Harney County Senior & Community Services Center DBA Harney Hub
2025-2029 AREA PLAN

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SECTION A – AREA AGENCY PLANNING AND PRIORITIES

A – 1 Introduction:

Harney County Senior and Community Services Center, DBA Harney Hub (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. 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.

Harney Hub 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 Harney Hub 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 and 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 partner with our regional Coordinated Care Organization, Greater Oregon Behavioral Health, Inc. (GOBHI) and local mental health provider, Symmetry Care, to provide services to Harney County. We participate with community partners monthly, including GOBHI, Symmetry Care, Harney Health Department and DHS to discuss the most difficult and complex cases of seniors in our community.

We are coordinating with GOHBI and with OWN to potentially offer Living Well with Chronic Conditions and are exploring the possibilities of offering hybrid and/or online sessions. We recognize 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.

The SHIBA (Senior Health Insurance Benefits Assistance) program is sponsored on site. Between two and four volunteers are on site every Tuesday between 9a.m. and noon 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 9 and noon to assist. The SHIBA program in Harney County is recognized statewide as a successful program in the State of Oregon. The program

Coordinator, a role shared by staff and a volunteer, Diane Brinkley, are dedicated and they encourage 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 care 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.

With the additional investment of funds from the state to transportation we have begun a deviated fixed route at no cost to the rider. This service has allowed many extremely low-income individuals, including seniors, the opportunity to utilize transportation services in ways they previously were unable to afford.

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, and deliver our Home Delivered Meals route. They are leaders for our Tai Chi group 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.

SHIBA services are provided with a blend of in person and telephone interviews based on consumers preference and health risks. We have resumed utilizing volunteers in our programs and although our delivery methods still offer options established during COVID, we also are back to offering our in-person appointments, meetings and meals. Staff is mainly providing all congregate meal services. The food pantry is currently more utilized than during normal operation and we are seeing households more than one time a month. With SNAP benefits decreasing we are seeing more and more folks seeking food resources. At this point, we have more demand than food and are working with our community to find additional food resources to offer.

We have successfully provided our Powerful Tools program in person on several occasions since COVID and it was well attended. We provide a meal and incentive prizes for participants. This seems to work well in drawing participants to the program.

Harney County Senior & Community Services Center DBA Harney Hub 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 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 decisions. 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.

We are committed to the elimination of discrimination, as well as in encouraging diversity among the members of the workforce. It is our goal as a workforce to become a real representative of all aspects of society, where each and every employee feels highly respected and capable of giving their best. It is a high priority for us to foster and maintain an environment where diversity and inclusion are valued and realized to the benefit of our employees and the clients we serve.

These terms are often used interchangeably. Equality is about fairness. It underpins and is at the heart of all that we are and all we do. Equality goes well beyond just equal opportunities. To tackle traditional disadvantage and exclusion we aim to embed equality across all aspects of our work. This includes a commitment to having services that are of equal value to everyone, and recognize that this might mean different services to suit diverse needs. The word “diversity” means a range of difference. We want to acknowledge and value this range of difference, whether in individuals, groups or in our community.

As a frontier provider we depend on our community partners to ensure we are always working for our vision. We partner with our mental health provider, Symmetry Care, to educate ourselves, recognize issues in the seniors we serve. We have partnered with our local banks to provide education regarding financial abuse and fraud to protect and educate our seniors. We partner with Oregon State APD to support some of the most difficult senior self-neglect cases in our community. Local law enforcement partners to provide information regarding scams targeting seniors and ways to protect themselves from them. Harney District Hospital partners with us to get seniors in their homes as soon as safely possible, using our services as supports. Our tribal partners reach out to us as we do to them when we are working with their members to meet any needs they may have that are endangering their ability to safely stay in their home. Overall, we are a small community which comes together to meet the needs of its members as none of us can do it alone.

As we and our partners assess the need of our community we work together to meet those needs. Our seniors express need for safe and affordable transportation between our frontier community and our nearest neighbor, Bend OR, 130 miles away. They need transportation for their doctor appointments especially seeing specialty care. Food security is another need identified. Harney Hub provides home delivered and on site meals as well as the sight of the food pantry. These are identified needs at the Burns Paiute Tribe as well as throughout the rest of the community.

A – 3 Planning and Review Process:

The community health assessment survey developed by our local EOCCO and distributed by Harney Hub and partners was used along with tools listed below to identify needs and priorities with in the county. Harney Hub distributed the assessment at our meal site and on our public transit vehicles. We handed it out at the front counter and encouraged everyone to provide feedback for us and for our partners at EOCCO. We

also advertised the assessment on our Facebook page. This information was also shared by the local radio station. The survey was available in both English and Spanish. Data was obtained from Administration for Community Living Aging Integrated Database, Oregon Office of Rural Health, US Census Bureau and PSU population Research Center.

Those who responded to our assessment consisted of 51% female and 49% male. They reported that 91% spoke English as their primary language while 9% spoke another language as their primary language, though that language was not Spanish. Of those responding, 45% identified as white, 18% as American Indian or Alaska Native, 2% Asian, 11% Black or African-American, 13% Latino, 5% Native Hawaiian/Pacific Islander and 6% other. During this process the Advisory Council was also the board of directors. This AAA is aware that standards are being put into practice in which no board member can be on the Advisory Council. The program manager is currently developing a list of community members to reach out to, to develop an Advisory Council.

The Board of Directors was notified of the need to update the area plan. Discussion was held regarding priorities. The Board stated their primary concern was to maintain services available. They are aware that the community prioritizes on site and home delivered meals as important to their ability to age in place. They support Harney Hub as a one stop shop for seniors in the county and want that to continue with the blending of services and supports offered through the programs managed.

The Board of Directors reviewed the first draft of the completed area plan. At that meeting they provided feedback as to language and areas they wanted clarified. These changes were made and the final draft was completed.

Upon completion of this plan, the draft was submitted to the Board of Directors which acts as the Advisory Council, they approved the working draft and approved it being posted on the Harney Hub WEB page for a 30-day review. Harney Hub advertised in the local paper and radio and provided contact information to allow comment and input. At the end of this process the final draft was 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, Melinda Todd, for input and assistance with development.

A – 4 Prioritization of Discretionary Funding:

Harney County Senior and Community Services Center DBA Harney Hub 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 array of services including homeless programs, shelter, energy assistance, weatherization, prescription assistance, 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. We are lowest funded AAA in Oregon. We are the most remote and our community is considered frontier with the next nearest town 130 miles away.

After meeting the minimum required spending the remainder of 3B funding is used to partially cover staffing, including a part time Office Specialist who provides I&R I&A services. This person also enters data into the RTZ data system. Funding also covers the Program Manager's time providing these services. Our Office Specialist also develops the bimonthly newsletter, which we distribute to a mailing list of over 525 household. The newsletter is one of the best outreach tools we have and is provided at no cost to the community. After paying employee costs the remainder of the funding is used to support the I&R, I&A services paying for computer maintenance, supplies, training, travel and marketing.

Harney Hub and it's Board of Directors prioritize I&R, I&A services as this is the best way for AAA to touch the most people. By supporting these services Harney Hub is able to provide information or to direct the public to other services they or their partner agencies may provide. These contacts are the first steps to getting our seniors the services they want as well as providing them with options for other services they may find helpful and may not have known were available.

We do not currently have anyone on waitlists. Should there come a time when we need to develop a wait list, seniors will be prioritized by both economic and social needs. Social needs would include whether they live alone and if there are any natural supports available. We are a frontier community so distance from town often plays a big part in how needs are assessed. Discretionary funding would continue to be used to provide part time staff for I&R I&A services who can help direct waitlisted consumers to other services available in the community.

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 electric co-ops. 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 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 months 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 for the most part.

The local private citizens and various organizations support our services in several ways, including monetarily and through volunteering. Many support our meal program through the local Entrée Donation funding. The community prioritizes the meal program both on site and home delivered by naming these programs specifically for their donations. This is a difficult program to manage due to costs however the community and donors prioritize it, therefore we continue to provide this valuable service. 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 an ongoing basis. Again this is a service that the community finds valuable and prioritizes in its donations. We provide the service to those seeking it, utilizing the donations from the community who have donated to ensure it is available to anyone seeking the service. They provide local funds to purchase both bus tickets and fuel vouchers 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 allows them to seek help with many troubling outstanding legal issues. He has assisted with issues such as Life Alert type companies 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 civic groups and individuals 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. We interview clients who are seeking services. An example may be those who need home delivered meals. Our questionnaire asks social determinate of health questions such as if the consumer lives alone. This would be considered a greater social need than a consumer living with a spouse or others. Should we obtain more funding we will evaluate services currently provided and what could be added to complement what we are offering. An example of this might be the fact that we currently have a cap on our caregiver respite program of $350 a year. In this example we would prioritize caregivers with no natural supports over those who may have extensive supports. If funds were increased, we could raise the number of hours a caregiver was allowed for respite in a year. As a frontier community we are very cautious about starting completely new programs or services with funding that is unstable. Our community does not have a lot of options to replace funding or contract with other agencies to provide a similar service. We have found it is not in our populations’ best interest to start a new program only to yank it away because unstable funding is pulled. We will move with caution until we can ensure stability at which time we will add service as needed within the population we serve.

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 consumers 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. Our funding is limited and our case manager is also the AAA program manager. Our housing specialist manages the energy assistance program and the front office duties are shared by all. Our program manager is also our data input person for tracking meals and billing for OPI. She is also the Options Counselor. Funding is so low that this agency is not able to split job duties.

