

Malheur  
Council on  
Aging &  
Community  
Services

2013-

2016



# **Malheur Council on Aging & Community Services 2013-2016 AREA PLAN - Table of Contents**

## **Section A - Area Agency Planning and Priorities**

- A-1 Introduction
- A-2 Mission, Vision, Values
- A-3 Planning and Review Process
- A-4 Prioritization of Discretionary Funding

## **Section B – Planning and Service Area Profile**

- B-1 Population Profile
- B-2 Target Population
- B-3 AAA Administration and Services
- B-4 Community Services Not Provided by the AAA

## **Section C Issue Area, Goals and Objectives**

- C-1 Local Issue Areas, Older Americans Act and Statewide Issue Area:
  - Family Caregivers
  - Information and Assistance and Aging & Disability Resource Connections
  - Elder Rights and Legal Assistance
  - Health Promotion
  - Older Native Americans
  - Nutrition Services

## **Section D Area Plan Budget**

## **Section E Services and Method of Service Delivery**

- E-1 Services provided to OAA and/or OPI clients
- E-2 Administration of Oregon Project Independence

## **Appendices**

- A - Organization Chart
- B - Advisory Council(s) and Governing Body
- C - Public Process
- D – Report on Accomplishments from 2011-2012 Area Plan Update
- E – Emergency Preparedness Plan
- F – List of Designated Focal Points
- G – Partner Memorandums of Understanding
- H – State of Assurances and Verification of Intent



## **SECTION A – AREA AGENCY PLANNING AND PRIORITIES**

### **A-1 Introduction:**

Malheur Council on Aging & Community Services is a private 501 c- 3 non-profit corporation established as a charitable organization in October 1975 for the purpose to assist the elderly of Malheur County to live healthy, meaningful, and independent lives.

The council is governed by a board of eight directors who are representative of groups from the private, public, and low-income senior sectors. A balanced representation of the rich cultural diversity of our community is vital; we recently added board representation from the Hispanic community and continue to recruit for additional board representatives from the Japanese culture to achieve Malheur Council on Aging & Community Services organizational vision and goals.

The board of directors is diverse and includes representation from Malheur County government, legal, seniors from the three major cities of Vale, Nyssa and Ontario (including a liaison from the senior advisory board), public and private businesses. Oversight and monitoring of the senior services program is provided by the executive director, the executive board, and the senior service advisory council. The senior advisory council has a representative on the executive board.

Oregon's 17 Area Agencies on Aging provide information and assistance on older adult needs and resources, as well as services including nutrition, in-home care, case management, caregiving, legal services, and transportation.<sup>1</sup>

MCOA&CS' is designated as the Area Agency on Aging to serve the elderly of Malheur County. The council initially received this designation on July 1, 1980 by the Oregon Office of Elderly Affairs Malheur Council on Aging and Community Services senior programs for the county are administrated through the Older American's Act programs. Direct services are provided under the leadership of the senior services manager, through meals site specialists, family caregiver/OPI caseworker, who provide options counseling in coordination with information and assistance staff.

---

<sup>1</sup> <http://www.oregon.gov/dhs/spwps/sua/docs/aaa-spd-offices.pdf>



The Area Plan document will guide our efforts to improve programs and services for the older citizens in Malheur County with the goal to meet the requirements by the Older American's Act for the purpose to enhance the ability of older individuals to maintain as much independence as possible and to remain in their own home and communities. This three year Area Plan encompasses the goals and objectives of MCOA&CS and outlines proposed strategies to be executed over the 2013-2016 timeframe. The Area Plan also presents information regarding planning activities, current staffing, and projected revenue for 2013.

The intent of Malheur Council on Aging & Community Services is to use this plan to guide the policy development of the Older American's Act and Oregon Project Independence programs, to expand senior/aging education and senior services, and further policies that improve the quality of life for seniors, their caregivers (family, friends, neighbors), and the local community.

Malheur Council on Aging & Community Services is located at 842 Southeast First Avenue, Ontario, Oregon. Our website address is: [www.mcoainfo.org](http://www.mcoainfo.org). Also, you can find us on Facebook. Our mailing address is PO Box 937, Ontario, OR 97914. The business telephone number is 541-889-7651, fax number is 541-212-7433, and the transportation line for scheduling rides is 541-881-0000. The business telephone number of the Greyhound bus service is 541-823-2567.

## **A-2 Mission, Vision, and Values:**

Mission: *Malheur Council on Aging & Community Services is a private, non-profit organization providing services for the general public including seniors, low-income, and persons with disabilities in Malheur County and the surrounding areas to live healthy, meaningful, self-sufficient and independent lives.*

Vision: *Maximizing our community involvement and support to provide enhanced services for our customers.*

## **Malheur Council on Aging & Community Services Programs**

MCOA&CS' programs assist seniors to enable older adults to remain independent and in their own home and community as follows:

- Nutritional meals in a group setting; and
- Support services to informal caregivers and older adults caring for children 18 and younger; and
- Referrals for monitoring and screening services for early detection of health issues, and also provides health education through evidence based programs, referral and follow-up; and
- Provides homebound individuals who are unable to prepare an adequate meal with a nutritious meal; and
- Contracts with Oregon Law to provide legal advice and representation by an attorney to older individuals with economic or social needs; and
- Provides outreach, which includes interventions by an agency or organization for the purpose of identifying potential clients and encouraging their use of existing services and benefits; and
- Provides a method of travel from one specific location to another specific location to access essential community service; and
- Oregon Project Independence, in home help to assist with personal care, housekeeping and chore services

#### Transportation Services - Snake River Transit Malheur Express – SRT

Access: Malheur Council on Aging & Community Services offers coordinated transportation services in a bi-state rural area. The council is a major provider of public transportation services in the region. We coordinate dispatching for volunteer drivers, two senior centers, disability centers, mental health providers, health, providers and Malheur County residents. Malheur Express provides a large number of medical necessity rides through brokered trips.

Malheur Express provides Para-transit for the routed service and demand response. We also subcontract with Treasure Valley Transit to provide the routed service in the City of Ontario. MCOA&CS' provides administrative services for Malheur County's Special Transportation Fund Advisory Committee, and holds quarterly meetings.

MCOA&CS transportation services recently expanded to include regional ridership options for the general public including seniors and disabled as we are not the local Greyhound agent. This option provides seniors with another level of independence enabling them to purchase a ticket, and have access to the bus system in a multi-module setting.



We work with local government, non-profit, and for profit providers delivering rides for senior and disabled clients. In addition to the City of Ontario routed service, the council provides a commuter service from the nearby cities of Nyssa and Vale, Oregon to Ontario, Oregon 5 days a week. Seniors are able to participate in a local exercise classes donated through “Fit for Life” fitness club in Ontario, Oregon.

Malheur Council on Aging & Community Services utilizes centralized, computer–assisted dispatching for the 13 vehicle fleet; drivers move people efficiently and customer service is paramount. Another method the council uses to improve efficiencies is ride sharing, where multiple passengers ride with one driver when they need transportation in the same location. In addition, riders within the City of Ontario, Snake River Transit Routed Service are encouraged to use public transit whenever possible.

MCOA&CS serves an extremely wide range of general public riders, with an age range from infancy to more than 100 years old. The primary riders of the service are senior and disabled riders, with seniors’ ridership at 29 percent. These seniors would not have access to local community activities without this important transportation service.

**Malheur Council on Aging & Community Services through a  
Subcontract with Treasure Valley Transit**

**Ridership Data 4/1/2011-3/31/2012**

<b>Quarter</b>	<b>Adults</b>	<b>Youth</b>	<b>Senior</b>	<b>Disabled</b>	<b>Total</b>
<b>1<sup>st</sup></b>	<b>1748</b>	<b>1751</b>	<b>1279</b>	<b>3365</b>	<b>8143</b>
<b>2<sup>nd</sup></b>	<b>1560</b>	<b>1499</b>	<b>1188</b>	<b>3578</b>	<b>7825</b>
<b>3<sup>rd</sup></b>	<b>1146</b>	<b>932</b>	<b>1191</b>	<b>3924</b>	<b>7193</b>
<b>4<sup>th</sup></b>	<b>1104</b>	<b>836</b>	<b>1251</b>	<b>3924</b>	<b>7115</b>
				<b>Grand Total</b>	<b>24,876</b>

## Malheur Council on Aging & Community Services Demand Response Ridership Data 8/1/2011-7/31/2012

<b>Total all rides</b>	21,010
<b>Disabled only</b>	7,625
<b>Elderly only</b>	6,179

### **Delivery System for Senior Services:**

Malheur Council on Aging & Community Services programs are through funding from Older American's Act and Oregon Project Independence.

Family, friends and neighbors are the main providers of care for most of the elderly residing in Malheur County. The local service delivery system for seniors includes, but is not limited to, Malheur Council on Aging & Community Services, the Oregon Seniors and People with Disabilities Division, Eastern Oregon Center for Independent Living (EOCIL), volunteers, Senior Citizen's Centers, local churches, the Housing Authority of Malheur County, Oregon Law Center, the Training and Employment Consortium, Oregon Human Development Corporation, Lifeway's Behavioral Health, veteran's programs, assisted living facilities, the Southeast Oregon Regional Food Bank, law enforcement agencies, and private organizations.

Older individuals who are at risk of losing their independence, and their informal network of caregivers, often need help in transitioning from one level of care to another (i.e., independence to home care; hospitalization to home health and/or home care services, etc.). Frequently more than one agency provides services to meet the senior's and the caregiver's needs. This overlap of services and multiple case managers can be confusing.

Information and assistance and option counseling helps the senior understand and navigate a complicated system. Senior staff share information on "who provides what service," the multiple eligibility requirements, and required documentation. This helps the senior make an informed decision of what services meet their needs, and provides a "pathway" to the local service delivery system. Care coordination is vital to assist the senior and their caregivers during this process.

As the number of older people with a wide range of medical and social needs continues to grow, our local community faces major challenges to maintain and strengthen this local service delivery system.

The MCOA&CS' Senior Services staff works primarily with individuals on a one-to-one basis as follows:

- Options Counseling - an interactive decision-support process whereby consumers, family members and/or significant others are supported in their deliberations to determine appropriate care choices in the context of the consumer's needs, preferences, values, and individual circumstances. Options counseling is a process, not an event and may include multiple contacts. Relationship building to establish trust, to listen and understand individuals' preferences and needs is essential in delivering quality options counseling. <sup>2</sup>
- Initial assessment - (or continuing evaluation) which emphasizes services on a holistic approach for the client with multiple problems.
- Home Visits - an ongoing assessment as to how the senior functions in his/her daily living.
- The medical-social balance for the target group's chronic conditions and the interrelationships with social, and often, economic barriers.
- Education for eligible individuals and family coping, such as information about resources so that those who can handle their own case management are encouraged to do so.
- Follow-through with continuity of service for the frail or vulnerable elderly. Planning for long and short-term care transitions.
- Emphasis on linkages, coordination and service procurement rather than on direct service when possible.
- Avoiding "learned helplessness" by carefully balancing/responding to unavoidable dependencies while guiding seniors and/or their caregivers to rehabilitative independence.

Malheur Council on Aging & Community Services program delivery is in corporation with Eastern Oregon Center for Independent Living, and the

---

<sup>2</sup> "Long-Term Support Options Counseling: Decision Support in ADRCs" available: <http://www.adrc-tae.org/tiki-index.php?page=TAELIssueBriefs>

DHS: Aged & People with Disabilities Department (APD). The council provides home delivered meals for APD clients through an ongoing contract. We meet regularly and share information about our programs. The case worker provides referrals and information regarding options available in our local area. In addition, a representative from APD is on the senior advisory council.

Coordination of services both formal and informal takes place within the client/caseworker relationship. Getting the client into the agency is not the end of outreach, it is the beginning. The MCOA&CS senior services staff actively follows through with telephone calls, monitoring when transportation or home care is arranged, and/or when unfinished steps are pursued in the service plan. The case worker provides ongoing contacts with the clients, which are scheduled (at minimum, bi-monthly visits) at their home residence. The senior services staff insures that if the client is unable to follow through on their own they do not get lost or “fall through the cracks”.

