

**SENIOR & DISABLED SERVICES,
A DIVISION OF LANE COUNCIL OF
GOVERNMENT**

EUGENE OREGON

**2006 NEEDS ASSESSMENT OF LANE COUNTY
SENIORS AND PERSONS WITH DISABILITIES**

DECEMBER 2006

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SECTION I

INTRODUCTION

In accordance with Federal and State policy, Senior & Disabled Services, a division of Lane Council of Governments (S&DS/LCOG) is required to develop a comprehensive and coordinated service delivery system to meet the needs of older and disabled persons in Lane County. A major step in the development of a comprehensive and coordinated system is the development of an Area Plan on Aging and Disability Services. S&DS is responsible for preparing a multi-year Area Plan, with annual updates, which identifies and prioritizes the needs of seniors and people with disabilities, and specifies which services will be provided to meet those needs. The Area Plan is based upon a recent assessment of the needs of seniors and people with disabilities.

S&DS is in the fourth and final year of its current Area Plan. The needs assessment which is summarized here represents the first step in the development of a new multi-year Plan.

The assessment reviews the needs of adults with disabilities age 18-64 years and senior citizens ages 65+ residing in Lane County. Material presented in this report attempts to ascertain demographic characteristics, identify current service utilization patterns, identify perceived needs, and determine gaps in the service delivery system. The data was drawn from various sources to ensure a broad range of input and to increase the reliability and validity of the findings.

This report is divided into five sections. The overview lists the current responsibilities of S&DS. The second segment of the document provides an overview and comparison of the characteristics of Lane County, Oregon, US residents and S&DS clients. The third section of the report contains additional information relevant to the needs of the Lane County community in relationship to recommendations made later in the report. Next, the material presented is analyzed and the primary needs of seniors and persons with disabilities in Lane County are identified. The fifth and final chapter makes recommendations on how S&DS might best meet the identified needs.

OVERVIEW

Lane Council of Governments (LCOG) is a voluntary association of governmental entities in Lane County. The Council was formed in 1945 to coordinate and provide intergovernmental and region-wide services. It is governed by a Board of Directors comprised of elected officials from twenty-six (26) public entities in the area. Among its varied responsibilities, LCOG is the designated Area Agency on Aging and Disability Services for Lane County. Within LCOG, operational responsibility for services for senior citizens and people with disabilities rests with the Senior & Disabled Services Division (S&DS) and two citizen advisory councils. The mission of S&DS is as follows:

To advocate for seniors and persons with disabilities and to provide them with quality services and information that promotes dignity, independence, and choice.

S&DS currently provides a wide range of services to seniors and persons with disabilities. S&DS employees provide many of these services; organizations working under contract with S&DS provide other services. A person wishing to access these services may do so by calling 541-682-4038 or TTY 541-682-4567 (Refer to Appendix 1 for a listing of S&DS offices).

The services listed below are provided county-wide:

- Information, Referral, and Assistance
- Case Management for long term care clients residing in their own homes or in licensed long-term care facilities
- In-Home Services (personal care and housekeeping)
- Pre-Nursing Home Placement Assessment and Nursing Home Placement
- Licensure and Monitoring of Adult Foster Homes
- Eligibility determination for Medical and Financial Services, including Food Stamps
- Oregon Health Plan enrollment for seniors and people with disabilities
- Abuse Investigation/Protective Services
- Legal Assistance
- Caregiver Support Groups and Training
- Support to the Long Term Care Ombudsman Program
- Money Management Services
- Family Caregiver Support Services
- Medication Education

- Administrative Services, including: planning, service coordination and development, resource management and advocacy

Other services are available in some, but not all communities in Lane County. These services include:

Services	Communities
<ul style="list-style-type: none"> • Senior Connections Program designed to assist seniors (60+) to live independently in their own homes. 	Eugene, Springfield, Oakridge, Cottage Grove, Creswell, Junction City, Veneta, and Florence
<ul style="list-style-type: none"> • Escort Senior (60+) program designed to assist seniors residing in their own home with door to door transportation to medical appointments. 	Oakridge, Cottage Grove, Creswell, Junction City, Veneta, and Florence
<ul style="list-style-type: none"> • Special Transportation Program designed to provide transportation to eligible individuals who are unable to ride the LTD bus. Provides curb to curb transportation. 	Eugene, Springfield, Oakridge, Cottage Grove, Creswell, Florence
<ul style="list-style-type: none"> • Meals on Wheels Home delivered meal program for seniors (60+) and disabled adults age 18-59 who need assistance with meal preparation and meet eligibility guidelines. 	Eugene, Springfield, Oakridge, Cottage Grove, Creswell, Junction City, Veneta, and Florence
<ul style="list-style-type: none"> • Group (noon) Meals Dining room meal program for seniors (60+) and disabled adults age 18-59 who meet eligibility guidelines. 	Eugene, Springfield, Oakridge, Cottage Grove, Creswell, Junction City, Veneta, Florence, Coburg, and Lorane

PERSONS SERVED BY S&DS

S&DS offers a variety of programs and services tailored to meet the various needs of seniors and persons with disabilities. With respect to the Division's "core functions" (planning, service coordination and development, advocacy, and information/access services), the agency serves all older and disabled residents of Lane County. Concerning other functions and services, S&DS focuses on persons in economic and social need, including frail, vulnerable, functionally impaired, socially isolated, and economically disadvantaged persons. Special consideration is given to serving low-income minority older persons.

Individuals receive a variety of services, ranging in complexity from relatively straightforward Information and Referral (I&R) to highly specialized nursing home services.

Information and Referral assists callers and visitors who are seeking information, services, and resources for seniors and adults with disabilities.

S&DS' long-term care programs offer social and medical services to people with chronic illnesses and physical or cognitive disabilities. Services are offered in a variety of settings to people who need assistance with daily living activities such as, bathing, dressing, and toileting. Service settings include: recipients' homes, adult foster homes, assisted living, residential care, and nursing home facilities. Eligibility is based on income and assets criteria.

Eligibility assistance is available to low-income adults with disabilities aged 18-64 and seniors 65 plus. Services offered include Oregon Health Plan/Medicaid, Oregon Trail Card (food stamps), and other financial services. Eligibility is based on income, assets and other factors.

Transportation to pharmacies, medical appointments, grocery stores or other destinations, is provided to eligible individuals.

Adult Protective Services staff investigates suspected cases of abuse or neglect of Lane County seniors and adults with disabilities.

The American Community Survey estimates that in 2005, there were approximately 327,762 persons living in Lane County. Seniors over the age of 65 numbered 44,675.

S&DS provided the following assistance to Lane County residents during the period between July 1, 2005 and June 30, 2006:

- Food Stamps and medical assistance: 11,871. The average caseload for the Eligibility Specialists was 487.
- Abuse and neglect complaint referrals: 1,736 (annual count)
- Senior Connections services to frail and homebound seniors not eligible for publicly-financed long term care services: 1,889 (annual client count)
- Senior Meals: 149,142 (annual meal count)
- Medicare Part D counseling: 6,700 unduplicated clients
- Medicare Part D public presentations: 1,984 attendees
- Long Term Care Services:
 - Medicaid Services: 2,609
 - Oregon Project Independence: 134 (annual unduplicated client count)

Note: The above listed figures do not include services provided to S&DS clients by Older Americans Act (OAA) subcontractors.

SECTION II

POPULATION CHARACTERISTICS

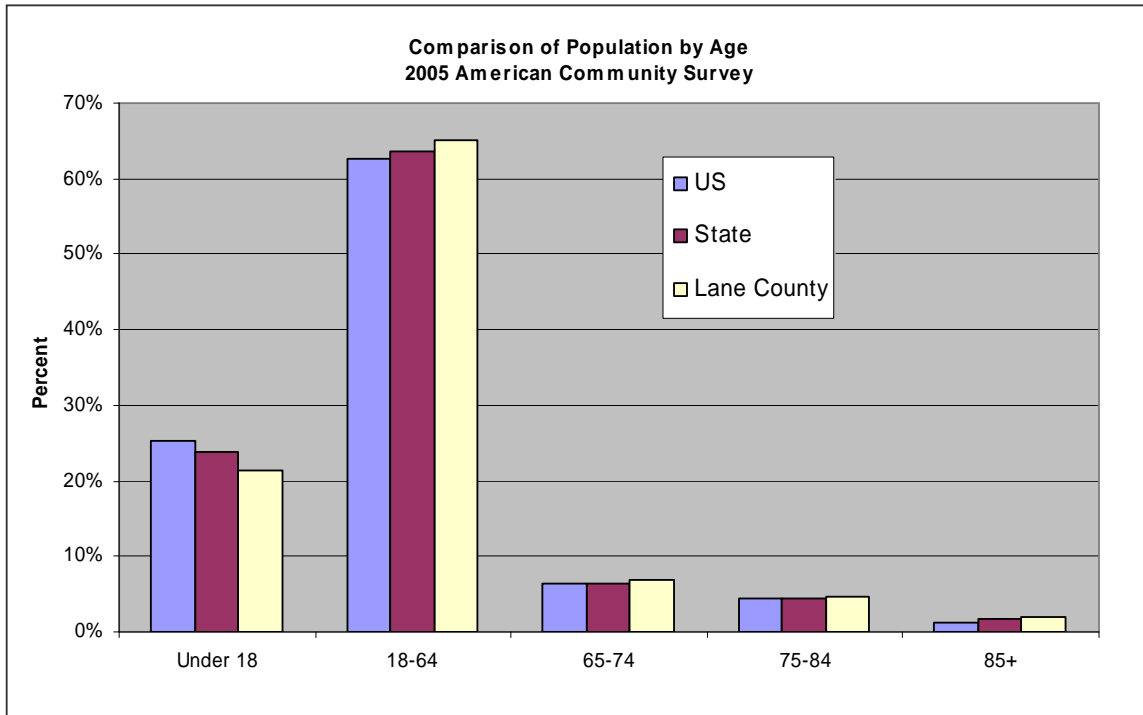
POPULATION (Census, American Community Survey Data, Oregon State Office of Economic Analysis)

Population estimates indicate that since 2000, the population in Lane County increased from 322,959 to 327,762, a 1.5 percent (1.5%) average annual increase. The state population increased at a 1.2 percent (1.2%) average annual increase. The 2005 American Community Survey shows Lane County with a slightly higher percentage of seniors than the State or nation. The Census estimates that the number of adults age 65 and over will more than double nationally by 2030.

The State of Oregon Office of Economic Analysis, population forecasts indicates that the 65 and over population for Lane County was 13.3% of the total population in 2000 and in 2005 it was 13.6% of the total population.

POPULATION BY AGE

As the graph on the next page indicates, the largest segment of the population is comprised of adults 18-64 years of age. In 2005, there were 212,988 Lane County residents in this age grouping. They accounted for 65% of the total population. Lane County had a slightly higher percentage of person 65 years of age and older than did the state or the nation.



Between 2000 and 2005 Lane County's Population increased by 1.5 percent but the proportion of seniors to the total population has stayed relatively constant (Refer below graph). The Oregon Office of Economic Analysis projections indicate that the senior population will steadily increase and more than triple by 2040.