The Executive Director backs up the OAA program manager when duties become too prolific to complete. The Executive Director and Program Manager are working together to complete this Area Plan and the Self-Monitoring assigned while providing LIHEAP Energy Assistance to the community, information, assistance and referral. The Program Manager is also reviewing and renewing OPI services and providing case management services and the Executive Director is engaging in ongoing administrative duties, oversight, program reporting and HR. The Fiscal Manager does the OPI HCW billing and SPR Data input as well as monthly units reporting. A decrease in funding would have a significant negative impact on a program that is currently struggling to meet the needs of the community due to lack of funding for adequate staffing. Should funding be reduced we would continue to use the tools we currently have to assess the economic and social needs of consumers and would list them on wait lists accordingly. However, at this time we are providing the minimally required services and meeting the need. Reduced funding may make it impossible to keep our doors open.

A – 5 Service Equity (Recommended, Optional):

Harney Hub staff is a very diverse representative for Harney County. Much of the staff are seniors over 60 themselves. Of 24 employees, one is Basque, two are Native American, one is biracial white/Asian and one is biracial white/African American. One employee is a disabled Veteran. Staff range from the age of 67 to 17 years old and encompass Baby Boomers, Gen X, Millennials and Gen Z. Each bringing their own view and experience to the work we do. Home Delivered Meals volunteers are all 60 or older and most of us have called Harney County our home for most of our lives. We know our community and we know the people we serve. We ensure when hiring that we are able to pull from the most diverse pool as possible in our community. We advertise in traditional areas such as the newspaper and radio. We also advertise on social media, Face Book, and we contact our partners at Symmetry Care and reach out to tribal contacts.

Harney County is not a very diverse community with almost 90% of residents identifying as White. We have the Burns Paiute Tribe as almost 5% of our community. The remaining 5% of the population varies throughout the spectrum. Our goal is to educate our frontier community of the broader world around them. Many of those we serve do not travel. They may go to Bend for a doctor appointment and the world they know is limited to what they watch on television. In our newsletter we attempt to introduce unfamiliar ideas. In our calendar we list diverse holidays or recognitions. We attempt to integrate unique cultural meal items to our menus. Our diners know about corn beef and cabbage for St. Patrick’s Day but had never heard of Three Sisters Soup, honoring the

traditions of our Native American community. We have found that introducing an item to a familiar menu works better for our seniors than providing a full meal of unfamiliar items. Our diners are more willing to try one unfamiliar item than they are a full unfamiliar meal.

Our frontier community is very small, we provide many of the services we offer directly to the community as there are not other providers out there to contract with. This includes providing weatherization services. We work with our partners at Community in Action out of Ontario to identify Native American specific weatherization funding. When we are able to utilize these funds, we work to focus on the homes on the tribal reservation and Native American homes in the towns of Burns and Hines. We will engage in a campaign to spend funds to weatherize as many homes as funds allow.

We provide public transportation services to the community. We partner with the tribal transit program and share stops throughout the community and on the tribal reservation. We work with them to cover some route services out to the reservation after their hours of service, providing more options for members who would prefer to get home a little later in the day.

SECTION B – PLANNING AND SERVICE AREA PROFILE
(Suggested length not to exceed 5 pages)

B – 1 Population Profile:

According to American Community Survey by Primary Care Service Area Harney County has a land area of 10,133.17 square miles with .75 persons per square mile for a total population of 7537. Of the population 44.9% is over 65 and disabled. Of the population 24.9% is over 65. Only 1.1% of the population is households that speak English not very well. Households below 100% poverty are at 12.1% of the population, with 44.5% living below 200% of poverty. Of those living in poverty only 3% of the population is receiving public assistance. The state of Oregon has an overall population over 65 at 17.6%. This confirms the finding in the Journal of Rural Heath which found that the rural population of Oregon contains a greater proportion of older adults than the urban population.

Using the data provided by ODHS the population in 2022 was 7454, of that 2471 of the population is 60+ which is 33% of the population. Of those who are over 60 there are 160 who are a minority population; 72 Hispanic seniors, 58 Native American elders, 9 Native Hawaiian Pacific Islanders, 8 Asians and no African Americans. There are 16 seniors who are identified as Limited English Proficiency.

We know that the population including those 65+ will continue to grow throughout the next four decades. Nationwide the senior 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 was 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 had received the same funding for our congregate and home delivered meal program since 1973 but we were able to secure a small increase and are thankful for the additional funds but our meal program is still struggling. 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.

2023 Census estimates appear to be pretty accurate to our small community. We do have the Burns Paiute Tribe Reservation located within our county and the data appears to reflect the population. It is important to note that we have a small group of Basque individuals who live in the county and though they have a significant cultural influence in the county they are not reflected in the race and origin data. This population is often counted as Latino/Hispanic due to their country of origin being Spain. The 2023 Census population estimates reports that Harney County is 89.9% white with 4.9% of the population reporting Native American and 3.5% reporting two or more races. There is 1% reporting as African American alone, .5% Asian alone and 5.8% Hispanic or Latino.

English is the predominate language spoken in Harney County. The majority of the individuals who may not speak fluent 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 (normally) come to the county under short term contracts and return annually to their home countries, often Peru, and will return seasonally.

Oregon County Profiles for Behavioral Health indicate that though Harney County residents are on average older and more are living with disabilities and in poverty, they self-report less prevalence of depression. Harney County seniors 65+ report 9.8% depression, while the state reports 14.5%.

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 veteran services, home delivered meals, transportation, energy assistance and weatherization services to tribal members in our community. This

allows us to provide outreach and resource information to the tribe in hopes those who may not otherwise come to our agency for services may decide to do so. 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 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.

Harney Hub has access to interpreters when working with those with Limited English Proficiency. We often make arrangements ahead of time to ensure we are all able to communicate in a way that assures self-determined care. Should we identify a need for documents in a language other than English we will utilize ODHS to get that document created.

The Burns Paiute Tribe is the minority population that lives in a somewhat separate community, mostly on the reservation. We work with the tribal social services and transit to assist with meeting the needs of tribal member. When planning outreach activities we work with them to ensure we are providing information in a way that is culturally specific and helpful to them.

B – 2 Target Populations:

The Harney County Senior and Community Services Center DBA Harney Hub is a Type A AAA in a very small community. Harney Hub has been an important part of the community since 1973. Harney Hub serves low-income older individuals who come to us for other services we provide including through our housing programs, which address housing instability and our food pantry which addresses food insecurity. We also see them during energy assistance time when we are helping with heating and cooling needs. We target through our newsletters and public transit advertising, which we also provide and use to identify those with greatest social need, as well as our attendance on the local radio morning show twice a year. We are a frontier community and therefore all of our seniors are members who are historically underserved and in the greatest social need. Our tribal neighbors are also among those with the greatest social need and many also have great economic need. We would with our tribal social services in addressing these needs.

Most of the programs administered by Harney Hub have income guidelines. These guidelines are adhered to as part of the programs. Harney Hub prioritizes all clients by income as well as whether individuals are seniors and people with disabilities, families with children under six and finally the general public who meet the income criteria.

Outreach in our community includes word of mouth, community events and public service announcements in the local paper and on the local radio station. 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 Harney Hub are so diverse, the staff is able to identify community members who may be eligible and benefit from AAA services. 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 Harney Hub 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. We also have access to services such as Google Translate as needed.

We work in partnership with tribal social services to address needs 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 medical equipment, energy assistance, home delivered meals, weatherization services and veterans services to tribal families as well as food pantry service. 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. There are not organizations or community outside of the overall community serving this specific community. This organization is committed to inclusion and equity and treating all individuals with respect, meeting individual needs. These individuals utilize services and are referred by friends, family and professionals within the community. There is no data available to the percentage or number of community members who identify as LBGTQ however this author would venture to guess

that the percentage of the overall population is comparable to the state of Oregon as a whole.

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, Administration and Service Providers:

The Harney County Senior and Community Services Center DBA Harney Hub is a member of O4AD and N4A. We 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 serve. 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 in the majority 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 provides the building we operate out of and assist with some overhead costs.

Harney Hub houses the public transportation service for the county. Harney Hub Transit serves the whole community with on demand service curb to curb and deviated fixed route service. It is funded by Public Transportation grants, and Harney County support. Riders are just about evenly split seniors and people with disabilities and the general population. Our fleet of vehicles is currently struggling to meet the need of all riders. Our buses are ADA compliant for those with special needs. Through our partnerships locally and with various state and federal agencies, we are better able to meet the transportation needs in Harney County. We have 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 Greater Oregon Behavioral Health Inc. (GOBHI). We have added two 4x4 vehicles to our fleet to ensure our ability to provide medical transportation to our neighboring communities in the harshest of Eastern Oregon winters.

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 this program allows us to carry a case load of approximately 10 seniors with a maximum monthly hour assignment of 20. Our OAA Program Manager/Case Manager/Office Specialist maintains the case load and recertifies the consumers. Home delivered meals are paid through this program for those who qualify. We have also paid some chore service and at times small home modifications as needed. We have also provided transportation in the form of bus passes for those in need. We do currently have a wait list. As we move forward we are working with our local state staff to implement the OPIM program. We have moved three cases over from traditional OPI to the new program and are working to move the others over as well.

Home delivered meals and congregate meals are served and dispatched at the center. There is no local organization to contract with. We prepare our own meals as there is no local commercial kitchen willing or able to provide the service through contract. We utilize volunteers to deliver our meals. 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. OAA funds currently pay $3.91 of the $16.59 meal cost. Costs of salaries and food continue to rise and due to our frontier location and the rapidly rising cost of fuel 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 funding continues to be an issue. We have added a contract with the county to provide the jail meals. This contract has added some additional funding to the senior meal program, however we continue to search for further ways to increase revenue. Staff turnover and work with nutrition guidelines have all impacted our meal program.

