

Harney County Senior & Community Services Center 2017-2020 AREA PLAN

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SECTION A – AREA AGENCY PLANNING AND PRIORITIES

A – 1 Introduction:

Harney County Senior and Community Services Center (previously Harney County Senior Center)/AAA (Area Agency on Aging) is a non-profit organization established and incorporated in 1973. At the time of its inception The Center was to be a “one stop shop” for seniors in the community. With this goal in mind, all AAA services are directly provided by this organization. We also house and provide public transportation, CAP programs including housing, energy assistance and weatherization services; and the County Veterans Service Office. We are part of the Eastern Oregon ADRC region and provide ADRC information and services as part of this partnership. This Area Plan is developed to address the needs of our growing population of seniors and those with disabilities, finding ways to provide service to meet needs and funding requirements.

The Center gets a great deal of support and match donations from Harney County. Harney County pays the salary of the Executive Director and donates the building and parking area rent free to provide services to its senior and disabled populations. The support of the county allows The Center to act as a focal point for the planning and coordination of a comprehensive service delivery system, designated to meet the needs of the sixty (60) years of age and over population, with emphasis on low-income minority individuals of any age in Harney County. We provide leadership for seniors, low income individuals and persons with disabilities through programs that enhance independence, dignity, choice, and individual well-being.

We have partnered with our regional Center for Independent Living and local mental health provider, Symmetry Care, in 2016 to provide services to Harney County. Through this partnership we are able to provide Healing Pathways to Harney County female residents in need. We hope the program will soon open up to males as well. The need for addressing depression in this population is great.

Harney County’s Veteran Service Officer is trained to lead Living Well with Chronic Conditions. He has partnered with Harney District Hospital Nutrition Manager to provide this course for the community on two separate occasions within the last eighteen (18) months. He recognized that this evidence based program encourages individuals to care for themselves and those around them in a way that can prevent disease and help manage the physical and emotional strain of chronic disease and those living with it. He has committed his limited time to this program to improve the wellbeing of the community including the veterans he case manages.

The SHIBA (Senior Health Insurance Benefits Assist) program is sponsored on site. Between four and six volunteers are on site every Tuesday between 1-3p.m to answer questions and assist seniors with their insurance needs. During open enrollment from October 15 through December 7 the volunteers are at the center Tuesdays and Thursdays between 1and 3 to assist. The SHIBA program in Harney County is recognized statewide as the most successful program in the State of Oregon. The program Coordinator, Verna Pettyjohn is a dedicated volunteer who encourages others to devote time to this important work.

As the provider of public transportation for the county we are able to coordinate transportation needs of our clients with the other services we provide. We currently have grant funds from the Veteran's Administration to provide medical rides to our veterans for no cost to them. This program has been very successful and has allowed our veterans to obtain much needed medical service out of the area. Our transportation department provides rides for our head start program allowing at risk children the opportunity to get a head start on their education in a way that would otherwise not be available to them.

We are the largest food pantry site in Harney County. We provide food for nearly 700 individuals in close to 230 households each month. We are also part of the statewide effort between Safeway and the Oregon Food Bank known as Fresh Alliance. Our volunteers pick up the pulled, perishable stock from Safeway and distribute it from our food pantry. The effort allows food that can't be sold to stay in the food network and go to those who may not otherwise afford the fresh produce, meat and dairy products. The goal is to address food insecurity and provide nutritious product rather than the processed simple carbohydrates often seen in the system due to long shelf life.

Volunteers are the backbone of our organization; they manage the food pantry, set tables, host and serve our meals. They are leaders for our Tai Chi group and both Living Well and Powerful Tools classes. Our SHIBA program is a model in the state because of the dedication of these volunteers. Our caring community donates thousands of hours to our programs and without them we would be unable to begin to meet the needs of our consumers.

Harney County Senior & Community Services Center is located at 17 S. Alder, PO Box 728, Burns, OR 97720, can be reached at (541) 573-6024, and has been designated as a focal point for program delivery.

A – 2 Mission, Vision, Values:

MISSION:

The mission of the center, it's board, employees and volunteers is, as a community partner, we provide services to seniors, disabled, low- income individuals and veterans, which improve the quality of their lives; enhancing their independence, and self- sufficiency.

We envision an integrated community which supports and encourages the choice, dignity and self-actualization of all of its citizens.

We operate our organization with values we believe will create and support our vision for our community. We treat our team members, service users, and partners with mutual respect and sensitivity, recognizing the importance of diversity. We request positive input and ideas to continually improve the services we provide. We do all we can to provide services within the scope of our mission and the guidelines of the grantors we work with. We respect all individuals and value their contributions. We show pride, enthusiasm and dedication in everything that we do. Staff and volunteers work together to improve our organization and prepare it to meet the needs of our community for the coming decades. We are committed to delivering high quality services. We challenge ourselves, welcoming the responsibility and making the tough decision. We evaluate the ever evolving needs of our community and do all we can to meet these needs. At times we must make changes to traditional service knowing change is difficult. We empower our talented people to seize the initiative and support our mission. We promote from within and work together to help our staff meet their full potential. Our team is supportive of each other's efforts, we are loyal to one another and we care for each other both personally and professionally.

A – 3 Planning and Review Process:

The Center developed a needs assessment survey and distributed it in four places within the community. It was located for 45 days at Harney District Hospital Family Care, the Veteran's Clinic, Family Eye Care and The Harney County Senior and Community Services Center. Twenty five

copies of the survey were provided to all 20 members of the board which was asked to distribute to friends and family members in an attempt to reach a wide variety of individuals with diverse back grounds and experiences. It was distributed to every place setting at every table for two lunches in an attempt to encourage participation. The Center received and recorded the data from 132 surveys completed.

As well as the survey developed, the center obtained data from the Census Tract Data provided by Oregon State, Profile of Older Americans information provided by the Administration of Community Living and State of Senior Hunger in America 2014; a study provided by the National Foundation to end Senior Hunger.

Upon completion of this plan the draft will be submitted to the Board of Directors which acts as the Advisory Council and will be posted on the County WEB page in the Senior Center page for a 15 day review. The Center will then advertise and hold a public meeting to allow comment and input. At the end of this process the final draft will be developed and submitted to the State of Oregon for approval.

In an attempt to align our emergency preparedness plans we consulted our Harney County Emergency Management and Preparedness coordinator, Loren Emang, for input and assistance with development.

A – 4 Prioritization of Discretionary Funding:

Harney County Senior and Community Services Center is the focal point for many of the important services in Harney County for those who are seniors, low-income, disabled, veterans and their families. We administer the Older Americans Act programs as part of a broad package of services including homeless programs, shelter, energy assistance, weatherization, medication, SHIBA, food pantry, the Veterans Service Office and public transportation including medical rides and rural veterans medical transportation programs. As a focal point of a large variety of services the community provides local funds in the form of donation for those programs it sees and values.

Priorities for service are all dependent upon the program we are currently working with. Our discretionary funds are used under the same eligibility

criteria as the programs they supplement. An example of this is the Energy Assistance Program. LIHEAP services the low income population providing funds for heating their homes. The program requires that Seniors and people with disabilities be served first, next opening to those families with children six years of age and under and finally opening to the general public, funding allowed. Our agency receives local funds from both power companies serving our county and we release their funds in the same manner and priority level as required in the LIHEAP Program.

Within the most recent four years our county has found that we have an ever increasing transient population. This population is entering our community and staying for only a short time, often under six months, they have obtained a great deal of funds, such as housing deposits and electric deposits and upon utilizing the services they leave the community taking the deposits with them. Many programs we administer have had to adjust the service priority to include consumers who have been in the community for six month or longer. This adjustment has allowed us to serve our consumers who wish to remain in the community without draining our limited funds on those passing through. We have seen this change in the housing and emergency assistance for medication and energy mostly.

Local faith populations support our services in several ways, including monetarily and through volunteering. Many support our meal program through the local Entrée Donation funding and volunteering to serve our meals to the consumers and providing clean up after the meal. Some donate to the medication program allowing us to pay a onetime prescription fill for those who have an unexpected need. This allows consumers to begin a necessary treatment while they work with our Needy Meds volunteers to get their prescriptions at little to no cost on and ongoing basis. They provide local funds to purchase both bus tickets and fuel card to keep those stranded in town moving on to their original destination. These programs are all first come first served with a onetime use per person unless an exception is approved by the Executive Director; which has occurred when extreme need is determined.

We continue to utilize a contract with our local attorney to provide OAA legal assistance services to seniors in need. He provides his services to our seniors at a 50% discount which allows us to serve more seniors in our community. This program is provided to those who are 60+ and allow them to seek help with many troubling outstanding legal issues. He has assisted

with issues such as life alter type organizations who sell a product to seniors who don't understand how to make the product work to seniors who have family members living with them that they cannot get out of their home. Our legal program continues to grow and is a well utilized part of our OAA services.

Many of our local groups donate funds they specifically earmark. We ensure all donations are provided to the program the donor identifies. Some donate funds for bus passes to be provided for those in financial need or those who are veterans. Some donate produce specifically to the meal program or to the food pantry. As funds or product come in we accept and distribute to each area we administer.

Much of our community falls under the "greatest economic need" being within the population whose income is less than 185% of the federal poverty level. Many also dually qualify as having "the greatest social need," this being the case these consumers are always our first priority when looking at services and meeting the needs of the community.

Should funding be reduced further this agency will have significant issues with regard to delivering services to the community. The county and the local population provide a significant piece of the funding we use to keep our doors open. The blending of services and funding streams help us meet the needs of our clients to the best of our ability. OAA funding for us is very low and without the support of the County and local businesses and individuals we would not be able to provide services. We currently do not have the funding needed for even a part time case manager. The Director manages OPI and caregiver cases to the best of her ability. The Fiscal Manager is the Options Counseling person and the Office Specialist does the billing for OPI and Home Delivered Meals. A decrease in funding would have a significant negative impact on a program that is currently struggling to meet the needs of the community.

SECTION B – PLANNING AND SERVICE AREA PROFILE

(Suggested length not to exceed 5 pages)

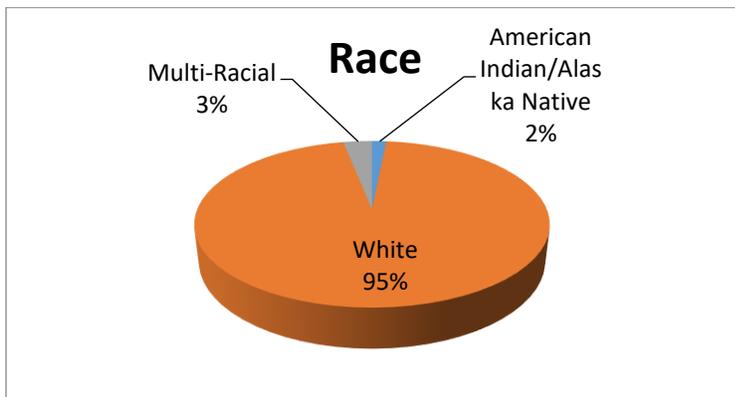
B – 1 Population Profile:

According to Portland State University Harney County has a land area of 10,133.17 square miles with .7 persons per square mile for a total population of 7,422 which is down from 2000 by 187 people. Though the population overall has gone down the population over the age of 60 has gone up by 426 people making up 26.6% of the population of Harney County. The state of Oregon has an overall population of 60+ at 19%. This confirms the finding in the Journal of Rural Health which found that the rural population of Oregon contains a greater proportion of older adults than the urban population.

We know that the population including those 65+ will continue to grow throughout the next four decades. Nationwide the population will double from 40.2 million in 2010 to 88.5 million by 2050. This increase means that by 2030 1 in 5 US residents will be aged 65+ according to the US Census Bureau report titled, The Next Four Decades The Older Population in the United States: 2010 to 2050. By 2030 all of the baby boomers will have moved into the ranks of the older population which means 19% of the overall population will fall within this group. In 2010 14% of the older population is 85 and older, however by 2050 that percentage will increase to more than 21%. This is noteworthy because those in the oldest ages often require additional care giving and support. As numbers of those we serve grow and eventually double we must find ever changing ways to address their needs. Funding is often cut or remains flat for the programs we have available to serve this population. Our agency has received the same funding for our congregate meal program since 1973. We are floored at \$16,000 a year. It is obvious that costs have gone up drastically and we are working to find ever creative ways to meet the need. As the population continues to grow there is a very real possibility that we will not be able to meet the need in traditional ways.

Harney County is well known for its lack of diversity with regard to race. We do not have an agricultural industry that brings in Hispanic workers. Most of our agriculture is alfalfa hay and cattle managed and harvested by local multigenerational families or local contractors.

Below is the chart depicting the population of Harney County as reported in our survey. The numbers are a somewhat lower than the census data provided which indicates that Harney County has a multi-racial population of 8% and a Native American population of 4%. We do have the Burns Paiute Tribe Reservation located within our county. It is important to note that we have a small group of Basque individuals who live in the county. They identify as Hispanic and white which can affect census data in that they do not view themselves as traditional Hispanic. The 2010 Census reports that Harney County is 91.9% white with 3.1% of the population reporting Native American and 3% reporting two or more races.



English is the predominate language spoken in Harney County with only 3.7% of the population reporting that they speak English less than “very well.” The majority of the individuals reporting a lack of English are from the rural parts of the county. Some of the most remote ranches do utilize a small number of seasonal labor to provide skilled labor such as sheep herding. These young men come to the county under short term contracts and return annually to their home countries, often Peru, and will return seasonally.

Census Tract data states that Harney County has a disabled adult population of 19%. Cornell University 2013 Disability Status Report states that in Oregon 14.8% of all ages has a disability state wide. Harney County has a larger portion of disability within its overall population. Portland State University conducted a project that reports a picture of poverty in Oregon. In 2014 they found that 18.1% of the population of Harney County lives in poverty with Oregon overall found to have 16.6% poverty rate.

Harney County is the smallest AAA in Oregon. We have one of the highest percentages of seniors and people with disabilities in the state. Both demographics continue to grow. We have seen an influx of individuals with disabilities moving to our community under the belief that social services are more readily available here. This change has put a significant strain on the services and funds we have to offer and those of our partners throughout the county. We are part of community conversations that occur both formally and informally regarding how service providers throughout the county will address this growing crisis. Discussions revolve around what limits and guidelines need to be implemented to stretch our funds and to assist the individuals who are traditional Harney County residents rather than those passing through the community for short stays.

Our agency continues to provide information and baked goods to the monthly Elder's Breakfast at the tribe. This allows us to provide outreach and resource information to tribal members who may not otherwise come to our agency for services. We are also engaged in ongoing conversations with tribal social service staff in efforts to reach out and assist in partnership with the services the tribe has to offer.

