over 5 years
- 38% reported that they have been providing care for 2-5 years
- 24% indicated they have been providing care for less than two (2) years
- 58% stated they provide over 40 hours of care per week.

When caregivers were questioned about their highest priority of needs:

- 31% stated getting help with care was their number one need
- 23% stated having someone else to talk to or share with was their highest need
- 18% stated getting medical equipment or home modification to help them with their caregiving was their highest need
- 14% stated classes on caregiving was their highest need
- There were also a handful of respondents who stated socialization or memory cafés would be helpful

When questioned if they would know where to go for caregiver services, only about 15% knew Community Action Team was the Area Agency on Aging and provided services to family caregivers. This shows there is still a need for outreach and education, and that building community partnerships should remain a focus in Columbia County.

Public outreach for the services provided by the FCSP is conducted by CAT staff. Resource fairs, health fairs, children's fairs, community events, public meetings, and other opportunities are used to provide resources and information to the caregivers in our community.

Program information and marketing is provided through newsletters, flyers, social media, in-person events, and CAT's website.

As a Community Action Agency, CAT already has contact with many of those community members in the greatest economic need. All case managers and intake workers at CAT are trained to assess for caregiving needs when discussing services with any of their clients. Our AAA Senior Care Coordinators also work closely with CAT's housing, energy/utility assistance, Veteran's services, and children and families programs, in addition to our Community Investment programs, which allows them to identify and coordinate a range of support services to reduce the burden on family caregivers. This coordination of services between the various departments at CAT, or wrap-around service, also means that each client is receiving maximum benefit in a streamlined and cost-effective way.

All referrals to our FCSP and RAPP go through an initial screening with Information and Assistance (I&A) staff through the Columbia County Aging Disability Resource Connection (ADRC). This allows potential clients to be screened for additional resources, demographic data to be collected and for the prioritization screening to be conducted prior to receiving caregiver services. Once the initial screening is completed a time is scheduled to conduct a person-centered assessment in order to enroll the caregiver in any of the Caregiver Services offered. At this assessment the needs of the caregiver are identified and a service plan

developed to provide any needed referrals to internal and external partners for care coordination. Clients are offered the services listed below through our program. Program participation ends once a client has received services or has been unresponsive to multiple outreach attempts after the initial assessment.

Services Offered

Caregiver Information and Assistance – Potential clients are screened by staff who provide them with resources and referrals. Caregivers who choose not to participate in the OCAT screening are offered limited information and assistance to various resources such as low-income energy assistance program, Veteran’s services, weatherization and home repair programs, and senior center activities. Only caregivers who choose to participate in the OCAT assessment screening will be enrolled in this service.

Caregiver Case Management – This services is provided for caregivers enrolled in the program. Staff provide a person-centered assessment, help caregivers identify short term goals, create a person-centered plan of care, assist in accessing other resources, and provide support to the caregiver.

Caregiver Supplemental Services – These services are provided to FCSP and RAPP caregivers who are providing assistance in at least two activities of daily living and must compliment the care being provide. The program purchases items directly for the client. Items needing to be installed by a contractor (such as grab bars or ramps) are provided through CAT’s Community Investment Team who are licensed contractors. The need for supplemental services is identified in the person-centered plan of care.

Caregiver Respite – Respite is provided to both FCSP and RAPP clients. The respite benefit functions as an introduction to paid in-home services, allowing family caregivers to experience a short-term period of relief from their caregiving duties. Stipends are given to the caregiver to pay for a respite provider or adult-day care. However, due to the cost and shortage of professional caregivers and the lack of adult-day care services in Columbia County, this program is underutilized.

Caregiver Training – Evidence based program such as Powerful Tools for Caregivers and Resources (PTC) for Enhancing Alzheimer’s

Caregiver's Health (REACH) are offered throughout the year. PTC is an in-person group workshop. REACH is an in-home one-on-one training designed to provide targeted resources and supports for caregivers based on their self-identified needs. CAT also provides funding for caregivers to attend workshops or conferences (such as the Teepa Snow conference).

Priorities for Services

Prioritization for Community Action Team's Family Caregiver Support Program (FCSP) or Relatives as Parents Program (RAPP) is as follows (see also section B-2 of this plan):

- Persons caring for someone with a high level of need.
- Persons residing in rural areas.
- Persons with few resources and limited natural supports.
- Persons caring for someone with severe disabilities.
- Caregivers who provide care to persons with Alzheimer's disease or related disorders.

Issue Area: Family Caregivers

Profile: The Family Caregiver Support Program (FCSP) is to assist unpaid family caregivers in their expanding roles by providing program components that v caregiver stress and increase coping. Community Action Team (CAT) uses a Client Employed Respite Care Model of service. This program allows the client/car adjust the amount of care and time.

Goal: Family Caregivers will be informed about and have access to resources that can assist them in caring for older adults, relatives under 18 years younger adults with dementia.

Outcomes	Measurable Objectives		Key Tasks	Responsible Person	Timeframe (2025-2029)	
					Start Date	End Date
CAT will see an increase in the number of intakes for the FCSP/RAPP programs services by 25%	All (100%) CAT Senior Services staff will be trained in completing the OCAT intake assessment in RTZ.	a.	All CAT staff will be trained in completing the OCAT intake assessment in RTZ.	Program Manager, Staff, CG Coordinator	6/2025	Ongoing
	The Family Caregiver Support Program (FCSP) coordinator will meet with six (6) different community partners each year to	a.	Family Caregiver Coordinator will develop an informational newsletter for family caregivers on a quarterly basis.	CG Coordinator	7/2025 and quarterly	6/2026
		b.	Family Caregiver Coordinator will distribute information about the FCSP to community partners to share with their consumers.	CG Coordinator and Community Partner's Contacts	7/2025	Ongoing
		c.	Meet with community partners (such as Kiwanis, VFW, ecumenical associations, and other service organizations) to educate and promote the FCSP	CG Coordinator	7/2025	Ongoing
		d.	Use social media to promote the FCSP and educate the public about the program.	CG Coordinator	7/2025	Ongoing

promote and educate the FCSP and Caregiver

e.

Ensure the ADRC resources system is updated with current information about the FCSP/RAPP.

CG Coordinator and ADRC

7/2025

8/2025

			Resource			
The Family Caregiver Support Program (FCSP) will provide a minimum of 200 hours of respite services to family caregivers.	a.	Recruit new consumers for respite service to double consumers served from two to four.	Family Caregiver Coordinator	7/2025	Ongoing	
	b.	Provide scholarships for respite to remove the barrier so family caregivers can attend in-person caregiver training and support groups.	Family Caregiver Coordinator	7/2025	Ongoing	
	c.	Provide scholarships for respite to remove the barrier so family caregivers can attend online caregiver training and support groups.	Family Caregiver Coordinator	7/2025	Ongoing	
The Family Caregiver Support Program will increase the number of Caregiver Trainings from zero to	a.	Identify and recruit new consumers for Caregiver Trainings.	Family Caregiver Coordinator	7/2025	Ongoing	
	b.	Offer at least two sessions of Powerful Tools for Caregivers or the REACH (Resources for Enhancing Alzheimer's Caregivers Health) each year. Sessions will be either online or in-person.	Family Caregiver Coordinator	7/2025	4/2026	

5. Legal Assistance and Elder Rights Protection Activities (OAA Titles III B and VII)

Profile of the Issue: Seniors are often victims of abuse, neglect, financial abuse, fraud, and scams. Over twenty three (23%) percent of our consumers are living under the federal poverty level and another fifty-four (54%) percent live under the 150% poverty level. Many live on fixed incomes without the financial resources to seek legal recourse if they are victimized. Additionally, there are some seniors without the cognitive capacity to look out for their own best interests. These seniors need protection from people who would seek to cause them harm either financially, physically, or emotionally.

The gatekeeper program was part of the METRO ADRC until 2016 when it was de-funded by the state of Oregon. The goal of the gatekeeper program was one of prevention that sought to remedy the problem of elder abuse and exploitation by enlisting the help of people, who, in the normal course of their jobs, may have contact with the elderly or those with disabilities. The program educated the community on the signs of elder abuse, financial exploitation, and self-neglect by making the community aware of the danger signs (changes in appearance, behavior, confusion, large amounts of funds transferred out of accounts, etc.) and how to make appropriate referrals to either the ADRC or Adult Protective Services.

CAT feels this program is still essential, especially for seniors in our rural areas. By training employees at utility companies (including meter readers), banks, credit unions, and churches to act as partners in the community, we greatly increase the likelihood of identifying at-risk seniors and connecting them with the programs that can protect and assist them. CAT seeks to continue the gatekeeper program with OAA Elder Abuse Prevention Funds, and by teaming up with DHS and other community partners.

CAT has a close relationship with Adult Protective Service (APS) staff. When calls come into the ADRC or the CAT office, calls are immediately reported to APS for screening and investigation of abuse. APS staff conduct trainings for CAT Senior Service Staff on abuse types and how/what to report suspected abuse. APS staff work with the LTC Ombudsman if the person is in a facility. The local Ombudsman is invited to CAT's Area Agency on Aging Advisory Board meetings to provide training

and information to all staff and board members. Both an ombudsman and the APS Supervisor has been asked to join the Advisory Board of the AAA in June 2025 to help to bridge the services provided.

Columbia County has an Inter-Disciplinary Team that meets at the DHS-APD office. Meetings are held on a monthly basis, and the IDT includes representatives of the OHSU and LEGACY clinic staff, Community Nurse, DHS-APD, DHS-APS, SAFE of Columbia County, Columbia Community Mental Health, as well as other partner groups. The IDT members work in collaboration to address the abuse of vulnerable adults in Columbia County, and to facilitate a process in which professionals from diverse disciplines are able to work together more effectively and efficiently. The AAA has been participating on the IDT since January of 2023.

Problem/Need Statement: In Columbia County there are many seniors without the ability to afford legal counsel when needed. Of those surveyed in 2020:

- 23% felt that keeping vulnerable populations safe from abuse, neglect, fraud and scams was important;
- 16% felt that providing general legal services was important
- 11% felt that providing some information for wills and estate planning was important.

Currently CAT uses at least 3% of their OAA funds to provide Legal Aid assistance through the Oregon Law Center (OLC). The Oregon Law Center (OLC) provides free legal help to those in the low-income sector struggling to make ends meet on matters related to their public benefits, income maintenance, health care issues, long-term care issues, housing/utilities, SNAP benefits, and physical safety against domestic violence. Unfortunately, this allocation is not sufficient to cover all of the legal needs for older adults and does not currently cover costs associated with will preparation or estate planning, which is one of the most often requested services.

Referrals to the Oregon Law Center are made when consumers call the ADRC seeking legal advice on the following:

- Maintaining income and public benefits
- Access to health care
- Help with health care billing disputes
- Long-term care, either at home or in a licensed care facility

- Access to food benefits (SNAP program)
- Housing: improper eviction or help with subsidized housing
- Utilities: new access, shut offs or payment plans
- Protective services: help with elder abuse or neglect
- Legal defense against unwanted guardianship proceedings
- Age discrimination

Tracking of Referrals is done in the ADRC RTZ system. Unmet needs are also tracked through the same system. If a consumer is seeking legal advice that does not meet OAA standards, the person is referred to Columbia County's Law Library. The Law Librarian can provide legal referrals for assistance not covered under OAA Legal Assistance. The law librarian works with community partners to provide basic education about wills, estate planning, guardianship, and other legal assistance. Periodic workshops are provided by the law library to older adults and people with disabilities in our senior centers. Most of these workshops are offered free of charge.

Issue Area: Elder Rights and Legal Assistance

Profile: Access to legal services has been deemed by Congress to be an essential component in the ability of older persons to lead lives that are independent, healthy and safe. Legal assistance under the Older American's Act (OAA) is targeted to seniors with a social or economic need and is limited in scope.

Goal: To ensure and protect the rights of older adults and prevent their abuse, neglect, and exploitation.

Problem/Need Statement: Older individuals and people with disabilities are at high risk of abuse, neglect, and exploitation

Outcomes	Measurable Objectives		Key Tasks	Responsible Person	Timeframe (2025-2029)		Accomplishment/Update
					Start Date	End Date	
Develop systems and programs that prevent abuse, neglect and exploitation from happening and support those who have experienced abuse to help them recover.	Strengthen efforts to prevent elder abuse, neglect and exploitation in Columbia County by support of the Gatekeeper program. Efforts will decrease the incidence of elder abuse by at least 5% per year.	a.	Create opportunities to educate target populations on legal, financial and social strategies helping older adults and people with disabilities avoid abuse, victimization and neglect by working with APD-APS to provide training/education at local senior centers and focal points.	AAA Staff and partners	7/2025	Ongoing	
		b.	Continue to provide gatekeeper education to at least three partners each year.	AAA Staff	7/2025	Ongoing	
	Develop an outreach plan with OLC to increase the utilization of OAA legal services by priority populations by 10% in the next 24 months.	a.	Work with Community Partners to create and provide targeted at-risk populations with culturally sensitive outreach materials for distribution at various outreach events throughout the county.	AAA Staff and partners	7/2025	Ongoing	
		b.	Attend at least 4 community events to provide outreach to at-risk populations such as Pride Events, Native American Elder Outreach, Hispanic Community Events, Rural Health Fairs, etc.	AAA Board, Staff and partners	7/2025	Ongoing	

	Participate in the Columbia County Multi-Disciplinary Team (MDT) monthly meetings.	a.	Work in partnership with the Columbia County IDT to identify and evaluate consumers to ensure consistent and equitable access to services and supports.	AAA Staff and partners	7/2025	Ongoing	
		b.	Work in partnership with the Columbia County IDT to provide victim advocacy and protections for vulnerable adults.	AAA Staff	7/2025	Monthly	

Goal: To give older individuals access to free or reduced legal services

Problem/Need Statement: Legal Aid under the Older American's Act is limited in both funding and scope.

