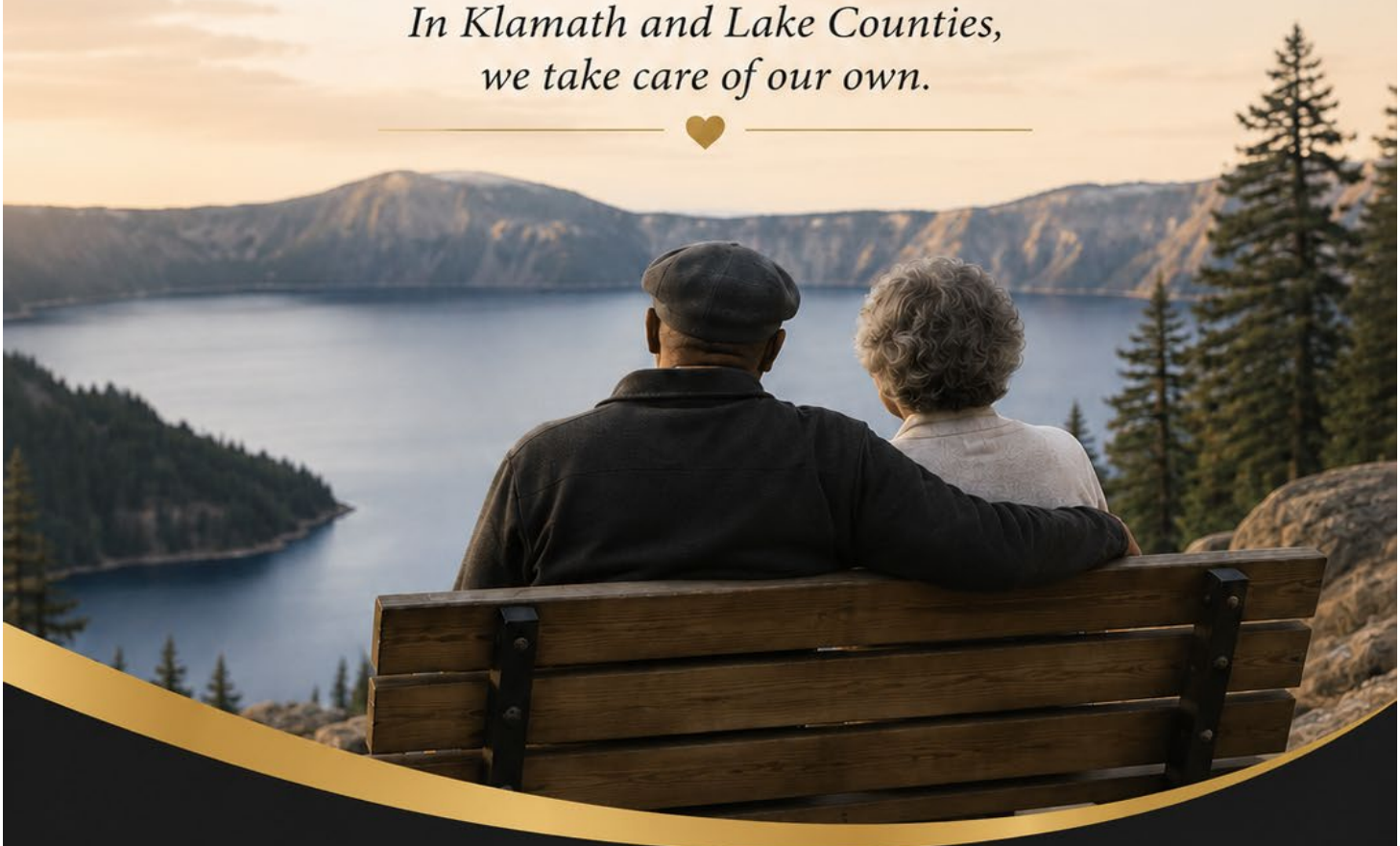
KLCCOA

KLAMATH & LAKE COUNTIES
COUNCIL ON AGING

2026–2029
AREA PLAN

In Klamath and Lake Counties,
we take care of our own.



COMMUNITY DRIVEN

PERSON CENTERED

COLLABORATIVE SOLUTIONS

COVER LETTER

District 11

Klamath & Lake Counties Council on Aging

2026–2029 Area Plan Transmittal Letter

Dear Community Partners, Advisory Council Members, Governing Board, State Unit on Aging, and Residents of Klamath and Lake Counties:

The 2026–2029 Area Plan reflects a period of significant transformation, growth, and strategic modernization for the Klamath and Lake Counties Council on Aging (KLCCOA). As communities throughout Oregon continue to navigate the opportunities and challenges created by an aging population, KLCCOA remains committed to strengthening coordinated, community-based services that support dignity, independence, and quality of life throughout our rural and frontier region.

This plan reflects both continuity and progress. KLCCOA continues building upon the strong foundation established by previous leadership, staff, volunteers, community partners, and advocates who have dedicated themselves to serving older adults throughout Klamath and Lake Counties for many years. Special recognition is extended to former Executive Director Kim Estes for her years of leadership and service to the agency and the individuals we serve. Her contributions helped position KLCCOA for continued growth during a time of increasing demand for aging and disability services.

As new leadership stepped into the agency during a period of statewide and national change across aging services, it became clear that this Area Plan needed to be more than a routine update. It became an opportunity to modernize systems, strengthen partnerships, improve strategic alignment, and create a clearer vision for the future of aging services throughout Klamath and Lake Counties.

Throughout the development of this plan, KLCCOA worked to create a document that not only satisfies planning requirements, but also genuinely reflects the strengths, challenges, values, and realities of the communities we serve. Significant effort was made to improve readability, strengthen measurable outcomes, modernize operational planning language, and create a more accessible and community-centered framework for service delivery throughout the 2026–2029 planning period.

This Area Plan emphasizes equitable access, person-centered service delivery, culturally responsive outreach, caregiver support, access to nutrition, elder rights protection, healthy aging, Tribal partnerships, emergency preparedness, and collaborative community planning. Particular

attention was given to the unique barriers experienced throughout rural and frontier communities, including transportation limitations, healthcare access challenges, workforce shortages, social isolation, and the growing demand for caregiver and aging-in-place supports.

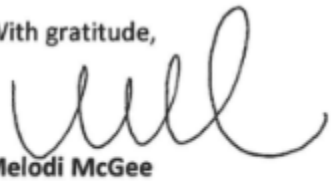
As the "Silver Wave" continues shaping the future of our region, KLCCOA recognizes the importance of building sustainable systems that are flexible, collaborative, and responsive to the evolving needs of older adults and individuals living with disabilities. The goals and strategies outlined throughout this plan are intended to support measurable, long-term improvements in service coordination, accessibility, outreach, and quality of life throughout Klamath and Lake Counties. Most importantly, this plan reflects the belief that aging services are not simply programs. They are part of the broader responsibility communities share in ensuring that older adults and individuals living with disabilities can age with dignity, connection, safety, and support.

Although I have called Klamath County home for over a decade, I do not think that I fully understood the depth of compassion and community that exists in this region until my first few weeks at KLCCOA. Through our staff, volunteers, board members, community partners, and the individuals we serve, I quickly saw how deeply people here care for one another and how much heart goes into the work being done every day throughout Klamath and Lake Counties.

That experience helped inspire the phrase, "In Klamath and Lake Counties, we take care of our own," which has continued proving itself true time and time again. It also inspired the gold heart reflected in KLCCOA's updated logo, representing the compassion, dignity, generosity, and resilience that continue defining this region and the people who call it home.

More importantly, we hope our community knows that KLCCOA is here for them, and that our team is deeply grateful for the opportunity to serve the older adults, caregivers, families, and communities that make this region so special.

With gratitude,



Melodi McGee
Executive Director
Klamath & Lake Counties Council on Aging

ACKNOWLEDGMENTS

Governing Board

The KLCCOA Governing Board provides leadership, oversight, and strategic guidance in support of the agency's mission and long-term vision for aging services throughout the region.

Ron Moe, Board President

John Effingham, Vice President

Ernest Palmer, Board Member

Scott Allan, Board Member

Advisory Council Members

KLCCOA's Advisory Council members provide valuable community insight, advocacy, and guidance regarding the needs of older adults, caregivers, and underserved populations throughout Klamath and Lake Counties.

Patty Card, Council Chair

Klamath Basin Behavioral Health

Chloe Say, Council Member

Shawn Georgiou, Council Member

Aging & People with Disabilities

Katherine Silver, Council Member

Art of Parent Care

Gloria Pena, Alternate Member

Aging & People with Disabilities

Chris Lane, Council Member

KLCCOA Staff

Special recognition is extended to the dedicated KLCCOA staff whose daily efforts, compassion, professionalism, and commitment to service continue supporting older adults and caregivers throughout the region. Their work, knowledge, adaptability, and resilience were instrumental throughout the development of this plan and during a period of significant organizational growth and transition.

Melodi McGee, Executive Director

Tara Woodruff, Chief Financial Officer

Wendy Pearce, Program Manager

Myra Stroh, Data & Compliance Officer

Misty Sullivan, Case Manager

Theresa Criswell, Case Manager

Community Partners and Stakeholders

KLCCOA extends appreciation to the many community organizations, Tribal partners, healthcare providers, public agencies, volunteers, senior centers, nutrition providers, advocacy organizations, and regional coalitions that continue to strengthen services and supports throughout Klamath and Lake Counties.

A more comprehensive list of community partners, collaborative organizations, and regional coordination efforts supporting implementation of this Area Plan is included in *Supplement S-4: Community Partnerships and Regional Coordination.*

Community Members and Survey Participants

Most importantly, KLCCOA thanks the community members, caregivers, older adults, and residents who participated in surveys, outreach activities, public engagement efforts, and community conversations throughout the planning process. Your voices, experiences, and feedback helped shape the priorities, goals, and strategies reflected throughout this Area Plan.

Together, these partnerships and contributions help ensure that older adults and individuals living with disabilities throughout Klamath and Lake Counties are supported with dignity, connection, and care.

Table of Contents

How To Use This Area Plan

The 2026–2029 Area Plan serves as both a strategic planning document and the operational framework guiding the work of the Klamath & Lake Counties Council on Aging (KLCCOA) throughout the four-year planning cycle.

While each section may be read independently, the Area Plan is intentionally organized to build upon itself. It begins by describing the communities we serve and the challenges facing older adults throughout Klamath and Lake Counties, outlines the coordinated network of services available across the Planning and Service Area, establishes strategic priorities for the future, and concludes with the implementation, monitoring, and evaluation processes that will guide our work over the coming years.

The goals and objectives contained throughout this document were developed through community needs assessment findings, demographic analysis, stakeholder engagement, public participation, State Unit on Aging guidance, and ongoing collaboration with community partners. Together, they reflect KLCCOA's commitment to person-centered service delivery, equitable access, continuous quality improvement, responsible stewardship of public resources, and meaningful collaboration throughout the aging services network.

This Area Plan is intended to be more than a regulatory requirement. It is a living document that will guide organizational decision-making, strengthen partnerships, support accountability, and help ensure older adults, caregivers, and individuals with disabilities throughout Klamath and Lake Counties have opportunities to remain healthy, safe, connected, and independent within the communities they call home.

Because in Klamath and Lake Counties,

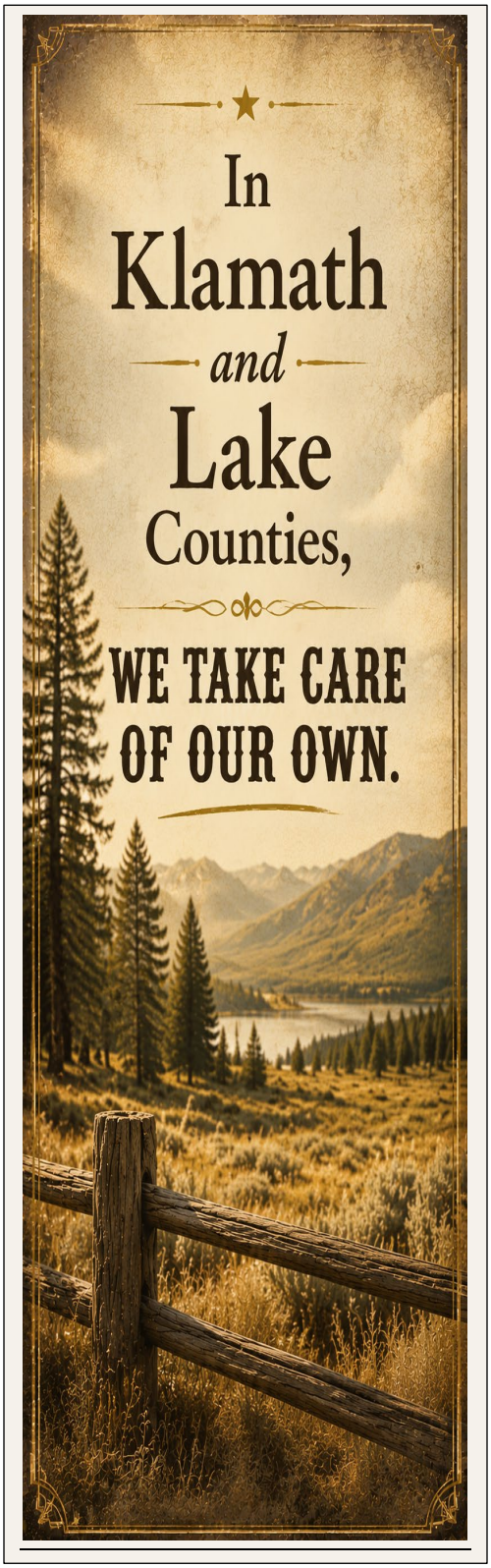
We.Take.Care.of.Our.Own¡

ACRONYMS

ACRONYM	DEFINITION
AAA	Area Agency on Aging
AAA&D	Area Agencies on Aging and Disabilities
AARP	American Association of Retired Persons
ACL	Administration for Community Living
ACS	American Community Survey
ADA	Americans with Disabilities Act
ADRC	Aging and Disability Resource Connection
ADL	Activities of Daily Living
APD	Aging and People with Disabilities
APS	Adult Protective Services
ARPA	American Rescue Plan Act
BIPOC	Black, Indigenous, and People of Color
CDSMP	Chronic Disease Self-Management Program
CHNA	Community Health Needs Assessment
CMS	Centers for Medicare & Medicaid Services
CFO	Chief Financial Officer
CM	Case Manager
CPG	Coordinated Public Transit Human Services Transportation Plan
DCO	Data and Compliance Officer
DHS	Department of Human Services
EBT	Electronic Benefit Transfer
EBS	Evidence-Based Services
ED	Executive Director
EVV	Electronic Visit Verification
FCSP	Family Caregiver Support Program
FEMA	Federal Emergency Management Agency
GIS	Geographic Information System
HCBS	Home and Community Based Services
HCW	Home Care Worker
HDM	Home Delivered Meals
HIP	Health Improvement Plan
HIPAA	Health Insurance Portability and Accountability Act
HRA	Health Reimbursement Arrangement
I&A	Information and Assistance
I&R	Information and Referral
IADL	Instrumental Activities of Daily Living
IIID	Title III-D Health Promotion
KLCCOA	Klamath and Lake Counties Council on Aging
LEP	Limited English Proficiency

LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and additional identities
LTC	Long-Term Care
LTSS	Long-Term Services and Supports
MIPPA	Medicare Improvements for Patients and Providers Act
MOU	Memorandum of Understanding
NCOA	National Council on Aging
NFSP	National Family Caregiver Support Program
NSIP	Nutrition Services Incentive Program
O4AD	Oregon Association of Area Agencies on Aging & Disabilities
OAA	Older Americans Act
ODHS	Oregon Department of Human Services
OPI	Oregon Project Independence
OPI-M	Oregon Project Independence Medicaid
OWN	Oregon Wellness Network
PAP	Policy and Procedures
PCP	Person-Centered Planning
PHI	Protected Health Information
PSA	Planning and Service Area
QA	Quality Assurance
QR CODE	Quick Response Code
SAIL	Stay Active and Independent for Life
SHIBA	Senior Health Insurance Benefits Assistance
SNAP	Supplemental Nutrition Assistance Program
SOP	Standard Operating Procedure
SUA	State Unit on Aging
TANF	Temporary Assistance for Needy Families
TITLE III-B	Older Americans Act Supportive Services Program
TITLE III-C-1	Older Americans Act Congregate Nutrition Services Program
TITLE III-C-2	Older Americans Act Home Delivered Nutrition Services Program
TITLE III-D	Older Americans Act Disease Prevention and Health Promotion Program
TITLE III-E	Older Americans Act Family Caregiver Support Program
TITLE VI	Older Americans Act Native American Aging Programs
TITLE VII	Older Americans Act Elder Rights and Elder Abuse Prevention Program
USDA	United States Department of Agriculture
VDC	Veteran Directed Care
WEAAD	World Elder Abuse Awareness Day

ABOUT THIS PLAN



The Older Americans Act (OAA), originally enacted in 1965, is the primary federal law supporting programs and services that are designed to help older adults maintain health, independence, dignity, and quality of life in their communities. Through the Older Americans Act, Area Agencies on Aging (AAAs) receive funding and guidance to coordinate aging and disability services at the local level.

As the designated Area Agency on Aging for Klamath and Lake Counties, the Klamath and Lake Counties Council on Aging (KLCCOA) is responsible for developing a multi-year Area Plan outlining community needs, service priorities, strategic goals, and planned activities supporting older adults, caregivers, and individuals living with disabilities throughout the region.

This Area Plan serves as both a strategic planning document and an operational framework guiding service delivery, partnership development, advocacy efforts, outreach strategies, and resource coordination throughout the 2026–2029 planning period. The plan reflects KLCCOA's commitment to equitable, person-centered, and community-based services designed to support aging with dignity, independence, safety, and connection.

Development of this plan was informed through community needs assessments, stakeholder engagement, demographic analysis, public feedback, regional health planning efforts, program utilization data, Tribal coordination, and collaboration with community partners throughout Klamath and Lake Counties.

Particular attention was given to the unique opportunities and challenges associated with serving rural and frontier communities, including transportation barriers, healthcare access limitations, workforce shortages, social isolation, caregiver strain, and increasing demand for aging and disability services. As the “Silver Wave” continues shaping the future of the region, KLCCOA recognizes the importance of building sustainable, coordinated systems of care that remain responsive to evolving community needs.

The goals, objectives, and strategies outlined throughout this plan are intended to strengthen service coordination, improve equitable access to services, expand community partnerships, support healthy aging, enhance caregiver supports, and promote long-term sustainability of aging services throughout the region.

This document is intended to serve not only as a state planning requirement, but also as a community-centered roadmap that supports collaboration, accountability, innovation, and continuous improvement throughout the 2026–2029 Area Plan period.

Planning and Service Area (PSA) Map

Klamath & Lake Counties Council on Aging

EXECUTIVE SUMMARY

The Klamath and Lake Counties Council on Aging (KLCCOA) 2026–2029 Area Plan establishes a modernized strategic framework to strengthen aging and disability services throughout one of Oregon's most geographically expansive and rural service areas. Developed through community engagement, needs assessments, stakeholder collaboration, demographic analysis, Tribal coordination, and review of regional health and aging trends, this plan reflects KLCCOA's commitment to equitable, person-centered, and community-based service delivery for older adults, caregivers, and individuals living with disabilities throughout Klamath and Lake Counties.

As the designated Area Agency on Aging (AAA) for the region, KLCCOA coordinates programs and services designed to help older adults age with dignity, independence, safety, and connection within their homes and communities. The organization administers and coordinates a broad continuum of services, including Home Delivered Meals, congregate nutrition programs, caregiver supports, case management, Oregon Project Independence (OPI), Oregon Project Independence-Medicaid (OPI-M), Veteran Directed Care (VDC), health promotion programming, elder abuse prevention, outreach, transportation coordination, and options counseling.

The 2026–2029 planning period occurs during a time of significant demographic and system change commonly referred to as the "Silver Wave." Both Klamath and Lake Counties continue to experience increasing populations of older adults, rising caregiver demands, workforce shortages, transportation barriers, healthcare access limitations, social isolation, and growing demand for nutrition and in-home supports. These challenges are particularly significant within the rural and frontier communities that characterize much of the Planning and Service Area (PSA).

In response, KLCCOA undertook a substantial strategic revision of the Area Plan to create a more data-informed, measurable, collaborative, and sustainable framework for aging services throughout the region. The revised plan emphasizes operational modernization, equitable access to services, culturally responsive outreach, strengthened community partnerships, Tribal collaboration, caregiver support, nutrition security, healthy aging initiatives, elder rights protection, and long-term sustainability of community-based aging services.

Community feedback and needs assessments identified several ongoing priorities affecting older adults and caregivers throughout the region, including transportation barriers, food insecurity, caregiver strain, healthcare access challenges, limited awareness of services,

volunteer shortages, and social isolation. Outreach efforts also identified the need for improved culturally responsive communication, expanded bilingual resources, and stronger partnerships with underserved communities, including Hispanic older adults and Tribal populations.

The Area Plan outlines eight strategic focus areas intended to guide organizational priorities and service delivery throughout the 2026–2029 planning period:

- Access to Services and ADRC Modernization
- Nutrition and Food Security
- Aging in Place and Safety
- Caregiver Support and Social Connection
- Tribal Partnerships and Culturally Responsive Services
- Elder Rights, Legal Assistance, and Protection
- Health Promotion and Healthy Aging
- Organizational Excellence and Service Sustainability

These focus areas are supported through measurable goals and objectives designed to improve service coordination, strengthen outreach, enhance community partnerships, and improve quality of life outcomes for older adults and individuals living with disabilities throughout Klamath and Lake Counties.

KLCCOA's planning approach recognizes that effective aging services require collaboration across healthcare systems, senior centers, Tribal governments, behavioral health organizations, public agencies, volunteers, nonprofit partners, caregivers, and local communities. The organization remains committed to maintaining strong regional partnerships while balancing coordinated system planning with responsiveness to the unique needs of individual communities throughout both counties.

This Area Plan also reflects KLCCOA's broader organizational philosophy that aging services are not simply programs, but part of a community responsibility to ensure that older adults and individuals living with disabilities are supported with dignity, compassion, and respect. The phrase, "In Klamath and Lake Counties, we take care of our own," reflects both the spirit of the region and the foundation of the work outlined throughout this plan.

Through strategic planning, community partnership, innovation, and continued investment in person-centered service delivery, KLCCOA seeks to strengthen sustainable systems of support that allow older adults and caregivers throughout Klamath and Lake Counties to remain healthy, connected, independent, and supported for years to come.

SECTION A

AGENCY PLANNING AND PRIORITIES

Guiding the future through data-driven planning and community engagement across Klamath and Lake Counties.

LAKE COUNTY, OREGON

SECTION A: AGENCY PLANNING AND PRIORITIES

A-1: Introduction

Klamath & Lake Counties Council on Aging Services

Klamath and Lake Counties Council on Aging (KLCCOA) is a state-designated Type A Area Agency on Aging (AAA) serving Klamath and Lake Counties in south-central Oregon. Established in 1969 and restructured in 2013, KLCCOA is a private, non-profit 501(c)(3) organization focused on system planning, service coordination, and advocacy for older adults and adults with disabilities.

Headquartered in Klamath Falls, Oregon, the agency operates under the leadership of an Executive Director and is supported by a Chief Financial Officer, Data & Compliance Officer, Program Manager, Case Managers serving both Klamath and Lake Counties, and an Operations Support Specialist. KLCCOA is governed by a volunteer Governing Board and supported by a volunteer Advisory Council that help ensure diverse community representation and input into agency planning, policy development, and service delivery.

KLCCOA administers and coordinates a comprehensive continuum of federally, state, and locally supported aging-related programs, including Home-Delivered Meals (HDM), congregate nutrition services, transportation, caregiver support, case management, elder abuse prevention, Oregon Project Independence (OPI), Oregon Project Independence-Medicaid (OPI-M), Veteran Directed Care (VDC), health promotion programming, outreach and options counseling.

KLCCOA also collaborates with regional and local coalitions such as Healthy Klamath and the Older Adult Behavioral Health Collaborative to improve service coordination, strengthen partnerships, and address emerging community needs affecting older adults and caregivers throughout the region.

The agency's four-year Area Plan addresses the service needs of older adults and adults with disabilities through coordinated community-based services, strategic planning, and regional partnerships. This Area Plan serves as both a strategic planning and operational framework for

improving service coordination, equitable access, culturally responsive service delivery, and long-term aging-service sustainability throughout Klamath and Lake Counties.

Regional Service Delivery Partners and Community Stakeholders

KLCCOA coordinates a broad regional network of public agencies, nonprofit organizations, healthcare providers, Tribal partners, senior centers, local governments, volunteers, and private service providers to support older adults and adults with disabilities throughout Klamath and Lake Counties. While KLCCOA serves as the designated Area Agency on Aging for the Planning and Service Area (PSA), successful aging services depend upon strong collaboration among organizations that provide direct services, referrals, advocacy, healthcare, nutrition, transportation, housing assistance, legal services, behavioral health supports, and caregiver resources.

Key regional partners include Aging and People with Disabilities (APD), the Klamath Tribes Title VI Program, Healthy Klamath, Klamath Basin Behavioral Health, Sky Lakes Medical Center, Lake Health District, the Klamath Basin Senior Citizens' Center, Lake County Senior Citizens' Association (The Center), congregate meal providers, local transportation providers, Community Volunteer Network's Foster Grandparent Program and other volunteer organizations, Legal Aid Services of Oregon, local Public Health departments, Veteran-serving organizations, emergency management agencies, and numerous community coalitions working to improve quality of life for older adults throughout the region.

Current and Emerging Aging Trends

National and state aging trend data continue to demonstrate increased demand for caregiver support, nutrition services, chronic disease management, transportation assistance, and community-based aging services, particularly within rural and frontier communities. Recent findings from America's Health Rankings Senior Report and AARP caregiving research reinforce the importance of coordinated local aging services systems designed to support older adults in remaining safely within their homes and communities.

KLCCOA Target Population

KLCCOA develops and coordinates services for older adults aged 60 and older, and adults with physical disabilities aged 18 and older residing in Klamath and Lake Counties. KLCCOA prioritizes services for individuals with the greatest economic and social need, including those who are frail, socially isolated, underserved, low-income, living in rural or frontier communities, members of Tribal communities, individuals with limited English proficiency, and adults experiencing barriers to accessing services and supports.

Area Plan Development

KLCCOA has developed a coordinated service delivery system designed to support older adults and adults with disabilities throughout Klamath and Lake Counties. This Area Plan establishes goals, priorities, and strategies based on identified community needs, and serves as the foundation for coordination with the Oregon Department of Human Services State Unit on Aging.

KLCCOA Contact Information

Information and assistance for both Klamath and Lake Counties:

Melodi McGee, Executive Director

☎: 541-205-5400 Ext. 103

✉: melodi.mcgee@klccoa.org

◎: www.klamathlakeareaonaging.org

♥: 404 Main Street, Suite #6
Klamath Falls, OR 97601

A-2: Mission, Vision, Values

Mission

The mission of the Klamath and Lake Counties Council on Aging is:

> *"To ensure that older adults, low-income, minority groups, and those with disabilities within Klamath and Lake Counties have the opportunity of pursuing choices, independence, dignity and quality of life."*

Vision

KLCCOA envisions communities where older adults and individuals with disabilities can age with dignity, independence, connection, and meaningful access to supportive services.

Organizational Values and Guiding Principles

Person-Centered Services and Advocacy

KLCCOA believes older adults and individuals with disabilities should be empowered to make informed choices regarding their care, services, and quality of life whenever possible. Clients, caregivers, community members, and partner organizations all play an important role in helping shape systems and services designed to meet evolving community needs.

Equity and Inclusion

KLCCOA is committed to equitable, culturally responsive, and inclusive service delivery. Services are provided without discrimination and with respect for the diverse cultural, social, linguistic, and lived experiences of the individuals and communities served. KLCCOA recognizes that equitable service delivery requires ongoing evaluation, culturally responsive communication, workforce development, and intentional outreach efforts designed to reduce barriers and improve access for underserved populations throughout the service area.

Community Awareness and Education

Community awareness is essential to building an effective and coordinated network of care for older adults and their caregivers. KLCCOA promotes education, outreach, and awareness regarding long-term services, support, and healthy aging resources throughout the region. KLCCOA recognizes that increasing awareness of available services is essential to improving early intervention, strengthening caregiver support systems, and supporting long-term community wellbeing throughout Klamath and Lake Counties.

Collaborative Community Planning

KLCCOA values collaboration and partnership development as foundational components of effective service delivery. Through coordinated planning efforts, KLCCOA works with local organizations, Tribal partners, healthcare providers, public agencies, and community stakeholders to address current and emerging community needs throughout Klamath and Lake Counties.

Support for Family Caregivers

KLCCOA recognizes the critical role family caregivers play in supporting individuals served by our agency. Caregivers should have access to support, respite, education, and services that promote caregiver wellbeing and sustainability.

Access for All

KLCCOA believes all individuals aging in place or living with disabilities are entitled to dependable, accessible, and person-centered information and services. Programs, facilities, and communications should be physically, culturally, linguistically, and financially accessible whenever possible.

Healthy Aging and Independence

KLCCOA promotes programs and services that support healthy aging, independence, chronic disease prevention, physical activity, nutrition, and social connection.

Age- and Disability-Friendly Communities

The agency supports communities that promote aging in place and create welcoming, accessible environments for community members in need of support.

Core Organizational Values

- Quality of Life
- Quality of Care
- Access and Affordability
- Choice and Person-Centered Services
- Equity in Programs and Service Delivery
- Collaboration and Community Partnership
- Dignity and Respect

Collectively, these values provide the foundation upon which KLCCOA fulfills its mission and commitment to the residents of Klamath and Lake Counties.

A-3: Planning and Review Process

KLCCOA Needs Assessments

During the development of the Area Plan, KLCCOA conducted a broad community needs assessment, a nutrition-focused survey, stakeholder outreach, community meetings, and a review of available demographic, program, and regional planning data to identify emerging needs, service gaps, and priorities affecting older adults, caregivers, and individuals with disabilities throughout Klamath and Lake Counties.

In Spring 2026, KLCCOA administered an updated community needs assessment to strengthen data-informed planning and support development of revised goals and objectives. Approximately 500 surveys were distributed to program participants, community partners, and households identified through Census and County Tax Assessor data, with additional surveys distributed through community-based outreach efforts in both Klamath and Lake Counties.

Additional surveys and outreach efforts were conducted through community meetings, senior centers, collaborative groups, and direct engagement with service providers and older adults.

Stakeholders and Inclusive Planning

KLCCOA gathered input from a broad network of community organizations and stakeholders serving older adults throughout Klamath and Lake Counties.

Participating partners include: Lake County Senior Citizens' Association (The Center), Lake County Older Adult Behavioral Health Specialist, Klamath and Lake Counties Aging and People with Disabilities, Klamath & Lake Community Action Services, SPOKES, Sky Lakes Medical Center's outpatient services, Hospice Services, Veteran Services, Klamath Basin Behavioral Health's Older Adult Mental Health Specialists, Klamath Basin Senior Citizens' Center, Klamath County Public Health Director, a representative from the Hispanic Community Collaborative, Rolling Wheelz, and the Klamath Senior Center volunteer coordinator.

KLCCOA worked to ensure the planning process was accessible, culturally responsive, and inclusive of the diverse populations served throughout the Planning and Service Area. To

reduce language barriers and encourage meaningful participation, the community needs assessment was developed in both English and Spanish. Using client language preference records maintained by the agency, KLCCOA distributed both English and Spanish language survey versions to clients who identified Spanish as their preferred language. Additional outreach was conducted through trusted community partners serving Hispanic older adults, Tribal communities, rural residents, caregivers, and adults with disabilities. These efforts helped identify barriers related to language access, transportation, awareness of available services, and culturally responsive communication. Feedback that was received through the survey and partner engagement directly informed the goals, objectives, and strategies included throughout this Area Plan to improve equitable access and service delivery.

Key Findings Related to Hispanic and Underserved Populations

Survey responses and outreach efforts identified several recurring barriers that affect Hispanic older adults and underserved populations, including:

- Fear and distrust of government or institutional systems
- Language barriers and limited English proficiency
- Limited awareness of available services
- Underutilization of nutrition, caregiving, transportation, and support services
- Need for culturally responsive outreach and trusted community partnerships

To address these barriers, KLCCOA identified several priority strategies, including:

- Expansion of culturally responsive outreach
- Increased language access and translated materials
- Strengthened partnerships with trusted community organizations
- Ongoing bilingual communication and education efforts
- Increased visibility of services in underserved communities

These findings directly informed development of revised goals and objectives related to equitable access, culturally responsive outreach, ADRC modernization, caregiver support, and

community partnership development throughout the region. National aging and nutrition trend data continue to identify food insecurity, transportation barriers, chronic disease, and social isolation as significant concerns affecting rural older adults and caregivers.

Senior Needs Assessment Survey

The Older Adult Needs Assessment included adults aged 60 and older and adults with disabilities aged 18 and older.

Survey questions focused on:

- Housing and aging in place
- Transportation
- In-home assistance and caregiving
- Nutrition and food security
- Health and wellness
- Disaster preparedness
- Financial concerns
- Access to information and services
- Social connection and wellbeing

KLCCOA distributed approximately 500 community needs assessment surveys throughout Klamath and Lake Counties through mailed outreach, community distribution, and partner engagement efforts. An initial 114 complete responses were received and analyzed to inform Area Plan priorities, identify service gaps, and support data-informed planning efforts. An additional 29 completed responses were subsequently received through Lake County outreach, bringing total community participation to 143 completed surveys. Review of the additional Lake County responses was consistent with the needs and priorities identified through the initial analysis. Rather than changing the Area Plan focus areas, the additional responses further validated and strengthened the data supporting the priorities already identified through the planning process

Demographic data was also collected to support equitable planning and identify underserved populations.

Findings

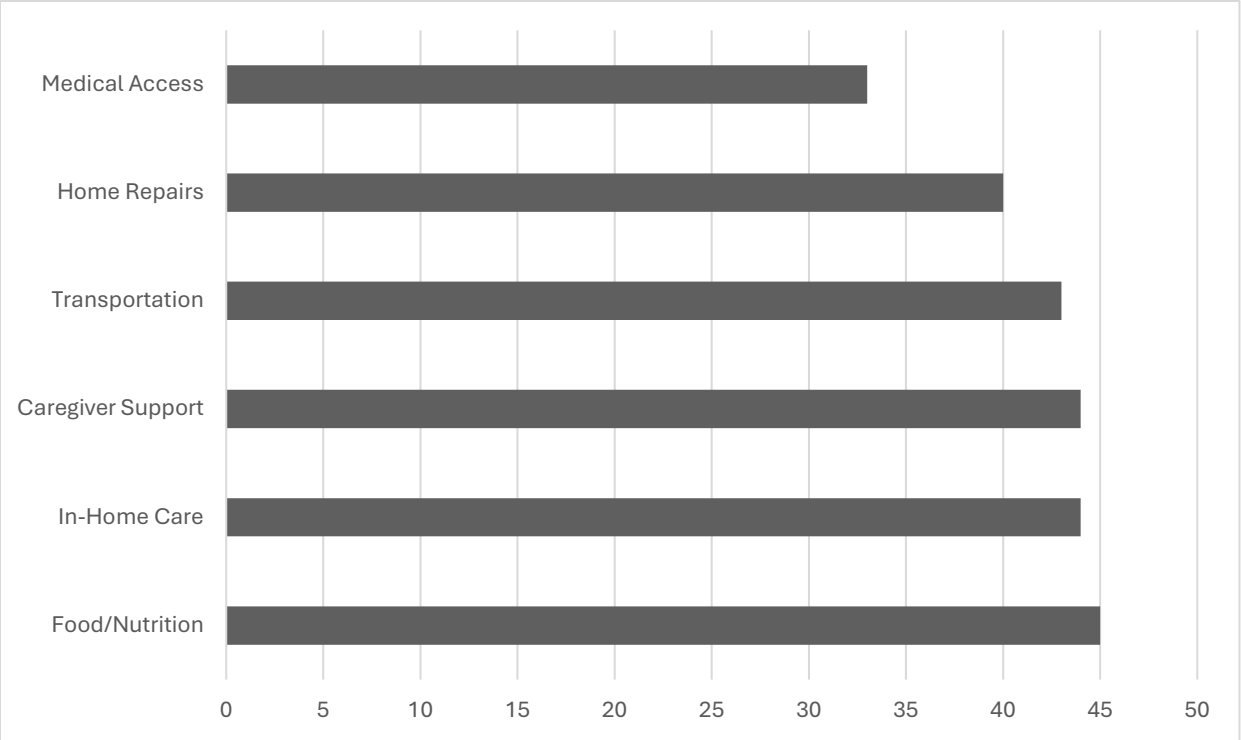
Survey Participation Snapshot

Total Responses	143
Klamath County	107
Lake County	36

Initial Survey Demographics Analysis (n=114)

Age 60+	108
Veterans	26
Caregivers	12
Disability or long-term health condition	85

Top Reported Community Needs



Survey findings identified transportation, nutrition access, caregiver support, in-home care services, and aging in place needs as some of the most significant concerns affecting older adults and caregivers throughout Klamath and Lake Counties. Respondents also frequently identified challenges related to geographic isolation, healthcare access, affordability, and maintaining independence within the home.

Nutrition Survey Findings

A nutrition survey was distributed to individuals receiving Home Delivered Meals and participants attending congregate meal sites throughout both counties. Findings identified several significant needs and service delivery challenges.

Key Findings

Home Delivered Meals

- Geographic isolation and food deserts continue to impact rural older adults
- Transportation and mobility barriers limit food access
- Increasing demand and funding limitations contribute to waitlists
- Rising operational and food costs continue to strain program capacity

Congregate Meal Sites

- Congregate meal sites provide critical opportunities for nutrition, wellness monitoring, and social connection
- Transportation barriers continue to limit participation in rural areas
- Additional outreach and transportation support are needed to improve access

Volunteer Capacity

- Volunteer shortages continue to impact meal delivery and support programs

- Many volunteers are older adults themselves
- Additional recruitment and retention strategies are needed

Conclusion

The findings reinforced the need for expanded nutrition services, strengthened volunteer recruitment, culturally responsive outreach, transportation coordination, and continued investment in rural and frontier aging services throughout Klamath and Lake Counties.

Findings from the community survey were also consistent with recurring themes identified through ADRC contacts, community outreach activities, service provider discussions, public input opportunities, and ongoing collaboration with community partners throughout the PSA.

Planning Goals and Objectives

Following completion of the assessment, outreach activities, and review of community feedback, the KLCCOA Advisory Council and Governing Board evaluated the goals and objectives from the previous 2021-2025 Area Plan to determine which priorities remained relevant and where revisions were needed.

An initial 2025-2029 Area Plan was submitted under previous executive leadership. During the 2026 Area Plan update process, KLCCOA undertook a substantial strategic revision of the plan to better align with updated community needs, demographic trends, state monitoring feedback, evolving service demands, and the long-term vision established by the Governing Board, Advisory Council, and new Executive Director.

The revised 2026 Area Plan reflects a more comprehensive and data-informed planning approach focused on strengthening service coordination, improving equitable access to services, modernizing outreach strategies, expanding community partnerships, enhancing culturally responsive service delivery, and improving measurable outcomes throughout Klamath and Lake Counties.

The revised goals included in this plan are intended to:

- Improve equitable access to services
- Strengthen community partnerships

- Enhance service coordination
- Increase culturally responsive outreach
- Improve support for caregivers and underserved populations
- Strengthen aging in place and health promotion efforts
- Improve emergency preparedness and system responsiveness

Resources Used

Development of the updated goals and objectives was informed through:

- Community needs assessments and outreach findings
- Public and stakeholder feedback
- Program utilization and waitlist data
- Previous monitoring findings and technical assistance recommendations
- Collaboration with State Unit on Aging (SUA) partners and regional aging network organizations
- Strategic planning discussions involving KLCCOA leadership, the Governing Board, Advisory Council, community partners, and Tribal representatives
- America's Health Rankings Senior Report findings
- AARP caregiving and aging research
- Statewide aging network and Oregon AAA planning resources

Other Community Plans

The 2022-2025 Klamath County Health Improvement Plan and the Lake District Hospital 2024 Community Health Needs Assessment closely align with many of the priorities identified within the KLCCOA Area Plan. These collaborative community planning efforts focus on

improving physical health, behavioral health, nutrition, economic stability, and overall community wellbeing throughout the region. The revised 2026 Area Plan update continues to align aging service priorities with broader regional health improvement efforts whenever appropriate.

Tribal Planning and Coordination

KLCCOA recognizes the importance of maintaining respectful, collaborative relationships with Tribal governments, Tribal elders, and Title VI aging services partners throughout the region.

During the 2026 update process, KLCCOA expanded coordination efforts with both the Klamath Tribes and the Cow Creek Band of Umpqua Tribe of Indians to support culturally responsive service delivery, improve communication, strengthen referral coordination, and identify opportunities for collaborative planning.

KLCCOA leadership participates in regional and statewide Tribal meetings and continues working to strengthen partnerships related to elder wellness, nutrition services, caregiving, outreach, and emergency preparedness planning.

These findings and collaborative efforts directly informed development of the Tribal Partnership and Culturally Responsive Services focus area included within this plan.

KLCCOA recognizes the importance of ongoing government-to-government respect, culturally responsive coordination practices, and collaborative planning efforts designed to support Tribal elders, caregivers, and communities throughout the service area.

The Advisory Council participates in Area Plan development by reviewing community needs, service priorities, proposed goals and objectives, and drafts of the Area Plan and associated budget. Tribal governments and Title VI partners are invited to provide input regarding the needs of Tribal elders, culturally responsive service delivery, coordination of Title III and Title VI services, and Area Plan strategies affecting Tribal communities. Local government and regional planning partners provide community planning data, service-system expertise, and input regarding transportation, housing, public health, emergency preparedness, and other issues affecting older adults and adults with disabilities. These partners provide consultation and recommendations but do not exercise approval authority over the Area Plan. Following public review, the Advisory Council reviews and comments on the final draft before it is presented to the KLCCOA Governing Board, which holds final local approval authority.

Public Review and Approval Process

KLCCOA's prior Area Plan underwent public notice, a hearing on March 18, 2025, Advisory Council review on March 20, 2025, and Governing Board approval on March 27, 2025.

Following the transition in executive leadership and subsequent review of the existing Area Plan, KLCCOA identified the need for substantial revisions to better align the plan with updated community needs, demographic trends, evolving service demands, prior monitoring feedback, and current State Unit on Aging expectations. As part of the 2026 Area Plan update process, KLCCOA undertook a comprehensive strategic revision of the plan in collaboration with the Governing Board, Advisory Council, community partners, Tribal representatives, and State Unit on Aging partners.

The revised 2026 Area Plan reflects updated strategic priorities, expanded focus areas, strengthened coordination efforts, modernized service delivery strategies, and enhanced measurable outcomes intended to better support older adults, caregivers, and underserved populations throughout Klamath and Lake Counties. The updated planning process emphasized measurable objectives, data-informed planning practices, stakeholder engagement, and long-term sustainability of aging services throughout the region.

KLCCOA made the proposed 2026–2029 Area Plan available for public review and comment from August 13 through September 12, 2026. Public review opportunities were shared through the KLCCOA website, social media, and outreach to community partners. The *Herald and News* also published an article informing the community about the Area Plan and opportunities to participate in the public hearing process. The plan was available electronically and in printed form at KLCCOA, the Klamath Basin Senior Citizens' Center, The Center in Lakeview, and participating public libraries. Comments could be submitted online, by email, by mail, by phone, or in person.

KLCCOA held two public meetings called Community Conversations. The August 25, 2026, meeting at the Klamath Basin Senior Citizens' Center had 23 attendees. The August 28, 2026, meeting in Lakeview had 39 attendees. The Executive Director also held seven meetings at the request of members of the public to discuss the plan and community needs. KLCCOA received one comment through the website.

Feedback received through the public process was generally supportive and affirming. Participants recognized the plan's improvements, reinforced needs and priorities identified through the community assessment, and raised ideas for consideration during implementation and future updates. KLCCOA reviewed the feedback; no comment called for a

substantive change to the plan's goals, priorities, or proposed services. Technical and compliance revisions requested by ODHS/APD were considered separately and are not attributed to public comment.

Throughout the 2026 Area Plan update process, the KLCCOA Advisory Council and Governing Board participated in review and development of the revised plan, including consideration of community needs, strategic priorities, goals, objectives, and budget priorities. The KLCCOA Advisory Council reviewed and approved the public-comment version of the revised Area Plan. Following that review, KLCCOA incorporated technical and compliance revisions requested through ODHS/APD review. These revisions were separate from the public comments received. The Governing Board will consider the final revised plan for local approval.