We have recently completed an ADRC mail out to the whole county. With this outreach project we were able to remind the community as a whole that we have services available and provide them with contact information to the ADRC line. We are very much a one stop shop having everything from Public Transportation, the Veterans Service Officer, food pantry, CAP programs and senior services under our roof. Partners and community send everyone here first. It is a system we have implemented for decades and allows us to touch the lives of most of our target population at one time or another.

B – 2 Target Populations:

The Harney County Senior and Community Services Center is a Type A AAA in a very small community. The Center has been an important part of the community since 1973.

Most of the programs administered by the center have income guidelines. These guidelines are adhered to as part of the programs. The Center prioritizes all clients by income then seniors and people with disabilities,

families with children under six and finally the general public who meets the income criteria.

Outreach in our community includes word of mouth, community events and public service announcements in the local paper. Pamphlets with services listed are available as well. Staff volunteers at big public events such as the fair and during those events we all do outreach with those we meet. We attend the livestock auction and as a group with some of our seniors we thank those who donate animals to our meal program. This is a big outreach opportunity.

Because the community is so small and services within the center are so diverse, the staff is able to identify community members who may be eligible and benefit from AAA services as well. Harney County is a frontier county and is very adept at meeting the needs of its citizens. Partners work together to identify and notify each other if there is someone who needs services they are not receiving. Family members call the center to discuss loved ones and their needs and concerns.

As mentioned above, the majority of our community report as white with English as their primary language. We have a small population of Basque individuals who participate in our services. The Basque, though English is their second or third language, communicate with us and their needs are met. Communication is facilitated with help from friends and family.

The Executive Director has an open dialog with the Social Services director at the Burns Paiute Tribe. We work in partnership to address needs that tribal elders may have that the tribe is unable to assist with. This partnership seems to meet the needs of tribal members relatively well. We provide literature and baked goods at the monthly elders breakfast which allows us to make the tribal members aware of services we have available. Each contact strengthens the relationship between the communities.

The population of older Lesbian, Gay, Bisexual and Transgender individuals in the county are immersed in the overall society. They do not live outside of community. These individuals utilize services and are referred by friends, family and professionals within the community.



Of the 132 community surveys returned 4% of the respondents identified as LGBT which translates to five individuals.

We see most of our targeted population during Energy Assistance time from December through the end of March. At that time as we have low income clients at our desk we have a dialog which allows us to assess them for other services they may qualify for and other needs they may have. We find this tool very helpful in ongoing identification of clientele.

B – 3 AAA Services and Administration:

The Harney County Senior and Community Services Center is a member of O4AD and N4A. We are also part of the Eastern ADRC consisting of Umatilla, Wallowa, Union, Baker, Grant, Malheur and Harney Counties. All advocate on behalf of seniors, disabled and low income individuals and their needs. As a member the Executive Director and key staff attends education and advocacy events. The development of relationships with peers allows us to share ideas and best practices with regards to program development.

The agency works with peers, staff and local partners to do our part to address the needs of the population we service. We work hand in hand with the hospital, mental health, tribal staff and local Aging and People with Disabilities offices to coordinate programs and share responsibilities to best meet the needs of our population with limited resources.

Administrator salary is paid by the county. Harney County recognizes the needs of its aging population and supports the AAA. Their financial support of the administrator allows the hiring of a staff to tend to the needs of the community.

Harney County is a big supporter of the center. They assist with travel costs of the director, allowing her to go to the advocacy meetings. They provide the building we operate out of and assist with some overhead costs. The support of the senior center in Harney County is strong.

The Center houses the public transportation for the county. Dial-A-Ride serves the whole community with curb to curb and on demand service. It is funded by Public Transportation grants, and Harney County support. The majority of riders are seniors and people with disabilities. We have a fleet large enough to meet the need of all riders. Our buses are ADA for those with special needs. Through our partnerships locally and with various state and federal agencies, we are able to meet the transportation needs in Harney County. We have recently engaged in a contract with the Department of Veterans Affairs to provide medical transportation at no cost to veterans who qualify. This partnership is possible with the Rural Veteran Transportation Grant. We have also begun providing several more out of town rides through our contract with Mid-Columbia Council of Governments. We are in the process of adding one more vehicle to our fleet to assist with meeting both local and out of town transportation needs.

We have limited OPI funding and offer OPI services to those who qualify. We use the CAPS assessment and prioritizations to determine who we are able to serve. Focuses of those with the most economic and social need who are 60+ years of age. Funding in the most recent biennium was cut back to the more traditional funding levels. This placed a significant hardship on our community and the people with the greatest need. We are currently unable to pay even a part time salary for a caseworker. The Executive Director is managing the caseload to the best of her ability. All OPI homecare worker hours were cut in half in December of 2015 and were cut again down to nine (9) hours per month for each client on the caseload. Through attrition the caseload has shrunk to 14 consumers. Meals on Wheels had been paid through this program and this service was discontinued in October 2015. This has placed a hardship on the meal program as many consumers are unable to cover the cost of their meals.

The waiting list has grown to eleven (11) individuals with many more who enquire and choose not to participate in a risk assessment when they understand the program is not likely to take on a new client until the 2017-2019 biennium at the earliest.

Meals on Wheels and Congregate Meals are served and dispatched at the center. AAA dollars are utilized to provide this service. We also request donations and charge a fee for meals provided to those under 60 years of age. Local support in the form of entrée sponsorships are used to supplement the program. Funding from AAA dollars for the meal programs remains very low; as our organization was floored in 1973 at \$16,000 a year and has never seen an increase in funding. Costs of salaries and food continue to rise and due to our frontier location we are also charged a fuel surcharge. Those with the most need for a meal are those least able to pay, thus meal donations are low. The entrée program helps but as Harney County continues to face an extended economic crisis, businesses are not able to support us at the level they have in the past. We had utilized OPI and Caregiver program dollars to pay for some of the meals of individuals on our caseload. This did help the program however with the cut of that funding when OPI was reduced we were in a crisis situation again. Staff turnover and work with nutrition guidelines have all impacted our meal program. We were temporarily down to one meal a week. We received unexpected support from as far away as Germany which allowed us to request match funding from the Roundhouse Foundation and Ford Family Foundation. We were awarded all funds and are able to fill the hole. We will maintain two meals a week throughout the current biennium and we will continue to work toward cutting costs and saving the meal program long term. Our Meals on Wheels and Congregate meals are in significant need and continue to be negatively impacted by the lack of funds and the rising costs of food, and fuel as well as the increased need for this service as our population continues to age and have higher levels of need.

Our partnership with the local Harney District Hospital nutritionist allows us to provide nutrition education free of cost to us. We are able to host information events at our facility and advertise at meals in an attempt to recruit participation. The nutritionist also reviews and approves our meals at no cost to the program. These in kind services allow us to provide nutritious meals that meet the standards of the program.

We provide a newsletter every other month. The newsletter gives a calendar of events for the two month time period and lists the menu for meals. It has helpful articles, jokes, puzzles and is entertaining. Seniors enjoy the document. The funding used for production of the letter is AAA dollars.

We have continued to host a walking class three times a week. Several individuals use our space to walk for an hour in a safe environmentally controlled space. The number of participants varies but remains steady and they walk every week of the year. They encouraged us to ask for a private grant to add some simple exercise equipment to our building to make it available for those unable to go to physical therapy or the athletic club in the community. We were successful with our request and added an elliptical machine, a treadmill and a recumbent bike. This equipment gets sporadic use, but is here as needed.

Caregiver Support is funded with 3E dollars. We provide opportunities for respite and light home modifications to assist caregivers. We have trained trainers for the Powerful Tools for Caregivers class and continue to provide two classes a year. We are working with the local child welfare office and the tribal social worker to identify elderly relatives raising children, hoping to provide services to them. We have developed a pamphlet and have it distributed within the community in an attempt to educate the community on the availability of services.

Twice weekly Tai Chi for Better Balance is supported by 3D funding. We have also trained a staff member and a volunteer in Tai Chi beginners. The training and service is paid for with Evidence Based Health promotion funding. These funds allow us to offer several levels of expertise in the program and make classes available at different times in the day. Our staff person is able to track and contact clients. It allows us to provide increased service and outreach to folks who might otherwise not have the opportunity.

With evidence based funding we have also trained our Veterans Service Officer in Living Well with Chronic Conditions. We have added a class a year in partnership with the nutrition specialist at Harney District Hospital. We have had a very positive response to the addition of our Veterans Service Officer. Feedback has been that many like learning from a male as his perspective and input on the information is communicated to the males in the class in a way they understand and identify with.

We are the host agency for the local SHIBA volunteers. The staff person who is assigned to the coordination of this program is paid with funding provided by the state for SHIBA, SMP and MIPPA. Her duties include not only SHIBA coordination. We also have a staff person paid with 3B funds who is a volunteer coordinator for Meals on Wheels drivers, and servers for the congregate meals. She is also the building event coordinator, ensuring there is space for the events that we host. We have a blood pressure clinic once a month, vaccination clinic every fall; we have cards, quilters, painters, bingo and pool several times a week. We host an acupuncturist every other Monday and hearing aid clinics weekly. We rent the building out for special events and this requires scheduling. This staff person is also the front line person to answer the phones, she provides information and referral services. She is aware of the need to be AIRS certified and is logging the hours of experience needed to allow her to test.

Legal assistance is provided to the community within an agreement we have with a local attorney. He provides services to community members 60+ at a discounted hourly rate if their issues fall under the issues identified as priority in the Older Americans Act. He charges us under our 3B funding at this discounted rate. His services are an in kind support for our 3B funded program. This program has been met with enthusiasm and considered a great success. We utilize more than the required amount of 3B funds annually to provide this service to our community. We have received feedback from family members of seniors who needed simple legal services to do things such as ensure their home, a simple singlewide trailer, went to their child after their death. This simple assurance allowed the individual to pass away at peace that the business they needed to do was done and their loved one cared for. This has happened more than once over the six years we have had this service available. The impact on the community is a strong positive one and we believe a model of what could be done with a strong partnership between AAA and local private legal service providers. We have shared this arrangement in the legal defense world with other attorneys throughout the state and the model has been met with interest and enthusiasm.

Harney County Senior and Community Services Center is an active community partner. We are developing relationships within the community that allows us to better serve seniors, disabled individuals and their families. We recently allocated our Mental Health funds to EOCIL so that

they could continue to provide Healing Pathways to our dual diagnosed female population. EOCIL reports that the demand in the community outnumbered the available seats in the program. They will utilize the additional funding to provide more opportunity for the service.

Please refer to Attachment C for a list of the services we provide.

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

A focus of the Harney County Senior and Community Services Center is to be a one stop shop for as many senior and persons with disabilities needs as possible. In recent years the center has focused on being an active community partner in a frontier community. We come to many tables to meet and discuss issues, needs and service gaps that partnership can fill.

Many hats are worn at the Harney County Senior and Community Services Center. Though not AAA funded, we, in partnership with Harney County provide transportation services. We are the public transportation provider through Dial-A-Ride. This program has continued to grow at a very fast pace. We have just increased our vehicle count to seven. We are in the process of adding real time dispatching through tablets in every vehicle. We have added a second phone line to place callers in a cue. We have accepted at contract with Veterans Administration to provide medical rides to rural veterans. We have expanded our services to provide rides for veterans to Portland, Boise and outlying areas. This service is making a very positive impact on the health care for our rural veterans. We are also able to accept brokerage rides and often find ourselves providing rides to Bend several times a week. Our service has made it possible for a wheelchair bound individual to obtain his dialysis three times a week. This service is literally saving his life.

We provide rental and emergency housing and shelter assistance. These services are available through a partnership with our CAP agency, Community in Action and a small amount of local funding through ministerial donations. Ministerial funds also allow us to purchase \$25 fuel cards to provide to transient individuals who may be stranded in our community without fuel assistance to get to the next community. We also

have limited Salvation Army funding to provide bus tickets to the next nearest community.

We partner with HHOPE the women's shelter under an MOU that assist them with their power bill. Their director is the chairman of our Emergency Food and Shelter Board. This partnership allows us each to learn about the others services and keeps the partnership fresh.

We are part of the network of local food pantries. We are the largest capacity pantry in the community. We are the distribution sight for several thousand pounds of food a month. We are currently working with a staff of volunteers who are overseen by our Administrative Assistant. The volunteers pick up Fresh Alliance from Safeway daily. This product includes perishables pulled from shelves and donated to us to distribute. The program adds a great deal of nutrient rich foods often not seen in the system.

We are the agency that provides Energy assistance and weatherization services. These services are in partnership with Community in Action as well. We have a workforce of two full time individuals who provide weatherization to qualifying homes assigned to us. Homes are made more energy efficient through the addition of insulation, sealant, and at times windows and doors. Energy assistance helps with heating costs of low income seniors, disabled first then opens to low income families with children six (6) and under and finally to low income general public homes. This program is open from December through March annually.

We sponsor SHIBA and work with those volunteers to ensure medication needs are met through the Needy Meds program. We have some local funds which allow us to assist consumers who have medications they cannot afford to pay for cover that cost for the thirty days or so that it takes for their Needy Meds application to be approved and their first prescription to arrive through the program. This program also covers emergency medication that is needed to treat an unexpected illness and the co pay for prescriptions the client did not expect to have.

Our Veterans Service office is located on site. This is a full time position made possible because of the commitment and support of the Harney County Court. Our Veteran Service program only covers the position as a half time position. The remainder of the funding needed to pay our service

officer full time comes from Harney County. His office is housed here at the center and the program is part of the suite of services we offer our community. Our Veteran Service Officer does outreach within the county on Fridays and can be found in Fields, Crane or Juntura depending on the week.

The Center has a partnership with Harney District Hospital with an open dialog with regard to services provided. We are often the “go to” partner when looking for space to provide health and wellness education to the public. We partner with staff for Living Well groups. We utilize the nutrition manager who is a certified nutrition specialist to approve our meal plans or give us direction as needed for change. We have contact with discharge planning staff to arrange meals, medical equipment and medication services. This partnership grows with time as each is able to help consumers.

Medicaid services are delivered through the State of Oregon offices as is Adult and Protective Services. Our partnership with the local office is a solid one. We are able to refer consumers to each other if there is a gap we cannot fill. We each have an interest in seeing that the needs of our consumers are met to the best of our ability.

As a community partner we have ongoing dialog with others to learn where we can help fill any gaps. We are a site that accepts seniors working with the Title V program to develop skills in the work force. We utilize the Employment Department to advertise our job openings. Doing business in this partner focused manner is the norm in Harney County. As a culture we take care of our own, we are so remote it is simply a way of life to work together to meet our own needs.