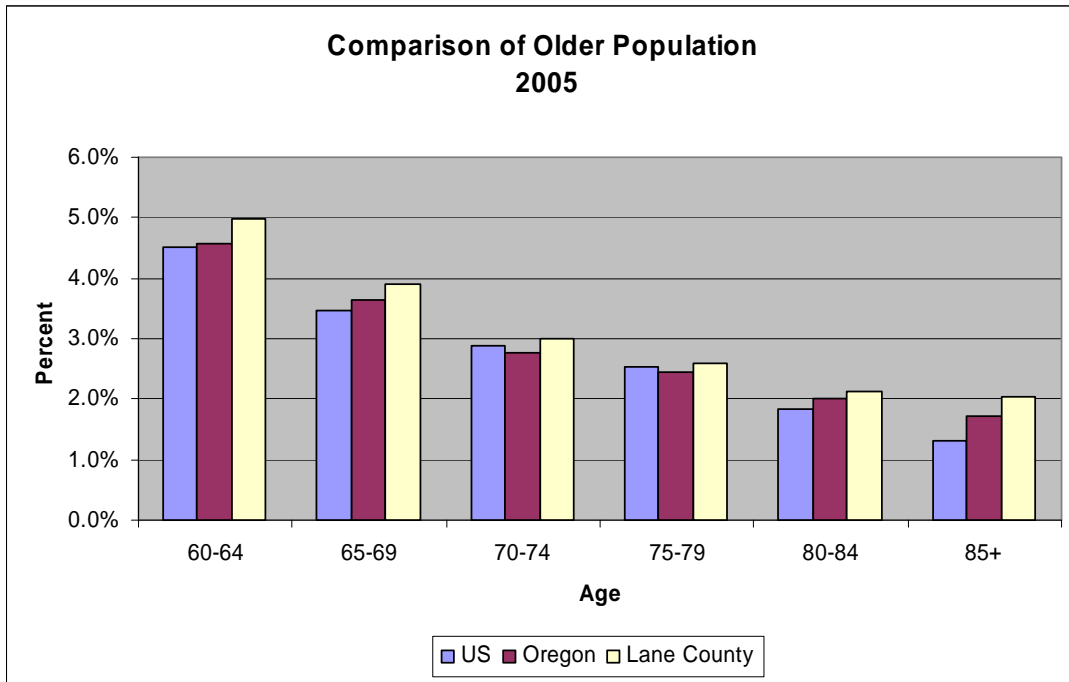
Lane County Population by Age and Gender 2005

Age	2000			2005		
	Male	Female	Total	Male	Female	Total
Under 18	37,728	36,086	73,814	35,376	34,723	70,099
<i>Percent</i>	23.7%	22.0%	22.9%	22.0%	20.8%	21.4%
18-64	103,073	103,118	206,191	105,818	107,170	212,988
<i>Percent</i>	64.8%	62.9%	63.8%	65.9%	64.1%	65.0%
65-74	9,709	11,540	21,249	10,593	11,985	22,578
<i>Percent</i>	6.1%	7.0%	6.6%	6.6%	7.2%	6.9%
75-84	6,651	9,501	16,152	6,702	8,717	15,419
<i>Percent</i>	4.2%	5.8%	5.0%	4.2%	5.2%	4.7%
85+	1,780	3,773	5,553	2,063	4,615	6,678
<i>Percent</i>	1.1%	2.3%	1.7%	1.3%	2.8%	2.0%
Total	158,941	164,018	322,959	160,552	167,210	327,762

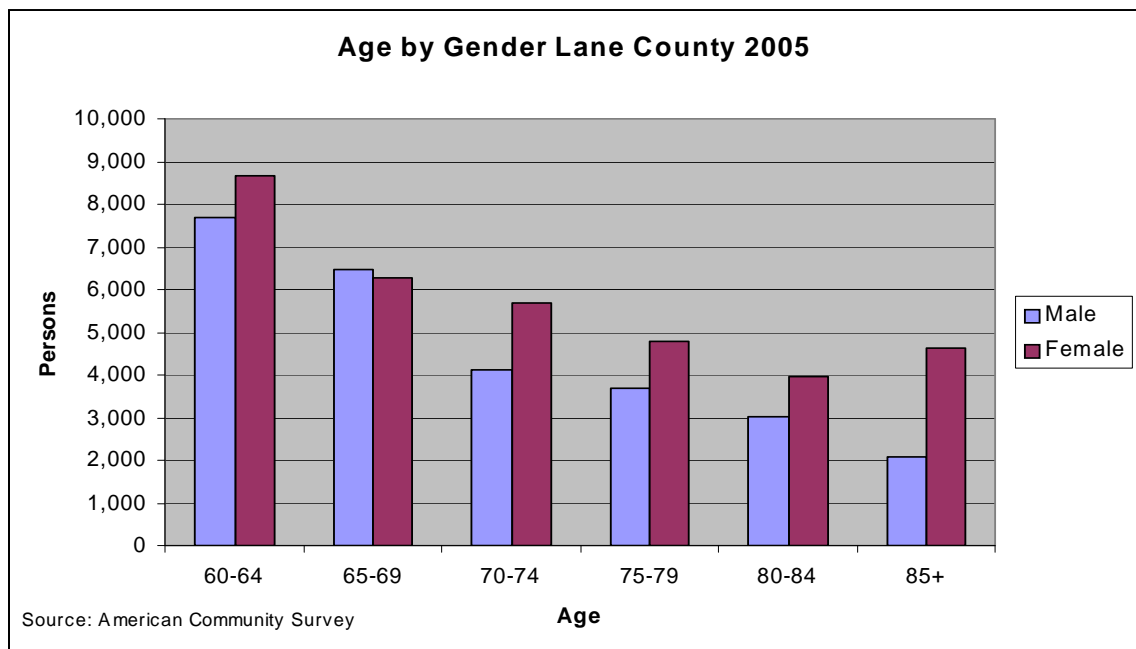
Source: 2000 Census and 2005 American Community Survey

SENIOR POPULATION

The 2005 American Community Survey indicates that Lane County has a slightly higher percentage of seniors than the State of Oregon or the nation. The 60-64 age groups made up the largest segment of the “senior” population.



In Lane County, older women outnumber older men in almost every age category. Note that the ratio of women to men increases with age.



COMPARISON OF CENSUS, AMERICAN COMMUNITY SURVEY DATA AND S&DS CLIENT DATA

INTRODUCTION

The S&DS information presented throughout this document draws from 2005–2006 client data. Reports from the latest US Census are based on data collected in 2000 and the American Community Survey data which includes projections that were completed in 2005. Notwithstanding these minor differences, where relevant, the document seeks to compare data.

The S&DS client data presented in this report portrays information from three different groups of clients. The first, labeled “Public Assistance and Oregon Project Independence (OPI),” contains information on S&DS clients receiving public benefits and OPI services. This group represents all S&DS clients, other than those clients receiving only Older Americans Act services. This client category represents a snapshot in time as of July 13, 2006 and totals 15,218 individuals.

The second client data set is described as “Community Based Long-Term Care (LTC) and Oregon Project Independence (OPI).” Clients in this group are long-term care clients receiving either Medicaid waived services or Oregon Project Independence services. That is to say, these clients are receiving long-term care services in community-based settings. This client category represents a snapshot in time as of July 13, 2006 and totals 3,692 individuals.

The final S&DS client group is comprised of clients who received Older Americans Act services between July 1, 2005 and June 30, 2006. This client category totals 3,377 individuals. It is important to note that members of this group and the other two client groups may be receiving more than one type of S&DS service. Therefore, client counts may be duplicated.

The S&DS client data tables and graphs presented in this report reflect known data and do not include missing or unknown information. For this reason, the data sets shown throughout the report do not always add up to the totals listed in the various client groups above.

DATA COMPARISON

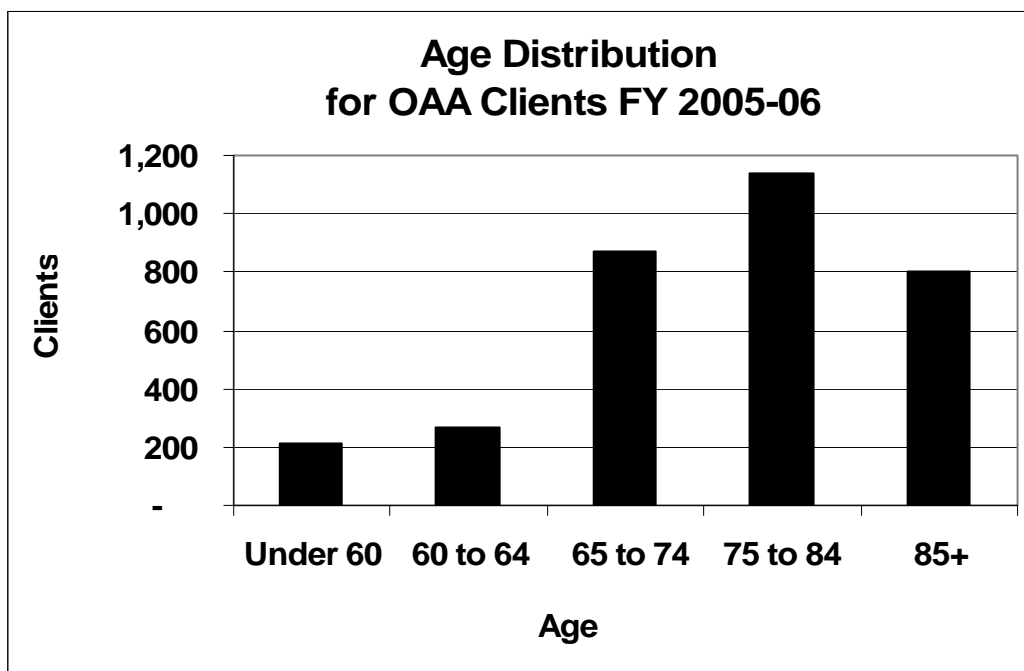
In the general population, females continue to outnumber males in the older age groups. Similarly, sixty-three percent (63%) of S&DS 3,377 Older Americans Act clients were female. They outnumbered males three to one.

Within S&DS' Public Assistance and OPI caseloads, males outnumbered females below the age of 18, but females outnumbered males in all other categories. For the 75+ age group, nearly seventy-five percent (75%) of S&DS' Public Assistance and OPI clients were women.

Age by Gender for Public Assistance & OPI Clients			
Age	Male	Female	Total
Under 18	270	163	433
18 - 64	4,620	4,644	9,264
65 - 74	911	1,373	2,284
75+	829	2,377	3,206
Total	6,630	8,557	15,187

Note: S&DS serves a small number of medically fragile children under the age of 18

The majority of OAA clients, (2,026) were over the age of 75. There were 1,351 OAA clients under the age of 74.



LIVING SITUATION

The 2000 Census data indicates that the majority of Lane County residents over the age of 65 lived in household settings with family members.

Living Situation of Persons 65 Years and Over in Lane County 2000 Census Data		
Living Arrangement	Number	Percent
In households:	40,914	95.3
In family households:	27,519	64.1
In nonfamily households:	13,395	31.2
Living alone	11,915	27.7
Not living alone	1,480	3.4
In group quarters:	2,040	4.7
Institutionalized population	961	2.2
Noninstitutionalized population	1,079	2.5
Total Persons 65 and Over	42,954	

Likewise, the 2005 American Community Survey (ACS) indicates a majority of Lane County seniors lived in family households. It should be noted the ACS only surveys person in households, therefore information on group quarter population is not available.

Living Arrangement of Population 65 and Over Lane County 2005		
Household Types	Number	Percent
Total Population		
Households:	44,675	
In family households:	28,985	65%
In nonfamily households:	15,690	35%
Living Alone	14,195	32%
Not Living Alone	830	2%
Source: 2005 American Community Survey		

Similarly, the majority of S&DS clients receiving Public Assistance and OPI services on July 13, 2006 were living in their own homes or apartments rather than in long-term care facilities. However, a greater percent of S&DS clients resided in those facilities than was true for the general population. Those living in facilities, including foster homes, totaled 2,246. Individuals living in a house or apartment totaled 9,268. It was not possible to determine if these people were living in family households.

Note: The following table, referring to the living situations of S&DS Public Assistance & OPI clients, was based on the documented living situations of 15,218 clients.

Living Situation for Public Assistance & OPI Clients		
Living Situation	Number of Clients	Percent of Clients
Adult Foster Home	537	3.5
Relative Foster Home	79	0.5
Residential Care Facility	430	2.8
Assisted Living Facility	260	1.7
Specialized Living Facility	44	0.3
Group Care Home	212	1.4
Nursing Facility	619	4.1
Room & Board	65	0.4
Subtotal	2,246	14.8
Apartment	3,820	25.1
House	5,448	35.8
Subtotal	9,268	60.9
Homeless	696	4.6
Unknown	3,008	19.8
Total	15,218	100.0

During fiscal year 2006 (July 1, 2005 – June 30, 2006), the majority of OAA clients were living in a house or an apartment (1,333) and were single, i.e. divorced, never married, separated or widowed (2,796).

