

Department of County Human Services

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Department of County Human Services

Department Services

The Department of County Human Services (DCHS) is a multifaceted organization charged with providing a range of care and support to the elderly and to people with serious physical, emotional, or developmental disabilities.

Collaborating with over 400 agencies and organizations, DCHS provides culturally competent services in a community setting. The Department seeks to connect people to the support they need to live with dignity and independence, and places a high priority on assisting people before their needs become acute.

DCHS services include:

Early Intervention

- Information and referral for easy access to mental health, aging, and developmental disabilities services
- Senior Centers throughout the county
- Domestic violence prevention programs and direct services for victims
- Family Caregiver Support
- Housing assistance, nutrition programs, and transportation services

Access to Healthcare and Financial Assistance

- Alcohol and other drug assessment, treatment, and prevention services
- Employment assistance
- Food Stamp authorization
- Managed health care education and Oregon Health Plan enrollment
- Veterans' Services

Access to Mental Health Treatment

- A full range of Children's services, including:
 - screening,
 - evaluation,
 - treatment,
 - family support,
 - teacher consultation, and
 - crisis services.
- Services for adults, including
 - targeted case management,
 - pre-commitment investigation,
 - trial visit/care coordination,
 - protective services,
 - crisis services,
 - addiction services, and
 - senior services.

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Long-Term Support and Case Management

- Regulation, licensing, and monitoring of over 580 Adult Care homes
- Case management and case plan development
- Developmental Disability advocacy, service coordination, and residential, vocational, and emergency services for over 3,500 individuals
- District Center case management
- Residential services

Protective Services

- Public Guardianship/Conservatorship services
- Protective Services for adults and children
- Domestic Violence survivor support, safe exchange, and visitation services

Citizen input shapes service delivery

In order to deliver effective services, DCHS works with a host of citizen and client advocacy and advisory groups to help shape current and future programs. Some key groups include:

- *Elders in Action* provides input on community priorities as well as program and policy development for the elderly.
- *The Disability Services Advisory Council* plays a similar role for disability services.
- The Aging and Disability Services Division' *Multi-Ethnic Advisory Council* works to create a service delivery system responsive to the diverse population of Multnomah County.
- The *Mental Health Advisory Committee* helps to redesign the mental health delivery system, and offers input on program enhancements.
- The *Adult Mental Health and Substance Abuse Advisory Committee* and the *Children and Adult Mental Health and Substance Abuse Advisory Committee* provide input to guide specific County Mental Health programs.
- The *Developmental Disabilities Advisory Committee* advocates for additional services and program improvements.
- The *Citizens Budget Advisory Committee* gives advice on budget issues.

Department of County Human Services

How the Department Delivers Its Services

Aging and Disability Services Division (ADSD)

DCCHS provides services both directly and through contracts. Structurally, the Department is divided into four major divisions: Aging and Disability Services, Developmental Disability Services, the Domestic Violence Coordinator's Office, and Mental Health and Addiction Services.

Aging and Disability Services (ADSD) provides a continuum of programs to offer seniors and people with disabilities everything from simple information referral to intensive, constant, and complex care.

Last year, ADSD served almost 50,000 aged and disabled residents through a variety of programs, including information and referral, Oregon Project Independence, Medicaid Long-Term Care case management, Public Guardian and conservator services, and case management for high-risk situations.

Services are offered through entry points including a central Helpline, Senior Centers, and countywide ADSD offices as well as those co-located with partners. Adult care and room and board homes licensed by ADSD and conservator and guardianship services are also countywide. Programs include:

- Information and assistance with finding suitable resources and services for seniors and adults 18 and above with a disability;
- Eligibility determination for Medicaid services and Food Stamps;
- Case Management;
- In-home support for people who want to remain independent;
- Assistance in obtaining accessible housing, transportation, legal services, employment services, and nutrition services;
- Screening to determine if nursing facility placement is appropriate;
- Coordination with local community-based organizations;
- Assistance in obtaining Supplemental Security Income, Social Security Disability Insurance, and Veterans' benefits;
- Risk intervention for people with complex needs;
- Referral to and assistance with employment programs; and
- Coordination with protective services and follow-up on individuals referred through the Gatekeeper and After-hours programs.

Developmental Disabilities Services Division (DDSD)

Developmental Disabilities Services Division (DDSD) provides direct services (intake and assessment, case management, and protective services) and contracted services (residential, vocational, and transportation services) to people with developmental disabilities. DDSD is currently serving over 3,500 individuals annually. As a result of recent State litigation (the Staley Settlement Agreement) and Universal Access Implementation, DDSD offers services to adults (18+) who had previously been deferred for services. Funding for children is also available through the Family Support program.

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Mental Health- Addiction Services Division (MH-ASD)

MH-ASD has been designated by the State as the Mental Health Organization for the County. In this role, it has oversight responsibilities for a continuum of family, child, and adult mental health services to the 59,000 enrolled members of the Oregon Health Plan. Of these, approximately 12,000 receive mental health services each year. At the heart of service delivery is an innovative capitated contracts arrangement. Under this arrangement, our contractors, known as Primary Providers, receive a payment per month for each member assigned to them. This creates an incentive for the Primary Providers to focus on illness prevention, early and aggressive treatment, and recovery-oriented treatment. Services are provided in clinics, in client homes, and in the schools—wherever our clients live and work—and they include acute care inpatient services, sub-acute services, and residential care. Crisis services are offered through a new system which includes a round-the-clock call center; mobile response teams that respond to mental health emergencies across the County; a new 24-hour a day, 7 day a week adult walk-in clinic; and a new children's walk-in clinic. Programs have been created to provide tailored services for seniors, the homeless mentally ill, and Psychiatric Security Review Board clients.

