

Aging and Disability Services

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Aging and Disability Services

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 projected 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 their communities. 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 launched its strategic planning process in the spring of 1999 with community forums and hearings, then continued its efforts to hone a community plan for services to older adults and people with disabilities. This plan was developed with our community partners this past fall. The plan will be issued as a statement of community priorities and community members will be encouraged to work on these goals. ADS will publish an annual status report on what has been reported as accomplished by the community.

In work sessions with our community partners, critical issues were identified, and discussed, the community then identified strategies, best practices and prioritized the issue areas. Nine key benchmark goals and preliminary strategies emerged from the issues work sessions. The benchmark goals are:

1. Reduce gaps in caregiving
 - a. Educate, train and support caregivers
 - b. Increase available individual providers
 - c. Advocate to increase reimbursements
 - d. Promote value of caregiving
2. Reduce number without needed mental health services
 - a. Increase funding to provide more mental health and substance abuse services
 - b. Expand mental health options to meet individual needs
 - c. Provide combined housing and support for persistent needs
3. Improve outcomes for people with chronic conditions
 - a. Develop ways to design and deliver individualized services
 - b. Develop options to integrate funding for an individual
 - c. Develop methods and incentives for collaborative planning
4. Reduce all forms of abuse
 - a. Increase services to the vulnerable
 - b. Provide preventative services and support for caregivers to avert crisis
 - c. Enforce abuse laws
5. Increase informal support networks of self, friends and family
 - a. Partner with all community agencies
 - b. Increase peer support and network opportunities for individual
 - c. Focus services on personal networks
 - d. Increase supports for caregivers
6. Increase number whose daily basic needs are met
 - a. Increase case management services to access basic needs
 - b. Increase basic resources (in variety of areas)
 - c. Expand insurance and Medicare coverage for prescriptions
7. Increase participation in communities
 - a. Include older people and people with disabilities in community planning
 - b. Integrate/coordinate planning across systems
 - c. Add "Healthy Community" County benchmark
 - d. Provide easily accessible accurate information and assistance
 - e. Provide lifelong learning and training opportunities

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8. Reduce number without appropriate housing
 - a. Coordinate and integrate housing efforts
 - b. Expand housing options
 - c. Develop permanent funding for housing
 - d. More stable/affordable rental units
 - e. Expand low-income and accessible housing
9. Increase number with full transportation mobility in the community
 - a. Expand special needs transportation options and availability
 - b. Integrate special needs transportation through central dispatch

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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 Helpline
- Case management/need assessment, eligibility, case plan development and service monitoring for persons who are elderly and for persons with disabilities
- Adult care home monitoring, regulation and licensing
- Public Guardianship/Conservatorship
- Protective services
- Minority services coordination
- Program development and advocacy
- Service contract 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
- Veterans Services

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

Elders in Action (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.

Aging and Disability Services

Budget Issues and Highlights

The Adopted FY 2001 Budget for the Aging and Disability Services Department is very similar to FY 2000 and provides for a slight service expansion in ADS branch offices. The increased services are funded mainly by an increase in Title XIX (Medicaid) funding provided to the County for case-load growth. The Adopted ADS budget also provides for spending on information systems to improve management and quality of services. Following are brief discussions on several highlighted issues regarding the Department's budget and operations.

Family Caregiver Support and In-Home Care Provider Improvements

Family Caregiver Support

Many seniors and people with disabilities living in Multnomah County need assistance with personal care tasks, such as bathing, dressing, and or reminders or direct assistance in taking medications. Even more have difficulty with such routine tasks such as grocery shopping, vacuuming and other cleaning chores. In order for the people to continue to live safely in their own homes, attending to these tasks is vital.

The President's recent budget proposal calls for a new national initiative -- Family Caregiver Support Services. The national initiative is actually a tax credit proposal for up to \$1,000 per family and could eventually be up to \$3,000 for middle income families in several years. This new initiative signals growing Congressional awareness of the issue and the need. It acknowledges that an increased level of trained community resources may be necessary and ready. Families with resources should have information and options to buy respite services and arrange for quality home-care workers. Oregon Project Independence (OPI) provides a source of payment on a sliding fee scale for people over 60 who need limited financial support. A countywide registry, presently non-existent, would be an effective mechanism to aid in linking resources to families.

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

Shortage of Qualified In-home Care Workers.

There is a critical shortage of home care workers in Multnomah County. Multiple reasons for the shortage that, include low hourly wages, lack of benefits, lack of "professional" status and inability to find enough hours to make up a full time job. While there is an established shortage, individuals who are eligible for Medicaid or Oregon Project Independence programs have a mechanism to find such help. However, many others in the community have no resource to assist them to locate home care workers, other than using commercial agencies.

ADS received funding in the FY 2000 budget for an In-Home Provider Quality Assurance Coordinator to address issues of training and retention of qualified caregivers. ADS has as a high priority to continue focusing on and improving quality. ADS believes it is in the County's interest to continue working on quality improvement so clients are assured of well trained in-home providers who are reputable and don't prey on vulnerable people. As the In-Home Provider quality initiative progresses, the next step is the development of a countywide registry to recruit, screen and provide assistance

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in matching home-care workers to seniors and people with disabilities who need help. The Multnomah registry would serve individuals receiving Medicaid or Oregon Project Independence, as well as “private pay” individuals. In addition, a single countywide resource would better be able to assist the home-care workers to increase total hours worked by coordinating referrals.

Board Action:

No budgetary actions are recommended at this time.

Employment Initiative for Persons with Disabilities

Movement toward employment is among the most exciting trends for people with disabilities. For many years, people with disabilities have had to prove that they were too disabled to be employed in order to receive publicly funded assistance. Because care needs are often expensive, a great many people with disabilities could simply not afford to work. Help with activities of daily living, such as transferring from bed to a wheelchair, bathing, dressing and many other necessary tasks are not included benefits in private and employer-sponsored health insurance programs.

