

HIGHLIGHTS PROGRAM YEAR 2007-08

Senior & Disabled Services *a division of* Lane Council of Governments

LCOG's Senior & Disabled Services mission:

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

Introduction

Each year Senior & Disabled Services presents this report to highlight the challenges and accomplishments of the previous year. Statistics and data are shared in order to reflect the wide scope of services delivered. And while statistics are useful, they don't really capture the full picture. The depth of impact on people cannot be fully communicated through numbers alone.

In an effort to better illustrate "the rest of the story", this years report has a new design. Interspersed between each program report are brief vignettes highlighting people with different needs and from different walks of life, all of whom have been touched by services provided by or through S&DS. Names have been changed to protect privacy, but the facts and experiences are a true account of real life situations.

The report is divided into four sections:

- Older Americans Act Programs: A Hot, Nutritious Meal...and Much More
- Public Assistance Programs: Medical Coverage, Food Stamps...and Much More
- State Funded Programs and the Power of Volunteers: Cost Effective Services...and Much More
- Contracted Services and Community Involvement: Collaboration, Leveraging Funds...and Much More



Older Americans Act Programs: A Hot, Nutritious Meal....and Much More

Mrs. C

One weekday afternoon Mrs. C did not answer her door to receive her home delivered meal. Following normal procedure, the volunteer Meals on Wheels driver reported this to the Meal Site Coordinator who immediately attempted to call Mrs. C's emergency contact, her son John who lived in Bend. Being unable to reach John, the Meal Site Coordinator contacted a fellow S&DS staff person, the Senior Connections Coordinator, who also worked closely with Mrs. C. The Senior Connections Coordinator followed up with a second call to John and was able to speak to him. John was not aware of his mother's whereabouts at that time and stated he would make some calls to try to locate her. He indicated he would contact the police and have them break into her home if he didn't hear from her soon.

The next morning the Senior Connections Coordinator called John to check on Mrs. C. As it turned out, John asked a friend to crawl through a window of his mother's house. The friend found Mrs. C in bed where she had suffered a stroke and was unable to move. Mrs. C was transported to the hospital immediately.

John expressed much gratitude to all those associated with S&DS who acted out of concern when his mother didn't answer the door. First, the Meals on Wheels volunteer driver, then the Senior Meal Site Coordinator, and then the Senior Connections Coordinator. Without each person taking action, Mrs. C could have easily laid in bed for at least another day. Mrs. C and her son found that receiving Meals on Wheels offered her more than just a nutritious meal. It was a critical connection to help in time of need.



Mrs. E

Mrs. E is a 73 year old woman who lives alone and has no family in the area. She has asthma and muscular problems with her legs and hips that cause difficulty in walking. Her apartment is close to the bus stop, however since it is on a hill walking to the bus stop is not an option for her. At one time she owned a power scooter, but it was stolen because she could not get it into her apartment. Everything she has is either ordered through a mail order magazine or purchased at the convenience store across the street. Her Visa bill was over \$3000.00 at the time of the initial interview. Mrs. E hadn't been inside a grocery store since 2005. She was very careful about her purchases from the convenience store and specifically planned how she would negotiate her small cart back across the parking lot to her apartment, where she would stop and

how long she would rest. The things she missed the most were fresh fruit, vegetables and mayonnaise. Mrs. E had weaned herself off all medications and hadn't seen a doctor in years.

When the Senior Connections Coordinator made the first home visit to Mrs. E, they talked about many different things...Medicaid, Food Stamps, and a volunteer to help get her out of the small world she had dropped into. They also discussed her fear of stepping out of that small world into the big world. With some encouragement and a wonderful volunteer named Dana, Mrs. E began to rediscover the big world out there. She went to Winco the other day and was overwhelmed by the size of the store and cost of staples today, which she and the Senior Connections Coordinator laughed over and agreed that must have been quite a shock in itself.

Mrs. E is now looking forward to scheduling appointments to have her eyes examined, having herself fit for false teeth and seeing a Geriatrics doctor. She has been approved for Ridesource (ADA transportation), which is another option for independence. Just small problems like laundry and getting the garbage to the dumpster have been solved. Because of the Older Americans Act programs provided through S&DS, life has changed for Mrs. E. She still gets butterflies in her stomach, but is enjoying her new found freedom in the big world.