The **Addiction Services Program** offers services relating to prevention, intervention, detoxification, outpatient and residential treatment, and gambling addiction. Services are offered to both adults and adolescents and are delivered through a diverse network of providers. Services also include synthetic opiate replacement therapy such as Methadone treatment.

The **System of Care for Families Program** does direct service work in the public schools, in Juvenile Justice settings, in Caring Community programs, in CARES Northwest, and in other family services settings. It supports the development of cultural competence throughout the mental health system.

Safety Net Services include the County-operated 24-hour Call Center. The County also operates Intensive Community Support Services ranging from targeted case management to family care coordination and commitment investigations. Contracted crisis services include acute hospitalization, sub-acute care, intensive evaluation/stabilization, and respite beds for adults and youth.

Domestic Violence Coordinator's Office (DVCO)

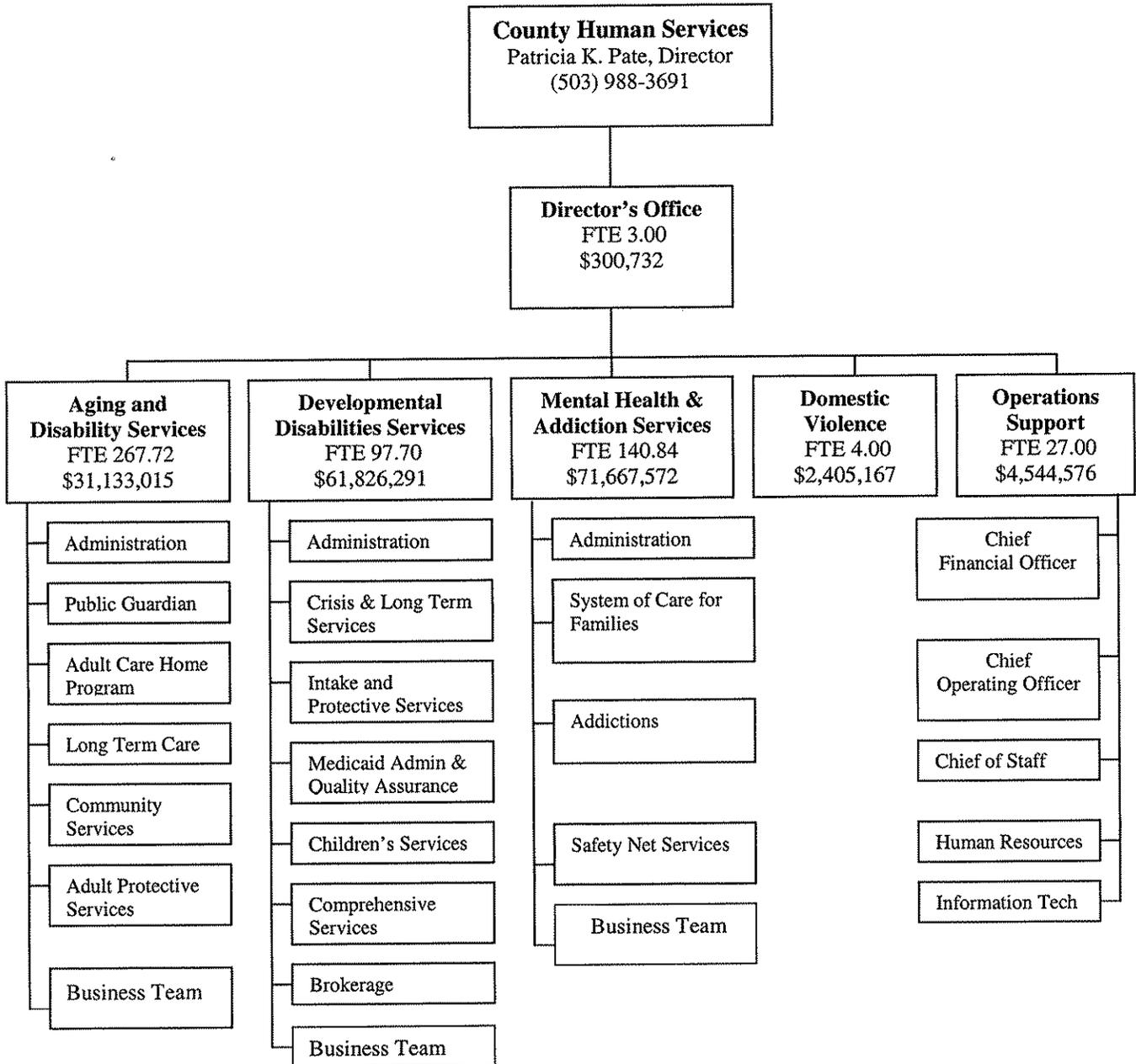
The Domestic Violence Coordinator's Office has two main functions. The first is to provide leadership and policy direction to all of the service partners in the County to ensure a coordinated community response to domestic violence. This includes staffing and facilitating of the Family Violence Coordination Council, helping to write and implement the County Domestic Violence Policy, and providing consultation and technical assistance to Multnomah County departments, contractors, neighboring counties, and the City of Portland.

The second function is to manage funding for the domestic violence service system. The office aggressively seeks increased state funding and legislative support as well as an understanding of domestic violence programs and needs, and continues to advocate for social change that reduces violence.

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Department Organization

The Department of County Human Services primarily delivers services through community-based organizations and long-term care options. Below is an organizational chart showing the Department's 540.26 FTE and annual budget of \$171,877,353 for the various divisions and the program areas under them.



