

Aging & Disability Services

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Vision

The vision of Multnomah County Aging and Disability Services is:

Persons with disabilities and older adults in our community will be living quality lives with supports and living situations of their choice. ADS will be a leader and a catalyst in developing, promoting, and implementing options for those choices.

By 2015, almost 150,000 county residents will be 60 or older, 22% of the county population in that year. It is envisioned that:

- Most of these seniors will be living independently and leading active lives.
- Twelve percent of the older population will be paying for Long Term Care, or will receive care from friends or family to assist with activities of daily living. They may need some help in identifying needs and/or resources.
- Twenty percent of the older population, who are very old and very frail, will have difficulties with activities of daily living, and will not have the family or resources needed to maintain independent living. They will receive Long Term Care services from the Aging and Disability Services system.
- Advances in medical treatment and response to traumatic accidents over the past several years has dramatically increased the life expectancy as well as independence of individuals with life threatening illnesses and/or severe injuries.

Multnomah County Aging and Disability Services Department (ADS) will remain the primary point of contact in the County for any senior or person with a disability in need of assistance. Through ADS, seniors and people with disabilities will have easy access to a wide range of social and health services, housing alternatives and support systems needed to continue to live safely and with dignity in the least restrictive living situation. ADS will manage local, state and federal public funds and programs to enhance and support individual and community efforts to keep elderly persons and people with disabilities at home and as independent as possible.

Partnerships between ADS and other public and private entities will build a network that will allow or assist ADS customers to choose services, providers or payment methods that best fit their individual needs. The service system will be broad enough to accommodate the needs of elderly persons of diverse backgrounds. ADS, consumers, senior and disability advocates and providers will work together to design programs, assess quality and consumer satisfaction and implement improvements.

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Strategic Planning

ADS will embark on an ambitious strategic planning process during the Spring of 1999. The process will build upon the current five-year strategic plan, the recent Oregon Quality Award Self Assessment, and customer focus groups.

It is anticipated that the strategic planning process will result in the formation of a strategic document that will outline priority actions that ADS will implement over the next five years.

ADS has identified Human Resources and Information and Analysis as two key Oregon Quality Award Self Assessment areas that will be highlighted in FY 99-2000 as priority action areas.

During 1997, State Disability Service offices located in Multnomah County were transferred and merged with Aging Services. County staff recognized the integration as an important priority that continues into FY 99-2000.

As previously mentioned, ADS is in its final year of a strategic plan developed over four years ago. Following is a brief progress report on the five major strategic issue areas.

1. ACCESS

ADS has improved the public's awareness of the programs and services available by expanding the Gatekeeper program, presenting breakfast forums on issues of importance to clients, printing new brochures about services, and using a display panel about services. The agency was successful in establishing a 24 hour Helpline, creating separate phone lines for assisted living, residential care facilities and foster care placement, implementing Senior Health Insurance Benefits Assistance (SHIBA) Counselors, and establishing protocols to streamline the client screening process.

2. CONTINUUM OF SERVICES

In order to expand the support and social services available to keep persons with impairments at home or in a home-like setting, ADS increased the number of assisted living facilities and ethnic foster homes, set aside emergency housing funds, and initiated a housing coordinator position.

ADS has identified quality case management as a priority development area. A steering committee made recommendations related to improving assessment, care planning and standards of outcomes.

3. TARGETING

ADS targets public funds towards programs and areas with the highest economic and social need among older people. By opening an office in East Multnomah County, by moving and expanding Mid-County Loaves and Fishes to the new East Portland Community Center, by opening the Southeast Multi-Cultural Center, and by opening a new satellite office in the Brentwood-

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Darlington Center.

ADS ensures that ethnic minorities are included in services at all levels and locations by encouraging staff to take diversity training, as well as targeting bi-lingual staff recruitment for direct service positions.

4. CAREGIVER SUPPORT

ADS has increased Client Employed Provider caregiver training and has worked to increase their wages and has developed a system of pay incentives for workers who get training. In order to help family caregivers become more effective and avoid burnout, ADS continues to build support groups and coalitions of providers and community volunteers. This area is a priority program development area in FY 99-2000.

5. INTERNAL EFFICIENCY AND PRODUCTIVITY

After the implementation of the State ACCESS computer system to streamline client applications, case managers spend more time and effort on clients' needs and less time on paperwork.

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Department Services

Aging and Disability Services provided services to over 35,000 citizens of Multnomah County last year. These services included:

- Single entry/easy access to services through information and referral, gatekeepers and twenty-four hour phone help line
- Case management/need assessment, eligibility, case plan development and service monitoring for persons who are elderly and for persons with disabilities
- Adult care home regulation and licensing
- Public Guardianship/Conservatorship
- Protective services
- Minority services coordination
- Program development and advocacy
- Contract and service management
- District Centers
- Nutrition
- Transportation and special services
- In-home services
- Multi-disciplinary teams
- Employment assistance
- Food Stamp authorization
- Oregon Health Plan (OHP) enrollment
- Managed care education
- Emergency Housing Assistance

ADS manages a variety of federal, state, and local financial resources. They include: federal and state Medicaid, the Federal Older Americans Act, Oregon Project Independence. Federal and state statutes and agreements between Multnomah County and the City of Portland limit local policy discretion regarding services.

Elders in Action (a non-profit organization formerly constituted as the Portland/Multnomah Commission on Aging) provides advice and input on community needs, program and policy development and priorities for aging services. The Disability Services Advisory Council plays a similar role for the provision of disability services.

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Budget Issues and Highlights

The proposed FY '00 budget for the Department of Aging & Disability Services is very similar to FY '99 and provides for a slight service expansion. The increased services are funded mainly by an anticipated increase in Title XIX (Medicaid) funding. The ADS budget also provides for increased spending on information systems to improve the quality of services and management. Below, several issues and highlights regarding the Department's budget and operations are discussed.

In-Home Provider Improvements

In-Home services have continued to grow and are a popular option for people needing long term care, but wanting to remain living in their homes. However, because of the good job market and the strong competition for other jobs in the Portland metropolitan area, it is becoming more difficult to find and retain good home care workers for the ADS programs. Also, as the program has grown, it is necessary to more systematically monitor services and assure the best quality of care possible.

Increasing the number of stable in-home workers (Client Employed Providers) is a Key Result Measurement for ADS.

ADS has experimented with incentives to retain in-home workers over the last few years by paying higher rates for people who have been providers for longer periods of time. ADS has also been attempting recruitment efforts paired with orientation training so that caregivers sensitive to client needs and desires may be found. This has been somewhat helpful, but more is needed. ADS does not have a pool of qualified workers from which to make a referral to a private citizen, as ADS cannot keep up with the demand for workers for its own clients.

Quality of services can be improved by providing better basic training, offering support groups for in-home workers, developing a newsletter, and other methods that help in-home workers feel valued and part of a larger network of caregivers.

The proposed increased funding relates to County benchmarks for reducing poverty by improving the training of entry level in-home workers and motivating them to continue their career development.

There are currently 1,800 active in-home workers. With the Department's requested funding, ADS hopes increase this number by 5% to 7%. The proposed position will develop local job matching, monitoring and client satisfaction methods. This proposal will help ADS improve the quality of services that help people remain independent. **In-Home services are a more cost-effective and flexible alternative to nursing facility care.** Because this will equally benefit the Medicaid funded branches as well as the neighborhood based District Center programs, some County funds can be matched with Federal funding. Funds will be used for training stipends, conferences, partnering with other systems, newsletter mailings, recruitment ads and brochures.