Our meal days have also added non-supported meals as a “for purchase” option to those interested in supporting our senior meal program. Our kitchen offers salads on Tuesdays and soup on Thursdays. We are also offering iced tea, lemonade and coffee for an

additional charge. These community activities are supplementing our meal program, but they also require staff to manage them. Due to the rising cost of food and staff, we have reduced our kitchen staff back to two full time people. We have reached out to Harney District Hospital, which is the only local commercial kitchen that might have the ability to provide meals. They were not interested in partnering with us. Due to the lack of resources in our frontier community if we are to provide home delivered meals and on-site meals we must prepare them ourselves. There are only two restaurants in our community other than a McDonalds and Dairy Queen. Our only option is to provide service directly for this program.

Our partnership with the local 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. This service is part of the duties of the Office Specialist and is one way we provide information to the community about meals, upcoming events and programs available.

Caregiver Support is funded with 3E dollars. We provide opportunities for respite and light home modifications to assist caregivers. We have trained leaders for the Powerful Tools for Caregivers class and our goal is 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 about the availability of services.

Twice weekly Tai Chi for Better Balance is supported by 3D funding. We have provided ongoing education in Tai Chi for our volunteers who provide the classes. The training and service is paid for with Evidence Based Health promotion funding. These funds allow us to make classes available different days of the week. Our staff track and contact clients. It allows us to provide increased service and outreach to folks who might otherwise not have the opportunity.

We have begun partnering with GOBHI to support the living well classes they provide virtually. Though at this time this model is not well received by the community.

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 home delivered meals drivers. She is also the building event coordinator, ensuring there is space for the events that we host. We have a vaccination clinic every fall; we have, bingo and pool several times a week. 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.

Legal assistance is provided to the community within an agreement we have with the local attorney. There is one attorney in Harney County. The next nearest option for legal service of any kind is 130 miles east to Ontario or 130 miles west to Bend. We contract with him because it is unrealistic to have seniors travel 130 miles for legal services. 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 bills 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, for example, 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 fourteen 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 which allows us to better serve seniors, disabled individuals and their families.

Please refer to Attachment C- Service Matrix and Delivery Method for programs provided by this AAA.

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 DBA Harney Hub is to be a one stop shop for as many people in our community including seniors and persons with disabilities as possible. In recent years Harney Hub 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 DBA Haney Hub by each and every staff person. Though not AAA funded, we, in partnership with Harney County, provide transportation services. We are the public transportation provider via our Harney Hub Transit program. This program has continued to grow at a very fast pace. We have increased our vehicle count to ten. We have added real time dispatching through tablets in every vehicle. We have gone to a computer-based phone system so there are unlimited options for phone waiting and messaging. We continue to have a 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 wheelchair bound individuals to obtain dialysis several times a week in Bend while remaining in home and community. This service is literally saving lives.

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 local community donations. Community funds also allow us to provide $50 fuel vouchers to help transient individuals who may be stranded in our community without fuel to get to the next community. We also have limited Salvation Army funding to provide bus tickets to the next nearest community.

Harney Hub is part of the network of local food pantries. We are the largest capacity pantry in the community. Harney Hub is the distribution sight for several thousand pounds of food a month. We have dedicated volunteers, overseen by staff, who ensure smooth operation of our food pantry. Volunteers pick up Fresh Alliance from Safeway daily. The pantry is open only one day a week. We are open three days a week for Fresh Alliance.

We are the agency that provides energy assistance and weatherization services. These services are in partnership with Community in Action, located in Ontario OR, as well as local cooperative power companies. We have a workforce of three 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, and 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. These funds 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 1 fte position made possible because of the commitment and support of the Harney County Court. Our Veteran Service program only covers the expense for one employee and related expenses. The remainder of the funding needed for program and advertising comes from Harney County. Their office is housed here at the center and the program is part of the suite of services we offer our community.

The Center has a partnership with Symmetry Care 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 also partner with the Harney District Hospital. 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 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. 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, at 130 miles both east and west to the next nearest larger communities of Ontario and Bend, it is simply a way of life to work together to meet the needs of our community.

When we cannot meet community 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.

SECTION C – FOCUS AREAS, GOALS AND OBJECTIVES

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

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

Our community needs assessment shows members of our community needing support for services we offer, such as heating and cooling, housing, and transportation. The community also expressed need for services our partners provide. Our information and assistance services allow us to direct our community to the services they need and allow us to follow up with them to ensure their needs are met.

The ADRC program is available in Harney County to provide consumers and their families with information and assistance to identify needs and obtain services available within the community. Staff is available to provide person centered options counseling to help individuals and their families make the best decisions for them after identifying what those options may be. Staff assists our seniors to find and use their own voice to express what is important to and for them. Staff listens to their needs and offers them the choices we have available. We support families and seniors as they identify and plan for their needs.

The community served by the ADRC in Harney County is very frontier and has few resources. That being said the ADRC plays a vital role in getting information and assistance to vulnerable seniors and people with disabilities. As a frontier community we engage with all of our partners when working with consumers. We communicate what needs our clients have and we collaborate to meet those needs to the best of our ability, working towards the outcome our client envisions.

Harney Hub staff have been trained to provide high quality and accurate information and assistance. ADRC calls come in and are answered by staff during business hours Monday -Thursday 8:00-4:30. Voice mail is available after hours and calls are returned the following business day. Staff takes every opportunity to train and increase their skills and knowledge of services available to our community. We work with our EOCCO Older Adult Behavioral Health Coordinator to ensure our staff and our community are able to utilize any education opportunities they provide.

As a core ADRC partner we work with our local agencies in person centered case management. These partners include Symmetry Care, Harney District Hospital, Tribal social services and the health department to name a few.

Due to our frontier location and lack of staffing CSSU helps Harney Hub by managing the ADRC database listings. Our executive director works with CSSU staff annually to ensure the database is accurate and up to date.

Harney Hub provides the community with a newsletter every other month. We use this opportunity to provide information to the community about key services available to them. Our newsletter is mailed throughout Harney County reaching our most frontier communities such as Frenchglen (60 miles away) and Drewsey (40 miles away). We also mail directly to tribal elders but also provide a copy to the Burns Paiute Tribal social services allowing them to add our content to their newsletters. All of the medical clinics and hospital in our community receive the newsletter and have it available in their waiting areas. We also advertise our services by going on the radio morning show at least quarterly and talking about programs and services we offer. We do not have a population that does not speak English as a first language, nor do we have support groups or organizations that help us identify LGBTQIA2S+ older adults. Those who identify as such are simply part of our small community and obtain services as needed. However, we continue to meet monthly with community partners, including Symmetry Care, Burns Police, Harney Health Department and DHS to talk about any seniors or complex cases that may include any of the priority populations.

Type A AAA's do not have the funds available that type B's have with Medicare programs funding available to them. OWN is working to put funding into the system for those of us struggling and the process is slow but showing promise. We are finding that our community is small enough that the Medicare funding coming in from the work of OWN and the RMSS is not providing our organization with much, if any, extra funding. The funding this organization receives is half of the next nearest AAA, Malheur County. We provide Options Counseling and I & A services and we continue to do so in spite of the barriers we face. We are adding options counseling when our case manager/program manager meets with the OPI and OPIM clients. We provide information and assistance while we serve senior meals twice a week. We advocate for our ADRC services and show the value as we work to input the data into the RTZ system. We watch data trends and talk to seniors in our community about their needs and ways we can creatively meet those needs.

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, limited though they are, 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.

Focus Area - Information and Referral Services and Aging and Disability Resource Connection (ADRC)
Goal: Accurately record consumer contacts utilizing RTZ system

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
				Start Date	End Date
Increase ADRC Get Care contacts in RTZ system by 15% a year	a	Train Staff on Get Care/RTZ	Program Manager, ED	7/25	
	Accomplishment or Update				
	b	Staff input data in RTZ live or as close to contact as possible	Office Specialist and program manager	7/25	
	Accomplishment or Update				
	c	Data entry will be monitored monthly for quality assurance	Program Manager and ED	7/25	
	Accomplishment or Update				

Goal: Marketing and outreach to promote ADRC and increase service usage

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
				Start Date	End Date
Advertise ADRC through website, Facebook and other media at least once a quarter Many of our frontier community participate in Facebook and	a	Update and monitor website and Facebook posts	ED, Program Manager and Office Specialist	7/25	
	Accomplishment or Update				
	b	Participate in the morning radio program at least two times a year to advertise ADRC services	Program Manager and ED	7/25	

<table>
<tr><td rowspan="3">listen to the radio. Both are free forms of entertainment and utilized by those with greatest economic need. All of our frontier community is experiencing greater social need.</td><td colspan="5">Accomplishment or Update</td></tr>
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2. Nutrition Services (OAA Title IIIC)

We operate a full-service commercial kitchen on site at 17 S Alder Ave Burns and provide a nutritious home cooked meal to seniors and others who attend the meals twice a week, Tuesdays and Thursdays between 11:30 and 1:00. We deliver home delivered meals two times a week on meal days. We are delivering twice a week with an additional soup and rolls meal that is approximately three additional servings for meals. We also freeze meals using the approved vacuum sealed systems and deliver frozen meals upon request. We are averaging 684 congregate meals a month and delivering an average of 887 meals a month to home delivered meals consumers. As we provide direct service for this program we utilize IIIC funding for the onsite meals we provide twice a week. We are a frontier community and have only one site which is located at Harney County Senior and Community Services Center DBA Harney Hub.

Our meals meet the requirements for calorie intake and nutrition standards set forth for the program. Our service promotes socialization for older individuals, as they enjoy our diner style meals and eat with friends. We offer grab and go and home delivered meals as options for our consumers as well. During our intake process we provide opportunity to get to know our consumer. We listen to their story and what they perceive as their needs. We provide them with options and give them space to choose what they believe best fits their need at the time. All menus are approved by the registered dietitian in our community. She provides her services at no cost to Harney Hub.