A-4: Prioritization of Discretionary Funding

Funding Priorities and Resource Allocation

As part of the Area Plan development process, KLCCOA evaluates community needs assessment findings, demographic trends, program utilization trends, risk assessment data where applicable, stakeholder feedback, fiscal projections, and available federal, state, and local funding sources to establish funding priorities for the four-year planning period. These priorities are reviewed by agency leadership, the Advisory Council, and the Governing Board to ensure available resources are directed toward services that address the greatest identified needs while maintaining compliance with Older Americans Act requirements and other applicable funding regulations.

Strategic Funding Priorities (2026-2029)

During the 2026–2029 planning period, KLCCOA will prioritize investments that:

- Support older adults with the greatest economic and social need
- Improve equitable access for rural, frontier, Tribal, and underserved populations
- Expand access to nutrition and in-home services
- Strengthen aging in place and caregiver supports
- Leverage partnerships to maximize limited public resources
- Promote long-term sustainability of community-based aging services

Changes from the Prior Planning Period

KLCCOA's core discretionary service priorities have not materially changed from the prior one-year planning period. Nutrition services, transportation, information and assistance, options counseling, caregiver support, legal assistance, and in-home supports remain priority services. The revised Area Plan places increased strategic emphasis on rural and frontier access, culturally responsive outreach, caregiver sustainability, aging-in-place supports, health promotion, and coordination with Tribal and community partners. These changes reflect

updated community assessment findings and service-system priorities rather than the elimination of existing core services.

Older Americans Act

After meeting minimum Title III-B expenditure requirements, KLCCOA retains discretion regarding prioritization of remaining Older Americans Act (OAA) funding. Funding priorities are reviewed collaboratively by the Executive Director, Advisory Council, and Governing Board. When emerging community needs are identified, modifications to funding allocations may be considered based on fiscal capacity, identified service gaps, community impact, and the greatest social and economic need. Funding prioritization decisions are intended to support equitable service delivery, maintain continuity of essential aging services, and respond strategically to emerging community needs throughout Klamath and Lake Counties.

Funding decisions are guided by:

- Community needs assessment findings
- Service utilization trends
- Program-specific assessment data and documented service-capacity limitations
- Geographic and rural access barriers
- Equity and underserved population considerations
- Available funding and program sustainability

KLCCOA utilizes data-informed planning practices and ongoing program evaluation to help ensure limited funding resources are directed toward services that demonstrate the greatest community impact and identified need. Funding priorities are established during development of the Area Plan, and are reviewed annually to ensure available resources remain aligned with evolving community needs, program performance, fiscal sustainability, and federal and state funding requirements.

Title III-B: Supportive Services and Area Plan Administration

Priority supportive services are selected based on identified community need and their ability to help older adults remain safely and independently in their homes and communities. These services include:

- Transportation and assisted transportation
- Outreach, information and assistance, options counseling, and case management
- In-home services, including personal care, respite, chore, reassurance, and home modification support
- Legal assistance services
- Public advocacy and community education

Transportation and mobility barriers continue to significantly impact access to healthcare, nutrition services, social connection, and community support throughout rural and frontier areas of Klamath and Lake Counties.

Discretionary Title III-B funding may also support case management, chore services, public advocacy efforts, other allowable supportive services, and administration consistent with Older Americans Act requirements and the approved Area Plan Budget.

Title III-C-1: Congregate Nutrition Services

KLCCOA contracts with community partners and senior centers throughout Klamath and Lake Counties to provide congregate meal services. Current meal sites include Bly, Bonanza, Chiloquin, Dairy, Beatty (Klamath Tribes), Fort Rock, and the senior centers located in Klamath Falls and Lakeview. Congregate meal programs also provide important opportunities for social connection, wellness monitoring, outreach, and early identification of additional service needs among older adults throughout the region.

Title III-C-2: Home Delivered Meals

Home Delivered Meals (HDM) continue to be a high-priority service throughout the region, particularly in rural and frontier areas where food access barriers are significant. Waitlists may periodically occur in Klamath County due to increased demand, volunteer

shortages, transportation barriers, and funding limitations. When resources are limited, priority is given to individuals who demonstrate the greatest nutritional risk, functional impairment, and social isolation in accordance with program requirements. National aging and nutrition trend data continue to identify food insecurity, chronic disease, social isolation, and transportation barriers as significant concerns affecting rural older adults, reinforcing the importance of maintaining sustainable nutrition services throughout the region.

Title III-D: Health Promotion and Disease Prevention

KLCCOA utilizes Older Americans Act Title III-D funds to support evidence-based health promotion and disease prevention programming throughout Klamath and Lake Counties, including workshops and wellness programs such as Tai Chi, SAIL, Better Bones & Balance, and other evidence-based healthy aging initiatives. Evidence-based health promotion activities help support mobility, chronic disease prevention, fall reduction, social connection, and healthy aging outcomes for older adults throughout Klamath and Lake Counties.

Title III-E: Family Caregiver Support

Family caregiver support services include respite care, caregiver education, support groups, caregiver training, resource coordination, and limited home-modification support designed to assist caregivers and promote aging in place. National caregiving trends continue demonstrating increased demand for family caregiver support services as older adults increasingly rely on unpaid caregivers to remain safely within their homes and communities.

Title VII: Elder Rights and Elder Abuse Prevention

Title VII funding supports elder abuse prevention education, public awareness activities, fraud prevention initiatives, and professional training opportunities related to elder rights and protective services. Outreach and education efforts also help improve awareness related to financial exploitation, scam prevention, mandatory reporting responsibilities, and available protective services resources.

State General Funds and Medicaid Funding

Oregon Project Independence & Oregon Project Independence – Medicaid

Oregon Project Independence (OPI) and Oregon Project Independence-Medicaid (OPI-M) provide in-home and community-based services designed to delay or prevent unnecessary institutionalization while supporting older adults in remaining safely and independently in their homes whenever possible.

Implementation of the Oregon Project Independence-Medicaid (OPI-M) program has changed service coordination processes through increased collaboration with Aging and People with Disabilities (APD). APD currently completes eligibility determinations for OPI-M participants, while KLCCOA provides ongoing case management, options counseling, and service coordination.

KLCCOA and APD continue coordinating referral pathways, eligibility transitions, and service timelines to support effective implementation of the OPI-M program throughout Klamath and Lake Counties. Ongoing coordination between KLCCOA and APD remains essential to improving service continuity, reducing delays, strengthening referral coordination, and supporting timely access to community-based services.

Service and Waitlist Prioritization

KLCCOA maintains active waitlists for programs accepting new participants when eligible demand exceeds available funding, staffing, provider capacity, volunteer availability, or other service-delivery resources. Waitlists are managed according to the eligibility requirements, assessment processes, and prioritization criteria applicable to each program. KLCCOA does not currently maintain an OPI Classic waitlist because most OPI Classic participants have transitioned to OPI-M and KLCCOA is not adding new participants to OPI Classic.

Program eligibility and immediate health and safety risks are considered first. Additional prioritization factors include risk of institutional placement, functional impairment, nutritional risk, ability to meet basic needs, caregiver availability, social isolation, economic need, health conditions, and geographic or transportation barriers. Among individuals with comparable eligibility and immediate risk, priority is given to those with the greatest economic and social need, including low-income older adults, low-income minority older adults, individuals with limited English proficiency, Tribal elders, rural and frontier residents, individuals with

disabilities or chronic conditions, LGBTQIA2S+ older adults, and individuals experiencing cultural, social, or geographic isolation.

No single demographic characteristic independently determines eligibility or priority. Applicable program assessments, documented risk factors, and professional judgment are considered together. KLCCOA staff conduct quarterly waitlist maintenance to contact individuals awaiting services and determine whether their needs, risks, or circumstances have changed. This process helps ensure waitlist information remains current, changing needs are reflected in prioritization decisions, and KLCCOA has the most accurate information available when funding or service capacity allows an individual to begin receiving services.

Future Funding Considerations

KLCCOA recognizes the ongoing challenges associated with inflation, workforce shortages, increasing service demand, transportation barriers, and fluctuating funding levels. If funding is reduced, KLCCOA will first protect services addressing immediate health, safety, nutritional, and institutional-placement risks; evaluate administrative and operational efficiencies; coordinate with community partners; pursue alternative funding; and apply program-specific prioritization criteria before reducing service availability. Any necessary reduction will be evaluated for its potential impact on individuals with the greatest economic and social need and on rural and frontier communities.

If discretionary funding increases, KLCCOA will use community needs assessment findings, documented service gaps, program-utilization data, active waitlists, and service equity considerations to determine how additional resources should be allocated. Priorities may include expanding existing services, reducing waitlists, improving rural and frontier access, strengthening culturally responsive outreach, or addressing identified nutrition, caregiver, transportation, and in-home service gaps. Proposed allocation changes will be reviewed through the Area Plan and budget process with the Advisory Council and Governing Board.

KLCCOA will also continue exploring innovative and community-supported funding strategies designed to strengthen long-term sustainability of critical aging services, including nutrition and supportive service programs for vulnerable older adults. Current efforts include community-based fundraising initiatives such as the “Adopt a Senior” campaign, which helps to support nutrition services and reduce barriers for older adults who may not otherwise qualify for publicly funded meal programs.

KLCCOA leadership, the Governing Board, and Advisory Council will continue to evaluate opportunities to strengthen long-term sustainability, increase grant-funding capacity, diversify

funding sources, and improve support for vulnerable older adults and caregivers throughout Klamath and Lake Counties.

KLCCOA remains committed to pursuing sustainable, community-informed, and collaborative funding strategies designed to preserve essential aging services for current and future generations of older adults throughout the region. By combining strategic planning, responsible stewardship of public funds, community partnerships, grant development, and local fundraising initiatives, KLCCOA seeks to build a sustainable aging services network capable of meeting both current and future community needs throughout Klamath and Lake Counties.

A-5: Service Equity

Ensuring equitable, culturally responsive, and inclusive access to services throughout Klamath and Lake Counties

KLCCOA is committed to providing equitable, culturally responsive, trauma-informed, and person-centered services that promote dignity, independence, and meaningful access to aging and disability resources for all eligible individuals throughout Klamath and Lake Counties.

KLCCOA recognizes that underserved populations, including Tribal communities, Hispanic older adults, LGBTQIA2S+ individuals, rural residents, low-income households, and socially isolated older adults, may experience barriers related to language access, transportation, healthcare access, social connection, digital connectivity, and awareness of available services. KLCCOA uses demographic information, community needs assessments, program utilization data, stakeholder feedback, and ongoing community engagement to identify disparities in access and inform outreach, planning, and resource allocation decisions.

KLCCOA participates in regional health equity and community collaboration efforts, including Healthy Klamath, the Older Adult Behavioral Health Collaborative, and other community partnerships focused on improving cultural responsiveness, health literacy, inclusion, behavioral health, and equitable access to services and supports. KLCCOA integrates service-equity considerations into workforce development, staff and volunteer training, program planning, resource allocation, and contracting decisions. Training priorities include culturally responsive and trauma-informed service delivery, language access, disability inclusion, LGBTQIA2S+ inclusion, Tribal partnership, and effective engagement with rural and frontier communities. When developing budgets, allocating discretionary resources, or contracting for services, KLCCOA considers whether proposed decisions will improve or create barriers to access for populations experiencing the greatest economic and social need. The agency also uses person-centered planning, accessible communication, trusted community partnerships, translated materials, and review of demographic and program-utilization data as best practices for identifying and reducing disparities in service access.

KLCCOA continues working to strengthen culturally responsive outreach through bilingual communication, translated materials, community partnerships, staff education, digital accessibility efforts, and participation in community outreach activities throughout

Klamath and Lake Counties. Through these efforts, KLCCOA strives to reduce barriers, strengthen trust, improve awareness of available resources, and ensure that all older adults and individuals with disabilities have meaningful opportunities to access the services and supports they need to age safely, independently, and with dignity within their communities. Recognizing the unique characteristics of rural and frontier communities, KLCCOA remains committed to continuously evaluating service accessibility and adapting outreach strategies to meet the changing needs of the diverse populations it serves.

»Older.adults.want.to.remain.independent.and.connected.to.the.communities.they.call.home¡.They.need.services.that.are.easier.to.find?.easier.to.access?.and.available.when.they.need.them¡‹

- Community Conversation Participant

SECTION B

PLANNING AND SERVICE AREA PROFILE

Understanding our communities,
their needs and opportunities,
and the landscape where we serve.

KLAMATH COUNTY, OREGON

SECTION B: PLANNING & SERVICE AREA PROFILE

B-1 Population Profile

Introduction

Understanding the demographic, geographic, economic, and health characteristics of Klamath and Lake Counties is essential to effective planning, equitable service delivery, and long-term prioritization of aging and disability services throughout the region.

Brief Overview of the Planning and Service Area (PSA)

Klamath County

Klamath Falls, Oregon; approximately 1930

History

Klamath County is named for the Klamath Tribes, who have lived in the Upper Klamath Basin since time immemorial, and remain an integral part of the region's cultural and historical identity. The arrival of the Southern Pacific Railroad in 1909 accelerated population growth and economic development throughout the region.

Throughout much of the 20th century, the timber industry served as the primary economic driver within Klamath County. However, reductions in timber production and industry changes during the 1990s contributed to economic decline, job loss, and increased poverty for many residents. In response, the region has worked to diversify its economy, with healthcare, renewable energy, education, and service industries now playing a larger role in the community.

Klamath County continues to experience population growth associated with retirees and individuals seeking more affordable rural communities and retirement opportunities. These demographic shifts continue to increase demand for healthcare, transportation, nutrition services, caregiving support, and aging in place resources throughout the region.

Geography

Klamath County is a rural, high desert community located in south-central Oregon. It is the fourth-largest county in the state, encompassing approximately 5,950 square miles with a population of approximately 70,438 residents. This equates to a population density of roughly 11.8 individuals per square mile, reinforcing the rural nature of the region and the geographic challenges associated with service delivery.

The geographic size of the county and the rural distribution of the population create ongoing challenges related to transportation, healthcare access, social isolation, emergency response, and equitable delivery of aging and disability services.

Klamath County has a significantly aging population. According to Census data provided for Area Plan development, approximately 20,391 residents are aged 60 and older, representing 30.12 percent of the population. This demographic profile reinforces local priorities related to healthcare access, nutrition services, transportation, caregiving, and aging-in-place supports.

The City of Klamath Falls serves as the county seat and primary population center, with approximately 22,000 residents living within city limits. The broader Klamath Falls Urban Area, which includes the city and unincorporated areas within the Urban Growth Boundary, contains approximately 45,000 residents. Klamath Falls serves as the primary hub for healthcare, commerce, education, and social services serving surrounding rural communities.

KLAMATH COUNTY OLDER ADULT & GEOGRAPHIC OVERVIEW

INDICATOR	KLAMATH COUNTY
Population Aged 60+	20,391
Population Aged 60+, Percent	30.12%
Square Mileage	5,950 sq. miles
Population Density	11.8 persons per sq. mile
County Seat	Klamath Falls

Source: Oregon Department of Human Services, Community Services and Supports Unit (CSSU), Census Data for Area Plan Development.

Demographics.

Understanding the demographic composition of Klamath County is important to identify both current needs and emerging service trends. The population is predominantly White and non-Hispanic; however, the Hispanic and Latino population continues to grow and now represents approximately 12.68 percent of county residents, contributing to the cultural and linguistic diversity of the region.

Within the older adult population, the Area Plan development data identify 1,524 Klamath County residents age 60 and older as members of minority populations and 1,582 older adults as living in poverty. An additional 228 residents aged 60 and older are identified as both minority and living in poverty. These indicators are particularly important to KLCCOA's responsibility under the Older Americans Act to prioritize individuals experiencing the greatest economic and social need.

Klamath County also has a strong Native American presence, with approximately 4.3 percent of residents identifying as American Indian or Alaska Native. This reflects the continued presence, influence, and cultural importance of the Klamath Tribes and other Native communities within the region.

Additional racial and ethnic groups also contribute to the diversity of the community. These demographic characteristics reinforce the importance of culturally responsive outreach, equitable service delivery, language access, and community partnership development throughout Klamath County.

The following demographic information highlights key population characteristics influencing service delivery priorities, outreach strategies, and equity considerations throughout Klamath County.

KLAMATH COUNTY OLDER ADULT & TARGET POPULATION INDICATORS	
INDICATOR	**KLAMATH COUNTY**
Population Aged 60+	20,391
Minority Population Aged 60+	1,524
Aged 60+ Living in Poverty	1,582
Minority & Living in Poverty Ages 60+	228
Hispanic/Latino Aged 60+	630
Native American Aged 60+	460
Source: Oregon Department of Human Services, Community Services and Supports Unit (CSSU), Census Data for Area Plan Development.	

These indicators demonstrate that population aging in Klamath County is not solely a matter of increasing numbers. Economic vulnerability, cultural and linguistic diversity, disability, rural isolation, and other barriers may overlap and increase the difficulty older adults experience accessing services. KLCCOA uses these demographic factors alongside community needs assessment findings, program utilization data, and individual risk assessments to inform targeted outreach, resource allocation, and service-delivery strategies.

Economy.™.Community.Character

Historically, agriculture, timber, and natural resource industries played a significant role in shaping the economic identity of Klamath County. While the local economy has diversified in recent decades, these industries continue contributing to the region's culture, workforce, and community identity. Healthcare, education, renewable energy, tourism, and service industries now serve as major employment sectors throughout the county.

Klamath County also maintains strong community partnerships and a culture of volunteerism that continues to support older adults and vulnerable populations throughout the region. Local governments, healthcare systems, Tribal organizations, senior centers, behavioral health providers, nonprofit organizations, faith-based groups, and volunteers remain critical partners in supporting aging services and strengthening community well-being throughout the county.

The Klamath Tribes continue to serve an important role within the region through cultural leadership, community partnerships, and support services that contribute to the overall health and well-being of Tribal elders, families, and communities throughout the PSA.

Transportation.™ .Healthcare.Access

Klamath Falls serves as the primary healthcare and service hub for much of the Planning and Service Area (PSA). However, significant barriers related to transportation, specialty healthcare access, and geographic isolation continue affecting older adults throughout rural portions of Klamath County.

Many individuals living in outlying communities must travel considerable distances to access healthcare providers, pharmacies, grocery stores, behavioral health services, and supportive programs. Limited public transportation options, rising fuel costs, winter weather conditions, wildfire impacts, and mobility limitations among older adults can further affect access to essential services and social engagement opportunities.

Klamath County also continues experiencing healthcare workforce shortages and behavioral health access challenges common throughout many rural Oregon communities. These barriers reinforce the importance of coordinated service delivery, outreach efforts, caregiver supports, and flexible aging services designed to support individuals aging safely and independently within their homes and communities.

Aging.Trends.™ .Service.Implications

As the older adult population throughout Klamath County continues growing, demand is expected to increase for nutrition services, transportation assistance, caregiver supports, evidence-based health promotion programs, case management, in-home supports, and coordinated aging and disability services.

The geographic size and frontier characteristics of the PSA significantly affect service delivery, outreach capacity, transportation coordination, and equitable access to aging and disability services throughout the region.

The rural nature of the county, combined with increasing healthcare demands and workforce limitations, continues shaping local priorities related to aging in place, equitable access to services, and reducing social isolation among older adults and individuals living with disabilities.

KLCCOA continues working collaboratively with healthcare organizations, Tribal partners, senior centers, behavioral health agencies, local governments, volunteers, and community organizations to strengthen coordinated service delivery and improve quality of life for older adults throughout Klamath County and the broader PSA.

SUA Area Plan development data further demonstrates that Klamath County's growing older adult population includes individuals experiencing overlapping economic, social, geographic, and cultural barriers. These factors reinforce KLCCOA's responsibility to prioritize outreach and services for older adults experiencing the greatest economic and social need and support continued investment in accessible, culturally responsive, and community-based services.

Lake County

Historic photo of Lakeview, OR, circa 1920s

History

Lake County was established in 1874 and derives its name from the numerous lakes and marshlands historically found throughout the region. The county has long been shaped by ranching, agriculture, timber, and natural resource industries, which continue to influence the economy, culture, and identity of the community today.

The City of Lakeview serves as the county seat and primary population center. Historically referred to as the "Tallest Town in Oregon," due to its elevation of approximately 4,800 feet, Lakeview developed as a ranching and agricultural community supporting surrounding rural and frontier areas throughout south-central Oregon.

Throughout much of its history, Lake County has experienced the challenges and resilience commonly associated with frontier communities, including geographic isolation, workforce shortages, limited infrastructure, and reduced access to healthcare and supportive services. Despite these challenges, communities throughout Lake County continue demonstrating strong volunteerism, local collaboration, and community connection.

Like many rural communities throughout Oregon, Lake County continues to experience demographic shifts associated with aging populations, healthcare access challenges, and increasing demand for supportive services designed to help older adults to safely remain within their homes and communities.

Geography

Lake County is located in south-central Oregon and is one of the largest and most geographically isolated counties in the state. Encompassing approximately 8,358 square miles, the county is characterized by expansive rural and frontier landscapes, small population centers, long travel distances, and limited transportation infrastructure. Despite its large geographic size, Lake County remains one of Oregon's most sparsely populated counties, with a population density of approximately one person per square mile.

The county includes the communities of Lakeview, Paisley, Christmas Valley, Silver Lake, Fort Rock, and several remote unincorporated areas. Geographic isolation, severe winter weather, wildfire risks, and long distances between communities continue to create challenges related to healthcare access, transportation, emergency response, social isolation, and equitable delivery of aging and disability services.

Lake County's frontier geography significantly influences service delivery planning and reinforces the importance of flexible, collaborative, and community-based approaches to supporting older adults and individuals living with disabilities throughout the region.

LAKE COUNTY OLDER ADULT & GEOGRAPHIC OVERVIEW

INDICATOR	LAKE COUNTY
Population Age 60+	2,480
Population Age 60+, Percent	31.65%
Median Age	45.9
Square Mileage	8,358 sq. miles
Population Density	1.0 person per sq. mile
County Seat	Lakeview

Source: Oregon Department of Human Services, Community Services and Supports Unit (CSSU), Census Data for Area Plan Development.

Demographics

Lake County has a significantly aging population, with older adults representing a substantial portion of county residents. Approximately 31.65 percent of the population is age 60 and older, reflective of broader demographic trends occurring throughout many rural and frontier communities in Oregon.

The county remains predominantly White and non-Hispanic; however, Hispanic and Latino residents, Tribal populations, veterans, agricultural workers, and individuals living in isolated rural communities continue contributing to the diversity and character of the region. Many residents experience barriers associated with limited healthcare access, transportation challenges, fixed incomes, workforce shortages, broadband limitations, and geographic isolation.

Lake County also has a high percentage of individuals living with disabilities and older adults managing chronic health conditions, reinforcing the growing need for coordinated aging services, caregiver supports, nutrition programs, transportation assistance, and opportunities supporting healthy aging and social connection.

The following demographic information highlights key population characteristics influencing service delivery priorities, outreach strategies, and equity considerations throughout Lake County.

LAKE COUNTY OLDER ADULT & TARGET POPULATION INDICATORS

INDICATOR	LAKE COUNTY
Population Aged 60+	2,480
Minority Population Aged 60+	37
Aged 60+ Living in Poverty	128
Minority & Living in Poverty Ages 60+	6
Hispanic/Latino Aged 60+	19
Native American Aged 60+	13

Source: Oregon Department of Human Services, Community Services and Supports Unit (CSSU), Census Data for Area Plan Development.

These indicators demonstrate that Lake County's older adult population includes individuals experiencing economic, social, geographic, and cultural barriers. Within a small and highly

dispersed frontier population, distance, limited transportation, workforce shortages, and limited service availability can magnify barriers to access. These factors reinforce the importance of targeted outreach and equitable service delivery throughout Lake County.

Economy & Community Character

Agriculture, ranching, natural resource industries, tourism, and small locally owned businesses continue serving as important economic drivers throughout Lake County. The county's rural and frontier identity remains deeply connected to its agricultural roots, open landscapes, and strong sense of community.

Despite ongoing economic and workforce challenges common throughout many rural Oregon communities, Lake County continues demonstrating resilience, volunteerism, and strong local partnerships. Senior centers, meal providers, healthcare organizations, behavioral health partners, local governments, volunteers, and nonprofit agencies remain critical supports helping older adults remain connected and independent within their communities.

The county's smaller population and geographic isolation often require collaborative and flexible approaches to service delivery, with community organizations and regional partnerships playing an essential role in addressing emerging needs and maintaining access to supportive services.

Transportation & Healthcare Access

Transportation and healthcare access remain among the most significant challenges affecting older adults throughout Lake County. Residents living in remote communities often travel considerable distances to access primary healthcare providers, specialty medical services, pharmacies, grocery stores, behavioral health supports, and social service agencies.

Limited public transportation options, severe winter weather conditions, rising fuel costs, and mobility limitations among older adults can further affect access to essential services and increase the risk of social isolation. Geographic isolation also contributes to challenges related to emergency response, caregiver support availability, workforce recruitment, and continuity of care.

Lake County continues to experience healthcare workforce shortages and limited availability of specialty medical and behavioral health services common throughout frontier regions. These barriers reinforce the importance of outreach efforts, coordinated partnerships, transportation supports, nutrition services, caregiver assistance, and flexible

aging services designed to help older adults continue to live safely in their homes and communities.

Aging Trends & Service Implications

As the older adult population throughout Lake County continues growing, demand is expected to increase for nutrition services, transportation assistance, caregiver supports, evidence-based health promotion programs, case management, and coordinated aging and disability services.

The county's frontier geography and limited service infrastructure require flexible and community-centered approaches to supporting aging in place and maintaining equitable access to services throughout the region. Addressing social isolation, caregiver strain, healthcare access barriers, and transportation limitations will remain critical priorities throughout the planning period.

Community survey findings further reinforced increasing concerns related to transportation access, caregiver support, nutrition services, aging in place needs, and social isolation among older adults throughout the region.

KLCCOA continues working collaboratively with senior centers, healthcare organizations, behavioral health agencies, local governments, volunteers, nutrition providers, and community partners to strengthen coordinated service delivery and improve quality of life for older adults and individuals living with disabilities throughout Lake County and the broader PSA.

Regional Coordination and Community Responsiveness

While Klamath and Lake Counties share many common priorities related to aging services, including transportation barriers, caregiver needs, rural access challenges, and increasing demand for supportive services, each county also experiences unique demographic, geographic, cultural, and service-delivery considerations.

KLCCOA's planning approach seeks to strengthen regional coordination and operational efficiency where shared strategies are appropriate, while also remaining responsive to the distinct needs, assets, and priorities of individual communities throughout the service area.

This balance allows KLCCOA to support sustainable service delivery while ensuring local voices, emerging needs, and community differences continue informing planning and program development efforts across both counties.

PSA REGIONAL DEMOGRAPHIC COMPARISON

INDICATOR	KLAMATH COUNTY	LAKE COUNTY	PSA TOTAL
Population 60+	20,391	2,480	22,871
Minority Population Aged 60+	1,524	37	1,561
Aged 60+ Living in Poverty	1,582	128	1,710
Minority & Living in Poverty Aged 60+	228	6	234
Hispanic/Latino Aged 60+	630	19	649
Native American Aged 60+	460	13	473

Source: Oregon Department of Human Services, Community Services and Supports Unit (CSSU), Census Data for Area Plan Development.

Regional demographic data demonstrate that aging is a defining characteristic of the KLCCOA Planning and Service Area, with 22,871 residents age 60 and older across Klamath and Lake Counties. Within this population are older adults experiencing economic hardship, racial and cultural diversity, and overlapping social and economic barriers. While the two counties differ considerably in population size, geography, and service infrastructure, these data reinforce the need for targeted outreach, equitable access, and flexible service-delivery strategies responsive to the distinct needs of each community.

B-2 Target Populations

Prioritization of Services

The Older Americans Act requires Area Agencies on Aging to prioritize services to individuals with the greatest economic and social need. In Klamath and Lake Counties, these priorities help guide how KLCCOA designs outreach strategies, allocates resources, and delivers services throughout the region.

Community Priority Populations

KLCCOA prioritizes outreach and service delivery to the following populations:

- Older adults living in rural and frontier areas
- Low-income older adults, including low-income minority populations
- Older adults with limited English proficiency
- Older adults with disabilities
- Native American older adults and Tribal elders
- Older adults experiencing social need, including individuals who identify as LGBTQIA2S+
- Older adults at risk of institutional placement
- Older adults living with HIV/AIDS

For Area Plan purposes, greatest economic need includes need resulting from income at or below the federal poverty level, together with local factors such as rural geography, transportation costs, housing costs, and other expenses that affect an individual's ability to meet basic needs. Greatest social need includes need resulting from physical or mental disability, language barriers, and cultural, social, or geographic isolation, including isolation

associated with racial or ethnic status, Native American identity, religious affiliation, sexual orientation, gender identity or sex characteristics, HIV status, or chronic health conditions.

KLCCOA strategically leverages federal and state funding to reach individuals who are often the most vulnerable and underserved within the region. This includes members of the Klamath Tribes, Hispanic and Latino communities, individuals experiencing social isolation, and those facing significant economic hardship.

Resource Distribution Throughout the Planning and Service Area

KLCCOA distributes funding and services throughout the Planning and Service Area using a combination of demographic information, community needs assessments, service utilization data, geographic considerations, partner capacity, and available funding resources. Because Klamath and Lake Counties encompass a large rural and frontier region with significant differences in population density, transportation infrastructure, and service availability, funding decisions consider both population-based demand and geographic equity to ensure older adults throughout the region have reasonable access to essential aging services.

KLCCOA does not allocate resources solely according to total population. Funding decisions also consider the number and proportion of older adults, the prevalence of economic and social need, rural and frontier geography, documented service gaps, active waitlists, transportation barriers, local provider capacity, and the cost of maintaining meaningful service access in remote communities. These factors inform Area Plan budgets, service contracts, meal-site and outreach investments, and decisions to expand, maintain, or modify direct services. When resources are limited, KLCCOA prioritizes services addressing immediate health and safety risks and populations experiencing the greatest economic and social need while seeking to preserve reasonable geographic access across both counties.

Rather than concentrating resources solely within larger population centers, KLCCOA works collaboratively with senior centers, congregate meal providers, Tribal partners, healthcare organizations, local governments, and community-based organizations to maintain services across multiple communities throughout the Planning and Service Area. This coordinated approach helps address transportation barriers, geographic isolation, and limited local service availability while ensuring available resources are directed toward older adults demonstrating the greatest economic and social need.

Funding allocations are evaluated periodically using program performance data, demographic trends, stakeholder feedback, fiscal sustainability, and changing community

needs to ensure resources remain responsive, equitable, and aligned with the priorities established in this Area Plan.

Nutrition Services and Community Connection

Nutrition services are a crucial entry point for connection and support. KLCCOA partners with local restaurants in communities identified as having higher social and economic vulnerability to provide accessible congregate meal options. These sites are intentionally designed to provide more than nutrition support; they create opportunities for connection, reduce isolation, and serve as trusted access points for additional services.

KLCCOA also works in close partnership with the Klamath Tribes to provide congregate meals that are culturally responsive and accessible to Tribal members as well as the surrounding community. These partnerships are critical to ensuring that services are respectful, relevant, and grounded in the needs of the populations being served.

Outreach and Community Engagement

Outreach efforts are intentional and community-based. KLCCOA invests in visibility and relationship-building through participation in local events, culturally relevant gatherings, and targeted engagement strategies. This includes attending events such as Native elder gatherings, community health fairs, and veteran-focused activities, where staff can connect directly with community members, provide education, and distribute accessible materials. Targeted outreach strategies are adapted to the population being reached. KLCCOA uses bilingual and translated materials, Spanish-language media, and trusted community partners to engage Hispanic and Latino older adults and individuals with limited English proficiency. Coordination with Tribal partners supports outreach to Tribal elders, while senior centers, healthcare and behavioral health providers, Veteran-serving organizations, and rural community partners help identify individuals experiencing isolation, chronic health conditions, disability, or risk of institutional placement. Outreach to LGBTQIA2S+ older adults and individuals living with HIV/AIDS is conducted through inclusive public messaging, confidential referral pathways, and partnerships with healthcare and community organizations to protect privacy and reduce stigma.

KLCCOA Case Managers conduct quarterly outreach visits to rural congregate meal sites, providing direct access to information, assessments, and support. These visits are especially critical in geographically isolated areas where access to services may otherwise be limited.

Referral Partnerships and Coordinated Access

In addition, KLCCOA maintains strong referral partnerships with healthcare and community providers, including hospital discharge planners, home health agencies, hospice providers, and physician offices. These partnerships ensure that individuals who may benefit from services are identified early and connected to services promptly.

Commitment to Equitable Service Delivery

As the “Silver Wave” continues shaping the region, KLCCOA remains committed to ensuring that individuals with the greatest economic and social need are intentionally prioritized through equitable outreach, coordinated services, and community-based support systems designed to help older adults remain connected, safe, and supported throughout Klamath and Lake Counties.

B–3 AAA Services and Area Plan Administration & Service Providers

Introduction

KLCCOA provides a coordinated network of community-based services designed to support independence, dignity, safety, and quality of life for older adults and individuals with disabilities throughout Klamath and Lake Counties. Services are delivered through a combination of direct service coordination, contracted providers, community partnerships, volunteer-supported programs, and regional collaborations. Services are designed to improve access to supports that help older adults remain independent, connected, and safely supported within their homes and communities whenever possible.

Due to the rural and frontier nature of the service area, KLCCOA prioritizes flexible, community-centered approaches that improve access to services, reduce isolation, strengthen caregiver supports, and promote aging in place whenever safely possible.

Many services are coordinated through the Aging and Disability Resource Connection (ADRC), which serves as a central access point for information, referrals, options counseling, and long-term services and supports throughout the region. KLCCOA continues working to strengthen outreach, referral coordination, staff training, and partnerships to improve awareness and access to available resources.

KLCCOA recognizes that increasing service demand, workforce shortages, transportation barriers, volunteer recruitment challenges, and fluctuating funding levels continue affecting aging services throughout rural Oregon. Despite these challenges, KLCCOA remains committed to strengthening service coordination, expanding partnerships, improving culturally responsive outreach, and pursuing innovative approaches that support older adults, caregivers, and underserved populations throughout Klamath and Lake Counties.

Please see Attachment A (Service Matrix and Delivery Method) for associated service category numbers, funding sources, and service delivery methods. Service delivery methods may vary based on funding source requirements, geographic considerations, provider availability, and assessed client need.

Service Delivery Approach

KLCCOA utilizes a combination of direct service delivery, contracted services, and community partnerships to ensure older adults throughout the Planning and Service Area have access to essential aging services. Decisions regarding whether services are provided directly or through contracts are based on community capacity, provider availability, program requirements, service quality, geographic accessibility, and cost effectiveness.

In many rural and frontier communities throughout Klamath and Lake Counties, limited provider availability makes direct service delivery necessary to ensure essential services remain accessible. Where qualified community organizations are available, KLCCOA prioritizes partnerships and contractual relationships that leverage local expertise, strengthen community capacity, and improve service accessibility.

When procuring contracted services, KLCCOA follows applicable federal, state, and agency procurement policies designed to promote transparency, fiscal responsibility, and fair competition. Procurement decisions consider provider qualifications, demonstrated experience, service quality, geographic coverage, organizational capacity, cultural responsiveness, and the ability to effectively serve priority populations throughout the Planning and Service Area.

KLCCOA periodically evaluates community needs, provider capacity, and service availability to identify opportunities for additional partnerships, competitive procurement, or alternative service delivery models that improve access, efficiency, and long-term sustainability.

Factors Considered When Selecting a Service Delivery Model

KLCCOA evaluates several factors when determining whether services are provided directly or through contracted community partners, including:

- Availability of qualified providers
- Geographic accessibility for rural and frontier communities
- Service quality and accountability
- Cost effectiveness and stewardship of public funds

- Cultural responsiveness and community relationships
- Federal and state program requirements
- Long-term sustainability and continuity of services

In-Home and Community-Based Services

Supporting older adults within their homes and communities' remains a core priority of KLCCOA's service delivery system. In-home and community-based services are designed to promote safety, independence, dignity, and aging in place while reducing unnecessary institutionalization and strengthening quality of life throughout the PSA.

Personal Care Services (1 & 1a)

Oregon Project Independence-Medicaid (OPI-M) provides limited in-home support services intended to help eligible older adults remain safely within their homes and communities. KLCCOA contracts with licensed in-home agencies and coordinates Home Care Workers (HCWs) to provide personal care and housekeeping services throughout Klamath and Lake Counties. Services are based on assessed need, available funding, and applicable program eligibility requirements. Eligible OPI-M participants do not pay a service fee.

Housekeeping Services (2 & 2a)

Housekeeping services include light housekeeping, laundry, meal preparation, shopping, and other assessed household supports intended to assist older adults in maintaining safe and stable living environments. Services are provided through licensed in-home agency providers and Home Care Workers throughout the PSA.

Chore Services (3)

KLCCOA partners with the Klamath Basin Senior Citizens' Center and the Lake County Senior Citizens' Association (The Center) to support volunteer-based village programs providing

friendly visits, transportation assistance, minor chores, and supportive services to vulnerable older adults throughout the region.

Home Repair and Modification Services (30-1)

Volunteer-supported programs coordinated through community partnerships assist eligible older adults with minor home repairs and modifications intended to improve safety and support aging in place.

Reassurance Services (60-3)

Volunteer-supported reassurance services provide friendly visits, phone calls, and periodic wellness checks for vulnerable older adults throughout the region. These efforts help reduce social isolation and improve ongoing connection to community supports.

Nutrition and Food Security Services

Good nutrition is foundational to healthy aging, disease prevention, and the ability of older adults to remain safely and independently in their homes and communities. Throughout the rural and frontier communities of Klamath and Lake Counties, KLCCOA's nutrition programs address food insecurity while also providing opportunities for social connection, wellness monitoring, safety checks, and connection to additional services and supports. These programs serve as both an essential source of nutritious meals and an important access point to the broader aging and disability service network.

Home-Delivered Meals (4)

Home-Delivered Meals (HDM) provide nutritious meals and regular wellness checks for homebound older adults throughout Klamath and Lake Counties. Meals are prepared through partnerships with local senior centers and delivered by volunteers. Nutrition services remain a high-priority service throughout the region, particularly in rural and frontier communities where food access barriers are significant.

In addition to nutrition support, Home-Delivered Meals provide important opportunities for social connection, wellness monitoring, and early identification of additional support needs.

Congregate Meal Services (7)

Congregate meal programs provide nutritious meals, opportunities for social connection, and informal wellness monitoring for older adults throughout Klamath and Lake Counties. Services are provided through partnerships with senior centers and rural restaurant meal sites designed to improve accessibility within geographically isolated communities.

KLCCOA also partners with Tribal communities to support culturally responsive congregate meal opportunities for Tribal elders and surrounding rural residents.

Nutrition Education (12)

Nutrition education is provided through senior centers, Home-Delivered Meal assessments, congregate meal sites, and community outreach efforts. Through its contracted relationship with the Klamath Basin Senior Citizen's Center, KLCCOA works with Jennifer Newton, Registered Dietitian, to provide evidence-based nutrition information promoting healthy aging, informed food choices, and chronic disease prevention. Nutrition counseling is provided as appropriate based on participant needs, referrals, available resources, and the professional expertise of the Registered Dietitian.

Caregiver Support Services

Family caregivers provide essential support for older adults and individuals living with chronic health conditions, disabilities, and cognitive impairment throughout the PSA. KLCCOA recognizes the critical role caregivers play in supporting aging in place and provides services intended to reduce caregiver stress, strengthen caregiver capacity, and improve long-term caregiving sustainability.

Information and Support for Caregivers (15)

KLCCOA provides education, presentations, resource information, and service navigation support for caregivers throughout Klamath and Lake Counties. Information is provided through community outreach, direct service coordination, and caregiver support activities.

Caregiver Respite Services (30-5 & 30-5a)

KLCCOA provides respite and related support services for eligible family caregivers caring for older adults throughout Klamath and Lake Counties. KLCCOA also serves eligible Older Relative Caregivers, including grandparents and other relatives age 55 or older who are the primary caregivers of a child or an adult with a disability. These services are intended to reduce caregiver stress, strengthen caregiver capacity, and support long-term caregiving sustainability.

Caregiver Supplemental Services (30-7 & 30-7a)

Supplemental caregiver services may include referrals and support related to legal assistance, transportation, home modification, assistive technology, emergency response systems, and incontinence supplies intended to support caregivers and care recipients.

Caregiver Support Groups (30-6 & 30-6a)

KLCCOA staff facilitate caregiver support groups that provide opportunities for peer support, education, discussion, and problem-solving related to caregiving responsibilities and caregiver wellbeing.

Caregiver Training and Education (70-9 & 70-9a)

KLCCOA provides evidence-based caregiver education programs, including Powerful Tools for Caregivers, to support caregivers with skill development, stress management, self-care, and long-term caregiving strategies.

Information, Assistance, and Care Coordination

Access to accurate information, coordinated referrals, and person-centered support services remains essential to helping older adults and caregivers navigate complex healthcare, long-term care, and community service systems. KLCCOA utilizes coordinated intake, information and assistance, and case management strategies to improve access to available resources throughout the region.

Case Management (6)

KLCCOA provides program-specific case management and care coordination for eligible participants and provides information, assistance, and referrals to older adults, caregivers, and community members throughout Klamath and Lake Counties. Services include assessment, care planning, provider coordination, follow-up, reassessment, and ongoing support intended to help individuals remain safely and independently within their homes and communities.

Implementation of the OPI-M program continues strengthening coordination between KLCCOA and Aging and People with Disabilities (APD), with APD completing eligibility determinations and KLCCOA providing ongoing case management and service coordination.

Information and Assistance (13)

The Aging and Disability Resource Connection (ADRC) serves as a coordinated access point for older adults, caregivers, individuals with disabilities, and community members seeking information regarding available services and supports throughout Klamath and Lake Counties.

Information, assistance, referrals, options counseling, and resource navigation are provided through the ADRC to help individuals connect with appropriate local, state, and community-based services.

Options Counseling (70-2)

KLCCOA staff provide options counseling to assist individuals and families with understanding long-term services and supports, caregiving options, community resources,

and aging in place supports. Services include individualized assessment, service navigation, and coordination related to local, state, and federal resources.

KLCCOA continues strengthening staff training related to dementia-informed service delivery and person-centered care practices.

Outreach Services (14)

KLCCOA utilizes multiple outreach strategies to improve awareness of available aging and disability services throughout Klamath and Lake Counties. Outreach efforts include community presentations, social media engagement, website communication, printed publications, health fairs, Tribal outreach events, rural congregate meal site visits, and participation in community partnership initiatives.

Transportation and Access Services

Transportation barriers continue significantly affecting healthcare access, nutrition access, social connection, and service coordination throughout rural and frontier portions of Klamath and Lake Counties.

Transportation Services (10)

Transportation services support access to congregate meal sites, medical appointments, supportive services, and other essential community resources.

Health Promotion and Elder Rights

KLCCOA supports healthy aging, fall prevention, elder rights, and community education through evidence-based programs, legal assistance partnerships, and public awareness efforts designed to improve safety, independence, and quality of life for older adults throughout the region.

Physical Activity and Fall Prevention (40-2)

Evidence-based physical activity and fall prevention programs are offered through community partnerships and senior centers throughout Klamath and Lake Counties. Programs may include SAIL, Tai Chi, Body Recall, Better Bones & Balance, and other healthy aging activities intended to support mobility, strength, independence, and fall prevention. KLCCOA also partners with Anne Davenport to support exercise and health promotion programming, strengthening access to community-based opportunities that promote healthy aging and help older adults remain active and independent.

Legal Assistance (11)

Older adults aged sixty and older with qualifying non-criminal legal concerns may receive legal consultation and assistance through contracted legal aid providers. KLCCOA currently partners with Legal Aid Services of Oregon to support access to legal assistance services throughout the region.

Elder Abuse Awareness and Prevention (50-3)

KLCCOA conducts elder abuse awareness, fraud prevention, and Gatekeeper education presentations throughout the community to help increase awareness of elder rights, exploitation, scams, abuse prevention, and self-neglect concerns.

KLCCOA partners annually with Adult Protective Services, senior centers, assisted living providers, behavioral health organizations, and community partners to promote elder abuse prevention activities, including annual recognition of World Elder Abuse Awareness Day each June.

Community Engagement, Advocacy, and Volunteer Services

Community engagement, volunteerism, advocacy, and public education remain essential components of KLCCOA's mission and service delivery approach. Strong partnerships and community involvement continue strengthening aging services, increasing public awareness, and supporting coordinated community-based care throughout Klamath and Lake Counties.

Advocacy Services (20-2)

KLCCOA advocates for policies, programs, and services supporting the health, independence, dignity, and well-being of older adults and caregivers throughout Klamath and Lake Counties.

KLCCOA is an active member of the Oregon Association of Area Agencies on Aging & Disabilities (O4AD) and participates in statewide advocacy efforts supporting older adults, caregivers, and individuals with disabilities.