Board Action:

The Adopted Budget includes an additional \$73,000 of on-going General Fund support for In-Home provider improvements. Additionally, ADS expects to receive \$52,171 in associated Medicaid matching dollars.

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Housing Ombudsperson

For seniors and persons with disabilities, housing issues, such as the rising costs of rental housing, housing displacement coupled with the shortage of affordable, limited accessible housing in Multnomah County, and the general prevalence of housing related problems, including health and safety, and crime, threatens their ability to remain independent in the community.

The proposed Housing Ombudsperson program will help the elderly and persons with disabilities obtain with basic information about housing, assistance to prevent eviction, conflict resolution and mediation assistance to resolve problems with landlords, other tenants and individuals, and provide support and assistance to improve general livability and housing stability.

A Housing Ombudsperson addresses this need in an efficient and cost-effective manner by utilizing the skills and talents of citizen volunteers to solve housing related problems. Elders in Action (EIA) Ombudsperson is an effective operating model program. For example, EIA operated a Housing Ombudsperson program through December 1997. Between November 1994, and December 1997, fifty-six volunteer Ombudsperson provided 7,701 hours of service to more than 2,000 individuals residing in rental housing in Multnomah County. However, the program was terminated due to lack of funding

The proposed service will have a direct and indirect affect on several County Benchmarks, including housing stability and prevention of homelessness, sense of safety, care of the elderly and persons with disabilities.

Board Action:

The proposed budget provides \$40,000 of on-going General Fund resources to Elders in Action for a mid-year start-up of this program.

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Integrated Network of Services for People with Disabilities

There is currently no integrated system that ties together services to people with disabilities. Disability programs are fragmented among various entities, often based on the type of disability and the funding source. ADS is taking a leadership role to create a more integrated system.

In the Aging Services division, a variety of funding sources allow ADS to provide services over a broad continuum, from prevention to intensive levels of care. However, the primary funding for the DSO programs in the Disabilities division is restricted to Medicaid programs, making it difficult to serve people with disabilities in the community who do not meet Medicaid criteria. ADS would like to move toward providing a focal point for all people with disabilities in the community.

In concert with that goal, the Multnomah Disability Services Advisory Council (DSAC) has begun forming partnerships with a variety of other disability resources in the community to better understand a wider range of issues, and provide joint advocacy. The DSAC hosted a Community Strategy Forum in December 1998, pulling together advocates on a broad spectrum of issues, including housing, transportation, long-term care, mental health and developmental disabilities.

The Department believes the following opportunities exist and is pursuing them where appropriate:

- Continued growth and development of the DSAC to a higher level of activism and recognition within the community as a disability advocacy organization, including recruitment of additional members. ADS will continue to provide support and coordinate on issues ranging from improving customer/client services to planning and program development assistance.
- Enhancement of the DSOs' scope to serve the disability community beyond their current Medicaid programs. ADS supports the development and coordination of resources and services to meet the support needs of persons with disabilities.
- Provide fully integrated and better coordinated services for clients served by the County's Disability Services Offices and Mental Health and Developmental Disabilities programs. ADS will provide leadership and explore opportunities for greater County collaboration.
- Further development of the ADS Helpline as a primary source of information for people with disabilities throughout the County.

Board Action:

The Adopted Budget includes \$22,500 of General Fund for support of the Disability Helpline. This will be matched with \$27,500 of Title XIX funding.

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Integrating Health, Long Term Care and Housing

Health care has changed dramatically in Oregon over the last five years. Ninety-five percent of the seniors and people with disabilities using the Medicaid-funded Oregon Health Plan are receiving their primary medical care through a managed care plan. Multnomah County also has one of the highest rates of utilization of Medicare managed health care nationally for persons over 65 years old. However, users of managed care stay in the hospital for shorter periods of time and often are transferred to nursing homes for care that previously would have been provided in a hospital. This trend puts people more at risk of staying in a nursing facility or other long term care placement. The risk is higher when an unplanned hospitalization and increasing frailty or disability does not allow a patient the opportunity to make a plan for remaining at home or in other settings that reflect their preferred life styles. Without early counseling and information about resources and rehabilitation options, persons are more likely to lose their homes and exhaust their savings in an effort to pay for nursing facility care.

There are opportunities for ADS to develop partnerships with the medical community so that families receive information and counseling soon after a medical crisis happens. By helping individuals connect with social services and nutrition services through the network of community-based organizations, timely intervention can support in-home services plans. With counseling and encouragement to access the full range of medical benefits such as vaccinations, early screening and diagnostic tests people with chronic illnesses can enjoy greater independence and a higher quality of life.

ADS case management is an important means for assuring that this seamless service system is available to Multnomah County residents. ADS has been working on a case management quality improvement effort and is piloting improved care planning processes, developing customer service standards, and streamlining the assessment system through computer efficiencies and protocols for working with medical providers.

Board Action:

No budgetary actions are required at this time.

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Special Needs Transportation

During 1998, seniors and persons with disabilities have been reporting that 'special needs transportation' is a significant, unmet need in the community and should be a priority for program development and improvements.

Transportation is a critical factor in meeting individual basic needs and also essential in fulfilling ADS's mission. According to the 1996 US Census Bureau's American Community Survey, 105,674 seniors and 37,920 individuals age 16-64 with disabilities live in Multnomah County. Of these, 12,459 seniors and 10,988 younger persons have a condition that makes it difficult for them to go outside the home without assistance, an 18% increase between 1990 and 1996. It is anticipated that increases in these numbers over the next 10 years will be equally as dramatic. Current transportation systems in Multnomah County are inadequate to meet the current need, let alone the future need.

The Department believes the following opportunities exist and is pursuing them where appropriate:

- Senior and disability networks and advocates are working together to seek new State funding for transportation services for seniors and persons with disabilities.
- ADS, Elders In Action, and the Disability Services Advisory Council are working to expand special needs transportation under TRI-MET.
- ADS is actively exploring expansion of transportation for long-term care clients who need medical rides.
- ADS and service providers are exploring development of volunteer driver and volunteer escort programs.
- Transportation of Medicaid clients for non-medical purposes will require non-federal matching funds.

ADS has also identified special needs transportation as a high priority advocacy area. The department developed a transportation policy paper that has been instrumental in directing advocacy efforts at securing additional State revenue targeting an expansion of special needs transportation for elderly and persons with disabilities. In FY '00, ADS staff will focus on improving the current fragmented system of transportation service delivery.

Board Action:

No budgetary actions were requested, but any necessary actions will be considered at appropriate times and as conditions warrant.

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East Multnomah County Facility Development

Since 1994, ADS has made advances and changes in how it serves the East Multnomah County elderly community. ADS opened a branch office in leased space in 1996 in Gresham and is constructing a new multi-use building scheduled to open in 2001. In conjunction with East County Services Coalition, ADS developed partnerships with the cities of Troutdale, Fairview, and Gresham and with YWCA Senior Services, Loaves and Fishes, and Gresham Seniors United.

Once the existing County facility, which serves as Senior Center and as a Health Clinic, was determined to be “structurally unsound”, interest in development of another County facility began to build and culminated with the acquisition of a parcel of property in Gresham near 8th and Kelly Ave.