Department of County Human Services

Budget Issues and Highlights

The three major funding sources for the Department are Federal funds, State funds, and the County General Fund, all of which are static or in significant decline.

- State and Federal revenues are budgeted at \$140.5 million in the FY 04 Adopted Budget, supporting about 82.7% of the Departmental appropriation. This represents a 14.3% funding decrease from FY 03.
- County General Fund supports \$29.7 million in appropriations, or about 17% of the budget. However, \$14.4 million of the General Fund appropriation is attributable to the passage of the personal income tax (Measure 26-48) (see below). This is an increase from FY 03 designed to replace reduced funds from the State. Without the Measure, General Fund spending in the department will have shrunk by \$3.3 million from FY 03 service levels.

The major challenge for FY 04 is to continue to provide high quality services in the face of significant losses of revenue, and to protect the basic services continuum as necessary cuts are made. Funding levels from the State of Oregon continue to be unreliable, particularly in the area of mental health.

Overall, the FTE impact to the Department has been significant – both in lost personnel and in the disruption caused by wide-scale personnel-bumping in accordance with labor agreements. Departmental staffing levels have been reduced by 23.9%.

FY 2003 Adopted Budget FTE:	710.34
<u>FY 2004 Adopted Budget FTE:</u>	<u>540.26</u>
Net FTE Decrease:	170.08

The impacts of the funding and FTE reductions, the proposed personnel income tax, and a departmental re-organization are discussed below:

Personal Income Tax (Measure 26-48)

In an attempt to mitigate the impact of reduced funding for government programs, the Board of County Commissioners submitted to the voters a temporary County Personal Income Tax to benefit public schools, public safety, and human services (Measure 26-48). Voter approval of the income tax on May 20, 2003 results in the Department receiving an additional \$14.4 million.

ADSD Reductions

Ageing and Disability Services Division – The Adopted budget for the division reflects a \$3.8 million, or 10.8%, reduction from FY 03. State and Federal funding actually fell by a larger \$5.8 million, but this is offset by support from the personal income tax (\$2.69 million).

FTE levels have been reduced by 88.73 FTE from the Adopted FY 03 Budget. The losses have been spread throughout the division.

The program changes resulting from the State funding reductions include:

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- Elimination of the General Assistance Program
- Elimination of the Medically Needy Program
- Elimination of Long-Term Care services for survivability levels 10 through 17
- A 50% reduction in the Oregon Project Independence program, which is contracted out to seven senior centers
- A 20% reduction in Special Needs Transportation Program (\$32,000)

The personal income tax restores some of these services or provides a safety net for many of the people losing state funded services. These include:

- Some long-term care for chronically ill persons
- Prescription drugs for the medically needy
- Oregon Project Independence
- Housing and transportation supports

DDSD Reductions

Developmental Disability Services – The Adopted budget for the division reflects a relatively static revenue forecast from the State of Oregon and provides for a continuation of the current service levels to clients. This is largely due to a lawsuit against the State of Oregon, the subsequent Staley Settlement Agreement, and the fact that 98% of the division's funding comes from the State. While the budget is reduced by \$1.5 million, much of this decrease is due to an accounting change for indirect costs. Federal and State funding is reduced by \$531,762 and County General Fund is reduced by \$416,769 (excluding accounting changes).

The FTE level is reduced by 9.80 positions, which reflects the annualization of reductions taken in mid-year and additional General Fund cuts, particularly in the area of case management.

The personal income tax restores \$605,000 for case management.

MH-ASD Reductions

Mental Health and Addiction Services Division – The MH-AS Division has been severely impacted by reductions in Federal and State funding. From FY 03 to the Adopted FY 04 budget, the division has lost about \$18 million, or 25.5%, of its non-County General Fund resources, which are primarily Federal and State Funding. Excluding support from the temporary income tax, CGF has been reduced by \$1.7 million from current service levels. Adopted FTE levels have been reduced by 52.42 positions.

Program changes resulting from these reductions include:

- Elimination of the Kaleidoscope Program (CGF)
- Elimination of the Family Enhancement Program (CGF)
- Elimination of many School-Based Mental Health Programs (Safe Schools Grant and CGF)

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- Elimination of County support for Cares NW Program operating expenses (CGF)
- Reductions to contracts in the Early Childhood Program (CGF)
- Reduction in the Children's Care Coordination Program
- Reduction in the Bienestar Program, a cultural competency program (CGF)

The Adopted budget is based on revenue projections and information known at this time. There are ongoing discussions in the Oregon Legislature about significant modifications to the Oregon Health Plan (OHP), including possible elimination of the mental health benefit, which would have major repercussions for the Division's budget. If mental health treatment were removed from the OHP, it would result in the loss of another \$29 million to MH-ASD. Both the mental health crisis system and call center are funded out of the OHP dollars (and the temporary County Personal Income Tax) — the loss of the remaining OHP revenue would mean the loss of those critical infrastructure systems as well.

The voter approved personal income tax would provide the division with about \$11.1 million, which restores or funds the following:

- Community crisis services
- Non-residential mental health
- Residential mental health treatment
- School-based mental health
- Hooper sobering station
- DUII services
- Outpatient A&D treatment for those who lost OHP coverage

Director's Office, Operations Support, & Shared Services

Department administration includes the Director's Office, Operations Support (the prior Business Services Division, including Budget, Fiscal, Contracts, and Administrative services), Human Resources, and Information Services.

Under a move to de-centralize most business services staff and functions, many positions have been moved directly to the operating divisions under a business team arrangement. The overall FTE level has been reduced by approximately 2.00 positions.