POVERTY

Based on the 2005 American Community Survey, sixteen percent (16%) of the Lane County residents were living below the poverty level in 2005, which was higher than the state and nation. 4.5 % of seniors aged 65 and above, were living below the poverty level in 2005. This is a significant decline from 2000 where 7.5% of all seniors in Lane County were below the poverty level.

**Percent of Persons Below Poverty Level
Lane County 2005**

	US	OR	Lane County
All Persons	13%	14%	16%
65 and Over	0.6%	1.2%	4.5%
Source: 2005 American Community Survey			

INCOME

In 2005, Lane County had a lower median household income and per capita income than that of the state and nation. Data shows an increase in the median income as the population ages, until the age of 65 plus, at which time it begins to decline. The median income of the 65 plus households was less than younger households (aged 25-62). Median incomes for senior households were \$11,678 to \$16,940 less than all other household in Lane County.

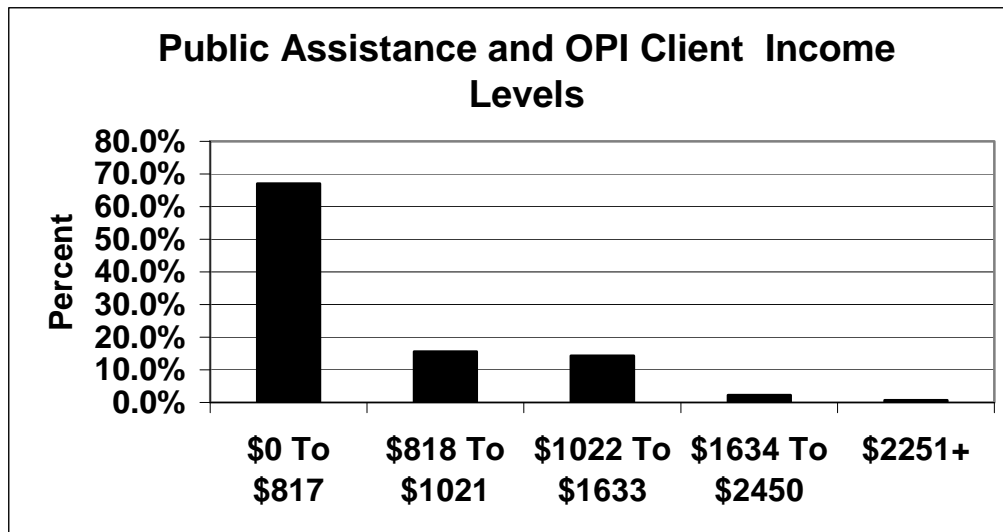
**Income 2005
(2005 Inflation Adjusted Dollars)**

Area	Median Household Income	Per Capita Income
Lane County	\$ 37,290	\$ 21,425
Oregon	\$ 42,944	\$ 23,785
US	\$ 46,242	\$ 25,035
Source: 2005 American Community Survey		

**Median Household Income
by Age of Householder
(2005 Inflation Adjusted Dollars)**

Age of Householder	Oregon	Lane County
Householder under 25 years	\$ 21,844	\$ 17,375
Householder 25 to 44 years	\$ 47,303	\$ 40,743
Householder 45 to 64 years	\$ 53,353	\$ 46,005
Householder 65 years and over	\$ 29,635	\$ 29,065
Source: 2005 American Community Survey		

The vast majority of the S&DS Public Assistance and OPI clients had personal incomes below \$817 per month. This translates into a yearly income of \$9,804 which in 2006 was 100% of the federal poverty level for a family size of one.



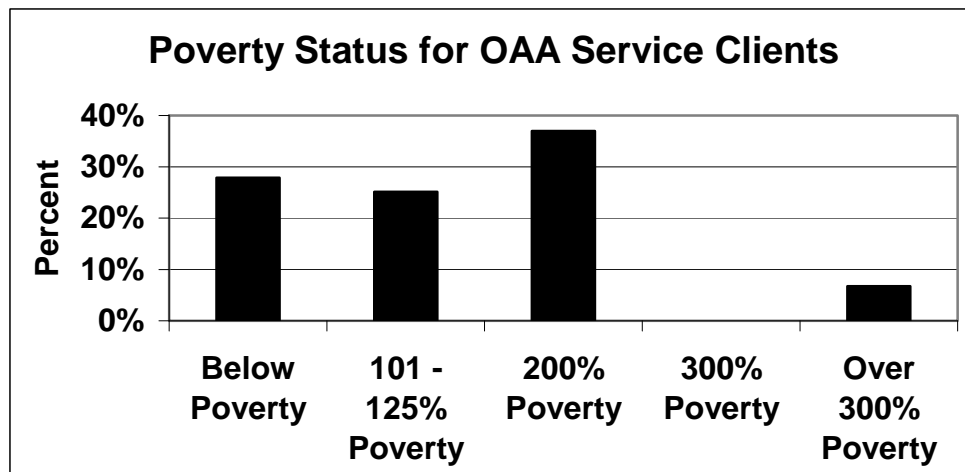
In 2006, the poverty level for a single individual was defined as an income below \$ 817 per month. For couples, incomes below \$ 1,100 per month met the federal poverty definition. Income standards are often listed as a percentage of federal poverty. The

standards in effect on December 21, 2006 for households of one and two are listed in the table below.

Person in Household	100% of Poverty Level	101 –125% of Poverty Level	126 –200% of Poverty Level	200 – 300 % of Poverty Level	Over 300% of Poverty Level
1	Below \$817	\$818-\$1021	\$1,022-\$1,633	\$1,634 - \$2,450	Over \$2,451
2	Below \$1,100	\$1,101-\$1,375	\$1,376-\$2,200	\$2,201 - \$3,299	Over \$3,300

Note: The poverty graph and table on this page represent a snapshot in time taken on December 21, 2006, representing 15,582 S&DS Public Assistance and Oregon Project Independence clients. The snap shot in time date differs from other snap shot in time data in this document.

The following graph indicates the poverty status of S&DS’ Older Americans Act clients during fiscal year 2006 (July 1, 2005 – June 30, 2006).



PERSONS WITH DISABILITIES

The 2000 census reports that nationwide, 51.2 million people or eighteen percent (18%) of the total population, have some level of disability and that 32.5 million people, or twelve percent (12%) of the total population, report having a severe disability.

The census definition of disability is a long-lasting physical, mental, or emotional condition. The condition may make it difficult for a person to do activities of daily living such as walking, climbing stairs, dressing, bathing, learning, or remembering. The condition may also impede a person from being able to go outside the home alone or to work at a job or business.

In 2005, the percentage of people living with disabilities in Lane County was 3 % higher than statewide figures. Almost 18% of the population in Lane County reported having a disability while statewide it was 15%. In Lane County and throughout the State, seniors aged 65 and over, had a greater percentage of individuals reporting a disability (41.7%). Seniors were more likely to have a physical disability than any other type. The percentage of persons with a disability was much lower for persons age 16-64. Employment and physical disabilities were the most frequently reported for persons aged 16-64 in both Lane County and the State. Please refer to the table on the next page.

**Disability Status for Non-Institutionalized
Population Oregon and Lane County 2005**

Disability Status	Oregon	Lane County
Total Population	3,330,324	309,579
With a Disability	593,014	57,196
Percent with Disability	15.0%	17.4%
Population 16-64	2,359,978	221,551
With a Disability	311,930	35,132
Percent with Disability	13.2%	15.9%
Sensory Disability	71,857	9,297
Physical	182,971	18,873
Mental	119,192	13,237
Self-Care	49,187	6,389
Going outside the home	72,460	8,300
Employment Disability	176,431	19,391
Population 65 and over	447,408	44,675
With a Disability	186,776	18,629
Percent with Disability	41.7%	41.7%
Sensory Disability	75,563	7,818
Physical	141,121	14,019
Mental	54,220	5,261
Self-Care	42,100	3,359
Going outside the home	68,828	6,731

Source: U.S. Census Bureau, 2005 American
Community Survey

* Note: A person can have more than one type of disability. The above total population does not include institutionalized individuals.

In Lane County, slightly more females than males reported a disability. Almost half of females aged 65 and over reported having a disability. This number is ten percent (10 %) higher than males of the same age group. Females and males, aged 16-64, were more similar in disability status, with sixteen percent (16%) of females and fifteen percent (15%) of males reporting a disability. The senior population, age 65 and over, was more likely to have a physical disability than any other type of disability. For the population between 16-64 years of age physical and employment disabilities were the most frequently reported type of disability.

**Disability Status for Non-Institutionalized Population
by Sex
Lane County 2005**

Disability Status	Total	Male	Female
Total Population	309,579	151,050	158,529
With a Disability	57,196	25,961	31,235
Percent with Disability	17.4%	17.2%	19.7%
Population 16-64	221,551	110,412	111,139
With a Disability	35,132	16,903	18,229
Percent with Disability	14.4%	15%	16%
Sensory Disability	9,297	5,523	3,774
Physical	18,873	8,633	10,240
Mental	13,237	6,029	7,208
Self-Care	6,389	2,725	3,664
Going outside the home	8,300	3,411	4,889
Employment Disability	19,391	9122	10,269
Population 65 and over	44,675	19,358	25,317
With a Disability	18,629	6,902	11,727
Percent with Disability	41.7%	36%	46%
Sensory Disability	7,818	3,625	4,193
Physical	14,019	4,503	9,516
Mental	5,261	2,358	2,903
Self-Care	3,359	1,115	2,244
Going outside the home	6,731	1,762	4,969

Source: U.S. Census Bureau, 2005 American Community Survey * Note: A person can have more than one type of a disability

The next table and graph describes the primary diagnosis by age group for S&DS community based long-term care clients. Please note that an individual can have more than one diagnosis.

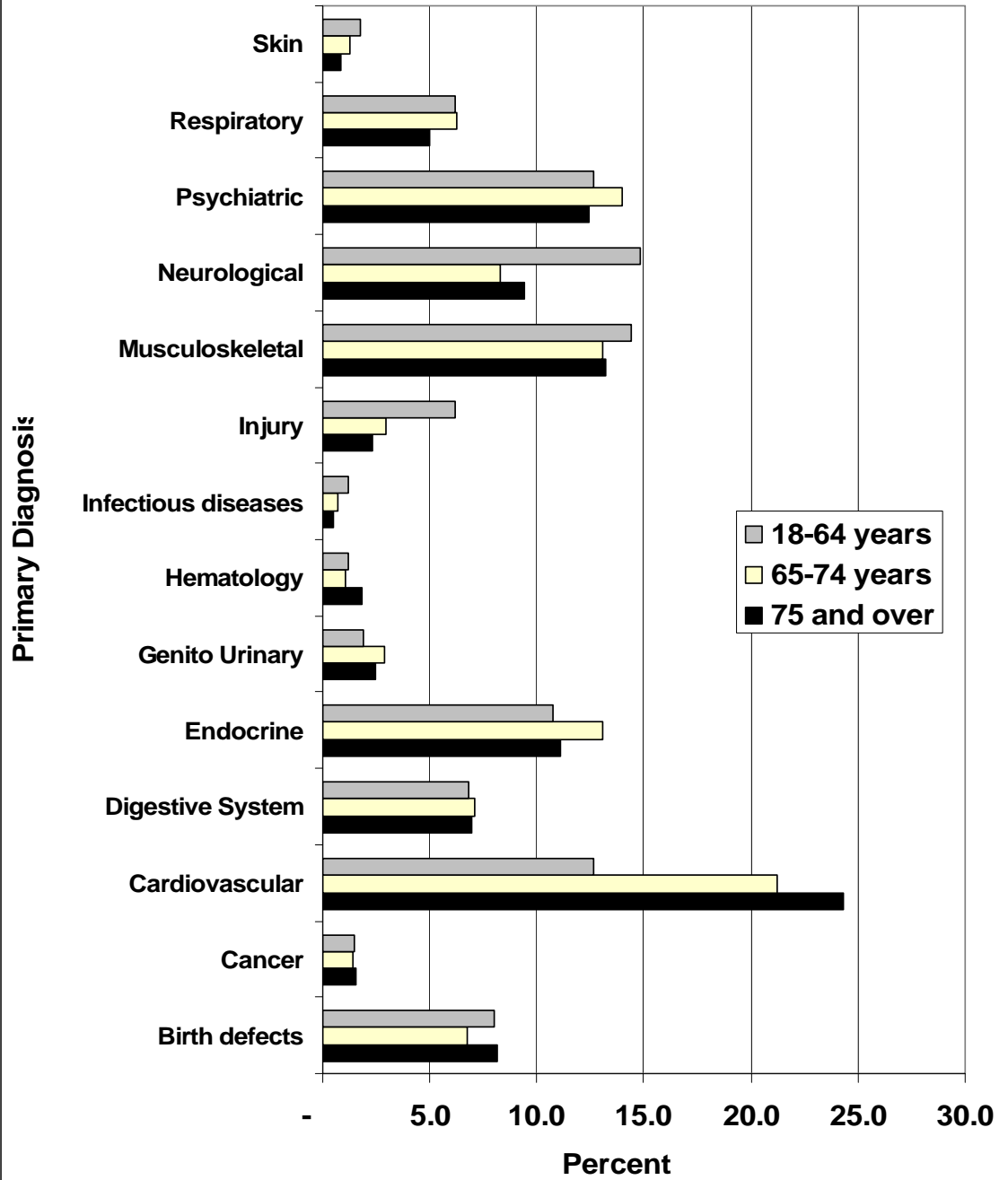
For persons 18 to 64 years of age, neurological, musculoskeletal, psychiatric, and cardiovascular impairments were the most common diagnoses. Cardiovascular, musculoskeletal, psychiatric, and neurological diagnoses were the most frequently noted diagnoses for persons 65 and older.