One of the first requirements of the MCOA&CS Senior Services Case Worker is to marshal an adequate range of resources for the elderly. They are intimately familiar with eligibility requirements, procedures and processes to ensure quality referrals to senior services. The council advocates for mobilizing resources to help compensate the lack of services and local resources. The MCOA&CS Senior Services staff allocates resources to match the needs of the client. Those clients who have lower needs and their own resources receive fewer services than those clients who have greater need and no other means of support. The MCOA&CS staff takes all this information into account when determining the client’s service plan. These decisions are not made lightly. The focus for senior services delivery is to ensure that the allocation of limited resources goes to those most in need.

In addition to the Older American’s Act programs administered in Malheur County, MCOA&CS subcontracts with a local home health agency to provide Oregon Project Independence in home services and overview of the guiding principles is listed below:

**OREGON PROJECT INDEPENDENCE (OPI) IN-HOME SERVICES:**

Clients who are not Medicaid-eligible, but meet qualifications for OPI (i.e., are 60 years or older or under 60 and diagnosed as having Alzheimer’s

disease) can receive case management services through MCOA&CS. These services are authorized.

The Guiding Principles Are:

- To serve the greatest number of seniors residing in Malheur County in the most comprehensive manner.
  - Paying particular attention to the needs of the most vulnerable—those with low incomes and those who are frail, disabled, homebound, with limited English-speaking capacity, and or isolated.
- Enhance and improve the quality of life for our older residents as defined in the *Older Americans 2012: Key Indicators of Well-Being*.
  - Promote opportunities for individuals to make healthy lifestyle choices.
- Provide services, tailored to individual needs, in a timely manner.
- Treat every individual with respect, compassion and dignity.
- To meet the ever-changing needs of the older population and to listen with full attention as seniors inform us about these needs and desires so they can live meaningful lives with dignity.

#### **Malheur Council on Aging and Community Services Management and Staffing Principles:**

- **Embrace Diversity:** Honor and accommodate language and cultural differences among individuals.
- **Fiscal Sustainability:** Promote economy and efficiency in all MCOA&CS programs.
- **Management and Staffing:** Maintain a uniform job classification and compensation plan based upon the relative duties and responsibilities of MCOA&CS positions.
  - MCOA&CS provides fair and equal opportunity to all persons who enter employment through consistent and practical methods of selection and advancement.
  - MCOA&CS promotes high morale for staff by providing good working conditions, opportunities for advancement, consideration for employee welfare and a basis of understanding of the conditions of MCOA&CS employment.
  - MCOA&CS recruits staff that has the desire to make a difference in the lives of those in our community. The working environment provides employees a sense of

value as they help others. Employee ideas are used to promote quality of services within the Council and those ideas are part of the procedures we follow uniformly. Employees say that working here is enjoyable and they feel encouraged to give their best service to our clients.

- **Ongoing Quality Improvement:**
  - All staff follows the personnel policies approved by the MCOA&CS Executive Board of Directors. They are reviewed and if needed revised annually. During that time new polices are developed for final approval if needed.
  - Staff meet regularly with their supervisor to build rapport, develop training needs,

### **A-3 Planning and Review Process:**

**Community Input:** Malheur Council on Aging & Community Services assessed the needs of the Malheur County senior population through a number of resources including input from clients of MCOA&CS' funded services, and persons of the target populations who are not users of MCOA&S senior services

In addition, we included data from our subcontracted service providers, i.e., Snake River Transit routed service and direct services MCOA&CS provides including Malheur Express door to door transportation services.

Surveys were provided to seniors in our community at congregate meal sites, they were distributed in the vehicles used for transporting riders, and at local senior housing complexes.

Outreach of the surveys was provided through coordination with professionals from the health, long term care and social service network throughout Malheur County. Staff outreach included presentations to the local health and long-term care communities, social services networking discussions, volunteer caregivers, and elderly persons who utilize social services provided under the Act. The senior advisory committee took a fresh look at the OAA programs administered by MCOA&CS, discussed effectiveness, and explored policy options for the future.

In addition staff visited local medical facilities, including a number of doctor offices, and senior housing complexes to distribute the assessment. The

survey questions were on a variety of topics that can impact a senior's quality of life. They included:

- demographic information
- in home assistance
- access to services/transportation needs
- physical health and activity
- health insurance and prescriptions
- nutrition/food security
- medical health
- mental health
- financial security
- housing
- safety and security
- volunteerism/civic engagement
- social network/social support
- family caregiver questionnaire

Case workers or volunteer drivers hand delivered surveys to Meals on Wheels clients who had the cognitive ability to complete the survey. Also, case workers distributed surveys to clients at assessment and re-certification processes. In addition, surveys were distributed to the local community services network of agencies at the October and November 2012 local Malheur Community Services Committee meetings.

We also posted the draft Area Plan on our website and on Facebook for comment.

Finally we looked for consistent patterns of need through a number of local and national assessments including the *Annual Plan for Malheur County Health Department 2012-2013*, *Saint Alphonsus Medical Center: Ontario 2011-2012 Community Health Needs Assessment*, *Oregon Housing & Community Services 2011 Report on Poverty*, *Oregon Child Development Coalition Malheur County Community Assessment*, and the *AOA United We Ride: Seniors Benefit From Transportation Coordination Partnerships – A Toolbox, Case Studies of Successful Coordinated Transportation Services for Older Adults*.





Saint Alphonse Medical Center, in reviewing secondary and community input obtained via an online survey tool. A number of areas of concern are identified, as displayed in the table below.<sup>3</sup>

Socioeconomic Factors	Health Outcomes	Health Factors
<ul style="list-style-type: none"> <li>• Large Hispanic and non-English speaking population</li> <li>• Low high school and college graduation rates</li> <li>• High poverty rate</li> <li>• Unemployment</li> <li>• Juvenile crime</li> <li>• Domestic violence and child abuse</li> </ul>	<ul style="list-style-type: none"> <li>• High percent of adults reporting poor or fair health</li> <li>• Alzheimer’s disease</li> <li>• Infant mortality</li> <li>• Teen birth rate</li> <li>• Late or no prenatal care</li> <li>• Colorectal and prostate cancer mobility</li> <li>• Diabetes (especially Payette/Washington Counties)</li> <li>• Stroke mortality</li> <li>• Sexually transmitted diseases</li> <li>• Suicide rate</li> </ul>	<ul style="list-style-type: none"> <li>• Access to primary care and oral health</li> <li>• Lack of health insurance</li> <li>• Physical inactivity</li> <li>• Inadequate fruit &amp; vegetable consumption</li> <li>• Obesity</li> <li>• Tobacco use (Payette/Washington)</li> <li>• Access to healthy food outlets and recreational facilities (Malheur)</li> <li>• Lack of cholesterol screening (Payette/Washington)</li> <li>• Mammography rate</li> <li>• Colonoscopy rate</li> <li>• Chronic disease management</li> <li>• Mental health &amp; substance abuse services</li> <li>• Prescription drug affordability</li> </ul>

**Roles of MCOA&CS Senior Advisory and Executive Board:** The roles of the MCOA&CS Senior Advisory Board and the executive council play a critical role in representing the interests of the public. These committees

<sup>3</sup> Saint Alphonse Medical Center: Ontario: 2011-2012 Community Health Needs Assessment

reviewed and provided oversight of the development of MCOA&CS' 2013-2016 Area Plan.

MCOA&CS' constituents were asked to rank services in order to establish priorities for the core programs based on feedback from the senior survey, community input and staff recommendations. These priorities include those programs funded by the Older Americans Act and the State of Oregon and are the programs that meet the needs of the most vulnerable.

The advisory council participated in each phase of the planning process. The committee was directly involved with the overall development of services provided in the plan. The advisory board reviewed current services, priority criteria and ranking of service needs. While many significant program changes were suggested, the central finding of the assessment was that the MCOA&CS service delivery of OAA has been tremendously successful in serving Malheur County's elderly citizens.

During this process they helped establish priority issue areas and had input on goals and objectives. They approved the following MCOA&CS recommendations for delivery of core programs:

- ADRC model for Information & Assistance/Information & Referral and Options Counseling
  - The senior services manager become AIRS certified within 6 months of hire, or within the first 6 months of final adoption of this plan.
  - Of the senior service staff, 50% of case workers and information and referral specialists will become AIRS certified within 6 months of hire, or within 6 months of final adoption of this plan.
- Home delivered meals (Meals on Wheels) (if funding allows)
- Congregate meals (expand if funding allows)
- Transportation – pass through funding to SRT Malheur Express (for demand response, social outings, access to and from exercise class, meal sites, Para-transit, and commuter service).
- In home services- (including contracted respite care, home repair, and counseling).
- Case management for OPI and in-home services.
- Support for caregivers.

- Education for seniors and the community at large around issues related to aging well.
- Expand volunteer opportunities.
- Investigate money management options for seniors

During the budget development process, they looked at current and projected years' revenues and expenditures as they determined service needs and discretionary funding recommendations for the executive director to present to the executive board for final approval.

**Pubic Review Process: See Appendix**

**Senior Needs Assessment – 2011 Survey Findings**

76% own their own home

.06% are raising grandchildren

37% live alone

39% pay more than 30% of their monthly income on housing

The majority of seniors are married or widowed

28% would need assistance evacuating home during an emergency or natural disaster

Only 53% have someone that checks in regularly

32% need assistance to do household chores such as cleaning, laundry, etc.

75% have a current driver's license and a dependable vehicle

15% use public transportation routed service

32% receive transport from others

74% currently drive

62% exercise at least twice per week

43% are current on tests such as mammogram, colonoscopy, prostate, etc.

Health diagnosis rates as follows: 27% high blood pressure, 13 % high cholesterol, 11% diabetes, 16% arthritis

47% did not have enough money to pay for basic needs such as food, utilities, housing

39% did not have enough to pay for prescriptions or other medical needs

78% have an open bank account

40% have at least 6 months of living expenses in savings

Access to transportation is an essential component of well-being for seniors. It was surprising that seniors said they have no need for services.

The transportation program records the monthly average of senior participation as 56% of the persons who attend Fit for Life are transported by Malheur Express and 31% of the Ontario congregate seniors are also transported to the meal site.

The majority of seniors testified at the Ontario City Council meeting that they would not be able to attend meal site, exercise classes, medical appointments, shopping, or social events without transportation assistance.

Based on these findings, senior testimonies, and other input it is clear that MCOA&CS needs to develop a three-year strategic plan that emphasizes the following goals:

There is a core need to strengthen and sustain the local delivery of service units designed to meet senior needs based on local community demand.

**Goal #1** – Provide both access to services and health promotion.

**Step 1:** Annually MCOA&CS will allocate resources to sustain transportation.

**Step 2:** Within 6 months, MCOA&CS will expand exercise options for seniors and include evidence-based health promotion and disease prevention programs endorsed by the state area office on aging, centers for Disease Control and Prevention and the US Administration on Aging.

**Step 3:** Within 6 months, MCOA&CS will develop an annual schedule to provide outreach and education related to how nutrition impacts health and the ability to deal with illness and caregiving.

**Goal #2** – Develop a year plan of focused and relevant programs to enhance the health of older adults and persons with disabilities.

**Step 1:** MCOA&CS will collaborate with the local APD, EOCCO (Eastern Oregon Coordination of Care), and EOCIL to establish a functional/identifiable regional ADRC\_by 2016.

MCOA&CS will work with our partners to schedule and attend regular meetings for active participation in the local development of strategic relationships with five or more private and business providers to support and promote the Aging and Disability Resource Center (ADRC).

Regular meetings held will emphasize the importance of coordination of services currently provided. We will structure

the meetings so that our key partners (Aging and Peoples with Disabilities and Eastern Oregon Center for Independent Living, and Eastern Oregon Community Care Organization), are active participants in the planning, development and implementation of services.