When we cannot meet our needs with local organizations we work with regional organizations that often come to our area to assist with special needs. The Alzheimer’s Association based in Bend Oregon comes over to Harney County to provide informational meetings and support on a regular basis. We have found their website very helpful with a variety of products designed to help caregivers provide safety for their loved ones. We also utilize Eastern Oregon Center for Independent Living based in Ontario to provide STEPS training for our consumers to support their need to manage their homecare workers. They also assist us when we encounter consumers with special needs we are unable to help.

SECTION C – FOCUS AREAS, GOALS AND OBJECTIVES

(Suggested narrative length not to exceed 2 pages per focus area)

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

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

(Suggested narrative length not to exceed 2 pages)

Harney County Senior and Community Services Center has several strengths in this area. We are providing our office specialist with training opportunities that will help her prepare for testing. She has less than two years in service under her belt now. We hope to have her ready to try for her first AIRS testing opportunity in the early spring of 2017. Both the executive director and administrative assistant are AIRS certified at this time. The administrative assistant is able to provide options counseling and the director has the training needed to oversee the options counseling planning.

Harney County is a partner with Community Connection of Northeast Oregon, CAPECO (Community Action Program East Central Oregon and Malheur Council on Aging as the Eastern Oregon ADRC. Community Connection is the lead agency in this partnership. Eastern Oregon Center for Independent Living is the CIL partnered with in our area. The local APD office is a partner at the table. Harney County Senior & Community Services Center is the site of the Veterans Service Officer. We will continue to work together to meet the variety of individual needs within our community. As a member of a team of professionals in our regional ADRC we are all looking at options for sustainability of the ADRC into the future. This remains a work for the group as a whole to come up with creative ways to fund the work.

As a frontier/rural community the staff has a great deal of knowledge about and relationships with community partners. We are able to direct community members to the appropriate services to meet their needs. Our relationship with community partners allows us to make the calls and follow up for clients on the services they may need. We see our consumers in the

grocery store, at the bank, while getting fuel, and all public places we go, this makes a real difference in person centered supports. We have those connections and those interactions daily. The relationships are there. As we have our meals on site and provide a wide variety of services to our community we see our consumers multiple times in a week, month or year. We know them; we know their neighbors, their children and their support systems. Because we know them as the individuals they are, we find it natural to use person centered strategies when working with them. When providing consumers and families with options counseling services we help them focus on the solutions that work for them and their individual needs.

Two members of staff are currently AIRS certified which are the director and administrative assistant. ADRC development grant funding has been distributed to the AAAs to get us up and running. Community Connection, as lead agency, and has utilized funds to get staff trained and in compliance with the goal being fully functioning when we are able to apply. OAA funds budgeted to training are being used to pay the costs of Options Counseling training and AIRS study and testing. Staff is being trained to wear many more hats because there is not funding to hire specialists. Existing staff are training to provide Options Counseling and becoming AIRS Certified to provide I&R and I&A service.

We have working relationships with partners to meet the needs of our community. Education and communication are both keys to success for us. Our local resources are very limited and it has always taken us working together to meet the needs of our most vulnerable populations. This is a real Harney County Strength.

We have contributed our information and services and that of the community to those developing the information system. We have updated it and reviewed it as well. Our staff has knowledge of what is available locally. During the intake we continue to work on utilizing the statewide information system to document calls and referrals. Staff has access to the RTZ system and is tracking calls and options counseling with the system.

Focus Area - Information and Assistance Services and Aging & Disability Resource Connection (ADRC):

Goal: I&R staff AIRS Certified and utilizing RTZ to track calls

Measureable Objectives Office Specialist AIRS Certified	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
a	Study for test	Office Specialist	3/17	6/17		
b	Take and pass test	Office Specialist	6/17	7/17		
c	Utilize RTZ	Office Specialist	1/17	Ongoing		
d						
e						
f						

Goal:

Measureable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
a						
b						
c						
d						
e						
f						

Goal:

Measureable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
a						
b						
c						
d						
e						
f						

2. Nutrition Services (OAA Title IIIC)

(Suggested narrative length not to exceed 2 pages)

We operate a full service commercial kitchen on site and provide a family style meal to seniors and others who attend the meals on Wednesdays and Fridays at noon. We deliver home delivered meals Mondays, Wednesdays and Fridays. Monday is a soup and sandwich meal and on meal days the same meal is delivered as is provided on site. We also freeze leftover meals and deliver frozen meals upon request.

Our meals meet the requirements for calorie intake and nutrition standards set forth for the program. All menus are approved by the dietitian from Harney District Hospital. She provides her services at no cost to the center.

We present information from the approved brochures at meal time and provide the brochures for our consumers to take home. We also facilitate Living Well with Chronic Conditions and provide the program within the community at least two times a year. Our Office Specialist assessed everyone on the home delivered meals program and provided their annual nutrition counselling at that time.

Harney County Senior and Community Services Center has an entrée sponsorship program in which local businesses and individuals sponsor meals. This income helps to keep the quality and quantity of our meals at a high standard. Businesses are closing in Harney County and those who are able to remain open do not have the extra funds to sponsor like they used to but they are each doing all they can to support this program. Over the most recent years we have seen an increase in donation of 4H meat to the program. These donations allow us to serve local meat to our seniors and it is affordable with the only expense to us being the cut and wrap. Our meal program is a key element in the services we provide and the services needed in this county. We recently reduced the program to one meal a week. We had expected to have to do so for at least six months. As it turned out individuals from all over donated funds and with the donations and the grants we were able to obtain we only reduced for one month. We are now back to two meals a week.

Our seniors visit other meal sites and come home to report “we are the best in the state!” They like our family style setting. Our food is cooked on site

and served fresh and hot. We are able to serve everyone who needs a meal. After meals we offer Bingo, pool tables and cards to those who wish to stay and play.

We were utilizing both Caregiver and OPI funds to pay for meals for folks on our caseload. This allowed them to have nutritious meals and the service was paid for as part of their case plan. Unfortunately our OPI funds were significantly decreased and we have been unable to do so throughout most of the 2015-2017 biennium. We will work toward implementing this part of the service in the coming biennium. The loss of these funds was part of the negative impact that necessitated the decrease in meals served.

As an agency it is our priority to explore ways to increase our revenue allowing us to maintain the quality and quantity of our meals. It is unfortunate that our C1 and C2 meal dollars in our OAA budget have not increased in several decades but the costs for raw food and the preparation of it continue to go up. Looking at alternative meal service options will be our last resort but unfortunately it may become necessary. If we have to change the system there will be a negative impact on all of the programs because in this community the meal program is the draw to many of the other services we offer.

Through the nutrition program we are able to identify other needs of our consumers. We advertise upcoming services like Tai Chi for Beginners or Living Well and Powerful Tools classes. We are able to pick up participants during meals as it is often the only service many participate in. We are also able to recruit consumers to enjoy meals with us when they are in for a different AAA service.

Focus Area - Nutrition Services

Goal: Continue to provide meals to the most vulnerable at risk population meeting their nutrition and social needs

Measureable Objectives Continue to serve Family Style meals	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
a	Fund raise to strengthen the budget	AAA staff/Director	Ongoing	Ongoing		
b	Solicit for entrée program sponsorship	AAA Staff	Ongoing	Ongoing		
c	Explore for profit opportunities for Kitchen	AAA Staff/Director	Ongoing	Ongoing		
d						
e						
f						

Goal: Provide Nutrition education quarterly

Measureable Objectives Develop and track nutrition education events	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
a	Explore the approved information from SUA and develop plan	Office Specialist	immediately	Ongoing		
b	Track and report participation	Office Specialist	Quarterly	Ongoing		
c						
d						
e						
f						

Goal: Strengthen and develop staff skills

Measureable Objectives Kitchen Staff to attend all training opportunities	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
a	Staff to food show annually	Nutrition program manager	Annual	Ongoing		
b	Staff to cross train with peers	Nutrition Program manager	Ongoing	ongoing		
c						
d						
e						
f						

3. Health Promotion (OAA Title IIID)

(Suggested narrative length not to exceed 2 pages)

The Harney County Senior and Community Services Center currently has several programs for health promotion established. We sponsor Tai Chi for Better Balance twice a week. The class is led by volunteers and has a regular following. We also provide a beginner six week class quarterly. This one is run by one staff person and one volunteer. Staff reports the attendance and progress made in this class. Evidence Based health promotion funds and IIID funds are used to pay the costs of these classes and the salary of staff to ensure quality and reporting. In addition to Tai Chi we have added Living Well in house and trained our Veterans Service Officer to be a leader. In partnership with Harney District Hospital we have sponsored Living Well with Chronic Conditions on average of once a year. Our goal is to offer this program to the community two times a year. We have three volunteers trained in Powerful Tools for Caregivers and our goal is to offer it twice a year as well. This would be done with our 3E funds. We have used Evidence Based health promotion funds to train and provide additional classes and information for both Powerful Tools and Living Well.

We have always been a sponsor site for one of the flu clinics held in the county. We will continue to work with the Health Department to be a site for this clinic. They also offer an hour long blood pressure clinic to check the blood pressure of our seniors who are attending the meal. Many participate and like the added opportunity to check on their health.

Quarterly Nutrition Education is a requirement of the nutrition services. We are currently utilizing the evidence based information approved by the SUA for nutrition education. It is our goal to engage our older adults and anyone else from the community and to educate them about healthy eating and positive life style choices. Our survey showed us that there is a high percentage of adults with high blood pressure, high cholesterol and obesity as well as diabetes. We know healthy eating habits are an important part of improvement and prevention of these illnesses.

All programs are held at the center which is the focal point to most services offered for seniors and people with disabilities. We rotate times of day in an attempt to provide the services to as many as possible.

Focus Area - Health Promotion

Goal: Provide support to older adults and people with disabilities to help maintain and improve health through evidence based practices.

Measureable Objectives Provide Powerful Tools and Living Well as well as Tai Chi	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
a	Schedule Powerful Tools Twice a year	AAA/Trainers	7/1/17	Ongoing		
b	Schedule Living Well twice a year	AAA/Trainers	7/1/17	Ongoing		
c	Sponsor Beginners Tai Chi quarterly	AAA/Trainers	7/1/17	Ongoing		
d	Provide space and work to fund twice weekly Tai Chi	AAA/ Leaders	7/1/17	Ongoing		
e						
f						

Goal:

Measureable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
a						
b						
c						
d						
e						
f						

Goal:

Measureable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
a						

	b					
	c					
	d					
	e					
	f					

4. Family Caregivers (OAA Title III E)

(Suggested narrative length not to exceed 2 pages)

As mentioned several times throughout this document, Harney County residents have a long history of making due and taking care of their own. This tradition is seen nowhere more than in the area of family caregivers.

Our community survey indicates the caregivers out there believe their needs are being met. Of those caring for others half wanted information on services available. Most felt they did not need education and did not wish to attend a caregiver support group. They were for the most part not interested in a day program.

Our goal is to first, get the word out that there are supports out there. We are hoping to encourage the “tough stock” of Harney County to reach out and accept the help and to understand most of us are caregivers to someone. Normalizing and offering through fliers, brochures and word of mouth are ways we hope to continue the process. We see similar answers in the most recent survey that we found in the last. Caregivers continue to refuse most support or education.

We have three volunteers who are now able to teach the Powerful Tools for Caregivers workshop. We have provided an average of one per year. Our most recent scheduled workshop had no attendees and was cancelled after two sessions. We have lost our trained staff person and do not foresee replacing her at this time.

Staff provides I & R and I & A including information to caregivers about support, training and materials we have to lend. We have a small lending library available to caregivers and will provide materials as needed. Caregivers come to us for specific information which we provide. We have respite funding available to caregivers. It is utilized on a limited basis as needed. As we speak to caregivers and assess their needs. At that time we offer services specific to their needs. We have supplemental services in the budget as well as funding for grandparents caring for grandchildren. We have developed and distributed a brochure outlining our services and have had opportunity to provide all of the above services. We continue to conduct outreach and educate our community on the services we have to offer.

Our agency uses the standardized caregiver intake form to assess, plan and screen caregivers and their needs. This form is used to plan for the

combination of respite, support, education and supplemental services to best address the overall needs in the situation.

AAA staff work hand in hand with staff from the Burns Paiute Tribe in an effort to assist their tribal members with their caregiving needs. Many older tribal members are raising their grandchildren or relative children. Some are in households shared by three or more generations. Care is provided for both young children and older adults. We depend on the partnership of tribal staff to help us help them.

Our community utilizes the respite care funds we have available. We have family members who, at times, need a break and they utilize the funds we have to pay a friend or neighbor so they can get away for a short time and have someone there for their loved one. We also use funds for supplemental services. We are able to provide small changes, such as hand rails in the bathroom for caregivers to help them assist loved ones without injuring themselves. We provide home delivered meals and on site meals as supplemental services as well. Caregivers come to the center to eat and help their loved one have some social time, often staying for cards or Bingo. Finally we provide specialized information when consumers come in with questions. Because we provide the services in the community for caregivers, we work with families in several other capacities and give options available when we have them in front of us. We are small enough that we are able to have a well-rounded picture of the needs in the families we serve. We provide the services we have available to all who ask.

Focus Area - Family Caregivers:

Goal: Provide education and support for unpaid caregivers. Including grandparents raising grandchildren

Measureable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
Powerful tools for caregivers workshop offered yearly Provide Alzheimer's education	a	Assist volunteers with scheduling workshop	AAA/Volunteers	7/1/17	ongoing	
	b	Schedule Alzheimer's workshops twice a year.	AAA/ Alzheimer Association	7/1/17	ongoing	
	c					
	d					
	e					
	f					

Goal: Develop lending library for Caregivers

Measureable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
Add materials to educate and support caregivers to library	a	Search and purchase caregiving materials	AAA Staff	7/1/17	ongoing	
	b					
	c					
	d					
	e					
	f					

Goal: Serve more tribal consumers who are providing caregiving

Measureable Objectives Provide information during Elders Breakfast	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
a	Develop and distribute information for caregivers	AAA/Tribal Staff	7/1/17	ongoing		
b						
c						
d						
e						
f						

5. Elder Rights and Legal Assistance (OAA Titles VII & IIIB)

(Suggested narrative length not to exceed 2 pages)

Harney County Senior and Community Services Center have a contract with a local attorney who provides services to seniors under the IIIB legal services funding. He provides services at a discounted rate for this contract which allows him to serve more people with the limited funding available. He is also willing to participate in panels regarding issues of elder abuse. He does this at no charge to the program.