Budgets for both Information Services and Human Resources, organizations that provide shared service support for the Department, have been reduced to reflect the overall reduction of FTE in the Department and the corresponding decrease in need for related services.

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Budget for FY 2004

The Department's Adopted Fiscal Year 2004 operating budget is \$171,877,353, a 8.8% reduction from FY 03. The reduced operating funds result in the elimination of 170.08 FTE, or 23.9% of the DCHS workforce. An explanation of specific programmatic changes is provided on the following pages.

Historical budget information prior to FY 03 may be found under the departmental detail for the former *Department of Aging & Disabilities Services* and *Department of Community and Family Services*.

Budget Trends	2001-02	2002-03	2002-03	2003-04	Difference
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Staffing FTE	0.00	667.58	710.34	540.26	(170.08)
Personal Services	\$0	\$41,137,579	\$43,772,546	\$36,835,909	(\$6,936,637)
Contractual Services	\$0	\$122,278,654	\$130,228,492	\$126,009,690	(\$4,218,802)
Materials & Supplies	\$0	\$10,156,325	\$14,544,792	\$9,031,754	(\$5,513,038)
Capital Outlay	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Costs	\$0	\$173,572,558	\$188,545,830	\$171,877,353	(\$16,668,477)

Costs by Division	2001-02	2002-03	2002-03	2003-04	Difference
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Director's Office	\$0	\$382,032	\$480,849	\$300,732	(\$180,117)
Operations Support	\$0	\$5,768,695	\$6,046,339	\$4,544,576	(\$1,501,763)
Planning & Evaluation	\$0	\$0	\$2,993	\$0	(\$2,993)
Domestic Violence	\$0	\$2,284,647	\$2,207,905	\$2,405,167	\$197,262
Aging & Disability Svcs	\$0	\$33,200,601	\$34,895,739	\$31,133,015	(\$3,762,724)
Dvlpmntl. Disabilities	\$0	\$62,569,235	\$63,375,528	\$61,826,291	(\$1,549,237)
Mntl Hlth & Adctn Svcs	<u>\$0</u>	<u>\$69,367,348</u>	<u>\$81,536,477</u>	<u>\$71,667,572</u>	<u>(\$9,868,905)</u>
Total Costs	\$0	\$173,572,558	\$188,545,830	\$171,877,353	(\$16,668,477)

Staffing by Division	2001-02	2002-03	2002-03	2003-04	Difference
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Director's Office	0.00	4.02	4.80	3.00	(1.80)
Operations Support	0.00	42.94	44.00	27.00	(17.00)
Planning & Evaluation	0.00	0.00	0.00	0.00	0.00
Domestic Violence	0.00	4.06	4.33	4.00	(0.33)
Aging & Disability Svcs	0.00	349.12	356.45	267.72	(88.73)
Dvlpmntl. Disabilities	0.00	94.78	107.50	97.70	(9.80)
Mntl Hlth & Adctn Svcs	<u>0.00</u>	<u>173.78</u>	<u>193.26</u>	<u>140.84</u>	<u>(52.42)</u>
Total Staffing FTE's	0.00	668.70	710.34	540.26	(170.08)

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Resources by Division	Fees, Permits				Other/
	<u>General Fund</u>	<u>&Charges</u>	<u>Federal</u>	<u>State & Local</u>	<u>Miscellaneous</u>
Director's Office	\$98,617	\$0	\$202,114	\$0	\$0
Operations Support	\$1,840,837	\$0	\$2,703,737	\$0	\$0
Planning & Evaluation	\$0	\$0	\$0	\$0	\$0
Domestic Violence	\$1,363,368	\$0	\$751,701	\$290,098	\$0
Aging & Disability Svcs	\$6,110,587	\$524,860	\$23,905,194	\$592,377	\$0
Dvlpmntl. Disabilities	\$1,323,343	\$7,500	\$60,495,448	\$0	\$0
Mntl Hlth & Adctn Svcs	<u>\$18,972,168</u>	<u>\$308,810</u>	<u>\$51,517,573</u>	<u>\$869,020</u>	<u>\$0</u>
Total Resources	\$29,708,920	\$841,170	\$139,575,767	\$1,751,495	\$0

Director's Office

The Director's Office provides leadership, policy direction, and program oversight for the Department of County Human Services. Responsibilities include supporting the overall County mission, maintaining communications internally and with the community, and working with advisory committees.

The Office is responsible for ensuring that programs and activities are responsive and accountable to stakeholders, clients, the community, funding sources, citizen advisory bodies, and County employees.

Action Plans:

- Integrate programs and services to ensure the efficient use of resources.
- Continue to support the development of an effective mental health system in Multnomah County.
- Implement the department's privacy policy and federal Health Insurance Portability and Accountability Act (HIPAA).
- Create meaningful partnerships internally and externally, with agencies including the departments of Health, Community Justice, and Community Services, as well as with the State Department of Human Services and other systems to improve integration of services.
- Develop resource-generating staff positions to bring new funding streams into the Department.
- Focus on Cultural Competency issues and the implications for appropriate service delivery.

Significant Budget Changes:

- Elimination of 1.00 FTE Program Manager and a fractional PDS position.