In early 1999, Oregon began the Employed Persons with Disabilities (EPD) program. It was the first state in the nation to allow full Medicaid coverage for health care and assistance with activities of daily living to people with disabilities who are gainfully employed. Administered locally by Multnomah County Aging and Disability Services, the program has helped many adults with disabilities return to work – or in some cases, go to work for the first time. To date, ADS has approximately 75 people enrolled in the EPD program. In addition, for the past three years ADS has helped people with disabilities find work through the Employment Initiative. During 1999, 266 job placements were made through this program.

In December 1999, Congress passed the Work Incentives Improvements Act, an exciting new federal legislation which will change the way the federal government looks at employment of people with disabilities.

These new programs are likely to have a major impact on ADS over the next few years. Maximum income and resource limits are much higher for people earning income. As a result, individuals who would not otherwise have been eligible for Medicaid programs will become clients of ADS. These newly eligible individuals may have a significant impact on caseload growth for ADS offices.

ADS’s Employment Initiative program has already built partnerships with many local agencies and non-profit organizations that are in the business of helping people find jobs. As the number of people with employment grows, ADS will need to look at expanding its own services as well as establishing new partnership programs. Among the services which will be needed are:

- Consultation and support for employers as they hire people with disabilities to help assure successful matches. Employers may for the

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first time be facing issues such as flex time, job share, special technology and other reasonable accommodations that may be needed by people with disabilities.

- Peer support for individuals who may never have worked since acquiring their disabilities. Such support could help them be successful employees.
- ADS may need to expand its hours of operation to accommodate the needs of clients who work from 8 am to 5 p.m.
- ADS will be a key player in the design of state programs as they expand to meet the provisions of the federal Work Incentives Improvement Act.

ADS is looking forward to these challenges as it works with people to become more independent.

Board Action:

No budgetary actions are required at this time.

Integrating Health, Long Term Care and Housing

Policy experts have been concerned about how to best deliver health care to persons who are poor and have chronic medical conditions. Finding the most effective ways to contain costs, measure effectiveness, and improve health outcomes are among their primary interest areas.

Increasing numbers of persons eligible for Medicaid and/or Medicare services have joined managed care plans. The medical and long-term care costs for persons with serious disabilities or chronic health conditions comprise large portions of expenses to managed care health plans. These individuals potentially represent large financial risks, especially during the later years of their lives.

Obtaining effective outcomes for elderly and disabled individuals with chronic conditions depends not only on individual improvement or maintenance of health, but also on quality of life factors such as independence, social supports and maintaining a preferred life style.

ADS has approached this issue by using case management services to better integrate the long term care and acute health care service delivery systems. In the next year, we hope to develop better partnerships with the health systems to obtain better results for people who have chronic conditions and complex personal problems.

ADS is developing a case management information system that will help case managers improve their service practices. It will enable more effective communication with health providers and others who are working with clients, such as Loaves and Fishes volunteers or others who have daily contact with the client.

During the last year, ADS has made progress in several key areas. Standards for case management services have been developed and are being implemented this year. Improved care planning processes and staff training has been developed. A framework for a new client assessment system and a

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risk factor identification tool has been started. A methodology for determining client outcome measures will be the final portion of this work. ADS will be applying for grant funding to continue the development of these things.

Case management is a core service delivered by ADS. It also is an important service for improving client health and long-term care outcomes. Case managers are the service coordinators for clients and usually are aware of the various health, personal and family issues likely to impact their clients' health status.

Improving Case Management Practices and Developing and Implementing a Case Management Information System

Unfortunately, the communication with health and long-term care providers has not been very systematic or streamlined. For example, there is not always an easy way to alert the health care system of things that might have an impact on a clients health condition. Conversely, the acute care system does not have an efficient way of informing case managers or care providers of changes in medications or care needs.

Through ADS's work with the Quality Case Management Initiative, ADS has done a thorough review of the case management information systems throughout the country. ADS found several systems that offered some of the tools the County needs to create a better system to support improved client services. However, there were none that could be purchased as is, and ADS is in the process of determining the feasibility of developing the County's own case management information system.

ADS has entered into a contract with a consultant to do a feasibility study of developing our ideal information system. The system should;

- Reduce duplication of data entry,
- Better coordinate care among providers by allowing limited access to client files for care partners, and
- Allow local access for managers to client information for planning and evaluation.

The system also needs to be able electronically send information to the Senior and Disabled Services Division at the state to arrange for provider payments. ADS will be developing a request for proposal for contractors before the end of the fiscal year. ADS is using one time only funding from the state to enter into this contract.

Board Action:

The Adopted Budget includes a \$1,186,348 appropriation to carryover the one-time-only General Fund and Medicaid match funding associated with this project. This funding was first approved by the Board in FY 1999 and carried over into the current fiscal year. (The \$1.2 million appropriation over states the actual expenditure on technology because both the matching supplement and the expenditure are considered expenditures, resulting a double counting).

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Special Needs Transportation

FY 2000 has been a landmark year for special needs transportation in terms of funding, with an infusion of \$3.2 million of Specialized Transportation Funds into the district. Additionally, growing public interest, the voice of advocates identifying needed change, leadership, quality improvement, has resulted in a commitment from Tri-Met, to initiate a community planning process leading to the development of a community vision and development of an overall plan for special needs transportation.

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 actively pursuing them in partnership with BCC leadership and advocacy.

New sources of funding

- Senior and disability networks and advocates successfully worked together to seek new State funding for transportation services for seniors and persons with disabilities. We are preparing plans for the next legislative session that will maintain and build on recent increases. An overall \$3.2 million increase in current biennium for Tri-Met district.

Planning for vision and leadership in special needs transportation

- ADS, Elders In Action, the Disability Services Advisory Council, and BCC members are working with the Area Agency on Aging and Disability's (AAAD) in the 3 county area, Tri-Met, RideConnection and other partners to develop a vision and plan for special needs transportation in the district. Starting March 2000.
- ADS and regional partners are leading, as part of the development of an overall plan for special needs transportation in the 3 county area, consideration of: coordinated dispatch, integrated LIFT and medical transportation, and the effective use of volunteer networks.

Leadership and Advocacy

- ADS has established and meets regularly with a group of the 3 counties' AAAD staff, advocates and partners that has effectively pushed for change and set a policy agenda for special needs transportation improvements in the region.