The Legal Aid office nearest us is in Ontario, 130 miles away. They service our area, coming to the community at least annually and distributing information. We keep information specific to senior issues in the common area for clients to utilize. We also have their business cards available.

Because we are very person centered in delivery of our services, we are always aware of what services or needs a client may have. We refer as appropriate. We also provide a newsletter every other month which reminds the community that we have legal services available and how to contact us.

We have a very good working relationship with DHS Seniors and People with Disabilities. They are the entity providing adult protective services in our community. When there are concerns regarding abuse of a senior we call them directly with the information and concerns we may have. They screen and determine if it is a go out or not.

There is an adult abuse multi-disciplinary team in Harney County which meets at the end of the MDT meeting for families and children. The Senior Center has been invited to attend and the director attends the meeting occasionally. To date there has been no business related to the senior part of the meeting.

Financial exploitation of seniors is the largest type of elder abuse. Harney County Senior & Community Services Center has taken advantage of brochures provided through 04AD educating seniors and community partners regarding this topic. We have distributed them to the local banks and within the senior center. We schedule annual staff meetings with APD protective service coming in to educate our staff about mandatory reporting and types of abuse such as financial. We have worked with the local

banks, APD and local attorneys to provide an information event. Our SHIBA volunteers are MIPPA and SMP trained as is the staff person overseeing them. We have, with their help, held a senior abuse awareness event with law enforcement, hospital personnel and bank personnel available to provide information regarding what to look for and ways to protect yourself. Our SHIBA volunteers man a booth at the local fair which is the biggest county event of the year. They distribute information regarding abuse and fraud.

Focus Area - Elder Rights and Legal Assistance

Goal: Provide Legal assistance to seniors.

Measureable Objectives Spend out all legal assistance dollars for qualified seniors	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
a	Maintain the contract with the local attorney who provides Legal services	AAA Director	ongoing	ongoing		
b						
c						
d						
e						
f						

Goal: Remind Staff of APS Reporting requirements

Measureable Objectives Hold training during Safety meeting	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
a	Contact APD office to schedule training	Director	7/17	Ongoing Annually		
b						
c						
d						
e						
f						

Goal:

Measureable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
a						
b						

	c					
	d					
	e					
	f					

6. Older Native Americans (OAA Titles VI & IIIB)

(Suggested narrative length not to exceed 2 pages)

The tribal social services director and the executive director of this agency have been working together to identify ways to coordinate services. We have begun adding information to the tribal newsletter and sending our newsletter out to them. We continue to provide baked goods and information at the monthly Elders Breakfast held at on the reservation.

We distributed our surveys throughout the community and obtained two back that were completed by Native Americans. We continue to strive for more blending of services. We have begun seeing more Native Americans come to the meal site and we deliver several home delivered meals to members of the tribe who are homebound.

We provide weatherization services and recently obtained over \$40,000 in funds to serve Native homes. Through our work with tribal members we have started to make progress in the community. We believe the relationship built through this work will strengthen our relationships in OAA programs as well.

While developing our community transportation plan we worked closely with the tribal transportation manager to develop a combined plan. This work was another opportunity to build relationships with tribal members. Each opportunity to work together in other programs builds a new tradition of collaboration.

Focus Area - Older Native Americans

Goal: Coordinate with Burns Paiute Tribe to provide services for older Native Americans

Measureable Objectives Build relationships with tribal members	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
a	Provide baked goods	AAA Staff	Ongoing	Ongoing		
b	When working on tribal property take opportunity to invite members in.	AAA Staff	Ongoing	Ongoing		
c	Build relationships with tribal staff in other program areas too.	AAA Staff	Ongoing	Ongoing		
d						
e						
f						

Goal: Make tribal members aware of service offered

Measureable Objectives Provide Information to Tribal Members	Key Tasks		Lead Position & Entity	Timeframe for 2017-2020 (by Month & Year)		Accomplishment or Update
				Start Date	End Date	
a	Send newsletter to tribe for distribution and sharing in theirs	AAA Staff	Ongoing	Ongoing		
b	Take information with baked goods	AAA Staff	Ongoing	Ongoing		
c						
d						
e						
f						

Goal:

Measureable	Key Tasks	Lead Position &	Timeframe for 2017-2020	Accomplishment or
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Objectives			Entity	(by Month & Year)		Update
				Start Date	End Date	
				a		
b						
c						
d						
e						
f						

SECTION D – OAA/OPI SERVICES AND METHOD OF SERVICE DELIVERY

D - 1 Administration of Oregon Project Independence (OPI):

- a. Delineate how the agency will ensure timely response to inquiries for service. Include specific time frames for determination of OPI benefits.
- b. Describe how consumers will receive initial and ongoing periodic screening for other community services, including Medicaid.
- c. Specifically explain how eligibility will be determined and by whom.
- d. Plainly state and illustrate how the services will be provided.
- e. Describe the agency policy for prioritizing OPI service delivery for both the waiting list and hours/types of services for the individual.
- f. Describe the agency policy for denial, reduction or termination of services, and, if the AAA is terminating services, illustrate how the goals of [OAR 411-032-0001](#) are being accomplished.
- g. Specify how the agency informs consumers of their right to grieve adverse eligibility and/or service determination decisions and how the agency handles consumer complaints.
- h. State the cost of authorized services per unit and explain how fees for services will be implemented, billed, collected and utilized.
- i. Describe the agency policy for addressing consumer non-payment of fees, including when exceptions will be made for repayment and when fees will be waived.
- j. Delineate how service providers are monitored and evaluated.

***Written policy and procedure for OPI program is attached to this document in Appendix G. This document addresses the questions above.**

D – 2 Services provided to OAA and/or OPI consumers:

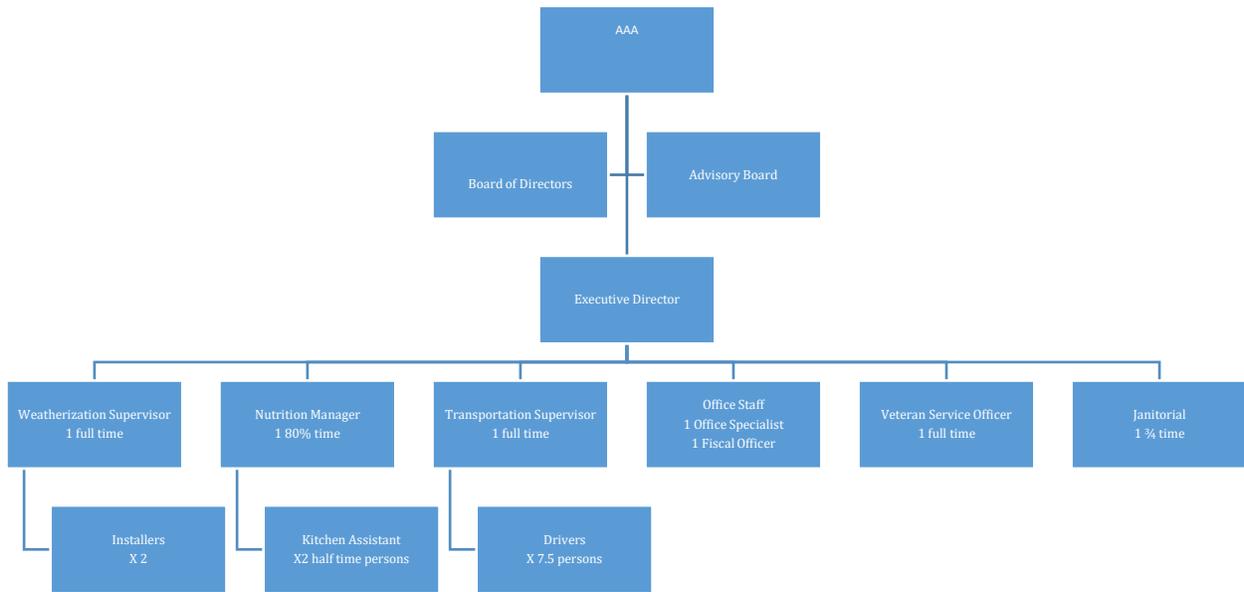
The Harney County Senior and Community Services Center provides many of the services indicated in house. We have a contract with a local attorney to provide legal services. Finally we work in partnership with other local agencies to provide many other services. Please view **Attachment C** for details.

SECTION E – AREA PLAN BUDGET

Detailed budget instructions and supporting documents will be distributed in the first quarter of 2016.

APPENDICES

Appendix A Organizational Chart



Appendix B Advisory Council(s) and Governing Body

Patti Schultz	1 st Term Ends 2019	Over 60/Vice Chair
Verna Pettyjohn	1 st Term Ends 2017	Over 60
Richard (Dick) Day	1 st Term Ends 2018	Over 60/Chair
Diane Smith	1 st Term Ends 2018	Over 60
Maria Iturriaga	1 st Term Ends 2017	Minority/Over 60
Dick Ingraham	1 st Term Ends 2017	Over 60
Sherrie Modey	1 st Term Ends 2019	Community
Steve Grasty/Pete Runnels	Never ending	Elected official
Linda Bennett	1 st Term Ends 2019	Community

During the 2014-2016 biennium the board underwent a restructuring and rewriting of the bylaws that govern the agency. The board acts as the advisory council for OAA programs. The board size has changed from 18 to 9 members. These changes have allowed for quorums to be met and work to be accomplished.

Appendix C Public Process

Surveys were distributed community wide in the months of May and June and were collected and compiled in July.

Surveys were provided on site during this time as well.

Complete plan will be on WEB page for community review with announcement of comment period.

Community input meeting will be held September 15, 2016 at the Harney County Senior and Community Services Center, for community input on the Area Plan.

Board in its role as Advisory Council will review completed plan on September 15, 2016.

If no changes are suggested the board will approve of the plan, it will be signed at that time.

Completed and approved Area Plan will be presented to the County Court at the September 21, 2016 court at the Harney County Court House.

Appendix D Final Updates on Accomplishments from 2013-2016 Area Plan

Goal: Provide education and support for unpaid caregivers. Including grandparents raising grandchildren: We provided two Powerful Tools for Caregivers workshops. We offered a third and had no attendance. We cancelled it after the first two nights had no participation. We continue to work toward educating caregivers that they are an important part of keeping their loved one at home and that they need to care for themselves as well. The majority of those we interact with do not recognize themselves as caregivers or as needing support. We are fairly successful in providing funding for respite for caregivers. Many utilize the funds available to get some care for a loved one while they do chores or meet their own medical needs. The respite program is the most utilized of the services offered.

We continue to distribute information at the Elders Breakfast at the tribe monthly. We are starting to see more Native American participation at lunches. This is a slow process but we are encouraged that we are making some progress in this outreach effort. We have not had a great deal of success in working with DHS in identifying grandparents raising grandchildren. We have had a grandparent referred to us from our housing partner. DHS has recently had a great deal of turn over. We will continue to remind them of the services available.

Goal: Have an agency fully qualified and educated regarding ADRC and the requirements. Implement with the partnership of other Eastern Oregon AAA: Leadership has continued to work together to develop a fully functioning ADRC region in Eastern Oregon. We have strengthened relationships between AAA's, CIL's and APD. We view this as a success. Harney County has found that the workforce is a challenge and skilled workforce is almost nonexistent. We have lost a skilled case manager, outreach coordinator and have not been able to replace her. Our Office Specialist has trained well and has just under two years of experience in the I&R field. She had not previous education or experience so we are working on getting her to the point she can test for AIRS certification. Both the fiscal officer and the executive director have renewed their certification so we do have some staff with the required certification.

Goal: Provide legal assistance to senior citizens and help them be aware of their rights, as part of a team of community partners who are committed to protecting the most vulnerable adult population from abuse. We continue to maintain our agreement with our local attorney to provide services to our seniors. He has successfully stopped harassment by companies selling services to seniors who are limited in their ability to speak and understand English. He has done simple wills for seniors who have been worried about seeing their simple property, like a singlewide trailer, goes to their loved one. The service has allowed the senior to experience relief of worry and the ability to pass on in peace. Staff works closely with APD when there is a concern of abuse or neglect. We provide reminder training regularly to ensure everyone knows how and where to report concerns. We have found that special events are not well attended. We developed a panel of professionals to discuss different kinds of abuse and how to protect yourself and loved ones. We did a large advertising campaign to include the newspaper, website, chamber and fliers. The event was not well attended. We had more presenters than participants. We have tried various events at different times of day, we have offered door prizes, and snacks as incentive. We have yet to find a successful combination of incentive to get the community participation we hope for. We utilized some funds to post the statewide 800# for reporting adult abuse or neglect. The billboards were up in three spots for a year. We got good feedback that they were noticeable and eye catching however they don't appear to have increased calls.

Goal: Provide support to older adults and people with disabilities to help maintain and improve health through evidence based practices. We have trained one staff person and one volunteer to provide beginners Tai Chi for Better Balance. They are providing quarterly workshops. Participation is somewhat sporadic. Recently we have had only one person successfully complete the course. We have an intermediate Tai Chi workshop offered twice a week that continues to have regular participation. It is led by a volunteer. Our Veterans Service Officer is trained to lead Living Well with Chronic Conditions and has the additional training to focus specifically on issues related to diabetes. He and our partner from Harney District Hospital offered the workshop and had several participants complete within the most recent year. When they offered the most recent class they also experienced a lack of participation and canceled the series after two unattended sessions. We are finding that twice a year may be too much. As with our education events, we are struggling to find the right combination of incentives that encourage folks to come out and take care of themselves. We continue to provide the flu shot clinic annually and the blood pressure clinic monthly in partnership with the Public Health Department staff. These events continue to decrease in participation but as long as there is some participation we will continue to offer the service. We provide quarterly nutrition education to our captive audience at meal time.

Goal: Coordinate with Burns Paiute Tribe to provide services for older Native Americans. We continue to make slow and steady progress in this area. We recently obtained Native American specific weatherization funds that have allowed us to interact with the population with some positive and obvious beneficial service. This allows us to continue to build relationship. We also worked closely with tribal staff to identify those families with the most need. Our staff builds relationships as they work on the homes. All of this positive interaction allows us to present other services. We continue to provide baked goods for the Elders Breakfast monthly. At that time we give informational brochures. We provide information to them for their newsletter and continue to coordinate transportation services where we can.