Outcomes	Measurable Objectives		Key Tasks	Responsible Person	Timeframe (2025-2029)		Accomplishment/Update
					Start Date	End Date	
Older adults will have access to a broad range of legal services.	10 older adults will receive free or reduced cost legal services each year through OAA funding. (2023-24 provided service to 9 persons)	a.	Work with OLC to provide a wider range of services in Columbia County as permitted under the OAA.	AAA Staff and OLC	7/2025	6/2026	
		b.	Outreach to private legal offices in Columbia County to provide free or reduced cost legal services to older individuals.	AAA Staff	7/2025	Ongoing	
	Older adults will have access to information on wills and estate planning. One workshop will be provided at least one time per year in Columbia County.	a.	Work with private lawyers/legal groups in Columbia County to provide online and in-person informational workshops on wills and estate planning.	AAA Board and Staff	7/2025	Ongoing	
		b.	Work with private lawyers/legal groups in Columbia County to provide printed material on wills and estate planning.	AAA Board, Staff and Partners	7/2025	Ongoing	

6. Older Native Americans (OAA Titles VI and III)

Community Action Team, as the Area Agency on Aging for Columbia County, will uphold the Administration on Aging (AoA) Strategic Action Plan as to the five strategic priority areas for all older adults, including older Native Americans as follows:

1. Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options;
2. Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers;
3. Empower older adults to stay active and healthy through Older Americans Act services and the new preventative benefits under Medicare;
4. Ensure the rights of older people and prevent elder abuse, neglect and exploitation; and,
5. Maintain effective and responsive management.

Columbia County does not have a recognized Native American Tribe located in its service area, however, there are Native American tribal members who reside in our community. Through a partnership with the Tribal Navigator of the Confederated Tribes of the Grand Ronde, CAT is able to connect/refer older tribal members with available tribal resources. The Tribal Navigator has access to office space at CAT for meeting with tribal members in our community, as needed.

Community Action Team seeks to ensure that information and services under Title III are offered to all consumers, including those who are Native Americans. These services include:

- Providing information for Older Native American adults based on their individual needs and/or upon request. This includes, but is not limited to, connecting the individual to their tribal organization whenever possible, to assist them in engaging Title VI services and funds.
- Outreach to the Native American population to increase access of the Title III programs and benefits. This includes Title III nutrition services, supportive services for older adults, family caregiver services, preventative health programs, legal services, and Oregon Project Independence programs.

- Supportive Title III services to older Native Americans and their families to the same extent that these services are available to all older adults and their families in Columbia County.

Section D OAA/OPI Services and Method of Service Delivery

Administration of Oregon Project Independence (OPI)

Oregon Project Independence OPI provides limited in-home services to people 60 and older who need help in order to continue living independently in their own homes. Some OPI services are also available to adults (over 18 years) with dementia or Alzheimer's disease. The goal of OPI is to promote quality of life and independence by preventing inappropriate or premature placement in a nursing home. It fills the gap between Medicaid and private pay caregiving. All services are provided based upon available funding. OPI is a state program, created and funded by the Oregon State Legislature.

The original OPI has had a significant decrease in funding due to the roll out of the Oregon Project Independence Medicaid (OPI-M). The Community Services and Supports Unit at DHS has estimated of funding for 2025-2027 biennium for OPI from \$266,749.00 (2023-2025) to \$63,951.00 (2025-2027). This will impact the ability to offer services through OPI.

All of our current OPI consumer were offered the OPI-M option, however only 8 out of 14 chose to make the change. We are expecting to decrease the number of hours offered to the remaining 6 consumers. We are unsure of offering a waitlist for OPI consumers since our ability to serve classic OPI consumers is so limited. CAT refers all inquiries for in-home assistance to the local DHS office in order to assess consumers for OPI-M. DHS does refer those consumers not wanting to apply for Medicaid back to CAT. However, we are not able to add consumers to OPI at this time.

A. What are the types and amounts of authorized services offered? (OAR 411-032-0005 2 b A)

The following services are offered under OPI:

- Personal Care
- Homemaker
- Chore (very rarely used)
- Service coordination
- Options Counseling

The amount of hours authorized for these services are based on a service matrix, which is reviewed annually and adjusted as funding levels fluctuate. Below is the service matrix as updated April 2025:

		Service Priority Levels																	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
10		1.5	1.5																
9		1	1	1	1														
8		0.5	0.5	0.5	0.5	0.5	0.5												
7		0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5										
6		0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5								
5		0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5				
4		0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
3		0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
2		0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5

Base hours per pay period

- 1.5** - Base for Cognition
- 1** - Base for Intensive Personal Care
- 0.5** - Base for Transportation (Hours dependent on driving distances)
- 1** - Base for Shopping (local = 1/2 hour/week)
- 1** - Base for Personal Care* to include: Bathing, Grooming, Dressing (such as helping with TED socks)
- 2** - Base for Housekeeping only

* Personal Care items:

- Bathing Standby = 1/2 hour per pay period
- Bathing Set Up/Clean Up = .75 to 1 hour per pay period
- Bathing Full Assist = 2 hours per pay period

- Grooming Minimal = 1/2 hour per pay period
- Grooming Maximum = 1 hour per pay period

- Dressing Minimal = 1/4 hour per pay period (weekly helping with socks, etc)
- Increase by 1/2 hour per week for more intensive up to 1 hour max per pay period

B. State the cost of authorized services per unit. (OAR 411-062-005 2 b B)

CAT uses homecare workers through the Oregon Homecare Commission. The current cost of a homecare worker is between \$20.00 and \$25.00 per hour. Home care supportive services limited to the following:

- Home care: 5 hours/pay period maximum at \$20.00-25.00/hour
- Chore: \$250/year or more with exception
- Personal Care: 10 hours/pay period maximum at \$20.00-25.00/hour
- Service Coordination: \$56.00/hour
- Options Counseling: \$73.00/hour

C. Delineate how the agency will ensure timely response to inquiries for service. Include specific time frames for determination of OPI benefits (OAR 411-032-0005 2 b C)

Once a prospective consumer calls, an application will be sent out the same day. If it's a family member or friend reaching out about these services, we contact the consumer directly to verify their request before proceeding. We respond within 72 hours for all OPI service requests, including requests for a mid-year reassessment due to health condition change. In the event of an emergency, our policy is to provide a "same-day" response, with response time not to exceed 24 hours.

A risk assessment is completed for all individuals requesting OPI services to determine specific needs and service requirements. CAT has a limited availability of service hours. When all available hours have been allocated, CAT employs a waitlist. When this happens, the Senior Care Coordinator provides information regarding other possible options available to the consumer. Those that might qualify for in-home services are referred to DHS-APD for OPI-M eligibility.

Once hours are available, a call is made to the consumer to determine if they are still in need of assistance. If so, an assessment is scheduled, typically within one to three days of the phone call, though the consumer can request a different day. The completed assessment is entered into Oregon Access within two days.

Consumers are notified of their approval status within 1 week (7 days) of the assessment.

Consumers who are not approved for services then have 14 days to file a grievance.

D. Describe how consumer will receive initial and ongoing periodic screening for other community services, including Medicaid. (OAR 411-032-0005 2 b D)

All OPI consumers are offered optional services which include, but are not limited to:

- Medicaid/OPI-M
- SNAP Benefits
- Mental Health Services
- Utility Assistance
- Rental Assistance
- Weatherization
- Foreclosure Prevention
- Veterans Benefits
- Home Delivered Meals

Screening for these supplemental services takes place at the initial assessment, and at least yearly thereafter. Referrals are made based on the consumer's preferences and desires. Senior Care Coordinators can assist consumers in making calls to follow up on referrals, at the consumer's request.

E. Specifically explain how eligibility will be determined and by whom. (OAR 411-032-0005 2 b E)

We base eligibility on OPI rules (OAR 411-032-0020): Specifically, eligible consumers must:

- Be age 60 or older, or under 60 with a medically documented diagnosis of Alzheimer's or related disorder.

- Not be receiving financial assistance or Medicaid, except Food Stamps, Qualified Medicare Beneficiary or Supplemental Low Income Medical Beneficiary Programs; and
- Meet the requirements of the Long-Term Service Priority Rule (OAR chapter 411, division 015).

The Oregon Association of Area Agencies on Aging and Disabilities, or O4AD, has worked to develop uniform eligibility determination rules and forms. CAT uses the state forms and complies with all policies and procedures. Oregon Access is used to process the CAPS Assessment as required by OPI. We use the OPI Case Manager Manual published by DHS, SUA 2009.

F. Plainly state and illustrate how the services will be provided. (OAR 411-032-

OPI Service Coordinators conduct client assessments to evaluate the current level of functioning of the individual in their present living situation. The client assessment determines which care needs must be addressed to allow the client to remain safe in the least restrictive environment. Service plans are approved based on the most cost-effective, holistic plan to manage OPI’s limited resources and serve the greatest number of individuals with higher priority service needs.

CAT uses the Consumer-Employee Provider (CEP) program. Consumers are given a list of potential providers from the homecare worker registry (Carina). Consumers are also provided information about how to access the website so they can complete the process of selecting their providers online. Consumers are responsible for selecting their own workers. The consumer has primary responsibility for locating, interviewing, screening, and hiring his/her own employees. Consumers who are unable to select and hire a homecare worker are referred to the Employer’s Resource Connection for assistance.

G. Describe the agency policy for prioritizing OPI service delivery for both the waiting list and hours/types of services for the individual. (OAR 411-032-0005 2 b G)

Community Action Team serves clients with SPL 1-18. We use a service matrix to determine the amount of hours based on the SPL level and hours of service. The maximum number of hours is 8 per 2-week pay period.

A copy of the service matrix is included in the OPI assessment.

Eligible consumers shall receive authorized services on a priority basis, with highest priorities receiving services first. Risk assessments are completed for all consumers requesting services in order to determine needs. Those with high risk scores are served first. Priority for receipt of authorized services shall be:

- a. Consumers already receiving authorized services as long as their condition denotes services are needed.
- b. Consumers who are to be placed immediately in an institution if needed authorized services are not provided.
- c. Consumers who are probably to be placed in an institution if needed authorized services are not provided.

O4AD's OPI subgroup worked to develop uniform priority screening and services. Part of that process included a financial assessment to determine if the consumer would have a fee for services. We comply with these requirements. All waitlisted OPI consumers are entered into the RTZ system in order to keep track of referrals made. The OPI risk assessment in RTZ is no longer utilized but CAT has an internal risk assessment that is used to prioritize OPI service.

H. Describe the agency policy for denial, reduction or termination of services. (OAR 411-032-0005 2 b H)

Community Action Team has a written policy for denial, reduction or termination of services. The policy requires a written notice be sent to the client for denial, reduction or termination of services by certified mail. The notice will include the reason for such action and the client's right to grieve the decision including the deadline for submitting a grievance. If the consumer signs the OPI Fee Determination and OPI Service Agreement that shows a change or reduction in hours or fee, then the consumer is agreeing to these terms and therefore does not have a grievance regarding these issues.

The policy for denial is initiated when the client is unwilling to provide information to open a case, the client exceeds or falls below the service priority level, receives Medicaid benefits, or there is an inability to create or maintain a safe care plan. The policy for reduction is initiated when the client reassessment indicates service needs have been reduced or there is a notification by the state of a reduction of program funding.

The policy for termination occurs when a reassessment determines the client no longer meets service eligibility level, the client refuses to pay fees for services, there is a loss or reduction of program funding, there is inappropriate behavior in regard to treatment of a care provider that cannot be modified with a behavior plan, the client moves out of service area and if the client is approved for Medicaid funding for long-term care services.

Options Counseling is offered to any OPI client that has their in-home services denied, reduced or terminated. This provides the client with other resources and long-term care options that promote independence, maintain quality of life, and reduce the risk of institutionalization. .

If a consumer is denied, reduced, or terminated from services, they will receive a letter of detailing the reasons for such action along with a grievance procedure policy. They have 14 days to submit a grievance in writing to request a hearing. The policy describes the process and the appropriate contacts to lodge a formal grievance. The Executive Director of CAT, or his designee, is the grievance officer for the OPI program at CAT.

I. Specify the agency's policy for informing consumers of their right to grieve adverse eligibility, service determination decisions and consumer complaints. (OAR 411-032-0005 2 b I)

Clients are notified by letter that they have the right to appeal agency eligibility decisions. At that point they are entitled to a reassessment if one has not been done within the past 30 days. If the client is still found ineligible for services, then they may contact the OPI Senior Program Coordinator or AAA Executive Director for final

review and determination. Consumer complaints can be submitted via phone, email or in person. Complaints are generally handled by the OPI Senior Program Coordinator in consultation with the AAA Executive Director.

All consumers are given a copy of CAT's Grievance Procedure when their hours are reduced, they are denied services, or they are terminated from services. The following is the grievance procedure:

General

Representation: The consumer may be represented at any stage in the grievance process by a representative of the consumer's choosing, including legal counsel.

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

Correspondence: Notices of grievance, and other written correspondence regarding grievances, should be mailed or delivered to the following address:

Community Action Team, Inc. 125 N. 17th Street
St. Helens, OR 97051

Notices to Applicants and Consumers

Denial of Service: When Community Action Team (hereby referred to as CAT) determines that an applicant will not be provided with services as requested, the worker shall provide to the applicant, by mail, a written notice of this decision. This notice shall state the specific reason(s) for this decision, and shall describe the consumer's grievance rights, including the deadline for submitting a grievance.

Reduction or Termination of Service: When CAT determines that service to a consumer is to be reduced or terminated, the worker shall provide to the consumer, by mail, a written notice of this decision. This notice shall state the specific reason(s) for this decision, and shall describe the consumer's grievance rights, including the deadline for submitting a grievance.

Voluntary Reduction or Termination: When a consumer and CAT mutually agree that service for the consumer is to be reduced or terminated, the agreement shall be confirmed in the following manner: The worker shall provide to the consumer, by mail, a written notice of this agreement. This notice shall list the reason(s) for the decision and, in the event that the consumer has second thoughts about this action, shall describe the consumer's grievance rights, including the deadline for submitting a grievance and/or request for change.