Director's Office		2002-03	2002-03	2003-04	
Budget Trends	2001-02	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	0.00	4.02	4.80	3.00	(1.80)
Personal Services	\$0	\$343,145	\$409,699	\$269,174	(\$140,525)
Contractual Services	\$0	\$441	\$30,000	\$0	(\$30,000)
Materials & Supplies	\$0	\$38,446	\$41,150	\$31,558	(\$9,592)
Capital Outlay	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Costs	\$0	\$382,032	\$480,849	\$300,732	(\$180,117)

Domestic Violence Coordinator's Office

The DVCO ensures an effective response to domestic violence, and provides assistance and leadership in the implementation of the domestic violence policy passed by the Board of Commissioners. The responsibility for contracting for victims' services (\$1.9 million) was transferred to the Office in 2/02. The Office also manages two grants that extend into FY 04: a Byrne Grant for developing information and referral resources, and a US Department of Justice Grant to develop safe, supervised visitation and exchange for victims of domestic violence and their children. The DVCO works with the Portland Police Bureau, the DA, the Department of Community Justice, community-based victims' services, and other organizations. It has less than 2.0 FTE funded by County General Funds; cuts to this level would prohibit it from fulfilling its responsibilities.

Action Plans:

- Complete Phase II of the Byrne centralized information and referral system and begin evaluation of project and system by 9/03.
- Gather community input, develop a procurement for victims' services, and announce new five-year service delivery awards by April 2004.
- Complete implementation of safe visitation and exchange by 9/03.
- Seek new funding sources to supplement victims' services funds.

Significant Budget Changes:

- Add new two-year Safe Havens grant (\$350,000 and 0.25 FTE).
- Reduce services to prostituted women by \$106,116 (\$61,116 CGF and \$45,000 HUD).
- Reduce African American funds by \$29,000.
- Reduce the State Emergency Housing Account and State Homeless Assistance Program by \$48,640 for emergency shelters.

Domestic Violence Budget Trends	2001-02	2002-03	2002-03	2003-04	
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	0.00	4.06	4.33	4.00	(0.33)
Personal Services	\$0	\$262,909	\$280,406	\$283,438	\$3,032
Contractual Services	\$0	\$1,952,955	\$1,853,267	\$2,057,327	\$204,060
Materials & Supplies	\$0	\$68,783	\$74,232	\$64,402	(\$9,830)
Capital Outlay	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Costs	\$0	\$2,284,647	\$2,207,905	\$2,405,167	\$197,262

**Aging
and
Disability
Services
Division
(ADSD)**

ADSD coordinates services designed to help the elderly and people with disabilities remain at home or find an appropriate care setting. The system provides easy access; protection from abuse/neglect; a broad continuum of services; and case management for Home and Community services, Financial Assistance, Food Stamps, Long- Term Care, Medicaid, and the Oregon Health Plan. The need for services is increasing as the population ages and as more people live in the community with severe disabilities. Government cuts are forcing many people into unstable living situations. Unfortunately, over 80% of ADSD funds are from Medicaid, which has strict (financial and service needs) eligibility requirements.

Recent changes have come mostly from County and State cuts. For midyear County reductions, ADSD cut positions and gave up one-time-only funds from FY 02. State cuts have forced the elimination of the General Assistance subsidy to 1,090 very poor disabled clients.

Action Plans:

- Minimize the impact of cuts on clients and on the integrity of the service system.
- Increase federal Medicaid matching funds by developing special “targeted” case management approaches for younger people with disabilities by June 2004.
- Improve coordination of services by improving data and tracking of clients.
- Update the ADSD Cultural Competency Plan to reduce barriers to access.

Significant Budget Changes:

- Elimination of the General Assistance and the Medically Needy Programs.
- Reduction of staff due to changes in Medicaid long-term care eligibility guidelines, removing clients needing levels of care rated 12-17 from services.
- Reduction of Oregon Project Independence funding for non-Medicaid clients
- Reduction of the Veterans’ Counseling program due to state funding.
- Personal Income Tax Funding:
 - Restoration of long-term care for chronically ill persons
 - Provision of prescription drugs for the medically needy
 - Restoration of Oregon Project Independence
 - Provision of housing and transportation supports

Aging & Disability Services	2001-02	2002-03	2002-03	2003-04	
Budget Trends	2001-02	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	0.00	349.12	356.45	267.72	(88.73)
Personal Services	\$0	\$20,695,846	\$21,130,561	\$17,510,078	(\$3,620,483)
Contractual Services	\$0	\$7,651,325	\$8,052,447	\$9,127,310	\$1,074,863
Materials & Supplies	\$0	\$4,853,430	\$5,712,731	\$4,495,627	(\$1,217,104)
Capital Outlay	\$0	\$0	\$0	\$0	\$0
Total Costs	\$0	\$33,200,601	\$34,895,739	\$31,133,015	(\$3,762,724)

Program Administration

Program administration is responsible for the oversight and coordination of ADSD. Managers provide leadership to the programs, develop policy, engage in strategic planning, and build community relationships.

This unit manages training, data tracking and program evaluation, budget development and monitoring, communications, and disability and senior advisory communications. The unit also works with State officials, influencing state policy and ensuring compliance with State contracts and expectations.

Management oversees efforts to improve technology. The Universal Client Information System will improve the effectiveness of our case management software, increasing access to information in a timely, accurate, and useful way.

FY 2003: 7.00 FTE FY 2004: 8.00 FTE

Public Guardian/Conservator

The Public Guardian/Conservator's Office seeks and implements court-appointed guardianship and conservatorship for persons who are profoundly incapacitated. It intervenes on behalf of individuals identified by police, medical professionals, and abuse investigators. Over half of incoming clients have a mental illness (often in addition to dementia and/or a developmental disability) and live in extremely unsafe situations. Most are victims of abuse, exploitation, or life threatening self-neglect. Often, no other intervention can be found to mitigate risk to the client.

The service is available only to individuals without family or other resources, but the office also provides assistance related to guardianship and conservatorship, particularly as it relates to abuse/exploitation resolution; this is provided without regard to income. Roughly 160 clients receive guardian and/or conservator services. Referrals are triaged by severity within eligibility guidelines to keep the program within allocated resources: only those at highest risk are served.