ADS considers the development of a County facility to serve East-side populations a high priority. Census data reported the senior population grew by approximately 42% in this area between 1980 and 1990. In addition, according to ADS records, approximately 2,000 clients, or half the customers served by the Mid-County Disability Services Office on 122nd Avenue, live in the East County area.

ADS has actively facilitated the development of a vision for a new Aging and Disability Services Center that will create a visible focal point for seniors and persons with disabilities needing services in East Multnomah County. Additionally, ADS is collaborate with the Multnomah County Health Department to co-locate health services to the selected site. ADS is currently working with the East County Senior coalition and its partners to determine who will co-locate in a new facility.

In FY '00, ADS will actively participate in the design and programming phase of project development. ADS will also explore the possibility of developing affordable, accessible housing for Seniors and persons with disabilities on a portion of the property and report its findings to the Board of County Commissioners for consideration at a later date.

Board Action:

No recommendation required at this time. Consideration will be given at a later date when appropriate.

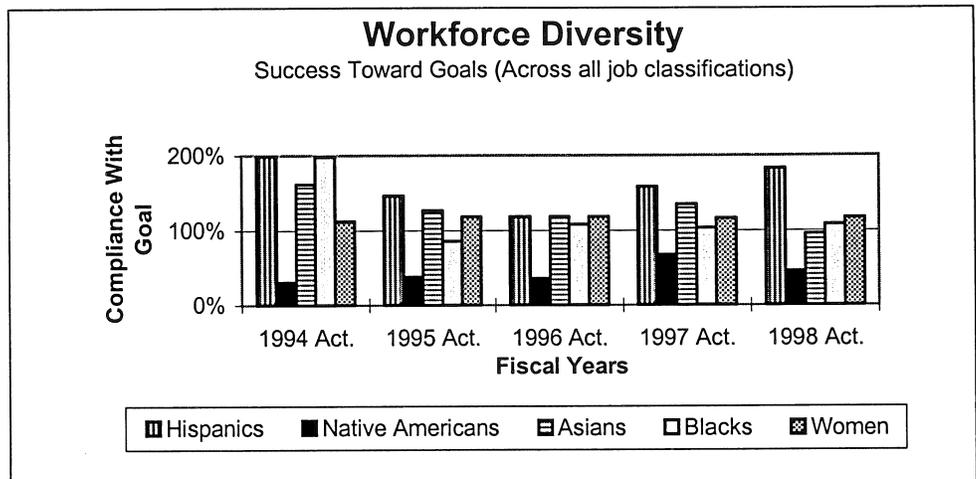
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Department Performance Trends

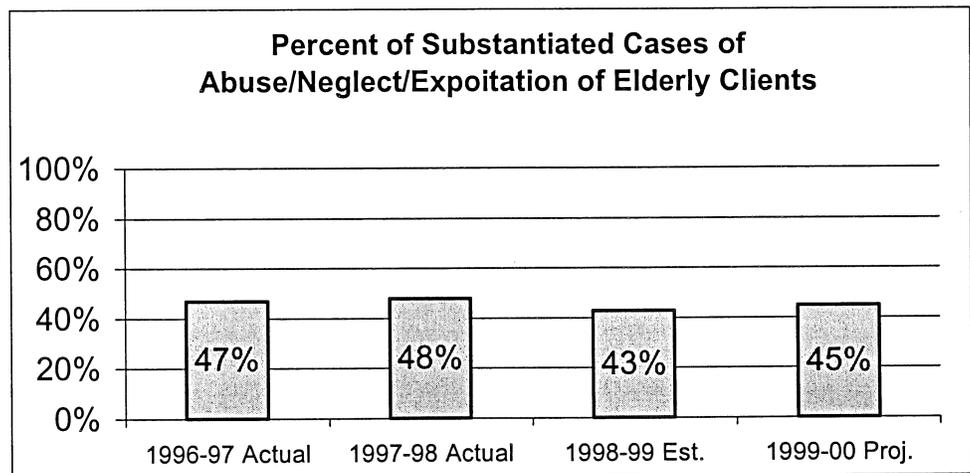
The charts below show progress made towards community goals and also serve as signals to growing needs or changing issues. The data is collected annually and is benchmarked against other states.

Additional information regarding departmental performance and county-wide trends may be found in the Key Result Measures within this document or in the Aging and Disability Services 1997/98 Annual Performance Report.

The trend shows the Department's actual hires meet or exceed Affirmative Action goals for Hispanic, Blacks, Asians, and Women.

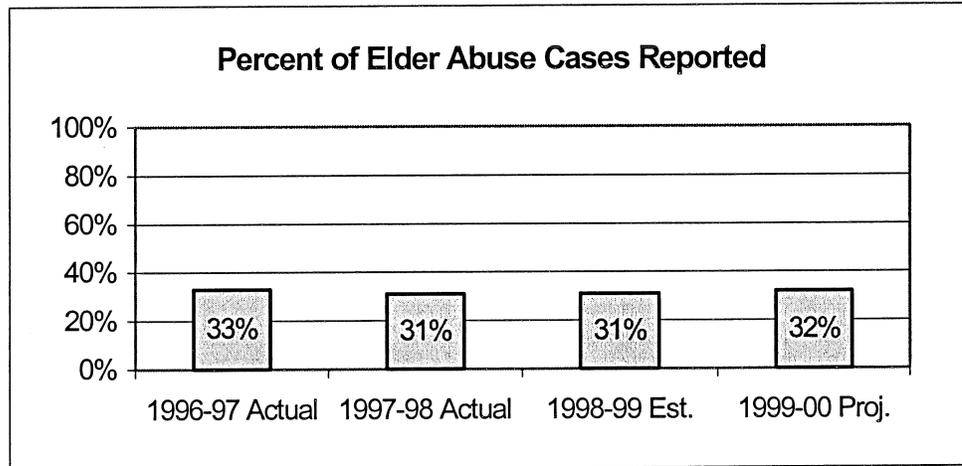


This trend compares substantiated abuse cases reported to Aging Services with all cases reported. Through an interagency agreement with the Multnomah County Sheriff's Office, Portland Police Bureau, and the cities of Gresham, Fairview, and Troutdale we are making progress in our ability to investigate and determine when abuse has occurred.