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Initiating new programs

- ADS is working with SDSD to initiate waived non-medical trips for long-term care clients who need rides to various therapies, grocery shopping, pharmacy, and visiting friends and family. Starting July 2000
- ADS, Ride Connection and Tri-Met are submitting state Oregon Transit Network (OTN) and local Special Transportation Fund (STF) proposals to provide the match for waived non-medical transportation. Submissions in Feb/March 2000 for FY 2001.

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.

Board Action:

No budgetary actions are required.

East Multnomah County Facility Development

The long anticipated County facility will implement the vision for a new Aging and Disability Services Center that will serve as a visible focal point for seniors and persons with disabilities needing services in East Multnomah County. Additionally, ADS has collaborated extensively with Multnomah County Health Department to co-locate health services to the site as well.

Design of the County's new 88,000 square foot service center was recently completed through significant efforts of non-profit partners, East County Senior Coalition, Disability Services Advisory Council, and ADS, Health and Facility Management Departments. The building has been designed to accommodate the accessibility and program needs of a variety of groups including people with disabilities, seniors, pregnant women, and young children. History and diversity of East County's communities and growing multi-ethnic groups has been important in forming the design and 'feel' of the building. Construction documents are 75% complete, however, the project continues to address challenges raised during the land-use application process.

Census data reports the continued and rapid expansion of the senior population with another 49% growth between 1990 and 2000. Additionally, ADS now provides services for 2,195 younger clients with disabilities who live in the East County area, but are served out of the Mid-county Disability Services Office on 122nd Avenue.

Current Challenges

- While the facility is adjacent to Gresham's Central Transit Center, public transit to the site will be inadequate for many East County residents.

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Many clients will be seniors and people with disabilities who rely on public transit. ADS and Health departments have begun discussions with City of Gresham and TRI-MET to address public transit, traffic and visitor safety, and building access concerns.

- Parking-transit Catch 22: Interim measures need to be developed due to land-use and transit corridor requirements, coupled with inadequate public transit and the resulting reliance on car for transportation. The project is working on temporary lease of TRI-MET parking garage (across from new building) while planning for longer-range public transit solutions.
- ADS will also explore the possibility of developing affordable, accessible special needs housing for Seniors and persons with disabilities on a portion of the property. ADS will report its findings to the Board of County Commissioners for consideration at a later date.
- The changing and growing needs of East County citizens result in a public building with uses beyond current programs. Uses will include night and weekend programming for ethnic programs, grandparent-grandchild services, employment and life-skill development for persons with disabilities, caregiver support groups, alternative programs for seniors who work during daytime, Lamaze classes, and much more. This building and its many functions will require additional building management activities to present a community-friendly face and manage building scheduling, security, and coordination.
- Focal Point and partnership development for seniors, persons with disabilities, and multi-ethnic programs.

ADS recently submitted application for both County CDBG and City of Gresham CDBG FY 2001 funds, in partnership with Health Department, and supported by the cities of Troutdale and Fairview, Loaves and Fishes, YWCA Senior Services, and the East County Senior Coalition. Funds would provide for ADA enhancements and professional kitchen for home delivered, onsite and ethnic meals.

In FY 2001, ADS will actively engage in program development and facility management planning. Planning and development to address the above challenges continues with building construction beginning Summer 2000 and opening scheduled for June 2001.

Board Action:

No budgetary actions are required at this time.

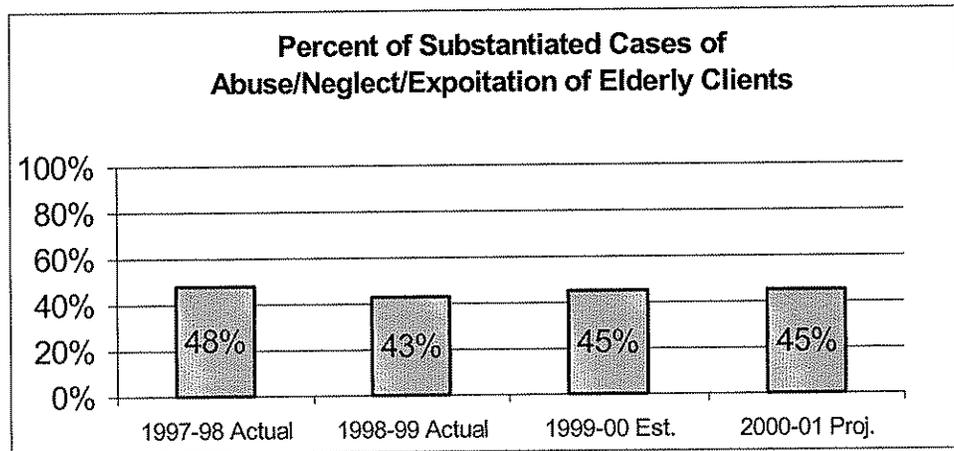
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Department Performance Trends

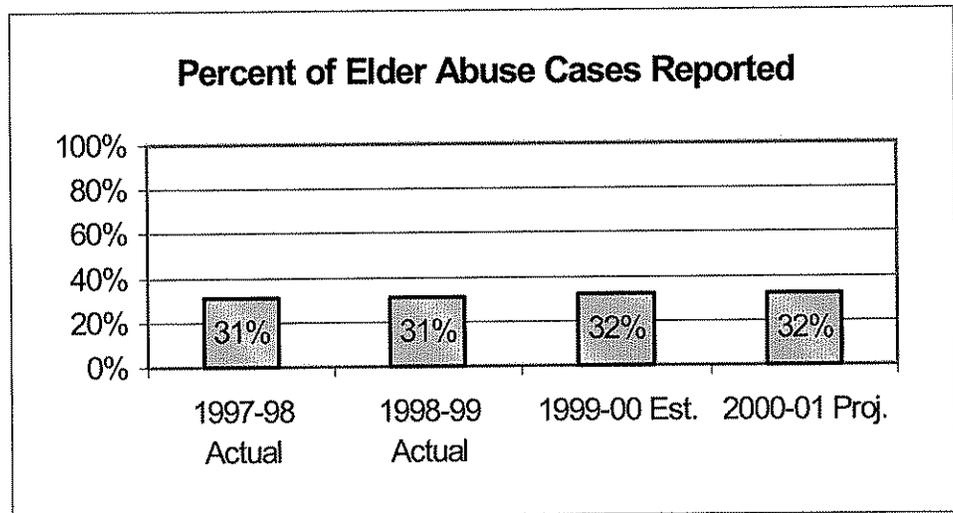
The charts below show progress made towards community goals and also serve as signals to growing needs or changing issues. The data is collected annually and is benchmarked against other states.