Quotes from Senior Meals Program participants or their families:

"I like to come for the company. Most of my family is gone and I replace them with good friends, daily. The food is very good. It gives me at least one balanced meal a day and stretches my budget. I think this is a wonderful program for seniors who would not be able to get a balanced meal."

"We, Helen's family, who mostly live out of state, are so appreciative of your program. As much as the food, she looked forward to seeing 'a friend' stop by each day. I hope you know how important that was. She planned her day around that expected visit. Keep up the good work."

"Thank you for the wonderful nourishing lunches you served me. If it were not for the Meals on Wheels, I would not be as far along to recovery as I am today. Thank you so much for the food and for the wonderful people who helped me. Hopefully, when I get well, I will be able to volunteer to help people too. Thank you again."

Just the Facts: Older Americans Act Programs

Senior Connections

The Senior Connections Program offers information, assistance and care coordination to people over 60 years of age to help them remain in their own home. The program operates with the equivalent of 6.3 paid full-time positions. Additionally it relies heavily on volunteer programs to help people with transportation, shopping, and other daily living activities. The services provided this past year include the following:

- **1,854** individuals received information, assistance and care coordination
- **1,239** individuals received in-home visits and case management services
- **928** individuals received help applying for energy assistance
- **270** people were screened for assisted (Escort) transportation
- **1,723** Escort rides were provided in rural areas
- **218** family caregivers received information, assistance and care coordination
- **143** family caregivers received respite services
- **3,211** hours of respite care were provided
- **35,260** phone and personal contacts made by Senior Connections staff.

The Senior Connections Program depends on fund raising and special grants to expand services. Last year a total of:

- **\$18,408** was raised in grassroots donations last year for the Senior Connections Program, and
- **\$105,614** in grants and special project funds were received, including
 - \$4,000 from the AARP to do outreach for the Oregon Prescription Drug Program
 - \$4,350 from the Western Lane Community Foundation for transportation services to seniors in the Florence area
 - \$4,860 from United Way to do respite for family caregivers and assistance with medication counseling
 - \$15,746 from Lane Transit District to do transportation coordination and case management
 - \$30,825 from Lane County to do Low Income Energy Assistance Program eligibility assessments for senior applicants
 - \$45,833 from Lane County for information, assistance and case management services to Lane County residents over the age of 60.



Senior Meals

The Senior Meals Program offers nutritious meals in 10 group dining rooms throughout Lane County and provides home delivered meals through its Meals on Wheels program in 8 Lane County communities. The Senior Meals program operates with a small number of staff and many volunteers:

- 10 Coordinators and 4 Kitchen Assistants, totaling 6.5 Full Time Equivalents
- 2 full time positions in the main office
- 352 Senior Meals Program volunteers.

Program Statistics for FY2007-08 are as follows:

- **62,773** meals were served in the Group Dining Rooms (an increase of 3 percent over last year).
- **88,137** Meals on Wheels were delivered (an increase of 3 percent over last year).
- **855** registered participants and **154** guests were served in the Group Dining Rooms.
- **752** participants received Meals on Wheels.
- **18%** of participants at the Group Dining Rooms are over the age of 85, while **28%** of Meals on Wheels recipients are over the age of 85.
- **39%** of Group Dining Room participants report incomes less than 125 percent of the poverty level, while 41 percent of Meals on Wheels recipients report the same.
- **9 %** of Group Dining Room participants report being a member of a minority, while **7%** of Meals on Wheels recipients report themselves as a member of a minority.
- **67%** of Group Dining Room participants are female, while 64 percent of Meals on Wheels recipients are female.

Government funding for the program has risen only slightly and has not kept up with inflation. To avoid reduction in services, the Senior Meals Program must do extensive fund-raising activities each year. This past year a total of **\$243,663** in charitable dollars was needed to supplement public funds and participant contributions. Additionally, Lane County contributed **\$28,745**. While the number of participants has increased, the average participant contribution for a meal has decreased. This suggests participants may not be financially able to donate towards the cost of the meal, thus requiring the program to depend more significantly on an increase in public funding and/or charitable giving.