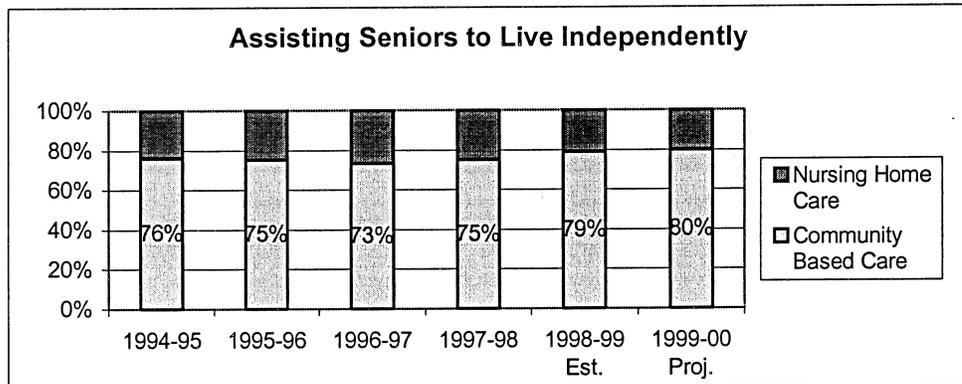


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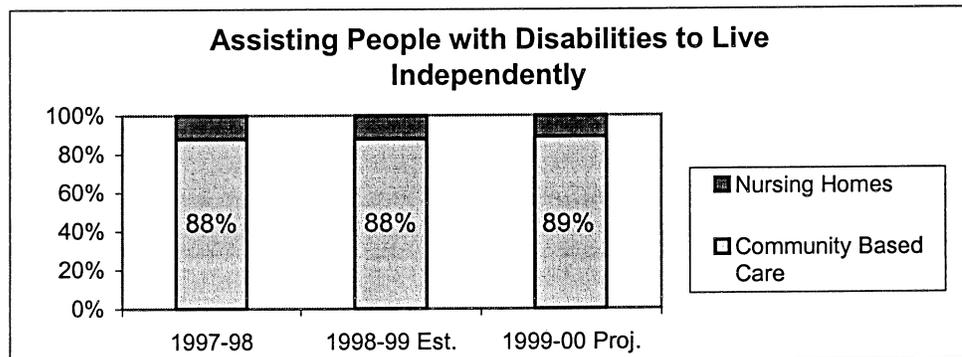
This trend compares the number of substantiated elder abuse cases to the rate (32 per 1000) which research studies project is the likely rate of elder abuse in Multnomah County. Based on national research, we are currently seeing about 1/3 of the elder abuse projected. Our goal is to improve both reporting and our ability to substantiate abuse cases.



More than ¾ of elderly case managed clients are living in supportive environments other than nursing homes. Community based care in one's own home, an adult foster care home or other assisted care is responsive to client choice and less expensive than a nursing home. This percent reflects both Medicaid and Oregon Project Independence clients.



More than 5 out of 6 case managed clients with disabilities are living in supportive environments other than nursing facilities. Community based care includes help in one's home, residence in adult foster care, or other assisted care. This is responsive to client choice and is less expensive than nursing home care.



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How the Department Delivers Its Services

ADS delivers its services through 15 business units including 4 disability and 6 aging offices located throughout the County. Additionally, there are 9 District Senior Centers, several co-located with ADS branches, throughout the County. Customers can also call a 24-hour Helpline. Referrals from family, friends, and community members also help link clients to needed services.

Many services are delivered due to successful partnerships with other County departments and community agencies. Examples of such collaboration include:

- **Multi-Disciplinary Teams** have been implemented to improve service delivery to clients with complex needs. The teams, which are a collaborative effort with the Health Department and Community and Family Services, have been highlighted because of their impact on improving a client's living situation.
- The **Gatekeeper Program** has trained over 100 business and community organizations to be aware and respond to changes in client living conditions or behavior.
- The **After Hours Response and Helpline** programs provide information and assistance about ADS programs as well as many other community based social services.
- The DSO's have been participating in an **Employment Initiative** Program in conjunction with the State's Senior and Disabled Services and Vocational Rehabilitation divisions. In February 1999, a new program that allows people with disabilities to be fully employed and keep their Medicaid benefits took effect. Other states are looking to Oregon and Multnomah County as models of successful employment programs.
- Senior programs and meal sites throughout the County represent many significant **public-private partnerships**. For example, the Cherry Blossom program unites ADS, City of Portland Bureau of Parks and Recreation, Loaves and Fishes, YWCA Senior Program, Asian Pacific American Senior Coalition, and the Mid-County Senior Center.

In the past year, ADS has also provided assistance and support to the Disability Services Advisory Council (DSAC) in planning and hosting a Community Strategy Forum. Nearly forty individuals representing more than a dozen community advocacy organizations came together to strategize on needed services for people of any age with disabilities, including low-income and accessible housing, health care, long term care services, transportation, and other areas.

The Department also has a **Quality Assurance** program in place for its branches. A team reviews cases from each branch for accuracy and

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ADS conducts a self assessment and employee survey every two years...

completeness. Reviews may be focused on a single program, on a combination of programs, or on the entire case, as requested by the branch manager. In addition to errors or oversights being detected and corrected sooner than they might be otherwise, management can determine patterns of programmatic weakness in individual staff members or teams, and provide needed support. The Quality Assurance program also represents the agency in Administrative Hearings. ADS decisions were upheld on 92% of the 79 hearings held in the past year.

...the 1999 Self Assessment Action Plan identified two specific areas for improvement:

- *Human Resources*
- *Information and Analysis*

A fairly new program is the in-house ADS training program, which provides training to ADS and contractor staff, utilizing a combination of in-house, community partner and nationally-known trainers. Training topics include initial and/or refresher coverage of Medicaid and Food Stamp programs, and improvement of case management and customer service techniques. The Training Coordinator chairs a staff committee, which assists in determining training needs.

As it is not uncommon for approval of Supplemental Security or Social Security Disability benefits to take 18 months or longer, Disability Services provides assistance with the application and appeals process via the SSI Liaison program. Specially trained staff work with the client to develop sufficient proof of medical and/or psychiatric disability. As needed, the Liaison assists the client through various levels of appeals, including representing the client at hearing before an Administrative Law Judge.

...Strategies and timelines have been created that will support projects like data gathering, employee recognition, diversity training, and improved communication.

In 1999, ADS is will be joining the United Nations in celebrating 1999 as "The Year of the Older Person." With the added attention this event will bring to important issues, it is hoped that it will spur sharing on a global scale. The **National Association of Area Agencies on Aging** will also be holding its 24th annual conference in Portland in July 1999. ADS will be utilizing this opportunity to showcase Multnomah County's community-based care settings and for staff to hear nationally recognized speakers.

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Budget for FY 2000

The Department's adopted FY '00 operating budget is \$30,913,966, a 10.7% increase over FY '99. Significant issues have been noted above in the Budget Issues & Highlights section. An explanation of specific programmatic changes is noted in the program narratives on the following pages.

Budget Trends	1997-98	1998-99	1998-99	1999-00	Difference
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Staffing FTE	318.13	354.40	354.40	369.60	15.20
Personal Services	\$14,960,309	\$16,058,252	\$16,704,157	\$17,844,245	\$1,140,088
Contractual Services	\$5,404,043	\$5,887,150	\$5,740,872	\$6,438,082	697,210
Materials & Supplies	\$4,999,267	\$5,543,050	\$5,458,292	\$6,616,639	1,158,347
Capital Outlay	<u>\$18,898</u>	<u>\$195,605</u>	<u>\$33,200</u>	<u>\$15,000</u>	<u>(18,200)</u>
Total Costs	\$25,382,517	\$27,684,057	\$27,936,521	\$30,913,966	\$2,977,445
Program Revenues	\$21,953,361	\$24,240,085	\$24,490,417	\$26,717,642	\$2,204,459