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 1998/99 Annual Performance Report.

This trend compares substantiated abuse cases reported to Aging and Disability 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.

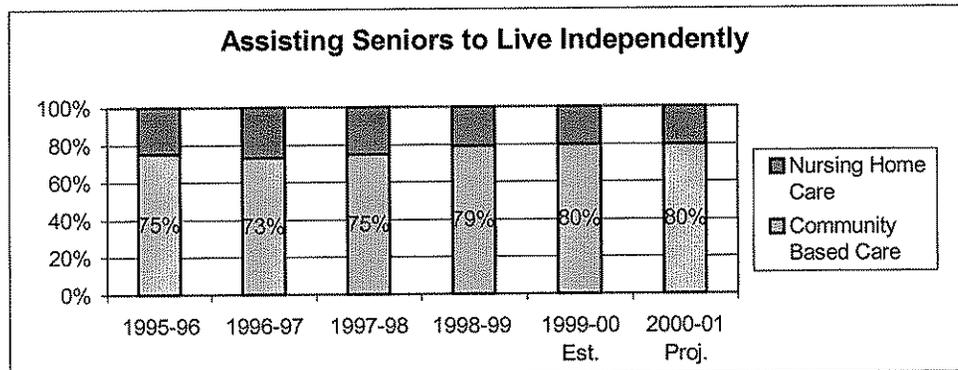


This trend compares the number of substantiated elder abuse cases to the rate (32 per 1000) which research studies project is the likely rate of elder abuse in Multnomah County. Based on national research, we are currently seeing about 1/3 of the elder abuse projected. Our goal is to improve both reporting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

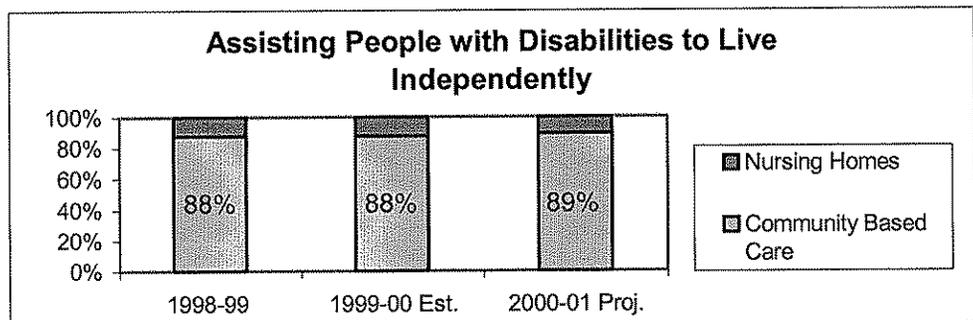


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More than ¾ of elderly case managed clients are living in supportive environments other than nursing homes. Community based care in one's own home, an adult foster care home or other assisted care is responsive to client choice and less expensive than 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 fifteen (15) business units including four (4) disability and six (6) aging offices located throughout the County. Additionally, there are nine (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 through 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. (See budget highlight section page 5 for more information.) 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.

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

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

- *Human Resources*
- *Information and Analysis*

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

The in-house ADS training program, which provides training to ADS and

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...Strategies and timelines have been created that will improve alignment with strategic planning outcomes and other priority support projects like data gathering, employee recognition, diversity training, and improved communication.

contractor staff, utilizes 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.

Additionally, it is not uncommon for approval of Supplemental Security or Social Security Disability benefits to take 18 months or longer, Disability Services staff provide 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.

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Budget for FY 2001

The Department's Adopted FY 2001 operating budget is **\$35,970,573**, a 16.4% increase over FY 2000. Significant issues have been noted above in the Budget Issues and Highlights section. An explanation of specific programmatic changes is noted in the program narratives on the following pages.

Budget Trends	1998-99	1999-00	1999-00	2000-01	Difference
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Staffing FTE	331.65	387.50	369.60	389.80	20.20
Personal Services	\$16,448,366	\$18,652,232	\$17,844,245	\$20,732,893	\$2,888,648
Contractual Services	\$5,767,258	\$6,309,159	\$6,438,082	\$7,538,043	\$1,099,961
Materials & Supplies	\$7,058,611	\$5,882,083	\$6,616,639	\$7,689,637	\$1,072,998
Capital Outlay	<u>\$322,744</u>	<u>\$0</u>	<u>\$15,000</u>	<u>\$10,000</u>	<u>(\$5,000)</u>
Total Costs	\$29,596,979	\$30,843,474	\$30,913,966	\$35,970,573	\$5,056,607
Program Revenues	\$18,373,419	\$26,875,771	\$26,717,642	\$30,894,014	\$4,016,663