Informal Grievance and Problem Resolution Process:

Ideally, differences of opinion between a consumer and CAT should be resolved at the lowest level possible. If the consumer or his/her representative wishes to avail himself/herself of the first step in the grievance process explained below, the consumer, or consumer's representative, should contact CAT and the worker involved in the consumer's case within fourteen (14) days of the date of mailing of the notice. Within five (5) days of this contact, CAT shall schedule a meeting with the claimant and the claimant's representative, if any, to attempt to reach a mutually acceptable resolution of the matter. The worker and his/her supervisor shall attend the meeting, and the worker will promptly inform the claimant or representative, as appropriate, of a decision regarding this matter.

Formal Grievance Process:

a. **Filing a Grievance:** A consumer or representative may file a formal grievance with CAT without taking advantage of the informal process described above. If this informal process is omitted, the consumer or his/her representative must file a written notice of grievance with CAT to the address listed above within fourteen (14) days from the date of the notice.

b. **Scheduling Grievance Administrative Review:** Upon the receipt of a written notice of grievance, CAT shall schedule a grievance review hearing. This hearing shall be scheduled within five (5) days of the receipt of the grievance, at a time and location convenient and agreeable to both parties. The claimant and his/her representative shall be notified by mail of the date, time, and location of the hearing. Prompt scheduling of grievance hearings assures the claimant due process.

c. **Grievance Administrative Review:** At the grievance review hearing, the claimant and the claimant's representative, if any, have the opportunity to present pertinent evidence surrounding the issue. Issues that may be protested in these hearings include: denial of service, reduction of service hours, or termination of OPI

services, as well as the actions, proposed actions, or lack of action on the part of CAT and the OPI program to meet the consumer's needs. To assure impartiality, the review hearing shall be conducted by a CAT supervisor or manager who does not directly supervise the CAT employee who routinely works with the aggrieved claimant.

d. Right to Request a Formalized Administrative Review:

Rule 411-032- 0020 4, c: Applicants who disagree with the results of the AAA grievance review have a right to an administrative review with the Department of Human Services, pursuant to ORS chapter 183. Information about how to request administrative review by DHS is provided in the written notification of the AAA grievance review decision. Correspondence regarding requests for DHS administrative review should be directed to:

The State Unit on Aging Manager
at Aging and People with Disabilities
500 Summer St NE, E12
Salem, OR 97301

Claimant Rights at hearing and meetings

All applicants requesting a hearing or informal meeting have the right to:

- A representative at the hearing or meeting
- Present written and/or oral statements, and other evidence
- Subpoena witnesses and cross examine at formalized hearings, and
- To bring an interpreter to any hearings and meetings

Staff must in no way limit or interfere with the applicant's freedom to lodge a complaint or request a formal or informal grievance review.

Withdrawal of Complaint, Grievance, and Request for a Hearing

A claimant may withdraw their request for a hearing, either orally or in writing, to the local agency or the State of

Oregon, Department of Human Services. Acknowledgement of all withdrawals shall be made in writing to the claimant, the original to be sent by certified mail, and one copy to be placed in the consumer's file, and one copy sent to the Department of Human Services, Aging and People with Disabilities office.

J. Explain how fees for services will be developed, billed, collected and utilized. (OAR 411-032-0005 2 b J)

Fees for service will be based on a sliding scale fee (provided by the SUA) to all eligible individuals whose annual income exceeds the federal poverty level. This fee schedule is updated and distributed by Oregon Department of Human Services (ODHS) to the AAAs annually. OPI fees are assessed at the federal poverty level net monthly income and increase increments up to 200% of the federal poverty level. Clients with a net income over 200% of the federal poverty level pay the full hourly rate of the services provided. Currently the cost of services ranges from \$1.27 to \$25.38 per hour.

A one-time \$25 fee is applied to all individuals receiving OPI authorized services who have adjusted income levels at or below federal poverty level. The \$25 fee is due at the time eligibility for OPI authorized services has been determined. Consumers who identify a financial hardship may request that the one-time fee of \$25 be waived. Consumers who wish to have the fee waived should contact the OPI Senior Manager within ten business days of receipt of the invoice to request a waiver. Proof of financial hardship may be required by the OPI Senior Program Manager before approval. Fees due from clients are invoiced and collected by CAT monthly. All fees collected for service are used to expand and maintain services to clients. They are utilized to maintain service hours when funding is reduced.

K. Describe the agency policy for addressing consumer non-payment of fees, including when exceptions will be made for repayment and when fees will be waived. (OAR 411-032-0005 2 b K)

OPI clients who have been assessed a fee for service will be billed monthly after Home Care Worker vouchers have been processed through the Provider Time Capture system. If a client is more than 60 days past due, the

OPI Service Case Manager will send a letter to the client notifying them of their past due amount and informing them that the case will be closed two weeks after the date of the letter if payment arrangements are not made. If the client does not pay by the date listed, staff may discontinue the client's OPI services and send a closure letter to the client. Clients may request a payment arrangement for past due payments. Clients must agree to pay the minimum monthly amount plus an additional \$10.00 in order to work toward paying off the debt. Fees are generally not waived unless the client is deceased.

L. Delineate how service providers are monitored and evaluated. (OAR 411-032-0005 2 b L)

CAT uses homecare workers contracted by DHS through the Home Care Commission to provide services. CAT does not employ any other service providers. An independent survey of OPI consumers is conducted by CAT (by a Care Coordinator not involved in the OPI program) annually to determine if OPI consumers are satisfied with their services and homecare workers.

M. Delineate the conflict of interest policy for any direct provision of services for which a fee is set. (OAR 411-032-0005 2 b M)

CAT's policy handbook outlines the conflict of interest for employees of Community Action Team. CAT does not provide any direct provision of services for which a fee is set. See Appendix G for the conflict of Interest Policy.

Explain if the AAA will make any changes to the above policies with the implementation of Oregon Project Independence-Medicaid (OPI-M.)

In accordance with OAR 411-016-0010, CAT hired a OPI Service Care Coordinator to ensure conflict-free case management for all OPI-M-related work. However, with the reduction of OPI classic budget, the OPI Service Care Coordinator will have to take on duties for both OPI Classic and OPI-M in order to maintain 1FTE in the OPI program. The OPI Service Care Coordinator keeps a daily record of all contact made and time spent to keep the program separate for billing purposes.

Describe if the AAA prioritizes the following populations when a waitlist is not in effect: older adults in rural areas, those who speak languages other than English, LGBTQIA2S+ older adults, Tribal elders and older adults living with HIV/AIDS.

While it is always a goal of the AAA of Columbia County to prioritize service to high-risk and marginalized older adults, in the absence of a waitlist for services, currently all eligible program applicants are evaluated on a first-come, first-served basis.

That said, because the AAA of Columbia County is administered by a Community Action program, the expectation is that many, if not most, of the high-risk and marginalized populations in the area are connecting with some aspect of CAT's broad range of programming resources, and that internal referrals between departments will ensure that eligible consumers of all backgrounds are being steered toward appropriate information about OPI/OPI-M services. Additionally, the AAA does actively cultivate partnerships with organizations serving high-risk and marginalized populations to ensure awareness of program availability in our area. For example, the AAA performed outreach to Friendly House, a community center in nearby Portland which, among other things, provides advocacy specifically for LGBTQ+ older adults, to ensure that information about CAT and the AAA of Columbia County would be passed along to any Columbia County residents participating in their programs. CAT is involved with the outreach to the Tribal Elders of the Grand Ronde Tribes and works with the local tribal navigator to provide information and services to Elders in Columbia county.

Services provided to OAA and/or OPI consumers

Specific Services:

Personal Care (#1a): Providing assistance in the home for Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). This service will be provided by home care workers. (OPI only)

Homemaker (#2.#2a): Providing assistance in the home with basic home making services. This service will be provided by home care workers. (OPI and OAA)

Chore (#3a): Providing assistance with shopping and errands. This service will be provided by home care workers for OPI on a very limited basis. Chore services may be provided through OAA or private funding, as needed.

Home Delivered Meals (#4): Contracted meals provided to seniors in their homes which comply with Dietary Guidelines for Older Americans. This service will be contracted with meal sites through an RFP process. Assessments will be conducted by the Senior programs Care Coordination staff, and cover the primary communities in the county. Historically the meal sites have been the Senior Centers in each community. (Funding C-2 and donations)

Person-Centered Case Management (#6): Providing on-going support to seniors based on a mutually-agreed upon plan. This service will be provided by all Human Investment Care Coordination staff with specific case assignments made to one of three Care Coordinators with expertise in serving seniors. (IIIB Funding)

Congregate Meals (#7): Contracted meals provided to seniors at senior meal sites which comply with Dietary Guidelines for Older Americans. This service will be contracted with meal sites through an RFP process. Historically the meal sites have been the community Senior Centers in Clatskanie, Scappoose, St. Helens, Rainier and Vernonia. (C-1 Funding)

Transportation (#10): Providing bus passes for consumers to get to appointments. This service does not include assistance from another person. Columbia County Rider will be used for this service. (Limited IIIB and private funds)

Legal Assistance (#11): Providing legal advice, counseling, and representation by an attorney. Contracted provider will be determined through an RFP process at the completion of the Area Planning process. Areas of service include guardianship, power of attorney, landlord/tenant disputes, consumer protection, elder abuse, and age discrimination. (IIIB funding)

Nutrition Education (#12): Providing basic education about nutrition and Dietary Guidelines for Older Americans.

Some of this is provided through written materials, such as brochures, tent cards, placemats, and newsletters. More one-on-one services will be provided by Senior Care Coordination staff. (C-1 and C-2 funds)

Information and Assistance (I&A) (#13): Providing current information on opportunities and services available to seniors in Columbia County by AIRS certified staff. Assessing the problems and capabilities of seniors, linking them to opportunities and services, and following up to ascertain whether services are being utilized. CAT is part of the METRO ADRC.

Outreach Services (#14): Contacts initiated by Senior Care Coordinators for the purpose of identifying potential clients and encouraging their use of existing services. Contacts include senior service organizations, service clubs, local police and fire departments, and other programs at Community Action Team, e.g. Low-Income Energy Assistance programs. (III-B funds)

Information for Caregivers (#15/15a): Group-based education and outreach at senior centers and other community partner agencies. (IIIB and IIIE funds)

Caregiver Access Assistance (#16/16a): Family caregiver support through one-on-one care coordination. This is provided by Senior Care Coordinators who have also been trained in person-centered options counseling for family caregivers. (IIIB and IIIE funds)

Caregiver Respite (#30-5/30-5a): Contracted services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Assessments for caregiver respite services are conducted by Senior Care Coordinators using the state's established respite assessment form. (IIIB, IIIE and United Way funds)

Caregiver Support Groups (#30-6/30-6a): Support groups are offered at Avamere Assisted Living Facility for Alzheimer's disease and Parkinson's disease. A care coordinator attends each meeting to promote family caregiver/care recipient services. (III E funds)

Caregiver Supplemental Services (#30-7/30-7a): Incidental services and supplies, such as transportation, assistive technologies, emergency response systems, home modification, and incontinence supplies, which complement the care provided by family caregivers. (III E and private funds)

Preventative Screening, Counseling and Referral (#40-3): Providing education about benefits, and a Medicare screening that is provided primarily by Senior Care Coordination staff. Nutrition Screening and Education is completed upon initial assessment, and at least annually for all Home Delivered Meal participants. (IIID Funding)

Mental Health Screening and Referral (#40-4): The PHQ-9 and depression assessment is completed for the Program to Encourage Active and Rewarding Lives (PEARLS) participants. Also, a family caregiver assessment and the PHQ-9 are used to determine eligibility for the Rosalynn Carter Institute's Resources for Enhancing Alzheimer's Caregiver Health (RCI REACH) program. Consumers with high PHQ-9 scores are referred to local mental health/suicide prevention programs. (IIID Funding)

Elder Abuse Awareness and Prevention (#50-3): Formal gatekeeper services had been provided through METRO ADRC until funds were eliminated.