In order to control costs, the Senior Meals Program participates in a Food Service Consortium with two other Area Agencies on Aging. By maximizing the purchasing power, the Food Service Consortium has helped each agency keep food costs in check. However, food costs are not the only items that challenge the program's budget. The replacement of expensive kitchen equipment and food service delivery vehicles are issues the program has been wrestling with during the past year, and a purchasing plan is in progress.

Public Assistance Programs: Medical Coverage, Food Stamps....and Much More

Mr. R

Mr. R, a 48 year old male with diabetes and several other medical conditions, moved from Nevada to Roseburg, Oregon in January 2005. He was no longer able to work due to his medical conditions but his application for Social Security Disability income and medical coverage through the Oregon Health Plan had been denied. Having no income for rent or utilities, he was living with friends in Roseburg. By the fall of 2005 his friends had evicted him and he moved to Lane County to live in a camper on the property of acquaintances. His medical condition continued to deteriorate and he was becoming desperate.

Mr. R left the following message at a local Department of Human Services office in November 2005,

“I get food stamps only. As for shelter, clothing, living, what do you think? I’ve worked since I was 18 and now I am 48 and cannot get help from anyone. I’m going down hill pretty fast. Please help.”

After receiving his note, the Department of Human Services office referred him immediately to Senior & Disabled Services. S&DS staff worked to have his medical condition fully reviewed. As a result, he was approved for medical coverage through the Oregon Health Plan Plus. He continued to receive food stamps and was able to use his medical card to get his medication, however he still had no source of income until June 2006 when his application for Social Security Disability income was finally approved. But, to complicate an already difficult situation, his new income level put him over the income standard for the Oregon Health Plan and he was again without medical coverage.

Even though he now had income from Social Security Disability, without medical coverage things continued to unravel for Mr. R. By September 2006 he was again evicted, living in his car in the woods, unable to afford his medications and using a gas generator to operate his breathing machine. S&DS staff kept close track of his whereabouts in order to refer him to local assistance programs and inform him when his eligibility for Medicare kicked in. Finally, in November 2006, his Medicare coverage came through.

S&DS staff talked to Mr. R about the Medicare Part D program and he enrolled immediately. With access to his medication and improvement in health, Mr. R began working with Direction Service Counseling Center to look for housing. He found an apartment in Creswell in June 2007 and continued to improve. At his recertification in February 2008, Mr. R was doing well, could afford housing, medication and routine medical care.



Mr. G

Mr. G, a 59 year old male with emphysema, post-polio syndrome, and bi-polar disease, had been living in an apartment in a marginal neighborhood. His 80+ year old mother was his primary caregiver, taking care of the cleaning, laundry, errands and evening meal each night. His teeth were in terrible condition, and with no dental coverage he was paying out of pocket for the extensive dental services he needed. His mobility was limited and he needed a wheelchair to get around. While he did own a power wheelchair, he was unable to use it outside because he could not afford to build a ramp. He was literally homebound due to his inability to ambulate any distance without the chair.

Mr. G was also at risk of abuse. He was a lonely gentleman and his neighbors were taking advantage of him by befriending him and then stealing from him. His mother visited every day, but she couldn't be there constantly to protect him. She was using her own funds to replace the stolen medications and she was worried about him all the time.

Mr. G applied for Medicaid in-home services and was determined eligible. This helped him tremendously by providing medical, prescription, dental coverage and regular in-home care. And then an apartment at a local Assisted Living Facility became available. Mr. G was accepted by the facility and moved in immediately. Since that time he has improved dramatically. His mother reports that he is very social and is able to ambulate throughout the facility with his power chair. She no longer has to provide the majority of care, which has been helpful to her health. But more important, she no longer worries about him all the time.