Source: Lane County Oregon Access

Primary Diagnosis	18 To 64 years		65 to 74 years		75 and over		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Birth defects	297	8.0	131	6.8	479	8.1	907	7.9
Cancer	54	1.5	27	1.4	89	1.5	170	1.5
Cardiovascular	466	12.6	411	21.2	1,429	24.3	2,306	20.0
Digestive System	251	6.8	137	7.1	408	6.9	796	6.9
Endocrine	397	10.8	253	13.1	651	11.1	1,301	11.3
Genito Urinary	71	1.9	56	2.9	143	2.4	270	2.3
Hematology	45	1.2	20	1.0	106	1.8	171	1.5
Infectious diseases	43	1.2	14	0.7	30	0.5	87	0.8
Injury	229	6.2	57	2.9	137	2.3	423	3.7
Musculoskeletal	532	14.4	253	13.1	777	13.2	1,562	13.6
Neurological	547	14.8	161	8.3	555	9.4	1,263	11.0
Psychiatric	468	12.7	271	14.0	732	12.4	1,471	12.8
Respiratory	227	6.1	121	6.2	295	5.0	643	5.6
Skin	65	1.8	25	1.3	51	0.9	141	1.2
TOTAL	3,692	100.0	1,937	100.0	5,882	100.0	11,511	100.0

Please refer to the graph on the next page for another look at information on the primary diagnosis by age group for S&DS community based long-term care clients

**Primary Diagnosis by Age Group
for Community Based Long Term Care Clients**



S&DS community based long-term care clients are assessed and given a survivability level score based on their ability to perform various activities of daily living, such as, bathing, dressing, eating and toileting. A low score (i.e., “1”) indicates a client with a high level of impairment. The following chart lists the number of S&DS Community Based Long-term Care clients and their survivability level scores on July 13, 2006. Forty-one (41%) of the clients had scores of 1 through 3, indicating high impairment levels.

Community Based Long Term Care Client Priority Levels		
Priority Level	Client Count	Percent of Clients
1	39	2%
3	788	39%
4	88	4%
5	114	6%
6	33	2%
7	361	18%
8	18	1%
9	7	0%
10	299	15%
11	100	5%
12	19	1%
13	39	2%
14	1	0%
15	82	4%
17 Plus	39	2%

Note: Medicaid Client eligibility is based on priority levels 1-13 and Oregon Project Independence eligibility is based on priority levels 1-15.

RACE AND ETHNIC DISTRIBUTION OF MINORITY POPULATIONS

There were fewer racial and ethnic minority persons living in Oregon and Lane County than in the nation. Based on the estimates of the 2005 American Community Survey (ACS), Lane County was predominantly white and non-Hispanic. White, non-Hispanics, made up 87 percent (87%) of the total population and Hispanics of all races made up only 5.6 percent (5.6%) of the total population. Based on the ACS figures, it appears that the Lane County Hispanic Population increased one percent between 2000 and 2005.

2005 Distribution of Population by Race and Ethnicity

	United States		Oregon		Lane County	
	Estimate	Percent	Estimate	Percent	Estimate	Percent
Total:	288,378,137		3,560,109		327,762	
Hispanic or Latino of any Race	41,870,703	14.5%	353,433	9.9%	18,396	5.6%
Not Hispanic or Latino:	246,507,434	85.5%	3,206,676	90.1%	309,366	94.4%
White	192,615,561	66.8%	2,897,961	81.4%	285,420	87.1%
Black or African American	34,364,572	11.9%	56,220	1.6%	2,679	0.8%
American Indian and Alaska Native	2,046,735	0.7%	36,239	1.0%	3,000	0.9%
Asian	12,312,949	4.3%	123,960	3.5%	10,282	3.1%
Native Hawaiian and Other Pacific Islander	355,513	0.1%	6,515	0.2%	252	0.1%
Some other race	777,679	0.3%	6,426	0.2%	648	0.2%
Two or more races	4,034,425	1.4%	79,355	2.2%	7,085	2.2%

Source: U.S. Census Bureau, 2005 American Community Survey

Note: Hispanic or Latino persons can be of any race.

2000 Census data indicated that the racial and ethnic distribution of Lane County residents over the age of 65 were proportionally fewer in all racial and ethnic minority categories compared to their younger counterparts.

S&DS Public Assistance and OPI clients' race or ethnicity distribution by age groups is outlined in the table on the following page. (Note: S&DS serves a small number of medically fragile children under the age of 18).

Age by Race or Ethnicity for Senior & Disabled Service Clients										
Ethnic	Age								TOTAL	Percent of Total Clients
	0 to 17 years	Percent 0 to 17 years	18 to 64 years	Percent 18 to 64 years	65 to 74 years	Percent 65 to 74 years	75 and Older	Percent 75 and Older		
American Indian/ Native Alaskan	2	0.5	138	1.5	20	0.9	10	0.3	170	1.1
Asian	4	0.9	78	0.8	49	2.1	40	1.3	171	1.1
Black, Not of Hispanic Origin	13	3.0	161	1.7	18	0.8	15	0.5	207	1.4
Hispanic	28	6.5	166	1.8	77	3.4	48	1.6	319	2.1
Native Hawaiian or Pacific Islander	1	0.2	9	0.1	3	0.1	3	0.1	16	0.1
White, Not of Hispanic Origin	374	86.4	8,613	92.9	2,072	90.7	2,848	95.2	13,907	92.9
Other/Unkn own	11	2.5	102	1.1	46	2.0	27	0.9	186	1.2
Total	433	100.0	9,267	100.0	2,285	100.0	2,991	100.0	14,976	100.0

S&DS's OAA fiscal year 2005-2006 clients' were less diverse racially and ethnically than S&DS' Public Assistance and OPI clients; only two and a half percent (2.5%) were members of a racial or ethnic minority. The SDS' OAA clients were primarily white non-Hispanic (87 %) Note: the other 10.5% of the data was listed as other or unknown.

SECTION III

ADDITIONAL INFORMATION

S&DS LANE COUNTY FOCUS GROUP SUMMARIES

S&DS held seven (7) focus groups between August 29, and September 28, 2006. The focus groups were held at various Lane County locations in an attempt to elicit information from citizens, clients, service providers, staff, advisory council members, and elected officials about the service needs of senior citizens and people with disabilities. S&DS accepted written comments from individuals unable to attend the forums.

Recognizing the uniqueness of each community, the needs assessment sought input from select communities and groups across Lane County. The following communities were targeted:

- 1) Springfield
- 2) Eugene
- 3) Florence
- 4) Veneta
- 5) Cottage Grove/Creswell
- 6) S&DS staff
- 7) S&DS Advisory Council

One hundred (115) persons attended the focus groups. At each focus group, participants were asked to identify and prioritize:

- 1) The future service needs of Lane County seniors and persons with disabilities.
- 2) The most important services for S&DS to provide.

As background, participants were presented with a list of twenty-five (25) services currently provided by S&DS. Of these services, ten (10) are mandated by law and utilize funding sources over which S&DS has no discretion, therefore, these services were not considered during the priority setting component of the process.

At each of the focus groups, attendees brainstormed lists of current and future service needs. During the brainstorming exercise, participants were invited to:

- 1) Identify additional service needs, and
- 2) Recommend alterations to existing services to better meet needs.

Following the brainstorming session, the lists were consolidated, as appropriate, to eliminate duplications. The final step of the process asked attendees to vote for the services that they felt were most needed by seniors and people with disabilities. Those services receiving the highest number of votes were deemed to be the highest priority for that community.

It should be noted that focus group participants identified all services provided by S&DS as important and found the process of prioritizing the services difficult. No single individual in attendance indicated that any service should be eliminated or reduced.

The table on the following pages rank the identified needs and issues of the various focus groups. It reflects all needs which received at least one participant vote. Please note that the table combined similar categories from each of the focus groups.

The top seven issues identified by focus group participants were:

1. Senior Meals & Meals on Wheels programs: Provide nutritionally balanced meals to persons over the age of 60 and their spouses. The meal is provided either in a dining room setting or delivered to home-bound adults or adults with disabilities who meet eligibility criteria.
2. Senior Connections program: The program serves seniors age 60 and over and provides information, assistance with transportation, shopping and errands, as well as, certification of the Meals on Wheels and Ridesource programs.
3. Advocacy: Please note the types of advocacy desired varied greatly from focus group to focus group. Please refer to the summaries of the individual focus groups for the specifics.
4. Special transportation: Please note the types of special transportation desired varied greatly from focus group to focus group. Please refer to the summaries of the individual focus groups for the specifics.
5. Oregon Project Independence: A state funded program which provides limited in-home services to people 60 and older and younger adults with dementia who need help in order to continue living independently in their own homes.
6. Information & Referral – Public Awareness Campaign
7. Family Caregiver Support services: These services include:
 - Information and referral about community support services and other resources for caregivers and families.
 - Assistance in assessing needs, developing care plans and in-home services.
 - Respite, temporary relief for the family caregiver, may be provided at home

or a daycare facility. The service may provide personal care, meal preparation and or companionship.

- Training opportunities include classes on community resources and services; stress relief; proper body mechanics; legal issues; aging process; nutrition; etc.
- Support group counseling is also available.

S&DS 2006 NEEDS ASSESSMENT FOCUS GROUP SUMMARY									
ISSUE/ NEED SERVICE								Total All Votes	% of Total Votes
	Springfield	Eugene	Florence	Veneta	Cottage Grove- Creswell	S&DS Staff	S&DS Advisory Council		
Senior Meals & Meals on Wheels	2	17	5	8	1		4	37	13%
Senior Connections	1	2	8	7		11	5	34	12%
Advocacy	6	2	4	11	5	3	2	33	11%
Special Transportation	1	8	6	5	3	4	4	31	11%
Oregon Project Independence	1	9	2	1	1	3	7	24	8%
Information & Referral/Public Awareness		11	2		2		6	21	7%
Family Support Caregiving Service		3	8	2			2	15	5%
Recreation Services/Creative Expression/Exercise		2	5		3			10	3%
Caregivers Training	3		6					9	3%
Mental Health - Bereavement - Senior Counseling			3		1	4	1	9	3%
Free or Low Cost Dental Care		9						9	3%
Money Management		1	3	1		3		8	3%
Ombudsman Recruiting and Screening	5	1		1				7	2%
Elderhelp and other Volunteers Programs					4	1	2	7	2%
Senior Legal Assistance		5				1	1	7	2%
Adult Day Care Center			1		4			5	2%
Medication Education & RX Assistance		1	1			4		6	2%
Non-Medicaid Programs for People with Disabilities, similar to OAA programs		4						4	1%
Increase Provider Payment for Medicaid Services	3							3	1%
Public Guardianship Program						3		3	1%

Continuation of S&DS Focus Group Summary Table

S&DS 2006 NEEDS ASSESSMENT FOCUS GROUP SUMMARY									
ISSUE/ NEED SERVICE								Total All Votes	% of Total Votes
	Springfield	Eugene	Florence	Veneta	Cottage Grove- Creswell	S&DS Staff	S&DS Advisory Council		
Cost Benefit Analysis of S&DS Programs							3	3	1%
Housing for Persons with Disabilities		2						2	1%
Gatekeeper Program-Postal workers watching for potentially dangerous changes in customers lives		1						1	0.34%
Improved Automated Phone System at S&DS		1						1	0.34%
Keeping Couples Together		1						1	0.34%
Telephone Reassurance			1					1	0.34%
Home Repair & Modification Program						1		1	0.34%
Rural Respite							1	1	0.34%
Total Votes								292	

To view the specific identified needs and services as defined by individual community focus group, as well as the written comments received, please refer to Appendix 2. These tables reflect all the brainstormed ideas of each of the focus group whether or not they received any participant votes.