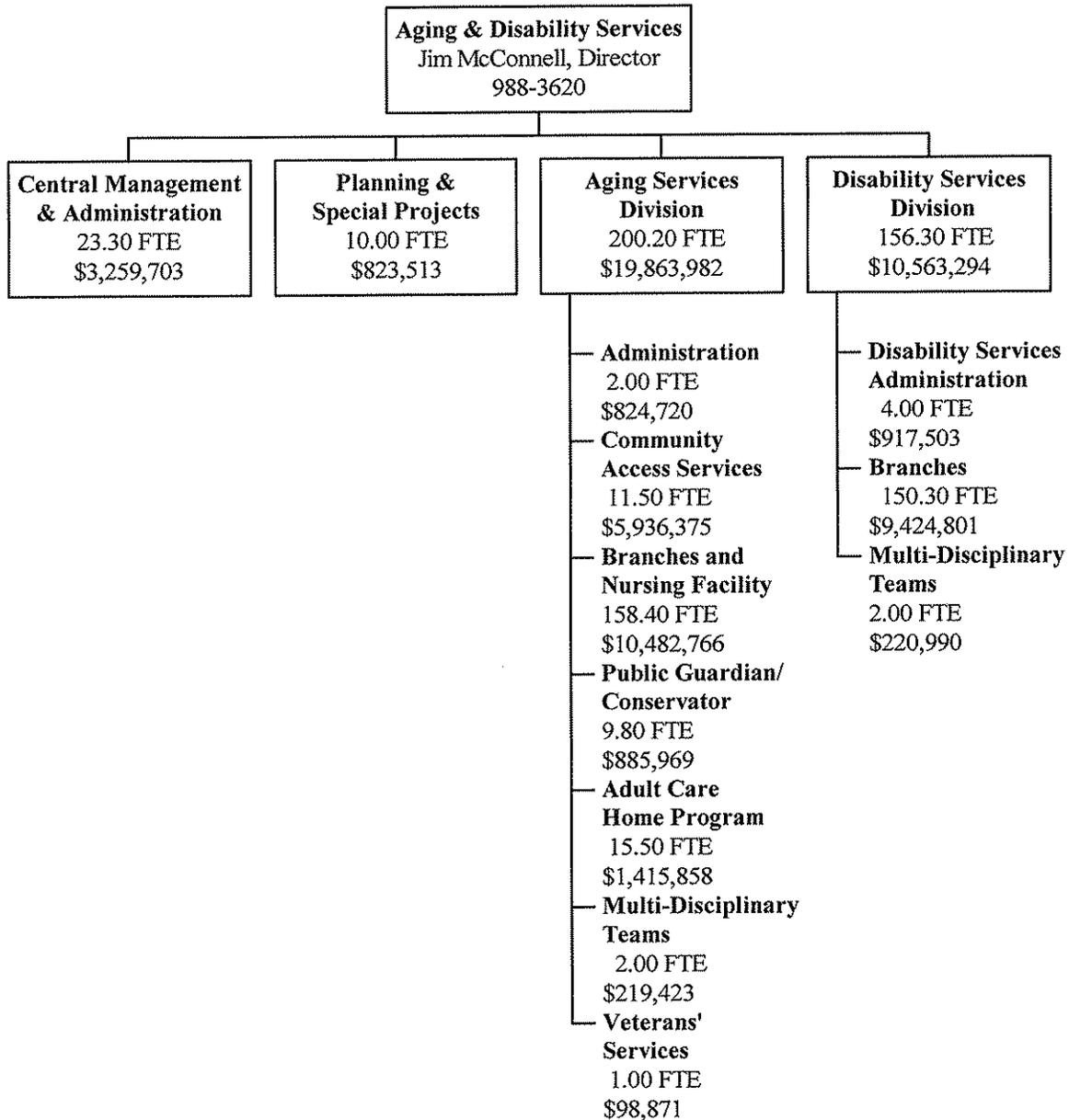
Costs by Division	1998-99	1999-00	1999-00	2000-01	Difference
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Central Mgt & Admin.	\$2,139,741	\$2,304,395	\$2,043,116	\$3,259,703	\$1,216,587
Planning & Spec. Proj.	\$653,577	\$670,072	\$685,303	\$823,513	\$138,210
Aging Services	\$17,150,378	\$17,892,874	\$18,028,943	\$19,863,982	\$1,835,039
Disability Services	\$8,267,334	\$8,643,813	\$8,856,232	\$10,563,294	\$1,707,062
Accounting Transaction	<u>\$1,385,949</u>	<u>\$1,332,320</u>	<u>\$1,300,372</u>	<u>\$1,460,081</u>	<u>\$159,709</u>
Total Costs	\$29,596,979	\$30,843,474	\$30,913,966	\$35,970,573	\$5,056,607

Staffing by Division	1998-99	1999-00	1999-00	2000-01	Difference
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Central Mgt & Admin.	17.69	22.81	22.81	23.30	0.49
Planning & Spec. Proj.	8.26	10.00	10.00	10.00	0.00
Aging Services	171.89	199.74	188.99	200.20	11.21
Disability Services	133.81	154.95	147.80	156.30	8.50
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	331.65	387.50	369.60	389.80	20.20

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Department Organization

The Department of Aging and Disability Services delivers its services through two service divisions that contain ten (10) programs. The Department also has a Central Management and Administration Division, as well as a Planning and Special Projects Division. Below is an organizational chart showing the Adopted FTE and budget for divisions and their associated programs.



Central Management and Administration

The Central Management and 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.
- Participate with the State, other Area Agency on Aging (AAA), health plans, national organizations, et al., to advocate for program enhancements and to identify best practices in case management, and continue qualitative improvements to the long term care system.
- Participate 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/client information system and assist in developing data bases that produce relevant management and program information.
- Continue to implement the Merlin information system to ensure a smooth transition from LGFS and other human resource, contract and project management systems.

Central Mgnt & Admin.	1998-99	1999-00	1999-00	2000-01	
Budget Trends	1998-99	Current	Adopted	Adopted	Difference
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	
Staffing FTE	17.69	22.81	22.81	23.30	0.49
Personal Services	\$1,058,504	\$1,339,331	\$1,281,715	\$1,464,267	\$182,552
Contractual Services	\$278,953	\$335,354	\$179,161	\$1,027,150	\$847,989
Materials & Supplies	\$736,117	\$629,710	\$572,240	\$758,286	\$186,046
Capital Outlay	<u>\$66,167</u>	<u>\$0</u>	<u>\$10,000</u>	<u>\$10,000</u>	<u>\$0</u>
Total Costs	\$2,139,741	\$2,304,395	\$2,043,116	\$3,259,703	\$1,216,587
Program Revenues	\$1,959,128	\$1,986,979	\$1,734,726	\$1,971,661	\$236,935

Aging and Disability Services

Central Management and Admin.