**Step 2:** MCOA&CS will participate in regular meetings with our ADRC stakeholders.

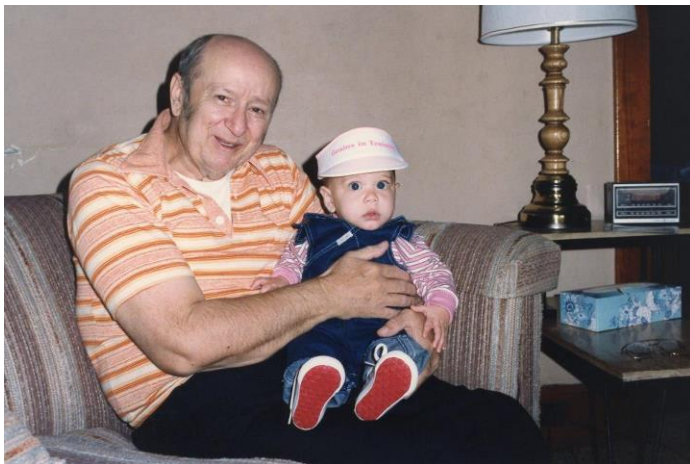
**Step 3:** MCOA&CS, EOCCO, APD, and EOCIL will develop a marketing plan with technical assistance from our regional state area office on aging advisor.

**Step 4:** Within 6 months, and reviewed annually, MCOA&CS will allocate resources toward professional staffing to support the ability to partner with local organizations to provide information and referral.

**Goal #3** – Within 6 months, MCOA&CS will develop an outreach plan to increase consumer awareness of the Older American’s Act programs, Oregon Project Independence, and ADRC’s mission and services.

**Step 1:** MCOA&CS will allocate resources to marketing available services and expand outreach to the local community.

**Step 2:** MCOA&CS will train 10 consumers annually about the local services available for seniors.



#### **A-4 Prioritization of Discretionary Funding:**

Services to be considered for funding in 2013-2016 are prioritized for individuals with “greatest economic need” with the following questions in mind: (Level-One being highest priority.)

- ✓ Does the program reach the priority/target populations with greatest economic and social need that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently?
  - Including those:
    - With low incomes (less than 185% of the federal poverty level)
    - With greatest social need, including those:
      - a) Who have physical and mental disabilities
      - b) Who are limited English speaking or have other language barriers
      - c) Who are homebound or geographically isolated
      - d) Who are culturally or socially isolated due to racial or ethnic status
  - Does the program meet a basic need for food, shelter, physical/emotional health, safety or assistance with normal daily tasks?
  - Does the program support the individual's ability to remain in the home as long as possible?
  - Does sustaining the program provide a needed service in the community?

- Does the program fill a service gap in the community?
- Does the program provide access to services that would not otherwise be available because of the rural area and large geographic area covering Malheur County?
- Does the program help accomplish the Area Plan goals and objectives?
- Does the program promote healthy lifestyle choices?
- Does the program help avoid use of higher cost services?

Level One	Level Two	Level Three
<ul style="list-style-type: none"> <li>• Aging &amp; Disability Resource Center (ADRC)</li> <li>• Case Management</li> <li>• Congregate Meals</li> <li>• Exercise and Falls Prevention</li> <li>• Family Caregiver Support &amp; Relief*</li> <li>• Home Delivered Meals</li> <li>• Homemaker Program</li> <li>• Senior Advocacy</li> <li>• In-Home Personal Care</li> <li>• Options Counseling</li> <li>• Legal Assistance</li> <li>• Elder Abuse Prevention</li> <li>• Access for Seniors</li> <li>• Senior Center Assistance</li> <li>• Medication Management</li> </ul>	<ul style="list-style-type: none"> <li>• Blood Pressure Checks</li> <li>• Chronic Disease Self-Management Program</li> <li>• Family Caregiver Support Groups &amp; Training</li> <li>• Nutrition Counseling</li> <li>• Transportation</li> <li>• Chore Services</li> <li>• Social Events</li> <li>• <u>Home Modification</u></li> <li>• <u>Medical Assistance with Medical Supplies</u></li> <li>• <u>Long Term Care Ombudsman</u></li> <li>• <u>Newsletter</u></li> <li>• <u>Crime Prevention/ Home Safety</u></li> </ul> <p data-bbox="620 1459 1062 1648"><u>Note:</u> Services within each level are listed alphabetically and not in specific priority order.</p>	<ul style="list-style-type: none"> <li>• Adult Day Center</li> <li>• Budgeting Classes</li> <li>• Limited Financial Assistance</li> <li>• Volunteer Options</li> </ul> <p data-bbox="1062 556 1516 640">Registered Nurse Services</p> <p data-bbox="1062 745 1516 1186">*Required Service. Program may be listed below Level One. We would not eliminate the program, we would look at reducing services or finding alternate ways to deliver program if funding is reduced.</p>



Transportation: Access to transportation is an essential core component to well-being for seniors and the ability to have their basic needs met. MCOA&CS is committed to continue to partner and support Malheur Express to provide access through transportation.

Enhancing the Health of Older Adults: The availability of affordable health care services are a major concern to senior health both at a local and state level. MCOA&CS provides case management and options counseling to address those concerns.

Promote Senior Nutrition Education: MCOA&CS provides a quarterly newsletter. It includes information about our programs, health and nutrition information and education, upcoming social events, including community events, volunteer opportunities, transportation options, and meal site schedules. In addition, seniors receive nutrition education in the following venues: congregate meal site education through presentations, home delivered meal recipients receive informational handouts; also all seniors have an opportunity for access to registered dietician through scheduled appointment, for no cost to themselves.

MCOA&CS has referral relationships with hospital case managers, as well as the emergency room staff, to assist with transitions. Our case worker provides follow-up and referrals for resources as needed on an individualized basis.

Home Delivered Meals (Meals On Wheels) are provided through our collaborative relationship with the local churches. A church coordinator schedules the volunteers for meal delivery. Meals are provided through a subcontract with Snake River Correctional Institution. Senior meal site staff pick up and deliver meals from SRCI twice a week to the meal sites. Volunteers pick them up at the meal sites and deliver them to each client at their home. The volunteers write anecdotal notes in the meal delivery log in addition to recording who received the meal.

We have two congregate meals each week at Vale senior center, Nyssa senior center and Malheur Council on Aging, Ontario meal site. Each of the meal sites has a staff person who coordinates special meal events, fun activities, and recreational opportunities. Administration staff eats at the meal sites on a regular basis.

MCOA&CS provides Physical Activity/Falls Prevention Classes provide by the local fitness club. The senior exercise program is the Heathway's SilverSneakers® Fitness Evidenced Based Program. The exercise classes are designed to improve range of motion, strength and improve balance. We transport seniors to the local exercise class from Vale, Nyssa and Ontario. The exercise class is provided by Fit for Life Health Club, in Ontario, Oregon on a donation only basis. Transportation to class is free to the seniors through Older American's Act funding. The transportation expense is to improve the availability and accessibility for seniors to attend classes. Without this transportation supportive service, rural seniors in Malheur County could not attend; they testify in a number of venues to how important to their quality of life is availability and access to transportation services . The seniors attend the fitness class two days a week; they are picked up beginning in Vale, than the Nyssa area, and finally Ontario before arriving at the fitness club. They attend exercise class for one hour, and on the return trip the schedule allows them to attend the congregate meal sites.

MCOA&CS provides an annual Evidence Based Prevention workshop, "Living Well with Chronic Disease." There are senior staff trained as presenters for the "Living Well with Chronic Conditions" – Six Week Workshop that provides tools for living a healthy life with chronic health conditions, including diabetes, arthritis, asthma and heart disease. Through weekly sessions, the workshop provides support for continuing normal daily activities and dealing with the emotions that chronic conditions may bring about. The class is offered twice a year through registration. Training topics include: overview of self-management and chronic conditions; make an action plan; using your mind to manage symptoms; feedback/problem solving; difficult emotions; fitness/exercise; better breathing; pain; fatigue; nutrition; future plan for health care; communication; medications; making treatment decisions; depression; working with your health care professional, working with the health care system; future plans.

MCOA&CS assists clients in obtaining/installing and monthly rental of a medical alert electronic devise, medical alert button, for frail seniors; the client can activate the monitoring system if help is needed.

Oregon Project Independence - OPI Service Units: MCOA&CS receives referrals and intervention requests from a number of sources, including

self-referral, local community referrals, and family and community caregivers. The case worker contacts the senior to establish eligibility and service level need. For more information refer to Section E2.

**Family Caregiver Support & Relief:** When a referral is made the case worker assesses the situation through a questionnaire and provides home visits. MCOA&CS may provide respite, through in home care or adult care centers, caregiver classes, home modification, and/or medical supplies. The case worker provides services directly or through referrals to other agencies.



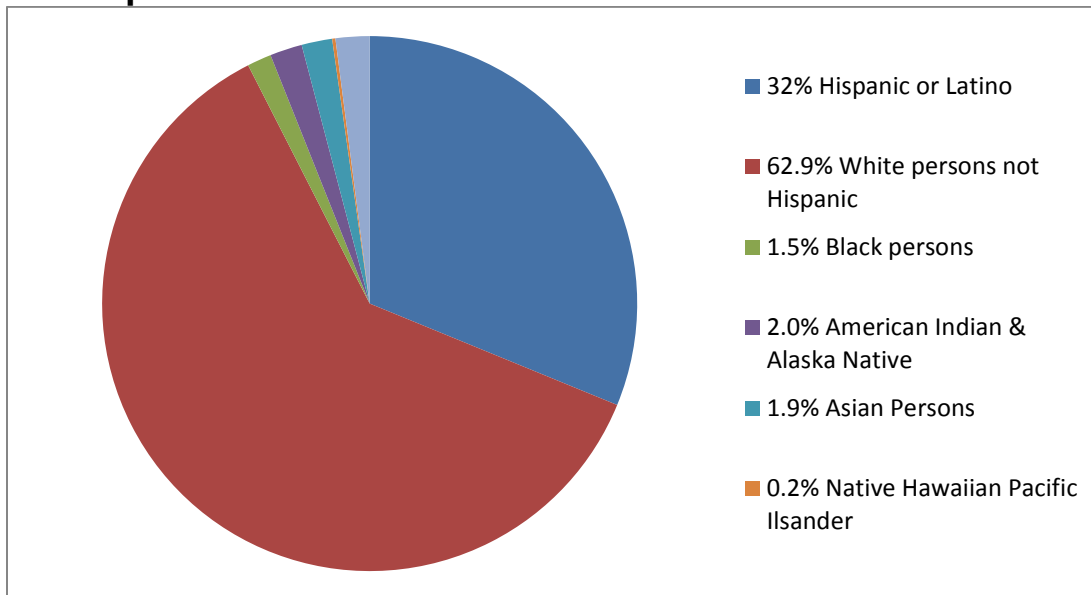
### **Enhancements/Reduction Policy**

Malheur Council on Aging & Community Services has an expectation of financial management throughout all levels. The program manager, senior advisory council, executive director, and executive board participate in the budget planning process. Service priorities are determined by greatest

need in a rural setting. The fiscal manager provides monthly financial reports. The council is able to monitor revenues and expenditures, and plan for changes if needed.