We present information from the approved brochures at meal time and provide the brochures for our consumers to take home for our Nutrition Education. Our program manager assesses everyone on the home delivered meals program and provides their annual nutrition education at that time. We look forward to working with the hospital's new nutrition specialist to provide in person nutrition education opportunities. A community focus is diabetes as it is a chronic condition that is very common in our community. As we work with our seniors some have recently been diagnosed with the disease. We often find they are expressing fear and confusion as they have to change so much of what they have done their whole lives. We empathize and give them the space they need to express themselves. We provide options for counseling and education and allow them to choose the route best for them.

Harney County Senior and Community Services Center DBA Harney Hub 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. Donation of 4H meat has begun to decrease to the program. Previously Shriners and Harney Hub were the two beneficiaries of the donations, however both Burns and Crane schools are also receiving donations. We are finding it difficult to compete with the kids. 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.

Our seniors visit other meal sites and come home to report “we are the best in the state!” They like our traditional meals made from scratch. 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 utilize both Caregiver and OPI funds to pay for meals for folks on our caseload. This allows them to have nutritious meals and the service is paid for as part of their case plan. This service addresses food insecurity in older adults and helps to delay onset of adverse health conditions as they relate to poor nutrition and isolation. We are currently providing Grab and Go back door meals in addition to home delivered meals and meals on site two days a week. We are offering organized Bingo one day a week and pool tables are available every day during business hours.

We would like to take this opportunity to continue to utilize IIIC funding to provide “grab and go” meals. We find we are better able to meet the needs of specific members of our community previously underserved. We have found that caregivers caring for a loved one with dementia are who utilize this option the most. This mode of delivery allows caregivers to get out and often they can bring their loved one out for a drive. They are able to pick up a meal and visit with staff and sometimes friends in line. Caregivers are at risk of loneliness and benefit from this opportunity.

Members of the community who utilize our grab and go meals had not previously participated in our congregate meals. They have added to our participation numbers. We are committed to monitoring the impact on our congregate meals program participation. They provide feedback to us expressing that they value this service and the opportunity it provides to them. They state without the program they would just stay home. We understand that as life changes, especially for caregivers, needs can change and this is hard on those being cared for and for the caregiver. Providing a grab and go option helps us help them as they transition through the ever changing needs of their loved one.

Because we directly provide our meal services we are able to monitor the program as we provide the service. Grab and go meals are provided to our frontier community most of

whom we serve in other programs. Many of our insecurely housed individuals come to our meals site for grab and go meals rather than dining in. This opportunity allows us to address their food insecurity. We provide a drive up option which allows those who have limited mobility issues to partake in our meals.

Those who participate in our grab and go meal program are asked to provide us with a NAPIS form as are our home delivered and congregate meal participants. This allows us to understand who we are serving and best meet their needs. Eligibility for grab and go service is the same as for congregate service. We welcome everyone however for those 60+ meals are donation only.

We plan meals for two months in advance. Meals are reviewed by our nutritionist at no cost to us. All meals provided are the same. Home delivered meals and grab and go meals are the same as what is being served to the congregate population.

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. We are contracting with the county to provide meals to the inmates at the jail. This contract has been instrumental in helping pay for the meal program. We worked with the state and AAA partners to renegotiate meal funding and we saw a slight increase. We are unable to maintain even two days a week with the normal funding available to us. It simply is not enough. We are currently providing special items for profit to go back into the program but due to the staffing cut we had to make we no longer offer catering services. It is unfortunate that our C1 and C2 meal dollars in our OAA budget have increased little in several decades but the costs for raw food and the preparation of it continue to go up. 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 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.

We provide person centered service which includes providing meals to caregivers and those they care for if it is appropriate and desired for the consumer. We have Tai Chi in the dining area prior to meals. We have been able to encourage participants to come join us for lunch and even to become home delivered meal volunteers. Our meal program is an important link in meeting the needs of the community as a whole.

We advertise our meals in our bimonthly newsletter which reaches over 525 households throughout the county including the most remote areas. We also provide those newsletters to the doctor and dentist offices in the community and to the Burns Paiute social services to add to their newsletter. We develop our meals in a way that attempts to acknowledge some of the meal traditions of traditionally underserved populations. An example is the addition of Three Sisters Soup to our soup line up which is traditionally a Native American staple. We also advertise our meals on the radio and in the newspaper to reach as many as possible.

We do not have any plans to change the meal production and delivery system over the course of this four-year plan. During COVID we redesigned our dining hall to make it a 50s style diner, moving away from the traditionally provided family style dining. This change was both very popular and very unpopular depending on who you talked to. We intend to continue as we are. We have better portion control; better waste control and we meet standards far easier. As long as we can afford to continue to serve two days a week that is what we will do.

As we work with our family caregivers we will discuss the option of meals with them. Many of the grab and go consumers we serve are caregivers who enjoy our meals but have loved ones who are unable to attend congregate sites. At the same time the caregiver enjoys getting them out to pick up the meals and go for a drive. Many OPI consumers are receiving home delivered meals as part of their services to assist with their nutritional needs. Our Tia Chi leaders discuss nutrition and the options our program offers when they are teaching. Our Powerful Tools for Caregivers leaders also discuss our services, including our nutrition program to caregivers taking the class.

Focus Area - **Nutrition Services**
Goal: Conduct outreach campaign for nutrition services

Measurable Objectives		Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
				Start Date	End Date
Increase nutrition program outreach to underserved populations within the county including tribal community and those who live in outer Harney County. We are utilizing free and commonly used forms of information. As a frontier community we are all by nature experiencing greater social need.	a	Add Nutrition information to every newsletter six times a year.	Nutrition Staff and program manager	7/25	
	Accomplishment or Update				
	b	Put meal information on our Facebook page for every meal to invite the public to join us	Program Manager, nutrition staff and office specialist	7/25	
	Accomplishment or Update				
	c	Include meal information to radio appearances two times a year	Executive Director and program manager.	7/25	
	Accomplishment or Update				

Goal: Nutrition Education quarterly

Measurable Objectives		Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
				Start Date	End Date
Develop and track nutrition education events Events will be provided in a person centered	a	Explore the approved information from SUA and provide two events annually that include identified informatoin	Program Manager	7/25	

manner and will be sensitive to the needs or our frontier seniors and the foods they have available to them.	Accomplishment or Update				
	b	Work with the nutritionist from Harney District Hospital to provide two on site nutrition events each year.	Program Manager	7/25	
	Accomplishment or Update				
	c				
	Accomplishment or Update				

3. Health Promotion (OAA Title IIID)

(Suggested narrative length not to exceed 2 pages

The Harney County Senior and Community Services Center DBA Harney Hub currently sponsor Tai Chi for Better Balance twice a week. The class is led by volunteers and has a regular following. Volunteers are trained and recertified as required by the program. This ensures the quality of the training remains consistent and high. The volunteers are committed to the program and provide it in a predictable and regular manner which allows it to be available as advertised. Participants are encouraged at whatever level of skill and mobility. Chairs are available for those who need to practice the movements sitting. Staff reports the attendance and progress made in this class. Evidence Based health promotion funds are used to pay the costs of these classes and the salary of staff to ensure quality and reporting. The two classes are available for all who wish to attend and there are those who attend them both. This activity is free to the community thus making in accessible to all who wish to participate and those with the greatest economic need. The program is provided at Harney Hub which is a familiar location and known to those seniors at risk. Participants are welcoming and supportive of each other and newcomers who need extra attention.

We have two volunteers trained in Powerful Tools for Caregivers and our goal is to offer it twice a year. This would be done with our 3E funds. Our leaders create and environment in their class that promotes sharing without pressure to do so. They are transparent when discussing their experiences and encourage a safe setting for participants to share thoughts/needs with the group. We have used Evidence Based health promotion funds to train and provide additional classes and information for both Powerful Tools and Tai Chi.

We have always been a sponsor site for one of the flu clinics held in the county. This activity is one way we work with partners to advocate for and address issues that impact the health of our older adult population as well as those with disabilities. We will continue to work with the Health Department to be a site for this clinic as well as COVID vaccination. Our local Health Department has struggled with staffing since COVID and have been unable to provide the popular blood pressure clinics like they used to, however Home Health is exploring the feasibility of their staff providing a monthly clinic with education and information as well as blood pressure checks.

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. The community 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. We coordinate our meals with our nutritionist who helps us provide healthy eating options at affordable to no cost to our seniors, addressing food insecurity and providing access to nutrition information.

All programs are held at Harney Hub 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. We have the ability to partner with GOHBI, our CCO, to provide Powerful Tools in Spanish should there ever be a need to do so. Our service are provided in our frontier community at not cost to support rural low-income older individuals including the low-income older minorities in our community. We have offered to provide Powerful Tools to tribal members but at this time they are not interested. We will continue to reach out through out this time to offer should they change their minds.

Tribal personnel have seen a great deal of turn over recently. We will be reaching out to offer to train tribal members in the program if there is interest.

All health promotion activities are advertised in the bi-monthly newsletter. When we have special events like Tai Chi or Powerful Tools we advertise in the local paper and put up fliers in the doctor's offices and clinics around town. Word of mouth is used and very affective for all activities at Harney Hub.

Harney Hub is an A-AAA located in a frontier community. Our nearest neighbor with a more metropolitan environment is Bend which is located 130 miles from here. Our community is by definition at greatest social need. Opportunities for services are limited and nonexistent in many cases. Our community has a higher number of individuals living in poverty and individuals living with a disability. We are also proportionately older. This is the group of individuals we serve throughout our programs. We provide public transportation that identifies those in need. We provide the food pantry identifying individuals and we provide housing and energy assistance, again identifying those with the greatest need and providing all services we can offer to them, with each individual making their own decision as to what they find important to them and what services meet their individual needs and those of their families. As a one stop shop we are talking to members of our community at each intake and sharing with them services we have or services within our community partners. We approach each interaction with an attempt to understand our consumer's life experiences so we are best able to provide them with options and ideas while encouraging them to let us know what is important to them and what they would like to explore.