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Increase County Supplements (General Fund) used as match for Title XIX Medicaid funds.	<i>Central Management and Administration</i>		\$767,134	
Increase Professional Services to level included in FY 2000 Bud Mod #1.	<i>Central Management and Administration</i>		\$80,000	
Increase Data Processing costs from Information Services.	<i>Central Management and Administration</i>		\$173,508	
Personnel Adjustments <ul style="list-style-type: none"> • Add 0.50 FTE Office Assistant Senior • Add 0.20 FTE Administrative Secretary • Add 0.75 FTE Program Development Specialist • Add 0.75 Fiscal Assistant/Senior • Reduce 0.51 Fiscal Assistant • Add 1.00 FTE INFO System Analyst Senior • Reduce 1.00 FTE INFO System Analyst 3 • Reduce 1.00 FTE INFO System Analyst 2 • Reduce 1.00 FTE INFO System Specialist 2 • Add 1.00 FTE Database Administrator • Reduce 0.20 FTE Administrative Analyst • Increase Personnel Costs (PERS, COLA, Medical/Dental). 	<i>Central Management and Administration</i>	0.49	\$182,552	
Increase General Fund support.	<i>Central Management and Administration</i>			\$979,652
Increase Title XIX Medicaid revenue.	<i>Central Management and Administration</i>			\$672,967
Reduce Oregon Project Independence revenue.	<i>Central Management and Administration</i>			(\$110,912)
Reduce Title III revenue.	<i>Central Management and Administration</i>			(\$325,120)

Planning and 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, the Department, and its service providers anticipate and be proactive in responding to the challenges facing seniors and persons with disabilities. The goal of the Planning and Special Projects Unit is to look ahead at the challenges and help guide ADS 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:

- Implement year one action plans based on the ADS strategic plan 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.
- Lead the Department's efforts in developing its evaluation capacity, 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 2000-2001 Self Assessment. Work to implement a culture of customer-focused quality and continual improvement.
- Lead the Department's efforts in Special Needs Transportation planning and program development. Implement new Medicaid Non-Medical transportation program in collaboration with Tri-Met and other Community Stakeholders.
- 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	1998-99	1999-00	1999-00	2000-01	
Budget Trends	Actual	Current Estimate	Adopted Budget	Adopted Budget	Difference
Staffing FTE	8.26	10.00	10.00	10.00	0.00
Personal Services	\$520,362	\$536,230	\$565,664	\$618,104	\$52,440
Contractual Services	\$19,674	\$45,000	\$20,000	\$102,623	\$82,623
Materials & Supplies	\$113,541	\$88,842	\$94,639	\$102,786	\$8,147
Capital Outlay	\$0	\$0	\$5,000	\$0	(\$5,000)
Total Costs	\$653,577	\$670,072	\$685,303	\$823,513	\$138,210
Program Revenues	\$400,742	\$590,718	\$384,196	\$420,166	\$35,970

Aging and Disability Services

Planning and Special Projects

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Increase County Supplements (General Fund) used to match for Title XIX Medicaid funds.	<i>Planning and Special Projects</i>		\$72,623	\$72,623
Increase Title XIX Medicaid revenue.	<i>Planning and Special Projects</i>			\$66,991
Increase Personnel Costs (PERS, COLA, Medical/Dental).	<i>Planning and Special Projects</i>		\$52,440	

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 continuing development and implementation of an information system that supports case management, assessment, care planning, and monitoring client outcomes.
- Improve public access to services for elderly County residents by implementing a shared computerized information system and protocols between District Centers and Aging Branches for the delivery of Information and Assistance and Case Management services.
- Improve coordination between long term care services and managed care by developing methods for timely information sharing and establishing mutually acceptable protocols so that clients' risk for crisis, or physical and mental deterioration is lowered.
- Expand the Helpline and After Hours Response Program to be a resource for hospital and non-emergency health providers throughout the Greater Portland Metropolitan Area.

Aging Services	1998-99	1999-00	1999-00	2000-01	
Budget Trends	1998-99	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	171.89	199.74	188.99	200.20	11.21
Personal Services	\$8,898,110	\$10,050,765	\$9,432,872	\$10,887,987	\$1,455,115
Contractual Services	\$5,360,139	\$5,733,502	\$5,968,321	\$5,963,383	(\$4,938)
Materials & Supplies	\$2,872,168	\$2,108,607	\$2,627,750	\$3,012,612	\$384,862
Capital Outlay	<u>\$19,961</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Costs	\$17,150,378	\$17,892,874	\$18,028,943	\$19,863,982	\$1,835,039
Program Revenues	\$14,627,601	\$14,622,575	\$14,687,116	\$16,922,973	\$2,235,857

Aging Administration

Aging 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 2000: 3.00 FTE FY 2001: 2.00 FTE

Community Access Services

Community Access provides comprehensive services that enable older persons to maintain the most independent lifestyle possible and offer interventions which prevent or resolve problems. This is done through partnerships with community agencies and by combining Older Americans Act funds, Oregon Project Independence funds, United States Department of Agriculture (USDA), and when possible, Medicaid funds and grants.

Core services offered are information and assistance, and case management services through contracts with neighborhood-based community agencies called District Centers. There are nine geographically-based District Centers throughout the county. They serve as local focal points for elderly or their families needing assistance, and develop programs to meet unique local needs. District Centers provide core services mentioned above 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 family caregivers. Contracts also support county-wide services such as home delivered and congregate meals, in-home home and personal care services, transportation, legal services and health promotion. Partnerships with local businesses identify seniors in need of assistance. A 24-hour Helpline provides information and assistance for the public needing help, and intervention for crisis needs during off hours.

Local discretion for the Community Access Program is limited by the federal and state regulations or by interagency agreements.
FY 2000: 10.50 FTE FY 2001: 11.50 FTE

Branches and Nursing Facility

Aging Branches and 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, Food Stamps, 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 2000: 147.30 FTE FY 2001: 158.40 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 2000: 9.70 FTE FY 2001: 9.80 FTE

Adult Care Home Program

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 2000: 16.50 FTE FY 2001: 15.50 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 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 2000: 2.00 FTE FY 2001: 2.00 FTE

Veterans' Services

Veterans' Services Officers assist veterans to apply for and obtain federal benefits from the Veterans' Administration. Case Managers from Aging and Disability Services and community advocates make referrals to Veterans' Services; individual veterans may also request assistance directly. The outcomes benefit the Medicaid Program by transferring costs from Medicaid to Veterans' Administration and in many cases increase the services and financial resources for individual veterans. Veterans Services staff are able to do some community outreach to potential beneficiaries.