Just the Facts: Public Assistance Programs

Consumers

In June 2008, a total of **13,226** people were receiving Medicaid and/or Food Stamps through S&DS. Out of those **13,226** people:

- **2,603** were receiving some type of assistance with their care including,
 - 321** residing in Adult Foster Care
 - 621** residing in an Assisted Living or Residential Care Facility
 - 500** residing in a Nursing Facility
 - 1161** residing in their home with in-home care
- ****Note:** The need for additional capacity in community-based facilities has become very apparent this past year. The lack of resources to meet the needs of special populations poses a serious challenge to efforts under way to help people live safely in the least restrictive/least costly environment.
- **10,623** were receiving medical coverage (including the Oregon Health Plan or payment of the Medicare premium) and/or Food Stamps only.

Between July 1, 2007 and June 30, 2008, **5,836** people requested information about Medicaid and/or Food Stamps. Experts in program eligibility at S&DS provide detailed information to those requesting help. On average **486** requests were received each month or **23** new requests per work day. Out of those **5,836** people:

- **1,373** intakes were scheduled for people needing assistance with their care
- **2,150** intakes were scheduled for people interested in medical coverage and/or Food Stamps only
- **2,313** callers determined they did not wish to pursue an application and were referred to other agencies/services when appropriate.

S&DS continues to provide consultation/problem solving assistance to its clients with Medicare Part D.

- In FY07-08, our Medicare Part D Specialists helped **987** new or current Medicaid recipients with enrollment or problem resolution.
- S&DS received 651 complaints regarding Medicare Part D coverage in FY07-08. These complaints included issues such as incorrect billing for co-payments or premiums, no record of Part D enrollment, prior-authorization problems, and the consumer's need for drugs not on the Medicare Part D provider's formulary. S&DS staff members were able to resolve the majority of complaints by working with the consumer, pharmacy, Medicare, the drug plans, and the Department of Human Services.

Provider Services

S&DS licenses and monitors Adult Foster Homes (AFH) in Lane County using 3 staff members and one part time volunteer.

- There are currently **107** licensed commercial Adult Foster Homes in Lane County, with **479** Medicaid beds available and **33** vacancies (about a 7 percent vacancy rate).
- There are **90** licensed relative Adult Foster Homes who are receiving Medicaid payment to care for a family member within their own home.
- **10** new commercial Adult Foster Homes were licensed in FY07-08.
- **6** orientations were held for people interested in becoming a licensed Adult Foster Home with 57 attendees.
- **6** classes on record-keeping were sponsored by S&DS.
- A special seminar attended by 71 people was held on abuse prevention. The guest speaker was an expert in the field of caring for people with dementia.
- In conjunction with the State of Oregon’s Home Care Commission, a session on “Keeping It Professional” was offered to Home Care Workers and Adult Foster Home providers. The session was attended by 26 people.

S&DS processes applications and vouchers for in-home care workers, also known as Home Care Workers. During FY07-08,

- **590** people submitted paperwork to be licensed as a Home Care Worker. The paperwork involves an application, a criminal history check, and an orientation. Once an individual is approved to be a Home Care Worker they can receive Medicaid payment for providing in-home care to Medicaid recipients.
- Over **1,600** Home Care Workers provided help to Medicaid recipients. S&DS staff processed all vouchers (timesheets) for care provided by Home Care Workers. The total annual payment for in-home care provided by Home Care Workers in Lane County was **\$8,385,934**.

Additionally, S&D staff completes criminal history checks on all Adult Foster Home providers and Home Care Workers. In FY07-08 **5,072** criminal history checks were completed on current or potential providers.

Protective Services

S&DS Adult Protective Services received **2,321** referrals of potential abuse or neglect in FY07-08. This is an increase of **426** from the previous year. The types of referrals (living situations) were as follows:

- **1,680** Community (In-Home)
- **241** Nursing Facility
- **154** Residential Care Facility
- **93** Adult Foster Home
- **78** Home Care Worker
- **66** Assisted Living Facility
- **9** Other (Room and Board facility or Contracted In-Home services).

Of the 2,321 referrals, **1,218** (52%) resulted in full investigations. S&DS Adult Protective Services staff worked closely with the remaining 1,103 situations to carefully screen and

triage, offering information, assistance, and referral to other programs or agencies when appropriate.