MALNUTRITION IN THE ELDERLY A NATIONAL PROBLEM

Webster's new world dictionary defines malnutrition as a "faulty or inadequately nutrition: Poor nourishment resulting from insufficient food, improper diet, etc" and Mosby's Medical dictionary defines it as "any disorder of nutrition. It may result from an unbalanced, insufficient , or excessive diet or from the impaired absorption, assimilation or use of foods."

Hippocrates said "Food is your best medicine." And Florence Nightingale reportedly stated that "Next to air, the most important thing is food."

Many Americans over the age of 65 are facing a "malnutrition crisis" of epidemic proportions. Malnutrition can lead to increased incidents of illness, disease, and disability, as well as, serve as a contributing factor to existing disease and illness. The following facts were published in the Malnutrition A National Crisis which was produced by Region X of the U.S. Administration on Aging housed in Seattle Washington:

1. Malnutrition occurs too frequently in the elderly (65 years of age and over) – fueling the health care crisis even though it is preventable.
 - One in four elderly in the community is malnourished
 - 35-55% of elderly patients in acute care hospitals are malnourished
 - Two in five elderly in long term care facilities are malnourished
2. 85% of older Americans have chronic disease that could be helped by nutritional intervention according to the U. S. Senate Committee on Education and Labor.
3. Malnutrition compromises the immune system and contributes to the development of infection, poor wound healing, serious complications, sepsis, multi-system organ failure, disability, longer hospital stays, death, and catastrophic health care.
4. Malnutrition significantly increases hospital stay and direct medical costs.
5. Socio-economic factors, such as poverty and social isolation, increase risk of malnutrition in the elderly. Statistics of the elderly show:
 - 33% live alone
 - 20% skip at least one meal a day
 - 42% of women and 17% of men have annual incomes of less than \$6,000/year, making it difficult to budget for food.

6. Polypharmacy increases risk of drug-induced malnutrition due to alteration of appetite, absorption and metabolism of nutrients. It also increases risk of drug-drug interactions and drug-nutrient interactions.
Statistics show that the elderly, 65 years and older
 - Use multiple prescription drugs (45% of elderly)
 - Consume 25% of all prescription medication
 - Use 40 to 90% of over-the-counter drugs (non-prescription)
7. The signs of malnutrition and inactivity mimic the effects of aging, leading to delayed recognition of poor nutrition in the elderly.
8. Physical inactivity is associated with many of the leading causes of death and disability in the U.S. Maintaining musculoskeletal mass in the elderly is critical to preventing disability, falls, and hip fractures.
9. Obesity masks malnutrition and is associated with increased risk for diabetes mellitus, hypertension, cardiovascular disease, stroke, sleep apnea, gout, and osteoarthritis. 25% or more of elderly are overweight.
10. America is graying, by the year 2010, one in seven Americans will be 65 or older and by 2030, this will increase to one in five.
11. Few health insurance policies offer reimbursement for routine nutrition screening and early intervention.
12. There is fragmentation and lack of inter-disciplinary collaboration within health care. The expertise of dietitians, pharmacists, and physical therapists are poorly utilized.
13. Mental, oral, physical, and nutritional health are all intricately dependent upon each other. Oral problems affecting kinds and amounts of food eaten can affect physical, mental, and nutritional health, or vice versa. Many dementias have been caused by metabolic disorders, drug toxicity, dehydration, B-12 deficiency, and malnutrition.

HEALTH CARE IN AMERICA SURVEY

One in four Americans or twenty five percent (25%) say that they or a family member in their household had problems paying medical bills during the past 12 months, according to a new poll conducted jointly by ABC news, the Kaiser Family Foundation and USA Today. That's the highest share of Americans reporting a problem paying medical bills in a series of Kaiser surveys taken since 1997. Among those reporting a problem this year, nearly seven in ten or sixty-nine percent (69%) have health insurance.

These findings are part of a nationally representative survey on health care in America. The survey examines Americans' views and experiences related to health care costs and quality, as well as their attitudes toward possible policy solutions.

Key findings include:

- About one in four or twenty-eight percent (28%) of Americans say that in the past year they or a family member have put off medical treatment because of its cost. Of those who delayed treatment, seven in ten or seventy percent (70%) say that the care was for a serious medical condition.
- Among those with health insurance, most (60%) are worried about not being able to afford coverage over the next few years; with twenty-seven percent (27%) saying they are very worried.
- More than half (54%) of those without health coverage say the main reason is because they can't afford it, while another fifteen percent (15%) say they can't get it due to poor health, illness or age. In comparison, just four percent (4%) say the main reason they lack health insurance is because they think they don't need it.
- Eight in ten Americans or eighty percent (80%) say they are dissatisfied with the overall cost of health care to the nation.

* The Health Care in America Survey is a nationally representative survey of 1,202 adults which was conducted between September 7th and 12th of 2006. The margin of sampling error for this survey is plus or minus 3 percentage points. Full survey results are available at <http://www.kff.org/kaiserpolls/pomr101606pkg.cfm>.

FAMILY CAREGIVERS AT THE HEART OF OUR AGING POPULATION

A May 14, 2006 Register-Guard newspaper article written by Nancie Peacocke Fadeley, focusing on the Mother's Day Report of the Older Women's League "Women and Long-Term Care: Where Will I Live and Who Will Take Care of Me?" indicates that there is much anxiety about how to pay for caregivers and how to ensure that the care given is quality care. The report indicates that the overwhelmingly majority of American's prefer to age in place, to remain in their homes and communities. Fortunately, in-home and community based services are available in Lane county and are less expensive than those of nursing home care.

The report cites research estimating that informal long-term care caregivers save the U. S. taxpayers \$257 billion a year. Unfortunately, this savings often comes at a cost to family caregivers. Many times caregivers find that their careers are affected by the demands of caregiving or that they must terminate employment. This action not only causes a loss of income, but also affects future pension and Social Security benefits for the individuals. Consequently, many caregivers are at risk for poverty and are twice as likely to be poorer than non-caregivers. In addition, stress, lifting, interrupted sleep and isolation threaten the health of caregivers.

The recommendation of the Older Women's League urges that the wages and benefits of direct-care workers be increased.

REGIONAL TRENDS DATA FOR SOUND DECISION MAKING IN LANE COUNTY

The Regional Trends: Data for Sound Decision Making in Lane County was produced by Lane Council of Governments (LCOG) and provides a sampling of some of the most frequently requested data sets that LCOG compiles.

The report indicates the following information which is relevant to this needs assessment:

- The overall annual average growth rate for Lane County was slightly lower than the State of Oregon for the period between 1970 and 2005 (1.3% vs. 1.6%) However, the cities of Florence, Creswell and Veneta have all experienced annual average growth rates between 3-4 %.

- Lane County residents between the ages of forty and sixty (40-60) reflect 28.6% of the total population. These individuals are part of the “Baby-Boom” generation.
- The “Echo-Boom” generation, or children of the “Baby-Boomers”, ages ten to twenty-four (10-24) comprise 22.5% of the total population.
- Significant Lane County population distribution changes between 2000 and 2005 include: a thirty seven percent (37 %) increase in the number of individuals between the ages of 55 and 59; a twenty-six percent (26%) increase in residents between the ages of 60 and 64; and a nineteen percent (19%) increase in the oldest generation, those residents 85 years of age and older.
- Since 2002 the numbers of people who are medically uninsured has increased.

2004 LANE COUNTY UNITED WAY COMMUNITY NEEDS AND ASSETS STUDY

The most recent United Way Needs Assessment was conducted in 2004. A new survey is expected to be completed in spring of 2007. The material provided in this report is based on the 2004 data which captures the experience and perceptions of citizens in Eugene, Springfield, Cottage Grove, Oakridge, Florence and rural areas throughout Lane County.

The household survey was conducted by Mar%Stat Research, an independent research firm. This telephone survey was conducted between March 2 and 26 of 2004. Twelve hundred residents were interviewed and the samples were statistically weighted to reflect true proportions of the county. The researchers note that due to the use of telephone interviews, some segments of the population are not represented, such as the homeless and households without telephones or ones with only cell phones. It was further noted that interviewees may have under-reported on issues with social stigma such as mental health, domestic violence and substance abuse.

The survey respondents were asked to report on problems that sometimes occur in their household. Interviewees were requested to rate the severity of the problem on a four-point scale from “not a problem” to “major problem”. The findings indicate that the general population experienced more difficulty meeting their basic needs in almost every category from the prior years’ survey. The top problem issues included;

- Paying for medical care: Survey respondents from all segments of the population reported significant difficulty paying for treatment by doctors and dentists; covering prescription costs and paying for medical insurance.

- Local economy: There was a significant increase in problems tied to the local economy such as the inability to find work, pay for housing and purchase food.
- Housing: There continues to be concerns around housing needs in Lane County. All four of the categories dealing with housing- Lacking money for housing, Not enough room in your house for everyone who lives there, Living in housing that needs major repairs, and Not being able to pay utility bills, - showed significant increases in need for residents.

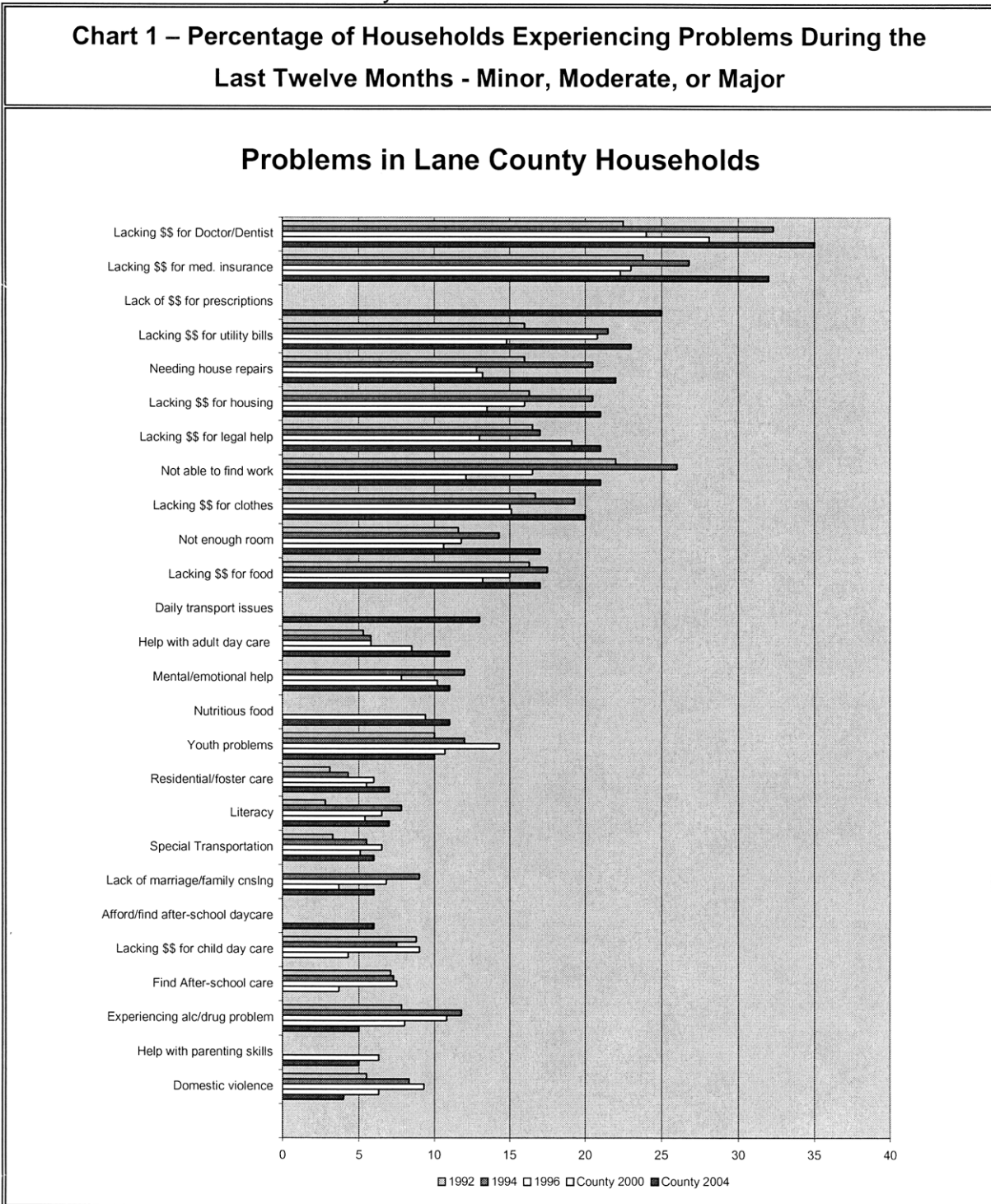
The special populations surveyed including children, elderly and person with disabilities. Persons over the age of 65 were considered elderly for the purposes of this survey. Findings relevant to the Senior & Disabled Services Needs Assessment include:

- “Issues of medical care are the most pressing needs for households with seniors.” One quarter of those surveyed reported having some problem paying for doctor or dentist. Nearly one fifth reported having some difficulty paying for medical insurance and prescriptions. While Medicare has recently added limited coverage for prescriptions, it does not cover transportation costs, in-home or residential care costs. In addition, nearly one-fifth of respondents reported having difficulty related to living in housing which needed major repairs. The study speculates that “it is likely that housing repairs are deferred for economic reasons.” Only ten percent of the seniors surveyed indicated that they had received public assistance in the past year.
- “Households containing people with disabilities have more problems than do households without people with disabilities. Moreover, people with non-physical disabilities reported higher levels of problems related to getting care and transportation. One-fifth of respondents reported having a person with a disability living in their household.” Forty-one percent of the persons with disabilities surveyed indicated that they had received public assistance in the past year.
- “Annual household income is a major determinant in the amount of problems experienced in a household. Households with annual incomes above \$34,000 have significantly fewer problems than do households with annual incomes below \$34,000. Because of the continuing rise in the cost of living, especially in the area of housing, the income threshold related to the experience of significant need appears to be rising.”

A graph outlining the perceived problems of Lane County residents of all ages are listed on the next page. In addition to the 2004 survey, this graph also reflects the perceived needs of previous surveys conducted in 1992, 1994, and 2000.

Countywide Household Needs

Chart 1. Problems in Lane County Households



LANE COUNTY PUBLIC GUARDIANSHIP RESEARCH PROJECT

In August of 2006, Lane County contracted with Senior & Disabled Services (S&DS) to conduct the Lane County Public Guardian/Conservator Research Project. Patti Little, S&DS Associate Planner, and Becky Strickland, S&DS Adult Protective Service Supervisor agreed to serve as project coordinators. Ms. Little was extensively involved in the 1994-95 and the 2000 Lane County Public Guardianship Feasibility Study which identified a need for a Public Guardian Program in Lane County. Neither of the two projects moved to fruition.

Prior to the start of this research project, Lane County brought together members of the 2000 Guardianship/Conservatorship Feasibility Committee. This group was comprised of representatives from twelve community agencies and the community at large who all agreed that the need for a Public Guardian Program in Lane County had not diminished over the last six to 12 years. In fact, many believed the need is greater. It was the consensus of this group that between 65 and 68 individuals would potentially be eligible for this service it's first year.

After reviewing and analyzing program models, including the following service delivery models: a) Legal service personnel acting as guardians and conservators; b) Services contracted out to the private sector as guardians and conservators; c) County employees serving as guardians and conservators; d) Social service agencies acting as guardians and conservators; and d) guardian diversion programs; a Lane County model was developed.

The Lane county public guardianship model was designed as a quasi-governmental agency in an effort to keep the programs costs down and to utilize existing community resources. It also included a guardianship diversion component, i.e. a money management program in an effort to divert the need for guardianship. The program was designed to be a service of last resort.

Program criteria for individuals referred to the program included the following:

- 1) Person meets the ORS 125 requirements for incapacity and protected person status.
- 2) Documentation for incapacity meets court and program standards.
- 3) The incapacity is expected to persist beyond needed mental health or drug and substance abuse treatment.
- 4) Person is a Lane County resident, or court has found venue, including those residents temporarily hospitalized in another county and individuals from other counties

hospitalized in Lane County if there is an appropriate plan for them to reside in Lane County after discharge.

- 5) Person is age 18 or over.
- 6) There is no less restrictive alternative than guardianship and or conservatorship and there is a workable plan with needed services available.
- 7) Person is at high risk for abuse, exploitation, loss of life, deterioration of health, loss of rights, or loss of independence without a guardian or conservator.
- 8) If program workload prevents provision of services to all that qualify under the eligibility criteria, priority will be given to the highest risk individuals for whom intervention will produce a clear immediate reduction in risk.

Service Delivery Recommendations

The program will have an advisory council to advise on matters of policy, program operations, consultation and oversight.

The program Coordinator will petition the Court for a guardian or conservator for the protective person using a qualified attorney who meets the program qualifications. The named guardian or conservator in the petition will be selected from a pool of qualified, private, agencies who meet the program qualification. Both the attorney and guardian assignment will be completed utilizing a rotating list of qualified, previously selected, individuals and/or agencies that have entered into an agreement with the program to provide said services at a predetermined flat rate.

The private, assigned guardian/conservator agency will be responsible for the needs of the protected person and will follow guardian/conservator protocol as defined by the Oregon Guardian/Conservator Association and/or National Guardianship Foundation.

It is further recommended that the program offer a money management component to persons 18+ as an alternative to guardianship (Guardianship Diversion Program). Such a program is often an adequate response to a problem situation and is a much less restrictive alternative than the use of a guardianship. It is recommended that the AARP Money Management Program (MMP) model be utilized. This model promotes independent living for low-income, older and disabled people who cannot manage their personal financial affairs. This program is offered free of charge, and provides a safety net for people who do not have friends or family to help. Trained MMP volunteers provide assistance to vulnerable individuals, protects against financial abuse, and ensure that funds are used to meet individual basic living needs. The volunteers who provide the money management services are recruited, trained and supervised by paid staff. The program volunteers are bonded by AARP.

Administration and Operating Agency: The County is seen as the most desirable operating authority for the following reasons: 1) it is the only local public entity authorized by Oregon Statute to create a public guardian/conservator program ; 2) it has taxing authority; 3) its jurisdiction covers the entire area and hence, it is best able to identify the need for and prioritize scarce funding for this service; and 4) its fiscal office has the ability to handle multiple interagency funds and program fees contributed to the program.

In an effort to provide program stability, it is recommended that Lane County Health and Human Services operate the LCPGCP. This recommendation allows for the outsourcing of program components through a Request for Qualifications (RFQ), i.e., program coordinator, money management coordinator, private guardian/conservatorship services, and attorneys.

Advisory Council: It is recommended that the LCPGCP have an advisory council to advise on matters of policy, program operations, consultations and oversight. It is recommended that the council meet at least quarterly and that an annual report to the Board of County Commissioners be submitted. Membership for the advisory council should be recruited from the following areas: business, community, legal services, medical services, social services and long term care services, i.e., LaneCare, Senior & Disabled Services, Lane County Mental Health, Lane County Developmental Disabilities, ARC, Alliance for the Mentally Ill, Lane County Law and Advocacy Center, Long Term Care Ombudsman, social workers, hospitals, psychiatric units personnel, Lane County Bar Association, clergy, real estate, accountant, and private case management.

Program Personnel to include:

- Program Coordinator: One full time position for the LCPGCP Coordinator.
- The Private Guardian/Conservator Agencies will perform the duties of a guardian and/or a conservator as defined by statute. A list of qualified local agencies that have entered into an agreement with the LCPGCP to provide services for the program at a set flat rate will be developed.
- Attorney: A list of local attorneys who have entered into an agreement with the LCPGCP to provide services for the program at a set flat rate will be developed.
- Case management: It is understood that the case management for the protected person will be provided by the referring agency.
- Money Management Volunteer Coordinator: One full time position to provide oversight for the Money Management Volunteers. (AARP Model);
- Money Management Program Volunteers: Volunteers will be recruited and trained to assist with the Money Management Program (MMP) service delivery. Volunteers

will be assigned to specific MMP client(s) and will visit the client(s) on a regular base and perform specific money management assistance. The program will utilize the AARP Money Management training curriculum. AARP will assist the program with volunteer recruitment and will bond the volunteers.

- Program Court Costs and Fees: Anticipated court costs may include: \$81.00 - \$725.00 guardian/conservator filing fee and \$250 court visitor fee. ORS 125.730 prohibits the court from collecting a filing fee for the appointment of a Public Guardian or Conservator.

To date, funding has not been secured for this program. However, the interest to pursue a program remains constant.

LANE COORDINATED PUBLIC TRANSIT HUMAN SERVICES TRANSPORTATION PLAN FOR 2006-07

The Lane Coordinated Public Transit-Human Services Transportation Plan for 2006-07 was developed to demonstrate the coordination between human services agencies and transportation providers to address the transportation needs of people with disabilities, older adults, and people with limited incomes in Lane County. The plan seeks to broaden the dialogue and support further collaboration regarding transportation needs in Lane County.

Publicly supported transportation services in Lane county follow two paths: 1) public transit (bus and rail) systems open to everyone. These services are found primarily in the metropolitan areas; 2) transportation services focused on serving individuals within specific client groups or populations. Funding for public and human services transportation is derived from a variety of sources including: the Departments of Transportation, Labor, Health and Human Services, and Education. The challenge lies in how to handle multiple funding sources and providers while meeting a variety of program goals.

The plan states that “In the big picture LTD serving as a lead agency has helped provide a high level of coordination which makes good use of limited resources, limits the number of entry points for riders, improves ability to service rural areas, and provides a greater ability to match local with federal resources. Still there are unmet needs and demands for services. Many of the identified needs are tied directly to lack of resources: some to a misunderstanding of rules and regulations and confusion over services provided through federal programs and qualifiers focus on people who need non-traditional services or are hard to reach.”

Recent discussions with representatives of the State of Oregon Department of Human Services, Lane Council of Governments Senior & Disabled Services, Lane County Developmental Disabilities Services, State of Oregon Office of Vocational Rehabilitation Services, public transit riders, South Lane Wheels, Alternative Work Concepts, the Vet Net, and community service agencies, identified the following issues as unmet transportation related needs:

- Shift workers unable to maintain/obtain work because no transportation options are available.
- Lack of service to geographic areas.
- Training for both customers and paratransit drivers.
- Ridesource's hour window on either side of the requested ride and policy on number of grocery shopping bags allowed each trip.
- LTD fixed route doesn't allow enough evening service and service for special events.
- Half-fare reduction program application fee and form presents a hardship to some.
- Data not available to assess gaps in transportation services for DD clients in residential facilities.
- Information needs to be written for a 6 grade comprehension level and posted at each stop. There is no public clearinghouse of transportation options. More outreach is need for the non-English speaking communities.
- Lack of volunteers to meet demand.
- Youth in dispersed area throughout county.
- Caregivers transportation costs limit availability for job pool.
- Homeless are unable to improve their situation without transportation.
- People with mental health issues should receive outreach for services. It is difficult to reach this population to work on individual bus ridership plan if behavior has prohibited them from using fixed route.
- Veterans' transportation services are limited.
- Policy states that one cannot receive transportation if medical appointment does not involve a doctor under Medicaid therefore physical therapy does not qualify. It also doesn't allow the mix of Medicaid non-medical rides with Medicaid medical rides.