Goal: To continue to provide meals to the most vulnerable at risk population that meets their nutrition, intake, health and social interactions needs. Our organization has had a difficult 2015-2016 year. We have had several staff turnovers and have changed our menu to meet the nutrition

standards outlined in the program. Food costs and employment costs have continued to rise. Our rural/frontier location has found us required to pay fuel surcharge to receive our supplies. We found ourselves in a position that required us to go from two meals a week to one. We expected this to last through 2016. When word got out there was a grassroots fundraising effort that raised over \$6,000. After that we received a \$5,000 grant from Roundhouse Foundation and \$10,000 from Ford Family Foundation. These funds allowed us to implement the two meals a week after only a month of reduced service. We have new staff in the kitchen and a team of support all working towards tracking and cutting costs of food and supplies where we can. The process is ongoing and we are all focused on filling the unavoidable holes. We will continue to discuss for profit ways to supplement our program. The community has a renewed focus on the program and the entrée program is currently very healthy. We plan to rebrand the entrée sponsorship as an advertising opportunity. We continue to work with Harney District Hospital staff to approve our menus and maintain the level of nutrition we have obtained over the most recent year. We have several socialization opportunities at the center including cards, pool tables, bingo, exercise equipment and puzzles. Many seniors stay after the meal to continue to socialize with friends.

Appendix E Emergency Preparedness Plan

***See attached plan.**

Appendix F List of Designated Focal Points (OAA [Section 306 \(a\)\(3\)\(B\)](#))

Designated Focal Point for Harney County is: Harney County Senior and Community Services Center

Appendix G OPI Policies and Procedures

***See attached policies and procedures.**

Appendix H Partner Memorandums of Understanding

***See attached Memorandum of Understanding**

Appendix I Statement of Assurances and Verification of Intent

For the period of January 1, 2017 through December 31, 2020, the [AAA]Harney County Senior and Community Services Center accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) (P.L. 109-365) and related state law and policy. Through the Area Plan, [AAA]Harney County Senior and Community Services Center shall promote the development of a comprehensive and coordinated system of services to meet the needs of older individuals and individuals with disabilities and serve as the advocacy and focal point for these groups in the Planning and Service Area. The [AAA]Harney County Senior and Community Services Center assures that it will:

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

Conduct outreach, provide services in a comprehensive and coordinated system, and establish goals and objectives with emphasis on: a) older individuals who have the greatest social and economic need, with particular attention to low income minority individuals and older individuals residing in rural areas; b) older individuals with significant disabilities; c) older individuals at risk for institutional placement; d) older Native Americans; and e) older individuals with limited English proficiency.

All agreements with providers of OAA services shall require the provider to specify how it intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas and meet specific objectives established by the [AAA] Harney County Senior and Community Services Center for providing services to low income minority individuals and older individuals residing in rural areas within the Planning and Service Area.

Provide assurances that the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with significant disabilities, with agencies that develop or provide services for individuals with disabilities.

Provide information and assurances concerning services to older individuals who are Native Americans, including:

- A. Information concerning whether there is a significant population of older Native Americans in the planning and service area, and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under the Area Plan;
- B. An assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides with services provided under Title VI of the Older Americans Act; and
- C. An assurance that the Area Agency on Aging will make services under the Area Plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

Provide assurances that the Area Agency on Aging, in funding the State Long Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of Title III funds expended by the agency in fiscal year 2000 on the State Long Term Care Ombudsman Program.

Obtain input from the public and approval from the AAA Advisory Council on the development, implementation and administration of the Area Plan through a public process, which should include, at a minimum, a public hearing prior to submission of the Area Plan to DHS. The [AAA] Harney County Senior and Community Services Center shall publicize the hearing(s) through legal notice, mailings, advertisements in newspapers, and other methods determined by the AAA to be most effective in informing the public, service providers, advocacy groups, etc.

Date

Director, [AAA]

Date

Advisory Council Chair

OPI Policies and Procedures

I. **Goals**

The goals of the Harney County Senior and Community Services Center (HCSCSC) are to:

- A. Promote quality of life and independent living among seniors and people with physical disabilities;
- B. Provide preventative and long-term care services to eligible individuals to reduce the risk for institutionalization and promote self-determination; and
- C. Provide services to frail and vulnerable adults who are lacking or have limited access to other long-term care services; and
- D. Optimize eligible individuals' personal and community support resources.

Eligible individuals are low-income and need service to prevent premature institutionalization and are often as frail as those qualifying for Medicaid.

II. **Timely Response**

The following priorities for Case Manager have been established for HCSCSC. Staff schedules work to be completed as soon as possible based on these priorities. The HCSCSC Director periodically monitors for compliance:

A. Priority 1

1. Intake/Assessment-scheduled within 5-7 days of receiving referral.
2. Reviews current and completed Intake/Assessment annually or as needed.
3. Phone calls and voice mail messages retrieved and prioritized daily, urgent calls returned within the same business day.
4. See walk-in clients and assess needs, handle issues and/or make appointments and referrals.
5. Applications processed within appropriate time frames.
6. Care plans-current and valid.

B. Priority 2

1. 546's (SDS In-home Service Plan) current and updated.
2. Care conferences for specific problems and concerns, community partner requests.
3. Core curriculum training.
4. Non-urgent client phone calls returned within 24 hours.

C. Priority 3

1. Help to resolve client issues not directly related to benefits or services provided by office.

D. Priority 4

1. Personal development training.
2. Service on commissions/committees outside of required work.

III. **Initial and Ongoing Periodic Screening**

Most potential clients are referred by discharge planners or other referral partners to make direct contact with the Case Manager. Some potential clients come in through the Medicaid Field Office reception. The Screeners talk with individuals face-to-face or over the phone to assess their needs for Medicaid and other services. If it appears an individual may qualify for OPI, they are referred to a Case Manager. The Field Office Screener completes an SDS 539B on Oregon Access to document the screening.

Because OPI is not intended to replace the resources available to an individual from their own financial assets and from natural support systems of family, friends, neighbors and community, every effort is made to assist applicants in utilizing other resources before bringing them onto OPI. Persons appearing to be eligible for Medicaid are so counseled and encouraged to apply. However, OPI Case Manager may approve OPI for persons eligible for Medicaid who do not wish to go on to Medicaid. People who are eligible for the Food Stamps, Qualified Medicare Beneficiary or Supplemental Low Income Medicare Beneficiary Program may also qualify for OPI.

During the annual review visit or when there is need to go out more often, the Case Manager reassesses client needs and resources and makes referrals as appropriate including to Medicaid.

The OPI Case Manager narrates in the eligible individual's file their exploration/discussions regarding other resources including Medicaid, as needed.

IV. **Eligibility**

- A. In order to qualify for OPI services, each eligible individual must meet the Eligibility Requirements in Oregon Administrative Rules (OAR) 411-032-000.
- B. The OPI Case Manager meets with the applicant to complete an assessment for service eligibility including assessing the individual's needs, resources and eligibility for the program. OPI staff use the Oregon Access Client Assessment/Protective Services (CA/PS) assessment tool to do OPI assessments and know how to apply the appropriate OARs.

The Case Manager, the client, and the client's family, if available, work together to develop a care plan to meet the needs of the client and determine the best option for service provision. Depending on availability of OPI services and within HCSCSC budget allocations, an eligible individual may be authorized for a mix of services that best meets the eligible individual's needs. The eligible individual has the primary responsibility with Case Manager's guidance for choosing and whenever possible developing the most cost-effective service options including home care, personal care, client-employed provider or Case Manager only.

C. **Changes**

In the event, OPI is no longer a suitable program for meeting an eligible individual's needs, the eligible individual must be given every opportunity to understand why services are no longer suitable, to fully explore other family, friends, neighbors and community resources, and to understand the ramifications of the decisions she/he is making. If the eligible individual cannot understand the ramifications of her/his decisions, conservator/guardian informed consent must be explored by the Case Manager. If the eligible individual wishes to stay on OPI services, services may continue. The Case Manager must clearly document in the client's file all discussions and decisions made.

Examples of situations where OPI eligible individuals should be counseled that the program may not be suitable for meeting their needs:

- Care needs increase. The eligible individual's care needs increase beyond the scope of the OPI program
- Care plan unsafe. There is an increase in care need or a decrease in other sources of support (such as family, friends, and neighbors) and the care plan is not adequate to fill the gap.

When an eligible individual who is already receiving OPI services changes their living situation, they will be reassessed for OPI eligibility.

Eligible individuals who have not used service within a continuous 30-day time period will be reassessed for OPI eligibility and if appropriate sent a termination notice letter ten working days prior to termination telling them that they are being terminated from service along with information on how to appeal the decision. Exceptions will be staffed with the Director.

E. Turnover and / or Rejection of Caregivers

Eligible individuals will be notified when they are determined eligible that their turnover/ or rejection of five providers within a three-month period may be grounds for termination of service. Eligible individuals who turn over and / or reject five providers within a three-month period without an apparent valid reason will be staffed with the Director.

Director will meet the eligible individual to let them know that they may be terminated from service if they continue to turn over and / or reject providers. Eligible individuals who continue to turn over / or reject providers after the Director's visit will be notified in writing that their service may terminate. If the Director determines services should end, the eligible individual will be sent a notice ten working days prior to termination that their service is terminated.

V. Service Provision

Depending on OPI allocations, a mix of services may be available to meet the eligible individual's needs. The OPI Case Manager determines and authorizes services based on each individual's financial, physical, functional, medical and social need

VI. Prioritizing Service Delivery

A. Priorities

The OARs state that eligible individuals shall receive authorized services based on the following priorities:

1. Maintain eligible individuals already receiving authorized services as long as their condition indicates the services are needed.
2. Individuals, who will immediately be placed in an institution if needed authorized services are not provided and meet the Long-term Care Services Priority Rules, OAR chapter 411, division.
3. Individuals who are probably to be placed in an institution if needed authorized services are not provided.

B. Living within the Budget

The budget will be managed based on the above Priorities.

In times of short funding, the Area Agency may choose to limit the range of services available. When services are limited, intake will remain open to allow persons with high needs to have access to services and to add them to the OPI Client Waiting List. A risk assessment using an OPI Risk Assessment Tool (see attached) is completed to identify who has the highest needs. Screeners will continue to refer applicants for OPI services. They will inform all the lack of OPI funds at this time and inform them that they will receive a follow up call to schedule a home visit from an OPI Case Manager. The Case Manager will work with the individual to recruit local support systems for or build on existing ones. Services may be authorized on an exception basis when lack of services will present imminent risk to health or safety of the individual and no other funds or resources are available to provide for service(s). These cases will be staffed with the Director prior to approving services. The Case Manager will write in the case file exception justification.

In those cases where the maximum hours allowed result in an unsafe care plan, the eligible individual will be counseled by the Case Manager about his/ her concerns and strongly encouraged to utilize other services in the community. The Case Manager will thoroughly narrate in the eligible individual's file their discussion regarding the unsafe care plan.

The Case Manager will continue to stress need to pay service providers privately where income and / or resources indicate the client is financially able to do so.

C. Waiting List

Eligible individuals for which there is no funding available are placed on a waiting list. To determine each individual's priority on the waiting list, the OPI Case Manager determines a score using the OPI Risk Assessment Tool (attached). Individuals are placed on the list with those having the most needs having the highest priority and in descending order to those with the least needs. If two or more people score the same on the priority scale, priority will be given on first-come-first served basis.

VII. Denial, Reduction or Termination of Services / Appeals / Grievance Process

This procedure is designed to address and resolve eligible individual appeals with the provision of OPI services by HCSCSC. Its use is most appropriate for eligible individuals who wish to appeal HCSCSC decisions which result in a reduction, termination or denial of OPI services. The following process will be used to resolve differences of opinion between an eligible individual and HCSCSC.

A. Guidelines and Definitions:

1. Representation: The eligible individual may be represented at any stage in the appeal process by a representative of the client's choosing, including legal counsel. All costs related to representation shall be at the client's expense. (Free legal counsel may be available from: Oregon Law Center, 355 East 5th Ave., Unit #1, Ontario, Oregon 97914. 1.888.250.9877 / 1.541.889.3121.
2. Written Decision: A decision, rendered at any level, shall be in writing, setting forth the decision and the reason for it. The decision shall be promptly mailed to the appealing client or representative.
3. Time Limits: It is important that an appeal be processed as rapidly as possible. Specified time limits may, however, be extended by mutual agreement between the person who is appealing and HCSCSC. If an appeal is not submitted by the eligible individual or his / her representative within the time limit established by this procedure, the appeal shall become void. If HCSCSC fails to respond to a procedural step within the established time line, the eligible individual or his / her representative may proceed to the next step of the process within the specified time line for it.
4. Definition of the term "day": A "day" shall mean a business day. If a due date falls on a weekend or an HCSCSC holiday (list follows), the due date shall be the next business day.

New Year's Day	Columbus Day
Martin Luther King, Jr. Day	Veterans' Day
Presidents Day	Day following Thanksgiving
Memorial Day	Thanksgiving Day
Independence Day	Christmas Day
Labor Day	

When an HCSCSC holiday falls on a Saturday, it will be observed on the preceding Friday. When an HCSCSC holiday falls on a Sunday, it will be observed on the following Monday.

5. Notices of appeal and other written correspondence regarding appeals are to be mailed or delivered to HCSCSC at the following address:

HCSCSC

PO Box 728

Burns, OR 97720

6. If an eligible individual requests a local appeal review, their benefits will continue during the review. Benefits will terminate immediately upon a decision that the local appeal review is in favor of HCSCSC. The eligible individual must be given ten (10) days written notice of the results of the local appeal review decision. If an eligible individual requests a contested case review from Department of Human Services (DHS), their benefits will not be reinstated. In the event DHS decides against HCSCSC as a result of their review, the eligible individual will be eligible for reinstatement of service at the time of DHS's decision.
7. All Notices to Deny, Reduce or Terminate OPI Service shall be sent ten (10) working days prior to denial, reduction, or termination and include a separate page listing possible alternative services to assist the client. The notice will state something to the effect "You may qualify for alternative services if you are denied Oregon Project Independence Program services. You may contact your Case Manager to determine if you might qualify for other services, and obtain information about applying for those services." A copy of this page will be placed in the eligible individual's file.

B. Notice to Applicant or Eligible Individual of Decision to Deny, Reduce or Terminate OPI Service:

1. Denial of Service: When a HCSCSC worker determines that an applicant for OPI service will not be provided a requested service, the worker shall provide to the applicant, by mail, a ten (10) day written notice of this decision. This notice shall state the specific reason(s) for this decision and shall describe the applicant's appeal rights, including the deadline for submitting an appeal. (Sample letter Attached.)
2. Reduction or Termination of Service:
 - a. Involuntary Reduction or Termination: When a HCSCSC worker determines that service to an eligible individual is to be reduced or terminated; the worker shall provide to the eligible individual, by mail, a ten (10) day written notice of this decision. This notice shall state the specific reason(s) for this decision and shall describe the eligible individual's appeal rights, including the deadline for submitting an appeal. (Sample letter attached.)