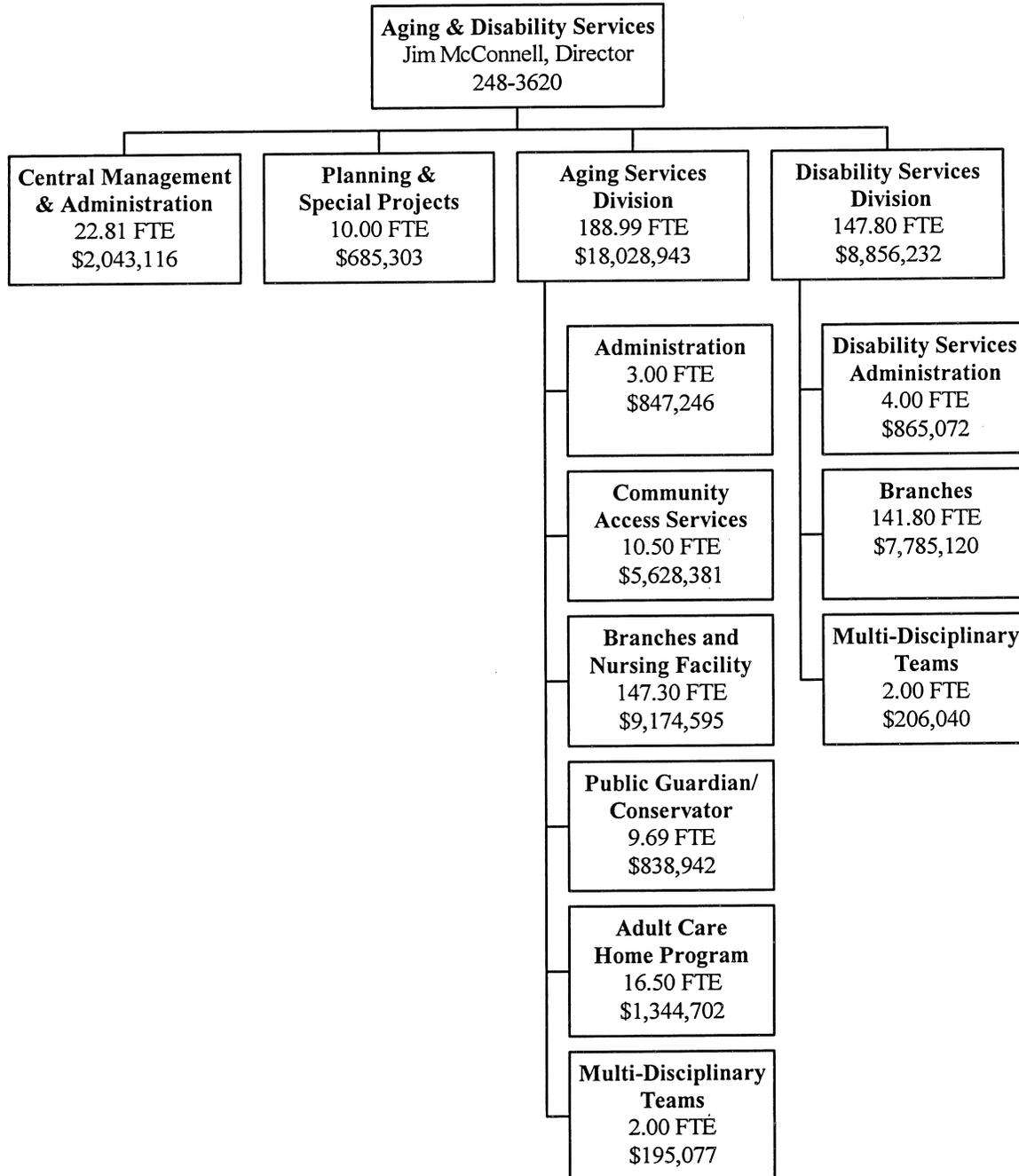
Costs by Division	1997-98	1998-99	1998-99	1999-00	Difference
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Central Mgt & Admin.	\$1,798,465	\$1,779,224	\$1,617,699	\$2,043,116	\$425,417
Planning & Spec. Proj.	\$0	\$627,055	\$626,666	\$685,303	\$58,637
Aging Services	\$15,261,026	\$16,488,707	\$16,588,363	\$18,028,943	\$1,440,580
Disability Services	\$7,107,368	\$7,511,465	\$7,826,187	\$8,856,232	\$1,030,045
Accounting Transaction	<u>\$1,215,658</u>	<u>\$1,277,606</u>	<u>\$1,277,606</u>	<u>\$1,300,372</u>	<u>\$22,766</u>
Total Costs	\$25,382,517	\$27,684,057	\$27,936,521	\$30,913,966	\$2,977,445

Staffing by Division	1997-98	1998-99	1998-99	1999-00	Difference
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Central Mgt & Admin.	14.34	20.30	20.30	22.81	2.51
Planning & Spec. Proj.	0.00	10.00	10.00	10.00	0.00
Aging Services	173.30	183.80	183.80	188.99	5.19
Disability Services	130.49	140.30	140.30	147.80	7.50
Accounting Transaction	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
Total Staffing FTE's	318.13	354.40	354.40	369.60	15.20

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Department Organization

The Department of Aging & Disability Services delivers its services through two service divisions that contain 9 programs. The Department also has a Central Management & Administration Division, as well as a Planning & Special Projects Division. Below is an organizational chart showing the proposed FTE and budget for divisions and their associated programs.



Central Management & Administration

The Central Management & Administration Division provides overall direction and central support services for ADS. Division management functions include responsibility for establishing agency goals and objectives and ensuring they are carried out. Functions also include, maintaining communications, both internally and with community partners; working with advisory committees on advocacy efforts for the elderly and persons with disabilities. Division support service functions include financial management services, such as budget and accounting, contract management services, human resource services, information system services and office management services.

Action Plans:

- Continue the integration between Aging and Disability functions to assure and efficient and effective use of resources and the development of common standards for providing services to clients.
- Participation with the State, other AAAs, health plans, national organizations, etc., to advocate for program improvements and to identify best practices in case management, and continue enhancements to the long term care system, including the possibility of capitation.
- Participation with local advisory groups to inform and advocate for more responsive policies and programs for the elderly and persons with disabilities.
- Continue to implement the ADS Information Infrastructure Plan and develop technology improvements to the case management system and the ADS information management system.
- Continue to implement the ADS Human Resource system to ensure the hiring, training, and development of department staff.

Central Mgmt & Admin.	1997-98	1998-99	1998-99	1999-00	
Budget Trends	Actual	Current Estimate	Adopted Budget	Adopted Budget	Difference
Staffing FTE	14.34	20.30	20.30	22.81	2.51
Personal Services	\$871,476	\$1,051,492	\$1,082,143	\$1,281,715	\$199,572
Contractual Services	\$474,783	\$241,421	\$131,421	\$179,161	\$47,740
Materials & Supplies	\$435,793	\$476,311	\$394,135	\$572,240	\$178,105
Capital Outlay	\$16,413	\$10,000	\$10,000	\$10,000	\$0
Total Costs	\$1,798,465	\$1,779,224	\$1,617,699	\$2,043,116	\$425,417
Program Revenues	\$967,455	\$1,580,576	\$1,437,085	\$1,734,726	\$297,641

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Central Management & Admin.