Focus Area - **Health Promotion**
Goal: Maintain continuing education for Tai Chi volunteers

Measurable Objectives		Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
				Start Date	End Date
Provide funding to support the ongoing education goals for volunteer leaders. Idenifying and providing opportunity annually for further training	a	Explore ongoing education opportunities and scheduling a minimum of one training a year.	Volunteers and staff	7/25	
	Accomplishment or Update				
	b	At least one volunteer Attend an annual training opportunity.	volunteers	7/25	
	Accomplishment or Update				
	c	Provide weekly Classes and continue to add to the class as they are educated.	Volunteers	7/25	
	Accomplishment or Update				

Goal: Train one more volunteer to provide Tai Chi

Measurable Objectives		Key Tasks	Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
				Start Date	End Date
Recruit and train one more volunteer as Tai Chi leader within the coming four year period	a	Identify willing volunteer within the first 18 months and get a commitment from them to engage in training	Staff and current leaders	7/25	
	Accomplishment or Update				

	b	Identify training and Send volunteer to event within the second 18 months of this period	Volunteers and Staff		
	Accomplishment or Update				
	c	Provide backup or additional Tai Chi Class in the fourth year of this plan, adding a new class for beginners.	Volunteer		
	Accomplishment or Update				

4. Family and Unpaid Caregiver Support (OAA Title IIIE)

(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.

Per our community assessment caregivers out there believe their needs are being met at best or believe they are and will be “fine” with the focus on the one they are caring for. Some are open to information, however most feel they don’t need education and don’t 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 two volunteers who are able to teach the Powerful Tools for Caregivers workshop. We have provided an average of one per year.

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. We utilize a person-centered model to 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.

We utilized supplemental services budgeted to provide simple modifications to help caregivers meet the needs of their loved ones. We have added grab bars to showers and commodes as an example of how these funds are utilized. We do not have adult day care services available so we also utilize the funds to pay for the caregiver and or their loved one to come for a meal. This gives the caregiver a break from care and offers some much-needed socialization time for both individuals. These are some of the kinds of creative ways we have developed to address the needs of caregivers in a community with limited services and supports available.

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 of the caregiver and care recipient.

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 Harney Hub 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 and Unpaid Caregiver Support**
Goal: Provide Powerful Tools two times a year

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
				Start Date	End Date
Obtain two more trained volunteers	a	Identify willing volunteers	Current Volunteers and staff	7/25	
	Accomplishment or Update				
	b	Locate training and obtain it	Volunteers and staff	7/25	
	Accomplishment or Update				
	c	New trainees provide first class	Current and new volunteers		
	Accomplishment or Update				

Goal: Develop lending library with current information

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
				Start Date	End Date
Purchase materials and books to help family caregivers	a	Survey topics of interest	Volunteers and staff	7/25	
	Accomplishment or Update				
	b	Purchase materials and advertise availability	Staff	9/25	
	Accomplishment or Update				
	c	Lend materials	Staff	10/25	
	Accomplishment or Update				

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

(Suggested narrative length not to exceed 2 pages)

Harney County Senior and Community Services Center DBA Harney Hub 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 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.

Community partners including mental health, CCO, APS, public health and Harney Hub participate in a monthly meeting to discuss difficult senior cases and compare and share services that may help. These meetings have addressed issues that affect these senior's health and wellbeing.

Financial exploitation of seniors is the largest type of elder abuse in the county. Harney County Senior & Community Services Center DBA Harney Hub 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 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 information events. 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 themselves.

Distribution of information is the plan to prevent all forms of abuse including financial exploitation. It is what we have available to us to address all forms of abuse including financial exploitation. We utilize our limited budgets to blend funding to do just that. Our SHIBA volunteers are our best front-line defense with regard to Medicare billing and fraud. There is no way to specifically prevent financial exploitation other than education and legal services when applicable. We require staff and volunteers to undergo back ground checks as required by the program. Homecare workers are registered through the state as well and provided provider numbers to work with seniors. All of these are tools put in place and utilized to prevent abuse of our senior population. There is education as listed above and addressing the situations as they come beyond these safety measures. APS is the investigative leg of abuse of seniors and as such we report any concerns to them for screening. We have seen a recent increase in the number of seniors reporting being scammed, both by phone and online. In response we have started including information on scams in our senior newsletter and encouraging our seniors to reach out to someone they trust before sending money to anyone.

As a small community we work closely with our partners. We participate in meetings and community events. We listen and discuss concerns. We invite the community to contact us through monthly newspaper articles. This is utilized to try to determine if there are gaps in services or not. We are an active part of the community and address needs where we can and refer to those who can when we cannot. Our community is currently providing all of the services we can with what we have available.

Focus Area - **Legal Assistance and Elder Rights Protection Activities**
Goal: Recruit and train one more SHIBA volunteer

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
				Start Date	End Date
One more active SHIBA volunteer	a	Identify and prescreen interested volunteer	Current volunteers and staff	7/25	
	Accomplishment or Update				
	b	Agreement, train and engage in hands on hours	State, AAA staff and volunteers	10/25	
	Accomplishment or Update				
	c	Carry case load for open enrollment	New Volunteer	10/26	
	Accomplishment or Update				

Goal:

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
				Start Date	End Date
	a				
	Accomplishment or Update				
	b				
	Accomplishment or Update				
	c				
	Accomplishment or Update				

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

(Suggested narrative length not to exceed 2 pages)

As this agency plans all programs an effort is made to include voices representing the local Burns Paiute Tribe. While planning a new housing project, the tribal housing manager was on the planning committee. When the project was complete we reached out to the tribal social services office for assistance in housing members.

During energy assistance when a tribal ID is provided our case managers discuss interest in weatherization services specifically available for tribal members. We maintain the list of interested parties and provide it to our Community Action Program (CAP)Agency for follow up. When the agency, which is located in Ontario OR, is unable to reach a member, our staff will go contact them personally to ensure they receive the service.

Our Veterans' Service Officer has recently been successful in reaching out to veteran tribal members and survivors. Through his efforts he has placed applications for benefits, not only for veterans but also for their spouse. He has gotten the deceased veteran the recognition and death benefit he/she was entitled to as someone who has served their country with honor.

Tribal members utilize our food pantry as well as the one at the tribe. Ours has a different supply source and has a larger variety of product. We are happy to fill in the gaps that theirs can't.

As we develop our public transportation services including our deviated fixed route we consult with tribal transit managers to discuss the best ways to dove tail and enhance the services they have available. We share two bus stops on the reservation and our route does two loops out to the reservation five days a week after they close at 3:00 in the afternoon and two times, once in the morning and once in the afternoon on Saturdays. This allows members to be in town up to 2 hours longer if needed and still get a ride back home. It also allows tribal members the opportunity to go to and from town on Saturdays. The deviated fixed route is at no cost to the rider.

We serve the tribal members through our energy assistance program as the tribe does not have one they manage on their own. We also serve tribal seniors through our home delivered meal program and congregate (Grab and Go) meals. Each of these interactions allow us to further our relationship and listen to ways we are better able to meet any needs or help in any way we can.

Focus Area - **Older Native Americans**
Goal: Weatherization of Native homes to spend out available funding

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
				Start Date	End Date
Weatherize native homes and utilize full funds available	a	Identify qualifying native families	Case managers	12/25	
	Accomplishment or Update				
	b	Audit Qualifying homes	CAP Agency	3/36	
	Accomplishment or Update				
	c	Weatherize homes	WX Crew	4/26	
	Accomplishment or Update				

Goal: Ensure tribal members have information regarding Hub services

Measurable Objectives	Key Tasks		Lead Position & Entity	Timeframe for 2025-2029 (by Month & Year)	
				Start Date	End Date
Provide newsletter to tribe	a	Contact tribal media manager	Program Manager	7/25	
	Accomplishment or Update				
	b	Email newsletters to tribal office	Program Manager	9/25	
	Accomplishment or Update				
	c	Follow up to ensure continuity	ED	1/26	
	Accomplishment or Update				

SECTION D – OPI SERVICES AND METHOD OF SERVICE DELIVERY

Administration of Oregon Project Independence (OPI):

<u>*Written policy and procedure for OPI program is attached to this document. This document addresses the questions above.</u>

As long as OPI funding is available we will manage that program under the policies and procedures we currently have. We will be working with our local APD office and current OPI recipients to move those who qualify over to OPI-M. We will work with APD to eventually open up to the public the OPI-M program as funding and capacity allows.

We are a frontier community and all of our adults are rural frontier elders. We have very limited funding and availability of services. We operate our program by serving those at highest risk. We identify those requesting services when they reach out to us or are referred by community partners.