However, due to CAT's close relationships with local agencies, including utility companies, the post office, landlords, and emergency service providers, CAT still receives reports from these community partners when abuse is suspected. CAT staff ensure timely referrals of all suspected abuse to the local Adult Protective Services (APS) office. If APS requests, a risk assessment is completed by CAT's Care Coordination staff. (IV-E and partnerships)

Reassurance (#60-3): Providing regular telephone calls to selected seniors to determine they are safe and well, determine if they need assistance, and provide reassurance. This program is currently inactive; volunteers will be recruited and trained to perform this service. (IIIB funds)

Volunteer Recruitment (#60-4): Volunteer recruitment is an ongoing process. (IIIB funds)

Newsletter (#70-5): Quarterly newsletters providing support to family caregivers on self-care and nutrition are provided by the Human Investment Program Analyst. (IIIB funds)

Public Outreach/Education (#70-10): Providing public education about senior issues and services for the elderly is achieved through information booths at public events, senior centers, etc. (IIIB funds)

Chronic Disease Prevention, Management/Education (#71): Providing group-delivered, evidence-based programs

to help seniors manage their health and prevent illness and falls. This is achieved through a collaborative effort between CAT, the Oregon Wellness Network, Acumentra, Legacy Clinic, OHSU Clinic, CCMH, APD, and other care partners. (IIID Funding)

Cash and Counseling (#72): Consumers are provided a stipend to obtain the supportive services needed. This is usually short-term assistance. Historically, this has been used by consumers needing help in their home, e.g. for a one-time cleaning to pass a NOHA inspection when moving, or to help with minor home modifications in order to maintain independence. The consumer meets with a Care Coordinator to discuss their specific needs, and works with the Care Coordinator to establish appropriate services. (IIIB and private funds)

Caregiver counseling (#70-2a/70-2b): Care Coordinators meet with family caregivers to assist them in understanding the options and services available to them and their care recipient. Care Coordinators help with person-centered decision making, problem solving, support, and training. (IIIE funds)

Person-Centered Options Counseling (#70-2): This service helps seniors and people with disabilities develop a long-term care plan, and provides important services and resources. All of CAT's Senior Care Coordinators are required to receive training in person-centered options counseling through the ADRC. Service information is entered into the RTZ database system. (IIIB funds)

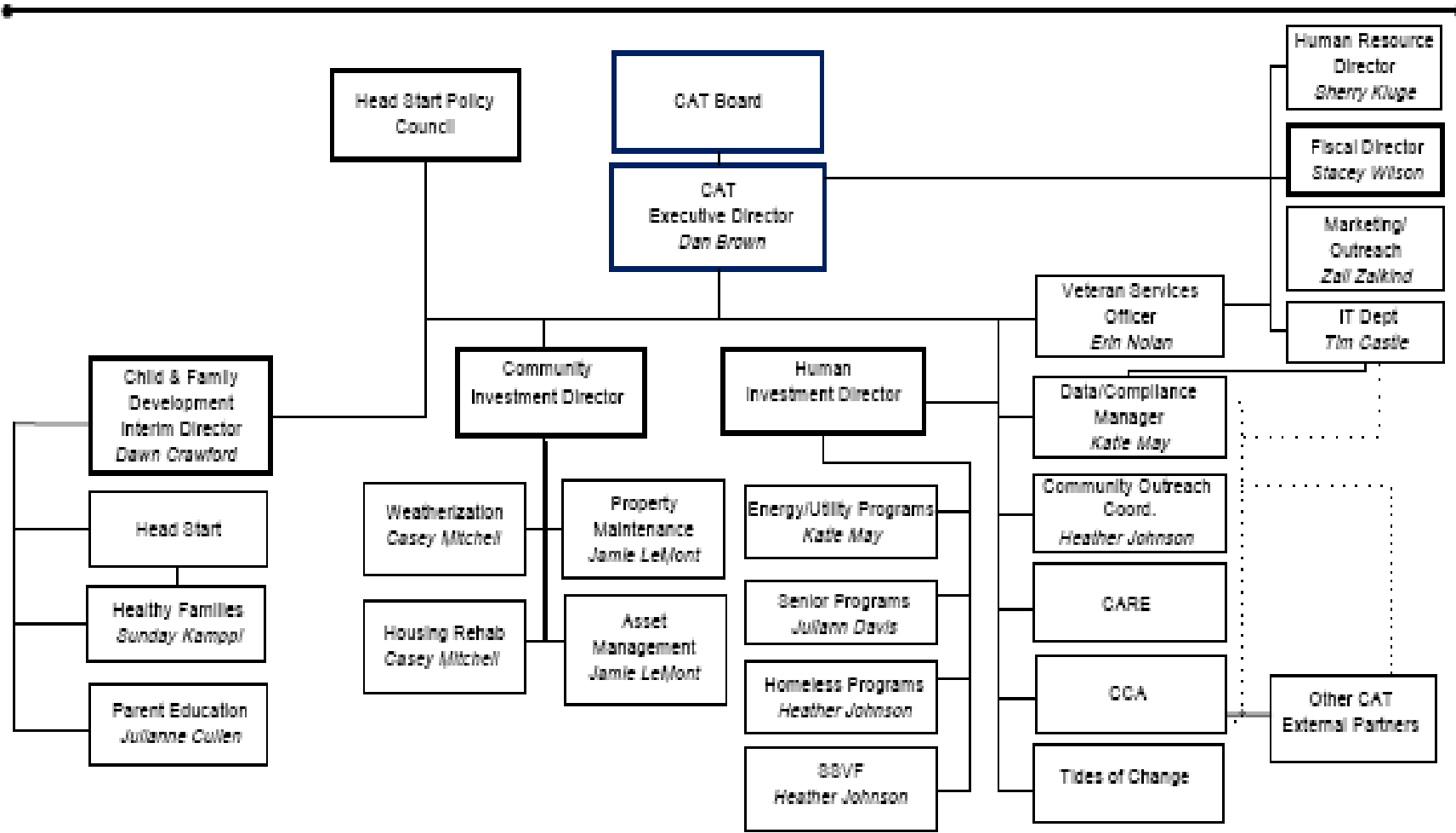
Caregiver Cash and Counseling (#73/73a): Family caregivers are given a stipend to obtain the supportive services which are needed to relieve the stresses of caregiving. Historically, this program has been used to provide funds for the family caregiver to attend support group meetings or conferences, such as the McGinty Conference. (IIIE and private funds)

Volunteer Services (#90-1): Volunteers supplement the senior program in many capacities, including: helping to provide transportation, acting as board members, managing meal sites, delivering meals, performing home repairs, and providing friendly visits and reassurance. (IIIB funds)

Oregon Money Management Program: Provides Representative Payee and Bill Payer (Mentoring) services through a trained and certified payee to those age 18 and older who are also very low-income. (OMMP State Funds)

Appendix A – Organizational Chart

Community Action Team, Inc Organizational Chart 01/03/25



Appendix B Advisory Council(s) and Governing Body

Columbia County AAA Advisory Board

- Claudia Hill – Chair, Clatskanie Senior Center
- Claire Catt – Vice-Chair – United Way Columbia County
- Connie Budge – Community Representative – Senior
- Erica White – DHS Manager
- Tobie Finzel – Vernonia Senior Center
- Jan Rich – Rainier Senior Center
- Bill Leiken – Community Representative – Senior
- Beth Dennis – Community Partner – Understanding My Medicare
- Dinea Monroe – St Helens Senior Center

Total Number age 60 or over = 5 Total

Number minority = 2

Total Number rural = 6

Total Number self-indicating having a disability = 1

Community Action Team Board of Directors

COMMUNITY ACTION TEAM, INC BOARD OF DIRECTORS UPDATED January 27, 2025					
SEATED	EXPIRES	REPRESENTING	NAME & PHONE	MAILING ADDRESS	COMMITTEE
09-2016 A 11-2022 02-2024 04-2024 A	09-2026 02-2024 S/T 02-2026 VC 02-2025	Columbia Clatsop	BRIAN RICHARDS SR., VICE-CHAIR (503) 860-3069 thelittlebus@comcast.net ANNEMARIE EGLER (503) 791-2220 blueeyes199516@gmail.com	2545 Col. Blvd. #33 St. Helens, OR 97051 5 McCain #4 Astoria, OR 97103	Exec/Fin
01-2025	01-2026	Columbia	COURTNEY SMITH (360) 523-4458	2250 Gable Rd., #422 St. Helens, OR 97051	
		Columbia			
11-1998 A 03-2021	03-2031	Columbia	RITA BERNHARD (503) 543-7098 / (503) 369-1174 normandrita1962@yahoo.com	PO Box 564 Scappoose, OR 97056	
01-2021 A 10-2021 02-2024	01-2031 10-2023 VC 02-2026 CP	Tillamook	ERIN SKAAR, CHAIR (503) 842-0249 eskaar@co.tillamook.or.us	201 Laurel Ave Tillamook, OR 97141	Exec, Fin, Pers/Succ
03-2024 A	03-2034	Clatsop	MATT PHILLIPS (503) 325-8635 mphillips@clatsopcounty.gov	1190 SE 19 th St Warrenton, OR 97146	
03-2024 A	03-2034	Clatsop	TITA MONTERO (503) 440-4454 tmontero@cityofseaside.us	400 Necanicum Dr. #12 Seaside, OR 97138	Exec
04-2023 A 02-2024 Sec/Tre	04-2033 02-2026 S/T	Columbia	KELLIE JO SMITH, SEC/TREAS (503) 369-7434 kjsmith@columbiacountyor.gov	59902 Tamarack Dr. St. Helens, OR 97051	Exec/Fin
05-2010 A 09-2019 02-2024	05-2020 09-2029 02-2026 PC	Columbia	KEITH LOCKE, PAST CHAIR (503) 369-0575 keithlocke@comcast.net	90 Columbia Blvd St. Helens, OR 97051	Exec
01-2025 A	01-2035	Clatsop	CHRISTIAN ZUPANCIC (503) 747-9836 christian@zuplaw.com	615 Broadway St. Suite 216 Seaside, OR 97138	
02-2024 A	02-2034	Tillamook	JEFF BLACKFORD (503) 842-5261 X501 JBlackford@careinc.org	2310 First St, Suite 2 Tillamook, OR 97141	Pers/Succ
04-2023 A	04-2033	Columbia	KRISTEN DEAN (503) 366-6507 kdean@crpud.org	64001 Col Rvr Hwy Deer Island, OR 97054	
03-2023 A	03-2033	Clatsop	VIVIANA MATTHEWS (971) 308-1031 vmatthews@ccaservices.org	364 9 th Street Astoria, OR 97103	Exec
09-2014 A	09-2024 Emeritus	Columbia	JOHN HELM (503) 543-3121 johnhelm@msn.com	PO Box R Scappoose, OR 97056	

Dan Brown, Executive Director

Ginger Johnson, Fiscal Director

Jessica Ruby Harper, Head Start Alternate

*Head Start Policy Council Members seated yearly.

Appendix C Public Process

The need to complete an Area Plan for 2025-2029 was presented to the AAA Advisory Board in June 2023. All of our Senior Centers are represented on the AAA Board as well as community members. A discussion of needs within each community began at this board meeting. Public forums were scheduled in Rainier, Vernonia and St. Helens. Attendance at the forums was limited. Hybrid AAA meetings were established, and the community was invited to attend these meetings. Over the course of 2023-2024 guests were invited to speak at each AAA meeting. A representative of the Ombudsman program, the Columbia County Emergency Manager, the Director of Columbia Pacific Food Bank, City Administrators from Rainier, Scappoose and St. Helens, County Commissioners, and elected officials were all invited to attend each AAA meeting. In March of 2024, paper and electronic versions of the needs survey were distributed to partners around the communities. A survey was distributed to all of our consumers receiving home delivered meals, in-home assistance (Oregon Project Independence), and family care giver services. A total of 250 print surveys were sent out. A link to the survey was also posted on the www.CAT-team.org website, area senior center websites, and other community websites. A total of 138 surveys were returned or entered electronically. Data was compiled and included in the AAA Plan.

Survey Highlights:

Top five services most important –

1. Accessible transportation (47%)
2. Help with home maintenance and modifications (41.88%)
3. Making home safe and accessible (29.06%)
4. Help with bathing, dressing or housekeeping (25.64%)
5. Help with wills or trusts (23.93%)

Sixty eight percent (68.85%) of respondents stated they have a computer, smart phone or internet access at home.

Twenty seven percent (26.67%) of respondents stated they felt the future would be worse than it is now.

Thirty two percent (32.46%) of respondents were veterans or spouses of veterans.

Thirty three percent (32.74%) of respondents stated they were caregivers.

One hundred percent (100%) of the respondents completing the caregiver portion of the survey stated they cared for a person 60 years of age or older.

Eighty four (84%) of respondents stated they are living with a disability.

Eighty percent (79.86%) of respondents receive home delivered meals.

Forty eight percent (48.21%) of respondents currently receive in-home services through OPI or Medicaid LTSS.

Age distribution of respondents:

Under 49	-	8.55%
50-59	-	6.84%
60-64	-	12.82%
65-84	-	53.85%
85+	-	17.09%
N/A	-	.85%

Gender distribution of respondents:

Female	-	56.03%
Male	-	41.68%
Other	-	1.72%

Preferred Language of respondents:

English	-	98.28%
French	-	.86%
Spanish	-	.86%

Racial or Ethnic Identity of respondents:

Caucasian	-	84.35%
Native American	-	6.96%
Black/African	-	.87%
Other	-	5.22%
No Answer	-	2.60%

Appendix D Final Updates on Accomplishments from 2021-2024 Area Plan

I & A, ADRC

Goals: The main goals of the ADRC and I&A are to maintain the ADRC database and to find sustainable funding.

Accomplishments: The Columbia County AAA is continuing to actively participate in collective outreach and quality work. Updating the RTZ resource database has been ongoing. CAT has appointed one staff member to be the point person for the ADRC resource database and she is currently working to update all of the resources at least annually. The ADRC point person is also participating in the property tax deferral outreach program each year. Securing funding to sustain the ADRC remains a challenge. CAT will work in conjunction with O4AD to identify and obtain additional funding for the ADRC.

Nutrition Services

Goals: Deliver congregate and home-delivered meals through four meal sites and cover the full county, be in compliance with OAA Nutrition standards for older adults, and provide dietician-approved nutrition education.

Accomplishments: CAT is continually working toward serving as many seniors as possible, including those in very rural and hard to reach areas. Currently there are four senior centers providing congregate and home delivered meals. Cycle menus were updated this past year with emphasis on providing diabetic meals and including some vegetarian options. Nutrition education was provided to homebound consumers on their initial assessment or reassessment at least annually by their care coordinator. Nutrition education was presented quarterly for our congregate meal participants. All four centers have reopened (since COVID closed the centers) and all are providing meals in a congregate setting.

Health Promotion

Goals: The goal was to offer self-management classes at least three times each year.

Accomplishments: CAT has offered at least three self-management classes each year, however we have only had enough participants and interest to conduct one class. CAT continues to connect people to online classes for Caregiver Education and Diabetes Prevention Program.

Family Caregivers

Goals: Provide a series of supportive activities to help caregivers manage their caregiving responsibilities.

Accomplishments: The AAA partnered with Avamere Assisted Living, attending their caregiver support group meetings to provide outreach and resources to their program participants. CAT staff also attended several health fairs and community events to promote family caregiver services.

Elder Rights and Legal Assistance

Goals: Columbia County AAA will be a key player in creating systems that protect the rights and abilities of seniors to protect their interests by providing subsidized legal assistance and a county-wide mechanism for oversight of elder abuse/neglect issues.

Accomplishments: The Columbia County AAA has partnered with Oregon Law Center to provide limited legal services to income eligible seniors. In addition, we partner with the local APD office to provide presentations about elder rights and elder abuse prevention.