<p>Enhancements:</p> <p>If additional discretionary funds become available, the following service areas will be given priority consideration to receive supplemental funds:</p>	<p>Reductions:</p> <p>In the event MCOA&amp;CS experiences a reduction in discretionary funding at the state or federal level, the agency will implement the following strategies:</p>
<ul style="list-style-type: none"> <li>• Any Level One or Level Two priority service with an increased service demand and/or waiting list.</li> <li>• Restoration of previously funded Level Three priority services that was reduced or eliminated because of lack of funding.</li> </ul>	<ul style="list-style-type: none"> <li>• Prioritize Level Three services for consideration of funding reductions.</li> <li>• Prioritize Level Two services for consideration of funding reductions.</li> <li>• Assist subcontracting agencies in pursuing other grant/foundation funding to support services impacted by MCOA&amp;CS funding reductions.</li> </ul>

## Section B – Planning and Service Area Profile: B-1 Population Profile:



The ethnicity for the majority of Malheur County seniors living in poverty is White Non-Hispanic, followed by the Hispanic/Latino population. The total percentage is 22.7% for persons 65 or older living below the poverty level in Malheur County in comparison to 14.0% for persons in the state 65 or older living below poverty level.

In general, Blacks, Asians and Native Hawaiians are underrepresented in southeast Oregon. The area also has fewer multiracial persons. That said, growth in Malheur County's Hispanic population is consistent with what is currently taking place across the state and throughout the nation. Roughly 1 in 4 residents in Malheur County is of Hispanic origin, the second highest percentage in the state next to Morrow County.<sup>4</sup>

Malheur County Poverty Population Characteristics documents that the Poverty Rates by Age 2006-10 shows that 23% of the total population in the county live in poverty, 27% of the children younger than 18 live in poverty, 24% of the populations 18-64 live in poverty, and 10% of the population 65 and older live in poverty.<sup>5</sup>

<sup>4</sup> Oregon Child Development Coalition: Community Assessment – Migrant Seasonal Head Start Program 2009: Malheur County

<sup>5</sup> 2011 Poverty: Report on Poverty: Oregon Housing and Community Services

**B-2 Target Population:** The Older American's Act requires Area Agencies on Aging to prioritize services to individuals with the greatest economic and social needs, low-income minority individuals, and those living in rural areas.

MCOA&CS priorities include targeted outreach as follows:

- Individuals that are isolated spending much of their time alone and/or living alone; and
- Those that are in poor health or suffer from depression ,cognitive or emotions problems; and
- Low-income or have financial issues that prevent them from obtaining life's necessities; and
- Minority individuals; and,
- Those living in rural areas; and
- Seniors who are 85 and over; and
- Those that require protection from abuse and fraud.

Malheur Council on Aging and Community Services' strives to ensure availability of the things that contribute to a healthy body and a positive outlook. This is done through outreach, community education, coordination, collaboration, and implementation of programs and services.

Malheur Council on Aging & Community Services plans to provide services tailored to individual needs. We currently provide options counseling, and plan to have a number of information and assistance staff and supervisory staff get their AIRS certification within the next six months.

We continue to search for additional funding opportunities to enhance current services and increase service levels and quality.

Currently our volunteer program includes:

- Volunteers delivering home delivers meals,
- Professional conducting or contributing to our two support groups,
- Volunteer site assistants,
- Volunteer groups for chores service once yearly
- Volunteers for administrative and fundraising activities
- Volunteer drivers

We plan to expand our volunteer program to include those that would like visiting seniors to reassure them that they are not alone .We have additional plans to expand for additional volunteer driver positions. The lead driver recently became certified in the Passenger Safety Trainer program and we anticipate that he will provide the training for current drivers, the volunteer program and other agencies.

MCOA&CS will add a bilingual staff person to the two bilingual staff that already provides reception services in our office. The new staff person will specialize in information and referral. In the last year we have increased the training and skill level for senior services and will continue to strive for new levels of professionalism.

The relationship with the senior center in Nyssa evolved to the point that there is wonderful collaboration intent on bringing in more seniors to the lunches and increase activities that will provide isolated or lonely seniors with an opportunity to socialize and receive needed information about programs that are available.

Vale Senior Center's building is very run down and not very well attended, however a new building will be built within the next year which will increase participation.

Ontario meal site is at capacity but attendance could increase if we are able to expand our building or find an alternate site. Both options are being looked into and we expect a resolution to this problem in the coming year.

Outreach to Jordan Valley has been successful. Jordan Valley is located 2 hours south of Ontario and has a population of 179. Currently we serve 2-4 seniors per month with home delivered meals.. An employee of the Jordan valley Health Department screens the client and sends the paperwork to MCOA&CS for approval. A local beer company delivers frozen meals in their truck to the health department for delivery.

MCOA&CS provides services through the council, and the senior centers in the community in collaboration with a local network of providers.

The council plans to provide increased outreach to the target population of seniors with greatest economic and social needs through the addition of "Senior Outreach Activities" as a standing agenda item to the senior

advisory committee and executive board committee agenda. MCOA&CS will continue to use the Senior Advisory Council to focus on meeting the challenging needs of rural seniors.

In addition, MCOA&CS senior advisory council responsibilities will include specific functions including advocacy, planning, coordination, information sharing, and monitoring performance toward the goal of developing and enhancing comprehensive and coordinated community based systems for serving elders.

All senior services staff is trained to provide information and assistance regarding the senior services available.

MCOA&CS is in the process of developing ongoing outreach to the Hispanic senior population. MCOA&CS had our first outreach Hispanic luncheon last year and have one scheduled for 2013 at local venues that are familiar to this population.

MCOA&CS uses a number of methods to market the Older American Act and Oregon Project Independence programs. These methods include but are not limited to newspaper articles, the web page, Facebook, quarterly newsletters and local presentations.

The senior program manager works with the advisory council to develop an annual outreach schedule promoting civic engagement in rural areas as a tool to cultivate local networks and partnerships that support financial resources for rural elders.

Brochures and handouts are available in both English and Spanish. They are distributed through the Department of Human Services, Emergency Room Hospital, Health Department, and through the monthly care luncheon attendees.

Vulnerable Elder Abuse Prevention Outreach: Public education is achieved at multiple levels. MCOA&CS is a mandatory reporter. We have an informal agreement pending a formal agreement to support a Long Term Care Ombudsman Program for our area through financial support and senior service staff assisted grassroots efforts.



In addition, outreach efforts will include advertising and outreach in the communities in Malheur County. In addition, we participate annually in the local Caregiver Conference, and provide workshops on prevention. The caregiver conference handouts include information on elder abuse prevention.

We currently are developing succession plans for key individuals in Malheur Council on Aging & Community Services. Because programs that provide services for the Aging Network depend greatly on the capacities of a skilled, knowledgeable and energetic leader, planning for replacing leaders is seen as a real priority at Malheur Council on Aging & Community Services to provide a smooth transition prior to their departure. The Council plans to develop a process for training leaders within the organization to ensure the retention of specialized knowledge.

We currently are developing succession plans for key individuals in Malheur Council on Aging & Community Services. Because programs that provide services for the Aging Network depend greatly on the capacities of a skilled, knowledgeable and energetic leader, planning for replacing leaders is seen as a real priority at Malheur Council on Aging & Community Services to provide a smooth transition prior to their departure. The Council plans to develop a process for training leaders within the organization to ensure the retention of specialized knowledge.

**B-3 Administration and Services:**

The Council does not provide homemaker services #2a or chore services 3a through the homecare worker program within the Department of Health and Welfare. MCOA&CS provides referrals for the following services but does not directly provide or contract for the following services at this time and would be considered if additional funding is provided: Mental health services #40-4, Registered nurse services #40-8, Guardianship/conservatorship services #50-1, Fee based case management #70-8, Public Outreach/Education#70-10, Caregiver Counseling 72 C70-2a/70-2b, Cash and Counseling#72.

**SERVICE MATRIX and DELIVERY METHOD**

<b>Saint Alphonsus</b>	49-bed, acute care, not-for-profit hospital,
------------------------	--

<p><b>Medical Center</b></p>	<p>serving Ontario and the surrounding communities in eastern Oregon and southwestern Idaho</p> <p>Provides care and education for those transitioning from hospital or care facility to home. Funding comes from the hospital system.</p>
<p><b>Malheur County Housing Authority</b></p>	<p>Offering: Section 8 &amp; Voucher Certificates, Family Self-Sufficiency Program, Low Rent Public Housing, Malheur and Nyssa Housing Rehabilitation Programs, Migrant and Farm workers Housing Project, Tax Credit Project, Section 202 Elderly Project Managing Agent</p>
<p><b>Lifeway's Behavioral Health</b></p>	<p>The community mental health program (CMHP) for Malheur County, Lifeway's also provides mental health services and alcohol, drug and gambling addiction treatment services.</p>
<p><b>Department of Human Services: State of Idaho Aging &amp; People with Disabilities Services Division</b></p>	<p>The Department of Human Services web site offers valuable explanations and information about eligibility and services for children, families, seniors and people with disabilities. <a href="http://www.oregon.gov/DHS/index.shtml">http://www.oregon.gov/DHS/index.shtml</a></p>
<p><b>Eastern Oregon Center for Independent Living (EOCIL),</b></p>	<p>Center for independent living, is a cross-disability nonprofit community-based resource and advocacy center that promotes independent living and equal access for all persons with disabilities.</p>
<p><b>Southeast Oregon Regional Food Bank</b></p>	<p>Southeast Oregon Regional Food Bank works to eliminate the root causes of hunger and poverty</p>

	through SNAP ( <u>food stamp</u> ) outreach, nutrition and garden education and promotion of sustainable food systems.
<b>Malheur County Health Department</b>	<b><i>"Promoting and Protecting the <u>Health</u> of our communities through collaboration, education, prevention and the delivery of compassionate care".</i></b>
<b>WITCO (Western Idaho Training Co.)</b>	A for-profit corporation offering vocational services in Malheur County and locations in Idaho.
<b>Community in Action</b>	Low-income Housing Energy Assistance Weatherization and Home Energy Assistance Programs Homeless Assistance Programs - Rental Assistance Programs  Community Services Block Grant Programs – supports infrastructure and Volunteer Services Coordinator positions. - supports Residential Rehabilitation Programs
<b>EASTERN OREGON FOSTER GRANDPARENT PROGRAM</b>	The Foster Grandparent Program tutors, mentors and supports at-risk children age birth to 21, utilizing the expertise of seniors age 60 and above. Lower income seniors receive a non-taxable, non-declarable stipend for their 15 to 40 hours of weekly service.
<b>UNIO Recovery Center</b>	Medically Assisted Social Model Detoxification Services, Dual Diagnosis-Co-occurring enhanced services , Mommy and Me Program; and Addictions Services;
<b>New Hope Community Homeless Services</b>	<u>New Hope Meal Site</u> - Meals prepared and served to the community

	<p><u>Hospitality House Day Shelter</u>- a ministry in conjunction with Bethany Presbyterian Church to provide Showers, food, <u>internet and phone</u> access, clothing referrals, hygiene items.</p>
<p><b>XL Hospice</b></p>	<p>Hospice services are provided according to a specific plan of care developed by the hospice team that addresses each patient’s individual needs. This plan of care changes throughout the patient’s stay on hospice. In general, patients can expect to receive weekly visits by a nurse as frequently as needed, assistance with bathing and hygiene, visits by a social worker, and visits by the hospice chaplain. Hospice volunteers provide companionship for patients and much needed breaks for their caregivers. Hospice also provides equipment and medication related to the terminal illness. Grief support is also available for up to a year after the patient’s death. Hospice is paid for 100% by <u>Medicare</u> and Medicaid. Veteran's Administration and most Private Insurance also have hospice benefits. Hospice can be provided regardless of a person’s pay or source.</p>

<p><b>Snake River Transit Routed Transportation</b> <u><a href="http://www.snakeriver.com">www.snakeriver.com</a></u></p>	<p>Snake River Transit (SRT) operates two buses. The buses start on the hour from the Wal-Mart in Ontario. One follows a one hour route around Ontario, Oregon – the other follows a one hour route to Fruitland then to Payette, Idaho passing back through Fruitland before returning to the Wal-Mart point</p>
<p><b>SRT: Malheur Express</b></p>	<p>Malheur Council on Aging &amp; Community Services</p>

<b>Transportation</b>	Provides Transportation Services for Malheur County and the surrounding area through subcontracts with Malheur County. Demand Response City of Ontario Routed Service; Vale/Nyssa Commuter Route
<b>SRT: Access (ParaTransit) Transportation</b>	Malheur Council on Aging & Community Services Provides ADA Paratransit is a service provided only to individuals with disabilities who are unable to ride accessible fixed-route public bus service because of their disability. ADA Paratransit service is designed to ensure that the civil rights of these individuals are guaranteed as protected under the Americans with Disabilities Act of 1990 (ADA).