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Increased Information System work unit capacity by adding 1.50 FTE Information System Specialist 2 and 1.0 FTE Information System Analyst 2.	<i>Central Management & Administration</i>	2.50	\$112,325	
Increase General Fund Supplement and Title XIX Medicaid matching funds for information technology improvements.	<i>Central Management & Administration</i>		\$145,000	\$145,000
Decreased Title III (B & C-1) funding	<i>Central Management & Administration</i>			(\$102,681)
Increased Title XIX (including DSO) funding	<i>Central Management & Administration</i>			\$275,483
Increased General Fund support	<i>Central Management & Administration</i>			\$82,776

Planning & Special Projects

This organizational unit brings planning activities together around the long-range service, policy and program needs of Aging and Disability Services. It is crucial that the County, its service providers and the Department anticipate and help guide the changes that are occurring in ADS programs and policies. The goal of the Planning and Special Projects Unit is to look ahead at the challenges that face ADS and to develop strategies, policies and programs to build a more inclusive and accessible customer-focused service delivery system for the aging and disability populations.

Action Plans:

- Provide strategic planning which will guide decisions regarding the organization's response to emerging issues and will build commitment among key stakeholders.
- Guide and advocate for public policy and program development that affects the access and responsiveness of community, family, health care and support services for older adults and persons with disabilities.
- Build on key result measurements within the organization for quality programs, managing and improving its infrastructure and being a resource to the operating system.
- Lead the department's action plan surrounding the 1998 Self Assessment Report. Work to implement a culture of customer-focused quality and continual improvement.
- Develop grants, resources, and special projects that build on the reputation of the organization for excellence and progressive, innovative approaches to management and service.

Planning & Special Projects	1997-98	1998-99	1998-99	1999-00	
Budget Trends	1997-98	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	0.00	10.00	10.00	10.00	0.00
Personal Services	\$0	\$503,518	\$524,817	\$565,664	\$40,847
Contractual Services	\$0	\$25,000	\$10,000	\$20,000	\$10,000
Materials & Supplies	\$0	\$93,537	\$86,849	\$94,639	\$7,790
Capital Outlay	\$0	\$5,000	\$5,000	\$5,000	\$0
Total Costs	\$0	\$627,055	\$626,666	\$685,303	\$58,637
Program Revenues	\$0	\$374,064	\$373,832	\$384,196	\$10,364

Aging & Disability Services

Planning & Special Projects

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Decreased Title III B funding	<i>Planning & Special Projects</i>			(\$33,661)
Decreased Title XIX (including DSO) funding	<i>Planning & Special Projects</i>			(\$23,297)
Increased General Fund support	<i>Planning & Special Projects</i>			\$48,273

Aging Services Division

The Aging Services Division is responsible for providing a full range of services to the elderly throughout Multnomah County. Included in these services are: single entry/easy access to timely information and referrals for case management/needs assessment, eligibility determination, and service monitoring for each elderly person who qualifies. Programs range from protective services for the elderly, nutrition services; in-home services for the housebound; transportation and other special services. The operation of multi-disciplinary teams, made up of health and social service professionals, has a proven success record of providing efficient and effective care. The division also licenses and regulates adult care homes and serves as a public guardian/conservator when necessary.

Action Plans:

- Improve the quality of case management services by developing an information system that supports case management, assessment, care planning, and monitoring client outcomes.
- Improve public access to services for elderly County residents by developing shared information systems and protocols between District Centers and Aging Branches.
- Develop the capacity to offer long term care pre-admission screenings for persons who are not Medicaid eligible and provide their families with better information for planning for their frailties.
- Improve coordination between long term care services and managed care by developing methods for timely information sharing so that clients risk for crisis, or physical and mental deterioration is lowered.

Aging Services	1997-98	1998-99	1998-99	1999-00	
Budget Trends	Actual	Current Estimate	Adopted Budget	Adopted Budget	Difference
Staffing FTE	173.30	183.80	183.80	188.99	5.19
Personal Services	\$8,576,081	\$8,789,034	\$8,949,405	\$9,432,872	\$483,467
Contractual Services	\$4,884,583	\$5,574,260	\$5,489,713	\$5,968,321	\$478,608
Materials & Supplies	\$1,797,877	\$2,117,413	\$2,141,245	\$2,627,750	\$486,505
Capital Outlay	<u>\$2,485</u>	<u>\$8,000</u>	<u>\$8,000</u>	<u>\$0</u>	<u>(\$8,000)</u>
Total Costs	\$15,261,026	\$16,488,707	\$16,588,363	\$18,028,943	\$1,440,580
Program Revenues	\$13,111,325	\$13,558,760	\$13,640,707	\$14,687,116	\$1,046,409

Aging Administration

The Administration Program provides direction and coordination of the delivery services to the elderly in Multnomah County, through the management of existing programs and the development of new innovative programs. It also advocates in the community for sufficient elder services and works to ensure that programs comply with Federal, State and local regulations. It provides support for the programs in this division.

FY 1999: 2.50 FTE FY 2000: 3.00 FTE

Community Access Services

Community Access provides comprehensive services that enable older persons to maintain the most independent lifestyle possible, promote prevention, and offer intervention programs. This is done through partnerships with community agencies and by combining Older Americans Act funds, Oregon Project Independence funds, USDA, and when possible, Medicaid funds and grants.

Core services offered are; information and assistance and case management services through contractual partnerships with nine neighborhood-based community agencies called District Centers. They serve as local focal points for elderly or their families needing assistance, and develop programs to meet unique local needs. District Centers provide case management services and authorize payment for caregivers for people who need help with two or more activities of daily living so they can maintain their independence and live at home.

Other services that assist in providing a comprehensive service system are provided under contract for such things as ethnic outreach, and technical assistance to ethnic minority communities. Contracts are made to fund day activity or respite support for persons who have Alzheimers Disease or other problems. Contracts also support county-wide services such as home delivered meals, and congregate meals, transportation, legal services and health promotion. Partnerships with local businesses identify seniors in need of assistance. A 24 hour help line provides information and referral for the public needing help, and intervention for emergent needs during off hours.

Local discretion for the Community Access Program is limited by the federal and state regulations or by interagency agreements.

FY 1999: 9.50 FTE FY 2000: 10.50 FTE

Branches & Nursing Facility

The Aging Branches and Community Nursing Facility assist persons over 65 obtain medical and social services that promote their independence and meet their needs and preferences. This is accomplished by assessing individual needs and determining eligibility for a range of services including the Oregon Health Plan, Foodstamps, federal Medicaid long term care services that help people needing nursing home care stay in their homes or find placement in community based facilities. The branches also provide adult protective services to persons 65 and over who are at risk for abuse, neglect or

exploitation. Information and assistance is offered to anyone needing help for older adults to assure that they get services that meet their needs, regardless of income or resources. Case management is the core service offered to people who are Medicaid eligible and includes; assessment, developing care plans, authorization of services, monitoring care and assuring that on-going or changing needs are met.

Although, federal and state Medicaid regulations define eligibility and range of services available, case managers are to help people not Medicaid eligible to obtain appropriate services through local community organizations. The state allocates funding based on Medicaid caseloads.