We prioritize reaching all of our populations in our rural frontier area and ensuring that all of our community members, regardless of the specific population, are not only aware of our services including OPI but comfortable reaching out to us. We keep an open communication with our local partners to help identify those who may need our services or are unaware of what we have to offer. We regularly are in contact with our local Tribal office, our APD office, our local mental health professionals at Symmetry Care and our local hospital outreach and discharge coordinator often refers patients to us or asks that we reach out to those with specific needs. We do not have a separate LGBTQIA2S+ older adult community or organization and our outreach to them is part of our overall community outreach. We are such a small community that it enables us to work with our local community partners to identify individuals in need who may not be aware of our services including OPI. We have dedicated outreach channels that we continue to expand on in an attempt to reach all of our community including traditional written advertising through our own newsletter and utilizing the local newspaper to distribute information. We have participated in shows on our local radio station several times this past year to let folks know what we have available, made our brochures and information available online and had a Facebook presence to let our community know what we have. For our rural but tightknit area we continue to find the best outreach and referral is word of mouth and our seniors being comfortable reaching out to us no matter what service they are seeking or in need of. Family members who have moved out of area continue to call us for assistance with their loved ones who are still in the community and advice on next steps. We have a small population that speaks languages other than English and we do offer translation services for all our programs including OPI to reduce any barriers. Our OPI program prioritizes

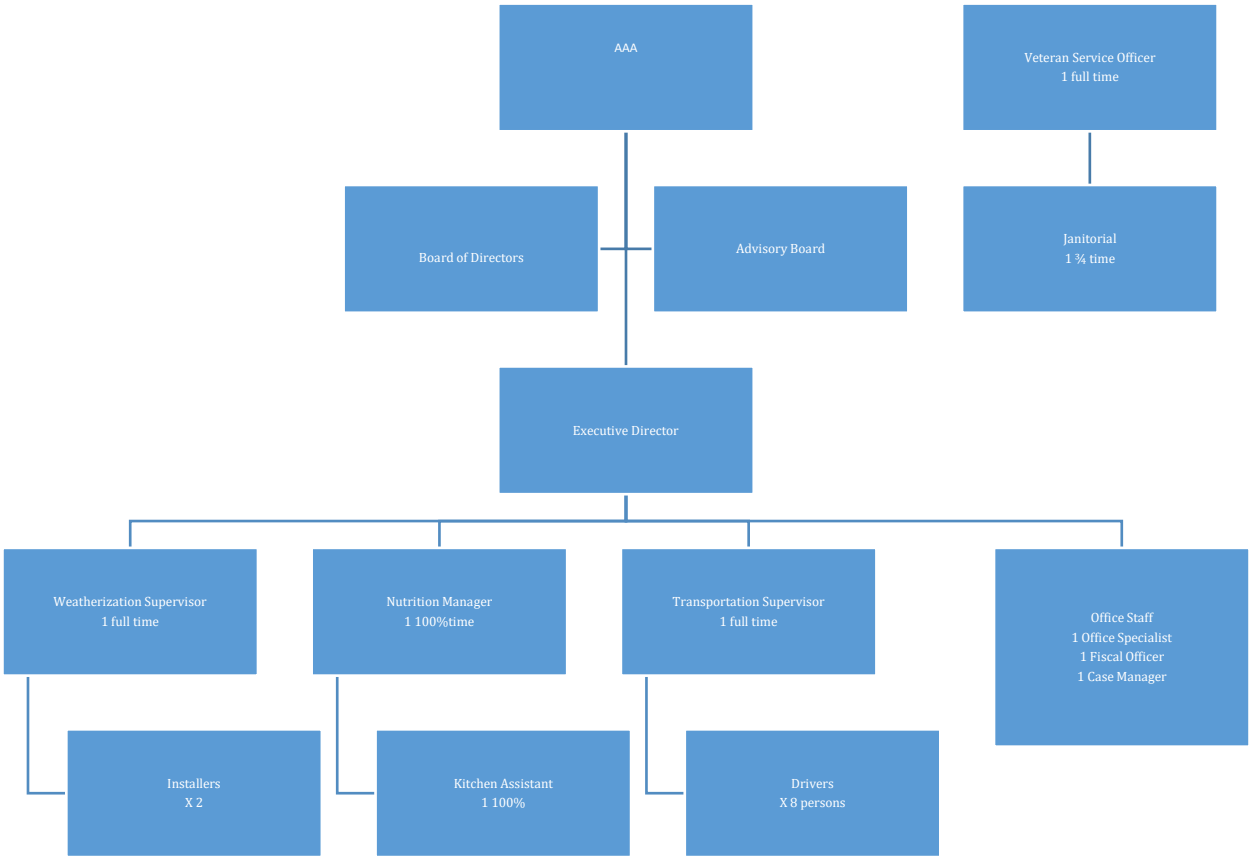
those with greatest need and highest risk and have policies in place to make sure we identify and provide services with a person-centered approach.

SECTION E – AREA PLAN BUDGET

Detailed budget instructions and supporting documents will be distributed in the first quarter of 2024.

APPENDICES

Appendix A Organizational Chart



Appendix B Advisory Council(s) and Governing Body

Phyllis Commeree	2ndTerm Ends2027	Over 60/
Bill Hart	Never ending	Elected official
Bobbi Heany	2nd Term Ends 2025	Community
Natasha Gunn	1st Term Ends 2026	Community
Pete Runnels	1st Term Ends 2025	Community
Arthel Kline	2nd Term ends 2025	Community

Ted Tiller	1st Term Ends 2027	Retired County Assessor
Matthew Kohl Director	1st Term Ends 2027	Home Health Hospice
Jolene Cawlfield Director	1st Term Ends 2028	Retired Public Health

Appendix C Public Process

2024 Harney County Community Health Assessment Survey
Public Comment meetings in September 11, 2024 and November 13, 2024
There was no one present for public comment.
Public comment on draft plan open 30 days and advertised on the local radio station and in the local newspaper. There was no public comments made to the draft during the 30 day posting. Draft of Area Plan approved for submission by board of directors on March 12, 2025

Appendix D Final Updates on Accomplishments of 2021-2025 Area Plan

Goal: Accurately record consumer contact

We had made progress in this area. We had an office specialist who had been trained to record her contacts in RTZ. She was starting to get the back log entered. Program Manager was also more regularly recording contacts. We have lost our Office Specialist and duties have shifted to existing staff. Though we continue to attempt to accurately record contacts we are aware we are missing much of the contacts in order to meet the needs of the community. We are doing the work and not recording it as we are going from one task to the next. We are keeping this goal for the coming plan and continuing to work towards success.

Goal: Maintain existing staff education/training

We are meeting this goal. Our office specialist was training in SHIBA program before she left. She had also participated in data entry for RTZ. Our program and fiscal managers have been training constantly with regard to OPI-M and the role out of that program. Unfortunately, we have lost the office specialist spot. We will keep this goal as our housing specialist will need to train to be the SHIBA program Coordinator. We are aware that our program manager should be AIRS Certified and if we are able to move forward with that she will need to participate in AIRS training and testing. She is also participating in ongoing OPI-M training and the addition of all of the operating systems this program is forcing upon her. She is cross training to back up the Executive Director who is planning for retirement.

Goal: Explore funding sources currently unavailable

During this Area Plan our organization engaged in strategic planning. We determined that the community housing shortage remains and issue and committed to working with our state and local partners to develop another 20-unit housing project for mid to low income veterans. This project will provide unattached funding to the organization and bring it closer to being independently funded in case of county shortages. This project has been approved and building will start in the spring of 2025.

Goal: Increase funding to nutrition program

During this time, we were able to work with the other AAAs, O4AD and State of Oregon to rework the nutrition program formula. This project resulted in the first program funding raise this organization has ever experienced. It will allow funding to grow if the program ever sees increased funding made available to it. We have also been successful in several grant writing projects, with foundations supporting the program. This work is ongoing and we will continue to keep this goal to reflect the importance of funding to fill the shortfall.

Goal: Provide nutrition education quarterly

We have left this goal for the coming year. We were unable to meet this goal. We had staff changes in the kitchen which required a great deal of supervision by our program manager and ED. We have been working on educating them regarding program rules and meal preparation and presentation. Our program manager is also our case manager and has been learning new data systems and program rules and procedures as they relate to OPI-M. For a short time, we had an office specialist who we were training to plan and provide quarterly nutrition education. We were training her but now she is gone. The nutritionist we work with for menus and education continues to approve our menus but has left the hospital and has taken a different job which leaves her unavailable to education. We plan to use state provided education materials. Our diner style meals are not conducive to having education events during lunch time so we are working on how to provide this service.

Goal: Have two trained leaders in Harney County for Living Well

We lost the two trainers we had in Harney County. To my knowledge Harney County has no Living Well leaders. GOBHI our CCO, and OWN has leaders and is providing virtual classes occasionally. They have offered hybrid classes as well. We have reached out to several volunteers and the community and have not found any interest in undertaking this project. We had originally planned to get our new Veteran Service Officer certified but have determined he is not a good candidate to lead this class. At this time we are not finding interest in the community to make this a reality for us.

Goal: Train one more volunteer for tai chi

Our Tai Chi volunteers have asked long term participants if they were be interested in training to be leaders. None of them have been willing to do so. We have advertised and asked current volunteers to reach out to others too. At this time no one has stepped

up as interested. We will be keeping this goal in place as we believe if we are to keep the program active we need another volunteer.

Goal: Provide Powerful Tools two times a year

We met this goal this year. We have two very active volunteers for this program and they were able to provide and draw decent participation for two scheduled programs. One in the spring and one in the fall. Their goal is to continue on this schedule. Neither of them are interested in training in Living Well. They would like to have one more volunteer but at this time we are not finding anyone interested.

Goal: Develop lending library with current information

We have obtained some materials for the library. We need to continue this goal as it is one that requires some time investment. We have not added to the library in some time and we are not currently finding public interested in what we do have to offer.

Goal: Recruit and train two more SHIBA volunteers

Two volunteers were recruited and trained and have been providing counseling. However, we are losing our longest serving volunteer who is retiring from the program in January. We will be adding a goal of recruiting and training one more volunteer in the coming Area Plan.

Goal: Weatherization of Native homes to spend out available funding

We have not been awarded specific funding for Native homes, however during energy assistance season all households are asked if they are interested in weatherization and are put in the pool to draw by our lead agency. We weatherize the homes we are assigned. We will keep this goal and continue to ask our lead agency to seek native specific funding when available.

Goal: Ensure tribal members have information regarding Harney Hub Services

We made progress in getting the tribal office our newsletter. We direct mail newsletters to many tribal elders. We continually seek out Native American participation on our board and committees. We had a tribal representative on our board until he moved. We have been turned down twice when seeking tribal representatives to replace him. We will continue outreach activities.