Newsletter and Community Education (70-5)

KLCCOA provides aging-related education, resource information, and public awareness content through multiple communication platforms, including community publications, the agency website, social media, digital communications, and other public education efforts. KLCCOA contributes educational articles and resource information to community publications, including the *Active Seniors* section of the Herald and News, and continues expanding digital education strategies to improve access to timely information regarding available services, healthy aging, safety, caregiving, and community resources. Future efforts may include development of regular blog content and other accessible digital education resources responsive to emerging community needs.

Public Outreach and Community Engagement (70-10)

KLCCOA participates in community health fairs, Tribal elder events, senior center activities, and community partnership initiatives throughout Klamath and Lake Counties to improve visibility of services and strengthen community relationships.

KLCCOA also utilizes regional communication platforms, including Healthy Klamath Connect, to improve public awareness and access to information regarding aging and disability resources.

Volunteer Services (90-1)

KLCCOA relies heavily on volunteers to support governance activities, nutrition programs, outreach efforts, community engagement, and aging services throughout the region. Volunteer contributions remain essential to maintaining and expanding services within rural and frontier communities.

B-4 Non-AAA Services, Service Gaps, Partnerships

Introduction

KLCCOA is committed to building a coordinated system of care that extends beyond the services directly provided by the Area Agency on Aging. In a rural and frontier region like Klamath and Lake Counties, strong collaboration and partnership development are essential to maintaining coordinated and accessible systems of care. The relatively small population and close-knit nature of the community create opportunities for strong partnerships, shared problem-solving, and collective impact.

KLCCOA actively participates in a number of local and regional coalitions that support system integration and service coordination. These include Healthy Klamath, Older Adult Behavioral Health Collaborative, the Elder Abuse Prevention Committee, and the Klamath and Lake Equity and Inclusion Committee. Through consistent engagement in these groups, KLCCOA works alongside community partners to identify needs, reduce duplication of services, and strengthen the overall service network.

Identified Service Gaps and System Challenges

Through ongoing collaboration and community feedback, several key service gaps have been identified. One of the consistent challenges is a lack of awareness across agencies regarding the full scope of services available in the community. To address this, partners have proposed quarterly cross-agency meetings focused on education, coordination, and strengthening referral pathways. Additional service gaps identified across both counties include limited rural transportation options, a shortage of public guardianship resources, a lack of affordable and accessible housing, and the high cost of medical and dental care. These gaps are particularly impactful for older adults who are already navigating fixed incomes, mobility changes, and increasing health needs.

Community Resources and Complementary Services

While KLCCOA does not directly administer all supportive services throughout the PSA, strong partnerships with community organizations, healthcare providers, Tribal programs, and regional coalitions help strengthen coordinated systems of care and improve access to essential supports throughout Klamath and Lake Counties.

A wide range of organizations across Klamath and Lake Counties provide the services that complement the work of KLCCOA and support older adults, individuals with disabilities, and vulnerable populations. While service gaps remain, coordinated partnerships throughout the region continue helping strengthen access to essential supports and improve overall community response capacity.

Community and Senior Centers

Local centers such as the Klamath Basin Senior Citizens' Center and The Center in Lakeview serve as key hubs for social connection, nutrition, and community engagement.

Alzheimer's and Caregiver Support

The Alzheimer's Association provides education, support, and resources for individuals and families affected by Alzheimer's disease and dementia-related conditions, with regional services extending into Klamath and Lake Counties.

Basic Needs and Emergency Resources

Organizations such as the Salvation Army, American Red Cross, Klamath Gospel Mission, local faith-based organizations, community food programs, and thrift stores provide essential support including food, clothing, shelter, emergency assistance, and other basic-needs resources.

Behavioral Health and Crisis Services

Providers including Klamath Basin Behavioral Health, local crisis centers, and Tribal programs such as Healing Winds offer mental health services, crisis intervention, and recovery support.

Disability and Social Services

KLCCOA works closely with the Oregon Department of Human Services Aging and People with Disabilities (ODHS/APD), which determines eligibility for Medicaid long-term services and supports, including OPI-M, and provides program oversight, policy guidance, and training.

Education and Counseling

Community partners such as Klamath Community College, behavioral health providers, and national organizations like the National Alliance on Mental Illness provide education, training, and counseling services.

Employment and Workforce Support

Employment resources are available through organizations such as the Klamath Tribes, workforce programs, and regional coordination entities that support job placement and training.

Caregiver Supports

Respite providers and community organizations offer critical relief and support for family caregivers, helping sustain caregiving relationships and reduce burnout.

Financial and Energy Assistance

Programs such as LIHEAP, tax assistance services, and Veteran Services help individuals maintain financial stability and access essential utilities.

Health and Wellness

Healthcare access is supported through providers such as Sky Lakes Medical Center, local public health departments, clinics, and coordinated care organizations. These partners play a key role in prevention, chronic disease management, and care coordination.

Housing

Housing options across the region include adult foster homes, assisted living facilities, nursing facilities, and HUD-supported housing through local housing authorities. Despite these options, availability remains limited, particularly in Lake County, reinforcing housing as a critical service gap.

Information and Assistance

KLCCOA operates the Aging and Disability Resource Connection, serving as a central access point for information and referrals. Additional tools such as community resource guides and coordinated platforms like Healthy Klamath Connect help improve access to information.

Nutrition Services

Food banks, senior centers, Tribal commodity programs, and community nutrition initiatives provide essential food access throughout the region.

Transportation

Transportation services are available through local transit providers, senior centers, Tribal programs, and medical transport services. However, access remains limited in rural and frontier areas, particularly for non-medical needs. Transportation limitations continue affecting healthcare access, nutrition services, caregiver support, employment opportunities, and social connection throughout geographically isolated portions of the region.

Services for Vulnerable Populations

Public health agencies, Tribal programs, healthcare and behavioral-health providers, and community organizations provide targeted support for vulnerable adults and priority populations, including individuals with limited English proficiency, Tribal elders served through Title VI programs, LGBTQIA2S+ older adults, and individuals living with HIV/AIDS. Continued partnership development, confidential referral pathways, accessible communication, and culturally responsive outreach efforts remain important to improving equitable access to services throughout Klamath and Lake Counties.

Rural and Frontier Service Delivery Challenges

The geography of Klamath and Lake Counties presents unique challenges to the delivery of aging and disability services. The Planning and Service Area encompasses thousands of square miles, numerous small rural communities, Tribal lands, and remote frontier areas where provider availability, transportation infrastructure, workforce capacity, and access to healthcare vary significantly between communities.

Unlike more densely populated regions, many communities within the PSA have limited local providers for healthcare, behavioral health, legal services, home repair, transportation, and specialized in-home supports. As a result, older adults often travel long distances to access essential services or rely on coordinated community partnerships to meet their needs.

Workforce shortages continue affecting nearly every aspect of the aging services network, including home care workers, healthcare professionals, volunteer recruitment, nutrition services, transportation providers, and specialized caregivers. Geographic isolation and limited public transportation further compound these challenges for many older adults, particularly those with limited financial resources or mobility limitations.

Recognizing these realities, KLCCOA emphasizes regional collaboration, flexible service delivery models, strategic partnerships, and innovative resource development to maximize available funding while improving equitable access to services throughout the Planning and Service Area.

KLCCOA addresses these challenges through regional partnerships, coordinated referrals, innovative service delivery models, volunteer engagement, grant development, and collaborative planning with healthcare providers, Tribal governments, community organizations, and local governments. While service gaps remain, KLCCOA continues working with community partners to identify sustainable solutions that strengthen access to essential services throughout both counties.

Through ongoing collaboration, data-informed planning, and community engagement, KLCCOA remains committed to strengthening the regional aging services network and ensuring that older adults throughout Klamath and Lake Counties have meaningful opportunities to age safely, independently, and with dignity within their communities.

Serving.rural.Oregon.means.thinking.differently•

.Delivering.aging.services.across.Klamath.and.Lake.Counties.requires.flexible. partnerships?.innovative.solutions?.and.a.commitment.to.ensuring.that. geography.does.not.determine.access.to.essential.services¡

SECTION C

Goals, Objectives and Strategic Priorities

A focused roadmap for measurable progress, accountability, and meaningful change for seniors in Klamath and Lake Counties.

CRACK IN THE GROUND, OREGON

SECTION C: GOALS, OBJECTIVES & STRATEGIC PRIORITIES

C-1: Local Focus Areas, Goals & Objectives

Introduction

KLCCOA delivers services through a person-centered approach that prioritizes dignity, informed choice, and person-centered decision-making. Individuals are provided with accurate, unbiased information and a full range of service options, both within KLCCOA and across the broader community, allowing them to make decisions that best reflect their needs, preferences, and goals.

Equity is a core value embedded through KLCCOA programs and service delivery. This commitment is shown through ongoing engagement with diverse communities, collaboration with community partners and stakeholders, and the intentional delivery of services in a culturally and linguistically responsive manner. As the Silver Wave continues to shape the region, ensuring equitable access to services remains a central priority.

In alignment with the Older Americans Act and statewide direction for the Area Agencies on Aging, KLCCOA has identified key focus areas for the 2026 through 2029 planning period. These focus areas guide the development of goals, strategies, and measurable outcomes that respond to both local needs and broader system priorities.

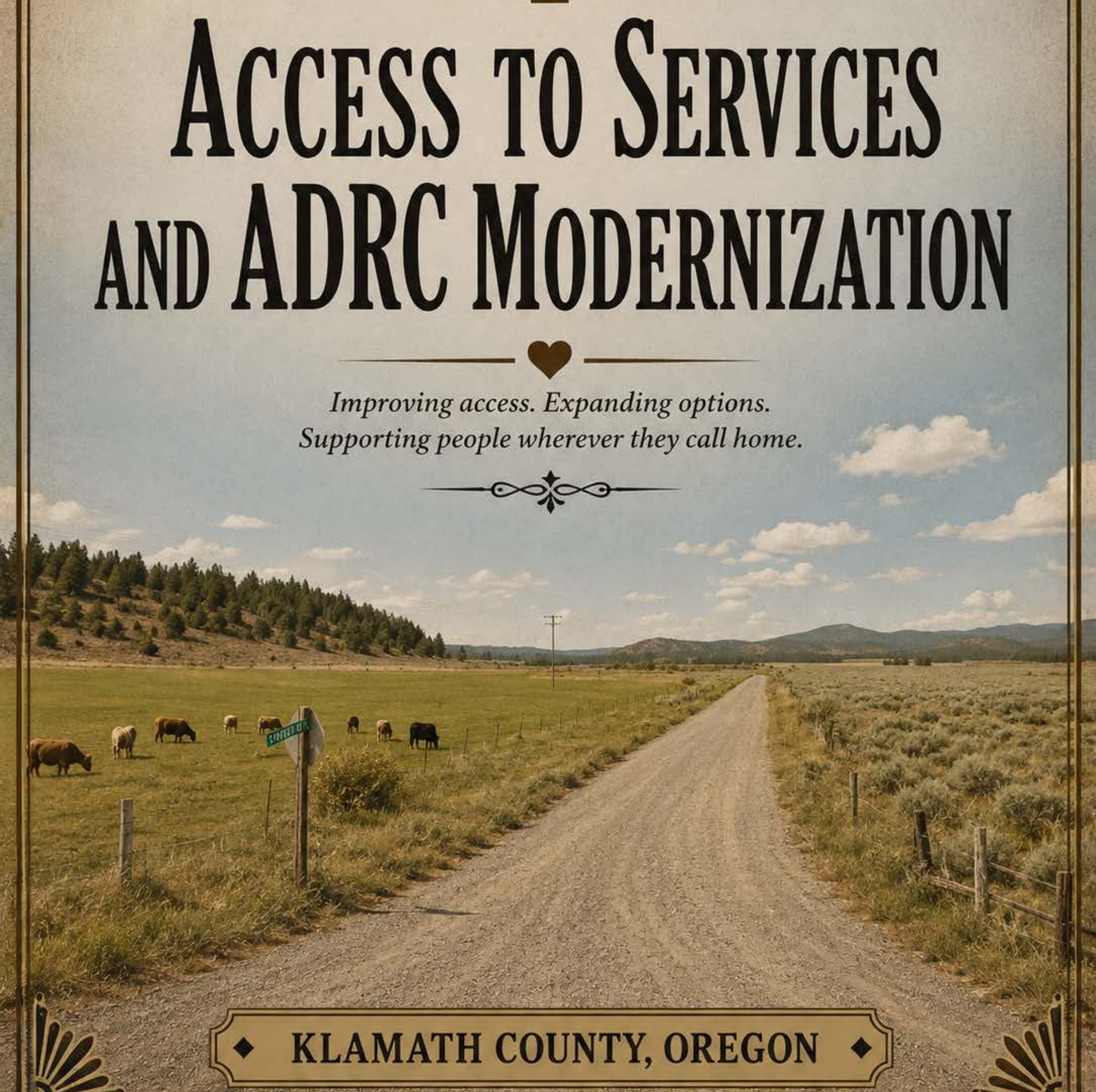
The goals and objectives contained within this section were developed through analysis of community needs assessment findings, demographic trends, stakeholder and public input, service utilization data, State Unit on Aging guidance, and ongoing collaboration with community partners. Each focus area is intended to strengthen the local aging network while advancing the goals of the Older Americans Act, supporting equitable access to services, and improving the ability of older adults and caregivers to remain healthy, independent, and connected within their communities.

FOCUS AREA

1

ACCESS TO SERVICES AND ADRC MODERNIZATION

Improving access. Expanding options.
Supporting people wherever they call home.



KLAMATH COUNTY, OREGON

Focus Area #1: Information and Referral Services and Aging & Disability Resource Connection (ADRC)

"Sometimes seniors simply do not know where to start when they need help." – .Community.Conversation.Participant

Access to Services and ADRC

The Aging and Disability Resource Connection (ADRC) serves as a critical access point for individuals seeking information, support, and connection to services. In rural and frontier communities like Klamath and Lake Counties, where resources are limited and geographical barriers are significant, the ADRC plays an essential role in ensuring that older adults, individuals with disabilities, and caregivers can navigate available services. KLCCOA's ADRC is designed to provide prompt, accurate, and unbiased information that empowers individuals to make informed decisions.

KLCCOA's ADRC also serves as the foundation for coordinated access to public and private long-term services and supports, helping individuals navigate complex systems while promoting person-centered planning and informed choice.

Frontier geography, long travel distances, and limited transportation infrastructure continue creating barriers to service awareness and access throughout the PSA. Community survey findings reinforced the importance of accessible information and referral services throughout Klamath and Lake Counties. While many respondents reported knowing where to seek assistance for services such as transportation, meals, housing, and caregiving support, a significant number also reported uncertainty regarding how to access available resources. These findings support continued investment in ADRC modernization, outreach, information and assistance services, and community education efforts throughout the PSA.

Quality Assurance and Resource Management

Maintaining the quality, accessibility, and reliability of the ADRC system remains a priority. With new executive leadership in place, KLCCOA is prioritizing improvements to its quality assurance processes, including monthly monitoring of data entry and routine updates to

ensure that local resources are still current, relevant, and accessible. Due to limited staffing capacity, CSSU supports KLCCOA by providing management of ADRC database listings and updates to ensure resource information stays current and accessible. When new resources are identified, CSSU staff are contacted to help with database updates and maintenance. Quality improvement efforts also include review of consumer feedback, staff training, and collaboration with CSSU to strengthen data quality, consistency, and compliance with ADRC standards.

Outreach and Community Awareness

Outreach and awareness efforts are key to ensuring that the community understands how to access ADRC services. KLCCOA utilizes a variety of communication strategies, including presentations, newspaper articles, advertisements, and informational materials distributed through local agencies and community partners. These efforts are intended to strengthen visibility and reinforce the ADRC as a trusted access point into the system of care.

KLCCOA will continue expanding outreach through community presentations, health fairs, senior centers, congregate meal sites, healthcare providers, behavioral health partners, libraries, faith-based organizations, Tribal partners, social media, local media, bilingual materials, and participation in community coalitions. Outreach efforts will prioritize rural communities, individuals with limited English proficiency, Tribal elders, caregivers, veterans, LGBTQIA2S+ older adults, individuals living with HIV/AIDS, and individuals experiencing social isolation to improve awareness of available aging and disability resources.

Information and Assistance Operations

Kimberly Holler, Operational Support Specialist will serve as the primary point of contact for the ADRC, managing incoming calls and ensuring that all Information & Referral activities are accurately documented and managed. While all KLCCOA staff are trained to provide Information and Assistance, this role provides consistency in intake, data entry, and client experience.

All ADRC calls for both Klamath and Lake Counties are answered directly by KLCCOA staff during standard business hours, Monday through Friday, from 8:00 a.m. to 4:30 p.m., with the Operational Support Specialist serving as the first point of contact. After-hours calls are routed to a voicemail system and returned the next business day to ensure continuity of service. This

process helps support prompt follow-up and ongoing access to information and assistance services.

Staff Training and Language Access

KLCCOA staff are trained to provide high-quality, person-centered information and excellent customer service, ensuring that each contact supports informed choice, reduces confusion, and connects individuals to the resources they need. As the Silver Wave continues to increase demand for services, the ADRC will remain a foundational part of access, coordination, and support across the region.

Training is provided for all new employees through a combination of online resources and community-based opportunities. KLCCOA currently has two bilingual staff members who support outreach and service delivery to diverse communities, including Spanish-speaking populations. Our primary brochure is available in Spanish, and staff continues translating additional agency materials for targeted distribution in communities with higher concentrations of residents who speak languages other than English.

Coordination with Aging and People with Disabilities (APD)

KLCCOA and the Oregon Department of Human Services, Aging and People with Disabilities (ODHS/APD), have finalized the language of a Memorandum of Understanding covering July 1, 2025, through June 30, 2029. APD leadership has approved the MOU for signature. It establishes a collaborative partnership intended to promote timely, coordinated, person-centered services for older adults and adults with disabilities throughout Klamath and Lake Counties.

Under the agreement, APD will:

- Provide ongoing training and technical assistance regarding Medicaid eligibility, long-term services and supports, and other APD-administered programs.
- Coordinate timely referrals and information sharing with KLCCOA, with appropriate client consent.
- Designate a representative to participate in KLCCOA Advisory Council meetings or other collaborative meetings, as appropriate.

- Collaborate with KLCCOA to resolve eligibility, referral, and service-coordination issues.
- Conduct functional eligibility determinations and coordinate financial eligibility through established state processes.
- Maintain ongoing communication intended to improve service coordination, client outcomes, and system effectiveness.

KLCCOA will:

- Provide information and training regarding KLCCOA programs and eligibility criteria.
- Accept and respond promptly to referrals from APD.
- Coordinate case management and supportive services that promote independence and aging in place.
- Communicate with APD regarding client needs, service coordination, and program outcomes, as appropriate.
- Participate in collaborative planning and continuous quality-improvement efforts.
- Maintain confidentiality and comply with applicable federal and state privacy requirements.

APD and KLCCOA jointly commit to:

- Maintain regular communication regarding community needs, emerging issues, and service availability.
- Participate in regional planning efforts that improve access for older adults and adults with disabilities.
- Support person-centered planning, informed consumer choice, equity, accessibility, and culturally responsive service delivery.
- Identify system improvements and strengthen community partnerships.

Options Counseling

Options Counseling is a person-centered service provided by KLCCOA case managers. It supports informed decision-making for adults aged 60 and older, individuals with disabilities, caregivers, and families who are navigating long-term care options.

Options Counseling emphasizes informed choice, consumer self-direction, and coordinated planning to help individuals identify services that best align with their personal goals, preferences, cultural values, and support needs.

KLCCOA staff have been trained by the Community Services and Support Unit (CSSU) in the six core competencies, including assessment, education on available resources, facilitation of consumer self-direction, future planning, and ongoing follow-up. This service ensures individuals are supported in making choices that align with their goals, preferences, and level of need.

Partnership Development

KLCCOA continues to strengthen and expand partnerships to support a coordinated and sustainable system of care. The long-term sustainability of the ADRC is rooted in collaboration, including leveraging multiple funding streams and maximizing Medicaid Administrative Claiming.

Core partners include the Klamath County Veterans Office, Klamath County Developmental Disabilities services, Spokes Unlimited, and Klamath Basin Behavioral Health. KLCCOA continues to recruit additional partners to ensure representation of older adults with disabilities and their families. KLCCOA also continues expanding partnerships with healthcare providers, behavioral health organizations, housing providers, emergency management agencies, libraries, faith communities, educational institutions, and other community-based organizations to strengthen referral pathways and improve coordinated access to services for older adults, caregivers, and individuals with disabilities.

The Older Adult Behavioral Health Collaborative in both Klamath and Lake Counties has been especially valuable in advancing partnership development. This collaborative creates space to identify emerging community needs and works collaboratively toward solutions.

KLCCOA will continue strengthening referral pathways and cross-sector collaboration with healthcare providers, behavioral health organizations, APD, Tribal programs, legal services, senior centers, transportation providers, veterans' organizations, emergency management partners, and other community-based organizations to improve coordinated access to services throughout the Planning and Service Area. Partnership development and cross-referral efforts will place particular emphasis on organizations trusted by rural residents, individuals with

limited English proficiency, LGBTQIA2S+ older adults, Tribal elders, individuals living with HIV/AIDS, and other populations experiencing greatest economic or social need.

Continuous Improvement

KLCCOA, with data quality and compliance oversight supported by Myra Stroh, Data & Compliance Officer, utilizes program performance measures, consumer feedback, ADRC reporting data, quality assurance reviews, and stakeholder input to continuously evaluate service effectiveness and identify opportunities for improvement. Findings are incorporated into staff training, operational planning, outreach strategies, and future Area Plan updates to ensure the ADRC remains responsive to changing community needs.

ADRC Sustainability

KLCCOA will continue strengthening the long-term sustainability of the ADRC through collaboration with CSSU, APD, and regional partners by maximizing available funding opportunities, including Medicaid Administrative Claiming where applicable, maintaining accurate GetCare data, utilizing consumer satisfaction findings and available program performance measures, and pursuing opportunities to demonstrate the value and impact of ADRC services throughout the region.

Strategic Direction and Implementation

The following goals and objectives are designed to strengthen KLCCOA's role as the regional Aging and Disability Resource Connection (ADRC) by expanding equitable access to information and assistance, enhancing workforce capacity, improving data quality and accountability, strengthening community partnerships, and modernizing service delivery systems. Together, these strategies support person-centered access to long-term services and supports while improving awareness of available resources throughout Klamath and Lake Counties.

SMART Objectives and Implementation Strategies

FOCUS AREA #1: Access to Services and Community Awareness

Goal 1: KLCCOA will strengthen equitable access to aging and disability services through modernization of ADRC operations, expanded staffing capacity, enhanced staff training, improved quality assurance practices, culturally responsive outreach, and strengthened partnerships across Klamath and Lake Counties by 2029.

GOAL 1.1 Improve equitable access to aging and disability services throughout Klamath and Lake Counties through coordinated, person-centered information, referral, outreach, and partnership systems.

OBJECTIVES	KEY TASKS	LEAD	TIMEFRAME	PERFORMANCE MEASURES
1.1.1 Increase annual ADRC Informational and Referral contacts and Options Counseling service utilization by 25% from the FY 2025 baseline by June 2029 through expanded outreach, public education, culturally responsive communication, and strengthened community partnerships.	• Expand outreach presentations, public education efforts, and community engagement activities throughout the PSA. • Strengthen referral coordination with healthcare providers, Tribal programs, behavioral health partners, senior centers, libraries, emergency management agencies, and community-based organizations.	All Staff	Ongoing 07/2025 – 06/2029	25% increase from the FY 2025 baseline in annual ADRC Information and Referral contacts and Options Counseling service utilization by 2029.
	• Increase participation in health fairs, Tribal events, and rural outreach activities.	All Staff	Ongoing 07/2025 – 06/2029	Outreach participation is documented annually.
	• Develop culturally responsive outreach materials and improve communication strategies targeting priority populations.	Operations Support Specialist	By 12/2027	Outreach materials developed and distributed.

	UPDATE				
	In 2026, KLCCOA established the Operations Support Specialist position to strengthen ADRC operations, improve customer service responsiveness, and support increased ADRC contact and referral capacity throughout the PSA. The position was developed following program monitoring and organizational assessment activities that identified the need for dedicated ADRC operational support and quality assurance coordination.				
1.1.2	Ensure 100 percent of frontline staff complete annual ADRC, GetCare, person-centered service delivery, and data-quality training through June 2029 to improve service consistency, responsiveness, and reporting accuracy.	• Coordinate annual ADRC and GetCare training opportunities for all frontline staff.	Executive Director / Program Managers	Annually 07/2025 – 06/2029	100% of frontline staff complete annual ADRC and GetCare training.
		• Provide ongoing staff development related to person-centered service delivery and customer service practices.	Program Manager	Ongoing 07/2025 – 06/2029	Improved consistency and service responsiveness documented through supervision and QA reviews.
		• Include training on accurate and respectful collection of REALD and SOGI demographic information, confidentiality, and appropriate documentation of “don’t know” or “declined” responses.	All Staff	Ongoing 07/2025-06/2029	Maintain REALD data completeness above 85 percent while monitoring and reducing avoidable “don’t know” or “declined” responses.
	UPDATE				
	In 2026, KLCCOA expanded its workforce-development priorities to include annual ADRC, GetCare, person-centered service delivery, culturally responsive communication, and data-quality training for frontline staff. Training related to accurate REALD and SOGI data collection, confidentiality, and consistent documentation is being incorporated into staff onboarding, annual training, and ongoing cross-training activities.				

1.1.3	Implement monthly quality-assurance reviews of ADRC and GetCare data entry by December 2026 and continue the reviews through June 2029 to identify reporting inconsistencies, provide corrective coaching, and improve documentation accuracy and compliance.	• Implement monthly QA reviews of ADRC and GetCare data entry and reporting systems.	Operations Support Specialist	Monthly 07/2026 – 06/2029	Monthly QA reviews are completed and documented.
		• Develop corrective action and staff support processes related to reporting inconsistencies when needed.	Executive Director / Program Managers	Ongoing 07/2025 – 06/2029	Improved reporting accuracy and reduced data inconsistencies.
		UPDATE			
		In 2026, KLCCOA began formalizing monthly ADRC and GetCare quality-assurance reviews, with the Operations Support Specialist assisting with documentation monitoring and identification of reporting inconsistencies. Findings from these reviews will be used to provide corrective coaching, improve staff support, and strengthen long-term reporting accuracy and compliance.			
1.1.4	Increase utilization of ADRC Information and Referral and Options Counseling services among priority populations by 15 percent from FY 2025 baseline by June 2029 through culturally responsive outreach, accessible communication, and strengthened community partnerships. Priority populations include Tribal elders, Hispanic and Latino older adults, rural and frontier residents, individuals with limited English proficiency, LGBTQIA2S+ older adults, individuals living with HIV/AIDS, and individuals	• Expand outreach and relationship-building efforts with priority populations throughout the PSA.	Executive Director / Program Managers	Annually 07/2025 – 06/2029	15 percent increase from the FY 2025 baseline in ADRC Information and Referral contacts and Options Counseling utilization among identified priority populations by June 2029, measured through GetCare and available REALD/SOGI data.
		• Provide ongoing staff development related to person-centered service delivery and customer service practices.	Executive Director / Operations Support Specialist	Ongoing 07/2025 – 06/2029	Outreach participation is documented annually.
		• Improve accessibility of communication materials and referral pathways.	Operations Support Specialist	By 12/2027	Improved accessibility and distribution of outreach materials documented.
		• Review GetCare utilization and REALD/SOGI demographic data at least annually to identify	Program Manager	Annually 07/2025-2029	Annual GetCare and REALD/SOGI utilization review completed and documented,

	experiencing greatest economic or social need.	disparities, measure changes in service utilization, and inform outreach strategies.			with identified disparities and resulting outreach recommendations incorporated into annual program and outreach planning.
		UPDATE			
		KLCCOA continues expanding outreach efforts targeting underserved and geographically isolated populations throughout Klamath and Lake Counties. Increased participation in community events, Tribal outreach opportunities, rural meal site visits, and culturally responsive engagement strategies have strengthened visibility of ADRC services and improved regional partnership development.			
1.1.5	Establish or expand referral coordination partnerships with at least ten (10) healthcare, Tribal, and community organizations by June 2029 to improve coordinated access to aging and disability services throughout the PSA.	• Identify priority organizations for partnership development.	Executive Director	Ongoing 07/2025 – 06/2029	At least ten active referral-coordination partnerships established or strengthened by June 2029, documented through recurring partner meetings, coordinated outreach, established referral pathways, reciprocal referrals, or other collaborative activities.
		• Conduct partnership meetings to improve referral pathways and coordination.	Executive Director	Ongoing 07/2025 – 06/2029	Increased referral coordination and active community partnerships documented.
		• Participate in local coalitions and collaborative groups supporting older adults.	All Staff	Ongoing 07/2025 – 06/2029	Coalition participation is documented annually.
		• Develop or strengthen processes for tracking partner-generated referrals, referral follow-up, and recurring coordination needs.	All Staff	Ongoing 07/2025 – 06/2029	Partner-generated referrals and recurring coordination needs reviewed at least annually to inform referral-process improvements.

	UPDATE
	In 2026, KLCCOA expanded partnership-development efforts with healthcare providers, Tribal programs, senior centers, behavioral-health organizations, rural community partners, and other agencies serving older adults and adults with disabilities. These efforts have strengthened referral pathways, increased collaborative outreach opportunities, and improved communication regarding available services throughout the PSA.

GOAL 1.2	Strengthen workforce development, staff training, and quality assurance practices to improve ADRC consistency, reporting accuracy, culturally responsive service delivery, and coordinated access to aging and disability services throughout Klamath and Lake Counties by 2029.			
OBJECTIVES	**KEY TASKS**	**LEAD**	**TIMEFRAME**	**PERFORMANCE MEASURES**
Develop and implement a written ADRC workforce and continuity plan by December 2027 that identifies primary and backup responsibilities for Information and Assistance, Options Counseling, GetCare documentation, quality assurance, language access, and referral coordination. Review the plan annually through June 2029.	Document primary and backup staff responsibilities for core ADRC functions.	Executive Director / Program Manager	By 12/2027, and annually thereafter through 06/2029	Written ADRC workforce and continuity plan completed by December 2027 and reviewed annually.
	Cross-train frontline staff to maintain service continuity during vacancies, absences, or periods of increased demand.	Program Manager	Ongoing 07/2025 – 06/2029	Primary and backup coverage documented for all core ADRC functions.
	• Evaluate ADRC staffing capacity, workload, and training needs at least annually. Update the workforce and continuity plan when staffing, program requirements, or operational needs change.	Program Manager	Ongoing 07/2025 – 06/2029	Annual staffing-capacity and training-needs review completed and documented.
	UPDATE			
	In 2026, KLCCOA established the Operations Support Specialist position to strengthen ADRC operations, improve customer service responsiveness, and support increased ADRC contact and referral capacity throughout the PSA. The position was developed following program monitoring and organizational			

	assessment activities that identified the need for dedicated ADRC operational support and quality assurance coordination.			
1.2.2 Beginning in FY 2026, develop an annual ADRC staff-development plan informed by quality-assurance findings, consumer feedback, reporting requirements, and identified workforce needs, and ensure 100 percent of frontline staff complete assigned ADRC, GetCare, person-centered service delivery, and culturally responsive communication training by June 30 of each year through 2029.	• Coordinate annual ADRC, GetCare, and person-centered service delivery training opportunities for all frontline staff.	Executive Director / Program Manager	Annually 07/2025 – 06/2029	Annual ADRC staff-development plan completed and documented.
	• Provide ongoing staff development related to person-centered service delivery and customer service practices. • Incorporate consumer feedback and quality assurance findings into annual staff development planning.	Executive Director	Ongoing 07/2025 – 06/2029	**100 percent of frontline staff complete assigned annual training by June 30 of each year.** **Quality-assurance and consumer-feedback findings used to identify annual training priorities.**
	• Expand cross-training efforts to improve consistency in information and assistance, referral coordination, outreach support, and service navigation throughout the PSA.	Program Manager	By 12/2027	Improved consistency in documentation, referral coordination, and culturally responsive service delivery demonstrated through QA review.
	UPDATE			
	KLCCOA continues prioritizing workforce development, cross-training, and operational modernization efforts to strengthen ADRC coordination, person-centered service delivery, and equitable access to services throughout Klamath and Lake Counties. Expanded staff training efforts related to culturally responsive outreach, quality assurance practices, and community partnership coordination are being integrated into ongoing organizational development activities.			
1.2.3 Implement a documented ADRC quality-improvement process by December 2026 that uses monthly QA findings, consumer feedback, and	• Compile and review findings from monthly ADRC and GetCare quality-assurance reviews at least quarterly.	Program Manager / Data &	By 12/2026 and ongoing through 06/2029	Written ADRC quality-improvement process finalized and implemented by December 2026.

reporting trends to identify and implement at least one operational improvement annually through June 2029.		Compliance Officer		
	• Review available consumer-satisfaction feedback at least semiannually to identify opportunities for improvement.	Program Manager / Data & Compliance Officer	By 12/2026 and ongoing through 06/2029	QA findings reviewed and documented at least quarterly. Consumer-satisfaction feedback reviewed at least semiannually.
	• Identify recurring documentation, referral, or service-delivery issues and provide corrective coaching or staff support.	Executive Director / Program Manager	By 12/2026 and ongoing through 06/2029	At least one documented operational improvement implemented annually based on QA, consumer-feedback, or reporting findings.
	• Develop, maintain, and update internal procedures for consistent ADRC and GetCare documentation.	Program Manager / Data & Compliance Officer	By 12/2026 and ongoing through 06/2029	Reduction in recurring documentation errors or inconsistencies tracked annually.
	• Coordinate with CSSU and state partners regarding reporting updates, compliance expectations, and documentation requirements.	Data & Compliance Officer	Ongoing 07/2025 – 06/2029	Ongoing compliance with state reporting standards and reporting updates documented.
	UPDATE			
	KLCCOA identified opportunities to strengthen ADRC reporting consistency, documentation practices, and quality assurance procedures during organizational review and monitoring activities. Monthly quality assurance review processes are being formalized to improve long-term reporting accuracy, operational consistency, and compliance with state and federal reporting expectations throughout the PSA.			

GOAL 1.3	Strengthen culturally responsive outreach, community awareness, and equitable access to aging and disability services for priority populations and individuals experiencing greatest economic or social need throughout Klamath and Lake Counties by 2029.

OBJECTIVES	KEY TASKS	LEAD	TIMEFRAME	PERFORMANCE MEASURES
1.3.1. Increase annual participation in outreach and community-engagement activities involving priority populations by 25 percent from the FY 2025 baseline by June 2029. Priority populations include rural and frontier residents, Tribal elders, Hispanic and Latino older adults, individuals with limited English proficiency, LGBTQIA2S+ older adults, individuals living with HIV/AIDS, and individuals experiencing greatest economic or social need.	• Expand participation in culturally responsive community outreach events, including Tribal gatherings, health fairs, caregiver events, and rural community activities.	Executive Director / Case Managers	Ongoing 07/2025 – 06/2029	25 percent increase from the FY 2025 baseline in annual participation in documented priority-population outreach and community-engagement activities by June 2029.
	• Develop and distribute updated outreach materials designed to improve awareness of available aging and disability services.	Operations Support Specialist	By 12/2026	Updated outreach materials developed and distributed throughout the PSA by December 2026.
	• Increase bilingual and culturally responsive communication efforts for individuals with limited English proficiency and other priority populations.	Executive Director / Bilingual Staff	Ongoing 07/2025 – 06/2029	Bilingual and culturally responsive communication activities documented annually.
	• Strengthen partnerships with healthcare providers, Tribal organizations, senior centers, and community agencies to improve referral coordination and outreach visibility.	Executive Director	By 06/2028	Collaborative outreach and referral partnerships reviewed and documented annually.
	UPDATE			
	KLCCOA continues to expand culturally responsive outreach and community engagement efforts throughout Klamath and Lake Counties. Outreach activities have increasingly focused on strengthening relationships with Tribal partners, priority rural communities, healthcare organizations, and culturally diverse populations to improve awareness of available aging and disability services throughout the PSA.			

1.3.2. Increase ADRC Information and Referral contacts and Options Counseling utilization among priority populations and geographically isolated residents by 15 percent from the FY 2025 baseline by June 2029.	• Conduct quarterly outreach visits to rural congregate meal sites and frontier communities throughout the PSA.	Case Managers	Quarterly 07/2025 – 06/2029	Quarterly outreach visits completed and documented, and increased rural service engagement.
	• Strengthen referral coordination with hospitals, home health agencies, hospice providers, behavioral health organizations, and physician offices.	Executive Director/ Program Manager	Ongoing 07/2025 – 06/2029	Increased referral coordination and partner-generated referrals documented and reviewed annually.
	• Improve visibility of ADRC services through social media, newsletters, website communication, and local media outreach.	Operations Support Specialist	Ongoing 07/2025 – 06/2029	Increased community awareness and documented outreach engagement metrics.
	• Expand outreach strategies focused on reducing barriers related to transportation, language access, social isolation, and digital literacy.	Executive Director / Program Manager	By 06/2028	15 percent increase from the FY 2025 baseline in ADRC Information and Referral contacts and Options Counseling utilization among priority populations and geographically isolated residents by June 2029, measured through GetCare and available demographic data.
	UPDATE			
	KLCCOA continues strengthening outreach coordination and public awareness efforts throughout Klamath and Lake Counties through expanded community engagement, social media communication, healthcare partnerships, and rural outreach activities. Increased emphasis has been placed on improving equitable access to information and services for geographically isolated and priority populations throughout the PSA.			
1.3.3 . Strengthen culturally responsive service delivery practices and community partnership development to improve equitable	• Participate in community equity initiatives, culturally responsive planning activities, and regional collaborative partnerships.	All Staff	Ongoing 07/2025 – 06/2029	Participation in regional equity and partnership initiatives documented annually.

access to aging services throughout the PSA by June 2029.	• Continue developing partnerships with Tribal organizations and culturally specific community groups to improve service coordination and communication.	Executive Director	Ongoing 07/2025 – 06/2029	Increased partnership coordination and collaborative activities documented annually.
	• Provide staff education opportunities related to cultural responsiveness, inclusion, language access, and equitable service delivery practices.	Executive Director / Program Manager	Annually 07/2025 – 06/2029	Annual staff training activities documented.
	• Evaluate outreach and service-delivery practices annually to identify barriers affecting priority populations and incorporate findings into outreach, training, and program planning.	Program Manager / Operations Support Specialist	Annually 07/2026-06/2029	Annual outreach and service-equity review completed and documented, with at least one identified improvement incorporated into outreach, training, or program planning each year.
	UPDATE			
	KLCCOA continues strengthening culturally responsive outreach, partnership development, and equitable service delivery practices throughout Klamath and Lake Counties. Participation in community equity initiatives, Tribal coordination efforts, bilingual outreach activities, and regional partnerships continues supporting improved awareness of services and stronger community relationships throughout the PSA.			

GOAL 1.4	Strengthen regional coordination, community partnerships, and collaborative service delivery systems to improve access, referral coordination, and support for older adults and adults with disabilities throughout Klamath and Lake Counties by 2029.

OBJECTIVES	KEY TASKS	LEAD	TIMEFRAME	PERFORMANCE MEASURES
1.4.1. Develop and document referral-coordination and communication processes with at least five priority partner sectors by June 2027, including healthcare, behavioral health, Tribal programs, APD, and community-based aging-service providers.	• Identify priority partner sectors and existing gaps in referral coordination	Executive Director	By 06/2027	Referral-coordination and communication processes documented with at least five priority partner sectors by June 2027.
	• Conduct partnership meetings to strengthen referral coordination, communication pathways, and collaborative service planning.	Executive Director / Program Manager	Quarterly 07/2025 – 06/2029	Increased referral coordination and active partnership participation documented annually.
	• Participate in local coalitions, advisory groups, and collaborative initiatives supporting older adults and adults with disabilities.	All Staff	Ongoing 07/2025 – 06/2029	Coalition and collaborative participation documented annually.
	• Develop and document processes for ongoing communication, coordinated referrals, referral follow-up, and shared problem-solving between partner organizations.	Executive Director / Program Manager	By 06/2027	Referral-process effectiveness reviewed at least annually, with identified improvements documented.
	UPDATE			
	KLCCOA continues strengthening regional coordination and community partnership development throughout Klamath and Lake Counties through participation in healthcare coalitions, Tribal coordination activities, community planning initiatives, and collaborative aging service networks. These partnerships continue improving referral coordination, public awareness, and access to services throughout the PSA.			
1.4.2. Participate in at least four collaborative outreach, education, or service-	• Participate in collaborative outreach activities with healthcare providers, behavioral	Executive Director /	Ongoing 07/2025 – 06/2029	Collaborative outreach activities documented annually.

	coordination activities annually with healthcare systems, community organizations, Veteran-serving organizations, and Tribal partners through June 2029.	health organizations, veteran organizations, and community agencies.	Case Managers		
		• Expand participation in regional education initiatives related to caregiving, healthy aging, elder abuse prevention, and aging in place.	Executive Director/ Program Manager	Ongoing 07/2025 – 06/2029	Increased participation in educational and prevention-focused initiatives and documented annually.
		• Strengthen communication and referral coordination processes between KLCCOA and healthcare discharge planners, home health providers, and community referral partners.	Program Manager	By 12/2027	Improved referral coordination and increased partner engagement documented by December 2027, and reviewed annually.
		• Support collaborative planning efforts addressing transportation, nutrition access, caregiver support, and rural service barriers throughout the PSA.	Executive Director	Ongoing 07/2025 – 06/2029	Participation in regional planning and collaborative service initiatives documented annually.
		UPDATE			
		In 2026, KLCCOA expanded collaborative outreach and service-coordination activities with healthcare providers, behavioral-health organizations, Tribal partners, Veteran-serving organizations, and community agencies. These efforts have increased opportunities for joint education, strengthened communication with referral partners, and supported coordinated responses to rural service barriers throughout the PSA.			
1.4.3.	Conduct an annual partner and stakeholder coordination review beginning in FY 2027 to identify referral gaps, communication barriers, and opportunities for system improvement, and implement at least one documented	• Gather partner feedback through collaborative meetings, coalition participation, referral discussions, or a brief stakeholder survey.	Executive Director / Program Manager	Annually 07/2025 – 06/2029	Annual partner and stakeholder coordination review completed and documented.
		• Review recurring referral barriers, service gaps, and communication challenges identified by partner organizations.	Executive Director / Program Manager	Ongoing 07/2025 – 06/2029	Recurring referral and communication barriers identified and tracked annually.

coordination improvement annually through June 2029.	• Identify and implement at least one annual improvement to referral coordination, communication, or collaborative service delivery.	Executive Director / Program Manager	Annually 07/2025 – 06/2029	At least one coordination improvement implemented annually.
	• Share significant findings and planned improvements with KLCCOA leadership and the Advisory Council.	Executive Director	Annually through 06/2029	Findings and planned improvements shared with leadership and the Advisory Council annually.

GOAL 1.5	Strengthen public awareness, communication systems, and visibility of aging and disability services throughout Klamath and Lake Counties by 2029 to improve community connection, service awareness, and access to resources.			
OBJECTIVES	**KEY TASKS**	**LEAD**	**TIMEFRAME**	**PERFORMANCE MEASURES**
1.5.1. Develop and implement an annual public-communications plan beginning in FY 2027 that promotes ADRC, nutrition, caregiver, elder-rights, and other aging services through at least three communication channels, with communication activities and engagement reviewed annually through June 2029.	• Expand use of social media, newsletters, press releases, and website communication to improve awareness of available services and programs.	Operations Support Specialist	Ongoing 07/2025 – 06/2029	Annual public-communications plan completed and implemented beginning in FY 2027.
	• Increase participation in health fairs, Tribal events, and rural outreach activities.	All Staff	Ongoing 07/2025 – 06/2029	Updated outreach materials are distributed regionally. At least three communication channels used annually to promote aging and disability services.
	• Develop and distribute updated outreach materials highlighting available aging, nutrition, transportation, caregiver, and disability resources throughout the PSA.	Executive Director / Operations Support Specialist	By 12/2027	Outreach materials developed and distributed by December 2027.
	• Strengthen public awareness efforts related to elder abuse	Executive Director /	Ongoing 07/2025 – 06/2029	Elder-rights, caregiver-resource, and supportive-service

	prevention, caregiver resources, and available supportive services.	Program Manager		education activities documented annually.
	UPDATE			
	KLCCOA continues expanding public communication and outreach efforts throughout Klamath and Lake Counties through increased social media engagement, community presentations, regional partnerships, and public education activities. Enhanced communication strategies continue improving visibility of aging and disability services and strengthening community awareness throughout the PSA.			
1.5.2. Complete an annual review of communication accessibility and implement at least one documented improvement each year from FY 2027 through FY 2029 to improve access for rural and frontier residents, Tribal elders, individuals with limited English proficiency, and other priority populations throughout the PSA.	• Develop culturally responsive and bilingual outreach materials to improve communication accessibility for priority populations.	Executive Director / Program Managers	Annually 07/2025 – 06/2029	Increased public outreach engagement and communication activity documented annually.
	• Improve communication accessibility through expanded use of digital communication platforms, printed outreach materials, and community-based outreach strategies.	Operations Support Specialist	Ongoing 07/2025 – 06/2029	Increased outreach accessibility and public engagement documented annually.
	• Expand communication and outreach efforts targeting rural and frontier communities experiencing barriers related to transportation, social isolation, and digital access.	Case Managers / Program Managers	Ongoing 07/2025 – 06/2029	Increased outreach activities and engagement within rural and frontier communities documented annually.
	• Evaluate communication effectiveness periodically and identify opportunities to improve accessibility and equitable outreach practices.	Executive Director / Program Managers	By 06/2028 and ongoing	Communication review activities documented and incorporated into planning efforts.
	UPDATE			
	In 2026, KLCCOA continued expanding communication accessibility through Spanish-language materials, bilingual staff support, printed outreach, digital communication, and community-based engagement. The			

	Operations Support Specialist position provides additional capacity to coordinate public information, update outreach materials, and improve communication consistency across the PSA.