Appendix E Final Updates on Service Equity Plan Accomplishments

Goal 1: Create a sustainable equity and inclusion plan.

Outcome	Projected Indicator	Who is involved	Measure	Procedures	Due Date	Status
Create a sustainable Service Equity plan for the AAA of Columbia County.	Convene a work group to create and draft an equity plan by May 2022.	AAA Advisory Board, Executive Director, Work Group, AAA Program Manager	Draft of the equity work plan	Draft will be approved by AAA Board and sent to CSSU for review	05/16/2022	Complete
	Review and finalize equity work plan by September 30, 2022.	CSSU, AAA Advisory Board, Executive Director, AAA Program Manager	Final equity work plan	Final plan will be approved by CSSU	09/30/2022	Complete
	Publicize the equity work plan to partner agencies, public entities, and community stakeholders.	Executive Director, Marketing Manager, AAA Program Manager	Articles will be collected, media posts will be documented, outreach documented	Social Media, email blasts, newsletter, website will have information or links to the plan	06/30/2023	Completed but have a Yearly Review at AAA Advisory Board Meeting in September each year.
	Annually review equity work plan to ensure goals	AAA Advisory Board, Executive Director, AAA	Plan will be updated and changes/	Change tracking of document will		Completed

	and objectives are being met and adjust plan as needed.	Program Manager	updates documented. Sent to CSSU as requested	be used to track updates or changes		
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Goal 2: Recruit and retain a diverse workforce and AAA Advisory Board to meet the needs of the communities we serve.

Outcome	Projected Indicator	Who is involved	Measure	Procedures	Due Date	Status
Increase workforce diversity to better reflect the communities we serve.	100% of the AAA staff job descriptions and job postings will be equitable and inclusive.	Executive Director, Work Group, AAA Program Manager	AAA staff will be representative of the communities we serve.	Review the current job descriptions/postings through an equity and inclusion lens.	12/31/2022	Workforce job descriptions updated 2024
Cultivate a work environment that demonstrates respect and empathy for all employees and clients and leverages the strengths of	Annually meet with 100% of individual AAA staff to set individual SERVICE EQUITY training goals	AAA Program Manager and staff	Employee performance review documents	Develop training plan for staff to develop cultural competencies and advance understanding of barriers and strategies to achieve equity.	12/31/2022	Annual reviews are completed in December
	Provide at least 2 opportunities for AAA staff to attend equity,	AAA Advisory Board, Executive Director, Marketing	A calendar of training opportunities will be	Reach out to partner organizations to identify	06/30/2022	Calendar provided quarterly to staff and

their diversity.	diversity and inclusion training each program year.	Manager, and AAA Program Manager	provided to AAA staff	possible training opportunities for staff.		AAA board members.
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Outcome	Projected Indication	Who is involved	Measure	Procedure	Due Date	Status
AAA Advisory Board will be trained in equity, diversity and inclusion.	Inform the AAA Advisory board of the diversity, equity and inclusion plan at the June 2022 meeting.	Executive Director	AAA Advisory Board minutes	Draft plan will be presented in the board packets for review.	06/16/2022	Training at AAA meeting completed 10/22, 2/23, 6/23, 2/24, 6/24.
	Gather and present organizational and community statistics to the AAA board to identify underserved or unserved communities to develop a baseline.	AAA Program manager	AAA Advisory Board minutes	Statistics, measures and indicators will be presented for board discussion.	06/16/2022	Presented: 12/22, 8/23, 2/24, 8/24
	Provide bi-annual learning opportunities to help the AAA Board become more inclusive and reflective of the communities served.	AAA Advisory Board, Executive Director, Marketing Manager, and AAA Program Manager	AAA Advisory Board Minutes and a calendar of training available	A calendar of available SERVICE EQUITY training will be provided to the AAA Board. Board member will	06/16/2022	

				report back to AAA Board on the training completed and synopsis of training.		
Outcome	Projected Indication	Who is involved	Measure	Procedure	Due Date	Status
AAA Advisory Board will be representative of the communities served by the AAA.	Conduct a “Cultural Competence Self-assessment at the August 18, 2022 AAA Advisory Board Meeting	AAA Advisory Board, Executive Director, AAA Program Staff	AVMA Cultural Competence Self-Assessment Checklist Tool	Tool will be used and documented in in the AAA Advisory Board Minutes	08/18/2022	Completed 6/23.
	Identify AAA Advisory Board’s service equity goals for the AAA	AA AAA Advisory Board, Executive Director, AAA Program Staff	AAA Advisory Board minutes will be used to record goals.	AAA Advisory board roster	10/20/2022	Completed 4/23. Reviewed annually by AAA sub committee
	Review existing strategies for AAA Advisory Board recruitment to identify systemic barriers to participation for unserved or underserved	AA AAA Advisory Board, Executive Director, AAA Program Staff	AAA Advisory board roster will show increase in members representing unserved or	Letter for potential new board members, recruitment flyers; and recruitment policies reviewed.	12/31/2022	Completed 4/23. Reviewed annually by AAA sub committee

	populations by 12/31/2022		underserved populations.			
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Goal 3: Communicate program messages to a diverse audience in a manner that promotes equity and inclusion.

Outcome	Projected Indicator	Who is involved	Measure	Procedures	Due Date	Status
Outreach efforts are to be tailored to each specific culture within our community as appropriate.	A community survey will be conducted to gain a baseline understanding of the community and to measure readiness for diversity and inclusion efforts of the AAA by 12/31/2022	AAA Advisory Board, Executive Director, Marketing Manager, and AAA Program Staff	Diversity, Equity and Inclusion Survey data	Paper survey in multiple languages, on-line surveys, telephone surveys will be conducted and data from survey will be compiled.	12/31/2022	Completed 8/24
	Community engagement events and listening sessions will be conducted in Vernonia, Rainier/Clatskanie, and St Helens/Scappoose areas by 12/31/2022	AAA Advisory Board, Executive Director, Marketing Manager, and AAA Program Staff	Outreach flyers, sign-in sheets from meetings, notes and data from events.	Use flyers, phone interviews, surveys, non-English radio, social media, or other culturally appropriate outlets to inform the public of services and	12/31/2022	Completed 2/23

				upcoming events.		
Outcome	Projected Indicator	Who is involved	Measure	Procedures	Due Date	Status
Build relationships and partnerships with other organizations connected to unrepresented or underrepresented groups within our community to strengthen outreach, engagement, and access to the services of the Area Agency on Aging.	AAA will see a 10% increase in the number of community partnerships and a qualitative increase of expertise in coordination and collaboration of services.	AAA Advisory Board, Executive Director, Marketing Manager, and AAA Program Staff, Community Partners	A count of community partners; notes from community partnership meetings	Community partner meetings will be conducted in person or via web as appropriate	09/30/2022 first meeting	Identified two new community partners. Working with Tribal Council to reach out to Native populations in Columbia County
	AAA will develop a list of community partners and quarterly disseminate partnership news and progress updates via a newsletter.	Executive Director, Marketing Manager, and AAA Program Staff	Number of newsletters will be reported. Newsletter will be documented in AAA Advisory Board Minutes	Quarterly newsletter will go out to community partnerships.	09/30/2022 first newsletter	

Goal 4: Ongoing work and practices.

Outcome	Projected Indicator	Who is involved	Measure	Procedures	Due Date	Status
Review program practices to ensure all of the AAA programs are diverse, equitable and inclusive.	Review all current program practices through an equity lens, identify areas of concern and take appropriate action	AAA Program Staff	Updated program practices manual	Staff will review current program practices and update as appropriate	12/31/2022	Completed 6/23
	Ensure all of the AAA's documents and forms recognize cultural and racial diversity in the community	AAA Program Staff	Update of all program forms and documents	All forms will be reviewed and updated as appropriate	12/31/2022	Ongoing as new services are identified.
Support or change existing services using service equity lens best practices.	All aspects of service delivery for the AAA will be assessed for their consistency with the diversity, equity and inclusion policies and practices.	AAA Program Staff	Updated service delivery manual	Staff review service delivery aspects and update as appropriate	12/31/2022	Completed 6/23

Outcome	Projected Indicator	Who is involved	Measure	Procedures	Due Date	Status
Services are evaluated in terms of their impact on marginalized, unserved or underserved communities and changed (as required) to be inclusive.	Services to marginalized, unserved or underserved communities will increase by 10%	AAA Advisory Board, Executive Director, AAA Program Staff	Program demographics and data	Data will be pulled from RTZ system at least quarterly and reported to AAA Board	Quarterly to begin 09/30/2022	Ongoing as new services are identified.
Create a safe learning and working environment for candid and honest conversations on how to achieve a program that is inclusive to all communities served by the AAA.	All AAA program staff and volunteers work in a culture that is flexible, collaborative, and inclusive so all feel safe and are encouraged to contribute their diverse perspectives	AAA Advisory Board, Executive Director, AAA Program Staff	Increased productivity and self-disclosed job satisfaction	Staff and volunteer surveys; anonymous feedback forms; employee reviews	Ongoing to begin 07/01/2022	Ongoing as new services are identified.

Appendix F Emergency Preparedness Plan

Include as Appendix F the AAA's governing board approved Emergency Preparedness Plan. At a minimum the Plan must include the following elements:

- Assessment of Potential Hazards
- Chain of Command
- Communications Plan
- Continuity of Operations Plan (Program-by-Program or Site-by-Site)
- Agreements that detail how the AAA will coordinate activities with local and State emergency response agencies, relief organizations, and any other entities that have responsibility for disaster relief service delivery, both in the response and recovery phases.
- Description of the AAA's role in local planning and coordination efforts for vulnerable populations.

(If the plan is extensive or has multiple components, please work with your assigned CSSU liaison regarding linking to the plan(s) and incorporating by reference.)

Training and resource materials regarding Emergency Preparedness and Business Continuity Planning can be found at: <https://www.ready.gov/business>

The process for notification and communication in case of local disaster is as follows:

1. The CAT Executive Director is called first no matter where the local disaster is located.
2. The Executive Director will notify all available Program Managers to coordinate services.
3. If the Senior Programs Manager is not available, the lead Case Manager will be notified.
4. If phones are out of order then we will use local ham radio operators which are located in Columbia County Fire Stations or at Emergency Management Centers.

Emergency Disaster Plan Introduction:

The purpose of this specific program disaster plan is NOT to supplant the

Columbia County Disaster Plan; instead we will coordinate and work with the established county plan, local city coordinators, and APD (DHS Adults and People with Disabilities).

- The Community Action Team/Human Investment Program is the Columbia County Area Agency on Aging as designated by the State of Oregon.
- The Human Investment Programs provide services to seniors and veterans in Columbia County. Some of the services are listed below:
 - Home delivered meals (Meals on Wheels) to homebound seniors.
 - Congregate meals to seniors.
 - In-home services (Oregon Project Independence) to seniors in need of services because of a disability or chronic illness.
 - In-home respite care services to seniors and people with disabilities.
 - Services to veterans and their families living in Columbia County.
 - Many other services to seniors in Columbia County through the federal Older American Act programs.

We have trained professional case management staff located in each area in Columbia County.

The following are the Community Action Team case managers and their locations in Columbia County.

- Juliann Davis, Senior Programs Manager/Program Analyst, Rainier
- Amanda Pearson, Senior Care Coordinator, OMMP Program/ERC Consultant
- Tarina Lee, Senior Care Coordinator, OPI/OPI-M
- Cassie Bissel, Senior Care Coordinator, Home Delivered Meals
- Lorna Hill, Program Assistant, ADRC/I&A

Our Senior Services staff are knowledgeable about senior issues and have specific knowledge of local resources and specifically have knowledge of seniors that need specific assistance because of frailty or disability.

Our Veteran Services Officer, Erin Nolan, is knowledgeable about veterans and veteran issues in Columbia County.

Potential Hazards: Flood, fire, landslide, snow/ice, widespread power outages, wind storms and down trees.

Agreements with local emergency response agencies: We have a verbal

agreement and are part of the team with CERT (Columbia County Emergency Response Team) to participate in their disaster and emergency response process.

Vulnerable populations: The Senior Program Manager carries a password protected thumb drive with client contact information for vulnerable populations, both OPI and Home Delivered Meals. She is the first contact in the event of an emergency.

In case of local or county wide disaster the following will occur -

The Human Investment Director, Senior Programs Manager, or available Case Manager, will contact all available staff if possible.

In case of a major disaster the meeting location will be Columbia County Fire and Rescue Station in St. Helens located at 270 Columbia Blvd, St Helens. The meeting location will be used to coordinate an action plan directed at assisting Columbia County as a whole, and vulnerable populations in the area affected by the disaster or emergency. We will coordinate and cooperate with the activities of the CERT.

All Case Management and Veteran Services staff will have prepared accessible emergency kits which will include the following information and supplies:

Current client list with addresses and phone numbers.

Current list or designation of current clients in local area who are homebound and/or receiving Meals on Wheels services.

- Local contact numbers of emergency service providers.
- A work or personal cell phone.
- Local area map.
- Other needed or essential supplies including gloves, first aid kits, etc.
- All staff will continue to prepare their offices in case of earthquake, flood or other natural disaster.
- Ensuring that boxes or other containers are not stacked one on top of another.
- Ensuring that current client documents are on the top drawer of filing cabinet.
- Emergency kits are to be located in personal vehicles at all times.
- Each staff will have their own emergency kit for their homes.
- The first concern of staff during a disaster or emergency is caring for the staffs' immediate family first before responding to program needs.
- Work hours for staff during a disaster or emergency will continue to be the same based on current work schedule unless other arrangements have

been made to expand hours by the Executive Director.

There will be coordination for all vulnerable population services with:

- The Columbia County Emergency Management Director OR
- Columbia County Sheriff OR
- Columbia River Fire and Rescue Services.

Food Service: Some of the Senior Centers in Columbia County have been used to provide emergency food. St. Helens and Rainier continue to be willing to be used in that way. Congregate program may be expanded during emergencies to include all ages.