Goal: Develop veteran outreach to tribal buildings

Our Veteran Service Officer made appointments to go out to the gathering center and those events were not attended by tribal veterans. Tribal veterans make appointments with him at times that work for them and they come in to meet with him on an individual basis. The VSO will make home visits if necessary. Outreach to tribal buildings was not meeting the need of tribal members as we had hoped.

Appendix E Final Updates on Service Equity Plan Accomplishments (Recommended, Optional)

We have successfully introduced our seniors to diverse menu items and taken the opportunity to explain to them the history behind those items. For example when we served Three Sister Soup we were able to talk about Native American History. We did discover that when we tried to introduce a fully culturally specific meal these were not well attended so we began adding one item to more familiar meals. Our seniors were more open to learning about one item than trying a fully unfamiliar meal.

We continue to introduce them to various events and holidays by listing them on the newsletter calendar. We get very little feedback on this, but will continue to do so as we believe it is inclusive of holidays and important dates of some of our neighbors.

We have not met our education of staff goals. We are such a diverse service provider we struggle to meet the needs of the community and have staff meetings both. We have diverse jobs in that there is case managers and kitchen staff. There is administrators and bus drivers. We are struggling to find appropriate education for everyone.

Our greatest success is in the diversity of our staff. We are proud of our diverse staff and the unique views they bring to our organization. As mentioned earlier we have several generations of staff. Our staff comes from many different ethnic backgrounds and overall our small organization is more diverse than the populations we serve.

Appendix F Emergency Preparedness Plan

See Attached

Appendix G Conflict of Interest Policy

Attached as a separate document.

Appendix H Partner Memorandums of Understanding

Attached as a separate document.

Appendix I Statement of Assurances and Verification of Intent

For the period of July 1, 2025 through June 30, 2029, the 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) as amended in 2020 (P.L. 116-131) and related state law and policy. Through the Area Plan,
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 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.

OAA Section 306, Area Plans

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

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

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

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

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

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

(C) legal assistance;

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

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

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

(4) (A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

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

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —
(I) identify the number of low-income minority older individuals in the planning and service area;
(II) describe the methods used to satisfy the service needs of such minority older individuals; and
(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—
(i) identify individuals eligible for assistance under this Act, with special emphasis on—

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

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

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

(6) provide that the area agency on aging will—
(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;
(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and
(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

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

(15) provide assurances that funds received under this title will be used—
(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

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

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

(18) provide assurances that the area agency on aging will collect data to determine—
(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and
(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with

special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

Section 306 (e)
An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

The Harney County Senior and Community Services Center further assures that it will:
With respect to legal assistance —

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

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

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
(B) are patients in hospitals and are at risk of prolonged institutionalization; or
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

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

3/25/25
Date

Director, Angela Lamborn

3/25/2025
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:

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.

Per OAR 411-032-0044 1)d)B) Individuals must be given a copy of the AAA's policy pertaining to individual non-payment of fees upon initial eligibility determination.

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.

Emergency Preparedness Plan

AAA Harney County Senior and Community Services Center

APPENDIX C yr.2025-2029

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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 Executive Director*
- *_Howard Weathers (541)413-1208 WX Manager*
- *_Pete Runnels (541)589-1550_____ 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 Melinda Todd (541)589-0918 County Emergency Preparedness Coordinator.*

Communication Plan

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

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 LS Networks*
- *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. 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 __Howard Weathers_
	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	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

Angela Lamborn

Brian Needham

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 Harney Hub Transit 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, Melinda Todd, and she 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 appraised 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
Emergency Management	*Melinda Todd*	*541-589-0918*
County Court Judge	*Bill Hart*	*541-573-6356*
Local Emergency Responders	*Burns Fire Dept.*	*573-2320*
	Burns Police Dept. *Hines Police Dept.*	*573-6028* *573-2251*
	Sheriff	*573-6156*
	OR State Police	*573-6132*
	Ambulance	*573-7281*
Transportation/Evacuation	*Harney Hub Transit*	*573-3030*
Road information	*County Public Works*	*573-6232*
	Local ODOT office	*573-7350*
Wild Fire status or Heavy Machinery		
	US Forestry Office	*573-4300*
	Bureau of Land Management local office	*573-4400*
Congregate Meal Sites		*573-6024*
Food Banks		*573-6024*
Lost pets/pet shelters	*Harney County Vet.*	*573-6450*
Replacement medications		

	Safeway Pharmacy	*573-8586*
Local CAF Office		*541-573-2691*
Local CW manager	*Sarah Kohl*	*541-573-2086*
Public Health		*541-573-2271*
Hospital		*541-573-7281*
Electric Company	*OTEC* *Harney Electric*	*541-573-2666* *573-2061*
Telephone Company	*Century Link*	*800-201-4102*
Water and Sewer	*City of Burns* *City of Hines*	*541-573-5255* *541-573-2251*
Fiber company	*LS Networks*	*(503)414-0492* *844-987-1147*

CONFLICT OF INTEREST POLICY
FOR
HARNEY COUNTY SENIOR AND COMMUNITY SERVICES CENTER

ARTICLE I
PURPOSE

The purpose of the conflict of interest policy is to protect the tax-exempt interest of Harney County Senior and Community Services Center when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of the Organization or might result in a possible excess benefit transaction. The purposes of this policy are to ensure that directors, officers and key employees act loyally to the corporation and that the people who exercise substantial influence over the corporation do not use their influence to obtain benefits in excess of fair market value in transactions with the corporation. This policy seeks to ensure that the corporation maintains high ethical standards and observes state and federal law concerning conflicts and excess benefit transactions. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interests applicable to nonprofit and charitable organizations.

ARTICLE II
DEFINITIONS

1. **Conflict of Interest**. A conflict of interest arises when an Interested Person (defined below) may benefit financially from a transaction with or by the organization, including direct or indirect benefits to family members or businesses with which the Interested Person is closely associated. A conflict of interest arises in any such transaction between the corporation and an Interested Person, except for:

A. Transactions in the normal course of operations that are available to the general public under similar terms and circumstances, and

B. Expense reimbursements to an Interested Person made pursuant to an accountable plan under I.R.S. Regulations.

2. Interested Person. An Interested Person includes any of the following:

A. Insider. Any person who is in a position of authority over the corporation or who exerts substantial influence over the corporation, including directors, officers, key management employees such as the Executive Director and the Chief Financial Officer and other key employees, the founders of the corporation, and major donors, or a member of an Executive Committee with governing board delegated powers, who has a direct or indirect financial interest, as defined below. An insider described in this section remains an insider for five years after their influence over this corporation ends.

B. Family Members. Family members of insiders are also Interested Persons. Family members include a spouse, a partner in a civil union recognized by state law, or a person in a significant relationship living with an insider; children, grandchildren and great-grandchildren; whole and half-blooded siblings; the spouses of any of these people; and parents, grandparents and great-grandparents.

C. Entities. An entity in which a director is an insider, as defined above, is an Interested Person. Corporations and limited liability companies in which an insider owns more than 5% of the voting power, partnerships in which the insider owns more than 5% of the profits, and trusts or estates in which the insider owns more than 5% of the beneficial interest are Interested Persons.

D. Other Nonprofits and For-Profits. Another nonprofit or for-profit entity is an Interested Person if:

(1) One of the directors of this organization is also a director or officer of the other entity, and

(2) This organization and the other entity are engaged in a transaction that is significant enough that the transaction is, or should be, approved by the boards of both organizations.

3. **Financial Interest.** A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

A. An ownership or investment interest in any entity with which the Organization has a transaction or arrangement,

B. A compensation arrangement with the Organization or with any entity or individual with which the Organization has a transaction or arrangement, or

C. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Organization is negotiating a transaction or arrangement.

3.1 Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

4. **Conflicts that Fall Outside of Scope of Definition**. The board recognizes that this policy may not describe all of the transactions or arrangements which an Interested Person, or an individual or business closely connected with an Interested Person, may enter into with the corporation that creates divided loyalties, or the possibility or perception of a conflict of interest, or of unfair advantage to the other party. In such cases, the board shall determine whether the transaction should be treated as a conflict of interest under this policy or should otherwise be scrutinized. A financial interest is not necessarily a conflict of interest. Under Article IV, Section 2, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

ARTICLE III
PROHIBITED CONFLICTS

1. **Loans to Directors or Officers**. The organization cannot make a loan or guarantee an obligation to, or for the benefit of, any of its directors or officers.

ARTICLE IV
PROCEDURES FOR APPROVING PERMISSIBLE CONFLICTS

In order to ensure that permissible transactions with Interested Persons are fair to the corporation and comply with state and federal laws, the following procedures must be followed:

1. **Duty to Disclose**. In connection with any actual or possible conflict of interest, an Interested Person must promptly and fully disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing board delegated powers considering the proposed transaction or arrangement, at the time the conflict of interest transaction is considered.

2. **Determining Whether a Conflict of Interest Exists.** The board or committee members may ask questions of the Interested Person prior to beginning its discussion. After disclosure of the financial interest and all material facts, and after any discussion with the Interested Person, the Interested Person shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

3. **Procedures for Addressing the Conflict of Interest.**
If it is determined under step 2 above that a conflict of interest exists:

A. An Interested Person may make a presentation at the governing board or committee meeting, but after the presentation, the Interested Person shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.

B. The chairperson of the governing board or committee shall, if appropriate, appoint a disinterested person or committee to obtain independent and reliable information regarding the fair market value of the goods or services involved in the conflict of interest transaction under consideration, and to investigate alternatives to the proposed transaction or arrangement.

C. After exercising due diligence and considering independent and reliable information regarding the fair market value of the goods or services involved in the proposed transaction, the governing board or committee shall determine whether the organization can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.

D. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing board or committee shall determine by a majority vote of all the disinterested directors in office at the time of the vote whether the proposed transaction or arrangement is fair and reasonable and in the organization's best interest for its own benefit. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement.

E. If the conflict of interest involves compensation, the Board shall gather appropriate data to ensure that the compensation for each Interested Person is reasonable. In the case of employment compensation packages, the Board shall utilize reliable surveys of compensation for comparable positions or shall utilize data for at least three similar situated employees in comparable positions. The Board shall not use the employee whose compensation is under consideration to collect comparability data. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement by a vote described in D, above.

4. **Violations of the Conflicts of Interest Policy.**

A. If the governing board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.

B. If, after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

ARTICLE V
COMPENSATION

1. A voting member of the governing board who receives compensation, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.

2. A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.

3. No voting member of the governing board or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Organization, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

ARTICLE VI
RECORD OF PROCEEDINGS

The minutes of the governing board and all committees with board delegated powers shall contain:

1. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, the comparability data and how the data was obtained, and the governing boards or committee's decision as to whether a conflict of interest in fact existed.

2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

3. The records must be prepared before the latter of the next Board meeting or sixty (60) days after the final action is taken. Once prepared, the records must be reviewed and approved by the Board within a reasonable time.

ARTICLE VII
PERIODIC REVIEWS

To ensure the Organization operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

1. Whether compensation and other benefit arrangements with employees, independent contractors, and others are reasonable, based on competent survey information, and the result of arm's length bargaining.

2. When employee compensation packages are established each year, the Board shall identify those employees who are Interested Persons under this policy. The Board shall monitor the compensation packages of Interested Persons in accordance with the procedure in this policy.

3. Whether partnerships, joint ventures, and arrangements with management organizations conform to the Organization's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

ARTICLE VIII
USE OF OUTSIDE EXPERTS

When conducting the periodic reviews as provided for in Article VI, the Organization may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the governing board of its responsibility for ensuring periodic reviews are conducted.

ARTICLE IX
COMPLIANCE WITH THIS POLICY

In order to ensure compliance with this policy:

1. **Annual Disclosure Statement**. The officers, directors and key employees shall each year disclose interests that could give rise to a conflict of interest under this policy. Such disclosure shall be made on the organization's Conflict of Interest Disclosure Statement form and shall be filed with the Secretary or the Secretary's designee.

2. **List of Potential Interested Persons**. On an annual basis, the Secretary of the corporation or the Secretary's designee shall develop and maintain a list of Interested Persons who engage in, or are reasonably likely to engage in, transactions that constitute conflicts of interest with the corporation during the year.

3. **Ongoing Disclosure Obligation**. Officers, directors, and key employees shall have an ongoing obligation to notify the Board promptly of interests that subsequently arise that could give rise to a conflict of interest under this policy.

4. **Monitoring by Secretary**. The Secretary or the Secretary's designee shall monitor and enforce compliance with this policy by reviewing the list of Interested Persons and the Disclosure and Acknowledgment forms each year and by bringing potential or actual conflicts to the attention of the President of the Board. The President shall disclose conflicts to the Board as they arise and ensure that the procedures in this policy are followed.

5. **Conveyance to the Executive Director**. The Secretary or the Secretary's designee shall convey the list of Interested Persons identified above to the Executive Director and shall instruct the Executive Director to notify the Board if the Executive Director or any employee plans to engage in a transaction with an Interested Person that constitutes a conflict of interest. The Board shall monitor any such transaction to ensure that it complies with this policy.

ARTICLE X
DELEGATION TO COMMITTEE

The Board may delegate its responsibilities under this policy to a committee of the Board. The committee shall comply with this policy and shall report its decision to the Board in a timely fashion.

Adopted by the Board of Directors of Harney County Senior and Community Services Center on: SEPT. 11, 2024.

Printed Name: PETE RUNNELS Date: SEPT. 11, 2024

Signature: Pete Runnels

ODHS, APD Firewall Policy for Conflict Free Case Management

It is the policy of Oregon Department of Human Services (ODHS), Office of Aging and People with Disabilities (APD), that case management services shall be conflict free, in accordance with the following federal rules.

1915(c) Home and Community-Based Services (HCBS)	42 CFR 431.301(c)(1)(vi)
1915(i) State Plan HCBS	42 CFR 441.730(b)
1915(k) Community First Choice	42 CFR 441.555(c)
HCBS delivered under an 1115 research and demonstration waiver	42 CFR 431 Subpart G

See Electronic Code of Federal Regulations.

In situations where the only willing and qualified provider does both case management and direct services, the following firewalls must be in place to ensure a separation of functions within the organization. Direct services are services provided by the AAA and paid for through contracts/agreements with other community partners (ex: hospitals, Medicare, Coordinated Care Organizations, and Medicaid Home Delivered Meals).

- **Administrative:** There must be administrative separation between Medicaid eligibility assessments and determinations, service planning, and those delivering direct services. For example, separation of supervision, reporting structure, and duties.

- **Case Management and Direct Services:** Case Management and Direct Services must be separate. For example, different departments, locations, and leadership or management structures.

- **Person-Centered Plan:** Direct Services/Providers shall not develop an individual's person-centered plan. For example, to prevent this, agency policies, training, provider selection process, choice in service delivery options, cultural competency, and dispute resolution.

When the above applies, per intergovernmental grant agreement, Area Agencies on Aging (AAA) shall complete the following and submit the identified actions to ODHS, APD. Identified actions shall be reviewed initially and are subject to ongoing monitoring to ensure all firewalls remain in place and any conflict is mitigated.

AAA Identified Actions

AAA Name: Harney County Senior & Community Services Center
Grant Agreement Number: 181174

1. Please share any known or potential conflict of interest. Be specific.

   Harney County Senior & Community Services Center is the direct provider for OPI-M case management, Education Based Health Programs, Home delivered meals, Caregiver education and training, Community caregiver support services, and Assistive transportation. Due to our rural location and limited resources there are not currently any other options or contracts available to provide any of the above services from a different provider. Priority or preference is not a potential conflict as there is no other local provider serving this county.

2. Please share how administrative separation is achieved. For example, separation of supervision, reporting structure, and duties.

   SCM1 position is supervised by ED. SCM1 will only provide OPI-M case management, classic OPI case management, Options Counseling and Family Caregiver case management.

3. Please share how Case Management and Direct Services are separated. For example, different departments, locations, and leadership or management structures.

   OPI-M direct services for EBHP, HDM, caregiver education and caregiver training, and community caregiver support services will be provided by CM2 and supervised by Fiscal Manager.

4. Please share how it is ensured Direct Services/Providers will not develop an individual's person-centered plan. Please speak to agency policies, training, provider selection process, choice in service delivery options, cultural competency, and dispute resolution.

   Executive Director will supervise SCM1 who creates person-centered plans and provides OPI-M case management. ED will review a random sample of new cases prior to plan approval to ensure all service options are offered and that priority isn't offered for AAA services and also randomly sample at least 10% of cases on a quarterly basis.

5. Please share how the above identified actions/safeguards will be monitored.

   ED and Fiscal Manager will meet quarterly to review the plan and discuss any newly identified conflicts of interest or potential problems. Random sampling of cases will continue on a quarterly basis prior to these meetings and will identify potential conflicts or issues. Meeting will ensure administrative separation and mitigate any conflicts.

Memorandum of Understanding
Between
Harney County Senior & Community Services Center DBA Harney Hub
Area Agency on Aging
And
Oregon Department of Human Services
Aging & People with Disabilities, Harney County

Purpose

The Harney County Senior & Community Services Center Area Agency on Aging, (Harney Hub), and Oregon Department of Human Services, Division of Aging and People with Disabilities in Harney County, (APD), agree to serve those who may be eligible for Oregon Medicaid programs and will:

- Have access to an unbiased assessment of their service needs.
- Be informed of available service options to address their needs.
- Have their eligibility for services determined as expeditiously as possible.
- Have maximum choice with regard to method(s) of service delivery and direction of service provider(s).
- Have access to high quality services.
- Be served in the most effective manner in the least restrictive setting possible.

Scope of Agreement

APD agrees to:

- Provide training to Harney Hub employees regarding services and eligibility criteria established and/or administered by APD on an as needed basis to ensure Harney Hub staff have basic programmatic knowledge for Information and Referral.
- Refer individuals to Harney Hub for assessment, case management, veteran benefits and/or service delivery as deemed mutually appropriate by APD and Harney Hub personnel.
- Refer non-Medicaid clients requiring Medicare benefits assistance to Harney Hub SHIBA program. For LTSS Medicaid consumers requiring Medicare benefits assistance, refer to APD who will consult with SHIBA as needed.
- Provide a knowledgeable representative, when available, who will attend the Harney Hub quarterly Advisory Council Meeting to provide an update of the current APD operations and policies.
- Consult with Harney Hub employees to address program quality and effectiveness.
- Receive referrals for appropriate programs.

- Coordinate meetings to support information sharing and program updates in each respective agency.

Harney Hub agrees to:

- Participate in training regarding services and eligibility criteria established and/or administered by APD when needed.
- Provide training to APD employees regarding services and programs administered by Harney Hub on an as needed basis to ensure APD staff has basic program knowledge for Information and Referral.
- Accept referrals made by APD for the purposes of needs assessment and qualification for needs assessment, veteran benefits and/or service delivery consistent with Harney Hub capacity to do so.
- Consult with APD employees to address system(s) quality and effectiveness.

This memorandum of understanding may be modified at any time under the written agreement of the parties. This memorandum of understanding shall be considered in force unless terminated by either of the parties giving thirty (30) days written notice and specifying the date thereof.

In witness whereof, the Parties have caused this Memorandum of Understand to be signed by their duly authorized representatives on the dates indicated below.

Angela Hampton
Harney Hub

Kimberly K Nation
APD

1/29/25
Date

02/06/2025
Date