FOCUS AREA

2

NUTRITION AND FOOD SECURITY

Strengthening access to nutritious food and supporting local systems across Klamath and Lake Counties.

BONANZA, OREGON

Focus Area #2: Nutrition and Food Security

> "Meal programs provide more than nutrition. They provide connection."
> – .Community.Conversation.Participant

Nutrition Services and Healthy Aging

KLCCOA recognizes nutrition services as one of the most critical components of healthy aging, independence, disease prevention, and community connection throughout Klamath and Lake Counties. Nutrition programs provide significantly more than meals; they serve as an entry point for socialization, wellness monitoring, safety checks, caregiver support, and access to additional aging and disability services throughout the PSA.

Survey findings identified transportation barriers, mobility limitations, rising food costs, and geographic isolation as recurring factors affecting food access among older adults throughout the PSA. Respondents also emphasized the importance of congregate meal opportunities, social connection, and flexible nutrition supports designed to meet the needs of rural and frontier communities.

Rural and Frontier Food Access Challenges

As the "Silver Wave" continues impacting rural and frontier communities throughout the region, food insecurity, transportation barriers, chronic disease, social isolation, and economic hardship continue increasing the importance of accessible nutrition services. Geographic isolation, severe winter weather, transportation limitations, and healthcare access barriers create additional challenges for older adults residing in remote areas of the Planning and Service Area.

These challenges reinforce the importance of maintaining a coordinated nutrition system that not only addresses food insecurity but also promotes social connection, supports

caregiver well-being, and helps older adults remain safely and independently within their homes and communities.

Community Partnerships and Nutrition Coordination

KLCCOA uses Older Americans Act Title III-C funding to support congregate and home-delivered nutrition services throughout Klamath and Lake Counties. Title III-C-1 funds support congregate meals delivered through contracts and partnerships with the Klamath Basin Senior Citizens' Center, The Center in Lakeview, rural restaurant meal sites, community meal providers, and Tribal partners. Title III-C-2 funds support Home-Delivered Meals prepared and distributed through senior-center and community-provider partnerships. These services are supplemented through participant contributions, grants, community partnerships, private donations, and other local resources that help maintain nutrition access throughout the PSA.

Nutrition services are coordinated with the Aging and Disability Resource Connection (ADRC), Information and Assistance, Options Counseling, Case Management, Family Caregiver Support, Transportation, Health Promotion, and other community partners to ensure older adults receive comprehensive, person-centered support based on their individual needs.

Person-Centered and Culturally Responsive Nutrition Services

KLCCOA recognizes that nutrition services should reflect the diverse cultures, preferences, and needs of the communities they serve. Through partnerships with the Klamath Tribes, senior centers, community meal providers, and rural meal sites, KLCCOA strives to provide nutrition services that are person-centered, culturally responsive, and respectful of individual preferences whenever feasible while improving equitable access for Tribal elders, rural residents, and other populations experiencing the greatest economic and social need.

KLCCOA works with nutrition partners, staff, and volunteers to support person-centered, trauma-informed, and culturally sensitive service delivery. Practices include respectful and accessible communication, consideration of participant preferences and dietary or cultural needs whenever feasible, protection of participant dignity and choice, and use of participant feedback to identify opportunities for improvement. KLCCOA and its nutrition partners also review participation patterns and community feedback to identify barriers affecting Tribal elders, rural and frontier residents, individuals with limited English proficiency, low-income

older adults, and other populations experiencing greatest economic or social need. Findings inform targeted outreach, partnership development, and nutrition-access strategies.

Future Nutrition Service Development

KLCCOA will continue evaluating opportunities to expand rural meal access, strengthen volunteer recruitment, improve meal delivery efficiency, increase community partnerships, and pursue innovative approaches that improve nutrition access while maintaining high-quality, person-centered services throughout Klamath and Lake Counties.

By June 2027, KLCCOA will evaluate the regional meal-production and delivery system, including meal preparation capacity, delivery schedules and routes, volunteer capacity, rural meal-site coverage, transportation barriers, and the potential need for shelf-stable, pick-up, carry-out, or other flexible meal options consistent with Title III-C requirements. Findings will be reviewed with nutrition providers and used to identify feasible production, delivery, or access improvements for implementation during the remaining planning period. Particular consideration will be given to priority rural and frontier communities experiencing limited food access, transportation barriers, or greatest economic and social need.

Nutrition Program Sustainability

Recognizing increasing food costs, workforce shortages, inflation, and growing demand for nutrition services, KLCCOA will continue pursuing grant opportunities, community fundraising initiatives, participant contributions, private donations, and strategic partnerships to strengthen long-term nutrition program sustainability and expand access to services throughout Klamath and Lake Counties.

Community-supported initiatives, including the Adopt a Senior campaign and future grant opportunities, will help supplement public funding while strengthening the local nutrition network and supporting older adults who may otherwise experience barriers to accessing nutritious meals.

Strategic Direction and Implementation

The following goals and objectives are designed to strengthen food security, improve equitable access to nutrition services, and support healthy aging throughout Klamath and Lake Counties. Through coordinated home-delivered and congregate meal programs, community partnerships, culturally responsive service delivery, nutrition education and counseling, sustainable funding strategies, and person-centered planning, KLCCOA will continue working to reduce food insecurity, improve health outcomes, and help older adults remain safe, healthy, and independent within their homes and communities.

These implementation strategies reflect community priorities identified through the Area Plan development process and are intended to strengthen the regional nutrition network, improve coordination with other aging and disability services, expand equitable access within rural and frontier communities, and ensure long-term sustainability of nutrition programs throughout the Planning and Service Area.

SMART Objectives and Implementation Strategies

FOCUS AREA #2: Nutrition Access and Healthy Aging

GOAL 2: Promote healthy aging, food security, and equitable access to nutrition services throughout Klamath and Lake Counties through coordinated nutrition programs, community partnerships, and responsive rural service delivery systems by 2029.

GOAL 2.1	Strengthen equitable access to nutritious meals and nutrition services throughout Klamath and Lake Counties by 2029 to support healthy aging, reduce food insecurity, and improve quality of life for older adults.			
OBJECTIVES	**KEY TASKS**	**LEAD**	**TIMEFRAME**	**PERFORMANCE MEASURES**
2.1.1. Increase annual and unduplicated participation in congregate and Home-Delivered Meal programs by 15% from the FY 2025 baseline by June 2029 through expanded outreach, rural access strategies, and community partnership development.	• Expand outreach and education efforts related to congregate and home-delivered meal services throughout the PSA.	Program Manager	Ongoing 07/2025 – 06/2029	15 percent increase from the FY 2025 baseline in annual unduplicated participation in congregate and Home-Delivered Meal programs by June 2029, with participation in each program tracked separately.
	• Strengthen coordination with senior centers, restaurants, and community meal partners supporting congregate meal access throughout the PSA.	Executive Director / Program Manager	Ongoing 07/2025 – 06/2029	Continued operation and expansion of meal partnerships documented annually.
	• Identify opportunities to improve meal access for rural and geographically isolated communities experiencing transportation and food access barriers.	Executive Director	By 06/2027	Rural nutrition access strategies evaluated and implemented where feasible.
	• Continue monitoring participation trends and community nutrition needs to	Program Manager	Ongoing 07/2025 – 06/2029	Meal participation trends and nutrition program data reviewed annually.

	support responsive program planning and service delivery.			
	UPDATE			
	KLCCOA continues strengthening nutrition access throughout Klamath and Lake Counties through partnerships with senior centers, rural restaurants, and community organizations supporting congregate and home-delivered meal services. Ongoing efforts remain focused on reducing barriers related to transportation, social isolation, geographic isolation, and food insecurity throughout the PSA.			
2.1.2. Implement or expand at least two nutrition-access initiatives serving priority rural and frontier populations by June 2029.	• Support innovative nutrition access strategies designed to improve food access within rural and frontier communities.	Executive Director / Program Manager	Ongoing 07/2025 – 06/2029	Rural nutrition access initiatives and partnerships documented annually.
	• Strengthen partnerships supporting food security initiatives, including community food programs, local agriculture partnerships, and nutrition education opportunities.	Executive Director	Ongoing 07/2025 – 06/2029	Increased coordination with regional food security and nutrition partners documented annually.
	• Expand awareness and participation related to the Frontier Veggie Rx Program and other nutrition-focused wellness initiatives.	Program Manager / Case Managers	Ongoing 07/2025 – 06/2029	Frontier Veggie Rx outreach and available participation data documented annually.
	• Evaluate opportunities to improve transportation coordination supporting access to meal sites, grocery resources, wellness activities, and nutrition education opportunities.	Executive Director / Community Partners	By 06/2028	Transportation coordination opportunities evaluated and collaborative efforts documented.
	UPDATE			
	KLCCOA continues participating in regional food security and nutrition access initiatives focused on improving equitable food access for older adults residing in rural and frontier communities throughout the PSA. Collaborative partnerships and nutrition-focused wellness activities continue supporting healthy aging, chronic disease prevention, and increased community connection			

GOAL 2.2	Strengthen nutrition program quality, sustainability, and responsiveness to meet the evolving needs of older adults throughout Klamath and Lake Counties by 2029.			
OBJECTIVES	**KEY TASKS**	**LEAD**	**TIMEFRAME**	**PERFORMANCE MEASURES**
2.2.1. Conduct an annual nutrition-program quality review beginning in FY 2026 and implement at least one documented service-quality, access, coordination, or sustainability improvement annually through June 2029.	• Conduct ongoing review of nutrition participation data, meal trends, and community feedback to support responsive program planning.	Program Manager	Ongoing 07/2025 – 06/2029	Nutrition program monitoring and evaluation activities documented annually.
	• Strengthen communication and coordination with meal site operators, senior centers, and nutrition service partners.	Program Manager	Quarterly 07/2025 – 06/2029	Partner coordination meetings and communication activities documented annually.
	• Support nutrition program compliance with state and federal nutrition program requirements and reporting standards.	Program Manager / Executive Director	Ongoing 07/2025 – 06/2029	Continued compliance with applicable nutrition program requirements.
	• Evaluate opportunities to strengthen nutrition program sustainability through partnership development, resource coordination, and community engagement.	Executive Director	By 06/2028	Sustainability planning efforts and partnership opportunities documented.
	• Review participant feedback, service accessibility, and participation patterns among priority populations to identify opportunities for more person-centered, culturally responsive, and equitable nutrition services.	Data & Compliance Officer	Annually through 06/2029	At least one service-quality, access, coordination, or sustainability improvement implemented annually.
	UPDATE			
	KLCCOA continues strengthening nutrition program coordination, quality assurance, and regional collaboration efforts supporting congregate and home-delivered meal services throughout Klamath and			

	Lake Counties. Ongoing monitoring, partnership communication, and program evaluation activities continue supporting responsive nutrition service delivery throughout the PSA.			
2.2.2. By June 2027, implement and annually document a coordinated process for providing nutrition education and access to nutrition counseling for congregate and Home-Delivered Meal participants, while completing at least four public nutrition-education or outreach activities annually through June 2029.	• Expand community education and outreach activities related to healthy aging, nutrition access, hydration, and chronic disease prevention.	Program Manager / Case Managers	Ongoing 07/2025 – 06/2029	Process for providing nutrition education and access to counseling for congregate and Home-Delivered Meal participants documented by June 2027.
	• Increase visibility of congregate meal opportunities and nutrition-related wellness activities through newsletters, outreach materials, social media, and community presentations.	Operations Support Specialist	Ongoing 07/2025 – 06/2029	Provision of nutrition education to both congregate and Home-Delivered Meal participants documented annually.
	• Promote nutrition services as a gateway to additional supportive services, wellness activities, and social connection opportunities.	All Staff	Ongoing 07/2025 – 06/2029	Increased referrals and coordinated service engagement documented annually.
	• Coordinate with nutrition providers and Jennifer Newton, Registered Dietitian, to ensure congregate and Home-Delivered Meal participants receive nutrition education and have access to individualized nutrition counseling when appropriate.	Program Manager	Ongoing through 06/2029	Nutrition-service referrals and connections to applicable supportive services documented annually.
	UPDATE			
	KLCCOA continues strengthening nutrition education and public awareness through meal-site partnerships, community outreach, healthy-aging education, and coordination with the Klamath Basin Senior Citizens' Center and Jennifer Newton, Registered Dietitian. Nutrition programs also continue serving as an important connection point for wellness monitoring, socialization, and access to additional aging and disability services throughout the PSA.			

FOCUS AREA

3

Aging in Place and Safety

Supporting independence, home safety, and healthy living so older adults can remain in the place they call home.

LAKE COUNTY, OREGON

FOCUS AREA #3: Aging in Place and Safety

"Most older adults want to stay in their homes, but many need support to do so safely." – .Community.Conversation.Participant

Introduction

KLCCOA recognizes that the ability to safely age in place is one of the most important priorities identified by older adults throughout Klamath and Lake Counties. Remaining connected to home, community, family, culture, and support systems contributes significantly to overall health, independence, emotional well-being, and quality of life for older adults throughout the PSA.

As the "Silver Wave" continues impacting rural and frontier communities throughout the region, increasing numbers of older adults are experiencing challenges related to mobility, caregiving needs, chronic health conditions, housing stability, transportation access, fall risk, and social isolation. Geographic barriers, severe winter weather, limited healthcare access, and long travel distances create additional safety concerns for older adults residing within remote areas, and communities experiencing service-access barriers throughout the PSA.

Survey responses also identified social isolation, chronic health concerns, and mobility limitations as ongoing challenges affecting the quality of life for many older adults throughout Klamath and Lake Counties. These findings reinforced the importance of evidence-based health promotion activities, wellness education, fall-prevention strategies, coordinated home and community-based services, and strong community partnerships.

KLCCOA remains committed to strengthening coordinated systems that support aging in place through caregiver support, home and community-based services, wellness education, fall prevention strategies, transportation coordination, emergency preparedness, and collaborative partnerships designed to help older adults remain safe, healthy, independent, and connected throughout Klamath and Lake Counties.

Aging in Place and Independence

Older adults throughout the Planning and Service Area consistently identify the desire to remain safely within their homes and communities for as long as possible. Maintaining independence often depends upon access to coordinated support systems, including transportation, nutrition services, caregiver assistance, health promotion activities, home safety improvements, housing supports, and reliable referral networks.

KLCCOA works collaboratively with healthcare providers, community organizations, caregivers, senior centers, Tribal partners, housing organizations, and regional partners to strengthen access to services that support independence, reduce unnecessary institutionalization, and improve overall quality of life throughout the PSA.

Rural and Frontier Safety Challenges

The rural and frontier nature of Klamath and Lake Counties creates unique safety and service delivery challenges for older adults. Geographic isolation, harsh winter weather, transportation barriers, limited healthcare access, housing concerns, and workforce shortages can significantly impact health outcomes and increase risk, social isolation, and unmet service needs.

Many older adults residing within remote communities experience additional barriers related to emergency preparedness, caregiver availability, mobility limitations, and timely access to supportive services. These challenges reinforce the importance of coordinated regional partnerships, flexible service-delivery models, innovative community-based solutions, and responsive rural service-delivery strategies that improve safety while supporting independence.

KLCCOA identifies older adults experiencing greatest economic or social need through program assessments, case-management contacts, quarterly waitlist reviews, ADRC and partner referrals, community outreach, and review of demographic and service-utilization data. Particular attention is given to low-income older adults, Tribal elders, rural and frontier residents, individuals with limited English proficiency, people with disabilities or chronic conditions, individuals experiencing social isolation, and those at risk of institutional placement. Findings are used to tailor outreach, referral coordination, home safety resources, health promotion access, and community partnerships to address barriers identified within priority populations.

Home Safety and Fall Prevention

Falls remain one of the leading causes of injury, hospitalization, and loss of independence among older adults. KLCCOA recognizes the importance of evidence-based health promotion activities, home safety education, and community-based wellness programs that help reduce fall risk and improve overall health outcomes.

Through partnerships, wellness education, evidence-based programming, and referrals to community resources, KLCCOA continues supporting activities focused on mobility improvement, balance, strength, chronic disease prevention, home safety, and healthy aging throughout the PSA. Community partners, including Anne Davenport through the Klamath Basin Senior Citizens' Center, support exercise, fall prevention, and health promotion opportunities that help older adults remain active, safe, and independent. KLCCOA's Executive Director, Melodi McGee, also serves as a member-at-Large of the Oregon Fall Prevention Coalition, supporting statewide collaboration, information sharing, and alignment with emerging fall-prevention strategies and resources.

Community Coordination and Support Systems

Supporting aging in place requires strong coordination between caregivers, healthcare providers, community organizations, housing partners, transportation systems, emergency management agencies, and aging service providers. KLCCOA continues strengthening collaborative partnerships designed to improve referral coordination, service access, caregiver support, emergency preparedness, and community awareness throughout Klamath and Lake Counties.

Regional collaboration remains especially important within frontier communities where resources may be limited and coordination between organizations is critical to supporting older adults safely within their homes and communities.

Future Aging Trends and Service Needs

As the older adult population throughout Klamath and Lake Counties continues growing, demand for home and community-based services, caregiver support, transportation

assistance, housing assistance, fall prevention, wellness programs, and aging in place resources is expected to increase significantly.

KLCCOA remains committed to developing responsive, sustainable, and equitable systems supporting older adults throughout the PSA while continuing to strengthen regional partnerships, community engagement, emergency preparedness, and innovative service delivery approaches addressing the evolving needs of the region's aging population.

Strategic Direction and Implementation

The following goals and objectives are designed to strengthen opportunities for older adults to age safely, independently, and with dignity within their homes and communities. Through coordinated home and community-based services, evidence-based health promotion, fall prevention initiatives, emergency preparedness, collaborative partnerships, and person-centered planning, KLCCOA will continue working to reduce barriers, improve safety, and enhance quality of life for older adults throughout Klamath and Lake Counties.

These implementation strategies reflect community priorities identified through the Area Plan planning process and are intended to improve equitable access to services, strengthen regional collaboration, and respond to the unique challenges associated with serving one of Oregon's largest rural and frontier Planning and Service Areas.

Bottom of Form

SMART Objectives and Implementation Strategies

FOCUS AREA #3: Aging in Place and Safety

GOAL 3: Strengthen access to home- and community-based services that support aging in place, independence, and quality of life throughout the PSA by 2029.

GOAL 3.1	Improve equitable access to home- and community-based services supporting aging in place, with particular attention to rural and frontier residents and individuals experiencing greatest economic or social need.			
OBJECTIVES	**KEY TASKS**	**LEAD**	**TIMEFRAME**	**PERFORMANCE MEASURES**
3.1.1 Complete an assessment of barriers affecting access to home- and community-based services by June 2027 and implement at least two responsive access strategies by June 2029 for rural and frontier residents and other priority populations.	• Expand outreach and education efforts related to available home and community-based services.	Program Manager / Case Managers	Ongoing 07/2025 – 06/2029	Service-barrier assessment completed and documented by June 2027.
	• Strengthen referral coordination with healthcare providers, housing partners, behavioral health organizations, and community agencies.	Executive Director / Program Manager	Ongoing 07/2025 – 06/2029	At least two responsive access strategies are implemented by June 2029.
	• Identify barriers affecting access to home- and community-based services for rural and underserved populations.	Program Manager	By 06/2027	Home- and community-based service outreach and referral activities documented annually.
	• Support coordinated service planning activities focused on reducing unnecessary institutionalization and promoting independence.	All Staff	Ongoing 07/2025 – 06/2029	Referral coordination and collaborative partnerships reviewed annually.
	• Use assessment findings to develop and implement at least two strategies addressing identified service-access barriers.	Program Manager	Ongoing 07/2025 – 06/2029	Coordinated service-planning activities supporting independence and reducing

				institutional risk documented annually.
	UPDATE			
	KLCCOA continues strengthening home and community-based service coordination efforts throughout Klamath and Lake Counties through expanded referral partnerships, case management support, and community outreach activities designed to help older adults remain safely within their homes and communities.			

GOAL 3.2	Expand equitable access to evidence-based health-promotion, fall-prevention, and home-safety education activities throughout Klamath and Lake Counties by 2029.			
OBJECTIVES	**KEY TASKS**	**LEAD**	**TIMEFRAME**	**PERFORMANCE MEASURES**
3.2.1 Increase annual participation in evidence-based health-promotion and fall-prevention activities by 15 percent from the FY 2025 baseline by June 2029, with targeted outreach and access strategies for rural and frontier residents and other priority populations.	• Expand participation in evidence-based wellness and fall prevention programs throughout the PSA.	Program Manager / Case Managers	Ongoing 07/2025 – 06/2029	15 percent increase from the FY 2025 baseline in annual participation in evidence-based health-promotion and fall-prevention activities by June 2029.
	• Support community education efforts focused on fall prevention, mobility improvement, chronic disease prevention, and home safety.	Program Manager / Comm. Partners	Ongoing 07/2025 – 06/2029	Participation reviewed annually by location and available demographic information to identify access disparities.
	• Strengthen partnerships supporting evidence-based wellness programming and healthy aging initiatives.	Executive Director	Ongoing 07/2025 – 06/2029	At least one tailored access strategy implemented by June 2028 in response to identified barriers.
	• Promote healthy aging activities supporting strength, balance, mobility, and social connection throughout the PSA.	All Staff	Ongoing 07/2025 – 06/2029	Wellness, fall-prevention, and home-safety education activities documented annually.
	• Use identified service barriers and participant feedback to implement tailored access	Program Manager	Ongoing 07/2025-06/2029	Health-promotion and fall-prevention partnerships documented annually.

	strategies, which may include rural program locations, virtual options, accessible communication, transportation coordination, or partnerships with trusted community organizations.			
	UPDATE			
	KLCCOA continues supporting evidence-based health promotion and fall prevention activities throughout Klamath and Lake Counties through partnerships, wellness education, and community-based healthy aging initiatives designed to improve mobility, independence, and quality of life for older adults throughout the PSA.			

GOAL 3.3	Strengthen caregiver support systems that help older adults remain safely in their homes and reduce the risk of unnecessary institutional placement.			
OBJECTIVES	**KEY TASKS**	**LEAD**	**TIMEFRAME**	**PERFORMANCE MEASURES**
3.3.1 Increase annual caregiver referrals and participation in respite, support groups, caregiver education, or other caregiver-support services by 15 percent from the FY 2025 baseline by June 2029.	• Expand outreach and education efforts related to caregiver support services and available resources.	Program Manager / Case Managers	Ongoing 07/2025 – 06/2029	15 percent increase from the FY 2025 baseline in annual caregiver referrals and participation in caregiver-support services by June 2029.
	• Continue supporting caregiver support groups, caregiver education opportunities, and evidence-based caregiver wellness programming.	Program Manager	Ongoing 07/2025 – 06/2029	Caregiver support-group, education and wellness participation documented annually.
	• Strengthen respite coordination and supportive service referrals designed to reduce caregiver stress and burnout.	Case Managers	Ongoing 07/2025 – 06/2029	Increased respite coordination and caregiver support referrals documented annually.
	• Promote caregiver wellness, stress management, and sustainability through education	Program Manager /	Ongoing 07/2025 – 06/2029	Increased caregiver wellness education and stress-

	and supportive service coordination.	Comm. Partners		management activities documented annually.
	UPDATE			
	KLCCOA continues strengthening caregiver support efforts throughout Klamath and Lake Counties through respite coordination, caregiver education, support groups, and evidence-based caregiver wellness activities designed to reduce caregiver stress and improve long-term caregiving sustainability throughout the PSA.			

GOAL 3.4	Strengthen transportation coordination and rural access strategies supporting aging in place, community connection, and access to essential services throughout the PSA by 2029.			
OBJECTIVES	**KEY TASKS**	**LEAD**	**TIMEFRAME**	**PERFORMANCE MEASURES**
3.4.1 Complete an assessment of transportation barriers affecting older adults in rural and frontier communities by June 2027 and implement at least two transportation-referral, outreach, or coordination strategies by June 2029.	• Strengthen communication and referral coordination with transportation providers and community partners.	Program Manager / Executive Director	Ongoing 07/2025 – 06/2029	Transportation barrier assessment completed by June 2027 and coordination activities documented annually.
	• Identify transportation barriers affecting access to nutrition services, healthcare, wellness activities, and supportive services.	Program Manager	By 06/2027	Transportation barriers evaluated and incorporated into planning efforts. At least two coordination strategies are implemented by June 2029.
	• Support collaborative planning activities focused on improving rural transportation coordination and mobility access.	Executive Director / Comm. Partners	Ongoing 07/2025 – 06/2029	Participation in regional transportation planning and collaborative activities documented annually.
	• Increase public awareness of available transportation	Operations Support Specialist	Ongoing 07/2025 – 06/2029	Increased transportation outreach and referral

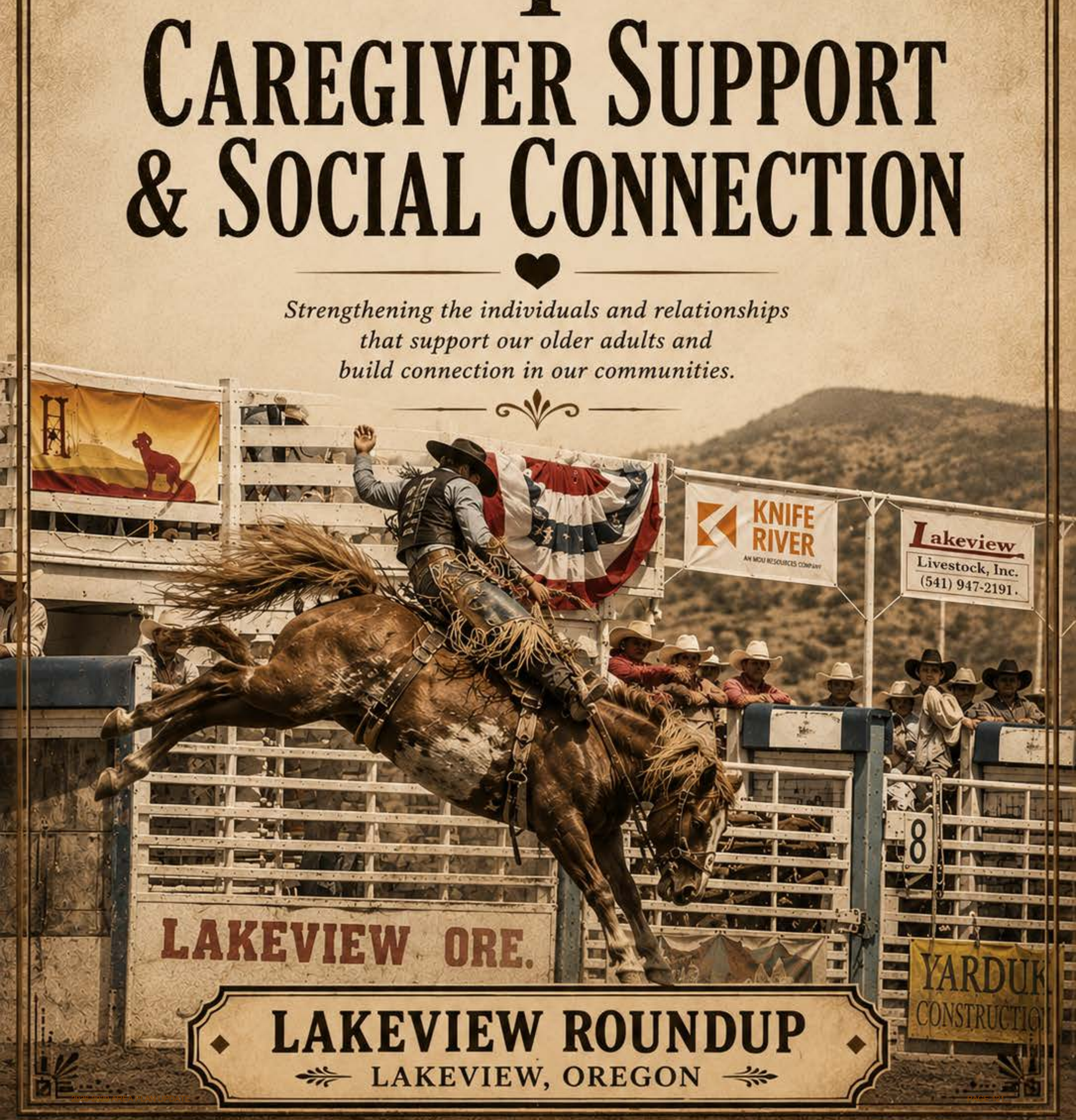
	resources and referral options throughout the PSA.			coordination documented annually.
	UPDATE			
	KLCCOA continues participating in regional transportation coordination and rural access planning activities throughout Klamath and Lake Counties to improve awareness of transportation resources, strengthen referral coordination, and reduce barriers affecting access to services and community connection throughout the PSA.			

FOCUS AREA

4

Caregiver Support & Social Connection

Strengthening the individuals and relationships that support our older adults and build connection in our communities.



LAKEVIEW ROUNDUP

LAKEVIEW, OREGON

FOCUS AREA #4: Caregiver Support and Social Connection

"Caregivers need support too. Many are exhausted and trying to do everything alone." – .Community.Conversation.Participant

Introduction

KLCCOA recognizes family caregivers, friends, neighbors, and informal support networks as critical components of the long-term services and supports system throughout Klamath and Lake Counties. Caregivers provide essential assistance that allows older adults and adults with disabilities to remain safely connected to their homes, families, and communities while maintaining dignity, independence, and quality of life.

Community survey findings identified caregiver support as one of the most frequently reported service needs throughout the PSA. Respondents expressed ongoing concerns related to respite needs, caregiver stress, financial pressures, and access to supportive resources for individuals providing unpaid care to family members and loved ones.

Throughout the PSA, caregivers frequently experience significant emotional, physical, and financial stress associated with caregiving responsibilities. Rural and frontier conditions, transportation barriers, limited access to healthcare, workforce shortages, and geographic isolation can further increase caregiver burden and reduce opportunities for respite, social connection, and support.

Social isolation also continues affecting many older adults throughout the PSA, particularly individuals residing within rural communities, individuals living alone, caregivers, older adults with disabilities, and those experiencing transportation or mobility barriers. Loneliness and isolation can significantly impact physical health, mental health, cognitive wellbeing, chronic disease outcomes, and overall quality of life.

KLCCOA recognizes that caregivers have diverse needs that change throughout the caregiving journey. Through person-centered planning, caregiver assessment, coordinated

referrals, and individualized support, services are designed to connect caregivers with resources that best meet their unique circumstances, preferences, and goals.

KLCCOA remains committed to strengthening caregiver support systems, social connection opportunities, wellness activities, outreach efforts, and community partnerships designed to reduce isolation and improve long-term well-being for older adults and caregivers throughout Klamath and Lake Counties.

Caregiver Sustainability and Wellness

Family caregivers often provide complex support for extended periods while balancing employment, financial responsibilities, health concerns, and emotional stress. Access to caregiver education, respite opportunities, peer support, wellness activities, and coordinated resources remains critical to supporting long-term caregiving sustainability throughout the Planning and Service Area.

KLCCOA provides caregiver support through the core National Family Caregiver Support Program services, including information and assistance, access assistance, caregiver education and training, respite care, and supplemental services designed to strengthen caregivers' ability to continue providing care safely and effectively.

KLCCOA continues supporting caregivers through evidence-based caregiver education programs, support groups, respite coordination, information and assistance, and referral partnerships designed to improve caregiver well-being and reduce burnout.

Caregivers may access services through the ADRC, direct contact with KLCCOA, Case Manager referral, healthcare or community-partner referral, or outreach activities. KLCCOA staff provide information, assistance, service navigation, caregiver assessment, education, and referral coordination directly. Respite is coordinated through qualified providers or other authorized service arrangements based on assessed need, eligibility, provider availability, and available funding. Support groups and caregiver-education activities are provided by KLCCOA staff or in partnership with community organizations. Limited supplemental services may include assistive technology, home modifications, emergency-response systems, incontinence supplies, transportation assistance, or other allowable supports needed to help sustain the caregiving arrangement.

KLCCOA also serves eligible Older Relative Caregivers, including grandparents and other relatives age 55 or older who are the primary caregivers of a child or an adult with a disability.

Social Isolation and Community Connection

Older adults throughout Klamath and Lake Counties continue facing increasing risks associated with social isolation and loneliness, particularly within geographically isolated rural and frontier communities. Congregate meal programs, wellness activities, support groups, volunteer opportunities, outreach activities, and community events provide important opportunities for social engagement and connection.

KLCCOA recognizes social connection as a critical component of healthy aging and continues prioritizing programs and partnerships that support inclusion, community engagement, and meaningful participation throughout the PSA.

Community engagement opportunities also provide important pathways for identifying additional service needs and connecting older adults and caregivers with the broader aging services network.

Rural and Frontier Challenges

KLCCOA's operational realities are fundamentally different from urban AAAs. The large geographic size of the Planning and Service Area creates additional barriers related to transportation access, caregiver availability, technology access, and participation in community activities. Severe weather conditions and long travel distances may further increase social isolation and reduce access to supportive services throughout the region.

KLCCOA continues working collaboratively with community organizations, healthcare providers, senior centers, Tribal partners, and volunteers to strengthen coordinated support systems and improve access to caregiver and social support resources throughout Klamath and Lake Counties.

Limited availability of respite providers, long travel distances, workforce shortages, and transportation barriers continue to affect equitable access to caregiver support services throughout many rural communities.

When caregiver-service demand exceeds available resources, KLCCOA prioritizes caregivers experiencing the greatest economic or social need, significant caregiver burden, limited informal support, rural or frontier isolation, or circumstances placing the care recipient at increased risk of institutional placement. KLCCOA identifies and engages these caregivers through caregiver assessments, ADRC and Case Manager contacts, healthcare and hospital

referrals, Tribal and senior-center partnerships, rural meal-site outreach, and community education. Outreach and service coordination are adapted when needed to address language, transportation, cultural, disability, or geographic barriers.

Future Caregiving and Social Support Needs

As the older adult population throughout the Planning and Service Area continues growing, demand for caregiver support services, respite opportunities, wellness activities, and programs reducing social isolation is expected to increase significantly. Strengthening sustainable caregiver systems and opportunities for social connection remains essential to supporting healthy aging and long-term community wellbeing throughout the region.

KLCCOA will continue strengthening partnerships with healthcare providers, behavioral health organizations, Tribal partners, senior centers, community organizations, and other members of the aging network to improve outreach, expand caregiver resources, increase culturally responsive services, and strengthen equitable access to support.

KLCCOA remains committed to strengthening equitable access to caregiver support services, social engagement opportunities, and coordinated community resources designed to improve the quality of life for older adults and caregivers throughout Klamath and Lake Counties.

Strategic Direction and Implementation

The following goals and objectives are designed to strengthen caregiver support, reduce social isolation, expand equitable access to respite and supportive services, and improve the long-term sustainability of caregiver resources throughout Klamath and Lake Counties. These strategies emphasize person-centered planning, collaborative partnerships, and culturally responsive service delivery while supporting caregivers in their essential role of helping older adults remain safe, healthy, and independent within their homes and communities.

SMART Objectives and Implementation Strategies

FOCUS AREA #4: Caregiver Support and Social Connection

GOAL 4: Strengthen caregiver support systems, social connection opportunities, and coordinated community resources throughout Klamath and Lake Counties to reduce isolation, improve well-being, and support healthy aging by 2029.

GOAL 4.1	Strengthen caregiver education, respite coordination, and supportive service systems throughout the PSA by 2029.			
OBJECTIVES	**KEY TASKS**	**LEAD**	**TIMEFRAME**	**PERFORMANCE MEASURES**
4.1.1 Increase the annual number of unduplicated caregivers receiving one or more Family Caregiver Support Program services by 15 percent from the FY 2025 baseline by June 2029. Services include information, access assistance, caregiver education or training, respite, support groups, and supplemental services.	• Expand outreach and caregiver education for caregivers, including rural residents, Tribal communities, Hispanic caregivers, LGBTQIA2S+ caregivers, veterans, Older Relative caregivers, and individuals experiencing the greatest social and economic need.	Program Manager / Executive Director	Ongoing 07/2025 – 06/2029	15 percent increase from the FY 2025 baseline in annual unduplicated caregivers receiving one or more Family Caregiver Support Program services by June 2029.
	• Continue supporting caregiver support groups and evidence-based caregiver education opportunities throughout the PSA.	Program Manager	Ongoing 07/2025 – 06/2029	Caregiver outreach, education, and support activities documented annually.
	• Strengthen respite coordination and supportive service referrals designed to reduce caregiver stress and burnout.	Case Managers	Ongoing 07/2025 – 06/2029	Respite referrals, authorizations, and service coordination documented annually.

	• Promote caregiver wellness, stress management, and sustainability through education and coordinated community support.	Program Manager / Comm. Partners	Ongoing 07/2025 – 06/2029	Increased caregiver wellness activities and participation documented annually.
	UPDATE			
	KLCCOA continues strengthening caregiver support efforts throughout Klamath and Lake Counties through respite coordination, caregiver education, support groups, and evidence-based caregiver wellness activities designed to reduce caregiver stress and improve long-term caregiving sustainability throughout the PSA. Effective July 1, 2026, KLCCOA increased the annual respite allocation available to eligible caregivers to $1,200, strengthening access to short-term relief and supporting caregiver sustainability.			

GOAL 4.2

Strengthen social connection opportunities and reduce social isolation among older adults throughout the PSA by 2029.

OBJECTIVES	KEY TASKS	LEAD	TIMEFRAME	PERFORMANCE MEASURES
4.2.1 Increase annual participation in KLCCOA-supported social-engagement, wellness, and community-connection activities by 15 percent from the FY 2025 baseline by June 2029.	• Support congregate meal programs, wellness activities, support groups, and community events that encourage social engagement and inclusion.	Program Manager / Senior Center Partners	Ongoing 07/2025 – 06/2029	15 percent increase from the FY 2025 baseline in annual participation in documented social-engagement, wellness, and community-connection activities by June 2029.
	• Expand outreach efforts targeting socially isolated and geographically isolated older adults throughout the PSA.	Program Manager / Case Managers	Ongoing 07/2025 – 06/2029	Increased outreach activities and engagement with isolated older adults documented annually.
	• Promote volunteer opportunities, intergenerational activities, and community engagement initiatives supporting social connection and healthy aging.	Executive Director / Comm. Partners	Ongoing 07/2025 – 06/2029	Increased participation in community engagement activities documented annually.
	• Increase awareness of available social support resources, wellness programs, and	Operations Support Specialist	Ongoing 07/2025 – 06/2029	Public communication regarding available social-support and wellness

	community-based activities throughout the PSA.			resources documented annually.
	UPDATE			
	KLCCOA continues strengthening social-connection opportunities through congregate meals, wellness activities, support groups, community outreach, volunteer engagement, and partnerships with senior centers and community organizations. These activities provide opportunities to identify socially isolated older adults, connect them with supportive resources, and increase meaningful community participation throughout the PSA.			

GOAL 4.3	Strengthen community partnerships and coordinated outreach efforts supporting caregiver wellbeing and social connection throughout the PSA by 2029.			
OBJECTIVES	**KEY TASKS**	**LEAD**	**TIMEFRAME**	**PERFORMANCE MEASURES**
4.3.1 Develop and document a coordinated referral process for caregiver and social-support services by June 2027 and participate in at least four collaborative outreach, education, or partnership activities annually through June 2029.	• Strengthen partnerships with healthcare providers, behavioral health organizations, Tribal partners, senior centers, and community organizations supporting caregiver and social support initiatives.	Executive Director	Ongoing 07/2025 – 06/2029	Increased collaborative partnership activities documented annually.
	• Participate in regional outreach and education activities focused on caregiver support, mental health awareness, social isolation, and healthy aging.	All Staff	Ongoing 07/2025 – 06/2029	Community outreach and educational participation documented annually.
	• Improve referral coordination processes supporting timely connection to caregiver resources, wellness services, and social support programs.	Program Manager / Case Managers	By 06/2027	Coordinated caregiver and social-support referral process completed and documented by June 2027.
	• Support collaborative planning activities focused on addressing social isolation, caregiver	Executive Director / Comm-	Ongoing 07/2025 – 06/2029	Participation in collaborative planning and partnership initiatives documented annually.

	sustainability, and rural support barriers throughout the PSA.	unity Partners		
	UPDATE			
	KLCCOA continues strengthening collaborative outreach, partnership development, and coordinated support efforts focused on caregiver well-being, social connection, and healthy aging throughout Klamath and Lake Counties. Regional partnerships and community engagement activities continue improving awareness of available resources and strengthening coordinated support systems throughout the PSA.			

FOCUS AREA

5

Tribal Partnerships and Culturally Responsive Services

Honoring traditions, building relationships,
and working together to create
stronger, more inclusive communities.

FOCUS AREA #5: Tribal Partnerships and Culturally Responsive Services

"Services work best when communities feel seen, heard, and included." – .Community.Conversation.Participant

Introduction

KLCCOA recognizes the importance of strengthening meaningful partnerships with Tribal communities and ensuring aging services remain culturally responsive, equitable, and accessible throughout Klamath and Lake Counties. The Klamath Tribes and other Native communities remain deeply connected to the cultural, historical, and social identity of the region and continue to serve an important role in supporting older adults and Tribal elders throughout the PSA.

KLCCOA also recognizes the growing diversity of the PSA, including increasing Hispanic and Latino populations, individuals with limited English proficiency, rural and frontier residents, veterans, LGBTQIA2S+ older adults, and other priority populations and individuals experiencing greatest economic or social need, who may experience barriers related to transportation, language access, healthcare access, economic hardship, discrimination, social isolation, or limited awareness of available services.

The Older Americans Act requires Area Agencies on Aging to prioritize services for individuals with the greatest economic and social need, including low-income older adults, minority populations, rural residents, individuals with disabilities, and individuals experiencing social isolation. KLCCOA remains committed to ensuring outreach, planning efforts, and service delivery practices remain equitable, culturally responsive, inclusive, and reflective of the diverse communities served throughout the PSA.

Through ongoing collaboration, relationship-building, and coordinated outreach efforts, KLCCOA continues strengthening partnerships designed to improve trust, communication, referral coordination, and equitable access to aging and disability services throughout Klamath and Lake Counties.

KLCCOA recognizes that building trust with underserved populations requires long-term relationship development, culturally informed outreach, meaningful community engagement, and collaboration with organizations that understand the unique needs and strengths of the communities they serve. These efforts support person-centered service delivery while helping reduce barriers to accessing aging and disability resources throughout the Planning and Service Area.

Tribal Partnerships and Community Collaboration

The Klamath Tribes continue serving as an important partner in supporting older adults and Tribal elders throughout the PSA. Collaborative efforts between KLCCOA and Tribal partners support culturally responsive congregate meal opportunities, caregiver support, health promotion activities, outreach activities, information sharing, referral coordination, emergency planning, and participation in community planning initiatives.

KLCCOA recognizes the importance of maintaining respectful, relationship-based partnerships with Tribal communities while supporting culturally informed approaches to service coordination, wellness activities, caregiver support, and healthy aging initiatives throughout the PSA.

KLCCOA maintains communication with the Klamath Tribes Title VI Program and other Tribal partners through meetings, email, telephone communication, community events, collaborative planning activities, and direct staff coordination. KLCCOA shares information regarding Title III and Title VII services, program changes, referral pathways, funding opportunities, public hearings, technical-assistance resources, and opportunities to participate in KLCCOA advisory councils, workgroups, committees, and other community-planning activities. When appropriate, KLCCOA assists Tribal partners with understanding funding opportunities and connecting with available technical assistance.

Tribal programs may refer Tribal elders and family caregivers to KLCCOA through the ADRC, direct staff contact, coordinated outreach activities, or other agreed referral pathways, with appropriate individual consent. KLCCOA and Tribal partners collaborate to ensure services are coordinated with Title VI resources and delivered in a person-centered, culturally appropriate, and trauma-informed manner that respects individual preferences, cultural identity, family and community relationships, and Tribal sovereignty. KLCCOA also coordinates with Tribal emergency-management representatives through information sharing, planning meetings, emergency-resource coordination, and development or review of emergency-preparedness procedures affecting Tribal elders and other vulnerable community members.