The 1,218 investigations fell into the following categories:

- **24** (2%) were for potential abandonment, with 12 substantiated
- **255** (21%) were for potential financial exploitation, with 71 substantiated
- **7** (<1%) were for potential emotional/mental abuse, with 6 substantiated
- **404** (34%) were for potential neglect of care by a care giver, with 171 substantiated
- **103** (8%) were for potential physical abuse, with 35 substantiated
- **164** (13%) were for potential self neglect, with 57 substantiated
- **31** (3%) were for potential sexual abuse, with 3 substantiated
- **153** (13%) for potential verbal abuse, with 59 substantiated
- **77** (6%) were for other reasons, with 19 substantiated.

In October 2007 the S&DS APS unit began tracking the rate of referrals for legal or criminal action. Between October 2007 and June 30, 2008 there were:

- **85** cases referred to law enforcement
- **52** of those were investigated
- **19** were referred for prosecution
- **8** were formally prosecuted
- Resulting in **4** convictions.



State-Funded Programs and the Power of Volunteers: Cost Effective Services...and Much More

Mr. and Mrs. B

For years Mr. B had been able to provide the primary care for his wife who was blind, diabetic, and had mobility problems. Mostly this care involved preparing meals for her, helping her around the house when she was unsteady, helping her into the car, and helping her with bathing. He was able to do this with his small bursts of energy but his endurance was not very good. He tired quickly and therefore had a hard time preparing a whole nutritious meal or doing heavy housekeeping.

On Thanksgiving Day 2005, Mr. B fell, sustained a hip fracture, and was hospitalized. While the prognosis was good for him to return home after recuperation, he was not going to be as independent as he had been in the past. The support system from their church was strong, however additional help was going to be needed for the long term. In January 2006 Mr. B applied for the Oregon Project Independence Program and was determined eligible. Mrs. B was not eligible at the time, as she was under 60 years of age.

The assistance Mr. and Mrs. B received was minimal but it allowed them to remain in their home environment together. Mr. B continued to offer his wife help with her personal care and medication management. The in-home aide through OPI was able to do tasks such as housekeeping, laundry, and meal preparation.

Since 2006 Mr. B has had additional hospitalizations, however has always been able to return home to care for his wife. Recently his condition has deteriorated and the couple is now considering applying for Medicaid assistance.

Mr. and Mrs. B are very kind, gentle people. She likes to listen to old episodes of Star Trek on the TV. He used to be a Pentecostal Minister in his working life. They are not wealthy and have worked hard to maintain their independence for as long as possible. The Oregon Project Independence program truly served its purpose in this situation, offering them enough service to meet their basic needs and delaying the need for application to Medicaid.



Mr. and Mrs. M

Mr. and Mrs. M live in a rural community outside of Springfield. He was the primary driver, however due to macular degeneration his vision was such that he could no longer fill that role. Mrs. M had not driven for years since having had several knee surgeries. Since they lived

outside the Eugene/Springfield area, para-transit services were not available. Their only relative in the area was a daughter who had significant life issues of her own and was not reliable. Mr. and Mrs. M needed help going to the store, the pharmacy and sometimes a doctor. Due to their location, it was initially difficult to find a volunteer to fill the need. After some time a volunteer was located who was willing to drive the extra miles to help this couple remain in their community. The volunteer was exceptionally generous, as they themselves lived in a rural community south of Springfield and had to drive about 30 miles to Mr. and Mrs. M's home.

This example is characteristic of the people served through S&DS' volunteer programs. They are people who are aging at home and have encountered a problem that cannot be solved without help from outside their circle of support. They wish to remain in their own homes and communities, but need just a little bit of help to accomplish that. Volunteers are able to fill those gaps in a person's life with the least amount of intrusion and cost.



Just the Facts: State Funded Programs and the Power of Volunteers

Oregon Project Independence: A State Funded Program That Works

The Oregon Project Independence Program is funded with State funds only, therefore there is no lengthy application process for eligibility and no assets test. There is, however, a sliding scale co-payment for services depending on a person's income and medical expenses. Currently the program only offers services to people over the age of 60 who have certain functional limitations in activities of daily living such as walking, eating, and bathing. Participants can receive up to 5 hours of help per week of in-home care. In FY2007-08,