The Office petitions for guardianship/conservatorship, coordinates contested cases with the County Attorney, and, if appointed, develops and implements legal, financial, and social plans to reduce risk and exploitation. Services include medical placement 24 hours a day; fiduciary responsibility for client assets; real and personal property recovery, management, and sale; trust management under an existing conservatorship; estate management subsequent to a conservatorship; and related court actions. The County Attorney provides legal services.

FY 2003: 9.90 FTE FY 2004: 9.90 FTE

Adult Care Home Program

ACHP regulates adult care and room and board facilities to ensure that they deliver high quality care. Each month, 3,000 older adults and people with disabilities reside in adult foster homes. ACHP licenses 580 facilities annually (the licensing process includes sanctioning as needed) and provides monitoring, training, and assistance to the homes, as well as information about the facilities to the public. ACHP operates under State Medicaid rules and County Ordinances, and stands apart from other ADSD programs because of its regulatory role.

FY 2003: 12.50 FTE FY 2004: 12.50 FTE

Long-Term Care

The Long-Term Care program provides services that help seniors and people with disabilities maintain their independence and meet their basic needs. It implements the State Medicaid LTC program at the local level. In FY 02, ADSD served more than 35,000 seniors and people with disabilities through Medicaid Area Offices. At any given time, approximately 27,600 people receive services.

Eligibility determination, care planning, and service brokerage is provided for a range of government programs, including those relating to residential options, food stamps, and healthcare benefits and services. The program serves the community in five area offices, strategically located with other partners throughout the county and in the Nursing Facility Office, which serves seniors and people with disabilities in Nursing Facilities throughout the County. In FY 02, the program served 2,170 clients. Approximately 60 of these were children.

Area	Location Served	Number Served Annually **
Mid*	East of 82 nd and west of 162 nd	3,413 seniors and 4,618 persons with disabilities
West	West of the Willamette River	1,511 seniors and 4,211 persons with disabilities
East*	East of 162 nd	2,304 seniors and 3,997 persons with disabilities
North/NE	North of Burnside, east of the Willamette, and west of 82 nd	2,872 seniors and 7,311 persons with disabilities
Southeast	South of Burnside, east of the Willamette, and west of 82 nd	2,323 seniors and 4,730 persons with disabilities

*During FY 02 the East/Mid Disability office was separated into two service areas. In 2002, the senior and disability clients were combined into one office in each of the East and Mid Service Areas.
 **The annual unduplicated number of clients served in each ADSD office is more than the total countywide number due to clients transferring between offices.

FY 2003: 274.00 FTE FY 2004: 175.55 FTE

Community Services

This unit links older adults and persons with disabilities to resources that promote independence, dignity, and choice. Community agencies deliver the services with Older Americans Act funds, Oregon Project Independence funds, and Department of Agriculture (USDA), Medicaid, and City and County funds.

The **24-hour Helpline** provides information and assistance for anyone who has questions or concerns regarding elders and persons with disabilities. Services available at the Helpline include health insurance and benefits counselors, respite registry, caregiver support, emergency housing assistance, veterans counseling, and culturally specific services. Through contracts with **Senior Centers**, ADSD maintains an integrated, comprehensive service system for people 60 and older. When possible, Senior Centers are co-located with ADSD branch offices. Case managers develop plans to help elders live at home or in their setting of choice. The **Gatekeeper** program partners with local businesses to identify seniors and people with disabilities in need of assistance. ADSD has successfully engaged and trained gatekeepers from supermarket clerks to bank tellers to utility readers. **Veterans' Counselors** assist clients in accessing a wide range of benefits.

FY 2003: 17.05 FTE FY 2004: 21.30 FTE

Adult Protective Services

APS has two primary functions—to investigate allegations of abuse or neglect of the elderly or disabled, and to intervene to prevent such abuse.

A key function of the program is identifying persons at high risk for abuse and neglect and linking them to ADSD and other services. During FY 02, 2,965 community and facility investigations were completed. The program operates under several statutes and is funded by Medicaid.

The Multi-disciplinary Team (MDT) is organized within APS to provide consultation, case staffing, and intervention for at-risk seniors and persons with disabilities that have complex care needs. The MDT consists of a geriatric mental health specialist, a social worker, a community health nurse, and ADSD case managers. The team staffed over 2,180 client referrals in 2002. Adult Mental Health, Developmental Disabilities, and/or the Alcohol and Drug programs, Police, or District Attorney’s Office members participate, depending on the situation.

FY 2003: 36.00 FTE FY 2004: 36.17 FTE

Business Team

The new Business Team will feature a Business Manager and functional specialists with expertise in contracts, budget, fiscal and administration. Moving this cadre of specialists should improve communications and support for the operating divisions.

FY 2003: 0.00 FTE FY 2004: 4.30 FTE

Costs by Program	2001-02	2002-03	2003-04	Difference
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
ADS Administration	\$0	\$1,280,071	\$2,389,005	\$1,108,934
Public Guardian	\$0	\$1,081,094	\$1,089,192	\$8,098
Adult Care Home Program	\$0	\$1,392,157	\$1,352,156	(\$40,001)
Long Term Care	\$0	\$21,182,996	\$14,830,977	(\$6,352,019)
Community Services	\$0	\$7,120,983	\$7,899,455	\$778,472
Adult Protective Services	\$0	\$2,838,438	\$3,248,394	\$409,956
Business Team	<u>\$0</u>	<u>\$0</u>	<u>\$323,836</u>	<u>\$323,836</u>
Total Costs	\$0	\$34,895,739	\$31,133,015	(\$3,762,724)

**Developmental
Disability
Services
Division
(DDSD)**

DDSD offers services that promote accessibility, inclusion, and choice for people with developmental disabilities. It determines eligibility; develops and coordinates services, provides protective services, approves and monitors individual service, and administers and monitors outside contracts for residential, transportation, and vocational services.