Equity and Culturally Responsive Service Delivery

KLCCOA recognizes that equitable service delivery requires intentional outreach, communication accessibility, and responsiveness to the unique experiences and barriers affecting priority populations and individuals experiencing greatest economic or social need throughout the PSA. Geographic isolation, transportation barriers, language access limitations, poverty, healthcare disparities, and historical mistrust of systems may affect awareness of services and willingness to seek assistance.

KLCCOA continues prioritizing culturally responsive communication strategies, bilingual outreach efforts, equitable referral practices, and community-based engagement activities designed to improve awareness of available resources and strengthen access to services throughout the PSA.

KLCCOA also continues working to improve digital accessibility, language access, and communication strategies that ensure older adults with diverse cultural backgrounds, disabilities, and communication needs are able to access services in ways that are respectful, understandable, and responsive to individual preferences.

Rural and Frontier Access Barriers

Many priority populations throughout Klamath and Lake Counties reside within rural and frontier communities where long travel distances, severe weather conditions, transportation limitations, and workforce shortages create additional challenges that affect service access and community connection.

KLCCOA continues strengthening partnerships and outreach strategies focused on reducing barriers affecting underserved populations while supporting coordinated regional efforts that improve equitable access to services throughout the PSA.

KLCCOA prioritizes outreach to rural and frontier residents, Tribal elders and Native communities, Hispanic and Latino older adults, individuals with limited English proficiency, veterans, LGBTQIA2S+ older adults, individuals living with HIV/AIDS, people with disabilities or chronic conditions, and others experiencing greatest economic or social need to help ensure equitable access to available services.

Future Community Needs and Regional Diversity

As the PSA continues evolving demographically, demand for culturally responsive services, bilingual communication, equitable outreach strategies, and coordinated partnerships is expected to increase. KLCCOA remains committed to continuous improvement efforts designed to strengthen inclusion, accessibility, and culturally responsive service delivery throughout Klamath and Lake Counties.

Building strong community partnerships and maintaining ongoing dialogue with priority populations and individuals experiencing greatest economic or social need remain essential to supporting equitable aging services systems responsive to the changing needs of the region.

KLCCOA will continue strengthening partnerships with Tribal governments, culturally specific organizations, healthcare providers, educational institutions, community coalitions, and local governments to improve outreach, reduce disparities, expand culturally responsive programming, and strengthen equitable access to services throughout Klamath and Lake Counties.

Strategic Direction and Implementation

The following goals and objectives are designed to strengthen culturally responsive service delivery, improve equitable access to aging and disability resources, expand meaningful partnerships with Tribal governments and underserved communities, and reduce barriers affecting older adults throughout Klamath and Lake Counties.

Through person-centered planning, community engagement, bilingual communication, collaborative partnerships, and targeted outreach strategies, KLCCOA will continue working to ensure aging services remain inclusive, accessible, culturally responsive, and reflective of the diverse communities served throughout the Planning and Service Area.

SMART Objectives and Implementation Strategies

FOCUS AREA #5 Tribal Partnerships and Culturally Responsive Services

GOAL 5: Strengthen culturally responsive outreach, equitable service delivery, and collaborative partnerships supporting underserved populations throughout Klamath and Lake Counties by 2029.

GOAL 5.1 Strengthen Tribal partnerships, communication, and collaborative service coordination efforts throughout the PSA by 2029.

OBJECTIVES	KEY TASKS	LEAD	TIMEFRAME	PERFORMANCE MEASURES
5.1.1 Participate in at least four documented Tribal outreach, referral-coordination, community-event, or collaborative-planning activities annually through June 2029.	• Continue participation in Tribal community events, outreach activities, and collaborative planning opportunities throughout the PSA.	Program Manager / Executive Director	Ongoing 07/2025 – 06/2029	At least four Tribal outreach, referral-coordination, community-event, or planning activities documented annually.
	• Strengthen communication and referral coordination processes supporting access to aging and disability services for Tribal elders and Native community members.	Program Manager / Case Managers	Ongoing 07/2025 – 06/2029	Increased referral coordination and collaborative service activities documented annually.
	• Promote ongoing relationship-building and collaborative communication supporting trust, inclusion, and coordinated community engagement.	Executive Director	Ongoing 07/2025 – 06/2029	Increased Tribal partnership activities and collaborative engagement documented annually.
	• Support culturally responsive congregate meal opportunities and wellness activities in partnership with Tribal organizations.	Program Manager / Comm. Partners	Ongoing 07/2025 – 06/2029	Continued culturally responsive nutrition and wellness activities documented annually.

	• Share information with Title VI and Tribal partners at least annually regarding Title III and Title VII services, program changes, funding or technical-assistance opportunities, public hearings, and opportunities to participate in KLCCOA advisory councils, boards, committees, or workgroups.	Executive Director / Program Manager	Annually through 06/2029	Annual communication regarding services, funding opportunities, public processes, and advisory or workgroup opportunities documented.
	• Coordinate with Tribal emergency-management representatives at least annually regarding emergency planning, information sharing, and resources affecting Tribal elders and family caregivers.	Executive Director / Case Managers	Annually through 06/2029	At least one Tribal emergency-management coordination activity or documented outreach attempt completed annually.
	UPDATE			
	KLCCOA continues strengthening Tribal partnerships and collaborative outreach efforts throughout Klamath and Lake Counties through participation in community events, culturally responsive meal programs, coordinated referral activities, and ongoing relationship-building efforts supporting Tribal elders and Native communities throughout the PSA. In 2026, KLCCOA developed a Title III/Title VI Coordination Policy and annual Coordination Work Plan to further support structured communication and coordination with Tribal partners.			

GOAL 5.2	Strengthen equitable outreach, culturally responsive communication, and accessibility of services for underserved populations throughout the PSA by 2029.			
OBJECTIVES	**KEY TASKS**	**LEAD**	**TIMEFRAME**	**PERFORMANCE MEASURES**
5.2.1 Complete at least four targeted outreach activities annually with priority populations and develop or	• Develop or update at least two culturally responsive, accessible, or bilingual materials addressing	Operations Support Specialist	By 06/2027	Increased accessibility and distribution of culturally responsive outreach materials documented annually. At least

update at least two culturally responsive, accessible, or bilingual outreach materials by June 2027	aging and disability services by June 2027.			two culturally responsive, accessible, or bilingual outreach materials developed or updated by June 2027.
	• Expand outreach activities targeting rural and frontier residents, low-income older adults, LGBTQIA2S+ older adults, individuals with disabilities, people with limited English proficiency, and other priority populations	Program Manager / Operations Support Specialist	Ongoing 07/2025 – 06/2029	At least four targeted outreach activities with priority populations documented annually.
	• Strengthen staff education opportunities related to cultural responsiveness, equitable service delivery, inclusion, and communication accessibility.	Executive Director / Program Manager	Ongoing 07/2025 – 06/2029	Annual staff training and professional development activities documented.
	• Evaluate outreach and communication strategies periodically to identify barriers affecting equitable access to services throughout the PSA.	Program Manager / Operations Support Specialist	By 06/2028 and ongoing	Outreach evaluation activities documented and incorporated into planning efforts.
	UPDATE			
	KLCCOA continues strengthening culturally responsive outreach and equitable communication strategies throughout Klamath and Lake Counties through bilingual outreach efforts, inclusive communication practices, staff education activities, and community engagement initiatives focused on improving awareness of services among priority populations and individuals with the greatest economic or social need throughout the PSA.			

GOAL 5.3	Strengthen regional collaboration and coordinated community partnerships supporting equitable service access throughout the PSA by 2029.

OBJECTIVES	KEY TASKS	LEAD	TIMEFRAME	PERFORMANCE MEASURES
5.3.1 Participate in at least four regional equity, referral-coordination, collaborative-outreach, or partnership activities annually through June 2029 and identify at least one opportunity to reduce a documented service-access barrier by June 2028.	• Participate in regional equity initiatives, community coalitions, and collaborative planning activities supporting priority populations and individuals experiencing the greatest economic or social need.	All Staff	By 06/2027	Participation in equity and collaborative initiatives is documented annually. At least four regional equity, referral-coordination, outreach, or partnership activities are documented annually.
	• Strengthen referral coordination and communication pathways with healthcare providers, behavioral health organizations, Tribal partners, and community agencies.	Program Manager / Case Managers	Ongoing 07/2025 – 06/2029	Increased referral coordination and collaborative activities documented annually.
	• Support collaborative outreach activities designed to improve awareness of available aging and disability services throughout the PSA.	All Staff	Ongoing 07/2025 – 06/2029	Community outreach and collaborative engagement activities documented annually.
	• Identify opportunities to strengthen equitable service coordination and reduce barriers affecting underserved populations throughout the PSA.	Executive Director / Comm. Partners	By 06/2028	Equity-focused planning and service coordination efforts documented. At least one opportunity to reduce a documented service-access barrier identified by June 2028, with feasible follow-up action recorded.
	UPDATE			
	KLCCOA continues participating in collaborative regional efforts focused on equitable outreach, culturally responsive service delivery, and coordinated community support throughout Klamath and Lake Counties.			

	Ongoing partnership development and regional collaboration activities continue strengthening access to aging and disability services for underserved populations throughout the PSA.

FOCUS AREA

6

ELDER RIGHTS, LEGAL ASSISTANCE, AND PROTECTION

Upholding dignity. Ensuring justice.
Protecting rights and promoting
safe, informed choices.

LAKE COUNTY COURTHOUSE

LAKEVIEW, OREGON

FOCUS AREA #6: Elder Rights, Legal Assistance, and Protection

"Many older adults are hesitant to ask for help until a crisis occurs."
– .Community.Conversation.Participant

Introduction

KLCCOA recognizes the protection of older adults' rights, dignity, safety, and independence as a critical component of the aging services network throughout Klamath and Lake Counties. Older adults throughout the PSA may experience increased vulnerability related to elder abuse, neglect, exploitation, fraud, social isolation, housing instability, healthcare access barriers, and complex legal or financial challenges affecting overall well-being and quality of life.

Rural and frontier conditions throughout the PSA can further increase vulnerability for older adults experiencing abuse, neglect, exploitation, or isolation due to transportation barriers, limited-service availability, reduced access to legal resources, and long distances between communities. Older adults residing within geographically isolated communities may experience additional challenges accessing advocacy services, legal assistance, and supportive resources.

KLCCOA remains committed to protecting older adults through coordinated outreach, information and assistance, legal assistance referrals, elder abuse prevention activities, ombudsman coordination, community education, and collaborative partnerships designed to support safety, dignity, autonomy, and access to services throughout Klamath and Lake Counties.

KLCCOA recognizes that protecting elder rights requires a coordinated, person-centered approach involving education, prevention, advocacy, legal assistance, and strong partnerships across the aging services network. Early identification of concerns, coordinated referrals, and access to trusted community resources help older adults make informed decisions, exercise their rights, and remain safely within their homes and communities whenever possible.

The agency also recognizes the importance of proactive education efforts supporting fraud prevention, financial safety, emergency preparedness, and informed decision-making among older adults, caregivers, and community members throughout the PSA.

Elder Rights and Advocacy

Older adults throughout the PSA have the right to live safely, maintain autonomy, access community resources, and receive services free from abuse, neglect, discrimination, exploitation, or coercion. KLCCOA continues supporting education, advocacy, referral coordination, and outreach efforts designed to protect elder rights and improve access to supportive services throughout the PSA.

The agency works collaboratively with Adult Protective Services, the Long-Term Care Ombudsman Program, Legal Aid Services of Oregon, healthcare organizations, law enforcement, Tribal partners, multidisciplinary teams, and community organizations to support coordinated responses, improve referral pathways, protect elder rights, and strengthen community protection systems for older adults throughout Klamath and Lake Counties.

KLCCOA staff follow established mandatory-reporting and referral procedures when abuse, neglect, self-neglect, or exploitation is suspected. Reports and referrals to Adult Protective Services are made promptly according to applicable law and agency procedure. Concerns involving the rights, safety, or quality of care of residents in long-term care settings are referred to the Office of the Long-Term Care Ombudsman. When appropriate and permitted by confidentiality requirements, KLCCOA staff coordinate with these entities to support timely referrals, information sharing, and connection to protective resources.

KLCCOA supports adult-abuse multidisciplinary teams serving Klamath and Lake Counties through participation when convened and appropriate, coordinated referrals, community education, identification of service gaps, and information sharing, consistent with privacy and confidentiality requirements. KLCCOA also collaborates with Adult Protective Services, law enforcement, healthcare, behavioral health, legal services, and other partners to strengthen coordinated responses to abuse and exploitation.

Elder Abuse Prevention and Community Education

Elder abuse prevention remains an important regional priority throughout the PSA. Financial exploitation, scams, neglect, self-neglect, caregiver stress, and social isolation continue

affecting older adults residing within both urban and rural communities throughout Klamath and Lake Counties.

KLCCOA continues supporting community education activities focused on fraud prevention, elder abuse awareness, mandatory reporting education, caregiver support, wellness monitoring, and public awareness efforts designed to reduce risk and improve community responsiveness to elder abuse concerns.

KLCCOA also participates in community awareness initiatives such as World Elder Abuse Awareness Day (WEAAD) and collaborates with regional partners to increase public awareness of elder abuse, neglect, financial exploitation, and available protective resources.

Legal Assistance and Resource Coordination

Many older adults throughout the PSA experience legal concerns related to housing, healthcare, benefits access, guardianship, advance directives, consumer protection, and financial security. Access to legal assistance resources can be especially limited within rural and frontier communities where transportation barriers and workforce shortages affect service availability.

Legal assistance referrals emphasize issues affecting older adults, including housing, public benefits, consumer protection, advance planning, financial exploitation, guardianship, and access to healthcare. KLCCOA works closely with Legal Aid Services of Oregon and other legal partners to improve access for older adults residing within rural and frontier communities.

KLCCOA continues supporting referral coordination and information sharing activities connecting older adults with legal assistance providers, advocacy resources, ombudsman services, and supportive community programs throughout the PSA.

KLCCOA maintains Legal Aid Services of Oregon as its contracted Title III-B legal-assistance provider through a written service agreement and applicable agency procurement and contracting procedures. Provider selection and continuation consider demonstrated expertise in legal issues affecting older adults, ability to serve rural and frontier communities, capacity to prioritize individuals with greatest economic or social need, service accessibility, reporting capacity, and compliance with Older Americans Act and Oregon legal-assistance program requirements.

KLCCOA monitors the legal-assistance agreement through review of required service and utilization reports, invoices, contract performance, referral coordination, and communication regarding emerging legal needs or service gaps. KLCCOA works with Legal Aid Services of Oregon to ensure services are confidential, accessible to individuals with disabilities and limited English proficiency, targeted to older adults with greatest economic or social need, and delivered according to applicable Oregon legal-assistance standards. Legal assistance may range from information and brief advice to representation in administrative or judicial proceedings, as appropriate and within provider capacity.

Community Partnerships and Coordinated Response

Protecting elder rights requires collaboration among healthcare providers, Adult Protective Services, Legal Aid Services of Oregon, the Long-Term Care Ombudsman Program, law enforcement, behavioral health providers, Tribal partners, emergency management, financial institutions, and community organizations. KLCCOA continues strengthening referral coordination, communication, and collaborative partnerships that improve early identification of concerns, coordinated intervention, and access to protective services for older adults throughout the Planning and Service Area.

Elder-rights protections are integrated throughout KLCCOA's service-delivery system, including ADRC Information and Assistance, Options Counseling, Case Management, caregiver support, nutrition services, rural outreach, and community education. Staff are trained to recognize potential legal, abuse, neglect, exploitation, and safety concerns arising during assessments, service contacts, wellness checks, or referrals and to connect individuals with Adult Protective Services, Legal Aid Services of Oregon, the Long-Term Care Ombudsman Program, law enforcement, or other appropriate resources. Referrals and coordination are handled in a person-centered, trauma-informed, culturally responsive, and confidential manner.

KLCCOA uses referral trends, partner feedback, community input, multidisciplinary-team participation, and communication with Adult Protective Services, Legal Aid Services of Oregon, the Long-Term Care Ombudsman Program, ADRC partners, and other community organizations to identify gaps in legal assistance and elder-protection systems. Identified gaps are addressed through referral-process improvements, community education, staff training, partnership development, collaborative planning, and advocacy for additional resources.

Future Protection and Advocacy Needs

As the older adult population throughout Klamath and Lake Counties continues growing, demand for elder rights advocacy, legal assistance coordination, fraud prevention education, and protective services is expected to increase. Strengthening coordinated protection systems and community awareness efforts remains essential to supporting safe and healthy aging throughout the PSA.

Future efforts will continue strengthening fraud prevention education, coordinated protective services, legal assistance partnerships, elder justice initiatives, mandatory reporting education, and community collaboration designed to improve safety, dignity, and access to advocacy resources for older adults throughout Klamath and Lake Counties.

KLCCOA remains committed to collaborative partnership development, community education, and coordinated advocacy efforts designed to improve safety, dignity, and access to supportive resources for older adults throughout the region.

Strategic Direction and Implementation

The following goals and objectives are designed to strengthen elder rights, improve access to legal assistance, expand elder abuse prevention efforts, and enhance coordinated community responses that protect the safety, dignity, independence, and rights of older adults throughout Klamath and Lake Counties.

Through person-centered advocacy, legal assistance referrals, community education, fraud prevention initiatives, collaborative partnerships, and coordinated protective services, KLCCOA will continue working to reduce barriers, strengthen community awareness, and improve equitable access to resources that help older adults remain safe, informed, and empowered throughout the Planning and Service Area.

SMART Objectives and Implementation Strategies

FOCUS AREA #6: Elder Rights, Legal Assistance, and Protection

GOAL 6: Strengthen elder rights protections, legal assistance coordination, and community education efforts supporting the safety, dignity, and well-being of older adults throughout Klamath and Lake Counties by 2029.

GOAL 6.1 Strengthen elder abuse prevention, community education, and coordinated protective service efforts throughout the PSA by 2029.

OBJECTIVES	KEY TASKS	LEAD	TIMEFRAME	PERFORMANCE MEASURES
6.1.1 Complete at least four elder-abuse prevention, fraud-prevention, elder-rights, or financial-safety education and outreach activities annually through June 2029.	• Participate in community education activities focused on elder abuse prevention, fraud awareness, financial safety, and healthy aging.	Program Manager / Executive Director	Ongoing 07/2025 – 06/2029	Community education and outreach activities documented annually.
	• Support outreach activities during Elder Abuse Awareness Month and related community awareness campaigns.	All Staff	Annually 06/2025 – 06/2029	At least four elder-abuse prevention, fraud-prevention, elder-rights, or financial-safety education and outreach activities documented annually.
	• Strengthen collaboration and communication with Adult Protective Services, law enforcement, healthcare providers, and community partners supporting older adult safety.	Executive Director / Program Manager	Ongoing 07/2025 – 06/2029	Increased collaborative protective service coordination documented annually.
	• Coordinate annual training from Adult Protective Services for KLCCOA Case Managers covering APS rules, allegation types, mandatory-reporting responsibilities, referral	Program Manager / Adult Protective Services	Annually through 06/2029	Annual APS training completed by Case Managers and documented, including training on APS rules, allegation types, mandatory reporting, referral

	procedures, documentation expectations, and the Case Manager's role in mitigating risk when abuse, neglect, self-neglect, or exploitation affects an OPI-M or other KLCCOA participant.			procedures, and Case Manager risk-mitigation responsibilities.
	• Promote fraud prevention and scam awareness education targeting older adults, caregivers, and community members throughout the PSA.	Program Manager / Comm. Partners	Ongoing 07/2025 – 06/2029	Fraud prevention education activities documented annually.
	UPDATE			
	KLCCOA continues supporting elder abuse prevention and community education efforts throughout Klamath and Lake Counties through outreach activities, fraud prevention education, collaborative partnerships, and public awareness initiatives focused on improving older adult safety and community responsiveness throughout the PSA.			

GOAL 6.2	Strengthen legal assistance referral coordination and access to advocacy resources throughout the PSA by 2029.			
OBJECTIVES	**KEY TASKS**	**LEAD**	**TIMEFRAME**	**PERFORMANCE MEASURES**
6.2.1 Improve awareness of available legal assistance resources and coordinated referral pathways for older adults throughout Klamath and Lake Counties by June 2029.	Provide information and referral coordination related to legal assistance, advance directives, consumer protection, housing concerns, and advocacy resources.	Case Managers / Operations Support Specialist	Ongoing 07/2025 – 06/2029	Legal assistance referrals and resource coordination activities documented annually.
	• Strengthen communication and coordination with Adult Protective Services, the Long-Term Care Ombudsman Program, Legal Aid Services of Oregon, multidisciplinary teams, law	Executive Director / Program Manager	Ongoing 06/2025 – 06/2029	Increased legal assistance partnership coordination documented annually.

	enforcement, and other community partners to improve elder protection and referral coordination.			
	• Expand outreach and education activities to improve awareness of elder rights and available advocacy resources throughout the PSA.	Operations Support Specialist	Ongoing 07/2025 – 06/2029	Increased public awareness and outreach engagement documented annually.
	• Identify barriers affecting access to legal assistance and advocacy services within rural and frontier communities throughout the PSA.	Program Manager	By 06/2028	Legal access barrier assessments documented and incorporated into planning efforts.
	UPDATE			
	KLCCOA continues strengthening referral coordination and outreach efforts related to elder rights advocacy, legal assistance resources, and ombudsman services throughout Klamath and Lake Counties. Ongoing partnership development and information-sharing activities continue improving access to advocacy and supportive resources throughout the PSA.			

GOAL 6.3	Strengthen coordinated regional partnerships supporting elder rights, advocacy, and protective services throughout the PSA by 2029.			
OBJECTIVES	**KEY TASKS**	**LEAD**	**TIMEFRAME**	**PERFORMANCE MEASURES**
6.3.1 Increase collaborative planning, communication, and partnership activities supporting elder protection and advocacy efforts throughout Klamath and Lake Counties by June 2029.	• Participate in and support adult abuse multidisciplinary teams serving both Klamath and Lake Counties, along with other regional collaborative initiatives focused on elder safety, fraud prevention, caregiver support, and healthy aging.	All Staff	Ongoing 07/2025 – 06/2029	Participation in regional protective service initiatives documented annually.

	• Strengthen communication and coordinated response efforts between KLCCOA and regional protective service partners.	Executive Director / Program Manager	Ongoing 06/2025 – 06/2029	Increased collaborative protective service coordination documented annually.
	• Support community-based outreach activities promoting older adult safety, dignity, inclusion, and access to supportive services.	All Staff	Ongoing 07/2025 – 06/2029	Outreach and community engagement activities are documented annually.
	• Identify opportunities to strengthen regional elder protection systems and coordinated advocacy efforts throughout the PSA.	Executive Director / Comm. Partners	By 06/2028	Regional Planning and elder protection improvement efforts documented.
	UPDATE			
	KLCCOA continues strengthening collaborative partnerships and coordinated regional efforts supporting elder rights, advocacy, fraud prevention, and older adult safety throughout Klamath and Lake Counties. Ongoing communication and community engagement activities continue improving awareness of available protective services and strengthening regional support systems throughout the PSA.			

FOCUS AREA

7

HEALTH PROMOTION AND HEALTHY AGING

Empowering body, mind, and spirit
through active living, wellness,
and lifelong learning.

KLAMATH BASIN
SENIOR CITIZENS CENTER
KLAMATH FALLS, OREGON

FOCUS AREA 7: Health Promotion and Healthy Aging

"Social connection and staying active are just as important as medical care."
– .Community.Conversation.Participant

Introduction

KLCCOA recognizes health promotion, disease prevention, and wellness education as essential components of healthy aging throughout Klamath and Lake Counties. Older adults throughout the PSA continue facing increasing challenges related to chronic disease, mobility limitations, social isolation, behavioral health concerns, fall risk, transportation barriers, and limited access to healthcare services, particularly within rural and frontier communities.

Evidence-based wellness activities, health education programs, social engagement opportunities, and preventive health initiatives can significantly improve quality of life, support independence, reduce healthcare costs, and strengthen long-term well-being for older adults throughout the region. Rural and geographically isolated communities often experience additional barriers related to healthcare workforce shortages, transportation access, severe weather conditions, and limited availability of wellness programming.

KLCCOA remains committed to supporting healthy aging through evidence-based health promotion activities, wellness education, fall prevention programs, caregiver wellness initiatives, social engagement opportunities, and collaborative partnerships designed to improve physical health, mental wellbeing, and quality of life throughout Klamath and Lake Counties.

KLCCOA uses Older Americans Act Title III-D funding to support evidence-based disease prevention and health promotion programs for at-risk older adults, with priority given to individuals experiencing the greatest economic and social need and those facing barriers to accessing wellness opportunities.

Through coordination with healthcare organizations, community partners, Tribal organizations, senior centers, and wellness providers, KLCCOA continues strengthening regional approaches supporting prevention-focused and community-based healthy aging systems throughout the PSA.

KLCCOA recognizes that healthy aging extends beyond the absence of disease. Promoting physical health, behavioral health, social connections, lifelong learning, and opportunities for active community participation helps older adults maintain independence, improve quality of life, and reduce the risk of preventable illness, injury, and institutionalization.

Evidence-Based Health Promotion

KLCCOA uses Older Americans Act Title III-D funding to support evidence-based health promotion programs facilitated by the Klamath Basin Senior Citizens' Center and The Center in Lakeview. Supported programs include SAIL, Tai Chi for Arthritis, Better Bones & Balance, and Walk with Ease. These programs are designed to improve strength, balance, mobility, chronic disease management, and overall health outcomes for older adults throughout the PSA. KLCCOA also coordinates caregiver wellness education through its caregiver support services and community partnerships.

Evidence-based programming remains especially important within rural communities where opportunities for structured wellness activities and preventive health education may otherwise be limited.

Additional health-promotion and fall-prevention opportunities are supported through community partnerships, including exercise and wellness programming led by Anne Davenport through the Klamath Basin Senior Citizens' Center. These partnerships expand access to movement, balance, strength, and healthy aging opportunities for older adults throughout the PSA.

KLCCOA will continue supporting evidence-based programming consistent with Older Americans Act requirements while collaborating with regional partners to expand access for rural residents, Tribal communities, caregivers, and other underserved populations throughout the Planning and Service Area.

Chronic Disease Prevention and Wellness Education

Many older adults throughout the PSA continue managing chronic health conditions including diabetes, heart disease, arthritis, respiratory conditions, mobility limitations, and behavioral health concerns. Access to wellness education, social engagement opportunities, nutrition support, and preventive health activities can significantly improve long-term health outcomes and quality of life.

Health promotion activities are coordinated with nutrition services, caregiver support, ADRC, transportation, and community-based healthcare partners to encourage comprehensive, person-centered approaches that improve long-term health outcomes.

KLCCOA continues supporting outreach, education, and partnership activities designed to improve awareness of wellness resources, promote healthy lifestyle practices, and strengthen coordinated approaches to chronic disease prevention throughout the PSA.

Rural and Frontier Health Challenges

Healthcare access barriers remain a significant concern throughout Klamath and Lake Counties due to provider shortages, transportation limitations, long travel distances, and severe weather conditions affecting rural and frontier communities. Older adults residing within isolated communities may experience increased barriers to accessing preventive healthcare services, wellness activities, behavioral health resources, and chronic disease support systems.

Transportation barriers, provider shortages, broadband limitations, and workforce capacity continue affecting access to preventive healthcare, behavioral health services, wellness programming, and evidence-based health promotion activities throughout many rural communities.

KLCCOA continues strengthening collaborative partnerships and community-based wellness activities designed to improve access to healthy aging resources and reduce health disparities throughout the PSA.

Future Wellness and Healthy Aging Needs

As the older adult population throughout Klamath and Lake Counties continues to grow, the demand for wellness programming, evidence-based health promotion activities, caregiver wellness support, and chronic disease prevention initiatives is expected to increase significantly.

KLCCOA will continue strengthening partnerships with healthcare providers, public health, behavioral health organizations, Tribal partners, senior centers, community organizations, and regional coalitions to expand evidence-based programming, improve health literacy, reduce chronic disease risk, and promote healthy aging opportunities that remain accessible throughout Klamath and Lake Counties.

KLCCOA remains committed to strengthening equitable access to wellness opportunities and coordinated health promotion systems supporting healthy aging, independence, and community wellbeing throughout the PSA.

Strategic Direction and Implementation

The following goals and objectives are designed to strengthen evidence-based health promotion, improve equitable access to wellness opportunities, reduce chronic disease risk, and support healthy aging throughout Klamath and Lake Counties.

Through collaborative partnerships, evidence-based programming, health education, fall prevention initiatives, chronic disease self-management, caregiver wellness support, and person-centered community engagement, KLCCOA will continue working to improve physical health, behavioral health, social connection, and quality of life for older adults throughout the Planning and Service Area.

SMART Objectives and Implementation Strategies

FOCUS AREA #7: Health Promotion and Healthy Aging

Goal: Strengthen evidence-based health promotion, wellness education, and healthy aging opportunities throughout Klamath and Lake Counties to improve quality of life, support independence, and reduce health disparities by 2029.

GOAL 7.1 Expand participation in evidence-based wellness and healthy aging activities throughout the PSA by 2029.

OBJECTIVES	KEY TASKS	LEAD	TIMEFRAME	PERFORMANCE MEASURES
7.1.1 Increase participation in evidence-based health promotion and wellness programs throughout Klamath and Lake Counties by June 2029.	• Support and expand evidence-based wellness programs focused on strength, balance, mobility, chronic disease prevention, and healthy aging.	Program Manager / Executive Director	Ongoing 07/2025 – 06/2029	Increased participation in evidence-based wellness activities documented annually.
	• Strengthen partnerships supporting wellness education and evidence-based health promotion opportunities throughout the PSA.	Program Manager / Comm. Partners	Ongoing 06/2025 – 06/2029	Increased wellness partnership activities documented annually.
	• Expand outreach and education efforts improving awareness of available wellness and healthy aging resources.	Operations Support Specialist / Program Manager	Ongoing 07/2025 – 06/2029	Increased wellness outreach and education activities documented annually.
	• Promote healthy aging activities supporting physical activity, mobility, social connection, and independence throughout the PSA.	All Staff	Ongoing 07/2025 – 06/2029	Increased participation and engagement in healthy aging activities documented annually.

	• Review program participation, referral, and available demographic data at least annually to identify populations experiencing the greatest economic or social need and implement at least two tailored outreach or access strategies based on identified barriers.	Program Manager	Annually through 06/2029	Annual data review completed and at least two tailored outreach or access strategies documented each year.
	UPDATE			
	KLCCOA continues supporting evidence-based health promotion and wellness activities throughout Klamath and Lake Counties through community partnerships, wellness education, and healthy aging initiatives designed to improve mobility, independence, and quality of life for older adults throughout the PSA.			

GOAL 7.2	Strengthen chronic disease prevention, wellness education, and healthy lifestyle initiatives throughout the PSA by 2029.			
OBJECTIVES	**KEY TASKS**	**LEAD**	**TIMEFRAME**	**PERFORMANCE MEASURES**
7.2.1 Increase community education and awareness activities related to chronic disease prevention, nutrition, mobility, hydration, behavioral health, and healthy aging by June 2029.	• Support outreach and education activities related to chronic disease prevention and healthy lifestyle practices.	Program Manager / Comm. Partners	Ongoing 07/2025 – 06/2029	Chronic disease prevention education activities documented annually.
	• Promote wellness education opportunities related to nutrition, hydration, physical activity, stress management, and behavioral health.	Program Manager / Comm. Partners	Ongoing 07/2025 – 06/2029	Wellness education participation documented annually.
	• Strengthen collaborative wellness initiatives supporting prevention-focused and community-based healthy aging efforts throughout the PSA.	Executive Director / Comm. Partners	Ongoing 07/2025 – 06/2029	Collaborative wellness activities documented annually.

	• Improve awareness of available health promotion resources and wellness opportunities through outreach, social media, and community engagement activities.	Operations Support Specialist	Ongoing 07/2025 – 06/2029	Increased public awareness and wellness outreach engagement documented annually.
	UPDATE			
	KLCCOA continues strengthening chronic disease prevention and wellness education efforts throughout Klamath and Lake Counties through outreach activities, evidence-based health promotion programs, community partnerships, and healthy aging initiatives designed to improve long-term health outcomes throughout the PSA.			

GOAL 7.3	Strengthen regional collaboration and coordinate healthy aging initiatives throughout the PSA by 2029.			
OBJECTIVES	**KEY TASKS**	**LEAD**	**TIMEFRAME**	**PERFORMANCE MEASURES**
7.3.1 Increase collaborative partnerships and coordinated wellness initiatives supporting healthy aging throughout Klamath and Lake Counties by June 2029.	• Participate in regional wellness coalitions, healthy aging initiatives, and community health partnerships throughout the PSA.	All Staff	Ongoing 07/2025 – 06/2029	Participation in regional wellness and healthy aging initiatives documented annually.
	• Strengthen collaboration with healthcare providers, senior centers, Tribal organizations, behavioral health organizations, and wellness partners supporting older adult wellbeing.	Executive Director / Program Manager	Ongoing 07/2025 – 06/2029	Increased collaborative wellness partnership activities documented annually.
	• Support coordinated outreach and wellness education activities designed to improve equitable access to healthy aging resources throughout the PSA.	Program Manager / Comm. Partners	Ongoing 07/2025 – 06/2029	Coordinated outreach and wellness education activities documented annually. Participation by identified priority populations in evidence-based health promotion

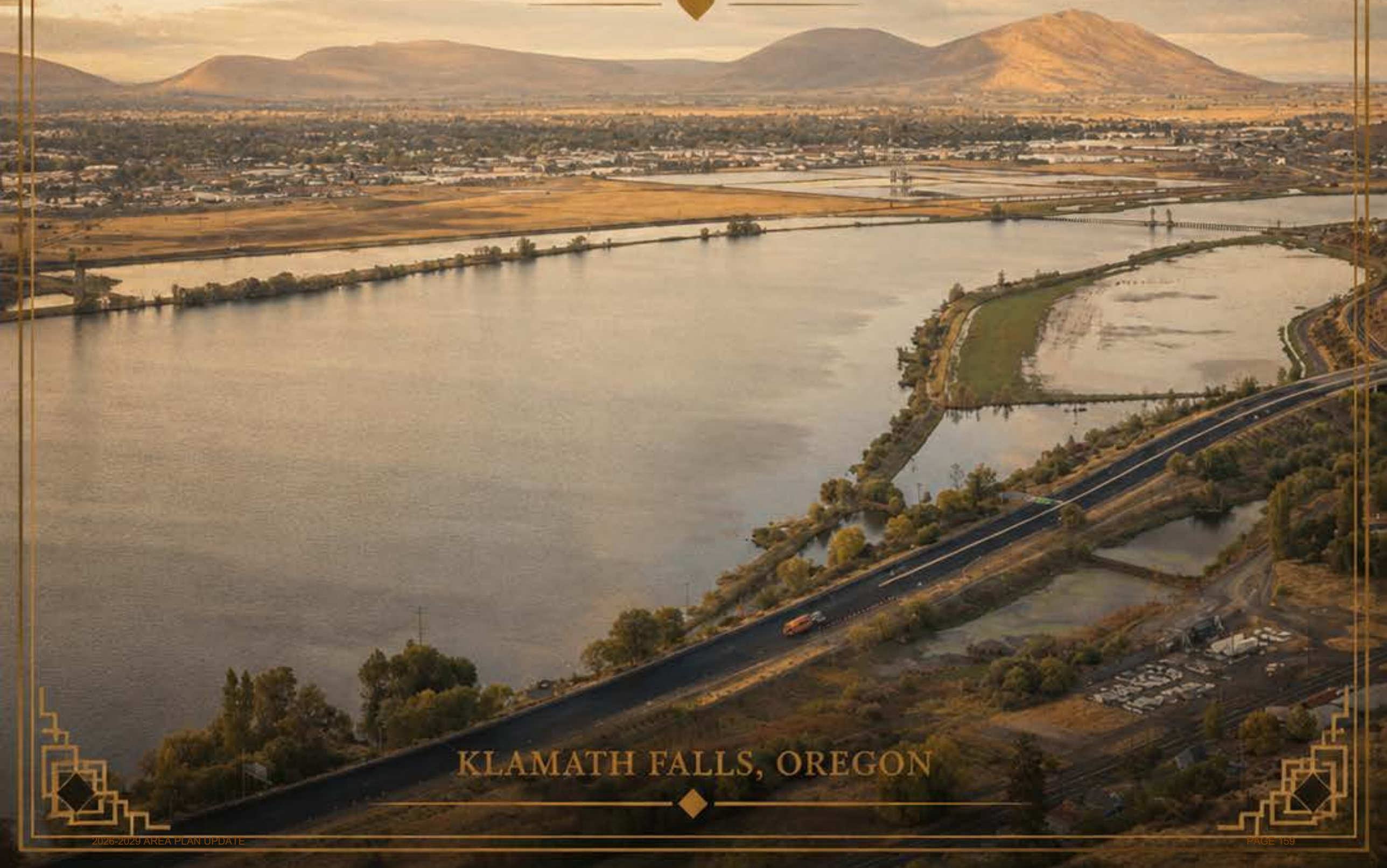
	• Continue expanding participation in evidence-based health promotion programs among rural residents, Tribal communities, caregivers, Hispanic older adults, veterans, LGBTQIA2S+ older adults, and individuals experiencing the greatest economic and social need.			programs is reviewed and documented annually.
	• Identify opportunities to strengthen regional healthy aging systems and expand access to wellness opportunities for underserved populations throughout the PSA.	Executive Director / Comm. Partners	By 06/2028	Healthy aging planning and partnership development efforts documented.
	UPDATE			
	KLCCOA continues strengthening collaborative healthy aging initiatives and coordinated wellness partnerships throughout Klamath and Lake Counties through community engagement, evidence-based programming, regional coalition participation, and outreach activities supporting equitable access to wellness resources and healthy aging opportunities throughout the PSA.			

FOCUS AREA

8

ORGANIZATIONAL EXCELLENCE AND SERVICE SUSTAINABILITY

Building a strong, adaptive organization that ensures long-term impact for our communities.



KLAMATH FALLS, OREGON

FOCUS AREA #8: Organizational Excellence and Service Sustainability

Introduction

KLCCOA recognizes that maintaining effective, sustainable, and responsive aging services throughout Klamath and Lake Counties requires strong organizational infrastructure, strategic leadership, workforce development, fiscal stewardship, and continuous quality improvement efforts. As demand for aging and disability services continues increasing throughout the PSA, maintaining sustainable systems and coordinated organizational practices remains critical to ensuring long-term service capacity and community impact.

Rural and frontier service delivery environments create unique operational challenges related to workforce recruitment and retention, transportation barriers, geographic isolation, funding limitations, emergency preparedness, and access to training opportunities. Increasing complexity within aging and disability service systems also requires ongoing staff development, quality assurance activities, compliance monitoring, and modernization of organizational practices.

KLCCOA remains committed to strengthening organizational systems supporting accountability, equitable service delivery, staff development, partnership coordination, operational sustainability, and responsive long-term planning throughout the PSA. The agency also recognizes the importance of maintaining transparent communication, collaborative leadership, and community trust while continuing modernizing internal systems and strengthening regional partnerships.

Through strategic planning, workforce development, continuous quality improvement, and coordinated organizational leadership, KLCCOA continues building sustainable systems supporting high-quality aging and disability services throughout Klamath and Lake Counties.

KLCCOA recognizes that organizational excellence depends upon continuous learning, innovation, accountability, and collaboration. By investing in workforce development, operational modernization, fiscal stewardship, technology, quality improvement, and regional partnerships, the agency will continue strengthening its capacity to respond to the evolving needs of older adults and caregivers throughout Klamath and Lake Counties.

Organizational Philosophy

KLCCOA believes that strong community outcomes begin with a strong organization. Investing in staff, partnerships, operational excellence, and responsible stewardship of public resources strengthens the agency's ability to deliver high-quality, person-centered services while maintaining the trust of older adults, caregivers, community partners, and funding agencies.

Workforce Development and Organizational Capacity

Recruitment, retention, cross-training, and professional development remain critical priorities supporting sustainable aging services throughout the PSA. Rural workforce shortages and increasing complexity of service systems require ongoing investment in staff education, leadership development, operational coordination, and succession planning efforts.

KLCCOA also recognizes the importance of succession planning, leadership development, employee engagement, and organizational resilience to maintain continuity of services and prepare for future workforce transitions.

KLCCOA continues strengthening workforce development efforts through staff training, operational modernization activities, cross-training opportunities, and supportive organizational practices designed to improve long-term service sustainability and organizational resilience.

Quality Assurance and Continuous Improvement

KLCCOA recognizes the importance of quality assurance activities, compliance monitoring, operational evaluation, and data-informed planning efforts supporting effective and accountable service delivery throughout the PSA. Quality improvement activities include routine program monitoring, consumer feedback, staff development, policy review, performance measurement, and compliance monitoring designed to strengthen accountability and improve organizational effectiveness.

Continuous improvement efforts remain focused on strengthening reporting consistency, operational coordination, customer service responsiveness, equitable outreach practices, and strategic planning systems supporting long-term organizational effectiveness.

Fiscal Sustainability and Resource Development

Maintaining sustainable funding and diversified resource development strategies remains essential to supporting responsive aging services throughout Klamath and Lake Counties. Increasing service demand, rural transportation barriers, workforce challenges, and evolving healthcare needs continue reinforcing the importance of strategic fiscal planning and collaborative partnership development.

KLCCOA continues strengthening fundraising efforts, partnership coordination, grant development activities, and community engagement initiatives designed to support long-term sustainability and responsive service delivery throughout the PSA.

KLCCOA will continue pursuing diversified funding opportunities through federal and state grants, private foundations, community fundraising initiatives, strategic partnerships, and responsible fiscal planning to strengthen long-term organizational sustainability while maintaining accountability for public resources.

Future Organizational Needs and Strategic Growth

As the “Silver Wave” continues increasing demand for aging and disability services throughout the region, KLCCOA anticipates growing need for expanded operational coordination, workforce capacity, technology modernization, emergency preparedness, and innovative rural service delivery approaches.

Future planning efforts will continue emphasizing technology modernization, workforce sustainability, emergency preparedness, succession planning, operational resilience, regional collaboration, and continuous quality improvement to ensure KLCCOA remains responsive to changing community needs and evolving aging services systems.

The agency remains committed to strategic leadership, collaborative planning, continuous improvement, and responsible stewardship supporting sustainable and equitable aging services systems throughout Klamath and Lake Counties.

Strategic Direction and Implementation

The following goals and objectives are designed to strengthen organizational excellence, workforce capacity, fiscal sustainability, quality improvement, and long-term operational resilience throughout KLCCOA.

Through strategic leadership, continuous quality improvement, workforce development, technology modernization, responsible fiscal stewardship, collaborative partnerships, and person-centered organizational practices, KLCCOA will continue building a responsive, accountable, and sustainable aging services network capable of meeting the evolving needs of older adults and caregivers throughout Klamath and Lake Counties.

SMART Objectives and Implementation Strategies

FOCUS AREA #8: Organizational Excellence and Service Sustainability

Goal: Strengthen organizational effectiveness, workforce development, fiscal sustainability, and continuous quality improvement efforts supporting responsive aging and disability services throughout Klamath and Lake Counties by 2029.

GOAL 8.1	Strengthen workforce development, staff training, and organizational capacity throughout the PSA by 2029.			
OBJECTIVES	**KEY TASKS**	**LEAD**	**TIMEFRAME**	**PERFORMANCE MEASURES**
8.1.1 Increase staff development, cross-training, and professional education opportunities supporting organizational sustainability and responsive service delivery by June 2029.	• Provide ongoing staff training opportunities related to ADRC operations, customer service, culturally responsive practices, compliance requirements, and aging services coordination, including annual APS training for case management staff as described in Goal 6.1.1.	Program Manager / Executive Director	Ongoing 07/2025 – 06/2029	Staff training and professional development activities documented annually.
	• Strengthen cross-training and operational coordination efforts supporting continuity of services and organizational resilience.	Program Manager	Ongoing 06/2025 – 06/2029	Increased cross-training participation and operational coordination documented annually.
	• Support leadership development and workforce sustainability initiatives throughout the organization.	Executive Director	Ongoing 07/2025 – 06/2029	Workforce development and leadership support activities documented annually.
	• Evaluate workforce and operational needs periodically to identify opportunities for organizational improvement and service sustainability.	Executive Director / Board Leadership	By 06/2028 and ongoing	Organizational evaluation and workforce planning activities documented.
	UPDATE			

	KLCCOA continues strengthening workforce development, staff training, and operational coordination efforts throughout Klamath and Lake Counties through cross-training activities, professional development opportunities, and organizational modernization efforts supporting long-term service sustainability throughout the PSA.