TRAINING:

There are areas which require additional attention and training. These include:

- Seniors who need continued dialysis
- Seniors who are on oxygen
- Seniors who are bed bound
- Seniors with pets who will not leave their homes.
- Seniors with mobility issues or in wheelchairs
- In-home disabled veterans

PRACTICE:

- All Program staff will review this disaster plan once a quarter at staff meeting.
- CAT will participate in local and county disaster drills as directed.
- CAT will participate in "Table Top" drills from FEMA or READY.gov

Community Action Team, Inc.
Family Resource Center
Emergency Action Plan

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INTRODUCTION

The intent of this plan is to assist the Family Resource Building staff in responding to emergency situations, provide information that can be used concerning emergency planning, and provide a basis for restoration of services. All staff is

considered responsible for the safety of all clients and will coordinate actions and/or requirements with Community Action Team Safety Committee, Building Committee and community public safety officials. In the event of an emergency, the Executive Director will oversee the situation at the site. In the Executive Director's absence, the emergency management responsibilities are delegated to the next in charge in the following order, Fiscal Director, and Human Resource Director.

EMERGENCY RESPONSE ORGANIZATION

Where applicable, the Family Resource Building's Emergency Response Plan will work in conjunction with the Columbia County Crisis Management Plan. In the event of Emergency Situations, the Executive Director and/or his delegate will follow best practices and guidance from local authorities. The county emergency plan has been referred to in developing this plan and is available online at <http://www.co.columbia.or.us/home.asp>. In all cases, the Executive Director and the Community Action Team Board of Directors will be notified of the emergency, actions, and outcomes.

The ***Emergency Response Plan*** shall be reviewed annually for modifications to the procedures, changes of key personnel or other resources, and additions of new emergency management information.

The ***Emergency Response Plan*** shall be monitored by the Safety Committee and the Family Resource Building Committee to ensure appropriate updates, changes, and reviews are incorporated in all distributed copies of this plan. A copy of the plan shall be located in the following:

- Executive Assistant Office
- Receptionist Office
- Copy Area
- Kitchen Area
- Program Manager's Offices

The following situations will be covered by this policy:

- Medical Emergencies
- Critical Incidents
- Disturbances & Demonstrations
- Unauthorized Visitor/Trespassing
- Violence
- Weapons
- Shootings
- Bomb threat

- Hostage Situations
- Disgruntled Impaired clients, visitors or staff
- Explosion
- Natural disaster; Floods, Landslides, Volcanic Activity, Earthquake, Severe Storms, Inclement Weather
- Power Failure
- Fire/smoke emergencies
- Hazardous materials
- Suspicious Articles

General Emergency Response Plan Information:

It is the duty of all staff to maintain the health and safety of clients by monitoring and reporting hazardous conditions to the Program Manager, Safety Committee and/or Building Committee, and when appropriate, taking the necessary action to correct the deficiency. In the event of an emergency situation, all staff will follow the direction of the Executive Director and/or his delegate, who will make a determination if an emergency exists based on the appropriate information, or following the direction of local authorities. In the event the Executive Director is not available, staff will follow the direction of the Fiscal Director, and Human Resource Director. Any occurrences requiring more than basic first aid (cuts, scrapes, bruises, etc.) should be reported to the Program Manager and/or the Human Resource Director for appropriate follow up.

Executive Director and/or his Delegates Responsibilities:

1. Determine the type of threat or emergency and follow the Emergency Plan procedures.
2. Call 911 or direct someone to call 911 if necessary
3. Activate contact with the Security Alarm Company and/or other local authorities of potential or existing crisis/emergency situation.
4. Evaluate procedures at the conclusion of an emergency situation.
5. Prepare media release and/or meet with media representatives as needed.
6. Prepare information for families of staff/clients as necessary.

Safety Committee and Building Committee Responsibilities:

1. Work with Community Action Team, Community Partners, and local emergency agencies to arrange for evacuation locations away from the Site.
2. Provide complete crisis/emergency response training to employees at hire and annually and update as necessary.
3. Monitor the Site’s practice drill program implementation and documentation.

4. Cooperatively evaluate procedures with Executive Director and/or his delegate, Program Directors and involved staff, and when necessary community partners at the conclusion of an emergency situation.
5. Complete necessary follow-up reports and documentation.
6. Work with Executive Director and/or his delegate in a crisis/emergency situation.
7. During an emergency:
 - a. Work with Program Directors to account for all clients, staff, and visitors

Employee responsibilities:

1. Become familiar with the Crisis/Emergency Response Plan.
2. Work with the Safety Committee and Building Committee to investigate and evaluate each crisis/emergency situation to prevent repetition of ineffective efforts.
3. See that all injuries and issues are attended to immediately and referred to the Program Manger to determine if contact with other authorities is necessary.
4. Coordinate a regular plan of inspection of work areas to detect unsafe conditions and work practices.
5. The **Program Manger and staff** is directly responsible for getting all clients in their immediate care to safety, and maintaining care until authorized to release clients.
6. The **Program Manger** will provide accurate counts to the Executive Director and/or his delegate.
7. The **Program Manger** will transport staff records with contact information.
8. The **Safety Committee and Building Committee members** will transport emergency supply kits and first aide kits if available.
9. **Any other employees or volunteers** not counted in ratios will assist in all duties and responsibilities as designated by the Executive Director and/or his delegate, Safety Committee and Building Committee members.

EMERGENCY RESPONSE

The response for most emergencies generally involves either sheltering in or evacuation. The exception to this is providing emergency medical care and use of fire extinguishers for small, localized fires. See each specific area for the classification of threat.

1. Immediate Area Threat (i.e.: bomb threat, fire, flood, other major building problem, etc.)

Leave the building and gather in a predetermined location, Parking lot behind

Semlings Pharmacy between 18th and 19th Streets. Gather in Program groups.

2. More Widespread Threat (i.e.: Sponsor evacuation, chemical spill, widespread fire, etc.) or Mass Ordered Evacuation (i.e.: declared state of emergency)

Leave the building and evacuate to the Parking lot behind Semlings Pharmacy between 18th and 19th Streets.

Everyone in attendance must remain with their program/ group until authorized to leave. Transportation will not occur in private vehicles until authorized by the Executive Director or his delegate.

3. Sheltering In Areas

In the event of a natural emergency, i.e. tornado, severe storms, or hazardous airborne chemicals incident outside the facility, the staff and other occupants of the building will take shelter in the kitchen area as necessary.

SPECIFIC EMERGENCY ACTIONS:

Medical Emergencies

Threat Classification: None

Injury and illness can occur at any time without prior warning or symptoms and should be dealt with swiftly, calmly, and appropriately.

Tasks:

1. Initiate basic first aid, using universal precautions:
 - a. Check – observe the area for potential hazards; observe the manner and extent of injury, check for medical tags. DO NOT move the victim unless further potential injuries will occur by remaining in the area.
 - b. Call – send someone to call 911 if needed and contact the Fiscal Office, who will contact the family.
 - c. Care – Maintain airway, administer CPR if needed, control bleeding and shock, immobilize if needed, until relieved by a trained and certified medical professional.
2. Program representative will stay with client/staff during transport until family members can arrive, taking appropriate emergency contact information.
3. Staff will complete appropriate documentation within 8 hours; copies will be kept in appropriate file at the fiscal office.
4. All staff will evaluate event and process making modifications when needed.

Critical Incidents:

Threat Classification: None

Critical incidents consist of suicide and/or death of an individual.

Tasks:

1. Intervene as appropriate prior to attempted suicide. Call for assistance from 911.
2. Prevent staff/clients etc. from witnessing traumatic event as much as possible.
3. Contact Fiscal Office immediately, whom will follow up with the Executive Director and/or his delegate, working cooperatively through contacting families and completion of event.
4. Cooperate with all regulatory agencies.
5. Media will be referred to the Executive Director.
6. Initiate counseling and support services as needed.
7. Complete appropriate documentation within 8 hours, forwarding copies to the fiscal office.

Disturbances:

Threat Classification: Sheltering In Area

Disturbances and demonstrations are events that have potential to disrupt work activities and may cause damage to property or injury to staff and/or clients.

Tasks:

1. Observe the area of the disturbance, moving the staff/clients from the area if necessary. DO NOT engage the individual(s). Call 911.
2. Notify the Executive Director or his delegate.
3. Executive Director or his delegate will determine and initiate lockdown if needed.
 - a. Lockdown procedure: Shelter-in area as directed, remaining in office.
 - b. Direct Service Team will remain with clients.
 - c. Remain calm and reassuring to clients.
 - d. Cover windows, draw blinds, keep staff/clients away from windows.
 - e. Executive Director and/or his delegate will lock door from outside until threat has ended.
4. Executive Director and/or his delegate will:
 - a. Ask demonstrators to disperse
 - b. Contact local authorities as needed
5. All staff will follow the direction of local authorities upon arrival.

Unauthorized Visitors/Trespassing:

Threat Classification: Sheltering In Area

Any unauthorized or unknown person on grounds and/or entering or unlawfully remaining in the site or restricted portion of the grounds.

Tasks:

1. Staff will continually monitor area for unauthorized visitors and/or suspicious persons.
2. Clients will remain in office or return to room if not already there.
3. Ask unauthorized person to identify themselves and offer assistance.
4. Escort person to office or appropriate place.
5. If the person does not respond or remains in the area, send someone to notify the Executive Director and/or his delegate with a description of the unauthorized visitor.
6. The Executive Director and/or his delegate will initiate lockdown procedures if needed.
 - a. Lockdown procedure: Shelter-in area as directed, remaining in office.
 - b. Direct Service Team will remain with clients.
 - c. Remain calm and reassuring to staff/clients.
 - d. Cover windows, draw blinds, keep clients away from windows.
 - e. Executive Director and/or his delegate will lock door from outside until threat has ended.
7. Executive Director and/or his delegate will inquire to purpose of visit, and if not reasonable or lawful, request the individual to leave.
8. If the unauthorized individual refuses, is a repeat offender, or known threat (i.e. registered sex offender), 911 will be called and the Executive Director and/or his delegate notified.
9. Within reasonable personal safety, Executive Director and/or his delegate will monitor unauthorized person until they have left the premises or assistance arrives.

Violence:

Threat Classification: Sheltering In Area

Acts of violence are considered to be threats of physical harm to staff, clients or other persons **not** involving a dangerous or deadly weapon or firearm. *If weapons are involved, please see weapons section.*

Tasks:

1. Assess the level of threat immediately.
2. Keep clients in office or return to office.
3. Send someone to notify Executive Director and/or his delegate, who will initiate lockdown procedure if needed:
 - a. Lockdown procedure: Shelter-in area as directed, remaining in office.

- b. Direct Service Team will remain with clients.
 - c. Remain calm and reassuring to staff/clients.
 - d. Cover windows, draw blinds, keep clients away from windows.
 - e. Executive Director and/or his delegate will lock door from outside until threat has ended.
4. Executive Director and/or his delegate will approach combatants in calm and controlled manner, addressing by name is possible.
 5. Control the scene, obtaining witnesses.
 6. If possible, escort combatants to office, isolating from each other and other clients.
 7. Obtain written statements of the event if possible from participants and witnesses.
 8. If applicable, contact local authorities.

Weapons:

Threat Classification: Sheltering in Area/Immediate Area

A dangerous weapon, deadly weapon, or firearm as defined by state and federal law includes, but is not limited to, firearms, knives, metal knuckles, straight razors, noxious, irritating or poison gases, poisons, or other items fashioned with the intent to sell, use, harm, or threaten or harass staff, clients or visitors.

Tasks:

1. Evacuate staff and clients in immediate danger, quickly and calmly to designated area.
2. Notify Executive Director and/or his delegate, who will call 911 and initiate lockdown procedure if needed:
 - a. Lockdown procedure: Shelter-in area as directed, remaining in office.
 - b. Direct Service Team will remain with staff/clients.
 - c. Remain calm and reassuring to clients.
 - d. Cover windows, draw blinds, keep clients away from windows.
 - e. Executive Director and/or his delegate will lock door from outside until threat has ended.
3. Continually monitor personal safety and assess threat.
4. Administer first aid as needed.
5. Executive Director and/or his delegate will contact local authorities and will coordinate any media coverage when needed.
6. If local authorities need to become involved, Executive Director and/or his delegate will report:
 - a. Last known position of the individual(s) with weapon
 - b. Description of weapon
 - c. Any injuries
 - d. Any demands that have been made.

7. All staff will follow the direction of local authorities upon arrival.
8. Offer and support appropriate, open and honest communication with staff, clients, and visitors.

Shootings:

Threat Classification: Sheltering in Area/Immediate Area

Shootings are the discharge of any firearm in or in the direction of the building or facility property.

Tasks:

1. Call 911 – multiple calls are OK
2. Assess if there is any area in immediate danger, if so, evacuate to a safer location only if possible to do so safely.
3. Initiate lockdown procedure
 - a. Lockdown procedure: Shelter-in area as directed, remaining in office.
 - b. Direct Service Team will remain with clients.
 - c. Remain calm and reassuring to clients.
 - d. Cover windows, draw blinds, keep clients away from windows.
 - e. Executive Director and/or his delegate will lock door from outside until threat has ended.
4. Continually monitor personal safety and assess threat.
5. Administer first aid as needed.
6. Executive Director and/or his delegate will notify local authorities as needed.
7. Executive Director and/or his delegate will meet with local authorities upon arrival and report:
 - a. Last known position of the shooter(s)
 - b. Description of shooter(s), including name(s) if possible
 - c. Direction and number of shots fired
 - d. Any injuries
 - e. Any demands that have been made
8. All staff will follow the direction of local authorities upon arrival
9. The Executive Director will prepare a media release and information for families of staff/clients.
10. Initiate counseling and support services as needed.

Bomb Threat:

Threat Classification: Immediate Area

Bomb threats consist of receipt of a verbal or written threat of a bomb or discovery of a suspicious package/device.