**Instruction:** See Attachment C

**B-4 Community Services Not Provided by the AAA:**

This section describes services which are provided in our Plan Service Area (Malheur County) and the medical facilities in the surrounding cities of Payette and Fruitland, Idaho that are not provided by our organization, but which play an important part in the lives of older persons in our area. Although some of these programs are provided by for-profit or non-governmental agencies, we identify them as important to address the needs of the population we serve.

<b>Malheur County Senior Services Delivery Options:</b>	
<b>Medical Clinics</b>	35
<b>Senior Housing</b>	
<b>Low-Income Senior/Disabled Housing</b>	11
<b>Assisted Living</b>	6
<b>Nursing Homes</b>	2
<b>Employment Services (Title V)</b>	1
<b>Senior Centers</b>	3
<b>Veteran's Advocates</b>	1
<b>Treasure Valley Community College (Reduced Senior Classes)</b>	1

### **Agency Services Provided**

Based on the findings of the community needs assessments (including the senior assessment), we concluded that the services MCOA&CS currently provides are appropriately focused on the most pressing needs of seniors. In addition to sustaining the current senior programs we operate, we plan to provide additional opportunities for access to services for socially isolated seniors in Malheur County and opportunities for social outings with regularly scheduled senior program events.

Our core services are focused to promote the health, security, safety and well-being of our older senior population to aid them with services designed to maximize independence and options with dignity. Special consideration is made for the caregiver support system through education, respite, and fellowship in support groups. Core services provided meet basic needs based on individual assessment. They may include home delivered meals, homemaker services through Oregon Project Independence, and the family caregiver support program. All seniors are encouraged to participate in the congregate meal sites and join in with senior social activities. All of these programs support seniors remaining socially and physically healthy. Malheur County is a very rural community, according to the 2010 census,

the average number of persons per square mile is 3.2 in contrast with the 39.9 average numbers of persons per square mile in the State of Oregon.

MCOA&CS is going to engage and target those with economic need through referrals from local community agencies and Information and Assistance, including outreach forums at meal sites, community senior centers, and outreach training with local agencies. The assessment is completed with a case manager, using the NAPIS form. As part of the assessment the case manager gathers additional information (natural supports) economic need, and resources available for the senior to remain healthy. A senior may have a higher income, however once all information is taken in, they may have high medical expenses or other high expenses that are required for them to meet basic needs.

## **Section C Issue Area, Goals and Objectives**

### **C-1 Local Issue Areas, Older Americans Act and Statewide Issue Area:**

#### **Local Issue Areas: Transportation, Affordable Medical and Mental Health Care, and Ongoing Senior Advocacy**

The unmet needs in Malheur County continue to be transportation, affordable medical and mental health care, access to early prenatal care and drug and alcohol treatment services. Malheur County residents are detached from news and information specific to Oregon. Public health announcements regarding flu, tobacco prevention, immunizations, and disease outbreaks are generally not widely broadcast in our region, as local broadcast stations and print media are based in and focus on Boise, Idaho

and surrounding areas. Addressing these concerns in our community is an ongoing community partnership effort.<sup>6</sup>

#### **Older Americans Act Aging Statistics:**

The older population (persons 65 years or older) numbered 39.6 million in 2009. They represented 12.9% of the U.S. population, about one in every eight Americans. By 2030, there will be about 72.1 million older persons, more than twice their number in 2000. People 65+ represented 12.4% of

---

<sup>6</sup> Annual Plan for Malheur County Health Department: 2012-2013

the population in the year 2000 but are expected to grow to be 19% of the population by 2030.<sup>7</sup>

As a result of the coordinated rural transportation system, Malheur Council on Aging & Community Services provides we are included in the Administration on Aging: United We Ride Case Study Guide, *SENIORS BENEFIT FROM TRANSPORTATION COORDINATION: PARTNERSHIPS-A TOOLBOX Case Studies of Successful Coordination Transportation Services for Older Adults*.

The Transportation System serves older adults and persons with disabilities in Malheur County, Oregon, as well as neighboring Washington, Gem and Payette counties in Idaho. Many of the trips for both Oregon and Idaho residents are to large medical centers in Boise, Caldwell, Meridian, and Nampa, Idaho for dialysis, radiology and other specialized medical treatments.<sup>8</sup>

## **A Statistical Profile of Hispanic Older Americans Aged 65+**

### **Introduction:**

Over 37.9 million Americans are aged 65 and over. Three in five people in this age group are women. Over the next forty years, the number of people aged 65 and older is expected to double, while the number of people aged 85 and older is expected to triple. All Americans are living longer and the same is true for the Hispanic population.

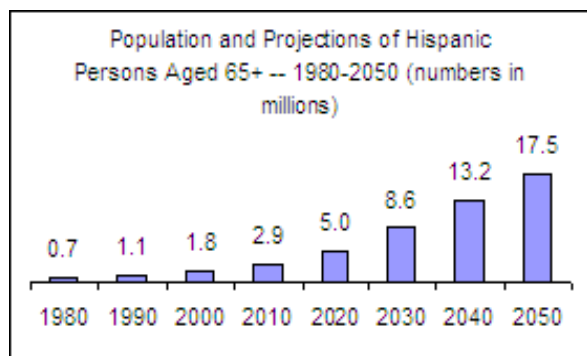
---

<sup>7</sup> [http://www.aoa.gov/AoARoot/Aging\\_Statistics/index.aspx](http://www.aoa.gov/AoARoot/Aging_Statistics/index.aspx)

<sup>8</sup> AOA: United We Ride Case Study Guide, Seniors Benefit From Transportation Coordination Partnerships – A Toolbox



## The Older Hispanic Population: Past, Present, and Future



The Hispanic older population was 2.7 million in 2008 and is projected to grow to over 17 million by 2050. In 2008, Hispanic persons made up 6.8 percent of the older population. By 2050, the percentage of the older population that is Hispanic is projected to account for 19.8 percent of the older population. By 2019, the Hispanic population aged 65 and older is projected to be the largest racial/ethnic minority in this age group.<sup>9</sup>

**Statewide Issue Area: Total Population:** populations as of July 1, 2009  
 Base population of July 1, 2000: Totals estimated by PRC, PSU and age-sex details estimated by OEA based on Census Bureau's distributions. Oregon's age-sex detail may not match with the short-term forecast released in the OEA's Economic and Revenue Forecast  
 Prepared by Office of Economic Analysis, Department of Administrative Services, State of Oregon Release: April 2004<sup>10</sup>

County:	2000	2003	2005	2010	2015	2020	2025	2030	2035
Malheur	31,750	32,000	32,328	33,826	35,552	37,312	39,122	40,854	42,629

### Forecast

The 60+ and 70+ Population for States and Territories: July 1, 2009<sup>11</sup>

State:	60#	70#
Oregon	739,870	357,130

<sup>9</sup> [http://www.aoa.gov/AoARoot/Aging\\_Statistics/Minority\\_Aging/Facts-on-Hispanic-Elderly.aspx](http://www.aoa.gov/AoARoot/Aging_Statistics/Minority_Aging/Facts-on-Hispanic-Elderly.aspx)

<sup>10</sup> [http://www.oregon.gov/DAS/OEA/demographic.shtml#Long\\_Term\\_County\\_Forecast](http://www.oregon.gov/DAS/OEA/demographic.shtml#Long_Term_County_Forecast)

<sup>11</sup> [http://www.aoa.gov/AoARoot/Aging\\_Statistics/Census\\_Population/Population/2009/index.aspx](http://www.aoa.gov/AoARoot/Aging_Statistics/Census_Population/Population/2009/index.aspx)

## Family Caregivers

---

Families are the major provider of long-term care, but research has shown that caregiving exacts a heavy emotional, physical and financial toll. Many caregivers who work and provide care experience conflicts between these responsibilities. Twenty two percent of caregivers are assisting two individuals, while eight percent are caring for three or more. Almost half of all caregivers are over age 50, making them more vulnerable to a decline in their own health, and one-third describe their own health as fair to poor.

In FY 2010, the most recent year for which service data is available, over 700,000 caregivers received services through the National Family Caregiver Support Program. These services helped them better manage their caregiving responsibilities while ensuring their loved ones remained in the community for as long as possible. Service highlights include the following:

- **Access Assistance Services** provided over 1 million contacts to caregivers helping them locate services from a variety of private and voluntary agencies.
- **Counseling and Training Services** were provided to over 125,000 caregivers with counseling, peer support groups, and training to help them better cope with the stresses of caregiving.
- **Respite Care Services** were provided to more than 64,000 caregivers with 6.8 million hours with temporary relief – at home, or in an adult day care or institutional setting – from their caregiving responsibilities.<sup>12</sup>

Most caregivers are employed. Among caregivers age 50-64 years old, an estimated 60% are working full or part-time. Nearly half of caregivers provide fewer than eight hours of care per week, while nearly one in five provide more than 40 hours of care per week. In a 2003 study, caregivers were found to spend an average of 4.3 years providing care.

Approximately 44 million American families and friends provide unpaid care to another adult, sometimes around the clock. They provide approximately 80% of the long-term care in the United States.

---

<sup>12</sup> [http://www.aoa.gov/aoa\\_programs/hcltc/caregiver/index.aspx](http://www.aoa.gov/aoa_programs/hcltc/caregiver/index.aspx)

Most older persons with long-term care needs—65%--rely exclusively on family and friends to provide assistance. Another 30% will supplement family care with assistance from paid providers. In fact, 50% of the elderly who have a long-term care need but no family available to care for them are in nursing homes, while only 7% who have a family caregiver are in institutional settings.<sup>13</sup>

In the report *Valuing the Invaluable: 2011 Update: The Growing Contributions and Costs of Family Caregiving Table B1: The Number of caregivers and the Economic Value of Caregiving, by State*, shows the Oregon Total State Population in 2009 as 3,830,000, with 463,000-678,000 being the number of caregivers at any time during the year. The total hours of care provided were \$443 million, the economic value/hour at \$12.43 and the total value as \$5,500 million.

MCOA&CS receives referrals for family caregiving services from in-house and other agency referrals, outreach events, and local inquiries from self-referrals. The senior service staff present information about caregiver services in formal and informal (one-on-one) settings. The first contact is with the information and assistance staff person who either refers them for options counseling or family caregiver support depending on the individual need of the inquirer. The next stage of this process is the case worker completes an assessment (questionnaire and interview). The case worker follows up with needed information, referrals, or direct services.

MCOA&CS staff provides ongoing case management, and we participate in a number of support groups (Family Caregiver Support Group, Alzheimer's Support Group, and Family Place Mental Health Parenting Group).

MCOA&CS provides vouchers for respite (in home and out of home) and supplemental services when necessary as a result that referral to outside agency was not able to assist when needed for functional daily living.

MCOA&CS provides "Evidenced Based Training Workshops" annually (with additional training if requested) for the local community. The support groups are listed as follows: Alzheimer's support group for Caregivers,

---

<sup>13</sup> <http://www.caregiver.org/caregiver/jsp/home.jsp>

Local Caregiver Support Group, Eastern Oregon Center for Independent Living Access Committee. The types of supplemental support services provided are Meals on Wheels, medical alert buttons, assistive devices, caregiver access to services, education, and adult day centers.

The senior program manager and the executive director conduct outreach and public awareness at a number of agency committee meetings and at service groups. These groups are listed in our public outreach section.

All members of the senior services staff take into consideration special or unique needs of all our clients. This includes geographical, social, cultural, and language needs. Translators can be used to accommodate care givers if needed. Personal preferences of all clients are taken into consideration and fulfilled if possible. This includes both traditional and non-traditional caregivers.