GOAL 8.2	Strengthen quality assurance, compliance monitoring, and continuous improvement systems throughout the PSA by 2029.			
OBJECTIVES	**KEY TASKS**	**LEAD**	**TIMEFRAME**	**PERFORMANCE MEASURES**
8.2.1 Strengthen quality assurance, compliance monitoring, and continuous improvement systems throughout the PSA by 2029.	• Conduct ongoing quality assurance and operational review activities related to ADRC services, reporting systems, and program compliance requirements.	Data & Compliance Officer / Program Manager	Monthly 07/2025 – 06/2029	Quality assurance and compliance review activities documented annually.
	• Strengthen internal procedures and operational coordination systems supporting consistent service delivery and reporting accuracy.	Program Manager / Executive Director	Ongoing 06/2025 – 06/2029	Operational procedure improvements and coordination activities documented annually.
	• Support continuous improvement efforts focused on customer service responsiveness, outreach coordination, and equitable access to services.	All Staff	Ongoing 07/2025 – 06/2029	Continuous improvement activities and operational updates documented annually.
	• Maintain compliance with applicable federal, state, and contractual aging services requirements throughout the PSA.	Executive Director / CFO	Ongoing 07/2025 – 06/2029	Continued compliance with applicable program requirements and monitoring standards.
	UPDATE			

	KLCCOA continues strengthening quality assurance, operational coordination, and continuous improvement activities throughout the PSA through monitoring efforts, reporting reviews, operational modernization initiatives, and strategic planning activities supporting effective and accountable service delivery.

GOAL 8.3	Strengthen fiscal sustainability, partnership development, and resource coordination supporting long-term aging service delivery throughout the PSA by 2029.			
OBJECTIVES	**KEY TASKS**	**LEAD**	**TIMEFRAME**	**PERFORMANCE MEASURES**
8.3.1 Increase organizational sustainability through partnership development, fundraising activities, grant opportunities, and coordinated resource development efforts by June 2029.	• Strengthen collaborative partnerships supporting organizational sustainability, coordinated service delivery, and resource development activities.	Executive Director / Board Leadership	Ongoing 07/2025 – 06/2029	Partnership and collaborative resource development activities documented annually.
	• Support fundraising initiatives, community engagement activities, and public awareness efforts supporting aging services throughout the PSA.	Executive Director / Comm. Partners	Ongoing 06/2025 – 06/2029	Fundraising and community engagement activities are documented annually.
	• Identify and pursue grant opportunities and strategic funding partnerships supporting organizational sustainability and service expansion efforts.	Executive Director / CFO	Ongoing 07/2025 – 06/2029	Grant development and funding opportunity activities documented annually.
	• Support strategic planning and long-term sustainability efforts addressing future aging service needs throughout the PSA.	Executive Director / Governing Board	By 06/2029	Strategic sustainability planning activities documented and incorporated into organizational planning.
	UPDATE			
	KLCCOA continues strengthening organizational sustainability and long-term planning efforts throughout Klamath and Lake Counties through partnership development, fundraising initiatives, grant coordination, and strategic planning activities supporting responsive aging and disability services throughout the PSA.			

Area Plan Implementation, Monitoring, and Evaluation

Introduction

The Klamath & Lake Counties Council on Aging (KLCCOA) recognizes that effective implementation, continuous evaluation, and responsive planning are essential to ensuring the success of the Area Plan and the long-term sustainability of aging and disability services throughout Klamath and Lake Counties.

This Area Plan serves as a strategic framework guiding organizational priorities, resource coordination, outreach efforts, partnership development, and service delivery activities throughout the PSA. KLCCOA remains committed to ongoing evaluation, quality improvement, and community engagement processes designed to ensure services remain responsive to the evolving needs of older adults, caregivers, adults with disabilities, and underserved populations throughout the region.

Implementation of the Area Plan will occur collaboratively across programs, departments, community partnerships, advisory bodies, and regional coalitions supporting aging services throughout the PSA.

Implementation of this Area Plan will emphasize person-centered service delivery, equitable access, data-informed decision-making, and continuous collaboration with community partners. These guiding principles support KLCCOA's commitment to maintaining responsive aging services that reflect the evolving needs and priorities of older adults throughout the Planning and Service Area.

Plan Implementation

KLCCOA leadership, program staff, advisory councils, community partners, and the Governing Board will share responsibility for implementation of the Area Plan throughout the planning cycle. Goals, objectives, and key tasks identified within the plan will guide organizational priorities, operational planning, funding decisions, outreach activities, and collaborative partnership efforts throughout Klamath and Lake Counties.

Area Plan implementation responsibilities will be incorporated into annual work planning, staff performance expectations, program management activities, and organizational strategic priorities to promote accountability and continuous progress toward established goals.

Implementation activities will remain responsive to changing community needs, funding availability, demographic trends, emerging service gaps, and evolving federal and state priorities affecting aging and disability services throughout the PSA.

KLCCOA will continue integrating Area Plan priorities into ongoing operational planning activities, staff development efforts, community engagement initiatives, and partnership coordination systems supporting equitable and sustainable service delivery throughout the region.

Monitoring and Performance Review

KLCCOA will utilize ongoing monitoring and evaluation activities to assess progress toward Area Plan goals, objectives, and performance measures throughout the planning cycle. Monitoring activities may include review of:

- Service utilization data
- Outreach and engagement activities
- ADRC and GetCare reporting systems
- Nutrition participation trends
- Quality assurance reviews
- Partnership development activities
- Community feedback and stakeholder input
- Compliance monitoring activities
- Performance measure tracking
- Program evaluation activities

Monitoring findings will be reviewed to identify trends, evaluate program effectiveness, inform resource allocation decisions, and support future planning efforts throughout the Planning and Service Area. Program staff, leadership staff, advisory groups, and the Governing Board will periodically review implementation progress and identify opportunities for improvement, service expansion, or strategic adjustment throughout the PSA.

KLCCOA recognizes that continuous evaluation and flexibility are necessary to support responsive aging services systems capable of adapting to changing regional needs and priorities.

Community Engagement and Public Input

Community engagement and public participation remain essential components of the Area Plan development and implementation process. KLCCOA remains committed to maintaining transparent communication and ongoing opportunities for public input throughout the planning cycle.

Public engagement activities may include:

- Public hearings
- Advisory Council meetings
- Governing Board meetings
- Community outreach events
- Surveys and questionnaires
- Stakeholder meetings
- Coalition participation
- Tribal partnership meetings
- Healthcare and community partner coordination
- Outreach activities throughout rural and frontier communities

KLCCOA recognizes the importance of ensuring underserved populations, Tribal communities, caregivers, rural residents, individuals with disabilities, and socially isolated older adults have opportunities to participate in planning discussions and provide input regarding service needs and regional priorities.

Feedback received through public engagement activities will continue informing planning decisions, service coordination efforts, outreach priorities, and continuous quality improvement activities throughout the PSA.

KLCCOA will continue utilizing culturally responsive and accessible engagement strategies designed to encourage participation from Tribal communities, Hispanic older adults, caregivers, veterans, LGBTQIA2S+ older adults, individuals with disabilities, rural residents, and other populations experiencing the greatest economic and social need.

Continuous Quality Improvement

KLCCOA remains committed to continuous quality improvement efforts supporting effective, equitable, and person-centered aging services throughout Klamath and Lake Counties.

Quality improvement activities may include:

- Monthly quality assurance reviews
- Staff training and professional development
- Operational procedure evaluation
- Reporting consistency reviews
- Outreach effectiveness evaluation
- Customer service improvement activities
- Community feedback review
- Partnership coordination assessment
- Program monitoring and compliance review
- Strategic planning evaluation activities

Continuous improvement efforts will remain focused on strengthening operational consistency, improving responsiveness to community needs, increasing equitable access to services, and supporting sustainable aging service systems throughout the PSA.

Continuous quality improvement efforts also support organizational learning by incorporating performance data, consumer satisfaction findings, staff feedback, and community input into operational planning, policy development, and future Area Plan updates.

Regional Coordination and Partnership Development

KLCCOA recognizes that effective aging services require strong collaboration between healthcare systems, public health agencies, Tribal organizations, senior centers, community organizations, emergency management, legal assistance providers, transportation partners, nutrition providers, behavioral health organizations, housing agencies, and other regional stakeholders.

The agency will continue participating in collaborative planning efforts, coalition activities, coordinated outreach initiatives, and regional partnership development activities supporting older adults and adults with disabilities throughout Klamath and Lake Counties.

Regional coordination activities remain especially important within rural and frontier communities where collaborative resource sharing and coordinated referral systems are essential to improving service access and reducing duplication of efforts.

KLCCOA remains committed to maintaining strong communication and collaborative relationships supporting responsive and equitable service delivery throughout the PSA.

Plan Amendments and Updates

KLCCOA recognizes that evolving community needs, demographic changes, funding availability, emergencies, legislative changes, and operational considerations may require periodic updates or amendments to the Area Plan during the planning cycle.

Minor updates, revisions, and operational adjustments may occur as necessary to maintain responsiveness to emerging needs and state or federal requirements. Significant amendments affecting service priorities, funding allocations, or major planning components will be presented to the Governing Board and completed in accordance with applicable state and federal requirements.

KLCCOA remains committed to maintaining a flexible and responsive planning process capable of adapting to the evolving needs of older adults, caregivers, and communities throughout Klamath and Lake Counties.

Conclusion

KLCCOA remains committed to supporting older adults, caregivers, adults with disabilities, and underserved populations throughout Klamath and Lake Counties through person-centered, compassionate service delivery, collaborative partnerships, strategic planning, and responsive community engagement.

As the region continues experiencing the impacts of the “Silver Wave,” KLCCOA will continue strengthening equitable access to services, promoting healthy aging, supporting independence, and building sustainable systems designed to help older adults remain safe, connected, and supported throughout the PSA.

The agency recognizes that the strength of the region is rooted in the resilience, compassion, and commitment of the communities it serves. Through collaboration, innovation, and shared responsibility, KLCCOA will continue working to ensure older adults throughout Klamath and Lake Counties are treated with dignity, respect, and care because, throughout this region, “we take care of our own.”

This Area Plan reflects KLCCOA's commitment to thoughtful planning, responsible stewardship of public resources, meaningful community partnerships, and continuous improvement. Through collaboration with older adults, caregivers, Tribal communities, community partners, volunteers, and stakeholders, KLCCOA will continue working to ensure aging services throughout Klamath and Lake Counties remain accessible, responsive, sustainable, and reflective of the values shared across the communities we proudly serve.

SECTION D

OAA/OPI SERVICES & METHOD OF SERVICE DELIVERY

Delivering high-quality, person-centered services through collaboration, innovation, and community partnerships.

FORT KLAMATH, OREGON

SECTION D: OAA/OPI SERVICES & METHOD OF SERVICE DELIVERY

Administration of Oregon Project Independence (OPI) and OPI-M

A. OPI and OPI-M Services

KLCCOA administers Oregon Project Independence (OPI Classic) and provides case management and service coordination for Oregon Project Independence–Medicaid (OPI-M) throughout Klamath and Lake Counties. These programs support eligible individuals in maintaining independence and remaining safely in their homes and communities. Authorized services may include in-home services, personal care, housekeeping, home-delivered meals, and case management or service coordination, consistent with applicable program requirements and individual service plans.

KLCCOA continues serving individuals already enrolled in OPI Classic but is not currently adding new participants to that program. Most eligible participants have transitioned to OPI-M. KLCCOA does not maintain an OPI Classic waitlist because the program is closed to new enrollment. Individuals seeking support are screened for other available programs and services, including OPI-M, Medicaid long-term services and supports, Older Americans Act services, and appropriate community resources.

For OPI-M, Aging and People with Disabilities determines Medicaid eligibility, while KLCCOA performs the case management, service planning, monitoring, and coordination responsibilities assigned through the written MOU between APD and KLCCOA.

For individuals continuing to receive OPI Classic services, the maximum authorization for in-home services is up to 25 hours per month of combined housekeeping and personal care, within KLCCOA's available budget. Eligibility does not automatically result in authorization of the maximum number of hours. Services are authorized according to assessed need, the person-centered service plan, program requirements, and available resources. Services may be provided through an in-home care agency or a consumer-employed provider.

Home-delivered meals are prepared by the contracted nutrition providers serving Klamath and Lake Counties and delivered to eligible participants, primarily through volunteer delivery

systems. The number and type of meals authorized are based on program requirements and assessed need and may include hot, chilled, or frozen meals.

B. Cost of Services

Individuals continuing to receive OPI Classic services are subject to the fee requirements established by Oregon Project Independence. Depending on household income after allowable medical-expense deductions, an individual may be assessed a one-time fee of $25, a reduced fee based on the OPI sliding-fee schedule, or no fee. KLCCOA informs each participant of the applicable fee and invoices participants for their assessed share of service costs.

OPI Classic participants receiving services through an in-home care agency are not billed directly by the provider. The provider bills KLCCOA for authorized services, and KLCCOA bills the participant only for the assessed portion owed under the sliding-fee schedule. Current estimated unit costs are $35.56 per hour for personal care and $33.85 per hour for housekeeping.

Contracted nutrition providers bill KLCCOA for authorized home-delivered meals. The current estimated unit cost is $8.00 per meal.

OPI-M participants are not charged the OPI Classic one-time fee or sliding-scale service fees. OPI-M services are authorized and reimbursed in accordance with applicable Medicaid requirements and the responsibilities established through the APD–KLCCOA MOU.

C. Timeframes

KLCCOA staff schedule and prioritize OPI and OPI-M activities according to urgency, health and safety risk, program requirements, and individual circumstances. The Program Manager or designated supervisor periodically monitors compliance with applicable response and documentation timeframes.

Urgent telephone calls and service issues are reviewed and responded to within the same business day. Non-urgent telephone calls are returned within one business day. Individuals who contact KLCCOA in person are screened for immediate needs and safety concerns and are assisted, referred, or scheduled for follow-up as appropriate.

Required intake, assessment, review, and service-plan documentation is completed promptly and in accordance with applicable OPI or OPI-M requirements. Case activity is documented in the applicable case-management system within three business days. Service plans and authorizations are maintained as current and valid, and participant reviews are completed at least annually and whenever a change in need or circumstances requires reassessment.

For OPI-M, APD conducts functional eligibility determinations and coordinates financial eligibility through established state processes. KLCCOA promptly accepts and responds to APD referrals and begins assigned case management and service-coordination activities following referral and authorization, consistent with program requirements and the APD–KLCCOA MOU.

Because KLCCOA is not accepting new participants into OPI Classic, the former five-to-seven-day timeframe for scheduling an assessment when an individual reached the top of the OPI Classic waitlist no longer applies. Individuals seeking assistance are instead screened and referred to OPI-M, Medicaid long-term services and supports, Older Americans Act services, or other appropriate community resources.

D. Initial and Ongoing Periodic Screening

Individuals seeking in-home and community-based support may contact KLCCOA directly through the ADRC or may be referred by APD, healthcare providers, community partners, family members, or other service organizations. KLCCOA staff conduct an initial screening to identify the individual's needs, immediate health or safety concerns, potential program eligibility, available natural supports, and appropriate service and referral options.

Because KLCCOA is not accepting new participants into OPI Classic, individuals requesting services are screened for OPI-M, Medicaid long-term services and supports, Older Americans Act programs, caregiver services, nutrition, transportation, and other appropriate community resources. Individuals who may qualify for Medicaid-funded services are referred to APD for functional and financial eligibility processes.

For OPI-M, APD conducts functional eligibility determinations and coordinates financial eligibility through established state processes. KLCCOA accepts and responds to APD referrals, coordinates case management and supportive services, and communicates with APD regarding participant needs and service-coordination issues, consistent with the APD–KLCCOA MOU.

KLCCOA reassesses individuals continuing to receive OPI Classic services at least annually and whenever a significant change in needs or circumstances occurs. OPI-M participants are reassessed and monitored according to applicable Medicaid and program requirements. Screening, referrals, reassessments, service-planning decisions, and discussions of other available resources are documented in the applicable participant record and case-management system.

E. Eligibility

Eligibility for OPI Classic is determined in accordance with Oregon Administrative Rules, Chapter 411, Division 032. Individuals continuing to receive OPI Classic services must meet applicable age, functional, financial, living-arrangement, and program requirements. OPI Classic generally serves adults age 60 or older who need assistance to remain in their homes and who are not receiving Medicaid long-term services and supports. Individuals under age 60 who have been diagnosed with Alzheimer's disease, or a related disorder may also qualify when permitted under applicable program rules.

Individuals receiving Supplemental Security Income or Medicaid-funded long-term services and supports are not eligible for OPI Classic. Eligibility for programs such as SNAP, Qualified Medicare Beneficiary, or Specified Low-Income Medicare Beneficiary does not automatically disqualify an individual from OPI Classic.

KLCCOA reassesses the continued eligibility, needs, resources, natural supports, and living arrangements of existing OPI Classic participants at least annually and when circumstances change. The participant, case manager, family, or other representatives chosen by the participant work together to develop a person-centered service plan. Authorized services are based on assessed need, participant choice, program requirements, available resources, and KLCCOA's established service limits.

Eligibility for OPI-M is determined through state Medicaid processes. APD conducts functional eligibility determinations and coordinates financial eligibility. Following an approved referral, KLCCOA provides assigned case management, person-centered service planning, monitoring, and service coordination consistent with OPI-M requirements and the APD–KLCCOA MOU. Because OPI-M financial and functional eligibility standards may be updated during the demonstration period, KLCCOA follows the standards and guidance in effect at the time of application.

F. Service Provision

KLCCOA authorizes and coordinates OPI Classic services for individuals who remain enrolled in the program based on assessed functional, physical, social, and safety needs; available natural supports; participant preferences; program requirements; and available funding. Existing participants remain eligible to receive authorized services as long as their circumstances indicate that the services remain necessary and they continue meeting program eligibility requirements.

The participant has primary responsibility for choosing available services and providers, with information and support from the KLCCOA case manager. Housekeeping and personal-care services may be provided through a contracted in-home care agency or a qualified consumer-employed provider. Home-delivered meals are provided through KLCCOA's contracted nutrition providers. Case management and service coordination are provided by KLCCOA.

Services are planned and delivered using person-centered, trauma-informed, culturally responsive practices that respect participant choice, dignity, privacy, language needs, and the right to receive services in the least restrictive appropriate setting. KLCCOA provides information about available options without steering participants toward a particular provider.

If an OPI Classic participant's needs increase beyond the program's available services or authorized limits, the case manager reassesses the service plan, discusses health and safety risks with the participant, explores available natural and community supports, and provides referrals to APD or other appropriate programs. All discussions, participant decisions, referrals, and service-plan changes are documented in the participant's record.

For OPI-M participants, KLCCOA provides case management, person-centered service planning, provider coordination, monitoring, and other assigned responsibilities following APD's eligibility determination and authorization. Services are coordinated in accordance with OPI-M requirements and the APD–KLCCOA Memorandum of Understanding (see Appendix H).

G. Waitlist Priority and Ongoing Cases

KLCCOA does not currently maintain an OPI Classic waitlist because the program is closed to new enrollment and most eligible participants have transitioned to OPI-M. KLCCOA continues serving existing OPI Classic participants as long as they remain eligible, continue to need authorized services, and funding remains available.

Individuals requesting in-home support are screened for OPI-M, Medicaid long-term services and supports, Older Americans Act services, caregiver support, nutrition, transportation, and other available community resources. OPI-M referrals and eligibility actions are coordinated with APD in accordance with current program requirements and the APD–KLCCOA MOU.

KLCCOA conducts quarterly maintenance of active program waitlists for programs that currently use waitlists, consistent with applicable program requirements. Because OPI Classic is closed to new enrollment, this process does not currently apply to OPI Classic.

H. Denial, Reduction, or Termination of Services

When KLCCOA makes a determination to deny, reduce, suspend, or terminate an OPI Classic service, the participant or authorized representative receives written notice explaining the action, the specific reason for the decision, the effective date, and the individual's appeal rights and applicable deadlines. Except when a different timeframe is permitted or required by law, notice of a reduction, suspension, or termination is provided at least 10 working days before the action takes effect. A written denial notice is mailed within 10 days of the decision.

The participant may be represented at any stage of the appeal process by a person of the participant's choosing, including legal counsel. Decisions issued during the appeal process are provided in writing and include the decision and supporting reason.

An individual may request an optional informal resolution by contacting the assigned case manager within 10 days after the notice is mailed. The case manager and supervisor will schedule a meeting within five days of that contact to attempt to resolve the concern. KLCCOA will provide the participant or representative with the outcome within five days following the meeting.

A participant may file a formal written appeal without using the informal process. If the informal process is not used, the appeal must be submitted within 10 days after the notice is mailed. If the participant uses the informal process, a formal appeal must be submitted within 10 days after the informal decision is mailed.

KLCCOA will schedule an appeal review meeting within 10 days after receiving the formal appeal and will notify the participant and representative of the date, time, location, or available remote participation method. Within five days after receiving the appeal decision, the participant or representative may request review by the KLCCOA Executive Director. The

Executive Director will complete the review and issue a written decision within five days of the request. The participant may pursue further review through ODHS in accordance with applicable state hearing and appeal procedures.

For OPI-M, notices, continuation of benefits when applicable, hearings, and appeals are handled according to Medicaid requirements and applicable ODHS procedures. KLCCOA assists participants in understanding notices and accessing the appropriate APD or state appeal process but does not replace or limit Medicaid hearing rights.

I. Grievances and Complaints

KLCCOA informs applicants and participants of their rights and how to file a complaint, grievance, or appeal. Information about the grievance process is available at the KLCCOA office and on its website. Individuals may submit a grievance verbally or in writing, with assistance or through an authorized representative. Use of a particular form is not required. KLCCOA provides reasonable assistance and accommodations for disability, language, literacy, and communication needs. Individuals may raise concerns without retaliation.

KLCCOA documents verbal grievances, acknowledges formal grievances, and assesses whether a concern involves an immediate health or safety issue requiring prompt attention. Grievances are reviewed fairly and, whenever practicable, by someone who was not directly involved in the action being challenged. KLCCOA provides written follow-up within 14 calendar days of receiving a grievance and aims to resolve it within 30 calendar days. If resolution takes longer, KLCCOA documents the reason and a plan for resolution and updates the individual. The written determination explains the findings, whether and how the concern can be remedied, any corrective action, and applicable further review or appeal rights.

KLCCOA requires its funded service providers to maintain written grievance procedures, accept verbal and written complaints, provide written follow-up within 14 calendar days, and aim to resolve complaints within 30 calendar days. Providers report documented grievances to KLCCOA within seven calendar days of receipt and report the resolution within 30 calendar days. When an individual brings KLCCOA a grievance after receiving a documented provider response, KLCCOA reviews the matter and responds in writing within 21 calendar days.

KLCCOA reports documented grievances and their resolutions to the Oregon State Unit on Aging within 30 calendar days of receiving the grievance, with the applicable written complaint and response. Grievance records are kept confidential and retained according to applicable requirements. OPI-M participants retain their Medicaid complaint, hearing, and

appeal rights; KLCCOA assists them in accessing the appropriate ODHS/APD process. KLCCOA's complete requirements and procedures are set out in its Grievance & Appeals Policy & Procedures.

J. Fee Collection, Nonpayment, Exceptions, and Waivers

At each annual review and whenever relevant financial circumstances change, the OPI Classic case manager completes the current state-approved OPI fee-determination process. The case manager documents household income from applicable sources and allowable medical expenses, including medications, medical supplies and equipment, healthcare expenses, and supplemental health-insurance costs.

Allowable medical expenses are deducted from monthly household income to determine net monthly income. The applicable OPI sliding-fee schedule and household size are then used to determine the participant's fee, including a determination of no fee when applicable. The participant reviews and signs the required fee documentation, and KLCCOA's fiscal staff establishes and maintains the participant's billing record. Participants with an assessed fee are invoiced monthly.

Fiscal staff monitor outstanding invoices and notify the assigned case manager when a participant becomes 60 days past due. The case manager contacts the participant to determine whether circumstances have changed, explain the outstanding balance, and discuss available resolution options. When payment creates a significant financial hardship or other exceptional circumstances exist, the case manager reviews the situation with the Executive Director or designee.

Approved exceptions, reductions, waivers, or write-offs are documented in writing and communicated to fiscal staff. Financial hardship determinations consider the participant's income, allowable expenses, current federal poverty guidelines, and individual circumstances. Any decision affecting services is made in accordance with applicable OPI rules and the notice and appeal protections described in this section.

OPI-M participants are not assessed OPI Classic fees and are not subject to the OPI Classic sliding-fee or collection process.

K. Monitoring and Provider Evaluation

KLCCOA monitors OPI and OPI-M services to confirm that authorized services are delivered consistently with participant service plans, program requirements, contracts, and applicable state standards. Case managers maintain regular contact with participants, review service delivery during reassessments and other case-management contacts, respond to reported concerns, and document monitoring activities in the applicable participant record.

For services provided through contracted in-home care agencies, KLCCOA reviews invoices and service records to confirm that billed dates, hours, rates, and services are consistent with current authorizations. Contracted agencies are responsible for supervising and evaluating their employees, maintaining applicable licenses and qualifications, completing required background checks, and addressing personnel or service-performance concerns. KLCCOA monitors contractor performance through contract review, billing review, participant feedback, complaint and incident review, and follow-up on identified corrective actions.

For consumer-employed providers, service information is submitted through the applicable state-approved payroll and timekeeping system. Case managers verify service dates and authorized hours when necessary and seek participant input regarding reliability, quality, safety, and whether services are meeting identified needs.

KLCCOA reviews service providers and program performance at least annually and more frequently when concerns, complaints, incidents, billing discrepancies, or performance deficiencies are identified. Monitoring findings and required corrective actions are documented and followed through resolution. For OPI-M, KLCCOA also coordinates monitoring and information sharing with APD as appropriate and consistent with participant consent, privacy requirements, program guidance, and the APD–KLCCOA MOU.

L. Conflict of Interest

KLCCOA maintains conflict-of-interest requirements applicable to the administration and delivery of all OAA, OPI Classic, and OPI-M services, including services provided directly by KLCCOA and services delivered through contractors. These requirements apply to KLCCOA employees, case managers, Governing Board members, Advisory Council members, volunteers acting in an official capacity, contractors, and individuals participating in procurement, authorization, monitoring, or service-delivery decisions.

Any actual, potential, or perceived conflict of interest must be disclosed promptly to the Executive Director or appropriate supervisor. An individual with a conflict may not participate in the assessment, authorization, provider selection, contracting, monitoring, payment, or

review decision affected by that conflict. The disclosure, review, and action taken are documented.

When a case manager has a personal, family, financial, or other relationship that could affect, or reasonably appear to affect, impartial case-management decisions, the matter is referred to the Executive Director or designee, and another case manager is assigned when appropriate.

If a KLCCOA employee or the employee's family member requests services, that employee is removed from all eligibility, authorization, provider selection, payment, and appeal decisions involving the case.

Contractors must disclose conflicts involving KLCCOA staff, Board or Advisory Council members, participants, subcontractors, or competing financial interests and must comply with contractual conflict-of-interest requirements. Conflicts involving the Executive Director are referred to the Governing Board for review.

KLCCOA's complete conflict-of-interest requirements and procedures are contained in Appendix G - Conflict of Interest Policy.

M. OPI-M Administration and Coordination

OPI-M expands access to Medicaid-funded in-home and community-based services for eligible adults. APD conducts functional eligibility determinations and coordinates financial eligibility through established state processes. After an individual is approved and referred to KLCCOA, KLCCOA provides assigned case management, person-centered service planning, service coordination, monitoring, and communication with APD regarding participant needs and program outcomes. APD retains responsibility for individuals receiving other Medicaid long-term services and supports when those cases are not assigned to KLCCOA.

KLCCOA and APD coordinate referrals, eligibility and service issues, information sharing, and program implementation in accordance with participant consent, privacy requirements, applicable state guidance, and the APD–KLCCOA Memorandum of Understanding (see Appendix H). The agencies maintain regular communication and collaborate to resolve eligibility, referral, and service-coordination concerns promptly.

KLCCOA applies the same core person-centered, trauma-informed, culturally responsive, confidentiality, participant-choice, documentation, quality-assurance, provider-monitoring,

and complaint-response principles to OPI-M that it applies across its other programs. However, the following OPI Classic policies do not apply to OPI-M:

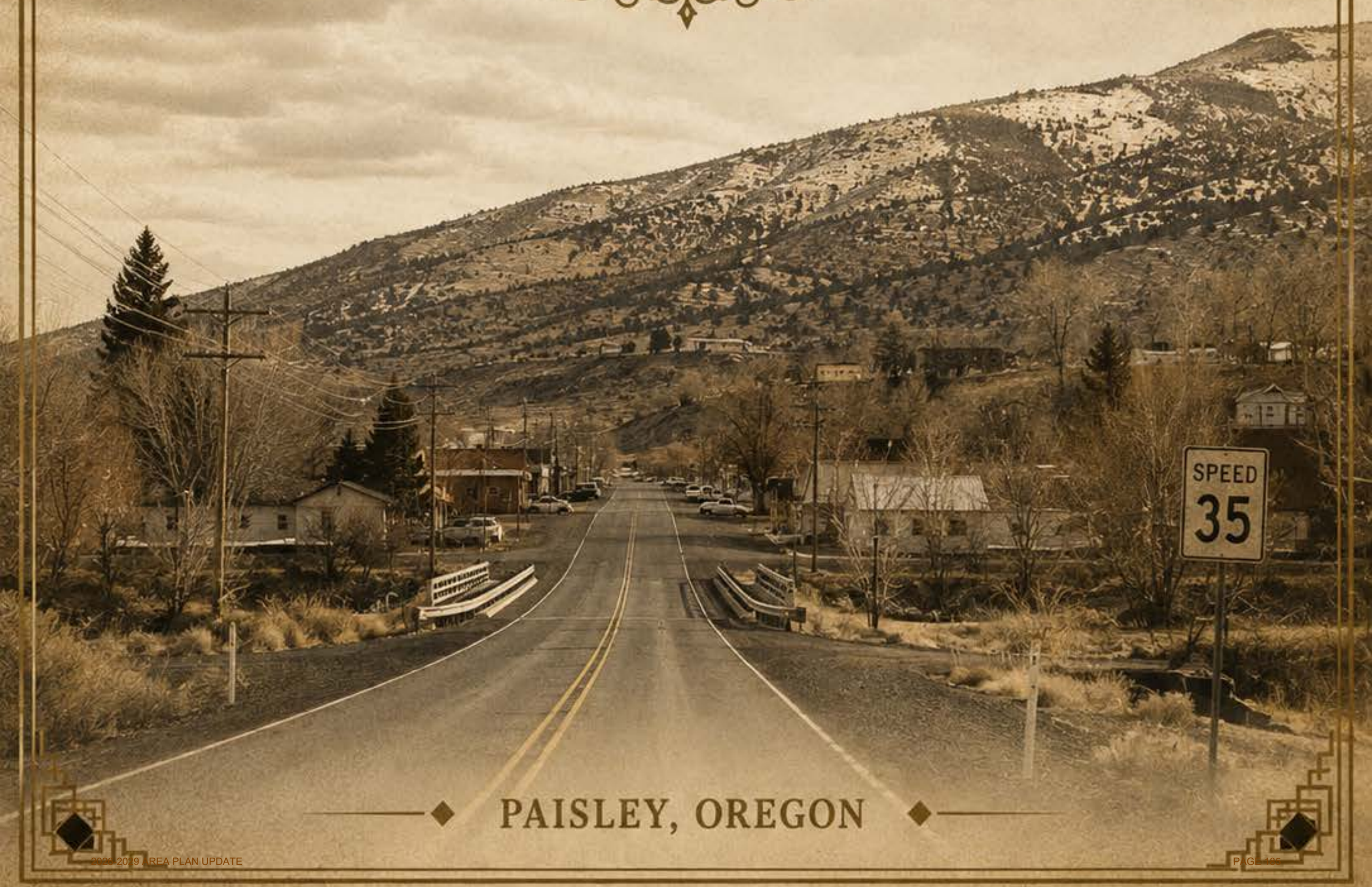
- OPI Classic eligibility determinations
- The OPI Classic 25-hour monthly service limit
- The OPI Classic waitlist process
- The OPI Classic one-time fee and sliding-fee schedule
- OPI Classic fee collection, nonpayment, and waiver procedures
- OPI Classic denial and appeal procedures when Medicaid notice and hearing requirements apply

OPI-M eligibility, covered services, service authorization, notices, continuation-of-benefits rights, hearings, and reimbursement follow applicable Medicaid requirements and current ODHS guidance. KLCCOA updates internal procedures and staff training as state requirements and operational guidance change during the demonstration period. Participants are informed of available services, provider options, complaint procedures, and appeal rights applicable to their program.

SECTION E

AREA PLAN BUDGET

Investing resources wisely to implement services, strengthen partnerships, and support aging well in place.



PAISLEY, OREGON

SECTION E: AREA PLAN BUDGET

Budget Summary

KLCCOA's Area Plan Budget reflects the agency's commitment to directing available resources toward services that promote independence, safety, nutrition, access to essential supports, and the ability of older adults and individuals with disabilities to remain in their homes and communities.

The proposed annual Area Plan Budget totals **$1,737,550** and combines Older Americans Act funding, Nutrition Services Incentive Program funding, Oregon Project Independence funding, other state-provided resources, and other cash funds supporting aging and disability services throughout Klamath and Lake Counties.

Allocation by Service Category

SERVICE CATEGORY	BUDGETED AMOUNT	PERCENTAGE
IN-HOME SERVICES	$865,100	49.8%
ACCESS SERVICES	$383,500	22.1%
NUTRITION SERVICES	$198,400	11.4%
AREA PLAN ADMINISTRATION	$143,500	8.3%
FAMILY CAREGIVER SUPPORT	$85,050	4.9%
SOCIAL & HEALTH SERVICES	$46,300	2.7%
LEGAL SERVICES	$15,700	0.9%

TOTAL	$1,737,550	100%

Nearly three-quarters of the total budget is directed toward **in-home and access services**, reflecting KLCCOA's emphasis on aging in place, service navigation, case management, transportation and mobility, and other supports that help individuals remain safely and independently within their communities.

Nutrition represents another significant investment, supporting both congregate and home-delivered meal services. Dedicated resources also support family caregivers, legal assistance and elder rights, health promotion, disease prevention, and other community-based services identified throughout this Area Plan.

Funding Sources

KLCCOA's Area Plan services are supported through a diversified funding structure that includes:

FUNDING SOURCE	BUDGETED AMOUNT
OLDER AMERICANS ACT	$644,350
NUTRITION SERVICES INCENTIVE PROGRAM	$31,500
OREGON PROJECT INDEPENDENCE	$46,000
OTHER STATE-PROVIDED FUNDS	$399,200
OTHER CASH FUNDS	$616,500
TOTAL	$1,737,550

The Older Americans Act allocation includes funding through Titles III-B, III-C1, III-C2, III-D, III-E, and VII, supporting a coordinated continuum of supportive, nutrition, health promotion, caregiver, and elder rights services.

Budget allocations are intended to remain responsive to community need, program utilization, rural and frontier access barriers, service equity considerations, contractual and regulatory requirements, and available funding. KLCCOA will continue monitoring expenditures and service utilization throughout the Area Plan period and will adjust allocations, when necessary and allowable, to maintain essential services and respond to changing community needs.

Detailed Area Plan Budget worksheets can be found in Appendix J and provide the corresponding service category, funding source, unit, and program allocation information.

REQUIRED

ATTACHMENTS

Supporting documentation and reference materials that provide essential details and verify compliance.

REQUIRED AREA PLAN ATTACHMENTS

Appendix A: Organizational Chart

Appendix B: Advisory Council(s) and Governing Body

Appendix C: Public Process

Appendix D: Final Updates on 2021–2025 Area Plan Accomplishments

Appendix E: Service Equity Accomplishments — optional

Appendix F: Emergency Preparedness Plan

Appendix G: Conflict of Interest Policy

Appendix H: APD–KLCCOA Memorandum of Understanding

Appendix I: Full Statement of Assurances and Verification of Intent

Appendix J: KLCCOA Budget Worksheets

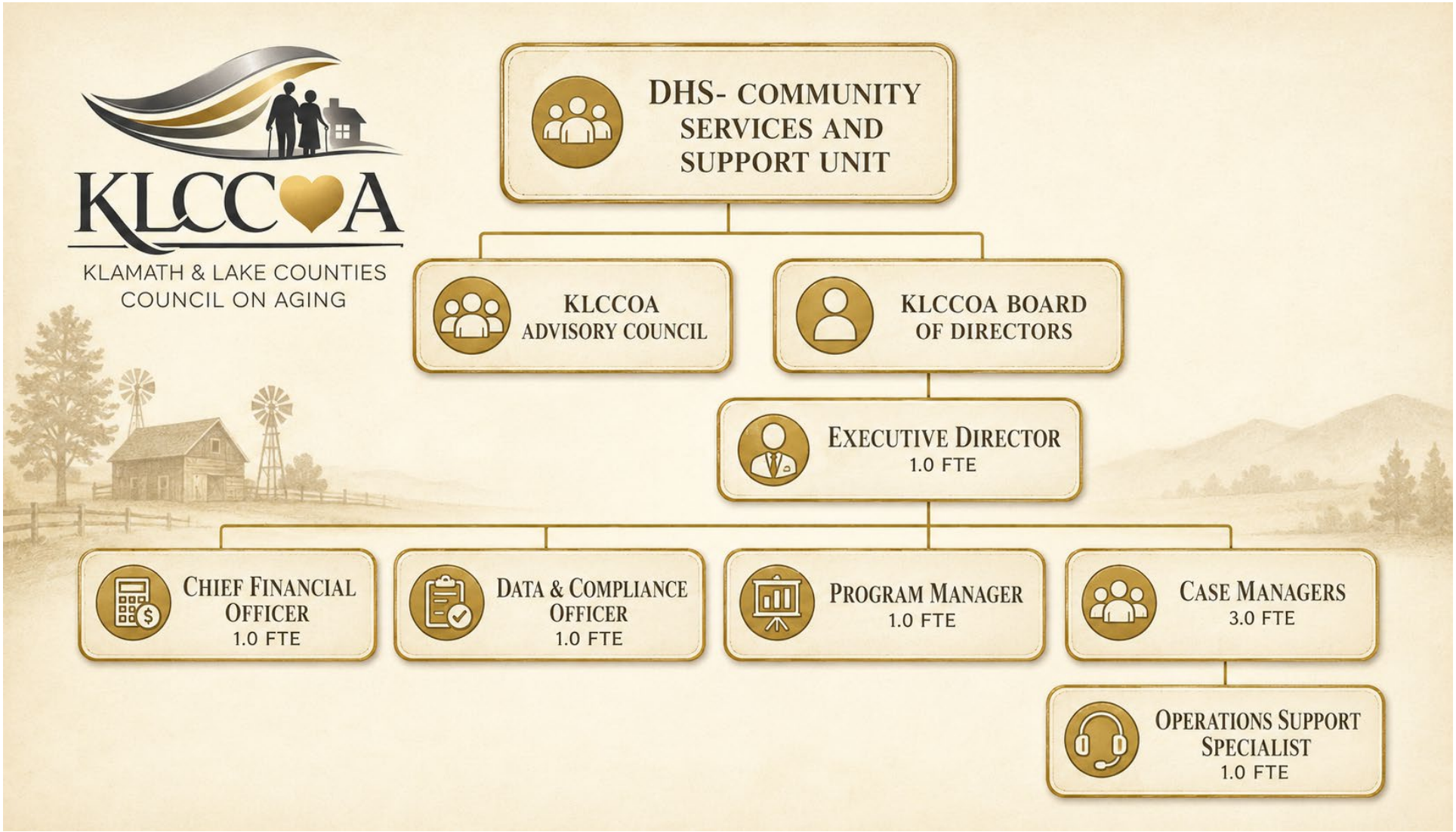
Appendix K: Attachment C: Service Matrix and Delivery Method

Appendix L: Supplemental Information

Appendix A: Organizational Chart

District 11: Klamath and Lake Counties Council on Aging

Organizational Chart



Appendix B: Advisory Council(s) and Governing Body

Advisory Councils and Governing Board

Appendix B summarizes the governance and advisory structures supporting implementation of the KLCCOA 2026–2029 Area Plan. KLCCOA's Governing Board and Advisory Councils provide oversight, strategic guidance, community representation, and public input related to aging and disability services throughout Klamath and Lake Counties.

KLCCOA Governing Board

The Governing Board, also known as the Board of Directors, is made up of residents in Klamath and Lake Counties in Oregon. Their duties are to manage the affairs of the Corporation with and through the Executive Director. The Board holds the fiduciary and legal obligations and upholds the Bylaws of the Corporation. They also develop and enact resolutions and policies that further govern the way the Corporation will do business.

Each Governing Board member will hold a 36-month, or three-year term. Terms shall be staggered. The full term begins on July 1st and runs through June 30th of the 36th month.

KLCCOA GOVERNING BOARD

NAME	REPRESENTING	TERM EXPIRATION
Ron Moe **President**	Klamath County	06/30/2027
Vacant **Treasurer**	Vacant	06/30/2029
Vacant	Lake County	06/30/2028
John Effingham **Vice President**	Lake County	06/30/2028

Vacant	Klamath County	06/30/2029
Scott Allen **Klamath Falls**	Klamath County	06/30/2029
Ernie Palmer **Klamath Falls**	Klamath County	06/30/2027
Vacant	Lake County	06/30/2027
Vacant	Klamath County	06/30/2028

KLCCOA remains committed to maintaining diverse and representative community participation within its Governing Board and Advisory Councils. Ongoing recruitment efforts focus on strengthening representation from rural and frontier communities, underserved populations, caregivers, veterans, Tribal partners, and individuals with lived experience related to aging and disability services.

Advisory Councils

Advisory Council members provide community-based insight, lived experience perspectives, and regional input supporting development, evaluation, and improvement of services affecting older adults, caregivers, and individuals with disabilities throughout Klamath and Lake Counties.

KLCCOA ADVISORY COUNCIL

NAME	REPRESENTING	TERM EXPIRATION
Patty Card **Council Chair**	Klamath & Lake Counties Klamath Basin Behavioral Health	06/30/2027
Chris George	Klamath County	06/30/2027
Katherine Silver	Klamath County Klamath Community College Art of Parent Care	06/30/2027
Shawn Georgiou	Klamath County Department of Human Services / Aging and People with Disabilities	06/30/2027

Gloria Pena (Alternate)	Klamath County Department of Human Services – Aging and People with Disabilities	06/30/2027
Vacant	Klamath County	06/30/2029
Vacant	Lake County	06/30/2027
Vacant	**Klamath County**	**06/30/2028**

Advisory Council Demographic Count: The roster lists four primary members and one APD alternate. Of the four primary members, three are confirmed to be age 60 or older, and two are confirmed to be under age 60. KLCCOA continues recruitment efforts to fill vacancies and strengthen representation of older adults throughout the Planning and Service Area.

Representation and Recruitment Priorities

KLCCOA remains committed to maintaining diverse and representative participation within its Governing Board and Advisory Councils. Ongoing recruitment efforts prioritize representation from rural and frontier communities, Tribal partners, healthcare organizations, caregivers, veterans, culturally diverse populations, housing and transportation sectors, and individuals with lived experience related to aging and disability services.

Recruitment Priorities

- Tribal representation
- Rural/frontier communities
- Veterans
- Healthcare sector
- Caregivers
- Housing and transportation partners
- Culturally responsive representation
- Individuals with lived experience

Governance and Community Engagement

KLCCOA values collaborative leadership, public participation, and community-driven planning processes that strengthen accountability, transparency, and responsiveness throughout the Planning and Service Area.

Appendix C: Public Process

Public Engagement and Community Input

Appendix C summarizes the public engagement, stakeholder outreach, community input activities, and collaborative planning efforts that informed development of the KLCCOA 2026–2029 Area Plan. Public participation activities were designed to support transparent planning, strengthen regional collaboration, identify emerging community needs, and ensure that Area Plan priorities reflected the voices and experiences of older adults, caregivers, service providers, Tribal partners, and community stakeholders throughout the PSA.

Community Needs Assessment Activities

KLCCOA distributed approximately 500 community needs assessment surveys throughout Klamath and Lake Counties through mailed outreach, community distribution, meal sites, partner organizations, and community outreach efforts. An initial 114 complete responses were received and analyzed during development of the Area Plan. An additional 29 responses from Lake County were subsequently received and reviewed, bringing total community needs assessment participation to 143 completed surveys. The additional responses were reviewed to ensure that Lake County perspectives were appropriately represented and were consistent with the primary needs, service barriers, and priorities identified through the initial analysis.

Survey findings identified transportation, nutrition access, caregiver support, in-home care services, aging-in-place needs, and social isolation as recurring themes affecting older adults and caregivers throughout the PSA.

Public Engagement and Outreach Activities

KLCCOA used multiple methods to engage older adults, caregivers, community partners, service providers, and other stakeholders throughout development of the 2026–2029 Area Plan. Engagement activities included distribution of approximately 500 community needs assessment surveys, receipt and review of 143 completed responses, four community

listening sessions, community presentations, coalition participation, stakeholder meetings, outreach events, partner discussions, ADRC interactions, and ongoing service-provider coordination.