FY 1999: 143.60 FTE FY 2000: 147.30 FTE

Public Guardian

The Public Guardian/Conservator's Office obtains and implements court-appointed guardianship and/or conservatorship for individuals who are profoundly mentally incapacitated, unable to care for themselves, and are currently at high risk due to abuse, exploitation or extreme self-neglect. The service is available only to individuals without family or others able to serve in the role; most clients are also without financial resources. The Public Guardian's Office petitions the court for guardianship, coordinates contested cases with county counsel, and, once appointed, develops and implements care plans to reduce risk factors. Services include medical and placement decisions, twenty-four hour service, fiduciary responsibility for client assets, property management and sale, and required court filings

FY 1999: 9.70 FTE FY 2000: 9.69 FTE

Adult Care Home Regulation

The Adult Care Home Program helps to assure a safe living environment and quality care for residents of adult care homes. The program is responsible for screening and licensing homes annually. Monitoring, technical assistance and training for adult care home operators is provided to assure quality. The program also provides information to the public of licensed homes. Protective services are also provided through investigating complaints. Sanctions and fines are used as needed. About 3,000 elderly and disabled persons requiring assistance with daily activities reside in and receive service from adult foster homes and room and board homes in any given month.

FY 1999: 16.50 FTE FY 2000: 16.50 FTE

Multi- Disciplinary Team

The Multi-disciplinary Team (MDT) provides intervention for elderly at-risk of self neglect or abuse that have a combination of social, mental health, health and alcohol/drug problems. Teams consist of a geriatric mental health specialist, social worker and community health nurse combined with Aging and Disability Services case managers through an agreement among Aging and Disability Services Department, Department of Community and Family Services, and the Health Department. The team receives 750 referrals annually. The need for these services is expected to increase as the number of persons over age 75 grows.

FY 1999: 2.00 FTE FY 2000: 2.00 FTE

Costs by Program	1997-98	1998-99	1999-00	Difference
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Administration	\$0	\$237,573	\$847,246	\$609,673
Community Access Services	\$5,096,023	\$5,285,593	\$5,628,381	\$342,788
Branches and Nursing Facility	\$8,054,140	\$8,762,895	\$9,174,595	\$411,700
Public Guardian/Conservator	\$751,037	\$798,145	\$838,942	\$40,797
Adult Care Home Program	\$1,233,249	\$1,310,150	\$1,344,702	\$34,552
Multi-Disciplinary Teams	<u>\$126,577</u>	<u>\$194,007</u>	<u>\$195,077</u>	<u>\$1,070</u>
Total Costs	\$15,261,026	\$16,588,363	\$18,028,943	\$1,440,580

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
The County's Veteran Services Officer position, previously a shared budgeted position between ADS and CFS, is be fully budgeted in ADS for FY '00.	<i>Administration</i>	0.50	\$25,134	\$25,134
Increase General Fund Supplement and Title XIX Medicaid matching funds for information technology improvements.	<i>Administration</i>		\$580,000	\$580,000
Increase emergency housing funds with additional General Fund allocation.	<i>Community Access Services</i>		\$60,420	\$60,420
Add funding and Community Information Specialist for disability portion of Helpline.	<i>Community Access Services</i>	1.00	\$72,500	\$72,500
In-Home Provider Improvements	<i>Branches and Nursing Facility</i>	1.00	\$125,171	\$125,171
Increased General Fund support	<i>Branches and Nursing Facility</i>			\$70,309
Increased Title XIX Funding	<i>Branches and Nursing Facility</i>			\$281,220
Increase case management capacity. Includes Increase Case Manger 2 by 3.75 FTE Increase Case Management Assistant by 1.00 FTE Decrease Medical Service Clerk by 2.00 FTE	<i>Branches and Nursing Facility</i>	2.70	\$136,400	
No significant changes	<i>Public Guardian/Conservator</i>			
No significant changes	<i>Adult Care Home Program</i>			
No significant changes	<i>Multi-Disciplinary Teams</i>			

Aging & Disability Services

Aging Services Division

Key Result Measures	Program	FY 96 Actual	FY 97 Actual	FY 98 Actual	FY 99 Estimated	FY 00 Estimated
Percentage of Aging Services client intake determined within 45 days. Note: 104 of 2255 were over 45 days in 97-98. *Effective 7/1/00 measurement will be 30 days.	<i>Aging Administration</i>	97%	98%	95%	92%	94%
Percentage of trained client employed caregivers retained by ADS Aging clients beyond 6 months. Note: as of December 1998, 1,018 caregivers enrolled and active, with 258 have 6 months experience and training.	<i>Aging Administration</i>	N/A	N/A	N/A	25%	28%
Percentage of contractors satisfied with contract and program management by ADS Branches and Business Services. *This survey is conducted every 2 years.	<i>Aging Administration</i>	N/A	85%	N/A*	N/A	85%
Improvement in living situation three months after MDT intensive intervention. Note: from July to December of 1998, 59 of the 79 cases showed improvement.	<i>Multi-Disciplinary Team</i>	77%	85%	72%	75%	86%
Percentage of hard-to-reach clients served who are new. Note: in 97/98 4,592 of 27, 558 were new.	<i>Community Access Services</i>	9%	13%	17%	10%	20%
Percentage of ethnic minority elders who are new clients. Note: from July to December 1998, 251 of the 3,366 ethnic clients were new.	<i>Community Access Services</i>	N/A	12%	10%	7%	15%
Percentage of meal participants and case managed clients showing improvement in risk for malnutrition after 1 year. Note: from July to December 1998, 557 of 1394 clients showed improvement.	<i>Community Access Services</i>	N/A	35%	43%	40%	45%
Percentage of clients satisfied with Helpline response. *This survey is conducted every 2 years.	<i>Community Access Services</i>	N/A	85%	N/A*	N/A	86%
Percentage of Aging Medicaid Long Term Care clients in community-based care, not in a nursing home. Note: in 97/98, 3,973 of 5,894 were in community-based care.	<i>Branches & Nursing Facility</i>	65%	65%	67%	68%	69%
Improvements in clients 180 days after court appointment. Note: effective 7-1-99 measure will be at 90 days.	<i>Public Guardian</i>	100%	89%	100%	100%	80%*

Aging & Disability Services

Aging Services Division

Key Result Measures	Program	FY 96 Actual	FY 97 Actual	FY 98 Actual	FY 99 Estimated	FY 00 Estimated
Annual accounts submitted to court on time.	<i>Public Guardian</i>	N/A	80%	91%	83%	95%
Percent of adult care homes with current license. Note: as of December 1998, there were 595 homes with a total of 2,739 beds in Multnomah County.	<i>Adult Care Home Program</i>	99%	96%	96%	98%	98%
Percent of homes with no substantiated findings of rule violations; of abuse, neglect, or exploitation. Note: from July - December 1998, there were 23 of 644 homes with findings.	<i>Adult Care Home Program</i>	75%	82%	90%	96%	96%
Percent of resident satisfaction with adult care homes. *Note: this survey is conducted every 2 years.	<i>Adult Care Home Program</i>	84%	86%	N/A*	N/A*	90%

Disability Services Division

The Disability Services Division provides financial assistance and long term care services to people with disabilities. The Division administers Medicaid programs and Food Stamps to individuals under age 65 who have disabilities. The major responsibilities of this Division are to: determine financial and service eligibility, authorize a range of services from community-based to nursing home care, monitor ongoing needs and service delivery, screen nursing home placements to ensure appropriate service use, and relocate nursing home residents to the community when possible.

A major focus of this work group is to investigate complaints involving the physical or emotional abuse or neglect, or the financial exploitation of adults with disabilities.

Federal and State Medicaid and Food Stamp regulation limit local discretion for this program group.

