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| **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 |  |  |  |
| b. | Provide information about the ADRC to social media, newspapers, community newsletters, radio and other venues. | ADRC Resource Database staff |  |  |  |
| c. | Attend public events to promote the ADRC (when able) such as county fairs, community fairs, health fairs, PRIDE events, public events, etc. | AAA Director, Senior Department Staff and AAA Board |  |  |  |
| d. | Identify underserved populations: Outreach to community organizations that represent underserved populations in Columbia County. | CAT and AAA Directors and Staff |  |  |  |

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|  | Update RTZ resource database yearly. | a. | Review the current database and identify resources needing to be included, updated or deleted. | ADRC Resource Database staff |  |  |  |
| b. | Follow the timeline to update the database on a yearly schedule | ADRC Resource Database staff |  |  |  |
| 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 |  |  |  |
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| **Goal: Obtain additional funding to support the ADRC in Columbia County** | | | | | | | |
| **Problem/Need Statement:** The ADRC is not sustainable in Columbia County | | | | | | | |
| Outcomes | Measurable Objectives |  | Key Tasks | Responsible Person | Timeframe (2021‐ 2024) | | Accomplishment/Update |
| Start Date | End Date |
| Ensure the ADRC sustainability in Columbia County | Identify and obtain recurring funding sources to support the ADRC program. | a. | Work with community partners (CCO, OHSU, Legacy, Cities, County) to fund the ADRC in Columbia County | CAT and AAA Directors and Staff |  |  |  |
| b. | Work with O4AD in obtaining additional support and funding for ADRC. | O4AD members |  |  |  |

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| **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-  2028) | | 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 |  |  |  |
| b. | Obtain NAPIS forms from all congregate meal participants on a yearly basis. | Meal Sites |  |  |  |
| 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 |  |  |  |
|  | | | |  |  | |
| 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 |  |  |  |
| b. | Assess new home delivered meal applicants and reassess existing consumers on, at least, a yearly basis. | AAA Staff |  |  |  |
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| **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-  2028) | | 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 |  |  |  |
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| **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-  2028) | | 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. Measures differ per program tasks. See key tasks for individual measures. | a. | Provide nutrition education at congregate meal sites on a quarterly basis. | AAA Staff and Meal Sites |  |  |  |
| b. | Care coordinators will provide one-on-one nutrition education and screenings at least yearly or as requested by home delivered meal consumer. | AAA Staff |  |  |  |
| 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 |  |  |  |
| **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 frist year of operation. (2025) | a. | CPCCO will identify individuals with heath related social needs and refer to home delivered meal program for MTM to be delifered. | CPCCO health care providers, meal site staff, nutrition coordinator, HDM care coordinator | 1/1/2025 |  |  |

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| **Issue Area: Preventative Health Services** | | | | | | | |
| **Profile:** Older adults and people with disabilities in Columbia County need to have to opportunities to engaged 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 (2025-2028) | | Accomplishment/Update |
| 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 |  |  |  |
| c. | Reach out to Vernonia, Clatskanie and Rainier to offer classes in these areas. | Preventative Health Life Coaches |  |  |  |
| d. | Reach out to Vernonia, Clatskanie and Rainier to offer classes in these areas. | Preventative Health Life Coaches |  |  |  |
| e. | Recruit and train at least two volunteers to offer classes. |  |  |  |  |
|  |  | f. | Work with CCO, OHSU, and Legacy in providing health promotion and disease prevention in Columbia County. | Preventative Health Life Coaches |  |  |  |

have increased

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|  | 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 |  |  |  |
| b. | Update ADRC with class listings as needed | ADRC  Resource Specialist |  |  |  |
| c. | Purchase technology and equipment to remove barriers that would enable consumer to participate in classes. | AAA Staff |  |  |  |
|  | | | | | | | |
|  | New GOAL: Provide in-home preventative health programs to include: PEARLS and Powerful Tools for Caregivers | a. | Offer PEARLS as an in-home option for Preventative Health. | ADRC  Resource Specialist |  |  |  |
| b. | Offer at least one PTC class in Columbia County | ADRC  Resource Specialist |  |  |  |

Notes from Sub Committee:

Increase the number of hours of respite provided. Currently 40 hours per year max. Need additional funding to provide more respite hours.

Provide powerful tools for caregivers training. Need volunteers (2) to offer in Columbia County. Can refer to Multnomah but transportation is issues.

Continue to seek out new caregivers needing assistance.

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| **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 will ease family caregiver stress and increase coping. Community Action Team (CAT) uses a Client Employed Respite Care Model of service. This program allows the client/caregiver freedom to 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 of age, and younger adults with dementia.** | | | | | | | |
| Outcomes | Measurable Objectives |  | Key Tasks | Responsible Person | Timeframe (2025-  2028) | | Accomplishment/Update |
| Start Date | End Date |
| The ADRC will see an increase in the number of Family Caregivers accessing program services and information by 25% | The Family Caregiver Support Program (FCSP) coordinator will meet with six (6) different community partners each year to promote and educate the FCSP and Caregiver Access services provided by CAT. | a. | Family Caregiver Coordinator will develop an informational newsletter for family caregivers on a quarterly basis. | Family Caregiver Coordinator |  |  |  |
| b. | Family Caregiver Coordinator will distribute information about the FCSP to community partners to share with their consumers. | Family Caregiver Coordinator and Community Partner’s Contacts |  |  |  |
| c. | Meet with community partners (such as Kiwanians, VFW, ecumenical associations, and other service organizations) to educate and promote the FCSP | Family Caregiver Coordinator |  |  |  |
| d. | Use social media to promote the FCSP and educate the public about the program. | Family Caregiver Coordinator and CAT’s IT  Specialist |  |  |  |
| e. | Ensure the ADRC resources system is updated with current information about the FCSP. | Family Caregiver Coordinator and ADRC |  |  |  |

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

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| **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 are 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-  2028) | | 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. | 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 |  |  |  |
| b. | Continue to provide gatekeeper education to at least three partners each year. | AAA Staff |  |  |  |
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| Develop effective outreach materials. | a. | Work with Community Partners to create and provide outreach materials for distribution at various outreach events throughout the county. | AAA Staff and partners |  |  |  |
| b. | Reach out to the Columbia County Law Library and other local lawyers to provide education on elder abuse and prevention to the community both online and in-person (when able). | AAA Board, Staff and partners |  |  |  |

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| Participate in the Columbia County Multi-Disciplinary Team (MDT) | 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 |  |  |  |
| b. | Work in partnership with the Columbia County IDT to provide victim advocacy and protections for vulnerable adults. | AAA Staff |  |  |  |

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| **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 (2021-  2024) | | 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 |  |  |  |
| b. | Outreach to private legal offices in Columbia County to provide free or reduced cost legal services to older individuals. | AAA Staff |  |  |  |
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| Older adults will have access to information on wills and estate planning | 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 |  |  |  |
| b. | Work with private lawyers/legal groups in Columbia County to provide printed material on wills and estate planning. | AAA Board, Staff and Partners |  |  |  |