- b. Voluntary Reduction or Termination: When an eligible individual and HCSCSC worker mutually agree that service for the eligible individual is to be reduced or terminated, this agreement shall be confirmed in the following manner: The worker shall provide to the eligible individual, by mail, a 10 day written notice of agreement. This notice shall list the reason(s) for this decision and, in the event that the eligible individual has second thoughts about this action, shall describe the eligible individual's appeal rights, including the deadline for submitting an appeal. (Sample letter attached.)
3. Informal Problem Resolution Process (Optional): Ideally, differences of opinion between a client and HCSCSC should be resolved at the lowest level possible. If the eligible individual or his / her representative wishes to avail himself / herself of this step in the HCSCSC OPI Appeal Procedure, the eligible individual or representative should contact HCSCSC worker involved in the eligible individual's case within ten (10) days of the mailing of the notice of contemplated action which is the subject of the appeal. Within five (5) days of this contact, HCSCSC worker shall schedule a meeting with the eligible individual and representative (if any) to attempt to reach a mutually acceptable resolution of the matter. The worker and his / her supervisor shall attend this meeting. Within five (5) days of the conclusion of this meeting, the worker shall inform the eligible individual or representative, as appropriate, of a decision regarding this matter.
4. Formal Appeal Process:
 - a. Filing an Appeal:
 - 1.) An eligible individual or representative may file a formal appeal with HCSCSC without taking advantage of the informal process described in paragraph 3 above. If the informal process is omitted, the eligible individual or his / her representative must file a written notice of appeal with HCSCSC at the address set forth in Paragraph A. 5 above within ten (10) days of the mailing of the notice of contemplated action which is the subject of the appeal (see attached OPI Appeal Review Request form).
 - 2.) If the eligible individual or representative participated in the informal appeal process described in Paragraph 3 above, he / she or representative must file a written notice of appeal with HCSCSC at the address set forth in Paragraph A. 5 above within ten (10) days of the mailing of the notice of the outcome of the informal process (see attached OPI Appeal Review Request form).
 - 3.) Assistance in filling a written notice of appeal may be obtained from HCSCSC. Contact HCSCSC Director at 541.573.6024. See attached Consumer Comments / Complaints form.

- b. Upon the receipt of a written notice of appeal, HCSCSC shall schedule an appeal review meeting. This meeting shall be scheduled within ten (10) days of the receipt of the appeal. The eligible individual and his / her representative (if any) shall be notified by mail of the date, time and location of the meeting. This notice shall contain the following additional information:
- 1.) The name and phone number of the HCSCSC staff member to contact for additional information about the contents of the notification letter.
 - 2.) Notification of the eligible individual's right to continue receiving OPI service while he /she is awaiting the outcome of HCSCSC appeal review.
 - 3.) Information on the eligible individual's rights at the appeal review, including the right to representation and the right to have witnesses testify on his / her behalf.
 - 4.) Information on the eligible individual's right to seek an administrative reviewed by DHS of the outcome of HCSCSC appeal review.
- c. The appeal review meeting shall be held at the date, time and location specified in the appeal meeting notification letter. To assure impartiality, the review shall be conducted by HCSCSC Executive Director.
- d. Within five (5) days of the conclusion of this meeting, the HCSCSC Director who conducted the meeting shall inform the eligible individual or representative, as appropriate, of a decision regarding this matter.
- e. Within five (5) days of receipt of the decision, the eligible individual or his /her representative may contact the Board of Directors at: HCSCSC, PO Box 728, Burns, Oregon 97720 to request a review of the decision. The Board of Directors will complete their review and make a final decision within five (5) days of the request. The HCSCSC Board of Directors will review the written documentation and may contact/meet with the eligible individual or his / her representative, Case Manager and Director on the need for additional clarification. The HCSCSC Board's decision shall be binding unless the aggrieved client or his / her representative wishes to pursue this matter with the Oregon Department of Human Services (see "f" below). Regardless of whether a hearing with the Department of Human Services is pursued, if the decision of the appeal review meeting upholds HCSCSC plan to reduce or terminate OPI services, these services shall be reduced or terminated immediately.
- f. The eligible individual or his / her representative who wishes to request an administrative review hearing with DHS may do so following the conclusion of HCSCSC's appeal review process (see AFS 443). The hearing request should be sent to the Hearing Officer Panel at: PO Box 14020, Salem, Oregon 97309-4020. A copy of the hearing request

should also be sent to the Department's Seniors and People with Disabilities (SPD) Administrator at: 500 Summer Street, N. E., Salem, Oregon 97310-1015.

VIII. Notice of Privacy Practices

At the time of intake or review, the OPI Case Manager reviews the Notice of Privacy Practices MSC 2090 (rev 7/11) (see attached) with the client and have the client sign a Notice of Privacy Practices Acknowledgment of Receipt from MSC 2092 (11/1) (see attached). A signed copy of the MSC 2092 is made available to the client.

IX. Workers' Compensation Agreement and Consent

If a client chooses to use a State Homecare Worker to provide services in the home, the OPI Case Manager reviews the Workers' Compensation Agreement and Consent form SDS 0354 (07/08) with the client and has the client sign the agreement. The client is provided a copy of the signed agreement. Also reviewed and completed is a Task List SDS 0598 (08/07) outlining what the Homecare worker will do for the client. The OPI Case Manager, client and Homecare Worker all sign the task list.

X. Fees for Services

At the time of intake or review, the OPI Case Manager completes an OPI Income/Fee Determination Record (see attached). The Case Manager asks the applicant how much their monthly income sources and enters this information on the form. The Case Manager then asks the client what monthly medical expense they expect to pay in the next year unless there will be a big change in the next year. This information is categorized under medicines, medical supplies, medical equipment, doctor and / or hospital bills, monthly cost of supplemental health insurance and other medical expenses on the Financial Assessment form. The total amount of medical expenses are subtracted from the monthly income amount and entered on the form. The balance or "Net Monthly Income" is used to determine the client's OPI fee for services. The Case Manager determines the fee by using the OPI Sliding Fee Scale and taking into consideration whether the client is living in a single-person up to a four-person household. The client and the Case Manager sign the OPI Income/Fee Determination Record. They also each sign an Oregon Project Independence (OPI) Service Agreement. The fee amount including "0" is recorded on the SDS 546. A copy of the SDS 546 is sent to the NAPIS Office Specialist who sets the services up on Oregon Access and posts units of services from the monthly in-home Service Provider billing and Homecare Worker report.

XI. Minimum Fee

A \$25.00 one-time fee is applied to all individuals receiving OPI services who have adjusted income levels at or below the federal poverty level (everyone who does not pay a fee for service). The fee is due at the time eligibility for OPI service is determined. This fee does not apply to home-delivered meals.

HCSCSC is opting to apply the \$25.00 one-time annual fee to case management services.

At the time of initial assessment and reassessment, the OPI Case Manager informs the client, as appropriate, that they will be assessed a \$25.00 one-time annual Case Management fee and that a statement will be sent along with an envelope within the next 30 days. When the Case Manager sends the client their letter documenting that services have been authorized, the letter must document the \$25.00 one-time annual case management fee.

The OPI Case Manager writes on the monthly case management report form that a \$25.00 one-time annual fee needs to be billed. The OPI Case Manager sends the form to the NAPIS Office Specialist. The NAPIS Office Specialist prepares and mails a letter / invoice out to the client along with a return envelope requesting a check. A follow up letter / invoice is not mailed if the client does not pay. A client does not lose services if they do not pay the minimum annual fee.

The NAPIS Office Specialist maintains billing and payment information on a separate spreadsheet (not in the NAPIS billing system) and reports any income billed and collected to the RVCOG Finance Office on a monthly basis for inclusion on the monthly SDS 148 Oregon Project Independence & Alzheimer's Cumulative Financial and Services Report.

XII. Non-Payment of Fees

Each month the NAPIS Office Specialist sends the Case Managers copies of the billing letters that have been sent to the clients. The Case Managers review the letters to check on each client's payment status. In addition, the NAPIS Office Specialist contacts the Case Manager when she notices that a client is 60 days past due. The Case Managers are responsible for contacting clients who are more than sixty days in arrears in payment of fees or owe more than \$10 in fees. If payment is not received within thirty days, the Case Manager staffs the case with the Care and Empowerment Program Manager to determine what action may be needed. When it is determined that fees are to be written off, the Case Manager notifies the NAPIS Office Specialist in writing and the balance due is zeroed out.

The NAPIS Office Specialist reports fees billed and paid by type of service to the Finance Office on a monthly basis for inclusion on the Monthly SDS 148 Oregon Project Independence & Alzheimer's Cumulative Financial and Services Report.

XIII. Monitoring and Evaluation

The Care and Empowerment Program Manager at least annually reviews a sample of cases to review service eligibility, determination of services and fees for services are being determined appropriately. A monthly report of service expenditures is provided to OPI Case

Managers and OPI / FCG Supervisor for their use in staying within budget. At least once during the current in-home contract solicitation cycle, the provider is monitored to assure they are meeting contractual requirements. The Care and Empowerment Supervisor, SDS Director, and SDS Operations Manager and OPI Case Manager meets at least once every six months to review budgets, service delivery and staff issues. The Care and Empowerment Program Manager maintains daily contact with OPI Case Managers to problem solve and assure client needs are being met.



DHS/APD STATE UNIT ON AGING
 500 Summer St NE, MS E-12 • Salem OR 97301

REQUEST to PROVIDE REDUCED MEALS

SUA use only	Approved <input type="checkbox"/> Y <input type="checkbox"/> N	Date:	SUA Initials:
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Date: 10/03/16	AAA: Harney County Senior and Community Service Center		
Contact Name: Angela Lamborn			Tel: 541 573-6024
Email: angela.lamborn@co.harney.or.us			Contract # 148986

Please submit as part of the AAA Area Plan. (If submitting between plans, prior to a planned reduction in meals, submit to the SUA at sua.email@state.or.us and reference Nutrition Approval in subject line)

Request for approval for a AAA nutrition program to offer meals less than five days/week in a county must be submitted for approval by the SUA with each new Area Plan, or prior to a reduction in meals that occurs during an existing approved Area Plan.

Congregate Nutrition Services OAA Section 331(1): “Five or more days a week (except in a rural area where such frequency is not feasible and a lesser frequency is approved by the State agency), provide at least one hot or other appropriate meal per day and any additional meals which the recipient of a grant or contract under this subpart may elect to provide.”

Home-Delivered Nutrition Services OAA Section 336(1): “Five or more days a week (except in a rural area where such frequency is not feasible and a lesser frequency is approved by the State agency), at least one home delivered meal per day, which may consist of hot, cold, frozen, dried, canned, fresh, or supplemental foods and any additional meals that the recipient of a grant or contract under this subpart may elect to provide;”

Please complete the following for each county where OAA meals are offered less than 5 days/week:

County: **Harney County**

Average number of older adults currently being served - congregated: **88** home-delivered: **45**

Proposed days and location(s) for meals to be provided: **0**

Please provide rationale for request: **There is something wrong with the cells!**



DHS/APD STATE UNIT ON AGING

500 Summer St NE, MS E-12 • Salem OR 97301

We provide Home delivered meals Monday Wednesday and Friday and Congregate meals at the center on Wednesdays and Fridays. Frozen meals are available for fill in on off days. We have a very limited budget. State funds \$16,000 a year and has always been such since 1973. Entrée program raises funds locally. Consumers donate an average of \$2 a meal. Funds are combined to provide the meals we do. At this time we struggle to provide them. We are exploring ways to add for profit services to enhance the meal program.

County:

Average number of older adults currently being served - congregate:
home-delivered:

Proposed days and location(s) for meals to be provided: 0

Please provide rationale for request:

County:

Average number of older adults currently being served - congregate:
home-delivered:

Proposed days and location(s) for meals to be provided:

Please provide rationale for request:

County:

Average number of older adults currently being served - congregate:
home-delivered:

Proposed days and location(s) for meals to be provided:

Please provide rationale for request:

Emergency Preparedness Plan

**AAA Harney County Senior and Community
Services Center**

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Applicable to All Situations

Principles

- Every incident will be different, both in severity and in length of impact. The response needs to be flexible and meet the needs of the incident.
- Safety of staff is the first goal. Every task should be evaluated for safety.
- Efforts should be taken to mitigate damage to property.
- Responses should be in conjunction with local emergency authorities and/or Emergency Operating Center.
- Lines of authority should be clear to all.
- Communication is vital. Keep local and state partners and authorities informed.
- Documentation of the event and all steps taken, decisions made, and funds expended is very important. You may want to designate someone to track expenditures.
- Every event is stressful on all, including staff. People's emotional health should be supported. If the response to the event is likely to last more than a couple of days, plans should be made to rotate staff (including leadership) to allow for periods of rest.
- Plan ahead. If there is a chance that needed tasks cannot be done with current resources, contact local partners and the state early. If rules or contract provisions may need waiver, contact the state. If the event is severe or long enough, it is important to designate staff to plan ahead while others manage the current situation.
- Set up a regular briefing at the beginning and end of each day (or at shift change) to keep everyone informed of the status of the situation, actions being taken and anticipated actions needed soon.

Triggers To Activation Of The Plan

This plan will be activated if any of the following occur. This could be caused by a weather or other natural event, a man-made event or a pandemic. These incidents include forest/range fire, flooding, significant winter storms. This could also be the result of a major natural disaster on the West side of the state causing mass exodus to the Eastern side such as a tsunami. The exodus of people could cause

significant stress on our systems. The extent of activation will be decided by the Incident Commander.

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

Activation Authority

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

- *_Angela Lamborn(541) 589-0750_____ (Name and day/night contact information) Executive Director*
- *_Howard Weathers (541)413-1208_____ (Name and day/night contact information) WX Manager*
- *_Richard Day (541)589-2155 or (541) 573-7481 _____ (Name and day/night contact information) Board Chairman.*
- *Most senior staff person available. As soon as possible, one of the above should be contacted and authority should be transferred.*

Activation Notifications

The person activating the plan will determine how many and who will be notified.

- *All managers have a telephone phone list It is also stored on the network at The Harney County Senior and Community Services Center____. Call _Loren Emang,(541)589-2423 County Emergency Preparedness Coordinator.*

Communication Plan

When any person believes that their life or someone near them is in danger, CALL 911.

Staff Call-In Procedure

In an event all staff shall call the office. There may be a recorded message about what staff should do. In a significant event, all staff should give their status and ability to come in to the office or alternate site.

Staff contact the office they are normally assigned to first (_(541) 573-6024 541-573-3030 or 541-573-1342_). If that number is not working, use (_(541)589-0750_) or (_(541)413-1208_____). A log will be maintained by receiving office regarding who contacted and the status of that individual.