One concern that is often faced is the geographical isolation of some clients due to the size and limited population of Malheur County. In a situation such as this all options are discussed to determine the best way to assist these caregivers and recipients. There are special caregiving circumstances that are also included in the Family Caregiver Program. Grandparents raising grandchildren and parents or older persons caring for children with developmental disabilities as well as other disabilities are assisted with finding ways to fulfill their special need situations.

Staff also interacts and shares information with community partners to increase awareness of available programs and opportunities for caregivers. This improves referral procedures and decreases wasted time and frustration for the client. Members of the staff are often speakers in public events which also serve to enhance knowledge of the program. Caregivers are informed and encouraged to attend local events and trainings to help them in their caregiving situations. Respite is offered for these trainings as well as financial assistance with fees when needed.

Malheur Council on Aging & Community Services is able to provide services in all of the core elements. All senior staff are either AIRS certified or in the process of becoming AIRS certified. The organization also is involved in various community partnerships and events which spread information on services as well as increasing referrals.

Case workers and specialists meet one on one or in which ever setting is found to be most appropriate for the client. This way they are better able to understand the circumstances and work towards fulfilling those needs in the best manner available. The case worker is then available if questions arise and for future follow ups. If a case worker feels that the caregiver and/or care recipient needs professional counseling a referral will be made. Support groups for caregivers are also available. These are offered once a month at the MCOA&CS office. One is a general caregiver support group and the other is targeted for caregivers of Alzheimer's patients.

Training is offered in the form of Powerful Tools for Caregivers as well as other trainings available in the community. Respite and financial assistance are accessible to help caregivers when needed. Respite is also used in other situations besides training. It is important for caregivers to have a break and time for themselves. Accommodations for respite are made to make both the caregiver and the care recipient comfortable. In home respite and out of home respite are both available which includes overnight and hourly respite. MCOA&CS partners with local assisted living facilities as well as adult day care centers to fill this need. A contract is also in place with Assisting Hands to cover the in home respite demands. If there is a willing person who can step in for the usual caregiver but the caregiver needs financial assistance, funds can also be used to pay them instead of going through an agency or facility.



If there is a special need or situation, caregivers also have access to supplemental services. This can include the purchase of medical equipment such as incontinence supplies, bath aids, mobility aids, and other needed equipment. Home renovations can also be performed to make the home more accessible or safe for the caregiver and care recipient by modifying the home, such as installing a ramp. These services

are provided on a case by case basis at the recommendation of the case worker.

## **Information and Assistance and Aging & Disability Resource Connections**

---

Aging and Disability Resource Centers (ADRCs) are the first place to go to get accurate, unbiased information on all aspects of life related to aging or living with a disability. ADRCs are friendly, welcoming places where anyone, individuals, concerned families or friends, or professionals working with issues related to aging or disabilities, can go for information specifically tailored to their situation. The ADRC provides information on broad range of programs and services, helps people understand the various long term care options available to them, helps people apply for programs and benefits, and serves as the access point for publicly-funded long term care. These services can be provided at the ADRC, via telephone, or through a home visit, whichever is more convenient to the individual seeking help.<sup>14</sup>

MCOA&CS staff currently provides key ADRC service components as follows. The executive director is AIRS certified. They participate in ongoing continuous quality improvement training to improve system delivery methods. The senior services program staff is trained to provide information, referral and awareness referrals, options counseling and assistance. Each of the staff who answer the phone are skilled at routing callers to the resources within our agency, such as options counselors, case workers, and meal site specialists. They are also skilled in providing referrals to local agencies for resources that we do not provide ourselves. Health Promotion and Healthy Aging is provided in the MCOA&CS newsletter, with distribution of brochures at senior sites, exercise programs provided at fitness center as well as MCOA&CS offers classes to assist with Managing Chronic Conditions. We assist with person-centered care transition supports in collaboration with the local hospital, Eastern Oregon Center for Independent Living, XL Hospice, and the Council directly provides transportation assistance.

---

<sup>14</sup> <http://www.dhs.wisconsin.gov/lcicare/adrc/>

Malheur Council on Aging has been meeting to discuss developing a partnership with other AAA's in the region to form an 8-county ADRC. Although the details are not final, discussion has centered on rotating call-answering responsibilities among CCNO, CAPECO, Community Connection, and Harney County.

### **Innovative Regional ADRC by 2016**

MCOA&CS is excited with the opportunity to partner with local agencies to coordinate services for the aging and disabled community. Much of our rural services are challenging for individuals to access in Malheur County. We have challenges in supporting the training needs that are crucial to an ADRC as well as the usability of the software platform (RTZ) and the inability to transfer of documentation without double entry into the ACCESS/ADRC database. MCOA&CS has some of the key elements for assisting with a regional ADRC, and are in the beginning stage of streamlining key components to establishing a functional/identifiable regional ADRC serving all seniors in Eastern Oregon by the end of the period.

We plan to work with our ADRC representative from the state office on aging for guidance and technical assistance on how to implement each stage of service.

Current Model of delivery that meets ADRC elements:

MCOA&CS has:

Respectful Senior Service staff

An established 1-800 number – published in the local phone directory and on website, and on Facebook.

An established resource directory that is updated frequently.

100% of options counselors and supervisors have completed option counseling training.

Phone calls are answered by a live person during normal business hours (Monday – Friday, 8:00 a.m. to 5:00 p.m. – including the lunch hour).

We have an established website that is easy to navigate.

Consumer calls and email messages are responded to within 24 hours of a normal work week.

We currently provide information and assistance for all sectors of the population.

We provide options counseling for seniors and their caregivers and we refer to APD and EOCIL if an individual meets any eligibility.

Developed MOU's with APD, EOCIL (core partners) with plans to expand this formal coordination process with key stakeholders.

The council has been innovative in our delivery of services as well as in finding additional sources of money (Greyhound agent, and leasing of unused office space). The council's financial policies allocate shared costs over all programs that directly benefit by that cost objective.

Future Planning Efforts:

- 1) Purchase an up to date automated telephone/voice mail system.
  - a. Recording of information to leave (e.g. reason for the call, urgency) and a message of when the caller can expect a return call.
- 2) Build upon current partnerships and identify new service partners, especially those that could generate income to the portfolio of ADRC services.
  - a. EOCIL
  - b. APD
  - c. Eastern Oregon Coordinated Care Organization
  - d. Lifeway's Behavioral Health
  - e. WITCO
  - f. Employment Department
  - g. CinA (Community in Action)
  - h. Four River's Healthy Communities
- 3) Train senior services staff, and supervisors.
  - a. AIRS certification
    - i. Within 6 months of area plan adoption, 50% of staff that provide I&R/A services are AIRS certified.
    - ii. New hires become AIRS certified no later than 6 months from hire date.
  - b. I&R/A staff demonstrate they are proficient in how to navigate the resource RTZ database.



- c. Options Counseling
- 4) Finding sustainable funding is a challenge to develop a regional ADRC. Staffing for an ongoing ADRC is needed. We will look for new sources of income to support ADRC implementation. We plan to explore private pay case management, and expand our volunteer base.
  - a. We plan to hire a part-time bi-lingual information and assistance specialist that has a high skill level in the area of information and referral.

## **Elder Rights and Legal Assistance**

---

The Administration on Aging's (AoA) Strategic Action Plan for 2007-2012 includes five goals, one of which states that an AoA priority will be to "ensure the rights of older people and prevent their abuse, neglect and exploitation."

The MCOA&CS Senior Service Manager developed a brochure for the prevention of financial exploitation as part of outreach for information and assistance. The senior services staff provided outreach with the brochure. This information is available to our congregate meal sites, social service programs, our community partners, the Veterans Advocates, with outreach through the local Head Start program to the Hispanic community.

MCOA&CS has a contract with Oregon Law Center to serve seniors in our (PSA) Plan Service Area. Pro-bono legal services are also available from members of the private bar for critical issues/needs. The senior services staff at the meal sites share information about the availability of services through Oregon Law Center. Drivers and volunteers for home delivered meals are trained on indicators of adult abuse and reporting.

## **Health Promotion**

---

One of the major issues facing older adults is the need for education and opportunities to maintain good health as they age.

MCOA&CS established an exercise program at a local fitness class. Originally we provided funding for the class. For the last three and a half years MCOA&CS has been partnering with the local fitness club to

continue to provide this exercise class for seniors on a donation basis. The exercise class is provided free and is funded solely by donations or through Humana. MCOA&CS provides assisted transportation to ensure access to the fitness classes. The class is sponsored through Humana's Silver Sneakers® Muscular Strength & Range of Movement Program. MCOA&CS transports seniors from Nyssa, Vale and Ontario to and from the classes which are held each Tuesday and Thursday. MCOA&CS also provides transportation to fall prevention classes.

Last year, two staff members received training to provide the Living Well with Chronic Conditions workshops. We have established a partnership with Malheur County Health Department to assist us with the development of community partnerships promoting senior health. This set of workshops is a six-week course that provides tools for living a healthy life with chronic health conditions including diabetes, arthritis, asthma and heart disease. Through weekly sessions, the workshop provides support for continuing normal daily activities and dealing with the emotions that chronic conditions may bring about.

The exercise program funding is budgeted from IIIB funds (Support Services) and we also plan to use the IIID (Disease Prevention and Health Promotion) towards continued development of the Living Well program. MCOA&CS continues to market this to our local community as a valuable resource. It has been a struggle to get the program noticed by either health care providers or individuals in the community. However, now that we are building a relationship with our community partners we anticipate growth. We plan to continue getting information out about this program through social marketing, community outreach, and continued contact with health care providers. In addition we plan to add this as an ongoing agenda item to the Senior Advisory Council to help promote and monitor performance. It is anticipated that these efforts will build awareness and promote usage of this valuable tool.

We deliver health information about disease prevention and healthy life styles at meal sites, in quarterly newsletters, and present at community events.

Our goals are to develop more partnerships to create and build awareness. We believe that the Living Well program has great potential to help people live healthier and more independent lives.

## Older Native Americans

<http://www.native-languages.org/oregon.htm>

There is not a federally recognized tribe in Malheur County, Oregon. The nearest Federally recognized tribes is Burns Paiute Tribe, located in Harney county, which is near Malheur County, Oregon.

	United States	Oregon	Malheur County	Ontario
% of Population: Native Americans	1.2%	1.8%	2.0%	1.3%

## Nutrition Services

The Meals on Wheels National Association: Share about Senior Hunger: 8.3 million Seniors face the threat of hunger every day in America.

Seniors were more likely to be at risk of hunger if they were:

- **Women** - Women made up more than 60% of the seniors facing the threat of hunger. Senior women were more likely to face the threat of hunger than their male counterparts and the gender gap has widened since 2009.
- **A younger senior under the age of 70.** - Seniors age 80 and older were less likely to be food insecure than 60-69 year olds.
- **African American or Hispanic.** - African American seniors faced the threat of hunger that was more than double (132% higher) that of white seniors. Similarly, Hispanic seniors faced the threat of hunger that was 131% higher than non-Hispanic seniors.

- **Living in a rural area.** - Seniors in non-metro areas faced the threat of hunger that was significantly higher in 2010 than seniors in metro areas.
- **Divorced or separated or living with a grandchild.** - The hunger threat among divorced or separated seniors was two and a half times greater than for married seniors. If a grandchild is present, the threat of hunger was significantly higher than in households with no grandchild present.