DDSD provides direct intake, assessment, case management, and protective services, as well as contracted residential, vocational, and transportation services. It operates a brokerage service for individuals. Staffing has been organized to provide case management and contract administration as effectively as possible in the face of significant budget cuts.

98% of DDSD's funding is tied to state and federal funding sources and requirements

Action Plans:

- Continue to redesign case management system to manage growing caseloads and ensure access to crisis services.
- In preparation for a federal audit, and also to bring record keeping up to HIPAA standards, staff is reviewing all client records.
- Continue improvements in protective service and crisis system capacity for clients who need alternatives to cut services.
- Finalize implementation of Centralized Records system to improve client services, Medicaid audit preparedness, and HIPAA compliance.

Significant Budget Changes:

DDSD will serve over 3,500 individuals and families in Fiscal Year 2004

- Case management is reorganized into 3 integrated teams, instead of the previous 3 specialized units. This will provide caseload equity, and flexibility for future reductions or expansions.
- Caseloads are increased from 76 to above 101 per case manager.
- Two additional management positions are eliminated due to increased costs; no revenues for a cost of living increase in FY 04 are projected.
- Personal Income Tax Funding:
 - Restore case management cuts

Developmental Disabilities	2001-02	2002-03	2002-03	2003-04	
Budget Trends	Actual	Current Estimate	Adopted Budget	Adopted Budget	Difference
Staffing FTE	0.00	94.78	107.50	97.70	(9.80)
Personal Services	\$0	\$5,763,899	\$6,537,451	\$6,552,873	\$15,422
Contractual Services	\$0	\$56,032,509	\$54,690,030	\$54,586,837	(\$103,193)
Materials & Supplies	\$0	\$772,827	\$2,148,047	\$686,581	(\$1,461,466)
Capital Outlay	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Costs	\$0	\$62,569,235	\$63,375,528	\$61,826,291	(\$1,549,237)

DDSD Administration

This unit is responsible for management, oversight, and coordination of the system that provides support and resources for people with developmental disabilities and their families. Management oversees systems design, service contracts, client placements, and development of service choices and resources to match individual client needs. This unit also provides technical assistance to provider agencies, as well as leadership in policy development, strategic planning, case management supervision, workforce diversity, cultural competency, advocacy, and community relationships. As a result of staff reorganization, 1.5 FTE training staff and 1 FTE for audit and HIPAA preparation have been centralized here. One executive position is eliminated.

FY 2003: 4.50 FTE FY 2004: 4.00 FTE

Crisis and Long-Term Services

This team supports crisis services for at-risk clients in the County. Staff members match clients and providers based on needs assessments and plans developed by case managers. They contract for, monitor, and develop employment and residential options, and provide technical assistance to providers of long-term services. Currently, residential providers serve 837 consumers, and vocational providers serve 930. This group is also responsible for referring 1,247 individuals to brokerage agencies as part of Universal Access implementation, and for crisis services for the region; Multnomah County is the fiscal agent for five counties that collaboratively make use of resources for individuals in crisis.

FY 2003: 25.50 FTE FY 2004: 18.00 FTE

Protective Services, Intake, and Assessment

This unit investigates abuse and neglect of adults with developmental disabilities. It responds to allegations within a State-mandated 24 hours, protects the possible victim immediately by use of a safety plan, investigates the abuse or neglect allegation, and recommends ways to prevent problems. Over 450 allegations of abuse (sexual, physical, verbal, or emotional), neglect, and financial exploitation are expected during FY 04. Protective Services also provides monitoring of the placement of individuals released from court-ordered hospitalization.

The Intake and Assessment team determines access to appropriate resources for individuals with developmental disabilities and their families. The unit provides diagnosis and evaluation for individuals going through intake, and assesses those already being served. Intake and Assessment manages intake for the 3,500 people DDSD serves, coordinates the review of client eligibility, and completes eligibility reviews for 30 new individuals per month. As part of an ongoing system improvement plan, all client records are moving to a secure records room—to enhance confidentiality, records management capacity, responsiveness to new privacy regulations, and preparedness for upcoming federal audits.

A 5 person review team, formally under Medicaid Administration and Training, is now located here; this partially offsets other position cuts and consolidations.

FY 2003: 14.00 FTE FY 2004: 15.40 FTE

Medicaid Administration and Training

(Reorganized into other units for FY 2004)

Medicaid Administration was responsible for the oversight of support services provided by Universal Access and funded through community brokerage agencies. Staff members monitored service plans to ensure that clients were receiving benefits required by Universal Access and allowed under Medicaid rules; they also ensured that employees were in compliance with Medicaid and State directives. These individuals are now part of the Protective Services, Intake, and Assessment Unit.

The unit also provided training for families, service providers, and others serving the developmentally disabled. This is a critical part of DDS's ongoing commitment to ensuring that everyone in the DD community has the most current information in a rapidly changing field. This function is now under DDS management. The case managers of this team served specialized caseloads of persons who received no funded services. They are now part of the teams described below.

Case Management

In response to staff reductions, case managers have been reorganized into 3 integrated service teams, to manage increasing caseloads and assure high quality services. Case managers now support clients of all ages, and serve individuals receiving long term residential and vocational services, individuals not in long-term funded services, and children. They also assist clients with access to crisis services.