- A total of **227** unduplicated clients received case management and in-home care during the year
- **90** intakes for new Oregon Project Independence clients were completed, with **67** new people opened for service
- **16,628** hours of in-home care were provided through Oregon Project Independence
- **80** people received Meals on Wheels through Oregon Project Independence
- **10,854** meals were provided through the program

The Power of Volunteers

Volunteers were used effectively across the agency to expand services, but no where it is more apparent than in the Senior Meals and Senior Connections Programs. In FY2007-08,

- **352** volunteers helped the Senior Meals Program by assisting in group dining sites or delivering Meals on Wheels to the homebound.
- These **352** volunteers donated **30,833** hours of their time to the Senior Meals Program.
- **137** volunteers provided assisted transportation, friendly visits, help with shopping, mail, light housekeeping, etc to Senior Connections Program participants.
- These **137** volunteers donated **38,374** hours of their time to the Senior Connections Program.

Contracted Services and Community Involvement: Collaboration, Leveraging Funds...and Much More

Contracted Services: Money Management Program

The contractor for the Money Management Program reported this recent situation.

Mr. W was referred as a Bill Payer client who was unable to control his spending and manage his checking account, primarily because of cognitive deficits including dementia. When sales people would show up at his door, as he still lives in his own home, he would give out his social security number, driver's license number or any other personal information that they requested, resulting in irresponsible purchases. For example, a door-to-door salesman convinced Mr. W to purchase and install new windows in the downstairs level of his house and then weeks later the same people came back to talk him into buying windows for the upstairs rooms that he had not used in years. This resulted in a significant debt for Mr. W. Our Money Management Program volunteer contacted Adult Protective Services who intervened and talked to the window sales company. All window charges were dropped.

After a short time it became apparent to the volunteer that Mr. W desperately needed more intense help with his finances. Working with Mr. W's physician, a referral was completed for a Representative Payee. At this time the Representative Payee is succeeding in the task of getting the bills paid and up to date. This is a success story for the Money Management Program as Mr. W is still able to live in his own home rather than being placed in a care facility.



Contracted Services: Senior Law

The manager of the Senior Law Service reported the following.

This case was handled by a volunteer attorney. The attorney felt so good about it because the man needed the money very badly.

Mr. J came to Senior Law Service with a stack of savings bonds, and wanted to know whether he could legally collect on them. The problem (as Mr. J saw it) was this: The bonds were almost 40 years old, and were made out to Mr. J's father and younger brother. Both of them had died years before in different parts of the country, and nothing had ever been done about their estates. Mr. J really needed the money. He was the only heir of his father and younger brother but he didn't know what to do. The attorney started to explain about probate and about how he might need to undertake expensive court proceedings to show that he was entitled to the bonds. But then the attorney noticed that Mr. J's name was the same as his father's.

Although Mr. J didn't know it before, the bonds didn't name his father. They were for him. All

he needed to do was sign. This was important news for Mr. J, but not just because of the money. Years after his father's death, Mr. J learned that his father had provided for him through means he was never aware of. In a way, Mr. J received one last message from his father that day: That he loved him enough to plan ahead.



Contracted Services: Family Caregiver Support Groups

The manager of the Adult Day Center providing Family Caregiver Support Group services shared the following.

Mrs. P is a 74 year old woman who has been attending the Caregiver Support Group at Cascade Adult Center for the past 3 years. Her 78 year old husband is in the middle to late stages of Alzheimer's disease. Mr. and Mrs. P moved to Eugene from California to be closer to her son and his family. Even though her son is very caring and lives near, he and his wife are busy with their four teenage children and their own careers and Mrs. P does not want to burden them.

Mr. P's disease had progressed to the point that at times he did not recognize Mrs. P as his wife. She felt very isolated, frustrated and at the end of her rope. She said on several occasions she thought about driving herself and her husband into the river. On one of these occasions, in an act of desperation, Mrs. P picked up the phone and called the Alzheimer's Association. She was encouraged to visit a councilor at the Alzheimer's Association and during that meeting she was given information about Caregiver Support Groups at the Adult Day Center.