To determine if the office is closed, see page 11____, the Office Closure section.

Communication with Partners

When the Plan is activated, the following entities may need either notification or regular updates. They also may need to provide assistance.

The Incident Manager or designee will decide who needs to be contacted and when that should occur. For authority to contact media, law enforcement/ emergency manager, or the state, see the Authorities section of this plan.

For all events that require the activation of the plan (closure or impact on an office, activities limited to only mission critical functions, or emergency planning for either clients or the larger community of vulnerable Oregonians), the DHS central office will be notified when feasible and safe.

Other Important Contacts

- *Telecommunications Century Link*
- *Power OTEC 541-573-2666*
- *Local Law Enforcement agencies (541)573-6028 or 911*
- *Local Health Department (541)573-2271*
- *Local CAF offices(541)573-2691*
- *County Court (541)573-6356*

Alternate Communication System

In any significant disaster, regular phone service may be impacted. Frequently cell phone systems are overwhelmed and towers may be damaged. If power is out, corded phones may still work. Out-of-state calls may work when in-state calls don't. It is likely that multiple methods may need to be tried and may work sporadically. It is recommended that all methods are tried and retried. If phones are unavailable, the following procedures will be used:

- *Cell phones. You may find coverage on high ground or near an undamaged tower.*
- *Email. This has actually been found to be more reliable than phones.*
- *Texting. Texts have been found to go through even when cell phone calls have not.*
- *Faxes.*
- *Messenger. For communication locally, such as with your emergency manager, you may need to resort to foot or in-person.*

Authority

Agency Incident Commander

An Agency Incident Commander will be named every time the plan is activated. The person named may vary depending upon the type of incident or the major impact of the event. For example, an event that causes the evacuation of a large facility may result in the naming of a manager familiar with that facility.

The Agency Incident Commander will be named by *Angela Lamborn or the most senior staff person available*. When Angela Lamborn is unavailable, a

replacement Agency Incident Commander may be named. In a large event, there may need to be Agency Incident Commanders named for different shifts.

The duties (all may be delegated) of the Agency Incident Commander include:

- *Assessing and triaging the incident*
- *Naming a Response Team (Size will depend upon the event. It could just be the Agency Incident Commander)*
- *Supervising no more than 5 -8 individuals*
- *Determining the response activities*
- *Assigning duties*
- *Documenting the response*
- *Authorizing and tracking expenditures*
- *Ensuring the safety of the Response Team*
- *Ensuring the accurate sharing of information with all parties*
- *Planning for the next phase of the response*
- *Planning for and authorizing the deactivation of the response*

Law Enforcement/ Emergency Management Contacts

Angela Lamborn (Backup: Howard Weathers or other person designated by the named Agency Incident Commander) are the primary contacts for law enforcement and emergency management individuals. This person will triage the situation, gather any needed information, determine the appropriate agencies to be contacted, and keep the Agency Incident Commander informed of all contacts and decisions.

However, if any staff believes that their life or safety or that of any one around them is in danger, they need to call 911.

Media Notification

The Agency Director, Angela Lamborn, or other person named by the Agency Incident Commander will be the sole contact with the media. All requests from the media shall be referred to them. All information and press releases will be shared with the Agency Incident Commander. All contacts will be documented.

De-Activation of Plan and Learning

As soon as the event begins to stabilize, the person or team responsible for planning needs to start planning for de-activation and return to business as usual.

This may involve a complete de-activation or a step-down approach. The Incident Commander has the authority to de-activate the plan. As part of the de-activation, there needs to be a de-activation communication plan that communicates with all partners with consideration of notification of the media.

As part of the de-activation, there should be a document produced that summarizes the response to include at least the following information:

- Description of the event
- Summary of the different actions taken in the response, including a timeline.
- An accounting of the resources expended, including an accounting of staff time.

After the event, there should quickly be a De-brief scheduled with all major players to create an after-action plan. The goal is to determine what worked well and what didn't with a listing of lessons learned. The Emergency Preparedness Plan should be revised to reflect these needed changes.

Office Affected

Alternate Sites

If the office is not usable, staff are to report to the site *as told on the recorded message, as notified by your manager, which is the first of any of the following that the staff can get to.*

- *Harney County Senior and Community Services is the designated emergency alternative site for state agencies and for the county. We have a generator on site for back up to operate computers and other communication devices as needed. Should this building be unusable we would work with the county emergency coordinator to designate an alternate site.*

Security of Assets

Building Security

In all instances, staff safety is most important. Never should staff be put in danger. If a building is unsafe, staff should not enter until an inspector, first responder or other official says it is safe to re-enter. The building owner or Facilities should take the necessary steps to protect the building.

If the building is physically damaged, steps should be taken to mitigate the damage. The first priority is staff safety and steps should only be taken if safe for the staff.

- **Flooding**

If flooding is anticipated, move all electronic equipment and valuable higher (on top of desks).

If there is a pipe breakage, turn off the water to the building. The turn off valve is located at SE corner of the building outside approximately three feet from the edge of the building this valve is not labeled and the second is at NW corner outside of the building approximately eighteen feet from the building labeled water.

For sewage backup, the waste is toxic and infectious. Take steps to prevent contact and call a plumber.

Petty Cash/ Negotiable Instruments (checks Petty cash and negotiable instruments are kept in the safe in Sue Weathers office. Both she and Angela Lamborn know the codes.

In the event of relocation to another office, the petty cash, and negotiable instruments. will be transported and kept secure by Sue Weathers or the designee named by the Agency Incident Commander.

Privacy of Protected Information and Security of Sensitive Information

Even in an emergency or event requiring relocation of the office, all reasonable steps should be taken to protect the security of client information and other important information, both paper-based and electronic.

Electronic files, Computers, and Laptops

Although all computer access must be password protected, they must be kept secure to prevent theft and possible hacking. If the office needs to be relocated or unknown outside contractors/providers (such as carpenters, plumbers, building inspectors, movers, etc.) have access to the electronics, one of the following steps will be taken:

- *The electronics will be moved to Angela Lamborn's office with the door locked.*

- *When moved, the electronics will be moved in a locked truck to the new location. Before loading, an inventory shall be taken of all equipment and that will be checked immediately upon unloading. If any are missing, the police and Angela Lamborn shall be informed.*

Paper Files

All client-specific information is protected and should be kept secure from disclosure. One of the following steps should be taken if the event puts the information at risk of disclosure:

- *All files shall be moved to the locked file cabinet. The key should be given to Angela Lamborn or the designee of the Agency Incident Commander.*
- *If files must be moved, they should be placed in boxes that are secured with tape, inventoried and kept under lock and key as much as possible during moving. If any are missing after the move, Angela Lamborn___ shall be notified.*

Office Closure

Authority to Close

For inclement weather or hazardous conditions, Angela Lamborn_____ has the authority to close Harney County Senior and Community Services Center offices.

Notification of Closure

The closure will be placed on the electronic board outside of the center at the request of *Angela Lamborn* in the event of closure:

Staff contact the office they are normally assigned to first (___541-573-6024, 541-573-3030 or 541-573-1342_). If that number is not working, use (___541-589-0750) or (_541-413-1208_____).

Essential Staff

Essential staff who need to report to work or work offsite will be notified by a manager or the Agency Incident Commander or designee.

All staff are considered essential and if safe, should attempt to report for duty unless otherwise notified.

Notification of Clients

Phones: When safe and feasible, main messages will be changed to inform callers of conditions and office availability. . *Messages will be retrieved and calls*

returned according to priority of need. (Notices: Notices will be posted on all entrances to the building.)

Continuity of Operations / Business Continuity

It is the policy of the State (DAS 107-001-010 that “State agencies must ensure critical business functions and public services continue under any conditions. . . . The plans must ensure that critical public services continue despite interruption by an emergency, disaster or other unplanned event, either natural or manmade.” DHS serves many Oregonians who are dependent upon our services for basic needs. We must be prepared to respond to an emergency of any level in order to ensure the safety, health and well-being of Oregonians receiving services, vulnerable residents, employees and volunteers.

Local AAA offices are the providers of those services in their local communities. These selected functions represent our commitment to make every effort to provide client benefits and provider payments if an event occurs. This includes loss of power, loss of computer systems, loss of telecommunications, staff absences, or inhabitable offices or adverse environmental factors.

As always, the first priority is the safety of staff, volunteers, and clients in the office.

Mission Critical Services/ Functions

- Every event is different. The following mission critical services may need to be prioritized based on the of the local population and the available resources. If the following services/functions cannot be performed within a reasonable time (usually 3 days) request additional resources from other offices, or local emergency management.

- *Public transportation services within the county*
- *Senior Nutritional Programs (Meals on Wheels delivered and congregate)*
- *Public transportation services outside of the county (trips out)*
- *Food Pantry food distribution*
- *Payment of Providers*
- *OPI open cases, welfare checks*
- *OPI eligibility and authorization of services*

Work Around Strategies

The following are possible strategies to use in an event. The Agency Incident Commander or designee will determine the appropriate strategy and prioritize the use of resources.

Barrier	Strategy
Loss of office	Prioritize workload
	Work at home or from mobile site
	Relocate office
	Request assistance from elsewhere by calling the County Emergency Coordinator or the County Judge.
Staffing Absence	Prioritize workload
	Reassign existing staff to different tasks
	Request personnel assistance from local Emergency Manager/Operating Center
Loss of Power	Start Generator by <u>Howard Weathers</u>
	See above loss of office strategies, loss of computers, loss of telecommunications
Loss of Computer/ Select screens	Prioritize workload
	If localized outage, consider above strategies for loss of office
	Use paper copies of forms
	Keep logs/notes and enter info when screens available
Loss of telecommunication	Corded land lines will work when there is no power
	Work cell phones

	Private cell phones
	Fax (Can also use corded receiver if usual phones don't work because of power outage.)
	Email - usual carrier
	Email – web based (gmail, yahoo, etc.) do not send information that must be secured
	Instant Messaging
	Text Messaging
	For local contact personally appear to give message face to face

Notary

In an event, there is likely increased need to replace checks, get replacement deeds, confirm identification, and replace other paperwork lost in the event. A notary can be vital. In this office the following are notaries:

Sue Weathers

Kayla Witzel

Angela Lamborn

Recovery of Office Functions

As early as possible, start making plans to re-establish normal office functions.

- If the building has been evacuated, get an estimate of when the office could be re-occupied. Consider the establishment of an interim office location if the office will need significant repairs.
- If the building has been evacuated for safety concerns, contact County Building Inspector for an inspection. In a community-wide event, the County Emergency Manager will likely set up an inspection team.

Contacts to Re-Establish Services

- Put notice in the local paper.
- Notify the community via the reader board on the outside of the building.
- Place fliers on the Dial-A-Ride Vehicles.

Community Specific Actions and Resources

Roles for Response to Community Impact

It is important to note that this agency is a part of the larger Harney County Emergency Plan. Harney County has a coordinator, Loren Emang, and he is the lead in any county wide emergency unless he delegates others to that role. This agency would come to the table as a partner and would take direction from the lead. We do not have a written agreement other than the Harney County Emergency Plan. Further his office would keep any such agreements within the county.

This agency is the county designated emergency alternate site and shelter. We are also the alternate site for the DHS office. We have the generator and food pantry. We are the building Red Cross uses in case of an emergency to gather and plan. We have room available for cots and Emergency personnel utilize us for their headquarters. The Director has agreed to work with the County Emergency Coordinator to identify vulnerable people who may need assistance.

If the incident has or is likely to significantly impact to local community *and* Emergency Command Center has not been activated, the following applies:

This Office has responsibility to coordinate with and assist local emergency response teams to

1. Protect the health and safety of staff
2. Protect the health and safety of clients
3. As the local Area Agency on Aging and the agency responsible to, protect the health and safety of seniors and people with disabilities who are not clients, to the extent possible.

The Agency Incident Commander will either conduct the following or assign the following chores:

- Assess the impact of the incident on various communities and neighborhoods.
- Establish communication with the local County Emergency Commander or other First Responders.
- Establish a list of needed actions
- Prioritize the actions
- Assign responsibilities for completion of the actions.
- Repeat above actions as the event evolves.

Important Actions could include:

- Providing Mission Critical functions (may need to include provisions for crowd control)
- Assisting with notification of the population about the event and recommended steps to take
- Contacting the population to determine status of clients and population and doing a needs assessment
- Arranging for evacuation
- Arranging for Vulnerable Populations sheltering
- Asking for assistance from local, regional, or state resources
- Keeping needed entities apprised of status
- Documenting actions, expenditures, and time

Each event is unique and staff will be assigned based upon the needs of the event. However, it is anticipated that:

- *Front office receptionist will staff the main lines, pick up the forwarded calls from absent or reassigned staff, and handle walk-in traffic.*
- *The Fiscal Officer will provide support and documentation for the Agency Incident Commander.*
- *Lead agency command (Angela Lamborn) will assign staff who will provide the Mission Critical Functions.*
- *Lead agency command (Angela Lamborn) will assign who will contact and assist clients and the population as assigned.*

- *Managers and others may be assigned roles in the Agency Incident Command Structure.*

Prioritized Activities

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

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

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

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

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

1. *Any known client to be at immediate risk of losing their life*
2. *Any senior or person with disability known to be at immediate risk of losing their life.*
3. *In-home clients on the high-risk list*
4. *Other in-home clients*
5. *Seniors and people with disabilities who are not known to the office.*

Partners and Contacts

Partners and Resources Contacts

Resource	Source/Partner	Contact Information
<i>Emergency Management</i>	<i>Loren Emang</i>	<i>541-589-2423</i>
<i>County Court Judge</i>	<i>Pete Runnels</i>	<i>541-573-6356/589-1550</i>
<i>Local Emergency Responders</i>	<i>Burns Fire Dept.</i>	<i>573-2320</i>
	<i>Burns Police Dept.</i>	<i>573-6028</i>
	<i>Hines Police Dept.</i>	<i>573-2251</i>
	<i>Sheriff</i>	<i>573-6156</i>
	<i>OR State Police</i>	<i>573-6132</i>
	<i>Ambulance</i>	<i>573-7281</i>
<i>Transportation/Evacuation</i>	<i>Dial-A-Ride</i>	<i>573-3030</i>
<i>Road information</i>	<i>County Public Works</i>	<i>573-6232</i>
	<i>Local ODOT office</i>	<i>573-7350</i>
<i>Wild Fire status or Heavy Machinery</i>		
	<i>US Forestry Office</i>	<i>573-4300</i>
	<i>Bureau of Land Management local office</i>	<i>573-4400</i>
<i>Congregate Meal Sites</i>		<i>573-6024</i>
<i>Food Banks</i>		<i>573-6024</i>

<i>Lost pets/pet shelters</i>	<i>Harney County Vet.</i>	<i>573-6450</i>
<i>Replacement medications</i>	<i>Safeway Pharmacy</i> <i>Rite Aid Pharmacy</i>	<i>573-8586</i> <i>573-1523</i>
<i>Local CAF manager</i>	<i>Jeanette Wilson</i>	<i>541-573-2691</i> <i>Jeanette.j.wilson@state.or.us</i>
<i>Local CW manager</i>	<i>Kim Needham</i>	<i>541-573-2086</i>
<i>Public Health</i>		<i>541-573-2271</i>
<i>Hospital</i>		<i>541-573-7281</i>
<i>Electric Company</i>	<i>O TEC</i> <i>Harney Electric</i>	<i>541-573-2666</i> <i>573-2061</i>
<i>Telephone Company</i>	<i>Century Link</i>	<i>800-201-4102</i>
<i>Water and Sewer</i>	<i>City of Burns</i> <i>City of Hines</i>	<i>541-573-5255</i> <i>541-573-2251</i>

SERVICE MATRIX and DELIVERY METHOD

Instruction: Indicate all services provided, method of service delivery and funding source. (The list below is sorted numerically by service matrix number.)