Information gathered through these activities was used to identify community needs, evaluate service-access barriers, establish planning priorities, and develop the goals and strategies contained in the Area Plan.

Timeframe	Activity	Audience
Throughout plan development	Community needs assessment survey distribution and collection	Older adults, individuals with disabilities, caregivers, service recipients, and community members throughout Klamath and Lake Counties
Throughout plan development	Four community listening sessions and public conversations	Older adults, caregivers, community members, service providers, and local partners
Throughout plan development	Community presentations, outreach events, and ADRC interactions	Older adults, individuals with disabilities, caregivers, and the general public
Throughout plan development	Coalition participation, stakeholder meetings, and partner discussions	Healthcare, behavioral health, Tribal, nutrition, transportation, legal, public-sector, and community-based partners
Throughout plan development	Service-provider coordination	Senior centers, nutrition providers, in-home service providers, APD, Tribal partners, and other organizations serving older adults and people with disabilities
August 13–September 12, 2026	Formal public review and comment period; plan available online and at public review locations, with comments accepted online and through other accessible methods	Older adults, caregivers, individuals with disabilities, service providers, community partners, Tribal partners, and the general public
August 25, 2026	Klamath County Community Conversation at the Klamath Basin Senior Citizens' Center; 23 attendees	Older adults, caregivers, community members, service providers, and local partners
August 28, 2026	Lake County Community Conversation in Lakeview; 39 attendees	Older adults, caregivers, community members, service providers, and local partners

During the public review period	Seven additional meetings held by the Executive Director at the request of members of the public	Individuals and groups requesting discussion of the Area Plan and community needs
September 9–10, 2026	KLCCOA invited the Community Volunteer Network's Foster Grandparent Program to review the Area Plan and identify opportunities for collaboration. Program representatives agreed to share the plan with their board and explore areas of alignment.	Foster Grandparent Program staff and board members
Following public comment	Final Advisory Council recommendation and Governing Board consideration	KLCCOA Advisory Council, Governing Board, and members of the public

KLCCOA received one comment through its website and additional feedback through the Community Conversations and seven requested meetings. Feedback was generally supportive of the updated Area Plan. Participants affirmed the needs and priorities identified through the community assessment and offered ideas for consideration during implementation and future updates. KLCCOA reviewed the feedback and determined that no comment required a substantive change to the plan's goals, priorities, or proposed services. Revisions requested through ODHS/APD technical and compliance review were considered separately from public comment.

Tribal & Cultural Engagement

KLCCOA recognizes the importance of ongoing collaboration with Tribal communities, culturally diverse populations, rural residents, caregivers, veterans, individuals with disabilities, and underserved older adults throughout the PSA. Outreach and coordination efforts included ongoing communication with Tribal partners, community organizations, regional coalitions, and service providers supporting historically underserved populations.

Key Community Themes

- Transportation barriers and limited transit access

- Food insecurity and nutrition access challenges
- Aging in place and home safety concerns
- Caregiver stress and respite needs
- Healthcare access barriers in rural communities
- Social isolation and loneliness
- Increased need for coordinated information and referral services
- Desire for expanded community-based supports

Findings from public engagement activities, community needs assessment responses, stakeholder outreach, coalition participation, and ongoing service coordination efforts were incorporated throughout development of the KLCCOA 2026–2029 Area Plan. Community input directly informed strategic priorities, focus areas, service goals, outreach strategies, and quality improvement initiatives included within the final plan.

Community Voices

"Many seniors are isolated simply because they cannot get where they need to go."

"Caregivers need more support and respite opportunities."

"Meal programs provide more than food. They provide connection."

Appendix D: Final Updates on 2021–2025 Area Plan Accomplishments

July 2026 Final Update

The following summarizes KLCCOA's final accomplishments related to the focus areas and priorities established in the 2021–2025 Area Plan. These activities strengthened the foundation for the goals and strategies carried forward into the 2026–2029 planning period.

Successfully Building Age-Friendly Communities

During the 2021–2025 planning period, KLCCOA focused on strengthening communities that are responsive to the needs and aspirations of older adults and individuals living with disabilities. Efforts included community outreach, collaboration with senior centers and regional partners, participation in local coalitions, and increased awareness of services supporting independence, social connection, safety, nutrition, and aging in place.

KLCCOA also participated in the 2024 Klamath County Health Equity Summit, which provided collaborative learning related to rural homelessness, accessible physical activity, and the needs of LGBTQIA2S+ older adults. These activities strengthened regional awareness of service barriers and informed KLCCOA's continued emphasis on equitable and accessible aging services.

Final status: *Completed and continuing as an ongoing agency priority.*

Family Caregivers

KLCCOA's primary Family Caregiver Support Program goal was to expand outreach and access for caregivers from populations that had been underserved, including caregivers with limited English proficiency, culturally diverse caregivers, and Native American caregivers.

Through coordination with Klamath Tribes outreach staff and other community partners, KLCCOA expanded awareness of caregiver services and directed additional resources toward caregiver support. These efforts strengthened connections to information and assistance, respite, caregiver education, supplemental services, and other available supports.

The need for caregiver outreach, respite, service navigation, and culturally responsive support remains significant and is carried forward in the 2026–2029 Area Plan.

Final status: *Substantially completed, with continued expansion incorporated into the 2026–2029 goals.*

Information and Assistance and ADRC

KLCCOA strengthened its Aging and Disability Resource Connection operations during the 2021–2025 planning period. Information and assistance were provided in group and community settings throughout both Klamath and Lake Counties, and staff received training to improve ADRC service delivery.

KLCCOA distributed ADRC and Community Services and Supports Unit outreach materials throughout the two-county service area, and improved public access to information and referral services. A dedicated staff position was assigned to primary responsibility for ADRC calls and activities, improving consistency and accountability. KLCCOA also continued improving the accuracy and completeness of resource information entered into the ADRC system.

These accomplishments established the foundation for continued improvements in options counseling, referral coordination, data quality, rural outreach, and equitable access during the 2026–2029 planning period.

Final status: *Completed, with quality improvement and outreach continuing.*

Elder Rights and Legal Assistance

KLCCOA strengthened public education and outreach related to elder rights, abuse prevention, fraud awareness, and legal assistance during the 2021–2025 planning period. KLCCOA participated in the 2025 Klamath Tribes Elder Fair and distributed brochures and informational materials regarding available services and protections.

Legal assistance continued through Legal Aid Services of Oregon. KLCCOA coordinated referrals and received service information through Legal Aid's reporting and billing processes. Public education included articles in the *Active Seniors* newspaper section, presentations at senior centers in both Klamath and Lake Counties, and information distributed through local newspapers, KLCCOA's website, and social media.

These efforts increased awareness of legal assistance and elder-rights resources. Continued coordination with Legal Aid Services of Oregon, Adult Protective Services, the Long-Term Care Ombudsman, multidisciplinary teams, and other protective-service partners is incorporated into the 2026–2029 Area Plan.

Final status: *Completed and continuing as an ongoing elder-rights responsibility.*

Appendix E: Service Equity Accomplishments

July 2026 Executive Director's Update

KLCCOA continued strengthening service equity practices during the 2021–2025 planning period through workforce education, accessible outreach, community partnerships, and increased attention to populations that experience barriers to aging and disability services.

In 2024, KLCCOA staff participated in the Klamath County Health Equity Summit supported by Healthy Klamath, Cascade Health Alliance, and Klamath County Public Health. The summit included education and collaborative discussion related to:

- People experiencing homelessness in rural communities
- Accessible and equitable physical-activity opportunities, including Walk with Ease
- The experiences and service needs of LGBTQIA2S+ older adults
- Culturally responsive and inclusive community services

KLCCOA also supported Spanish-language outreach through local radio programming and online community information. A Spanish-speaking KLCCOA staff member participated in radio spots promoting available programs, health information, community resources, and events. KLCCOA continued using bilingual outreach materials and partnerships with organizations serving Spanish-speaking residents to improve awareness of aging and disability services.

Outreach and planning activities also included engagement with rural and frontier communities, Tribal partners, caregivers, veterans, individuals living with disabilities, and people experiencing the greatest economic and social need. These efforts increased KLCCOA's understanding of transportation barriers, geographic isolation, language-access needs, limited broadband availability, and other conditions that can affect equitable access to services.

Looking Ahead

KLCCOA recognizes that service equity is an ongoing organizational responsibility rather than a single completed activity. During the 2026–2029 planning period, KLCCOA will build upon this foundation by strengthening culturally and linguistically responsive outreach, expanding accessible and bilingual communications, supporting staff development, and increasing collaboration with Tribal and community partners.

KLCCOA will also review GetCare service-utilization information and available REALD/SOGI demographic data at least annually to identify disparities, measure changes in service utilization, and inform targeted outreach and access strategies. Findings will be incorporated into program planning, quality-improvement activities, partnership development, and decisions intended to reduce barriers for underserved populations throughout Klamath and Lake Counties.

Final status: *Meaningful progress achieved, with expanded equity activities incorporated throughout the 2026–2029 Area Plan.*

Appendix F: Emergency Preparedness Plan

Emergency Response & Tribal Coordination Plan

(KLCCOA, Klamath Tribes, Cow Creek Band of the Umpqua Tribe of Indians)

Effective.August.7?.868❷

Purpose

The Klamath & Lake Counties Council on Aging (KLCCOA), as the designated Area Agency on Aging (AAA), is committed to ensuring the safety, continuity of services, and well-being of older adults and caregivers during emergency and disaster situations.

KLCCOA will coordinate closely with Cow Creek Band of Umpqua Tribe of Indians and Klamath Tribes Title VI programs to ensure a unified, culturally responsive, and efficient emergency response system that serves both tribal and non-tribal elders across Klamath and Lake Counties.

Guiding Principles

- Protect the health and safety of older adults and vulnerable populations
- Maintain continuity of essential services (Meals on Wheels, case management, transportation)
- Ensure culturally responsive coordination with Tribal partners
- Prioritize communication, accessibility, and rapid response in rural communities
- Strengthen regional resilience through collaboration

Emergency Scenarios Covered

This plan addresses response coordination for:

- Wildfires (primary regional risk)
- Severe winter storms and extreme weather
- Flooding and infrastructure disruption
- Public health emergencies (e.g., pandemics)
- Power outages and communication failures

- Other regional or state-declared disasters

Roles & Responsibilities

KLCCOA (AAA Lead Agency)

- Serve as the central coordinating entity for Title III emergency response
- Maintain and update regional emergency contact lists
- Coordinate with:
  - County Emergency Management
  - Public Health Departments
  - Oregon Department of Human Services (ODHS/APD)
- Ensure continuity of:
  - Meals on Wheels (HDM)
  - Case management services
  - ADRC access and referrals
- Activate emergency communication systems
- Oversee resource allocation and service prioritization

Tribal Title VI Program (Cow Creek & Klamath Tribes)

- Maintain direct contact lists for Tribal elders
- Conduct wellness checks during emergencies
- Coordinate with Tribal emergency management and leadership
- Ensure culturally appropriate food and care supplies
- Serve as primary point of contact for Tribal members
- Provide real-time updates to KLCCOA on Tribal needs and conditions

Shared Responsibilities

- Participate in joint planning and coordination meetings
- Maintain updated referral pathways between Title III and Title VI programs
- Identify and support high-risk individuals
- Share situational updates during emergencies
- Collaborate on resource distribution (food, transport, shelter)

Emergency Communication Plan

KLCCOA will implement a multi-channel communication system to ensure timely and accurate information dissemination:

- Phone outreach and wellness checks
- Email and text notification systems

- Coordination through Tribal Navigators and case managers
- Social media updates and website alerts
- In-person outreach when safe and necessary

Designated Liaisons:

- KLCCOA will assign a Primary and Backup Emergency Coordinator
- Each Tribal partner will designate Primary and Backup Liaisons

Emergency Operations

1. Preparedness

- Maintain updated contact lists (clients, partners, emergency services)
- Pre-identify:
    - Emergency shelter locations
    - Backup meal distribution sites
    - Transportation resources
- Maintain backup paper records for critical client data
- Conduct annual training and plan review

2. Response

During an emergency event:

- Activate emergency communication protocols
- Conduct wellness checks (prioritizing high-risk clients)
- Coordinate meal delivery adjustments (shelf-stable, frozen, or alternate distribution)
- Arrange emergency transportation and medical access
- Provide referrals for shelter and essential services
- Maintain daily coordination with Tribal partners and local agencies

3. Recovery

- Resume standard service delivery as soon as safely possible
- Conduct follow-up wellness checks
- Assess unmet needs and service gaps
- Coordinate additional supports for impacted individuals
- Document response efforts and outcomes

Culturally Responsive Coordination

KLCCOA recognizes the importance of culturally appropriate services and will:

- Respect Tribal sovereignty and leadership structures
- Collaborate with Tribal Navigators and cultural liaisons
- Ensure food, services, and communication methods align with cultural preferences
- Support Tribal-led emergency response efforts

Resource Coordination

KLCCOA and Tribal partners will collaboratively:

- Pool resources for:
  - Emergency meal delivery
  - Transportation services
  - Medical access support
- Share staffing and outreach capacity when feasible
- Coordinate with regional nonprofits and health systems

Data & Documentation

- Maintain secure and accessible client records
- Ensure backup systems (including paper records)
- Track emergency response activities for reporting and improvement

Plan Maintenance & Review

- This plan will be reviewed annually, in June, or after any major emergency event
- Updates will be made in collaboration with:
  - Tribal partners
  - County emergency management
  - State agencies

Commitment Statement

KLCCOA is committed to leading a coordinated, compassionate, and effective emergency response system that ensures no older adult, tribal or non-tribal, is left without support during times of crisis.

Appendix G: Conflict of Interest Policy

KLAMATH & LAKE COUNTIES COUNCIL ON AGING

CONFLICT OF INTEREST POLICY & PROCEDURES

Ethical.Standards.for.the.Administration.of.Older.Americans.Act.and.Other.KLCCOA.Programs

Developed in Support of Ethical Governance

August 2026

Klamath.Falls?.Oregon

"We Take Care of Our Own."

Building.public.trust.through.integrity?.accountability?.transparency?.and.responsible.stewardship¡

OUR COMMITMENT

ƒWe.Take.Care.of.Our.Ownƒ

At the Klamath & Lake Counties Council on Aging (KLCCOA), those words reflect more than our organizational philosophy; they represent our commitment to serving older adults, supporting our partners, and responsibly stewarding the public resources entrusted to us.

We believe ethical leadership begins with integrity, transparency, accountability, and fairness. Every decision made by our Governing Board, Advisory Council, employees, volunteers, contractors, and service providers should place the interests of older adults, family caregivers, and the public above personal, financial, or organizational interests.

Conflict of interest policies are not intended to imply wrongdoing. Rather, they provide a framework for identifying, disclosing, and managing situations that could influence, or appear to influence, objective decision-making. By addressing actual, potential, and perceived conflicts of interest, KLCCOA strengthens public confidence, protects the integrity of its programs, and promotes equitable administration of services.

This policy has been developed to fulfill the requirements of the Older Americans Act, applicable federal regulations, and the Oregon State Unit on Aging (SUA). More importantly, it reflects KLCCOA's commitment to ethical governance, responsible stewardship, and decisions that consistently serve the best interests of the individuals and communities we are privileged to support.

While this document establishes the policies and procedures governing conflicts of interest, ethical governance cannot be achieved through policy alone. It is built through honesty, accountability, thoughtful leadership, and a shared commitment to doing what is right, even when it is difficult.

KLCCOA remains committed to fostering a culture of integrity, transparency, and responsible stewardship in every decision we make because *We Take Care of Our Own.*

SECTION 1 | PURPOSE

The Klamath & Lake Counties Council on Aging (KLCCOA) recognizes that maintaining the highest standards of integrity, impartiality, and ethical conduct is essential to preserving the public trust and ensuring the effective administration of Older Americans Act (OAA) programs and other services administered by the agency.

Consistent with the Older Americans Act, applicable federal regulations, Oregon State Unit on Aging (SUA) policies, Oregon Administrative Rules (OAR), and other applicable federal and state requirements, this policy establishes the framework through which KLCCOA identifies, discloses, evaluates, mitigates, and monitors actual, potential, and perceived conflicts of interest at both the individual and organizational levels.

The purpose of this policy is to:

- Promote ethical, objective, and transparent decision-making;
- Protect the integrity of KLCCOA programs, services, and public resources;
- Ensure compliance with applicable federal, state, and contractual conflict of interest requirements;
- Prevent actual, potential, and perceived conflicts of interest from influencing program administration, procurement, service delivery, or organizational decision-making;
- Establish consistent procedures for identifying, disclosing, documenting, managing, and resolving conflicts of interest;
- Promote accountability among Governing Board members, Advisory Council members, employees, volunteers, contractors, subcontractors, and funded service providers; and
- Maintain public confidence in KLCCOA's stewardship of public resources and its commitment to serving older adults, adults with disabilities, family caregivers, and the communities of Klamath and Lake Counties.

KLCCOA recognizes that conflict of interest policies are intended to protect both the organization and the individuals who serve it. The disclosure of a potential conflict does not necessarily indicate wrongdoing. Rather, early identification and appropriate management of conflicts of interest strengthen organizational integrity, promote transparency, and ensure decisions are made in the best interests of the people and communities KLCCOA serves.

SECTION 2 | AUTHORITY & LEGAL FRAMEWORK

2.1 Policy

This policy is adopted pursuant to the Older Americans Act (OAA), as amended, and establishes the conflict of interest standards governing the administration of programs and services provided or administered by the Klamath & Lake Counties Council on Aging (KLCCOA) as the designated Area Agency on Aging (AAA) for Klamath and Lake Counties.

KLCCOA shall administer this policy in accordance with applicable federal statutes, federal regulations, Oregon Administrative Rules (OAR), Oregon State Unit on Aging (SUA) policies and procedures, contractual requirements, and guidance issued by the Administration for Community Living (ACL).

KLCCOA shall identify, disclose, evaluate, manage, and monitor actual, potential, and perceived conflicts of interest in a manner that protects the integrity of agency operations, safeguards public resources, promotes impartial decision making, and maintains public confidence in the administration of Older Americans Act and other KLCCOA programs.

Should any provision of this policy conflict with applicable federal or state law, statute, regulation, or official guidance, the applicable legal authority shall govern.

2.2 Legal Framework

The following authorities provide the legal and administrative framework for this policy:

Older Americans Act (OAA)

• Applicable provisions of the Older Americans Act governing Area Agencies on Aging and conflict of interest safeguards.

Code of Federal Regulations

• 45 CFR §1321.47, State agency conflict of interest policies applicable to Area Agencies on Aging.

• 45 CFR §1321.63, Conflict of interest requirements applicable to Area Agencies on Aging, including Advisory Council requirements.

• Other applicable provisions of 45 CFR Part 1321 governing the administration of Older Americans Act programs.

Oregon State Unit on Aging

• Oregon Older Americans Act Policies and Procedures Manual, including conflict of interest requirements applicable to Area Agencies on Aging.

• Oregon State Unit on Aging monitoring standards and applicable policy guidance.

Oregon Administrative Rules

• Applicable Oregon Administrative Rules governing Area Agencies on Aging and publicly funded programs administered by KLCCOA.

Administration for Community Living (ACL)

• Applicable guidance, technical assistance, and implementation resources pertaining to conflict of interest, governance, and administration of Older Americans Act programs.

KLCCOA shall monitor changes to applicable laws, regulations, and guidance and revise this policy as necessary to maintain compliance and reflect evolving best practices.

SECTION 3 | APPLICABILITY

3.1 Policy

This policy applies to all individuals and entities acting on behalf of, employed by, contracted with, or serving in an official capacity for the Klamath & Lake Counties Council on Aging (KLCCOA) in connection with the administration of Older Americans Act programs and other services administered by the agency.

This policy applies to, but is not limited to:

• Employees and agents of KLCCOA

• Governing Board members

- Advisory Council members
- Volunteers serving in an official or decision-making capacity
- Contractors, subcontractors, grantees, and other award recipients
- Individuals participating in planning, procurement, contract administration, eligibility determination, assessment, service authorization, provider selection, monitoring, payment, quality assurance, appeals, or service delivery
- Programs and services provided directly by KLCCOA, including services for which participant fees are established

All individuals and organizations subject to this policy are expected to conduct agency business in a manner that protects the integrity of KLCCOA, promotes objective decision-making, and avoids actual, potential, or perceived conflicts of interest.

3.2 Implementation

KLCCOA shall communicate this policy to employees, Governing Board members, Advisory Council members, volunteers, contractors, subcontractors, grantees, and other individuals or entities subject to its requirements.

Contractors, subcontractors, grantees, and other award recipients receiving Older Americans Act or other KLCCOA-administered funding shall maintain conflict of interest policies and practices that are consistent with applicable federal and state requirements, contractual obligations, and the principles established by this policy.

The Executive Director, or designee, is responsible for ensuring this policy is implemented consistently throughout the organization and incorporated into applicable contracts, provider guidance, staff training, monitoring activities, procurement processes, and program operations.

Questions regarding the interpretation or implementation of this policy shall be directed to the Executive Director or designee.

SECTION 4 | DEFINITIONS

4.1 Policy

For purposes of this policy, the following definitions apply. These definitions are intended to promote consistent interpretation and application of this policy throughout KLCCOA governance, programs, procurement activities, contracts, and organizational operations.

4.2 Definitions

Actual Conflict of Interest

A conflict of interest that presently affects an individual's or organization's duties, responsibilities, or decision-making.

Conflict of Interest

A circumstance in which personal, professional, organizational, family, political, or financial interests could impair, or reasonably appear to impair, an individual's or organization's objectivity, independence, or ability to act in the best interests of KLCCOA and the individuals it serves.

Immediate Family Member

A spouse, domestic partner, parent, stepparent, sibling, child, stepchild, grandparent, grandchild, parent-in-law, sibling-in-law, child-in-law, or any individual residing in the same household.

Organizational Conflict of Interest

A circumstance in which KLCCOA's organizational roles, relationships, financial interests, contractual arrangements, or service delivery responsibilities could affect, or reasonably appear to affect, planning, funding, procurement, eligibility determination, assessment, service authorization, referrals, provider selection, contract administration, monitoring, payment, or other official program decisions.

Perceived Conflict of Interest

A circumstance that a reasonable person could believe may affect an individual's or organization's objectivity or impartiality, even when no improper action has occurred.

Potential Conflict of Interest

A circumstance that may reasonably develop into an actual conflict of interest if not identified and appropriately managed.

4.3 Interpretation

These definitions shall be interpreted broadly to protect the integrity of KLCCOA's programs, decision-making, and stewardship of public resources. When uncertainty exists regarding whether a circumstance constitutes an actual, potential, perceived, or organizational conflict of interest, individuals are expected to disclose the circumstance in accordance with this policy so that an appropriate review may be conducted.

SECTION 5 | DISCLOSURE OF CONFLICTS OF INTEREST

5.1 Policy

KLCCOA is committed to identifying and addressing actual, potential, perceived, and organizational conflicts of interest before they compromise impartial decision-making or public confidence.

All individuals and entities subject to this policy have an affirmative responsibility to promptly disclose any actual, potential, or perceived conflict of interest. Disclosure allows KLCCOA to evaluate the circumstances, determine whether a conflict exists, and implement appropriate safeguards to protect the integrity of agency operations and the administration of public resources.

Disclosure of a conflict of interest does not, by itself, indicate misconduct. Rather, timely disclosure supports ethical decision making, transparency, and compliance with applicable federal and state requirements.

5.2 Procedures

To implement this policy, individuals and entities subject to this policy shall promptly disclose circumstances including, but not limited to:

A. Financial Interests

Employment, contracts, compensation, ownership interests, investments, or other financial relationships involving a current or prospective KLCCOA contractor, provider, vendor, grantee, or funding recipient.

B. Personal or Family Relationships

Family, household, personal, or close professional relationships involving KLCCOA employees, participants, providers, contractors, vendors, Governing Board members, Advisory Council members, or individuals participating in agency decisions.

C. Gifts and Other Benefits

Gifts, gratuities, favors, loans, discounts, or other benefits that could influence, or reasonably appear to influence, an official decision.

D. Participation in Agency Decisions

Participation in eligibility determinations, assessments, service authorizations, referrals, procurement, contract administration, provider selection, monitoring, payment decisions, appeals, or other official actions involving an individual, organization, or entity with which the individual has a personal, professional, family, or financial relationship.

E. Organizational Conflicts

Circumstances in which KLCCOA or another organization performs multiple roles or maintains relationships that could impair, or reasonably appear to impair, objective decision making.

F. Other Circumstances

Any other circumstance that could reasonably create an actual, potential, perceived, or organizational conflict of interest.

Individuals shall report disclosures as follows:

- Employees shall report conflicts to their supervisor and the Executive Director.
- Governing Board and Advisory Council members shall report conflicts to the Executive Director and the applicable Board or Council Chair.
- Contractors, subcontractors, grantees, and other award recipients shall report conflicts to the Executive Director or designated contract manager.

- Conflicts involving the Executive Director shall be reported to the Governing Board President.

5.3 Monitoring & Documentation

KLCCOA shall maintain written documentation of all conflict-of-interest disclosures and related determinations in accordance with applicable record retention requirements.

Conflict of interest disclosures shall be completed upon appointment, employment, contract execution, or designation to an applicable role, updated whenever circumstances change, and reviewed at least annually in accordance with Oregon State Unit on Aging requirements and KLCCOA procedures.

KLCCOA shall maintain documentation demonstrating that disclosures have been reviewed and appropriate actions have been taken when necessary to protect the integrity of agency operations.

SECTION 6 | REVIEW, RECUSAL, MITIGATION, AND REMEDY

6.1 Policy

KLCCOA shall promptly evaluate all disclosed actual, potential, perceived, and organizational conflicts of interest to determine whether a conflict exists and what actions are necessary to protect the integrity of agency operations, program administration, procurement activities, and public confidence.

When a conflict of interest is identified, KLCCOA shall implement appropriate measures to remove, mitigate, or remedy the conflict before the affected individual or organization participates in related decisions or activities.

6.2 Procedures

To implement this policy, KLCCOA shall:

A. Review Disclosures

Review each reported conflict of interest in a timely manner to determine whether the circumstances constitute an actual, potential, perceived, or organizational conflict requiring further action.

B. Determine Appropriate Action

Based on the circumstances, KLCCOA may require one or more of the following actions:

- Disclosure with no further action required;
- Recusal from discussions, recommendations, evaluations, negotiations, or decisions;
- Reassignment of duties or responsibilities;
- Modification of reporting relationships or supervisory responsibilities;
- Removal from committees, workgroups, procurement activities, or other decision-making processes;
- Implementation of additional oversight or internal controls; or
- Other actions necessary to eliminate or appropriately manage the conflict.

C. Recusal

Individuals with conflict of interest shall not participate in discussions, deliberations, recommendations, evaluations, voting, approvals, contract administration, monitoring activities, appeals, or other official actions related to the disclosed conflict unless specifically authorized following review and determination that appropriate safeguards are in place.

D. Organizational Conflicts

When an organizational conflict of interest is identified, KLCCOA shall evaluate whether structural, administrative, contractual, or operational safeguards are sufficient to protect impartial decision-making. If appropriate safeguards cannot adequately address the conflict, KLCCOA shall remove or modify the conflicting responsibilities in a manner consistent with applicable federal and state requirements.

E. Documentation of Resolution

KLCCOA shall document the determination made, actions implemented, and any required follow-up related to each identified conflict of interest.

6.3 Monitoring & Documentation

KLCCOA shall maintain documentation demonstrating that conflict-of-interest reviews have been completed and that appropriate mitigation, removal, or remedy actions have been implemented when necessary.

When required by Oregon State Unit on Aging policy or KLCCOA procedures, conflict-of-interest screening, identification, removal, and remedy forms shall be completed and maintained as part of the agency's official records.

The Executive Director, or designee, shall periodically review conflict-of-interest determinations to ensure actions remain appropriate and continue to protect the integrity of agency operations.

SECTION 7 | PROGRAM INTEGRITY SAFEGUARDS

7.1 Policy

KLCCOA shall administer Older Americans Act programs and other agency-administered services in a manner that protects the integrity of program operations, preserves participant choice, and prevents organizational or financial interests from influencing eligibility determinations, assessments, service authorizations, referrals, procurement activities, provider selection, monitoring, payment decisions, or service delivery.

When KLCCOA or another entity performs multiple program responsibilities, the agency shall implement safeguards to ensure decisions remain objective, impartial, participant-centered, and consistent with applicable federal and state requirements.

7.2 Procedures

To implement this policy, KLCCOA shall:

A. Protect Participant Choice

Ensure participants receive unbiased information regarding available services, providers, and community resources so they may make informed decisions based upon their individual needs and preferences.

B. Separate Decision-Making Functions

Whenever practicable, maintain appropriate separation between eligibility determination, assessment, service authorization, provider selection, monitoring, billing, payment approval, grievance review, and direct service delivery to reduce the potential for conflicts of interest.

C. Prevent Financial Influence

Ensure that services are authorized, continued, modified, or discontinued solely on the basis of participant need, program eligibility, and applicable requirements.

No employee, contractor, or organizational unit shall make decisions for the purpose of generating revenue, increasing service utilization, or otherwise providing an improper financial benefit to KLCCOA or any other individual or entity.

D. Monitor Multiple Program Roles

When KLCCOA or another organization performs multiple responsibilities within the same program or service delivery system, evaluate those activities to identify potential organizational conflicts of interest and implement appropriate safeguards when necessary.

E. Protect Public Resources

Administer public funds responsibly by ensuring resources are used only for authorized purposes and that organizational decisions remain free from improper influence or personal benefit.

7.3 Documentation

KLCCOA shall periodically review:

- Service utilization patterns;
- Assessment and service authorization practices;
- Referral activity;
- Provider selection processes;

- Financial incentives and payment arrangements;
- Organizational structures involving multiple program responsibilities; and
- Other activities that may present organizational conflicts of interest.

Monitoring activities shall be documented and maintained in accordance with applicable record retention requirements. When concerns are identified, KLCCOA shall implement appropriate corrective actions and document the resolution.

SECTION 8 | PROCUREMENT, CONTRACTORS & FUNDED PARTNERS

8.1 Policy

KLCCOA shall conduct all procurement activities, contract administration, and oversight of funded partners in a manner that promotes fairness, transparency, competition, accountability, and responsible stewardship of public resources.

Conflict of interest safeguards shall be incorporated throughout procurement, contracting, contract administration, monitoring, and funding decisions to ensure that public resources are administered objectively and in accordance with applicable federal and state requirements.

KLCCOA shall not knowingly enter into or maintain contractual relationships that present unresolved conflicts of interest that could compromise the integrity of agency operations or the equitable administration of services.

8.2 Procedures

To implement this policy, KLCCOA shall:

A. Conduct Fair Procurement

Conduct procurement activities in accordance with applicable federal and state procurement requirements, KLCCOA procurement policies, and contractual obligations.

B. Require Disclosure

Require employees, Governing Board members, Advisory Council members, evaluation committee members, contractors, subcontractors, and other individuals participating in procurement or contract

administration to disclose actual, potential, perceived, or organizational conflicts of interest before participating in procurement-related activities.

C. Ensure Impartial Decision Making

Individuals with identified conflicts of interest shall not participate in proposal development, bid evaluation, vendor selection, contract negotiation, contract award, monitoring activities, payment approval, or other procurement-related decisions unless appropriate safeguards have been implemented.

D. Contractor Responsibilities

Contractors, subcontractors, and other funded organizations receiving Older Americans Act or other KLCCOA-administered funds shall maintain written conflict-of-interest policies and procedures that are consistent with applicable federal and state requirements and shall promptly disclose identified conflicts of interest to KLCCOA.

E. Corrective Action

When contractor monitoring identifies deficiencies related to conflict-of-interest requirements, KLCCOA may require corrective action plans, additional monitoring, technical assistance, or other appropriate remedies consistent with contractual requirements.

8.3 Monitoring & Documentation

KLCCOA shall incorporate conflict-of-interest review into procurement files, contract administration, and provider monitoring activities.

Monitoring activities may include review of contractor conflict-of-interest policies, disclosure documentation, corrective action plans, and other records necessary to verify compliance with applicable federal and state requirements.

Documentation shall be maintained in accordance with KLCCOA record retention requirements and made available during monitoring activities conducted by the Oregon State Unit on Aging or other authorized oversight agencies.

SECTION 9 | DIRECTLY-PROVIDED SERVICES, PERSON-CENTERED DECISION MAKING & PARTICIPANT CHOICE

9.1 Policy

KLCCOA is committed to administering Older Americans Act programs, Oregon Project Independence (OPI), Oregon Project Independence Medicaid (OPI-M), and other agency administered services in a manner that promotes participant choice, equitable access, impartial decision making, and person-centered service delivery.

When KLCCOA directly provides services or administers programs involving participant fees, assessments, eligibility determinations, referrals, or service authorizations, conflict-of-interest safeguards shall be implemented to ensure decisions are based solely on participant needs, program requirements, and informed participant choice.

No individual or organizational interest shall influence eligibility determinations, assessments, service authorizations, provider selection, referrals, participant contributions, or other decisions affecting access to services.

9.2 Procedures

To implement this policy, KLCCOA shall:

A. Maintain Person-Centered Decision Making

Ensure assessments, service planning, and service authorizations are based upon participant strengths, preferences, goals, assessed needs, and applicable program requirements.

B. Protect Participant Choice

Provide participants with objective information regarding available services, providers, and community resources to support informed decision-making.

Participants shall not be directed toward a particular provider, contractor, or service for the financial benefit of KLCCOA or any other individual or organization.

C. Separate Financial Interests from Service Decisions

Eligibility determinations, assessments, reassessments, service authorizations, participant contributions, billing decisions, and service modifications shall not be influenced by organizational financial interests or personal gain.

D. Maintain Objective Referrals

Referrals shall be based upon participant choice, assessed need, provider availability, and program eligibility rather than organizational preference or financial considerations.

E. Protect Grievance and Appeal Processes

Individuals responsible for grievances, appeals, or quality assurance reviews shall remain impartial, and shall not participate in decisions involving matters in which they have an actual, potential, perceived, or organizational conflict of interest.

9.3 Monitoring & Documentation

KLCCOA shall monitor directly provided services, participant assessments, referrals, service authorizations, participant contribution practices, grievance activities, and quality assurance processes to ensure compliance with this policy.

SECTION 10 | GOVERNANCE, ETHICAL RESPONSIBILITIES & PROFESSIONAL CONDUCT

10.1 Policy

The integrity of KLCCOA depends upon ethical leadership, objective decision making, and public confidence in the actions of its Governing Board, Advisory Council, employees, volunteers, contractors, and other individuals acting on behalf of the agency.

Individuals serving KLCCOA shall perform their duties in a manner that promotes fairness, transparency, accountability, and responsible stewardship of public resources while avoiding actual, potential, perceived, and organizational conflicts of interest.

All individuals are expected to conduct themselves in a manner that preserves public trust and supports the mission, values, and strategic priorities of KLCCOA.

10.2 Procedures

To implement this policy, KLCCOA shall:

A. Governing Board Responsibilities

Members of the Governing Board shall disclose conflicts of interest, refrain from participating in decisions in which a conflict exists, and comply with all applicable federal, state, and local laws governing ethical conduct and public decision-making.

B. Advisory Council Responsibilities

Advisory Council members shall disclose actual, potential, or perceived conflicts of interest that may affect recommendations, planning activities, or advisory responsibilities.

Consistent with applicable federal requirements, the Advisory Council shall maintain its advisory role and shall not perform the functions of the Governing Board.

C. Employee Responsibilities

Employees shall avoid activities or relationships that could compromise professional judgment or create actual, potential, perceived, or organizational conflicts of interest.

Employees shall promptly disclose identified conflicts in accordance with this policy and cooperate fully in any review or mitigation process.

D. Volunteers and Other Representatives

Volunteers, interns, consultants, contractors, and other individuals acting on behalf of KLCCOA shall comply with this policy while performing duties for the agency.

E. Professional Relationships

Individuals shall maintain appropriate professional boundaries with participants, caregivers, contractors, vendors, and community partners.

Relationships that could compromise impartiality, create preferential treatment, or otherwise impair objective decision-making shall be disclosed and evaluated in accordance with this policy.

10.3 Monitoring & Documentation

KLCCOA shall maintain documentation demonstrating compliance with ethical responsibilities established by this policy through conflict of interest disclosures, Governing Board and Advisory Council meeting minutes, annual attestations, personnel records, training documentation, and other applicable records.

Supervisors, management, and the Governing Board shall promote an organizational culture that encourages ethical conduct, transparency, accountability, and early disclosure of potential conflicts of interest.

SECTION 11 | MONITORING, REPORTING & CORRECTIVE ACTION

11.1 Policy

KLCCOA shall maintain an ongoing system of monitoring, reporting, and corrective action to ensure compliance with this policy, applicable federal and state requirements, contractual obligations, and organizational standards of ethical conduct.

Monitoring activities shall promote continuous improvement, identify opportunities to strengthen internal controls, and ensure actual, potential, perceived, and organizational conflicts of interest are appropriately identified, documented, and resolved.

11.2 Procedures

To implement this policy, KLCCOA shall:

A. Conduct Ongoing Monitoring

Monitor conflict-of-interest compliance through supervisory oversight, internal reviews, provider monitoring, contract administration, procurement activities, quality assurance processes, and other organizational oversight activities.

B. Annual Review and Attestation

Require annual conflict-of-interest disclosures, attestations, or other documentation from individuals and organizations subject to this policy, in alignment with Oregon State Unit on Aging requirements and KLCCOA procedures.

C. Reporting

Encourage prompt reporting of suspected violations of this policy.

Reports may be made to a supervisor, the Executive Director, the Governing Board President, or other appropriate authority, depending upon the circumstances.

Individuals reporting concerns in good faith shall be protected from retaliation to the fullest extent permitted by law and KLCCOA policy.

D. Corrective Action

When monitoring identifies deficiencies or violations of this policy, KLCCOA shall implement appropriate corrective actions, which may include:

- Additional training;
- Enhanced monitoring;
- Corrective action plans;
- Modification of duties or responsibilities;
- Recusal from decision-making activities;
- Contractual remedies;
- Disciplinary action consistent with applicable personnel policies; or
- Other actions necessary to restore compliance.

Corrective actions shall be proportional to the nature and severity of the identified concern.

11.3 Monitoring & Documentation

KLCCOA shall maintain documentation demonstrating implementation of this policy, including, as applicable:

- Conflict of interest disclosures;
- Annual attestations;

- Screening and review documentation;
- Identification, removal, and remedy records;
- Procurement documentation;
- Provider monitoring records;
- Corrective action plans;
- Training records;
- Governing Board and Advisory Council meeting minutes; and
- Other documentation required by applicable federal, state, or contractual requirements.

Documentation shall be maintained in accordance with applicable record retention requirements and made available during monitoring conducted by the Oregon State Unit on Aging or other authorized oversight entities.

SECTION 12 | POLICY REVIEW & CONTINUOUS IMPROVEMENT

12.1 Policy

The Klamath & Lake Counties Council on Aging (KLCCOA) is committed to maintaining conflict-of-interest policies and procedures that reflect current federal and state requirements, recognized governance practices, and the evolving needs of the organization and the communities it serves.

This policy shall be reviewed periodically to ensure continued compliance with the Older Americans Act, applicable federal regulations, Oregon State Unit on Aging policies, Oregon Administrative Rules, contractual obligations, and KLCCOA governance practices.

KLCCOA recognizes that effective conflict-of-interest management is an ongoing process that supports ethical leadership, organizational accountability, and responsible stewardship of public resources.

12.2 Procedures

To implement this policy, KLCCOA shall:

A. Periodic Review

Review this policy at least once every three years, or more frequently as necessary to address changes in federal or state law, Oregon State Unit on Aging guidance, organizational structure, contractual requirements, monitoring findings, or identified operational needs.

B. Stakeholder Input

When appropriate, seek input from the Governing Board, Advisory Council, legal counsel, contractors, partner organizations, and other stakeholders to support continuous improvement and effective implementation of this policy.

C. Policy Revisions

Present substantive policy revisions to the Governing Board for review and approval before implementation, unless immediate revisions are required to comply with changes in applicable law or regulatory requirements.

D. Staff Education

Provide education and communication regarding policy revisions to employees, Governing Board members, Advisory Council members, volunteers, contractors, and other affected individuals as appropriate.

12.3 Monitoring & Documentation

KLCCOA shall maintain documentation of policy reviews, revisions, Governing Board approvals, staff notifications, and related records demonstrating ongoing implementation and continuous improvement of this policy.

The Executive Director, or designee, shall be responsible for coordinating policy review activities and recommending revisions as necessary to maintain compliance with applicable federal and state requirements and organizational best practices.

SECTION 13 | ADMINISTRATIVE FORMS

13.1 Policy

KLCCOA shall maintain standardized administrative forms necessary to implement this policy and document compliance with applicable federal, state, contractual, and organizational conflict of interest requirements.

These forms are administrative tools that support implementation of this policy and may be revised administratively to reflect changes in applicable laws, regulations, Oregon State Unit on Aging guidance, organizational practices, or operational needs without requiring amendment of this policy, provided such revisions do not alter the substantive requirements established herein.

13.2 Required Administrative Forms

KLCCOA shall maintain, at a minimum, the following forms:

- Individual Conflict of Interest Disclosure and Annual Attestation
- Individual Conflict of Interest Identification, Review, and Resolution
- Organizational Conflict of Interest Screening
- Organizational Conflict of Interest Identification, Review, and Resolution

Additional forms or documentation may be developed as necessary to support implementation of this policy.

13.3 Monitoring & Documentation

The Executive Director, or designee, shall ensure current versions of all administrative forms are maintained, made available to applicable individuals, incorporated into agency operations, and retained in accordance with applicable record retention requirements.

Completed forms shall be reviewed as appropriate and maintained as documentation supporting compliance with this policy.

APPROVALS

Approved by: Klamath & Lake Counties Council on Aging Governing Board

Approval Date: Draft Submitted for SUA Review, August 2026

Effective Date:

Review Date:

Executive Director

Board Chair

Revision History – Approved by the Governing Board

Version	Date	Description
1.0	August 2026	Initial Policy Adoption

Appendix H: APD–KLCCOA Memorandum of Understanding

Memorandum of Understanding

Between

Oregon Department of Human Services

Aging and People with Disabilities

&

Klamath and Lake Counties Council on Aging

July 1, 2025, through June 30, 2029

(Amendment #1: July 20, 2026)

Purpose

This Memorandum of Understanding (MOU) establishes a collaborative partnership between the Oregon Department of Human Services, Aging and People with Disabilities (APD), and the Klamath & Lake Counties Council on Aging (KLCCOA) to promote coordinated, person-centered services that support independence, healthy aging, and aging in place for older adults and adults with disabilities throughout Klamath and Lake Counties.

Together, APD and KLCCOA are committed to ensuring individuals:

- Receive timely, unbiased assessment of their needs.
- Are informed of available programs, benefits, and community resources.
- Have meaningful choice regarding services, providers, and service delivery options.
- Receive coordinated, high-quality, person-centered services.
- Are supported in maintaining independence and remaining in the least restrictive setting appropriate to their needs.

- Benefit from collaborative service planning that promotes health, safety, dignity, and quality of life.

APD agrees to:

- Conduct financial and functional eligibility determinations in accordance with Oregon Medicaid requirements and facilitate referrals to appropriate long-term services and supports through the Client Choice process.
- Provide ongoing training and technical assistance regarding Medicaid eligibility, long-term services and supports, and other APD-administered programs.
- Coordinate with KLCCOA to facilitate timely referrals and information sharing, with appropriate client consent.
- Designate a representative to participate in KLCCOA Advisory Council meetings or other collaborative meetings, as appropriate.
- Collaborate with KLCCOA staff to resolve eligibility, referral, and service coordination issues in a timely manner.
- Promote ongoing communication to improve service coordination, client outcomes, and system effectiveness.

KLCCOA agrees to:

- Provide information and technical guidance regarding KLCCOA-administered programs, community resources, and referral processes to support coordinated service delivery
- Accept, respond to, and coordinate referrals from APD in a timely manner to promote continuity of care and timely access to services.
- Coordinate case management, community-based services, and supportive programs that promote independence, health, safety, and aging in place.
- Provide information, assistance, and options counseling through the Aging and Disability Resource Connection (ADRC), helping individuals make informed decisions about long-term services and supports.
- Communicate with APD regarding client needs, service coordination, and program outcomes as appropriate.

- Participate in collaborative planning, data-informed decision-making, and continuous quality improvement efforts.
- Maintain appropriate confidentiality and comply with all applicable federal and state privacy requirements.