Tasks for verbal threat:

1. Stay on the phone as long as possible, or save message if recorded.

2. Signal another person to call 911 and Executive Director and/or his delegate immediately.
3. Initiate general evacuation procedures to emergency locations
4. Record exactly what the caller says.
5. Obtain the following information if possible:
 - a. What time is the bomb set to detonate?
 - b. Where is the bomb located?
 - c. Is the bomb visible or hidden?
 - d. What kind of bomb is it?
 - e. What does the bomb look like?
 - f. Why was it placed in the building?
 - g. How did it get in the building?
 - h. Do they have any demands?
 - i. If possible, who and where they are ~ it is important to listen not only to the caller; identifying gender, accents, possible age, and mental state, but also to any background noises.
6. Leave when caller hangs up or when you feel immediate danger
7. All staff will follow the direction of local authorities upon arrival
8. Executive Director and/or his delegate and involved staff will share appropriate information with local authorities.
9. Executive Director will coordinate media information with local authorities.
10. No one will enter the building until local authorities have deemed it is safe to do so.

Tasks for written threats:

1. Contact Executive Director and/or his delegate immediately, providing the written threat.
2. Executive Director and/or his delegate will contact 911 and local authorities as needed.
3. Initiate general evacuation procedures to emergency locations.
4. All staff will follow the direction of local authorities upon arrival
5. Executive Director and/or his delegate and involved staff will share appropriate information with local authorities; releasing written threat and location it was left.
6. Executive Director will coordinate media information with local authorities.
7. No one will enter the building until local authorities have deemed it is safe to do so.

Hostage Situations:

Threat Classification: Shelter In Area/Immediate Area

Any event where another individual(s) is held against their will with or without

threat of harm until certain conditions are met creates a hostage situation.

Tasks:

1. Remain calm and polite
2. Do not resist.
3. Follow the hostage takers instructions
4. Available staff will immediately call 911
5. Staff members will alert other staff of the problem if time permits – **DO NOT PUT YOURSELF IN DANGER**
6. Initiate general evacuation procedures of staff and clients that are directly involved, but only if it is possible to do so safely and without endangering anyone. Evacuation must occur in the opposite direction of the incident.
7. Try to isolate the aggressor from as many staff/clients as possible. Seek to draw the individual(s) into the office, break room, or conference room if less populated and possible to do so safely.
8. If the individual remains in an area with several people, seek to draw them into a portion that is least utilized if possible to do so safely.
9. Do not physically block or restrain the movements of the aggressor.
10. All staff will follow the direction of local authorities upon their arrival.
11. Executive Director and/or his delegate and involved staff, as available, will share appropriate information with local authorities
 - a. A description of the aggressor(s)
 - b. Location of the hostages
 - c. Number of hostages
 - d. Any demands
 - e. Any injuries
12. Executive Director will coordinate media information with local authorities.
13. No one will enter the building until local authorities have deemed it is safe to do so.

Disgruntled or Impaired Client/Visitor/Staff:

Threat Classification: Shelter in Area

Tasks:

1. Remain calm and polite
2. Staff members will alert other staff personnel of the problem
3. If the disgruntled or impaired person is immediately known, and they have a significant other in the building, the significant other will be moved to another area out of sight if possible.
4. Disgruntled and impaired clients, visitors should not enter the staff areas if

- possible.
5. Executive Director and/or his delegate will initiate lockdown procedures and Call 911 if needed to protect the other clients/staff:
 - a. Lockdown procedure: Shelter-in area as directed, remaining in office.
 - b. Direct Service Team will remain with clients.
 - c. Remain calm and reassuring to clients.
 - d. Cover windows, draw blinds, keep clients away from windows.
 - e. Executive Director and/or his delegate will lock door from outside until threat has ended.
 6. At least one witness will be present at all times, if possible.
 7. If comfortable, engage the person in conversation to determine the source of the problem:
 - a. For disgruntled clients/visitors/staff:
 - i. Request information on what the problem is
 - ii. Restate what you understand the problem is
 - iii. Ask if they have a specific request to resolve the problem
 - iv. Suggest to arrange a time for the appropriate personnel to meet and resolve the situation in an amicable manner
 - v. DO NOT PUT YOURSELF IN DANGER
 - b. For impaired clients/visitors/staff:
 - i. Inquire if there is a problem (i.e. "You seem not quite yourself today. Is there something I can help with?")
 - ii. Make note of conditions, such as slurred words, disoriented, unable to walk
 - iii. Offer assistance, check to see if they are driving or if another adult is driving, offer to call a cab. Try to get the following information:
 1. The name of the adult
 2. Make/model, and license of the car
 3. What the specific concern is

Explosion

Threat Classification: Immediate Area

The release of mechanical, chemical or nuclear energy in a sudden and violent manner.

Tasks:

1. Call 911. Assess immediate injuries. Follow evacuation procedures.
2. Executive Director and/or his delegate will remain onsite to monitor evacuation procedures and to ensure that any injured persons receive treatment.
3. All staff will follow the direction of local authorities upon arrival.

4. Executive Director will coordinate media coverage with local authorities.

Natural disaster; Floods, Landslides, Volcanic Activity, Earthquake, Severe Storms, Inclement Weather.

Flooding – see attachment B for definitions

Threat Classification: Sheltering In/ More Widespread Threat

Flooding can occur nearly anywhere, at any time. It can result from ice jams on rivers, from spring snowmelt, from days of moderate rain, or from a single very heavy downpour.

Tasks:

1. Stay indoors. Listen to radio or television for information and/or evacuation.
2. If outdoors, seek shelter indoors. Stay away from moving water and low ground. Do not walk through moving water and do not drive into flooded areas.
3. Executive Director and/or his delegate will monitor flood status via radio.
4. Executive Director and/or his delegate will notify staff of evacuation and/or closure.
5. In the event of an evacuation, take and check roster immediately, reporting missing staff/clients/visitors to Executive Director and/or his delegate.

Landslides

Threat Classification: Immediate Area/More Widespread Threat

Landslides are typically associated with periods of heavy rainfall or rapid snow melt and tend to worsen the effects of flooding that often accompanies these events. Intense, short bursts of rain may be particularly dangerous, especially after longer periods of heavy rainfall and damp weather. In areas burned by forest and brush fires, a lower threshold of precipitation may initiate landslides.

Tasks:

1. Listen for any unusual sounds that might indicate moving debris, such as trees cracking or boulders knocking together.
2. Be alert for any sudden increase or decrease in water flow and for a change from clear to muddy water.
3. Evacuate. Take and check roster, ensuring all staff/clients/visitors are accounted for.
4. If evacuation is not possible, staff /clients/visitors should curl into a tight ball to protect their head.
5. Call 911.
6. After a landslide, do not return to the slide area.
7. Check for injuries and conduct first aid, if applicable.

8. Executive Director and/or his delegate will check for injured and trapped persons near the slide, without entering the direct slide area and direct rescuers to their locations.
9. All staff will coordinate with local authorities upon arrival.
10. Executive Director and/or his delegate will assess building site for damage and report broken utility lines to appropriate authorities.
11. If possible, Executive Director and/or his delegate will listen to the latest emergency information via radio.

Volcanic Activity

Threat Classification: Sheltering In/More Widespread Threat

Because Oregon is in the Pacific Rim region; sudden unforeseen volcanic activity remains a very real risk to staff, clients and visitors.

Tasks:

1. Stay indoors, keeping all windows and doors closed.
2. If outdoors, seek shelter indoors.
3. Executive Director and/or his delegate will monitor the situation via radio and follow the direction of local authorities.
4. If it becomes necessary to evacuate, provide dust masks for staff/clients/visitors with lung conditions, and for all others, cover mouth with a damp cloth.
5. Executive Director and/or his delegate will survey building to ensure proper procedures are being followed if survey can be done safely.

Earthquake

Threat Classification: Sheltering In/Immediate Area

Will strike without warning; appropriate emergency procedures must be initiated immediately. Earthquakes may include minor tremors that feel like a vibration in the building to large and sever tremors capable of moving objects and causing damage to the building and/or injury to individuals.

Tasks:

1. Inside the Building: Drop, cover and hold on. Drop to the floor and take cover under a sturdy desk or table and hold on to it firmly. If you are not near a desk or table, drop to the floor against an interior wall and protect your head and neck with your arms. Don't rush to exit. Stay away from exterior walls, windows, tall/heavy objects, and watch for overhead items falling. Stay calm, and wait for instructions.
2. Outside the Building: Find a clear spot away from buildings, trees, and power lines. Drop to the ground. Protect head and face with arms.
3. Wait for tremors to cease. Expect aftershocks.

4. Evaluate situation and implement evacuation procedures if necessary. If required, evacuate to pre-assigned assembly area at least 100 feet from the building. Take and check roster immediately.
5. Assess immediate injuries. Executive Director and/or his delegate will also assess possible injuries as well as damage to the building.

Severe Storms & Inclement Weather

Threat Classification: Sheltering In

Periodically, inclement weather develops which may necessitate the initiation of emergency procedures and/or early dismissal

Electrical/Wind/Snow/Ice Storms – see attachment B for definitions.

Tasks:

1. Remain indoors as storm develops. If outside, seek indoor shelter.
2. Turn off and unplug computers; turn off any natural gas in anticipation of a possible power outage.
3. Avoid contact with electrical switches, drinking fountains, water pipes, telephones, or any other electrical equipment.
4. No open flame, candles, matches or lighters should be used for temporary lighting if outage occurs.
5. During a **wind storm**: keep staff/clients/visitors indoors in rooms opposite the windward side of the building. Use lower floors, interior halls, and basements whenever possible. Everyone should remain away from windows until released from the building or the danger has passed.
6. Executive Director and/or his delegate will survey building to confirm proper procedures are being followed.
7. Executive Director and/or his delegate will monitor weather via the radio.
8. Executive Director and/or his delegate will notify staff in the event of an early dismissal.

Power Outage

Threat Classification: Sheltering In/Immediate Area

Often an inconvenience, a power outage can pose serious safety considerations if not addressed appropriately.

Tasks:

1. Access a reliable secondary light source.
2. No open flame, matches, candles, or cigarette lighters should be used.
3. Turn off computers, lights, copy machines, etc.

4. Executive Director and/or his delegate will notify Power Company of power outage.
5. Executive Director and/or his delegate will monitor building to ensure procedures are being followed.

Fire/Smoke Emergencies

Threat Classification: Immediate Area

Fire: Arson is the intentional setting of fires but schools are also subject to accidental fires caused by faulty wiring, improper chemical storage or mishandling of combustible materials.

Tasks:

1. Call 911.
2. Follow evacuation procedures. Close windows and leave doors unlocked, but not open. Take and check roster immediately. Report any missing staff/clients/visitors to the Executive Director and/or his delegate when first arriving to the evacuation area. Evacuation area is to be no less than 100 feet from the building.
3. If smoke, heat, or flames block your exit routes, stay in the room with the door closed. Signal for help using a bright-colored cloth at the window.
4. Supervise staff/clients/visitors in evacuation area.
5. Wait for administrative decision as to re-entry or early closure.
6. Executive Director and/or his delegate will attempt to determine the cause and location of fire, only if safe to do so.
7. Staff will determine if there are injuries, and conduct first aid if appropriate.
8. Executive Director and/or his delegate will meet with fire officials upon arrival.

Hazardous Materials/Suspicious Articles

Threat Classification: Immediate Area/More Widespread Threat

Hazardous materials include poisons, fertilizers, biological contaminants, explosives, and other corrosive materials that have the potential of becoming a hazard in the immediate vicinity of the building. A spill can be either an isolated incidence within a site, or a major chemical emergency

Tasks:

1. Call 911
2. Notify Executive Director and/or his delegate and conduct first aid, as appropriate.
3. Executive Director and/or his delegate will listen to radio emergency alert stations (EAS), and strictly follow instructions.
4. Staff should follow directions given by Executive Director and/or his delegate.

5. Executive Director and/or his delegate will seek treatment for any staff /client/visitor exposed either through inhalation, skin exposure, swallowing, or eye exposure.
6. Executive Director and/or his delegate will determine location, quantity and concentration of exposure, and evacuate clients, visitors and staff as necessary.
7. Re-enter building only with approval of the Executive Director and/or his delegate or Emergency Response personnel.
8. Executive Director and/or his delegate will keep staff apprised of status.
9. When appropriate Executive Director and/or his delegate will determine early dismissal or closure.

Suspicious Articles

Threat Classification: Immediate Area

Unfortunately, a small number of explosive devices have been discovered over the years resulting in death, injury, and destruction of property. It is important to know the type of mail normally received at the building.

Things to Look for:

1. Suspicious packages of articles or articles may bear restricted endorsements such as "Personal" or "Private." This factor is important when the addressee does not normally receive personal mail at the office.
2. The addressee's name and/or title may be inaccurate.
3. Suspicious packages or articles may reflect distorted handwriting or the name and address may be prepared with homemade labels or cut-and-paste lettering.
4. Suspicious packages or articles may have protruding wires, aluminum foil, or oil stains visible and may emit a peculiar odor.
5. Suspicious packages or articles may have an excessive amount of postage stamps affixed.
6. Letter type bombs may feel rigid, or appear uneven or lopsided.
7. Suspicious packages or articles may be unprofessionally wrapped with several combinations of tape used to secure the package and may be endorsed "Fragile-Handle with Care" or "Rush-Do Not Delay."
8. Suspicious packages or articles may have an irregular shape, soft spots, or bulges.
9. Suspicious packages or articles may make a buzzing or ticking noise or sloshing sound.
10. Pressure or resistance may be noted when removing contents from an envelope or parcel.

If you discover a Suspicious Package or Letter and are unable to verify the contents and the addressee or sender:

Tasks:

1. Do not move, alter, open, examine or disturb the article.
2. Do not put in water or a confined space such as a desk drawer or filing cabinet.
3. If possible, open windows in the immediate area to assist in venting potential explosive gasses.
4. Evacuate and close off the room, marking it as “dangerous”.
5. Make a list of all staff/clients/visitors present in the room to provide to local health authorities and law enforcement.
6. Notify Executive Director and/or his delegate.
7. Executive Director and/or his delegate will contact local authorities.
8. All staff will coordinate with local authorities upon arrival, sharing information of when the package arrived, or was discovered, and a description of who delivered it if known.