### **Meals on Wheels**

According to the National Survey of Older Americans Act Program Participants conducted for the U.S. Administration on Aging:

- 85% of clients say Meals on Wheels helps them eat healthier
- 87% say Meals on Wheels helps improve their health
- 91% say Meals on Wheels helps them feel more secure
- 93% say Meals on Wheels means they can continue to live in their own home
- 91% rate Meals on Wheels service as good to excellent <sup>15</sup>

### **CONGREGATE AND HOME-DELIVERED MEALS**

Malheur Council on Aging & Community Services contracts with Snake River Correctional Institution culinary division for a negotiated cost per meal rate to provide Malheur County senior citizens congregate meals at the senior meal sites and the home delivered meals for the county. The menus are approved by the certified resident dietitian. Congregate and home delivered meals are provided for seniors in Annex, Oregon through a negotiated cost per meal contract with the Weiser Area Office on Aging which is centrally located. The seniors who participate in the congregate meal comment that they enjoy the healthy meals prepared by Snake River Correctional Institute. They look forward to participating in the Christmas luncheon.

Malheur Council on Aging & Community Services senior program, Snake River Correctional Institution, and the senior centers all benefit from this partnership. As a result of this partnership with Snake River Correctional Institution, MCOA&CS has the ability to stabilize the cost to provide senior

---

<sup>15</sup> <http://www.mowaa.org/page.aspx?pid=281>

meals. This partnership enables our agency to continue to provide the same number of meals and also expand the number of senior meals provided. Snake River Correctional Institution negotiated cost per meal rate primarily consists of the raw food costs for the meal. The majority of the staffing expenses are included in the negotiated cost per meal by the Weiser senior center. A number of seniors volunteer in all of the senior programs provided by MCOA&CS.

## **CONGREGATE MEALS**

Low cost, nutritious meals are provided to eligible participants' age 60+ at congregate meal sites located in Ontario, Nyssa, and Vale, Oregon. MCOA&CS contracts for meal preparation/service provision with Snake River Correctional Institution. MCOA&CS provides meals for SPD clients for a fee to help support the nutrition program.

- Meals are provided in Ontario two days per week, 12:00 noon, Tuesday and Thursday, (except holidays) at MCOA&CS 842 S.E. 1<sup>st</sup> Avenue, Ontario, Oregon 97914 (541) 881-1398.
- Meals are provided in Nyssa two days per week, 12:00 noon, Tuesday and Thursday, (except holidays) at the Nyssa Senior Center 316 Good Avenue, Nyssa, Oregon 97913 (541) 372-5660.
- Meals are provided in Vale two days per week, 12:00 noon, Monday and Wednesday, (except holidays) at the Vale Senior Center 182 Cottage Street, Vale, Oregon 97918 (541) 473-2129.

Congregate senior meal sites serve as community focal points in Malheur County. The suggested donation is \$3.50 per meal.

MCOA&CS Nutrition Site Council representatives from each meal site meet and provide recommendations to assist MCOA&CS staff to resolve daily service issues (the nutrition councils meet prior to the MCOA&CS Advisory Council Meeting which is held every other month).

Frozen meals are provided weekly for MOWs clients in Jordan Valley. Delivery is provided for no charge through Echanis Distributing Company and delivered by volunteers through the health department.

\*Congregate and home delivered menus are developed to ensure the program meets the dietary Guidelines for Americans and (minimum of 33 and 1/3 percent of the current daily) Recommended Dietary Allowances

(RDA) established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences.

\*\*The Nyssa and Vale Senior Citizens Center sponsors a weekly potluck (on the day that a meal is not provided through MCOA&S) supported by the senior (i.e. bring a potluck dish or a donation per meal).[AL1]

## **HOME DELIVERED MEALS – (MEALS ON WHEELS)**

Referrals are received by the Senior Services staff from seniors, physicians, hospitals, home health agencies, Malheur County Health Dept., Seniors and People with Disabilities Division, Information and Assistance telephone referrals, family members, neighbors, local churches, and other community members.



Assessment of need and determination of eligibility for Home Delivered Meals are provided by the Senior Services Manager. MCOA&CS senior case managers determine if the client meet Older America Act Funding eligibility in order to receive home delivered meals. Each individual who is in the program meets the following criteria.

1. Must be 60 years of age or older and homebound by reason of injury, illness, or an incapacitating disability or is otherwise isolated; or
  - The spouse who resides with a senior who is eligible under this criteria. If home delivered meals for the spouse is in the best interest of the client; or

- A disabled person under 60 years of age who resides in a housing facility where a meals site is located; or
  - Be 60 years of age or older and have an inadequate support system for food shopping or meal preparation; or
  - Be 60 years of age or older and unable to tolerate a group situation due to physical or mental disability or substance abuse; and
2. Is willing to eat the meal within a reasonable time; and
  3. Is approved for eligibility by Malheur Council on Aging & Community Services; and
  4. Lives within the service area boundaries designated by the AAA (i.e., 6 miles outside the city limits of Ontario, Nyssa, and/or Vale, Oregon), or Jordan Valley.
  5. Lives outside the service area boundaries noted above, (i.e. in Malheur County) and can make prior arrangements with the Seniors Services Manager to have a meal picked up and delivered to the eligible individual's home.

Home Delivered Meals are provided up to seven days per week in Malheur County as explained in #4 above and meet the dietary guidelines for Americans and provide a minimum of 33 and 1/3<sup>rd</sup> percent of the current daily Recommended Dietary Allowances (RDA) established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences.

MCOA&CS contracts with Sage Council of Governments in Weiser, Idaho, to provide Meals on Wheels to those seniors in the community of Annex, Oregon for the community who are unable to receive delivered hot meals via Ontario, Oregon volunteers due to the length of travel between the city of Ontario and Annex.



## **Nutrition Education**

MCOA&CS senior meal site staff coordinates and promote activities with the goal of socialization and individual participation at the congregate meal sites. The caseworker staff are trained in Options Counseling, OPI case management, and provide ongoing program coordination senior programs provided locally. Initially and annually, the senior caseworker meets with the senior to complete a screening assessment. When there is an issue the case worker assess the problem and capabilities of the individual, and provides current information on opportunities and services available within their area based on individual need, and provides follow up if permission is granted.



MCOA&CS senior staff attends a regular caregiver support group which provides the public and individuals with information on resources and services available to individuals locally. The senior caseworker coordinates



presentations at the congregate meal sites from local agencies that promote health with support and monitoring of the training plan by the Senior Advisory Council. Recruitment and outreach to seniors is ongoing. At least twice a year, the senior caseworker meets with staff from the health department and the hospital as a method to strengthen transitions.

MCOA&CS provides information on programs that promote a healthy lifestyle in the quarterly newsletter. We plan to expand this program and provide nutrition education for Malheur County seniors planned and directed by a licensed dietitian; materials presented are overseen by the State Unit on Aging dietitian. The senior manager creates an annual Nutrition Education Quarterly Schedule for the senior caseworker to follow in a group setting as part of the meal site activities.

MCOA&CS nutrition education at the congregate meal site documentation is as follows:

\

Congregate meal site:

- Date of presentation or other allowable nutrition education activity
- Name of presenter, author or organization providing material.
- Topic discussed
- Number of eligible persons participating in nutritional activity

If the senior is homebound, the caseworker provides educational materials that relate to the needs assessment, or other relevant topics on an individualized basis annually as part of the home visit.

Nutrition education at home visit is documented as follows:

- Date of nutrition education activity
- Topic discussed
- Number of persons participating in nutrition educational activity

Seniors at nutritional risk are referred by the case worker to nutritional counseling provided through the Malheur County Health Department Licensed Registered Dietician; she is also a member of the Senior Advisory Council. The dietician gives seniors professional guidance to an individual as part of a physician's treatment plan.

Nutrition education will continue to be available through congregate sites, as well as for at-risk individuals in the following ways:

### Congregate Meal Sites-

Nutrition education will be provided by the meal site specialist, before the congregate meal starts, quarterly. The materials and education provided will be from Evidence Based Older Adult Nutrition Education Programs, Eat Right nutrition material provided by the Academy of Nutrition and Dietetic, and/or nutrition education and materials overseen by our contracted licensed dietitian.

### Home delivered (“Meals On Wheels”)

Nutrition education will be provided to the client when the nutrition risk assessment occurs annually. If needed, follow up nutrition education will be provided pertaining to the assessed client’s needs. The education and materials will be overseen by our licensed dietitian. Arrangements will be made with the dietitian to offer counseling to our high risk clients that have special dietary needs. The Eat Right nutrition material provided to our congregate meal sites will also be sent out to our Meals on Wheels clients with an attached cover letter of introduction to the material.

## **Section E-1 Services and Method of Service Delivery Provided to OAA and/or OPI clients**

### **Services Provided Through MCOA&CS**

<b>#1 Personal Care</b>	
In-home services provided to maintain, strengthen, or restore an individual's functioning in their own home when an individual is dependent in one or more ADLs, or when an individual requires assistance for ADL needs. Assistance can be provided either by a contracted agency or by a Homecare worker paid in accordance with the collectively bargained rate. (OAR 411-0032)	
Providers - 1	Plan Service Area – Malheur County
<b>#2 Homemaker</b>	
Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework	
Providers - 1	Plan Service Area – Ontario, Nyssa, Vale
<b>#3 Chore</b>	
Assistance such as heavy housework, yard work or sidewalk maintenance.	
Providers – Self Provides	Plan Service Area – Ontario, Nyssa, Vale

<b>#4 Home Delivered Meals</b>	
A meal provided to a qualified individual in his/her place of residence that meets all of the requirements of the Older Americans Act and state and local laws. Note: 45 CFR 1321.69(b) states: The spouse of the older person, regardless of age or condition, may receive a home-delivered meal if, according to criteria determined by the area agency, receipt of the meal is in the best interest of the homebound older	
Providers – Self Provides	Plan Service Area – Ontario, Nyssa, Vale, Jordon Valley
<b>#5 Adult Day Care/Adult Day Health</b>	
Personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance and home health aide services for adult day health.	
Providers – 1	Plan Service Area – Ontario, Nyssa, Vale
<b>#6 Case Management</b>	
A service designed to individualize and integrate social and health care options for or with a person being served. Its goal is to provide access to an array of service options to assure appropriate levels of service and to maximize coordination in the service delivery system. Case management must include four general components: access, assessment, service implementation, and monitoring.	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
<b>#7 Congregate Meal</b>	
A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older Americans Act and state/local laws.	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
<b>#8 Nutrition Counseling</b>	
Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
<b>#10 Transportation</b>	
Transportation from one location to another. Does not include any other activity.	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
<b>#11 Legal Assistance</b>	
Legal advice or representation provided by an attorney to older individuals with economic or social needs, including counseling or other appropriate assistance by a paralegal or law student acting under the direct supervision of an attorney, or counseling or representation by a non-lawyer where permitted by law. Assistance with will preparation is not a priority service except when a will is part of a strategy to address an OAA-prioritized legal issue. Priority Legal assistance issues include income, health care, long-term care, nutrition, housing, utilities, and protective services, defense of guardianship, abuse, neglect, and age discrimination. Legal services may also include assistance to	

older individuals who provide uncompensated care to their adult children with disabilities and counsel to assist with permanency planning for such children.	
Providers – 1	Plan Service Area – Ontario, Nyssa, Vale
<b>#12 Nutrition Education</b>	
A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition).	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
<b>#13 Information &amp; Assistance</b>	
A service that (a) provides individuals with information on services available within the communities; (b) links individuals to the services and opportunities that are available within the communities; (c) to the maximum extent practicable, establishes adequate follow-up procedures	
Providers – Self Provided	Plan Service Area – Malheur County
<b>#14 Outreach</b>	
Intervention with individuals initiated by an agency or organization for the purpose of identifying potential client(s) or their caregivers and encouraging their use of existing services and benefits.	
Providers – Self Provided	Plan Service Area – Malheur County
<b>#15 Information for Caregivers</b>	
A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities.	
Providers – Self Provided	Plan Service Area – Malheur County
<b>#16 Information &amp; Assistance</b>	
A service that (a) provides individuals with information on services available within the communities; (b) links individuals to the services and opportunities that are available within the communities; (c) to the maximum extent practicable, establishes adequate follow-up procedures	
Providers – Self Provided	Plan Service Area – Malheur County
<b>#20-2 Advocacy</b>	
Monitor, evaluate, and, where appropriate, comment on all policies, programs, hearings, levies, and community actions, which affect older persons. Represent the interests of older persons; consult with and support the State's long-term care ombudsman program; and coordination of plans and activities to promote new or expanded benefits and opportunities for older persons.	
Providers – Self Provided	Plan Service Area – Malheur County
<b>#20-3 Coordination &amp; Development</b>	
Activities include AAA liaison with other agencies and organizations serving the elderly; services development; and mobilization of non-OAA funds to enhance delivery of services to the elderly.	
Providers – Self Provided	Plan Service Area – Malheur County
<b>#30 Home Repair/Modification</b>	
Minor health and safety modification including screening of high-risk home environments and provision of educational programs on home modifications to prevent falls, and home modifications to promote access and safety of older adults in their home. These services are designed to facilitate	