FY 2000: 0.00 FTE FY 2001: 1.00 FTE

Costs by Program	1998-99	1999-00	2000-01	Difference
	Actual	Adopted Budget	Adopted Budget	
Administration	\$501,587	\$847,246	\$824,720	(\$22,526)
Community Access Services	\$5,459,497	\$5,628,381	\$5,936,375	\$307,994
Branches and Nursing Facility	\$8,816,931	\$9,174,595	\$10,482,766	\$1,308,171
Public Guardian/Conservator	\$847,550	\$838,942	\$885,969	\$47,027
Adult Care Home Program	\$1,358,269	\$1,344,702	\$1,415,858	\$71,156
Multi-Disciplinary Teams	\$166,544	\$195,077	\$219,423	\$24,346
Veterans' Services	\$0	\$0	\$98,871	\$98,871
Total Costs	\$17,150,378	\$18,028,943	\$19,863,982	\$1,835,039

Aging and Disability Services

Aging Services Division

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Move Veteran Services Officer position to separate program and reclassify Office Assistant Senior position to Administrative Analyst.	<i>Administration</i>	(1.00)	(\$55,391)	(\$55,391)
Transfer In-Home Services Quality Assurance position (program development specialist) from Aging Branches.	<i>Community Access Services</i>	1.00	\$54,000	\$54,000
Add General Fund and City of Portland pass through revenue for increased Senior Center activities.	<i>Community Access Services</i>		\$140,625	\$140,625
Increase Title III revenue.	<i>Community Access Services</i>			\$253,099
Increase Personnel Costs (PERS, COLA, Medical/Dental).	<i>Community Access Services</i>		\$31,341	
Increase Professional Services.	<i>Community Access Services</i>		\$68,634	
Reduce General Fund support.	<i>Community Access Services</i>			(\$64,801)
Reduce Client Employed Provider revenue.	<i>Community Access Services</i>			(\$53,936)
Reduce Title XIX revenue.	<i>Community Access Services</i>			(\$94,011)
Increase Oregon Project Independence revenue.	<i>Community Access Services</i>			\$182,327
Transfer In-Home Provider Quality Assurance position to Community Access.	<i>Branches and Nursing Facility</i>	(1.00)	(\$54,000)	(\$54,000)
Add District Manager.	<i>Branches and Nursing Facility</i>	1.00	\$74,000	
Increase case management capacity because of case load growth (supported by increase in revenue from State Senior and Disabled Services Division) and reclassify positions per FY 2000 classification and compensation study. <ul style="list-style-type: none"> • Reclassify 16.00 FTE Eligibility Specialist to Case Manager 1. • Reduce 1.50 FTE Case Manger 1. • Reclassify 4.00 FTE Office Assistant to Case Management Assistant. • Add 2.00 FTE Case Management Assistant. • Add 5.00 FTE Office Assistant 2. • Add 6.60 FTE Case Manager 2 • Reduce 1.00 FTE Case Manager Senior. • Reduce 1.00 FTE Office Assistant Senior. • Add 1.00 FTE Medical Services Clerk. 	<i>Branches and Nursing Facility</i>	11.10	\$1,266,098	
Reduce General Fund support.	<i>Branches and Nursing Facility</i>			(\$343,894)
Reduce General Fund supplement.	<i>Branches and Nursing Facility</i>		(\$294,371)	

Aging and Disability Services

Aging Services Division

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Increased Title XIX Funding.	<i>Branches and Nursing Facility</i>			\$1,652,065
Personnel Adjustments:	<i>Public Guardian</i>	0.11	\$32,643	
<ul style="list-style-type: none"> • Add 1.00 FTE Clerical Unit Supervisor • Reduce 1.00 FTE Office Assistant Senior • Reduce 0.79 FTE Case Management Assistant • Add 0.80 FTE Case Manager 1 • Add 0.10 FTE Office Assistant 2 				
Cut 1.00 FTE Case Manager Senior.	<i>Adult Care Home Program</i>	(1.00)	(\$51,000)	
No significant changes.	<i>Multi-Disciplinary Teams</i>			
Move 1.00 FTE Veteran Services Officer position from administration unit.	<i>Veterans' Services</i>	1.00	\$55,391	\$55,391

Aging and Disability Services

Aging Services Division

Key Result Measures	Program	FY97 Actual	FY 98 Actual	FY 99 Actual	FY 00 Estimated	FY 01 Estimated
Percentage of Aging Services client intake determined within 30 days.	<i>Aging Administration</i>	98%	95%	92%	94%	94%
Percentage of trained client employed caregivers retained by ADS Aging clients beyond 6 months.	<i>Aging Administration</i>	N/A	N/A	25%	28%	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>	85%	N/A*	N/A	85%	N/A
Improvement in living situation three months after MDT intensive intervention.	<i>Multi-Disciplinary Team</i>	85%	72%	75%	86%	86%
Percentage of hard-to-reach clients served who are new.	<i>Community Access Services</i>	13%	17%	10%	20%	47%
Percentage of ethnic minority elders who are new clients.	<i>Community Access Services</i>	12%	10%	7%	15%	34%
Percentage of meal participants and case managed clients showing improvement in risk for malnutrition after 1 year.	<i>Community Access Services</i>	35%	43%	40%	45%	15%
Percentage of clients satisfied with Helpline response. *This survey is conducted every 2 years.	<i>Community Access Services</i>	85%	N/A*	N/A	78%	N/A
Percentage of Aging Medicaid Long Term Care clients in community-based care, not in a nursing home.	<i>Branches and Nursing Facility</i>	65%	67%	68%	69%	70%
Improvements in clients 180 days after court appointment. Dropping this measure 6/30/00.	<i>Public Guardian</i>	89%	100%	100%	100%	NA
Annual accounts submitted to court on time.	<i>Public Guardian</i>	80%	91%	83%	54%	95%
Reduction of number of high risk factors per client in first 180 days after appointment. New measure.	<i>Public Guardian</i>	N/A	N/A	N/A	N/A	20%
Percent of adult care homes with current license.	<i>Adult Care Home Program</i>	96%	96%	98%	98%	99%
Percent of homes with no substantiated findings of rule violations; of abuse, neglect, or exploitation.	<i>Adult Care Home Program</i>	82%	90%	96%	96%	99%
Percent of resident satisfaction with adult care homes. *Note: this survey is conducted every 2 years.	<i>Adult Care Home Program</i>	86%	N/A*	N/A*	90%	N/A

Disability Services Division

The Disability Services Division serves people up to 65 who have disabilities. The division provides financial assistance and long term care services through Medicaid and Food Stamps programs.