Mrs. P says the Caregiver Support Group "saved her life". During the past 3 years she rarely missed a meeting and while she attended the support group her husband spent time in the Adult Day Center. Two months ago, Mrs. P made the difficult decision to place Mr. P in a Memory Care Unit. His care needs had progressed beyond what she could manage. This decision was made with the support of members in her Family Caregiver Support group. The group taught Mrs. P that in addition to taking care of her husband, it is also necessary to take care of herself. Mrs. P states, "My group taught me a lot about humor and not taking myself so seriously".



Just the Facts: Contracted Services and Community Involvement

Contracted Services

S&DS contracted out for the following services during the past year using Older Americans Act and Oregon Project Independence funds:

A. Ombudsman Recruiting and Screening Committee - Members of this committee recruit, screen, train and/or support volunteers to serve as Lane County State Ombudsmen and/or Resident Associate Program volunteers. In the past year, the committee has referred **39** Oregon State Ombudsman volunteers and provided **631** hours of services to the program.

B. Senior Legal Services - This program, provided by the Lane County Law and Advocacy Center, provides a full range of civil legal services to persons 60 years of age and older, with emphasis upon serving those who are in the greatest economic and social need. Services are provided to those elderly people whose basic needs are being threatened, either with a loss or reduction of income, food, housing, medical care, utilities or safety. During FY 08, the program served **1,083** unduplicated persons with **3,317** hours of service.

C. Caregiver Support Group and Training - This program, administered by Cascade Health Solutions, provides support groups and training to eligible caregivers, 60 years of age or older and/or persons under the age of sixty caring for persons over sixty with caregiving concerns. During FY 08, the program served **217** unduplicated clients receiving **1,522** hours of caregiver support group service and **112** unduplicated clients receiving **417** hours of training services.

D. In-Home Services - Addus HealthCare provides In-Home Services (home care and personal care) to eligible S&DS clients. During FY 08, Oregon Project Independence (OPI) funded **4,358** hours of personal care and **12,270** hours of home care to **227** unduplicated persons. State Medicaid (XIX) funds provided additional services to Medicaid eligible individuals.

E. Elder Help Program - This volunteer program is coordinated by Sue Maddron. The program recruits, screens and trains volunteers who can offer a variety of assistance with activities of daily living, such as, grocery shopping, yard work, and running errands to persons age 60 years of age or older with . During the FY 08, volunteers served **63** persons with **4,463** hours of service. This program also oversees the Telephone Link to Caring Program, a telephone reassurance program.

F. Money Management Program – Clay Austin, a local retired businessman who initially was trained as a Money Management Volunteer, assumed the role of Money Management Program Coordinator during this fiscal year. The program trains volunteers which are matched with seniors, age 60+, who need assistance with check balancing, budgeting, and bill paying. During FY 08 **1,626** hours of service were provided to **54** unduplicated Money Management clients.

G. Lane Transit District - S&DS in coordination with the Lane Transit District provided **23,441** one way assisted rides to **2,195** unduplicated clients.

H. Eugene Area Meals on Wheels – The American Red Cross holds the contract for delivery of Meals on Wheels to residents of the metro Eugene area. In FY2007-08 Red Cross delivered **74,442** meals to **599** clients.

Community Involvement

S&DS participated in several fairs and events during the year, providing an information table for seniors and people with disabilities. The events included:

- Planning and participation in the Native Caring Conference held in Coos Bay
- Springfield Latino Family Conference in April 2008
- 10th Annual Martin Luther King Jr. Celebration in Springfield
- Project Homeless Connect in Eugene
- Saint Mary's Health Fair
- Lane County Fair Senior Day
- Native Health Fair, Florence
- Caring for Your Parents event, Eugene
- UO Annual Agency Fair

And finally, consistent with the mission of LCOG, S&DS works at the local and state level to expand and improve services through collaboration and cooperation. S&DS staff members participated in many local and statewide coalitions/collaborations, including the following groups:

- Lane Coalition of Senior Programs
- Vulnerable Populations Emergency Preparedness
- Domestic Violence Council
- Community Response Team
- Human Services Network
- LCC Senior Programs Advisory Committee
- LaneCare Committees
- Lane County Multi-Disciplinary Team
- Oregon Money Management Program Advisory Board
- United Way Research and Evaluation Committee
- 211Lane Advisory Board
- LTD Accessible Transportation Committee