the ability of older individuals to remain at home.	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
<b>#30-5/30a Caregiver Respite</b>	
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. Respite Care includes: (1) In-home respite (personal care, homemaker, and other in-home respite); (2) respite at a senior center or other nonresidential program; (3) respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time; (4) and for grandparents/relatives caring for children – day or overnight summer camps. Priority shall be given to caregivers providing services to individuals whom meet the definition of ‘frail’. (See General Terms and Definitions).	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
<b>#30-6/6a Caregiver Support Groups</b>	
Peer groups that provide opportunity to discuss caregiver roles and experiences and which offers assistance to families in making decisions and solving problems related to their caregiving roles.	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
<b>#30-7/7a Caregiver Supplemental Services</b>	
Services provided on a limited basis that complement the care provided by family and other informal caregivers. Examples of supplemental services include, but are not limited to, legal assistance, home modifications, transportation, home delivered meals, assistive technologies, emergency response systems and incontinence supplies.	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
<b>#40-2 Physical Activity and Falls Prevention</b>	
Programs for older adults that provide physical fitness, group exercise, and dance-movement therapy, including programs for multi-generational participation that are provided through local educational institutions or community-based organizations. Programs that include a focus on strength, balance, and flexibility exercise to promote physical activity and/or prevent falls; that are based on best practices; and that have been shown to be safe and effective with older populations are highly recommended.	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
<b>#40-3 Preventive Screening, Counseling and Referral</b>	
Education about the availability, benefits and appropriate use of Medicare preventive health services or other preventive health programs. Health risk assessments and screenings, and preventive health education provided by a qualified individual, to address issues including hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density and nutrition screening. Health information on on-going and age-related conditions including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer’s disease and related disorders	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
<b>#40-5 Health and Medical Equipment</b>	
Assistive devices such as durable medical equipment, mechanical apparatuses, electrical appliances, or instruments of technology used to assist and enhance an individual's independence in performing	

any activity of daily living. (OAR 411-027-0005)	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
<b>#40-9 Medication Management</b>	
Screening and education to prevent incorrect medication and adverse drug reactions, including individual medication reviews or group-based programs that contain information on medication management (including Stanford’s Chronic Disease Self-Management program (Living Well)).	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
<b>#50-3 Elder Abuse Awareness and Prevention</b>	
Public Education and outreach for individuals, including caregivers, professionals, and para-professionals on the identification, prevention, and treatment of elder abuse, neglect and exploitation of older individuals. Training for individuals in relevant fields on the identification, prevention, and treatment of elder abuse, neglect, and exploitation, with particular focus on prevention and enhancement of self-determination and autonomy.	
Providers – Self Provided	Plan Service Area – Malheur County
<b>#50-4 Crime Prevention and Home Safety</b>	
Activities that educate elders regarding crime prevention or that provide home safety such as smoke alarms, etc.	
Providers – Self Provided	Plan Service Area – Malheur County

<b>#50-5 Long term Care Ombudsman</b>	
Financial support for activities that assist in the functions of the Ombudsman program. Activities could include; local volunteer recruitment and outreach activities, such as ads, posters, flyers, and outreach events; local volunteer support and recognition such as training expenses, mileage reimbursements, recognition events and local volunteer administrative expenses such as postage, copies, and office supplies.	
Providers – Self Provided	Plan Service Area – Malheur County
<b>#60-1 Recreation</b>	
Activities that promote socialization, such as sports, performing arts, games, and crafts, either as a spectator or as a participant.	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
<b>60-3 Reassurance</b>	
Regular friendly telephone calls and/or visits to physically, geographically or socially isolated individuals to determine if they are safe and well, if they require assistance, and to provide reassurance.	
Providers – Self Provided	Plan Service Area – Malheur County
<b>#60-4 Volunteer Recruitment</b>	
One placement means one volunteer identified, trained and assigned to a volunteer position.	
Providers – Self Provided	Plan Service Area – Malheur County

<b>#60-5 Interpreting/Translation</b>	
Providing assistance to clients with limited English speaking ability to access needed services.	
Providers – Self Provided	Plan Service Area – Malheur County
<b>#70-12 Options Counseling</b>	
Counseling that supports informed long term care decision making through assistance provided to individuals and families to help them understand their strengths, needs, preferences and unique situations and translates this knowledge into possible support strategies, plans and tactics based on the choices available in the community.	
Providers – Self Provided	Plan Service Area – Malheur County
<b>#70-5 Newsletter</b>	
Preparation and regular distribution of publications that inform seniors and the community of available services and activities.	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
<b>#70-9/70-9a Caregiver Training</b>	
Training provided to caregivers and their families that supports and enhances the care giving role. For example: Powerful Tools training; Communicating Effectively with Health Care Professionals; conferences, etc.	
Providers – Self Provided	Plan Service Area – Malheur County
<b>#70-10 Public Outreach</b>	
Services or activities targeted to provide information to groups of current or potential clients and/or to aging network partners and other community partners regarding available services for the elderly. Examples of this type of service would be participation in a community senior fair, publications, publicity campaigns, other mass media campaigns, presentations at local senior centers where information on Senior services is shared, etc.	
Providers – Self Provided	Plan Service Area – Ontario, Nyssa, Vale
<b>#71 Chronic Disease Prevention, Management/Education</b>	
Programs such as the evidence-based Living Well (Stanford’s Chronic Disease Self-management) program, weight management, and tobacco cessation programs that prevent and help manage the effects of chronic disease, including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease.	
Providers – Self Provided	Plan Service Area – Malheur County
<b>#72 Cash and Counseling</b>	
Services provided or paid for through allowance, vouchers, or cash which is provided to the client so that the client can obtain the supportive services which are needed.	
Providers – Self Provided	Plan Service Area – Malheur County
<b>#73/73a Caregiver Cash and Counseling</b>	
Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families).	
Providers – Self Provided	Plan Service Area – Malheur County

<b>#80-1 Senior Center Assistance</b>	
Financial support for use in the general operation costs of a senior center.	
Providers – Self Provided	Plan Service Area – Nyssa, Vale
<b>#80-4 Financial Assistance</b>	
Limited financial assistance for low-income clients to aid in maintaining health and/or housing. Services may include prescription, medical, dental, vision care or other health care needs not covered under other programs; and, the cost of utilities such as heat, electricity, water/sewer service or basic telephone service.	
Providers – Self Provided	Plan Service Area – Malheur County
<b>#90-1 Volunteer Services</b>	
Uncompensated supportive services to AAAs, nutrition sites, etc., Examples of volunteer activities may be, but are not limited to meal site	
Providers – Self Provided	Plan Service Area – Malheur County

Attachment C is an outline of services provides in our Plan Service Area.

Congregate meals, home delivered meals, Alzheimer’s support group, information & assistance, medical supplies, office support, exercise classes, a portion of transportation, the advisory council and the executive board are programs or integral operations that are supported by volunteers or provided through donations.

All services are reviewed yearly to ensure fiscal accountability and appropriateness of services.

#### E-2 Administration of Oregon Project Independence

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

Initial information is collected on a NAPIS form during the first contact with the client (via telephone or in person). A date is set for the case worker to make a home visit to further assess the needs of the client no later than one week from the first contact on a case by case basis.

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



All potential clients are screened for other community resources including the programs that are available through MCOA&CS. We recently met with the local APD office. Since there is a wide variety of assistance available through APD and the many misconceptions associated with Medicaid programs it is best that a general referral be made to those in need of assistance or those who would like to gather information about future long term care planning. The case worker will all so know other community resources available and be aware of circumstance changes that would trigger additional referrals.

C. Describe how eligibility will be determined.

Client assessment and determination of services shall be initiated by the OPI case worker and based on each client's financial information, age (60+), functional assessment, medical and social need for services, with highest priorities receiving services first. The client may also not be receiving Medicaid assistance except SNAP benefits, Qualified Medicare Beneficiary or Supplemental Low Income Medicare Beneficiary Programs.

The case manager will interview each client and complete a CA/PS assessment to determine Service Priority Level (SPL). MCOA&CS serves those who have SPL's of 1-18. The amount of assistance provided will be based on the needs of each individual client. Assessment will be done on a yearly basis or sooner if warranted or requested.

D. Describe how the services will be provided.

Client services will be based upon the needs assessment, home visit, financial, physical, medical, functional, and social needs for services as determined by CA/PS eligibility. The information is entered into Oregon Access and a fee is established according to the sliding fee schedule as established by Oregon Department of Human Services Seniors and People with Disabilities. Upon determination of eligibility, a care plan will be written that includes natural supports whenever possible. Every effort is made to utilize other supports such as transportation, congregate meals, home delivered meals, etc. MCOA&CS currently contracts with Assisting Hands to provide direct client services. Requests for quotations (RFQ) and requests for proposals (RFP) for other providers will be published within the first year of this Area Plan. At this time MCOA&CS does not provide the option of a private homecare worker.

E. Describe the agency policy for prioritizing OPI service delivery.

Eligible clients shall receive authorized services on a service priority basis with SPLs 1-18 receiving OPI services. If funding is reduced, priority will be SPL 1 receiving services first and working down to the lower level of need SPL 18 as available. Available natural supports and resources will also be considered. Priority for authorized services shall be to maintain clients already receiving authorized services as long as their condition indicates the service is needed. New clients are placed on a waiting list and will be added as funding allows. The AAA directors have agreed on a standardized risk assessment form to use in prioritizing OPI service delivery and waiting list position. Those at highest risk will receive services before those at lower risk.

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

Upon the completion of the annual assessment, a reduction in benefits may be warranted or client may be deemed not eligible for benefits because of duplicate Medicaid services or decreased need. Case will be terminated when they no longer need OPI services, move to an alternative care setting, pass away, or there are no funds available. Notification will be sent through the United States Postal Service informing client of ineligibility, reduction in services or the termination of services. Client will be given a 30 day notice and informed of the grievance procedure under the MCOA&CS Grievance Procedure and ORS Chapter 183.

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

At the time of initial intake clients are notified of their rights to grieve adverse eligibility and/or service determination decisions or other consumer complaints. They are given a copy of the grievance procedure and asked to sign that they received one. They are told that they can request that the senior services manager review with them their documents showing dates and times of services within 10 working days of an adverse notification. If client is not satisfied and wished to file a grievance, forms will be made available to them and assistance will be given if requested.

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

The OPI case worker will use the OPI Fee Determination Form (SDS 0287K) in conjunction with the current year's OPI fee schedule to determine the amount of the fee for service. The OPI case worker will use the fee determination form to fill out the OPI Service Agreement (SDS 0287L) during the OPI intake and at the time of each annual reassessment. The client will sign the service agreement and be given a copy for their records.

### **Attachments: APPENDICES**

**Appendix A - Organizational Chart**

**Appendix B Advisory Council(s) and Governing Body**

**Appendix C Public Process**

**Appendix D Report on Accomplishments**

**Appendix E Emergency Planning**

**Appendix F of Designated Focal Points (OAA Section 306 (a)(3)(B))**

**Appendix G Partner Memorandums of Understanding**

**Appendix H Statement of Assurances**