Shared Commitments

APD and KLCCOA agree to:

- Foster a collaborative relationship that promotes efficient and coordinated service delivery.
- Maintain regular communication regarding community needs, emerging issues, and service availability.
- Participate in regional planning efforts that improve access to services for older adults and adults with disabilities.
- Support person-centered planning and informed consumer choice.
- Promote equity, accessibility, and culturally responsive service delivery, particularly for rural, frontier, Tribal, and other underserved populations.
- Work together to identify system improvements and strengthen community partnerships.
- Coordinate efforts to reduce duplication of services and improve the efficient use of public resources.
- Meet periodically to review the effectiveness of this partnership and identify opportunities to strengthen coordination and improve outcomes for the individuals and communities we serve.

Confidentiality

Both parties agree to maintain the confidentiality of client information in accordance with all applicable federal and state laws, regulations, and program requirements, including HIPAA, the Older Americans Act, Medicaid confidentiality requirements, and other applicable privacy protections.

Termination

This Memorandum of Understanding may be amended at any time by mutual written agreement of both parties. Either party may terminate this agreement by providing thirty (30) days written notice to the other party.

In witness whereof, the principals hereto have caused this memorandum of understanding to be signed by their duty authorized representative.

Gloria Pena, ODHS/APD District Manager **Date**

Melodi McGee, KLCCOA Executive Director **Date**

Appendix I: Full Statement of Assurances and Verification of Intent

The Klamath and Lake Counties Council on Aging (KLCCOA), as the designated Area Agency on Aging for Planning and Service Area (PSA) 11, hereby submits this 2026–2029 Area Plan Update to the Oregon Department of Human Services (ODHS), State Unit on Aging (SUA), in accordance with the requirements of the Older Americans Act (OAA), Oregon Administrative Rules (OARs), applicable federal and state regulations, and guidance issued by the State Unit on Aging.

Statement of Assurances & Verification of Intent

For the period of July 1, 2025 through June 30, 2029, the Klamath & Lake Counties Council on Aging accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) as amended in 2020 (P.L. 116-131) and related state law and policy. Through the Area Plan, KLCCOA shall promote the development of a comprehensive and coordinated system of services to meet the needs of older individuals and individuals with disabilities and serve as the advocacy and focal point for these groups in the Planning and Service Area. KLCCOA assures that it will comply with all applicable state and federal laws, regulations, policies and contract requirements relating to activities carried out under the Area Plan.

OAA Section 306, Area Plans

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

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services,

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

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

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

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

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded; (3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

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

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

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and (II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider; (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

(I) identify the number of low-income minority older individuals in the planning and service area; (II) describe the methods used to satisfy the service needs of such minority older individuals; and (III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas; (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas); (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas); (IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency; (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the

caretakers of such individuals); and (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

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

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

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

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals; (C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

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

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or (II) came into existence during fiscal year 1982 as direct successors in interest to such community

action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

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

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

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

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

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

Section 306 (e)

An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege. KLCCOA further assures that it will:

With respect to legal assistance — (A)

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

Obtain input from the public and approval from the AAA Advisory Council on the development, implementation and administration of the Area Plan through a public process, which should include, at a minimum, a public hearing prior to submission of the Area Plan to ODHS. KLCCOA shall publicize the hearing(s) through legal notice, mailings, advertisements in

newspapers, and other methods determined by the AAA to be most effective in informing the public, service providers, advocacy groups, etc.

Verification of Intent

Signatures

_____ _____
Director Date

_____ _____
Advisory Council Chair Date

_____ _____
Legal Contracting Authority Date

Klamath & Lake Counties Council on Aging
404 Main Street, Suite #6, Klamath Falls, Oregon 97601
541-205-5400
www.klamathlakeareaonaging.org

Attachment C

Service Matrix and Delivery Method

Instructions: Indicate all services provided, method of service delivery, and funding source. (The list below is sorted alphabetically by service.)

☐ **#5 Adult Day Care**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☒ **#20-2 Advocacy**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☐ **#9 Assisted Transportation**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is "for-profit" agency):

☒ **#16/16a Caregiver Case Management**

Funding Source: ☒ OAA ☒ OPI ☒ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

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

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☒ **#15/15a Caregiver Information Services/Information and Referral**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☒ **#30-5/30-5a Caregiver Respite**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☐ **#73/73a Caregiver Self-Directed Care**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

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

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

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

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☒ **#70-9/70-9a Caregiver Training**

Funding Source: ☒ OAA ☒ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☒ **#6 Case Management**

Funding Source: ☒ OAA ☒ OPI ☐ Other Cash Funds

☒ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

Council on Aging of Central Oregon, 1036 NE 5th St., Bend, OR 97701

☒ **#3 Chore** (by agency)

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds

☒ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

Almost Family, 233 SW Wilson Ave Ste 1, Bend, OR 97701 -For Profit

Klamath Basin Senior Citizens’ Center (Volunteer Services), 2045 Arthur St, PO Box JE, Klamath Falls, OR 97603

☐ **#3a Chore** (by HCW) Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☒ **#7 Congregate Meals**

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds

☒ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

Klamath Basin Senior Citizens’ Center, 2045 Arthur St , PO Box JE, Klamath Falls, OR 97603; Lake County Senior Center, 11 N G St, Lakeview, OR 97630; The Klamath Tribes, PO Box 436, Chiloquin OR 97624

For Profit: Dairy Café, 21121 Bonanza, OR 97623; Whoa Tavern, PO Box 1097, Keno, OR; Tacqueria Jalisciense #2, 2009 Broadway, Malin OR 97632; The Bread Wagon, 61435 Hwy 140 East, Bly OR 97622

☐ **#80-4 Consumable Services**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☒ **#50-1 Elderly Abuse Prevention (50-1 Guardianship/Conservatorship; 50-3 Elder Abuse Awareness & Prevention; 50-4 Crime Prevention/Home Safety; 50-5 LTCO)**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☒ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

Klamath Basin Senior Citizens’ Center 2045 Arthur St PO Box JE Klamath Falls, OR 97603; Lake County Senior Center 11 No G St Lakeview, OR 97630

☐ **#40-4 Health Promotion: Evidence-Based (Access)**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☒ **#40-2 Health Promotion: Evidence-Based (40-2 Physical Activity and Falls Prevention; 40-4 Mental Health Screening and Referral; 71 Chronic Disease Prevention, Management/Education)**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☒ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

Klamath Basin Senior Citizens’ Center, 2045 Arthur St, PO Box JE, Klamath Falls, OR 97603. Klamath Tribal Health, 3949 S 6th, Klamath Falls, OR 97603; Council on Aging of Central Oregon, 1036 NE 5th St., Bend, OR 97701

☐ **#40-3 Health Promotion: Non-Evidence-Based (Access) (40-3 & 40-4)**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☐ **#40-5 Health Promotion: Non-Evidence-Based (In-Home) (40-5 & 40-8)**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☒ **#4 Home Delivered Meals**

Funding Source: ☒ OAA ☒ OPI ☒ Other Cash Funds

☒ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

Klamath Basin Senior Citizens’ Center 2045 Arthur St PO Box JE Klamath Falls, OR 97603; Lake County Senior Center 11 No G St Lakeview, OR 97630; Council on Aging of Central Oregon, 1036 NE 5th St., Bend, OR 97701

☒ **#30-1 Home Repair/Modification**

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds

☒ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

DaBella, 4041 Crater Lake Ave., Ste G, Medford, OR 97504; Linkville Roofing, PO Box 1193, Klamath Falls, OR 97601; Central Oregon Bio Solutions, 740 NE 3rd St, Ste 3#348, Bend, OR 97701; Access Conversions, 2795 Anderson Ave #22, Klamath Falls, OR 97603; Ed Staub & Stons, 1301 Esplanade Ave, Klamath Falls, OR 97601; Pacific Power, Klamath Falls, OR - ALL FOR PROFIT

☒ **#2 Homemaker** (by agency)

Funding Source: ☒ OAA ☒ OPI ☒ Other Cash Funds

☒ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

Almost Family, 233 SW Wilson Ave Ste 1, Bend, OR 97701- For Profit

☒ **#2a Homemaker** (by HCW) Funding Source: ☐ OAA ☒ OPI ☐ Other Cash Funds

☒ **#13 Information & Assistance**

Funding Source: ☒ OAA ☒ OPI ☐ Other Cash Funds

☒ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

Klamath Basin Senior Citizens’ Center 2045 Arthur St PO Box JE Klamath Falls, OR 97603; Lake County Senior Center 11 No G St Lakeview, OR 97630; Council on Aging of Central Oregon, 1036 NE 5th St., Bend, OR 97701

☐ **#60-5 Interpreting/Translation**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☒ **#11 Legal Assistance (50-1 Guardianship/Conservatorship; 50-3 Elder Abuse Awareness & Prevention; 50-4 Crime Prevention/Home Safety; 50-5 LTCO)**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☒ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

Legal Aid Services of Oregon, Klamath Regional Office; 832 Klamath Ave. Klamath Falls, OR 97601

☒ **#8 Nutrition Counseling**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☒ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

Klamath Basin Senior Citizens’ Center 2045 Arthur St PO Box JE Klamath Falls, OR 97603

☒ **#12 Nutrition Education**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☒ **#70-2 Options Counseling**

Funding Source: ☒ OAA ☐ OPI ☒ Other Cash Funds

☒ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

Council on Aging of Central Oregon, 1036 NE 5th St., Bend, OR 97701

☒ **#900 Other – Computer Technology Expense**

Funding Source: ☒ OAA ☒ OPI ☐ Other Cash Funds

☒ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

FYIPC, LLC 6509 Scottsbluff Rd. Klamath Falls, OR 97601 - FOR PROFIT

☐ **#60-1 Other Services (60-1 Recreation; 70-8 Fee Based CM; 80-5 Money Management; 80-6 Center Renovation/Acquisition)**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☐ **#70-8 Other Services - Fee-based Case Management - Access**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☒ **#901 Other (specify)**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☒ **#14 Outreach (14 Outreach; 70-5 Newsletter; 70-10 Public Outreach/Education)**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☒ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

Klamath Basin Senior Citizens’ Center 2045 Arthur St PO Box JE Klamath Falls, OR 97603; Lake County Senior Center 11 No G St Lakeview, OR 97630; Council on Aging of Central Oregon, 1036 NE 5th St., Bend, OR 97701

☒ **#1 Personal Care** (by agency)

Funding Source: ☒ OAA ☒ OPI ☐ Other Cash Funds ☐ Other (describe):

☒ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

Almost Family, 233 SW Wilson Ave Ste 1, Bend, OR 97701- For Profit

☒ **#1a Personal Care** (by HCW)

Funding Source: ☐ OAA ☒ OPI ☐ Other Cash Funds ☐ Other (describe):

☐ **#20-3 Program Coordination & Development**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☒ **#60-3 Reassurance**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☒ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

Klamath Basin Senior Citizens’ Center 2045 Arthur St PO Box JE Klamath Falls, OR 97603; Lake County Senior Center 11 No G St Lakeview, OR 97630

☐ **#30-4 Respite Care - Other (IIIB/OPI)**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☐ **#72 Self-Directed Care**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☐ **#80-1 Senior Center Assistance**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

☒ **#10 Transportation**

Funding Source: ☒ OAA ☒ OPI ☐ Other Cash Funds

☒ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

Klamath Basin Senior Citizens’ Center 2045 Arthur St PO Box JE Klamath Falls, OR 97603; Lake County Senior Center 11 No G St Lakeview, OR 97630

☒ **#60-4 Volunteer Services**

Funding Source: ☒ OAA ☐ OPI ☐ Other Cash Funds

☒ Contracted ☒ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

Klamath Basin Senior Citizens’ Center 2045 Arthur St PO Box JE Klamath Falls, OR 97603; Lake County Senior Center 11 No G St Lakeview, OR 97630

☐ **#90-1 Volunteer Services (In-Home)**

Funding Source: ☐ OAA ☐ OPI ☐ Other Cash Funds

☐ Contracted ☐ Self-provided

Contractor name and address (List all if multiple contractors and note if contractor is “for-profit” agency):

SUPPLEMENTAL MATERIALS

Additional information, reference data, and supporting documentation for the Area Plan.

BONANZA, OREGON

SUPPLEMENTAL MATERIALS

S-1: Key Definitions and Acronyms

Key Definitions

TERM	DEFINITION
AGING IN PLACE	The ability to remain safely and independently in one's home and community as long as possible.
GREATEST ECONOMIC NEED	The need resulting from an income level at or below poverty thresholds established by law.
GREATEST SOCIAL NEED	Need caused by non-economic factors including isolation, disability, language barriers, or cultural barriers.
FRONTIER COMMUNITY	A sparsely populated rural area with limited access to services and infrastructure.
PERSON CENTERED SERVICES	Services are designed around the preferences, goals, and needs of the individual receiving support.

ACRONYMS

ACRONYM	DEFINITION
AAA	Area Agency on Aging
AAA&D	Area Agencies on Aging and Disabilities
AARP	American Association of Retired Persons
ACL	Administration for Community Living
ACS	American Community Survey
ADA	Americans with Disabilities Act
ADRC	Aging and Disability Resource Connection
ADL	Activities of Daily Living
APD	Aging and People with Disabilities
APS	Adult Protective Services
ARPA	American Rescue Plan Act
BIPOC	Black, Indigenous, and People of Color
CDSMP	Chronic Disease Self-Management Program
CHNA	Community Health Needs Assessment
CMS	Centers for Medicare & Medicaid Services
CFO	Chief Financial Officer

CM	Case Manager
CPG	Coordinated Public Transit Human Services Transportation Plan
DCM	Data and Compliance Manager
DHS	Department of Human Services
EBT	Electronic Benefit Transfer
EBS	Evidence-Based Services
ED	Executive Director
EVV	Electronic Visit Verification
FCSP	Family Caregiver Support Program
FEMA	Federal Emergency Management Agency
GIS	Geographic Information System
HCBS	Home and Community Based Services
HCW	Home Care Worker
HDM	Home Delivered Meals
HIP	Health Improvement Plan
HIPAA	Health Insurance Portability and Accountability Act
HRA	Health Reimbursement Arrangement
I&A	Information and Assistance
I&R	Information and Referral
IADL	Instrumental Activities of Daily Living
IIID	Title III-D Health Promotion
KLCCOA	Klamath and Lake Counties Council on Aging
LEP	Limited English Proficiency
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and additional identities
LTC	Long-Term Care
LTSS	Long-Term Services and Supports
MIPPA	Medicare Improvements for Patients and Providers Act
MOU	Memorandum of Understanding
NCOA	National Council on Aging
NFSP	National Family Caregiver Support Program
NSIP	Nutrition Services Incentive Program
O4AD	Oregon Association of Area Agencies on Aging & Disabilities
OAA	Older Americans Act
ODHS	Oregon Department of Human Services
OPI	Oregon Project Independence
OPI-M	Oregon Project Independence Medicaid
OWN	Oregon Wellness Network
PAP	Policy and Procedures
PCP	Person-Centered Planning
PHI	Protected Health Information
PSA	Planning and Service Area
QA	Quality Assurance
QR CODE	Quick Response Code

SAIL	Stay Active and Independent for Life
SHIBA	Senior Health Insurance Benefits Assistance
SNAP	Supplemental Nutrition Assistance Program
SOP	Standard Operating Procedure
SUA	State Unit on Aging
TANF	Temporary Assistance for Needy Families
TITLE III-B	Older Americans Act Supportive Services Program
TITLE III-C-1	Older Americans Act Congregate Nutrition Services Program
TITLE III-C-2	Older Americans Act Home Delivered Nutrition Services Program
TITLE III-D	Older Americans Act Disease Prevention and Health Promotion Program
TITLE III-E	Older Americans Act Family Caregiver Support Program
TITLE VI	Older Americans Act Native American Aging Programs
TITLE VII	Older Americans Act Elder Rights and Elder Abuse Prevention Program
USDA	United States Department of Agriculture
VDC	Veteran Directed Care
WEAAD	World Elder Abuse Awareness Day

PSA Maps and Regional Demographics

This Supplement provides geographic, demographic, and regional context supporting the KLCCOA Planning and Service Area. The following maps, charts, and demographic summaries illustrate the unique rural and frontier characteristics, aging trends, and service delivery considerations affecting older adults throughout Klamath and Lake Counties.

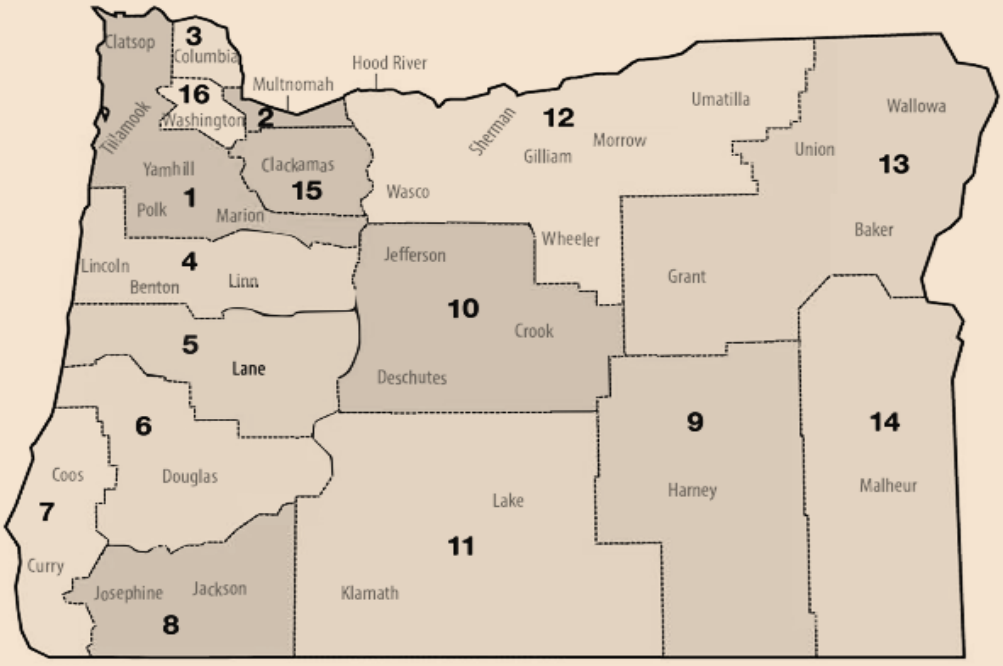
KLCCOA serves one of Oregon's largest and most geographically dispersed rural and frontier Planning and Service Areas. The size and geographic characteristics of the PSA create unique service delivery challenges related to transportation, outreach, emergency response coordination, caregiver support, nutrition access, and equitable access to aging and disability services across isolated communities.

Large travel distances between communities, limited public transportation infrastructure, seasonal weather impacts, and low population density significantly influence how services are coordinated and delivered throughout Klamath and Lake Counties.

S-2: PLANNING & SERVICE AREA GEOGRAPHY

Planning and Service Area (PSA) Map

Klamath & Lake Counties Council on Aging

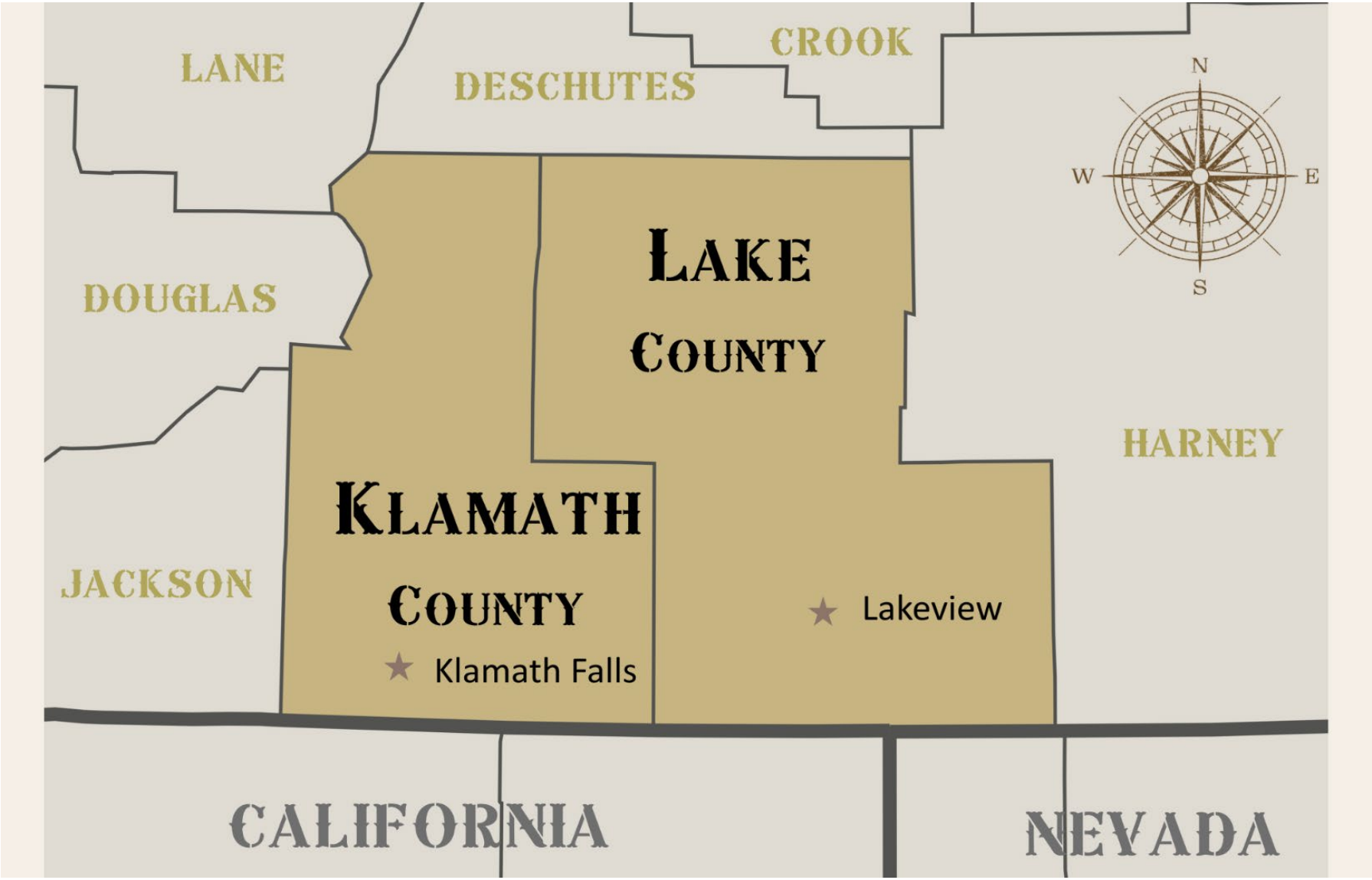


1. **NWSDS** - *(Type B Transfer)* Northwest Senior & Disability Services
2. **MCADVS** - *(Type B Transfer)* Multnomah County Aging, Disability & Veterans Services
3. **CAT** - *(Type A)* Columbia Action Team
4. **OCWCOG** - *(Type B Transfer)* Oregon Cascades West Council of Governments
5. **LCOG** - *(Type B Transfer)* Lane Council of Governments
6. **DCSS** - *(Type B Contract)* Douglas County Senior Services
7. **SCBEC** - *(Type A)* South Coast Business Employment Corp.
8. **RVCOG** - *(Type B Contract)* Rogue Valley Council of Governments
9. **HCSCS** - *(Type A)* Harney County Senior & Community Services Center
10. **COACO** - *(Type A)* Council on Aging of Central Oregon
11. **KLCCOA** - *(Type A)* Klamath & Lake Counties Council on Aging
12. **CAPECO** - *(Type A)* Community Action Program of East Central Oregon
13. **CCNO** - *(Type A)* Community Connection of NE Oregon
14. **MCOACS** - *(Type A)* Malheur Council on Aging and Community Services
15. **CCSS** - *(Type A)* Clackamas County Social Services
16. **WCDAVS** - *(Type A)* Washington County Disability Aging & Veteran Services

Figure B-1

KLCCOA Planning and Service Areas (PSA)

Klamath and Lake Counties, Oregon



KLCCOA serves rural and frontier communities across Klamath and Lake Counties in south-central Oregon.

S-3: COMMUNITY DEMOGRAPHIC PROFILES

Introduction

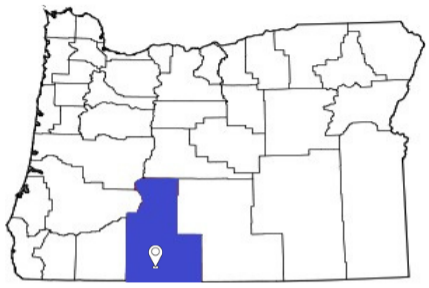
The following community demographic profiles provide additional context related to population trends, aging demographics, housing, economic conditions, and service delivery considerations affecting communities throughout the KLCCOA Planning and Service Area.

Demographic exhibits included within this appendix were adapted from publicly available planning resources developed by the South-Central Oregon Economic Development District (SCOEDD) and other regional planning partners.

Klamath Falls

KLAMATH FALLS, OREGON

Klamath County



AT A GLANCE

Klamath Falls, nicknamed "Oregon's City of Sunshine," has a lot to do. There is scenic hiking and mountain biking, golfing at four famous courses, freshwater fishing, and Oregon's longest zip line at Crater Lake. It is also home to the oldest birding festival in the U.S., if you are interested in seeing more than 350 bird species in one place.

20 sq. miles Proximity to Crater Lake

DEMOGRAPHICS & TRENDS

POPULATION
21,138

MEDIAN AGE
35.4

DISABILITY
HearingDisability: 5.3%
Vision Disability: 3.5%
Cognitive Disability: 8.3%
Self-Care Disability: 3.4%
Ambulatory Disability: 10.9%
Independent Living Disability: 10.3%

POPLUATION CHANGE (from 2010 to 2018)
+1.3%

POPULATION BY AGE
- Under 18: 24.2%
- 18-34: 26.5%
- 35-44: 14.4%
- 45-64: 24.3%
- 65 and Over: 10.7%

RACE& ETHNICITY
- AmericanIndian/AlaskaNative: 2.9%
- Asian: 0.9%
- Black/African American: 2.0%
- Native Hawaiian /Pacific Islander: 0.1%
- White: 86.4%
- Some Other Race: 2.8%
- Two Or More Races: 4.9%
- Hispanic/Latinx: 13.2%

POVERTY RATE
24.5%

%belowpoverty level by age:
- Under 18:33.1%
- 18-64: 24.8%
- 65 and Over: 10.9%

INTERNET USE
Broadband (anytype)*: 80.0%
Without/No Internet: 19.1%
*0.1% who use Dial-up not included in this %

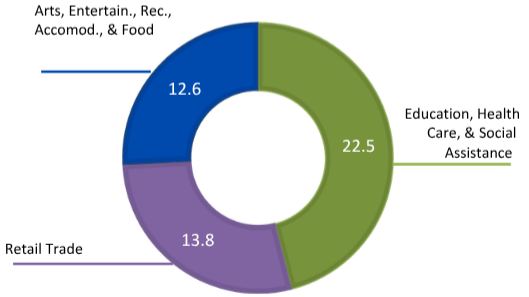
HOUSING AFFORDABILITY
Cost >30% of Income: 26.4%
Rent >30% of Income: 50.7%

MEDIAN HOUSEHOLD INCOME
$39,738

EDUCATION
High School (or Equiv.) Degree: 28.0%
Some College, No Degree: 28.9%
Associate's Degree: 8.6%
Bachelor's Degree orHigher: 21.8%

COMMUTE
Worked in County: 97.0%
Worked outside County: 3.0%
Worked in Place of Residence: 74.5%
Worked outside Place ofResidence: 25.5%
Worked at Home: 4.9%

LABOR FORCE
Percentageofthetopthree industries in Klamath Falls:



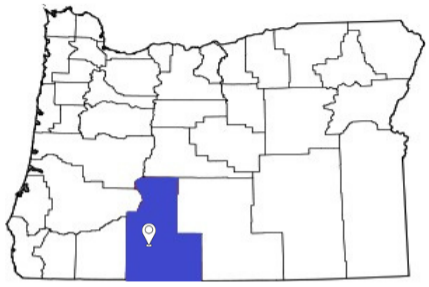
WORK STATUS
For population age 16+:
Employed: 59.7%
Unemployed: 10.3%

EMPLOYMENT
Full Time: 55.0%
Part Time: 19.0%
Did Not Work: 26.0%

Chiloquin

CHILOQUIN, OREGON

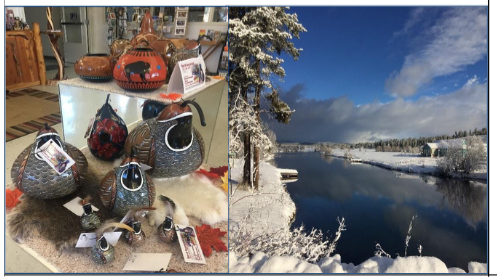
Klamath County



AT A GLANCE

Chiloquin is nestled in a valley surrounded by mountains. Wildlife is abundant and the wetlands nearby are a major stopping point for migratory birds. The region is a boating, hiking, birding, fishing, hunting, camping, and snow sports paradise.

0.8 sq. miles Klamath Tribal Administration



DEMOGRAPHICS & TRENDS

POPULATION
980

MEDIAN AGE
33.0

DISABILITY
Hearing Disability: 6.8%
Vision Disability: 4.3%
Cognitive Disability: 9.7%
Self-Care Disability: 1.2%
Ambulatory Disability: 12.2%
Independent LivingDisability: 7.8%

POPLUATION CHANGE (from 2010 to 2018)
+41.0%

POPULATION BY AGE
- Under 18: 25.8%
- 18-34: 15.1%
- 35-44: 12.4%
- 45-64: 30.8%
- 65 and Over: 16.0%

RACE& ETHNICITY
- American Indian/Alaska Native: 41.4%
- Asian: 1.1%
- Black/African American: 0.0%
- Native Hawaiian /Pacific Islander: 0.0%
- White: 53.5%
- Some Other Race: 1.5%
- Two Or More Races: 2.4%
- Hispanic/Latinx: 11.9%

POVERTY RATE
39.8%
%belowpoverty level by age:
- Under 18: 56.7%
- 18-64: 37.3%
- 65 and Over: 23.4%

INTERNETUSE
Broadband (any type)*: 66.8%
Without/No Internet: 30.6%
*2.7% who use Dial-up not includedinthis%

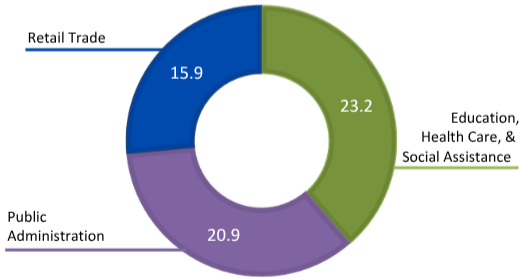
HOUSINGAFFORDABILITY
Cost >30% of Income: 54.3%
Rent >30% of Income: 38.3%

MEDIANHOUSEHOLD INCOME
$32,426

EDUCATION
High School (or Equiv.)Degree: 32.2%
Some College, NoDegree:26.4%
Associate's Degree: 9.7%
Bachelor's DegreeorHigher: 15.2%

COMMUTE
Worked in County: 97.9%
Worked outside County: 2.1%
Worked in Place of Residence: 33.2%
Worked outside Placeof Residence: 66.8%
Worked at Home: 5.2%

LABOR FORCE
Percentageofthetopthree industries in Chiloquin:



WORK STATUS
For populationage16+:
Employed: 53.3%
Unemployed: 24.3%

EMPLOYMENT
Full Time: 48.0%
Part Time: 18.0%
Did Not Work: 34.0%

Bonanza

BONANZA, OREGON

Klamath County

AT A GLANCE

Bonanza is located in the rich agricultural Lost River Valley. The history of Bonanza goes back to the late 1800s when the Town was developed at an old Modoc Indian site. Bonanza is a small and friendly place known for it's pleasant atmosphere to work and live.

0.8 sq. miles 12 Ranch Wines Winery

DEMOGRAPHICS & TRENDS

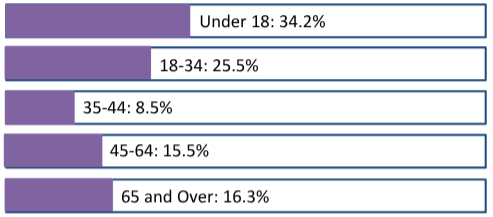
POPULATION
439

MEDIAN AGE
43.9

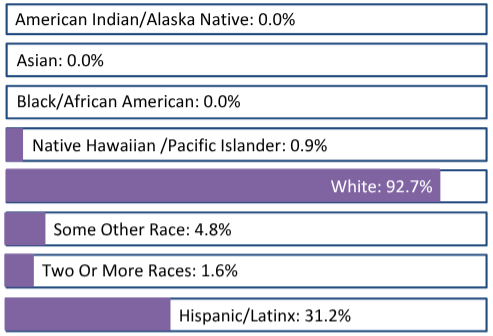
DISABILITY
HearingDisability: 5.7%
Vision Disability: 0.0%
Cognitive Disability: 5.2%
Self-Care Disability: 0.0%
Ambulatory Disability: 5.9%
Independent Living Disability: 3.8%

POPLUATION CHANGE (from 2010 to 2018)
-4.4%

POPULATION BY AGE

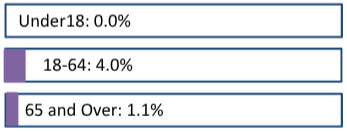


RACE& ETHNICITY



POVERTY RATE
2.5%

%belowpoverty level by age:



INTERNET USE
Broadband (anytype): 65.5%
Without/No Internet: 34.5%

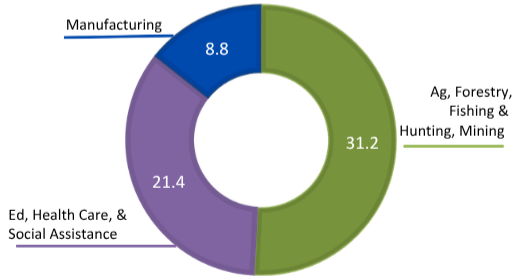
HOUSING AFFORDABILITY
Cost >30% of Income: 21.8%
Rent >30% of Income: 17.9%

MEDIAN HOUSEHOLD INCOME
$49,375

EDUCATION
High School (or Equiv.) Degree: 19.1%
Some College, No Degree: 30.8%
Associate's Degree: 7.0%
Bachelor's Degree orHigher: 16.7%

COMMUTE
Worked in County: 94.9%
Worked outside County: 5.1%
Worked in Place of Residence: 20.0%
Worked outside Place ofResidence: 80.0%
Worked at Home: 4.2%

LABOR FORCE
Percentageofthetopthree industries in Bonanza:



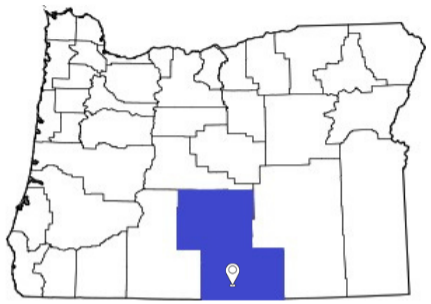
WORK STATUS
For population age 16+:
Employed: 58.8%
Unemployed: 0.9%

EMPLOYMENT
Full Time: 63.0%
Part Time: 14.0%
Did Not Work: 23.0%

Lakeview

LAKEVIEW, OREGON

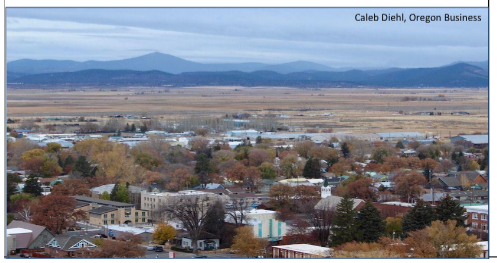
Lake County



AT A GLANCE

Sheep and cattle ranchers first settled around the Southern Oregon town of Lakeview in the 1870s and their descendants remain in the state's tallest town at 4,798 feet. You can visit the Hart Mountain National Antelope Refuge or hike through the shifting sand dunes in Christmas Valley.

2.4 sq. miles Near the Warner Mountains



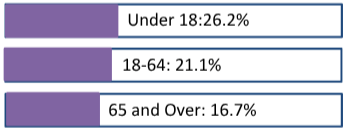
DEMOGRAPHICS & TRENDS

POPULATION
2,765

MEDIAN AGE
41.3

DISABILITY
HearingDisability: 6.3%
Vision Disability: 3.5%
Cognitive Disability: 4.5%
Self-Care Disability: 2.6%
Ambulatory Disability: 8.7%
Independent Living Disability: 4.4%

POVERTY RATE
21.5%
%belowpoverty level by age:

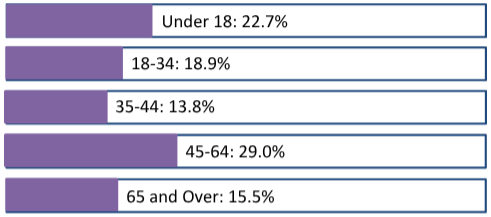


INTERNET USE
Broadband (anytype): 67.7%
Without/No Internet: 32.3%

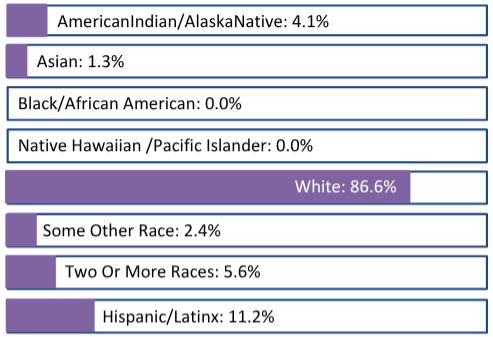
HOUSINGAFFORDABILITY
Cost >30% of Income: 22.6%
Rent >30% of Income: 47.8%

POPLUATION CHANGE (from 2010 to 2018)
7.8%

POPULATION BY AGE



RACE& ETHNICITY

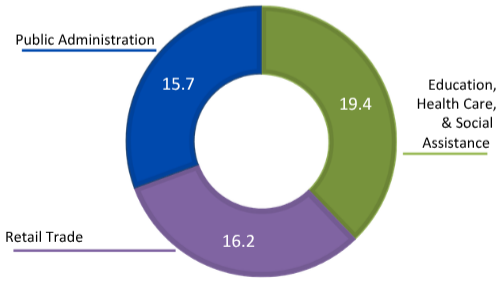


MEDIAN HOUSEHOLD INCOME
$40,319

EDUCATION
High School (or Equiv.) Degree: 31.1%
Some College, No Degree: 22.7%
Associate's Degree: 12.6%
Bachelor's Degree orHigher: 20.0%

COMMUTE
Worked in County: 95.3%
Worked outside County: 4.7%
Worked in Place of Residence: 75.0%
Worked outside Place ofResidence: 25.0%
Worked at Home: 2.8%

LABOR FORCE
Percentageofthetopthree industries in Lakeview:



WORK STATUS
For population age 16+:
Employed: 59.5%
Unemployed: 7.1%

EMPLOYMENT
Full Time: 62.0%
Part Time: 20.0%
Did Not Work: 18.0%

Paisley

PAISLEY, OREGON

Lake County

AT A GLANCE

The sunny hamlet of Paisley sits in the middle of the high desert in Southern Oregon, a land full of natural beauty. It is near Goose Lake and Lake Albert, popular for bird and wildlife viewing. Summer Lake Hot Springs also draws those looking for a getaway. Paisley is also where you can explore various caves.

0.4 sq. miles | Oregon Outback Scenic Byway

DEMOGRAPHICS & TRENDS

POPULATION
338

MEDIAN AGE
55.8

DISABILITY
Hearing Disability: **14.5%**
Vision Disability: **5.9%**
Cognitive Disability: **7.1%**
Self-Care Disability: **3.4%**
Ambulatory Disability: **9.6%**
Independent Living Disability: **8.9%**

POPLUATION CHANGE (from 2010 to 2018)
+12.3%

POPULATION BY AGE
- Under 18: 11.0%
- 18-34: 4.3%
- 35-44: 14.3%
- 45-64: 32.9%
- 65 and Over: 37.5%

RACE & ETHNICITY
- American Indian/Alaska Native: 3.3%
- Asian: 0.3%
- Black/African American: 0.0%
- Native Hawaiian /Pacific Islander: 0.0%
- White: 95.0%
- Some Other Race: 0.0%
- Two Or More Races: 1.5%
- Hispanic/Latinx: 2.1%

POVERTY RATE
8.3%

% below poverty level by age:

- Under 18: 10.4%
- 18-64: 3.0%
- 65 and Over: 13.2%

INTERNET USE
Broadband (any type)*: **77.6%**
Without/No Internet: **20.4%**
*2.0% who use Dial-up not included in this %

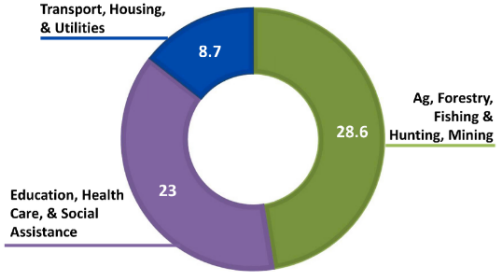
HOUSING AFFORDABILITY
Cost >30% of Income: **11.1%**
Rent >30% of Income: **15.7%**

MEDIAN HOUSEHOLD INCOME
$41,667

EDUCATION
High School (or Equiv.) Degree: **44.4%**
Some College, No Degree: **24.3%**
Associate's Degree: **5.0%**
Bachelor's Degree or Higher: **19.7%**

COMMUTE
Worked in County: **99.1%**
Worked outside County: **0.9%**
Worked in Place of Residence: **53.5%**
Worked outside Place of Residence: **46.5%**
Worked at Home: **7.9%**

LABOR FORCE
Percentage of the top three industries in Paisley:



WORK STATUS
For population age 16+:
Employed: **48.5%**
Unemployed: **1.6%**

EMPLOYMENT
Full Time: **49.0%**
Part Time: **25.0%**
Did Not Work: **26.0%**

S-4: Community Partnerships and Coordination

This Supplement summarizes collaborative partnerships, stakeholder coordination efforts, and regional service relationships to support implementation of the KLCCOA 2026–2029 Area Plan. KLCCOA works closely with community organizations, Tribal partners, healthcare providers, public agencies, senior centers, nutrition providers, coalitions, and advocacy groups to strengthen aging and disability services throughout Klamath and Lake Counties.

Government and Aging Services Partnerships

- Aging and People with Disabilities (APD)
- Oregon Department of Human Services (ODHS)
- Oregon Association of Area Agencies on Aging & Disabilities (O4AD)
- State Unit on Aging (SUA)
- Council on Aging of Central Oregon (COCOA)
- ADRC network partners

Collaborative partnerships support service coordination, referrals, quality improvement activities, policy alignment, and regional planning efforts throughout the PSA.

Tribal Partnerships and Cultural Coordination

- The Klamath Tribes
- Cow Creek Band of Umpqua Tribe of Indians

KLCCOA remains committed to strengthening relationships with Tribal communities and supporting culturally responsive outreach, coordination, and service delivery efforts throughout the PSA.

Healthcare and Behavioral Health Partnerships

- Sky Lakes Medical Center
- Klamath Health Partnership
- Hospice organizations
- Public health partners
- Behavioral health providers
- Home health organizations

Healthcare partnerships strengthen coordination related to wellness promotion, chronic disease management, caregiver support, discharge coordination, nutrition services, and aging in place efforts throughout Klamath and Lake Counties.

Nutrition and Community Support Partnerships

- Klamath Basin Senior Citizens Center
- The Center in Lakeview
- Klamath-Lake Food Bank
- Frontier Veggie Rx
- Congregate meal partners
- Volunteer organizations
- Community Volunteer Network's Foster Grandparent Program
- Farmers market/community food partners

Nutrition partnerships support food access, congregate dining opportunities, rural meal delivery, volunteer coordination, and community-based wellness initiatives throughout the PSA. KLCCOA is strengthening its relationship with the Community Volunteer Network's Foster Grandparent Program to explore opportunities for older-adult volunteer engagement, social connection, outreach, and coordination of community resources.

Veterans and Advocacy Partnerships

- VFW
- DAV
- American Legion
- Veterans service organizations
- Veteran outreach partners

Veteran partnerships support outreach, referral coordination, advocacy, and service navigation efforts affecting older veterans and caregivers throughout the region.

Community Coalitions and Regional Coordination

- Healthy Klamath
- Oregon Wellness Network (OWN)
- Older Adult Behavioral Health Collaborative
- Housing and transportation partners
- Regional coalition participation

KLCCOA participates in collaborative regional initiatives designed to strengthen community health, reduce duplication of services, improve referral pathways, and address emerging needs affecting older adults and caregivers throughout the PSA.

Partnership Impact and Service Coordination

Collaborative partnerships remain essential to effective service delivery throughout the KLCCOA Planning and Service Area. Regional coordination efforts strengthen outreach capacity, improve resource navigation, support culturally responsive services, reduce duplication, and enhance access to aging and disability services across rural and frontier communities.

Ongoing partnership development will remain a priority throughout implementation of the Final 2026–2029 Area Plan.