<input type="checkbox"/> #1 Personal Care (by agency) Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors): Note if contractor is a "for profit agency"
<input type="checkbox"/> #1a Personal Care (by HCW) Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds
<input type="checkbox"/> #2 Homemaker (by agency) Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors): Note if contractor is a "for profit agency"
<input checked="" type="checkbox"/> #2a Homemaker (by HCW) Funding Source: <input type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI <input checked="" type="checkbox"/> Other Cash Funds
<input type="checkbox"/> #3 Chore (by agency) Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds <input type="checkbox"/> Contracted <input type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors): Note if contractor is a "for profit agency"
<input type="checkbox"/> #3a Chore (by HCW) Funding Source: <input type="checkbox"/> OAA <input type="checkbox"/> OPI <input type="checkbox"/> Other Cash Funds
<input checked="" type="checkbox"/> #4 Home-Delivered Meal Funding Source: <input checked="" type="checkbox"/> OAA <input checked="" type="checkbox"/> OPI <input checked="" type="checkbox"/> Other Cash Funds <input type="checkbox"/> Contracted <input checked="" type="checkbox"/> Self-provided Contractor name and address (List all if multiple contractors): Note if contractor is a "for profit agency"

#5 Adult Day Care/Adult Day Health

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#6 Case Management

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#7 Congregate Meal

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#8 Nutrition Counseling

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#9 Assisted Transportation

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#10 Transportation

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#11 Legal Assistance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

John Lamborn 191 West A Street Burns OR 97720 (For Profit business)

Note if contractor is a "for profit agency"

#12 Nutrition Education

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#13 Information & Assistance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#14 Outreach

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#15/15a Information for Caregivers

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#16/16a Caregiver Access Assistance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#20-2 Advocacy

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#20-3 Program Coordination & Development

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#30-1 Home Repair/Modification

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#30-4 Respite Care (IIB/OPI)

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#30-5/30-5a Caregiver Respite

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#30-6/30-6a Caregiver Support Groups

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#30-7/30-7a Caregiver Supplemental Services

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#40-2 Physical Activity and Falls Prevention

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#40-3 Preventive Screening, Counseling and Referral

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#40-4 Mental Health Screening and Referral

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#40-5 Health & Medical Equipment

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#40-8 Registered Nurse Services

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#40-9 Medication Management

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#50-1 Guardianship/Conservatorship

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#50-3 Elder Abuse Awareness and Prevention

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#50-4 Crime Prevention/Home Safety

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#50-5 Long Term Care Ombudsman

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#60-1 Recreation

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#60-3 Reassurance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a “for profit agency”

#60-4 Volunteer Recruitment

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a “for profit agency”

#60-5 Interpreting/Translation

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a “for profit agency”

#70-2 Options Counseling

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a “for profit agency”

#70-2a/70-2b Caregiver Counseling

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a “for profit agency”

#70-5 Newsletter

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#70-8 Fee-based Case Management

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#70-9/70-9a Caregiver Training

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#70-10 Public Outreach/Education

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#71 Chronic Disease Prevention, Management/Education

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#72 Cash and Counseling

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#73/73a Caregiver Cash and Counseling

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#80-1 Senior Center Assistance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#80-4 Financial Assistance

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#80-5 Money Management

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

#Volunteer Services

Funding Source: OAA OPI Other Cash Funds

Contracted Self-provided

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

Note if contractor is a "for profit agency"

Budget by Service Category

(3)		(4)				(9)						(10)
Matrix	SERVICE NAME	(5)	(6)	(7)	(8)	OAA						
						T III B	T III C-1	T III C-2	T III D	T III E	T VII	OAA Total
ADMINISTRATION						\$3,717	\$2,188	\$421	\$0	\$1,330	\$0	\$7,656
20-1	Area Plan Administration	C = Contract				\$3,717	\$2,188	\$421		\$1,330		\$7,656
20-2	AAA Advocacy											\$0
20-3	Program Coordination & Development	D = Direct Provision	Estimated Units	Unit Definition	Estimated Clients							\$0
ACCESS SERVICES						\$20,124	\$0	\$0	\$500	\$0	\$0	\$20,624
6	Case Management		240.00	1 hour	12							\$0
9	Assisted Transportation			1 one-way trip								\$0
10	Transportation	D	15000.00	1 one-way trip	425	\$300						\$300
13	Information & Assistance	D	35000.00	1 contact	1500	\$10,617						\$10,617
14	Outreach	D	25.00	1 contact	25	\$500						\$500
40-3	Preventive Screening, Counseling, and Referral		250.00	1 session	50				\$500			\$500
40-4	Mental Health Screening & Referral			1 hour								\$0
60-5	Interpreting/Translation			1 hour								\$0
70-2	Options Counseling			1 hour								\$0
70-5	Newsletter	D	6.00	1 activity	600	\$8,707						\$8,707
70-8	Fee-Based Case Management			1 hour								\$0
70-10	Public Outreach/Education			1 activity								\$0
IN-HOME SERVICES						\$4,700	\$0	\$0	\$0	\$0	\$0	\$4,700
1	Personal Care			1 hour								\$0
1a	Personal Care - HCW			1 hour								\$0
2	Homemaker/Home Care			1 hour								\$0
2a	Homemaker/Home Care - HCW		2400.00	1 hour	12							\$0
3	Chore			1 hour								\$0
3a	Chore - HCW			1 hour								\$0
5	Adult Day Care/Adult Day Health			1 hour								\$0
30-1	Home Repair/Modification			1 payment								\$0
30-4	Respite (IIIB or OPI funded)			1 hour								\$0
40-5	Health, Medical & Technical Assistance Equip.		50.00	1 loan/payment	10							\$0
40-8	Registered Nurse Services			1 hour								\$0
60-3	Reassurance			1 contact								\$0
90-1	Volunteer Services	D	6930.00	1 hour	600	\$4,700						\$4,700
LEGAL SERVICES						\$1,900	\$0	\$0	\$0	\$0	\$0	\$1,900
11	Legal Assistance	C		1 hour		\$1,900						\$1,900

(3)		(4)				OAA						
Matrix	SERVICE NAME	(5)	(6)	(7)	(8)	T III B	T III C-1	T III C-2	T III D	T III E	T VII	OAA Total
NUTRITION SERVICES												
4	Home Delivered Meals		6800.00	1 meal	50	\$900	\$19,697	\$3,791	\$0	\$0	\$0	\$24,388
7	Congregate Meals	D	7200.00	1 meal	150		\$19,697					\$19,697
8	Nutrition Counseling			1 session								\$0
12	Nutrition Education	D	25.00	1 session	25	\$900						\$900

(3)		(4)				OAA						
Matrix	SERVICE NAME	(5)	(6)	(7)	(8)	T III B	T III C-1	T III C-2	T III D	T III E	T VII	OAA Total
		Contract or Direct Provide	Estimated Units	Unit Definition	Estimated Clients							
FAMILY CAREGIVER SUPPORT						\$0	\$0	\$0	\$0	\$11,967	\$0	\$11,967
15	Information for Caregivers	D	12.00	1 activity	130					\$1,000		\$1,000
15a	Information for CGs serving Children			1 activity								\$0
16	Caregiver Access Assistance			1 contact								\$0
16-a	Caregiver Access Assistance-Serving Children			1 contact								\$0
30-5	Caregiver Respite	D	350.00	1 hour	10					\$5,000		\$5,000
30-5a	Caregiver Respite for Caregivers Serving Children	D	25.00	1 hour	4					\$500		\$500
30-6	Caregiver Support Groups			1 session								\$0
30-6a	Caregiver Support Groups Serving Children			1 session								\$0
30-7	Caregiver Supplemental Services	D	1400.00	1 payment	20					\$4,967		\$4,967
30-7a	Caregiver Supplemental Services-Serving Children	D	5.00	1 payment	5					\$500		\$500
70-2a	Caregiver Counseling			1 session								\$0
70-2b	Caregiver Counseling-Serving Children			1 session								\$0
70-9	Caregiver Training			1 session								\$0
70-9a	Caregiver Training - Serving Children			1 session								\$0
73	Caregiver Self-Directed Care			1 client served								\$0
73a	Caregiver Self-Directed Care-Serving Children			1 client served								\$0
SOCIAL & HEALTH SERVICES						\$6,230	\$0	\$0	\$2,736	\$0	\$955	\$9,921
40-2	Physical Activity & Falls Prevention	D	600.00	1 session	40				\$2,736			\$2,736
40-9	Medication Management			1 session								\$0
50-1	Guardianship/Conservatorship			1 hour								\$0
50-3	Elder Abuse Awareness and Prevention	D	50.00	1 activity	120						\$955	\$955
50-4	Crime Pervention/Home Safety			1 activity								\$0
50-5	LTC Ombudsman			1 payment								\$0
60-4	Volunteer Recruitment			1 placement								\$0
60-10	Recreation	D	2200.00	1 hour	150	\$5,230						\$5,230
71	Chronic Disease Prevention, Management & Ed	D	20.00	1 session	20	\$1,000						\$1,000
72	Self-Directed Care			1 client served								\$0
80-1	Senior Center Assistance	D	1.00	1 center served	650							\$0
80-4	Financial Assistance			1 contact								\$0
80-5	Money Management			1 hour								\$0
80-6	Center Renovation/Acquisition			1 center acqrd/renovated								\$0

(3)	(4)				OAA							
Matrix	SERVICE NAME	(5)	(6)	(7)	(8)	T III B	T III C-1	T III C-2	T III D	T III E	T VII	OAA Total
900	Other (specify)											\$0
900	Other (specify)											\$0
900	Other (specify)											\$0
900	Other (specify)											\$0
GRAND TOTAL						\$37,571	\$21,885	\$4,212	\$3,236	\$13,297	\$955	\$81,156

(11)	(12)	(13)	(14)	(15)	(16)	(17)
NSIP	OPI	Other State-provided Funds	Other Cash Funds	Total Funds	Estimated Cost Per Unit	Comments Explanation
\$0	\$4,169	\$0	\$0	\$11,825		
	\$4,169			\$11,825		
				\$0		
				\$0		
\$0	\$0	\$0	\$5,000	\$25,624		
			\$5,000	\$5,000	\$20.83	
				\$0	#DIV/0!	
				\$300	\$0.02	
				\$10,617	\$0.30	
				\$500	\$20.00	
				\$500	\$2.00	
				\$0	#DIV/0!	
				\$0	#DIV/0!	
				\$0	#DIV/0!	
				\$8,707	\$1,451.17	
				\$0	#DIV/0!	
				\$0	#DIV/0!	
\$0	\$37,524	\$0	\$0	\$42,224		
				\$0	#DIV/0!	
				\$0	#DIV/0!	
				\$0	#DIV/0!	
	\$36,000			\$36,000	\$15.00	
				\$0	#DIV/0!	
				\$0	#DIV/0!	
				\$0	#DIV/0!	
				\$0	#DIV/0!	
				\$0	#DIV/0!	
	\$1,524			\$1,524	\$30.48	
				\$0	#DIV/0!	
				\$0	#DIV/0!	
				\$4,700	\$0.68	
\$0	\$0	\$0	\$0	\$1,900		
				\$1,900	#DIV/0!	

(11)	(12)	(13)	(14)	(15)	(16)	(17)
NSIP	OPI	Other State-provided Funds	Other Cash Funds	Total Funds	Estimated Cost Per Unit	Comments Explanation
\$8,937	\$0	\$0	\$20,000	\$53,325		
\$4,469			\$20,000	\$28,260	\$4.16	
\$4,468				\$24,165	\$3.36	
				\$0	#DIV/0!	
				\$900	\$36.00	

(11)	(12)	(13)	(14)	(15)	(16)	(17)
NSIP	OPI	Other State-provided Funds	Other Cash Funds	Total Funds	Estimated Cost Per Unit	Comments Explanation
\$0	\$0	\$0	\$0	\$11,967		
				\$1,000	\$83.33	
				\$0	#DIV/0!	
				\$0	#DIV/0!	
				\$0	#DIV/0!	
				\$5,000	\$14.29	
				\$500	\$20.00	
				\$0	#DIV/0!	
				\$0	#DIV/0!	
				\$4,967	\$3.55	
				\$500	\$100.00	
				\$0	#DIV/0!	
				\$0	#DIV/0!	
				\$0	#DIV/0!	
				\$0	#DIV/0!	
				\$0	#DIV/0!	
				\$0	#DIV/0!	
\$0	\$0	\$0	\$8,000	\$17,921		
				\$2,736	\$4.56	
				\$0	#DIV/0!	
				\$0	#DIV/0!	
				\$955	\$19.10	
				\$0	#DIV/0!	
				\$0	#DIV/0!	
				\$0	#DIV/0!	
				\$5,230	\$2.38	
				\$1,000	\$50.00	
				\$0	#DIV/0!	
			\$8,000	\$8,000	\$8,000.00	
				\$0	#DIV/0!	
				\$0	#DIV/0!	
				\$0	#DIV/0!	

(11)	(12)	(13)	(14)	(15)	(16)	(17)
NSIP	OPI	Other State-provided Funds	Other Cash Funds	Total Funds	Estimated Cost Per Unit	Comments Explanation
				\$0	#DIV/0!	
				\$0	#DIV/0!	
				\$0	#DIV/0!	
				\$0	#DIV/0!	
\$8,937	\$41,693	\$0	\$33,000	\$164,786		