SECTION IV

ANALYSIS AND IDENTIFICATION OF NEED

It is vital that services respond to the ever-increasing needs of the seniors and persons with disabilities. The numbers of adults age 65 and older will more than double nationally by 2030. The 2005 American Community Survey indicates that Lane County continues to have a slightly higher percentage of seniors than the State or nation. The Oregon Office of Economic Analysis projections indicate that the senior population will steadily increase and more than triple by 2040

The most frequent primary diagnoses for the younger disabled community-based, long-term-care clients of Senior & Disabled Services (S&DS) are neurological, musculoskeletal, psychiatric, cardiovascular and endocrine impairments. The senior community-based, long-term care S&DS clients' most frequent primary diagnoses include cardiovascular, psychiatric, musculoskeletal, neurological and endocrine disorders. These chronic concerns require appropriate services --assistance with medical costs and drug administration, as well as, personal and home care assistance-- if seniors and persons with disability are to live independently in the community. Not only do they affect the health of the individual, but they also influence the income available to cover other living expenses.

Past S&DS Needs Assessments have presented consistent findings. For the most part, it appears that the problems of seniors and persons with disabilities have remained fairly constant. Data presented in this report concerning income levels indicate that the majority of S&DS clients, both seniors and people with disabilities, are living at or near the poverty level.

The S&DS Forums identified the following services and needs for seniors and person with disabilities: Senior Meals (both Meals on Wheels and Group Meals), Senior Connections services, advocacy, Special Transportation, Oregon Project Independence (in-home service), information and referral, and Family Support Caregiver Services. Additional services identified by a number of forum participants included: recreation/creative expression/exercise, caregivers training, mental health/bereavement/senior counseling, money management assistance, free or low cost dental care, Ombudsman Recruiting and Screening, Elder Help volunteers, senior legal assistance, adult day care, medication education/RX assistance, and public guardianship.

Drawing on the material presented in this report, S&DS concludes that seniors and persons with disabilities are experiencing similar problems. While their needs are not identical, their top areas of concern tend to be:

- Assistance with meals
- Assistance with in-home services (home care and personal care)
- Problems obtaining information on available resources and services
- Caregiver support services
- Special transportation
- Advocacy assistance for needs
- Assistance with Money Management and senior legal issues
- Difficulty paying for medical and dental care
- Bereavement and Mental Health Counseling

SECTION V

RECOMMENDATIONS

The recommendations listed below are designed to assist seniors and persons with disability to remain independent in the community. The average annual cost of a nursing home placement is approximately \$58,000. The services recommended are much more cost effective, thereby saving tax payer dollars.

- Continue providing nutrition assistance through Group Meals and Meals on Wheels Programs. Based on demographic material presented in this assessment, it appears that the number of older seniors (age 75+), as well as the number of “younger seniors” (age 65-74) continues to increase. For this reason, it is important to provide nutritionally sound meal options for this growing population.
- Focus on disseminating information to seniors, persons with disabilities, family members, and minorities in Lane County. With the growing number of people over 60, it is critical to provide quality information and consultations to assist with planning for long term care. In past years, S&DS has launched numerous public awareness campaigns covering a variety of services available to county residents. S&DS continues to: 1) Operate information and referral phone line 2) Provide staff to answer “walk in” client questions 3) Provide staff in eight Senior Connection offices that are familiar with local resources, as well as, S&DS services.
- Continue to offer help to family caregivers through the Family Caregiver Support Program including: Information, Assistance, Training, Respite, and Supplemental Services. These services augment the informal care provided by unpaid family members and nationally save the tax payer an estimated \$257 billion dollars a year. It is important to provide the family caregiver with as many tools as possible to ensure the health of the individual caregiver and the quality of care for the care recipient.
- Support programs that assist people to remain in their own home for as long as possible, such as the Senior Connection services. Based on demographic material presented in this assessment, it appears that the number of older seniors (age 75+), as well as the number of “younger seniors” (age 65-74) continues to increase. For this reason, it is important to provide an array of services that help people remain independent and a part of their community.

- Transportation remains a priority for seniors and persons with disabilities; in order to remain independent in the community, individuals must be able to secure transportation to needed services such as doctor's offices, various stores to shop, and social outings.
- Continue advocacy for issues of importance to seniors and persons with disabilities. It is often difficult for individuals to advocate for their own individual needs. S&DS is able to collaborate with various groups and individuals on important advocacy issues and thus strengthen the voice of the lone individual.
- Continue funding of money management and senior legal services. It is vital that seniors have access to such services. Many times a call from an attorney or assistance with bill paying can prevent an eviction from occurring.
- Where possible, support mental health services such as group counseling. These cost effective services help people better cope with aging, disability, and/or caregiving issues, and improve their quality of life.

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Oregon Access

NAPIS

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GLOSSARY

Activities of Daily Living (ADL)

Activities of Daily Living are activities performed during the course of a normal day in an individual's life. They include eating, dressing, bathing, personal hygiene, mobility, bowel and bladder control.

Adult Foster Home (AFH)

Adult Foster Homes are private residences licensed to provide care to five or fewer residents. They offer room, board, and personal care in a home-like setting 24 hours a day. Planned activities, transportation, and medication management are available. A wide variety of residents are served in adult foster homes, ranging from those needing only room, board, and minimal personal assistance to those residents needing full personal care and skilled nursing tasks.

Adult Protective Services

Adult Protective Services provide abuse investigation, intervention, and protective services to persons who are elderly or have a disability and are in danger due to their inability to care for themselves. The abuse may involve neglect, physical violence, verbal assault, financial exploitation, sexual exploitation, harassment, violation of a person's rights, or abandonment.

Area Agency on Aging (AAA)

Nationwide, some 660 Area Agencies on Aging (AAA) receive funds from their respective State Agencies on Aging to plan, develop, coordinate, and arrange for services in each Planning and Service Areas (PSA). Oregon has eighteen AAA's that allocate program funds, plan, develop, and coordinate systems of supportive in-home and community-based services. Most states divide their PSA's so that programs can be effectively developed and targeted to meet the unique needs of the elderly residing in their area. In rural areas such as Lane County, S&DS (an AAA) serves the needs of elderly people living throughout the county. They also serve persons with disabilities.

Assisted Living Facility (ALF)

Assisted Living Facilities provide a person with room and board in private apartment settings along with 24 hour supervision. They also offer organized activities, intermittent nursing services, medication management, assistance with dressing and personal hygiene, and behavior management (confusion, wandering). A licensed nurse is available for facility clients. In 2002, there were seventeen (17) ALF's in Lane County.

Community Based Long-Term Care and OPI Client Group Criteria

Criteria for this data set required that as of July 12, 2006, clients:

1) Had a current assessment, 2) Were receiving Medicaid waived services or Oregon Project Independence Services, 3) Were not receiving nursing home services, and 4) Had an open client assessment in one of the S&DS branches.

Federal Poverty Index

The Federal Poverty index is an income level established by the federal government. Factors considered in setting the income level includes: family size, sex of the head of household, and number of children under 18 in the household.

In-Home Services

In-home services are services provided in the home of an S&DS client by a caregiver. These services may include housekeeping, personal care (bathing and grooming), medication management, meal preparation or home-delivered meals, and behavioral management. A federal waiver allows Oregon Medicaid eligible residents to receive services in their home, or other home-like settings, rather than in a nursing home.

Instrumental Activities of Daily Living (IADL)

Instrumental Activities of Daily Living (IADL), are those activities which occur during the normal course of an individual's life. They may include: housekeeping, personal care (bathing and grooming), medication management, meal preparation or home-delivered meals, and behavioral management.

Lane Transit District

The Lane Transit District (LTD) is the Lane County community-based mass transit service system. It provides service to the following communities: Coburg, Eugene, Springfield, Mackenzie Bridge, Lowell, Veneta, Cottage Grove and Junction City. LTD also provides specialized transportation to those persons who meet ADA requirements.

Median Average

Median average is a value in an ordered set of values below and above which there are an equal number of values. It is a statistical value relating to, or constituting of, the middle value of an ordered set of values (or the average of the middle two in an even-numbered set). For example, the median value of 2 5, 9, 15 and 100 is 9.”

Mean (Average) Income.

Mean (average) income is the amount obtained by dividing the total aggregate income of a group by the number of units in that group. The means for households, families, and unrelated individuals are based on all households, families, and unrelated individuals, respectively. The means (averages) for people are based on people 15 years old and over with income.

Median Income.

Median income is the amount that divides the income distribution into two equal groups: half with incomes above the median, half with incomes below the median. The medians for households, families, and unrelated individuals are based on all households, families, and unrelated individuals, respectively. The medians for people are based on people 15 years old and over with income.

National Aging Program Information System (NAPIS)

NAPIS is the federally mandated data collection system established to collect information on participants of Older Americans Act funded programs.

Older Americans Act Funding

Older Americans Act funding is federal funding authorized by the Older Americans Act and approved by Congress which provides assistance with the development of new or improved programs benefiting older persons (age 60+), or in some cases, their caregivers. The allocations are provided through grants to each state for community planning and services.

Oregon Health Plan (OHP)

The Oregon Health Plan program provides community-based and nursing facility care for persons in Oregon who meet eligibility standard. In 2006, the financial resources requirement was \$2,000 or less and a monthly income of less than \$817 per individual, or \$1,100 per couple. Seniors with Medicare benefits are not eligible for the OHP, unless they are receiving Medicaid services through Senior & Disabled Services.

Oregon Project Independence (OPI)

Oregon Project Independence is a program that provides limited in-home services to people age 60 and over needing help in order to remain in their own home. Some OPI services are also available to adults (over 18 years in age) with dementia. OPI is a program created and funded by the Oregon State Legislature. The goal of OPI is to

promote quality of life and independence for persons by preventing inappropriate or premature institutionalization.

Per Capita Income.

Per capita income is the average income computed for every man, woman, and child in a particular group. The Census Bureau derived per capita income by dividing the total income of a particular group by the total population in that group (excluding patients or inmates in institutional quarters).

Persons with Disabilities

For the purposes of this Needs Assessment, Persons with Disabilities are defined as persons between the ages of 18 and 64. This population qualifies for S&DS services, if their disability is attributed to mental, physical impairment, or a combination of mental and physical impairments that results in substantial life functional limitations.

Poverty Definition

Following the Office of Management and Budget's (OMB's) Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to detect who is poor. If a family's total income is less than that family's threshold, then that family, and every individual in it, is considered poor. The poverty thresholds do not vary geographically, but they are updated annually for inflation with the Consumer Price Index (CPI-U). The official poverty definition calculates income before taxes and excludes capital gains and noncash benefits (such as public housing, Medicaid, and food stamps).

Public Assistance and OPI: Client Group Criteria

Clients in this data set met the following criteria on July 13, 2006: 1) Primary service applicant. 2) Active service status. 3) Receiving at least one non-Older Americans Act benefit (Medicaid, Food Stamps, Services, or Medically Need Program). Note: clients may also have been receiving Older Americans Act Services. 4) Benefit status must be approved, pending reduced or blank. 5) Applicant must be in one of the six S&DS branches.

Residential Care Facility (RCF)

Residential Care Facility refers to licensed residential sites which provide: room and board, 24 hour supervision, medication management, organized activities and assistance

with personal care. As of the date of this report, there were twenty-one (21) residential care facilities in Lane County.

RideSource

RideSource is a transportation agency that provides curb-to-curb service for ambulatory and wheelchair clients unable to ride Lane Transit District's fixed route service. Door-to-door service is available by special request. If a rider needs assistance beyond door-through-door service, an attendant is normally required. The ride may be from any origin, to any destination, for any purpose in the Eugene-Springfield area. Certification for this program is required.