BOMB THREAT REPORT		1. DATE	2. TIME	3. TIME CALL ENDED
INSTRUCTIONS (COMPLETE AS MUCH AS POSSIBLE)				
IF YOU RECEIVE A BOMB THREAT, REMAIN CALM, LISTEN CAREFULLY AND DO NOT INTERRUPT THE CALLER. BY DISCREET PREARRANGED SIGNAL, ALERT A SECOND PERSON. COMPLETE AS MUCH INFORMATION AS POSSIBLE. CONVERSE WITH THE CALLER AS NECESSARY.				
4. ASK THESE QUESTIONS TO PROLONG THE CALL				
a. When is the bomb going to explode?		d. What does the bomb look like?		
b. What kind of bomb is it?		e. Why did you place the bomb?		
c. Where is the bomb right now?		f. Where are you calling from?		
5. TRY TO DETERMINE THE FOLLOWING (CHECK APPROPRIATE DESCRIPTION)				
a. Callers Identity				
Age _____ Male _____ Female _____ Adult _____ Juvenile _____				
b. Language				
Good _____ Poor _____ Foul _____ Slang _____				
c. Accent				
Local _____ Not Local _____ Foreign _____				
d. Tone of Voice				
Loud _____ Soft _____ High Pitched _____ Deep _____ Raspy _____ Pleasant _____ Intoxicated _____				
e. Speech Pattern				
Fast _____ Slow _____ Nasal _____ Lisp _____ Distinct _____ Slurred _____ Stutter _____				
f. Manner				
Calm _____ Angry _____ Rational _____ Irrational _____ Laughing _____ Coherent _____ Incoherent _____ Deliberate _____ Emotional _____ Other _____				
g. Background Noise				
Bedlam _____ Trains _____ Factory Machines _____ Traffic _____ Animals _____ Airplanes _____ Voices _____ Music _____ Quiet _____ Harbor/Ocean _____ Party _____ Office _____				
6. Was the voice familiar?				
Yes _____ No _____ If yes, Whose? _____				
7. Exact words of caller?				
8. Did the caller use familiar terms? Yes _____ No _____ If yes, describe _____				
IMMEDIATELY AFTER CALL NOTIFY YOUR SUPERVISOR AND CENTRAL SECURITY. TALK TO NO ONE ELSE, UNLESS INSTRUCTED TO DO SO.				
9. Person receiving call		10. Receiving telephone		

BOMB THREAT REPORT FORM

Glossary

Chemical Emergency

An accident that releases a hazardous amount of a chemical into the environment. Accidents can happen underground, on railroad tracks or highways, and at manufacturing plants. These accidents sometimes result in a fire or explosion, but many times you cannot see or smell anything unusual.

Chemical Poisoning

Symptoms include: difficulty breathing, changes in skin color, headache or blurred vision, dizziness, irritated eyes, skin, throat, unusual behavior, clumsiness or lack of coordination, stomach cramps or diarrhea.

Evacuation

To withdraw from a place in an organized way for protection.

Flash Flood Warning

Issued to inform the public, emergency management and other cooperating agencies that flash flooding is in progress, imminent, or highly likely.

Flash Flood Watch

Issued to indicate current or developing hydrologic conditions that are favorable for flash flooding in and close to the watch area, but the occurrence is neither certain or imminent.

Flood Warning

(FLW) In hydrologic terms, a release by the NWS to inform the public of flooding along larger streams in which there is a serious threat to life or property. A flood warning will usually contain river stage (level) forecasts.

Gale Warning

The National Weather Service will issue these marine warnings for 1-minute sustained winds between 34 (39 mph or 63 kph) and 47 knots (54 mph or 87 kph) are expected at end of downwind fetch (nearshore or open waters).

High Wind Advisory

This product is issued by the National Weather Service when high wind speeds may pose a hazard. The criteria for this advisory vary from state to state. In Michigan, the criteria is sustained non-convective (not related to thunderstorms) winds greater than or equal to 30 mph lasting for one hour or longer, or winds greater than or equal to 45 mph for any duration.

High Wind Warning

This product is issued by the National Weather Service when high wind speeds may pose a hazard or is life threatening. The criteria for this warning vary from state to state. In Michigan, the criteria is sustained non-convective (not related to thunderstorms) winds greater than or equal to 40 mph lasting for one hour or longer, or winds greater than or equal to 58 mph for any duration.

High Wind Watch

This product is issued by the National Weather Service when there is the potential of high wind speeds developing that may pose a hazard or is life threatening. The criteria for this watch vary from state to state. In Michigan, the criteria is the potential for sustained non-convective (not related to thunderstorms) winds greater than or equal to 40 mph and/or gusts greater than or equal to 58 mph.

Ice Storm Warning

This product is issued by the National Weather Service when freezing rain produces a significant and possibly damaging accumulation of ice. The criteria for this warning varies from state to state, but typically will be issued any time more than 1/4" of ice is expected to accumulate in an area.

River Flood Warning

This product is issued by the local National Weather Service Forecast Office (NWFO) when forecast points (those that have formal gauging sites and established flood stages) at specific communities or areas along rivers where flooding has been forecasted, is imminent, or is in progress. Flooding is defined as the inundation of normally dry areas as a result of increased water levels in an established water course. The flood warning is based on the RVF product from the River Forecast Building (RFC) in Minneapolis, Minnesota. The flood warning normally specifies crest information. It usually occurs 6 hours or later after the causative event and it is usually associated with widespread heavy rain and/or snow melt or ice jams.

It will contain the forecast point covered by the warning, the current stage (if it is available), and the established flood stage. It will also contain the forecasted crest from the River Forecast Building (RFC) in Minneapolis, Minnesota. From this forecasted crest, the NWFO will be able to determine which areas will be affected by the river flooding. This information will be included in the warning. Finally, the statement will include a site/event specific call to action.

Severe Thunderstorm Warning

This is issued when either a severe thunderstorm is indicated by the WSR-88D radar or a spotter reports a thunderstorm producing hail 3/4 inch or larger in diameter and/or winds equal to or exceeding 58 miles an hour; therefore, people in the affected area should seek safe shelter immediately. Severe thunderstorms can produce tornadoes with little or no advance warning. Lightning frequency is not a criterion for issuing a severe thunderstorm warning. They are usually issued for duration of one hour. They can be issued without a Severe Thunderstorm Watch being already in effect.

Severe Thunderstorm Warnings will include where the storm was located, what towns will be affected by the severe thunderstorm, and the primary threat associated with the severe thunderstorm warning. If the severe thunderstorm will affect the nearshore or coastal waters, it will be issued as the combined product--Severe Thunderstorm Warning and Special Marine Warning. If the severe thunderstorm is also causing torrential rains, this warning may also be combined with a Flash Flood Warning. If there is an ampersand (&) symbol at the bottom of the warning, it indicates that the warning was issued as a result of a severe weather report.

After it has been issued, follow up will include Severe Weather Statements. These statements will contain updated information on the severe thunderstorm and they will also let the public know when the warning is no longer in effect.

Sheltering In

To take immediate shelter where you are.

Wind Advisory

Sustained winds 25 to 39 mph and/or gusts to 57 mph. Issuance are normally site specific. However, winds of this magnitude occurring over an area that frequently experiences such winds.

Winter Storm Warning

This product is issued by the National Weather Service when a winter storm is producing or is forecast to produce heavy snow or significant ice accumulations.

Resources/Websites

American Red Cross: Disaster Safety
http://www.redcross.org/services/disaster/0,1082,0_501_00.html

National Oceanic and Atmospheric Administration's National Weather Service
<http://www.nws.noaa.gov/>

FEMA: Earthquake Safety, Flood Safety
<http://www.fema.gov/hazard/earthquake>
<http://www.fema.gov/hazard/flood>

Columbia County Emergency Plan
<http://www.co.columbia.or.us/home.asp>

Community Action Team, Inc.
Emergency Contact List

911 For emergencies needing outside assistance from local authorities

Alarm Company

Long Bell 1-360-423-9311 Account # 105-1143

Emergency Management Personnel

Dan Brown 503-366-6563
Executive Director

Stacey Wilson 503-366-6568
Fiscal Director

Sherry Kluge 503- 366-6570
Human Resource Director

Local Authorities and Resources:

St. Helens Fire Department 503-397-2990

St. Helens Police Department 503-397-3131

American Red Cross 503-284-1234

National Weather Service 503-543-6401

Poison Center	1-800-222-1222
FBI-Portland	503-224-4181
Suicide Hotline	1-800-273-8255
Columbia Community Mental Health	503-397-5211
Women's Resource Center	503-397-6161

Appendix G Conflict of Interest Policy(ies)

4.02. Conflict of Interest.

As an employee, you are prohibited from engaging in conflicts of interest with respect to your employment. Specifically, the following activities are limited as stipulated:

a. Membership on Various Boards, Committees, and Groups. You shall not serve as elected member of Community Action Team, Inc. Board, committee or board of a grantee or delegate agency or Community Action Team, Inc. program component. You may not serve on the policy council or policy committee at the delegate level (parents who occasionally substitute as staff may serve). ^{ix} You may serve on citizens' advisory groups which are strictly advisory in nature and which do not contract with Community Action Team, Inc.

b. Membership on Governmental Commission or Board. You may, on your own time, serve on a governmental commission or board in your home community. You may, with written authorization from the Executive Director, serve on such a commission and/or Board during working hours and without loss of pay provided that:

1. Your membership on such commissions and/or Boards does not conflict with the provisions of this section.
2. Your participation is consistent with your job description.
3. Your participation will enhance and/or benefit the purpose of Community Action Team, Inc.
4. Such participation will not conflict with the conditions under which you were hired.

c. Certain Federal Rehabilitation Loans Prohibited. You shall not be eligible to obtain a local or federal rehabilitation loan administered by Community Action Team, Inc. without Board approval.

d. Ownership of Community Action Team, Inc. Property. You are not prohibited from owning or purchasing Community Action Team, Inc. property so long as the property was obtained prior to employment and the interest is disclosed in writing and recorded in the minutes of the Board. Further, you may purchase Community Action Team, Inc. property put up for public sale provided that there is an open bid process with 30 days' advance public notification.

Appendix H Partner Memorandums of Understanding

Type A AAAs must include a copy of the written Memorandum of Understanding with the APD Local Office(s) (Medicaid agency) in the PSA.

MEMORANDUM OF UNDERSTANDING (MOU)

This Memorandum of Understanding is designed to clarify the roles and responsibilities of Community Action Team, Inc. (CAT) and Columbia County Seniors and People with Disabilities Office. (APD/DHS)

Community Action Team, Inc.:

Is a public agency, and private not for profit 501(3)(c) organization, that provides services to families and individuals in need living in Columbia, Clatsop, and Tillamook Counties.

Under this agreement Community Action Team, Inc./Senior Services Program Staff will:

- Provide initial Medicaid screening information and 'warm transfer' to APD for any client calling Community Action Team through the **ADRC** (Aging and Disability Resource Center) toll free number requesting Medicaid Services.
- Partner with SPD/APS Staff to develop a MDT (Multi-Disciplinary Team) within Columbia County serving seniors and people with disabilities to help protect them from abuse/neglect.
- Provide cross training opportunities or share training information as it become available between our two agencies.

Prohibition of Discrimination:

Community Action Team, Inc. will actively comply with provisions of Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act.

Seniors and People with Disabilities (APD/DHS):

Is a State of Oregon agency under the Department of Human Services that provides Medicaid services to seniors 60 years of age and over and people with disabilities regardless of age.


Under this agreement Columbia County Seniors and People with Disabilities

Office (APD/DHS) will:

- Provide basic Medicaid screening and training information to Community Action Team Senior Services Program staff.
- Work with Senior Services Program staff to develop a MDT (Multi-Disciplinary Team) for Columbia County to help protect seniors and people with disabilities from abuse/neglect.
- Provide cross training opportunities to Community Action Team/ Senior Services Program Staff as they become available between our two agencies.
- Participate as a member of the Columbia County Area Agency on Aging (AAA) Advisory Board.

Agreement Expires: 30 day notice from either party

SIGNATURES:

3/12/21

Seniors and People with Disabilities (DHS)/ Christy Dewey Date

3/12/2021

Community Action Team/Executive Director/ Dan Brown Date

Appendix I Statement of Assurances and Verification of Intent

For the period of July 1, 2025 through June 30, 2029, Community Action Team, Inc. accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) as amended in 2020 (P.L. 116-131) and related state law and policy. Through the Area Plan, CAT 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. Community Action Team, Inc. assures that it will:

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

OAA Section 306, Area Plans

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

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

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

(1) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(2) (A)(i)(I) provide assurances that the area agency on aging will—
(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older

individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

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

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and

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

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

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—
(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;
(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals; (C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid

or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the area wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such

agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use

outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

Section 306 (e)

An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney- client privilege.

The further assures that it will: With respect to legal assistance —

(A)

- (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(B) assure that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(C) give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

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

(A) when carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent abuse of older individuals;

(ii) active participation of older individuals participating in programs under the OAA through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iii) referral of complaints to law enforcement or public protective service agencies where appropriate;

(B) will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

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

(A) to utilize in the delivery of outreach services under OAA section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under the OAA; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural

sensitivities and to take into account effectively linguistic and cultural differences.

Conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to OAA section 306(a)(7), for older individuals who –

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

Obtain input from the public and approval from the AAA Advisory Council on the development, implementation and administration of the Area Plan through a public process, which should include, at a minimum, a public hearing prior to submission of the Area Plan to ODHS. Community Action Team, Inc. 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

Date

Advisory Council Chair

Date

Legal Contractor Authority

Title