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:

- Prepare to open a fifth Disability Services Office, to be co-located with the Aging Services office being built in Gresham.
- Intensify efforts in assisting clients in application and early approval of Supplemental Security Income (SSI) and Social Security Disability Income (SSDI) benefits from the Social Security Administration.
- Increase the rate and level of employment of persons with disabilities through increased cooperative efforts with the Vocational Rehabilitation Division and other community partners.
- Further explore the feasibility of extending long-term care services to some individuals on the Developmental Disabilities waiting list.

Disability Services	1998-99	1999-00	1999-00	2000-01	
Budget Trends	1998-99	Current	Adopted	Adopted	
	Actual	Estimate	Budget	Budget	Difference
Staffing FTE	133.81	154.95	147.80	156.30	8.50
Personal Services	\$5,971,390	\$6,725,906	\$6,563,994	\$7,762,535	\$1,198,541
Contractual Services	\$108,492	\$195,303	\$270,600	\$444,887	\$174,287
Materials & Supplies	\$1,950,836	\$1,722,604	\$2,021,638	\$2,355,872	\$334,234
Capital Outlay	<u>\$236,616</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Costs	\$8,267,334	\$8,643,813	\$8,856,232	\$10,563,294	\$1,707,062
Program Revenues	\$0	\$8,343,179	\$8,611,232	\$10,119,133	\$1,507,901

Disability Administration

Disability 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 2000: 4.00 FTE FY 2001: 4.00 FTE

Disability Branches

The Disability Branches provide support and services to people with disabilities, serving over 13,500 adults and children in the form of Medicaid programs and financial assistance. In addition, more than 1,800 adults receive long-term care services in their homes or other community based settings. Case managers in four Disability Branches located throughout the county deliver these services. During the past fiscal year, case management responsibility for approximately 200 clients receiving nursing home services was transferred to the Aging Services Nursing Facility Branch.

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. Program staff assist individuals to obtain Supplemental Security Income (SSI) and/or Social Security Disability Income (SSDI) from the Social Security Administration. 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 2000: 141.80 FTE FY 2001: 150.30 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 141 clients.

FY 2000: 2.00 FTE FY 2001: 2.00 FTE

Aging and Disability Services

Disability Services Division

Costs by Program	1998-99	1999-00	2000-01	Difference
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Disability Services Administration	\$886,080	\$865,072	\$917,503	\$52,431
Branches	\$7,318,374	\$7,785,120	\$9,424,801	\$1,639,681
MDT Disability Services	<u>\$62,880</u>	<u>\$206,040</u>	<u>\$220,990</u>	<u>\$14,950</u>
Total Costs	\$8,267,334	\$8,856,232	\$10,563,294	\$1,707,062

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
No significant changes.	<i>Disability Services Administration</i>			
Increase case management capacity because of case load growth (supported by increase in revenue from State Senior and Disabled Services Division) and reclassify positions per FY 2000 classification and compensation study. <ul style="list-style-type: none"> • Reclassify 44.00 FTE Eligibility Specialist to Case Manager 1 • Add 4.50 FTE Case Manger 1 • Reclassify 6.00 FTE Office Assistant 2 to Case Management Assistant • Reduce 1.00 FTE Office Assistant 2 • Add 5.00 FTE Case Manager 2 • Reduce 1.00 FTE Case Manager Senior 	<i>Branches</i>	7.50	\$1,091,533	
Add District Manager.	<i>Branches</i>	1.00	\$74,000	
Increase General Fund support.	<i>Branches</i>			\$182,404
Increase General Fund supplement.	<i>Branches</i>		\$182,404	
Increase Title XIX Funding.	<i>Branches</i>			\$1,457,277
No significant changes.	<i>MDT Disability Services</i>			

Aging and Disability Services

Disability Services Division

Key Result Measures	Program	FY97 Actual	FY 98 Actual	FY 99 Actual	FY 00 Estimated	FY 01 Estimated
Percentage of Disability Medicaid Long Term Care clients in community-based care, not in a nursing home.	<i>Disability Administration</i>	N/A	88%	88%	88%	89%
Percentage of trained client employed caregivers retained by Disability Services' clients beyond 6 months.	<i>Disability Administration</i>	N/A	10%	12%	12%	15%
Percentage of at-risk county residents age 18-65 receiving case management services from DSO.	<i>Disability Administration</i>	N/A	17%	19%	48%	50%
Percentage of General Assistance client intakes determined within 30 days. New measure.	<i>Disability Administration</i>	N/A	N/A	N/A	N/A	70%
Percentage of other Disability services client intakes determined within 30 days..	<i>Disability Administration</i>	N/A	84%	82%	81%	95%
Percentage of Disability clients successfully transitioned to stable income: 1) General assistance clients approved for SSI/SSDI.	<i>Disability Branches</i>	N/A	30%	60%	68%	68%
2) Percentage of Disability clients who are served by the Employment Initiative who remain employed beyond 3 months.	<i>Disability Branches</i>	N/A	74%	74%	75%	75%
Improvement in living situation three months after MDT intensive intervention.	<i>DSO Multi-Disciplinary Team</i>	N/A	N/A	N/A	65%	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	1998-99	1999-00	1999-00	2000-01	
Budget Trends	1998-99	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	\$0	\$0	\$0	\$0	\$0
Materials & Supplies	\$1,385,949	\$1,332,320	\$1,300,372	\$1,460,081	\$159,709
Capital Outlay	\$0	\$0	\$0	\$0	\$0
Total Costs	\$1,385,949	\$1,332,320	\$1,300,372	\$1,460,081	\$159,709
Program Revenues	\$1,385,948	\$1,332,320	\$1,300,372	\$1,460,081	\$159,709