RideSource Escort Services

Ride Source Escort Services include door-through-door assistance. Volunteer drivers use their own automobiles to escort persons to medical appointments. Persons using Escort must be over age 60, ambulatory, living in their own homes, and without other transportation options. In the Eugene-Springfield areas, Escort can only be used for medical appointments. In rural areas, Escort can be used for nutritional and essential services as well as medical appointments. Certification for this program is required.

Sampling

Sampling refers to a set of individual units drawn from a definable population, and generally a small proportion of the overall population. This set of units is then analyzed for some type of inference representative of the sample. The number of surveyed units for which observations are considered can be less than the total number in the universe population.

Senior Citizens/Seniors

“Senior” or “Senior Citizens” for the purpose of this Needs Assessment refers to persons who are served by an Area Agency on Aging agency and/or by the Senior & Disabled Services Division, who are 60 years of age or older. Depending on the specific program qualifications, this definition might be limited to persons over the age of 65.

Senior Connections

The program serves seniors age 60 and over and provides information, assistance with transportation, shopping and errands, as well as, certification of the Meals on Wheels and Ridesource programs

Senior Meals Program

The programs provide nutritionally balanced meals to persons over the age of 60 and their spouses. The meal is provided either in a dining room setting or delivered to home-bound adults or adults with disabilities who meet eligibility criteria.

Type B2 transfer agency

“Type B Area Agency on Aging” refers to a public agency within a planning and service area designated under Section 305 of the Older Americans Act which has responsibility for local administration of division programs. Type B Area Agencies on Aging serve both seniors and persons with disabilities.

United States Census Bureau

The United States Census Bureau is the governmental office mandated by the United States Congress to survey and report changes in the national population. The Census Bureau’s primary mission is “to be the pre-eminent collector and provider of timely, relevant, and quality data about the people and economy of the United States” (US Census Bureau).

APPENDIX

1. Listing of S&DS Branches
2. S&DS Focus Group Summaries

APPENDIX 1 SENIOR & DISABLED SERVICES BRANCH INFORMATION

Email for all Branches: S&DS@lcog.org

Web Site: www.sdslane.org

Eugene Branch

1015 Willamette Street

Eugene Or

541-682-4038 (phone)

541-682-4567 (TTY)

541-682-2484 (Fax)

Cottage Grove

37 North 6th Avenue

Cottage Grove OR

541-942-5577 or 541-682-7800 (phone)

541-682-7821 (TTY)

541-682-7820 (Fax)

Florence

3180 Highway 101 North

Florence OR

541-902-9430 ext. 7831 (phone)

541-682-4567 (TTY)

541-902-2115 (Fax)

APPENDIX 2 – 2006 S&DS FOCUS GROUP SUMMARIES

Eugene Need/Service	Number of Votes	Percent of Vote
Senior Meals & Meals on Wheels	17 (11 for MOW and 6 for group)	20%
Public Awareness campaign of senior services, including QMB	10	12%
Oregon Project Independence	9	11%
Free or low cost dental care	9	11%
Senior legal assistance	5	6%
Improve (increase) RideSource service	4	5%
Programs similar to OAA services for the younger disabled	4	5%
Family Caregiver Support program	3	4%
Bereavement grief program/depression screening	3	4%
Escort ride service for younger disabled	3	4%
Advocacy	2	2%
Case management for non-Medicaid clients (Senior Connection clients)	2	2%
Recreation services	2	2%
Housing for the disabled	2	2%
Special Transportation	1	1%
Information and Referral	1	1%
Medication education and assistance	1	1%
Money management program	1	1%
Ombudsman recruiting & screening	1	1%
Gatekeeper program	1	1%
Keeping couples together	1	1%
Improve the automated phone system at S&DS—it fails to list Senior Connections	1	1%
Senior Connections	0	
Elder Help program	0	
Minor home maintenance	0	
Improve delay of OPI intakes	0	
Public Guardianship program	0	
Services for the non-home bound	0	

Springfield Identified Need/Service	Number of Votes	Percent of vote
Ombudsman and Ombudsman recruiting and screening	5 (4 Ombudsman & 1 Ombudsman recruiting & screening)	22%
Improved training for paid caregivers	3	14%
Increase provider payment for Medicaid services	3	14%
Meals on Wheels	2	9%
Advocacy, including advocacy for long term care services	2	9%
Oregon Project Independence	1	4%
Special Transportation	1	4%
Senior Connections	1	4%
Advocate for the change of personal property law for mobile home park residents	1	4%
Advocate for change in foster home rule to allow resident to stay home alone	1	4%
Advocate for increased PIF for foster care	1	4%
Advocate for statutory fixed pricing fore residential care	1	4%
Advocate for transparency in State DHS budget	1	4%
Family Caregiver Support program	0	
Senior Group Meals	0	
Information and referral	0	
Medication education and assistance	0	
Senior legal assistance	0	
Money Management program	0	
Elderhelp program	0	
Case management for non-Medicaid clients (Senior Connections)	0	
Advocate for revision of caregiver/foster home fee system	0	
Advocacy for foster care respite	0	
Improved facilities and transportation for bariatric/obese patients/residents	0	
Written handout distributed after mtg. regarding foster care for the developmental disabled	NA	

Florence Identified Needs/Service	Number of votes	Percent of Votes
Family Caregiver Support program	8	15%
Senior Connections	7	13%
Increased training for caregivers, apartment site managers, senior facility staff	6	12%
Transportation (younger persons with disabilities, non-medical, LTD like trips to Eugene, Mapleton pool, Reedsport pool)	6	12%
Senior Meals Program	5 (2 Group and 3 for MOW)	10%
Advocate for a swimming pool	4	8%
Money Management Program in Florence	3	6%
Oregon Project Independence	2	4%
Inexpensive recreational activities	2	4%
Creative expression; art, crafts, quilting, knitting, serving others	2	4%
Information and referral	1	2%
Medication education and assistance	1	2%
Senior legal assistance		2%
Case managements for non-Medicaid clients (Senior Connection	1	2%
Adult day care center	1	2%
Media campaign for senior drivers	1	2%
Walk groups and indoor exercise programs	1	2%
Telephone reassurance program (Friend in Deed)	1	2%
Special transportation	0	
Ombudsman Support program	0	
Advocacy	0	
Increase case management to allow for more “check-ins” for seniors	0	
Alert system, Radio Shack, low cost/ subsidy	0	
Preventive educational programs (exercise, diet, ThiChi, health, swimming)	0	
Central Resource Center	0	
Monitoring of senior health care (facilities and in-home) services	0	
Advocate to accompany “client” to doctor	0	

Senior autobiography	0	
Florence delivery service of goods to seniors	0	
Advocate for use of alternative high school students to provide services such as gardening	0	
Market "Network of Care" web site	0	
Media awareness campaign on financial abuse	0	
Written comment provided at the end of meeting	NA	

Cottage Grove/Creswell Identified Need/Service	Number of votes	Percent of Votes
Expansion of volunteer services to also include service to Medicaid clients	4	17%
Adult day care center in south Lane county	4	17%
Expansion of life sustaining transportation services	3	13%
Advocacy for fees paid for Medicaid housing and health care	3	13%
Expand access to social activities	3	13%
Expand information regarding senior services including elder abuse education	2	8%
Oregon Project Independence	1	4%
Meals on Wheels	1	4%
Access to mental health and senior counseling; education regarding mental illness	1	4%
Advocate for low income housing	1	4%
Advocacy for mental health crisis services for seniors and for senior support groups	1	4%
Family Caregiver Support program	0	
Special transportation	0	
Information and referral	0	
Senior Connections	0	
Senior Group Meals	0	
Medication education and assistance	0	
Senior legal assistance	0	
Money Management program	0	
Ombudsman support program	0	
Advocacy	0	
Elderhelp program	0	
Case management for non-Medicaid clients (Senior Connections)	0	
Information and access to nutrition	0	

Veneta Identified Needs/Services	Number of Votes	Percent of Votes
Advocate for an enhanced facility to house a number of programs including senior programs, a senior mentoring youth program, and an senior activity center with an activities director	11	31%
Senior Group Meals and Meals on Wheels	8 (4 for each program)	22%
Senior Connections - Funding for staff	7	19%
Senior Shopper Transportation- Advocacy for local community transportation	5	14%
Family Caregiver Support program	2	6%
Oregon Project Independence	1	3%
Money Management program – expand to include Veneta	1	3%
Ombudsman Support program	1	3%
Special transportation (refer to Shopper above)	0	
Information & Assistance- Better public advertisement of senior programs and need for volunteers to serve the programs.	0	
Medication education and assistance		
Senior legal services		
Elderhelp program		
Case management for Senior Connect clients		

Advisory Council Identified Needs/Services	Number of Votes	Percent of Votes
Oregon Project Independence – Increase	7	18%
Information & referral – Increase public awareness about services	6	16%
Senior Connections	5	13%
Special transportation - Increase overall transportation for seniors and persons with disabilities	4	11%
Senior Group Meals & Meals on Wheels	4 - (3 for group meals and 1 for MOW)	11%
Conduct a cost benefit analysis of each S&DS program	3	8%
Advocate for increased funding for all services	2	5%
Family Caregiver Support program	2	5%
Volunteer recruitment campaign and management	2	5%
Senior legal services	1	3%
Support services for mental health issues	1	3%
Rural respite	1	3%
Medication education and assistance	0	
Money Management program	0	
Ombudsman Support program	0	
Elderhelp program	0	
Case management for Senior Connection clients	0	
Triage nurse for non-Medicaid clients	0	
Public guardian program with oversight	0	
Reinstate the Senior Peer Counseling programs	0	

Staff Identified Needs/Services	Number of Votes	Percent of Votes
Senior Connections	11	28%
Mental health counseling and support groups for non-Medicaid clients	4	10%
Prescription Assistance (mental health RX and others)	4	10%
Public Guardianship program	3	8%
Money Management program – expand	3	8%
Rural transportation	3	8%
Oregon Project Independence – expand	3	8%
Advocate for increased funding for Medicaid case managers and eligibility workers	2	5%
Senior legal assistance	1	3%
Elderhelp Program – expand	1	3%
Medical transportation assistance	1	3%
Clearing house of low income housing resources, i.e., home share	1	3%
Public education on “long term living” issues, i.e., Medicaid regulations, facilities, and long term care insurance	1	3%
Advocate for General Assistance funding	1	3%
Home repair and modification program	1	3%
Special transportation	0	
Family Caregiver Support program	0	
Senior Group Meals	0	
Meals on Wheels	0	
Ombudsman Support program	0	
Case management for Senior Connection clients	0	
Alcohol and drug services – prevention & placement	0	
Advocate for relative foster home provider services, i.e., support groups and respite	0	
Advocate for increased funding for Senior Connection staff	0	
Advocate to open OHP standard	0	
Advocate for the expansion of Cahoots to cover all of Lane county	0	

Disaster preparedness for special needs populations	0	
Advocate for improved responses to PMDDT requests	0	
Increase awareness and or training for ADA	0	
Advocate for emergency housing for seniors and persons with disabilities involved in domestic violence	0	
Caregiver registry for non-Medicaid clients	0	

Written Focus Group Comments

Please note that the results of the written comments were not incorporated into the tables summarizing the community focus group identification of needs

1. Seven individuals wrote to request that we find a way to re-instate “Ask A Nurse” services.
2. Two individuals wrote stating that continued funding of senior legal services is essential, and that due to a huge unmet need, an increase in the funding level is crucial.
3. One staff person who did not attend the staff focus group wrote that “the community is severely lacking in community based facilities geared toward the younger disabled population. Also, over the last year I have worked with several aged, physically debilitated sex offenders, and there are few (if any) facilities willing to accept this population.”
4. Florence focus group participant provided written material suggesting the need for the following:
 1. Swimming pool for therapeutic water exercises
 2. In-home visitors to promote mental health, independence and social interaction
 3. Senior’s autobiography to expand inter-generational, social activities, self-esteem, memory, etc.
 4. Advocacy to expand the Senior Companion program
 5. Creative Expression
 6. In-house Exercise for sedentary and recuperative seniors
 7. Walking Groups
 8. Transportation on week-ends for local special events.
5. Springfield focus group participant provided written material suggesting the need for a variety of changed to the Developmental Disability (DD) Foster Home System. This material was forwarded to the local DD office and is out of the scope of services provided by S&DS.