Action Plans:

- Continue development of the Disability Services Multi-Disciplinary Team model.
- Continue to expand and improve the Quality Assurance program.
- Develop procedures and support for the new Medicaid program; Employment of People with Disabilities.
- Continue to refine coordination of services between Aging and Disability divisions, especially in reference to nursing facility case management, pre-admission screening, and in-home provider programs.
- Continue to merge and refine Aging and Disability policies and procedures manuals into a single department-wide manual.

Disability Services	1997-98	1998-99	1998-99	1999-00	
Budget Trends	1997-98	Current	Adopted	Adopted	Difference
	Actual	Estimate	Budget	Budget	
Staffing FTE	130.49	140.30	140.30	147.80	7.50
Personal Services	\$5,512,752	\$5,714,208	\$6,147,792	\$6,563,994	\$416,202
Contractual Services	\$29,237	\$46,469	\$109,738	\$270,600	\$160,862
Materials & Supplies	\$1,565,379	\$1,578,183	\$1,558,457	\$2,021,638	\$463,181
Capital Outlay	\$0	\$172,605	\$10,200	\$0	(\$10,200)
Total Costs	\$7,107,368	\$7,511,465	\$7,826,187	\$8,856,232	\$1,030,045
Program Revenues	\$6,674,473	\$7,449,079	\$7,761,187	\$8,611,232	\$850,045

Disability Administration

The Administration Program provides direction and coordination of the delivery of financial and long-term care services to people with disabilities by ensuring quality services, program development, advocacy and compliance with regulations. This Program optimizes the operation of the four branch offices through policy information dissemination, supervision, training, technical assistance and new program development. In addition, the Program provides staff support to the Disability Services Advisory Council.

FY 1999: 4.00 FTE FY 2000: 4.00 FTE

Disability Branches

The Disability Branches provide support and services to people with disabilities, serving 11,953 adults and children in the form of Medicaid programs and financial assistance. An additional 1,544 adults receive long-term care services in their homes or other community based settings. Another 208 adults and children receive nursing home services. Eligibility specialists and case managers in four Disability Branches located throughout the county deliver these services.

This program addresses the needs of financially and/or service-eligible people with disabilities under age 65. It is also responsible for investigating reports on abuse or neglect of adults under age 65 who have a disability, regardless of their eligibility for other programs provided by the Disability Branches. Additionally, the program assists interested clients and applicants in finding and maintaining employment. Federal and State Medicaid and Food Stamp regulations that define eligibility and service availability limit local discretion for these programs. Budget allocations are based on state caseload standards.

FY 1999: 133.30 FTE FY 2000: 141.80 FTE

Multi-Disciplinary Teams

The Disability Services Multi-Disciplinary Team (MDT) provides intervention for people with disabilities having complex care needs and/or multiple diagnoses. The configuration of the team may vary based upon the individual client's needs, but generally includes: the client's case manager, a social worker, a nurse, possibly a protective service worker, and, as appropriate, representatives from DCFS' Adult Mental Health, Developmental Disabilities and/or Alcohol and Drug programs. The team develops a plan of care for the individual, as well as providing some treatment and/or intervention as needed. In the past year, the Disability Services MDT has served 147 clients.

FY 1999: 2.00 FTE FY 2000: 2.00 FTE

Costs by Program	1997-98	1998-99	1999-00	Difference
	Actual	Adopted Budget	Adopted Budget	
Disability Services Administration	\$475,565	\$265,498	\$865,072	\$599,574
Branches	\$6,631,803	\$7,208,281	\$7,785,120	\$576,839
MDT Disability Services	\$0	\$352,408	\$206,040	(\$146,368)
Total Costs	\$7,107,368	\$7,826,187	\$8,856,232	\$1,030,045

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Increase General Fund Supplement and Title XIX Medicaid matching funds for information technology improvements.	<i>Disability Services Administration</i>		\$580,000	\$580,000
Increase Title XIX funding	<i>Branches</i>			\$578,319
Increase quality assurance to improve accuracy in food stamp program error rate that is above the Federal tolerance level statewide. (If problem goes uncorrected the State will pay a financial penalty.)	<i>Branches</i>	8.50	\$480,322	
2.50 Eligibility Specialists				
Increase capability to place eligible disability services clients on Supplemental Security Income (SSI) to stabilize their income.				
6.00 Program Development Technicians				
Increase capability to assist disability services clients to find and retain employment.				
1.00 Case Manager				
Other changes include:				
Decrease Office Assistant Positions by 2.00 FTE				
Increase Community Health Nurse by 1.00 FTE				
No significant changes	<i>MDT Disability Services</i>			

Key Result Measures	Program	FY 96 Actual	FY 97 Actual	FY 98 Actual	FY 99 Estimated	FY 00 Estimated
Percentage of Disability Medicaid Long Term Care clients in community-based care, not in a nursing home. Note: in 97/98, 224 of 1,863 clients were in nursing homes.	<i>Disability Administration</i>	N/A	N/A	88%	88%	89%
Percentage of trained client employed caregivers retained by Disability Services' clients beyond 6 months. Note: in 97/98 the number was 110 of 1,101.	<i>Disability Administration</i>	N/A	N/A	10%	12%	15%
Percentage of at-risk county residents age 18-65 receiving case management services from DSO. Note: in 97/98 DSO served 2,575 clients.	<i>Disability Administration</i>	N/A	N/A	17%	19%	25%
Percentage of Disability services client intakes determined within 45 days. Note: in 97/98, 4,071 met the goal. *Effective 7/1/00 the measurement will be at 30 days.	<i>Disability Administration</i>	N/A	N/A	84%	82%	90%
Percentage of Disability clients successfully transitioned to stable income: 1) General assistance clients approved for SSI/SSDI. Note: in 97/98, 428 of 1407 applicants.	<i>Disability Branches</i>	N/A	N/A	30%	60%	68%
2) Percentage of Disability clients who are served by the Employment Initiative who remain employed beyond 3 months. Note: in 97/98, 93 of 125 remained employed.	<i>Disability Branches</i>	N/A	N/A	74%	76%	68%
Improvement in living situation three months after MDT intensive intervention. Note: this is a new key result.	<i>DSO Multi-Disciplinary Team</i>				N/A*	65%

Accounting Transactions

The County General Fund makes payments to the State of Oregon, which the State uses to generate federal Title XIX entitlement revenues. This accounting transaction records the transfer of Title XIX matching funds to the General Fund. The specific program expenditures funded by these reimbursements are shown elsewhere in the Aging and Disability Services budget. The change in reimbursements is dependent on the amount of contribution to the State in other Aging and Disability Services programs, the cost of living adjustments allowed by the State and Federal governments and allocation decisions made at the State level.

Accounting Transactions	1997-98	1998-99	1998-99	1999-00	
Budget Trends	1997-98	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	0.00	0.00	0.00	0.00	0.00
Personal Services	\$0	\$0	\$0	\$0	\$0
Contractual Services	\$15,440	\$0	\$0	\$0	\$0
Materials & Supplies	\$1,200,218	\$1,277,606	\$1,277,606	\$1,300,372	\$22,766
Capital Outlay	\$0	\$0	\$0	\$0	\$0
Total Costs	\$1,215,658	\$1,277,606	\$1,277,606	\$1,300,372	\$22,766
Program Revenues	\$1,200,108	\$1,277,606	\$1,277,606	\$1,300,372	\$22,766