FY 2003: 53.50 FTE FY 2004: 45.50 FTE

County Brokerage Agency

Funded by the Staley settlement, Community Options is a brokerage directly operated by DDS to serve 400 clients. Personal Agents with caseloads of no more than 45 clients work with families to develop client-centered plans based on choice and community inclusion. This is the only county-operated brokerage in the nation.

FY 2003: 10.00 FTE FY 2004: 10.00 FTE

Business Team

The new Business Team will feature a Business Manager and functional specialists from contracts, budget, fiscal and administration. Moving this cadre of specialists should improve communications and support for the operating divisions.

FY 2003: 0.00 FTE FY 2004: 4.80 FTE

Costs by Program	2001-02	2002-03	2003-04	Difference
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Developmental Disabilities Admin	\$0	\$1,988,359	\$364,931	(\$1,623,428)
Crisis & Long Term Services	\$0	\$55,197,268	\$55,175,606	(\$21,662)
Intake and Protective Services	\$0	\$1,438,119	\$1,077,289	(\$360,830)
Case Management	\$0	\$2,953,466	\$3,061,706	\$108,240
County Brokerage Agency	\$0	\$1,798,317	\$1,798,316	(\$1)
Business Team	\$0	\$0	\$348,443	\$348,443
Total Costs	\$0	\$63,375,529	\$61,826,291	(\$1,549,238)

Mental Health and Addiction Services (MH-ASD)

MH-ASD manages resources for people suffering from mental illness and emotional and addictive disorders (including those related to alcohol, other drugs, and gambling). It provides or contracts for a continuum of crisis intervention and treatment; provides protective services, assessment, and referral; facilitates access; and authorizes reimbursement. It is also monitors and improves the availability and quality of services for mentally ill and chemically dependent persons.

The Division has contracted for a 24-hour Walk-In Clinic, a Child and Family Walk-In Clinic, and Mobile Crisis Teams linked to the Call Center. As part of its commitment to cultural competency, it has initiated contracts with the Latino Network, Native American Rehabilitative Association, Asian Health Center, and African-American Mental Health Coalition.

Action Plans:

- Continue implementing the Mental Health and Addiction Services Redesign plan.
- Improve integration of Addiction Services with the mental health delivery system.

Significant Budget Changes:

- Reorganization of MH-ASD into Administration, System of Care for Families, Addiction Services, and Safety Net.
- Expansion of the mental health crisis line to 24 hours a day, an increase of 5 FTE
- Addition of a SAMHSA 3-year grant for Early Childhood (\$254,000)
- Transfer of 2.0 FTE Dual-Certified MHC/CADC II to Community Justice
- Expiration of Safe Schools Healthy Students Grant
- Elimination of the Kaleidoscope and Family Enhancement Programs, and the County contribution to CARES NW Operating Expense
- Reductions in the Early Childhood Morrison Contract, the County Children’s Care Coordination, and Bienestar, a Hispanic mental health initiative
- Personal Income Tax Funding:
 - Community crisis services
 - Residential and non-residential mental health, school-based mental health
 - Hooper sobering station and DUII services
 - Outpatient A&D treatment for those who lost OHP coverage

MH-ASD has created a 24-hour Call Center providing phone screening, access to mental health services, crisis care coordination, and consultation.

Mental Health & Addiction Service	2001-02	2002-03	2002-03	2003-04	
Budget Trends	2001-02	Current	Adopted	Adopted	Difference
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	
Staffing FTE	0.00	173.78	193.26	140.84	(52.42)
Personal Services	\$0	\$11,387,717	\$12,664,047	\$10,421,112	(\$2,242,935)
Contractual Services	\$0	\$56,517,717	\$65,579,755	\$60,129,162	(\$5,450,593)
Materials & Supplies	\$0	\$1,461,914	\$3,292,675	\$1,117,298	(\$2,175,377)
Capital Outlay	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Costs	\$0	\$69,367,348	\$81,536,477	\$71,667,572	(\$9,868,905)

System Administration

System Administration sets clinical and medical policy; provides resource generation, allocation and management; and carries out the necessary planning for effective consumer- and family-focused mental health and addiction services. It initiates contracts, budgets, and manages division funds. Verity (the County Mental Health Organization) is also part of this unit.

Division Administration is comprised of MH-ASD upper management and support staff providing executive direction to the Division and leadership for the mental health system redesign implementation.

FY 2003: 4.00 FTE FY 2004: 3.00 FTE

The Quality Management Unit is comprised of Quality Assurance, which ensures that service providers meet State certification and county contract standards (it also reviews new certification applicants who are eligible to enter into a contract with this division); Quality Improvement, which develops an overall plan for both County-direct and subcontracted community services, resolves consumer complaints, and develops quality management policies and procedures; Compliance, which monitors compliance to the MHO (Verity) agreement with the State; and Protective Services, which investigates adult abuse reports involving persons with mental illness.

FY 2003: 19.90 FTE FY 2004: 10.00 FTE

Operations carries out administrative functions such as claims processing, data analysis, production of utilization and quality management reports, and treatment service encountering.

FY 2003: 16.50 FTE FY 2004: 6.50 FTE

Medical Records works to ensure that MH-ASD complies with State and Federal confidentiality laws, rules, and regulations. This program has responsibility for health information and records management for the following programs: Addictions Services, System of Care for Families, Safety Net Services, Verity and Quality Management.

FY 2003: 7.09 FTE FY 2004: 7.00 FTE

Treatment Program Administration

This unit is comprised of the program administrators, staff supervisors, and support staff that provide day-to-day management, oversight, and supervision of county-operated programs. Managers and administrators engage in service development efforts and collaborate with contracted providers, community partners, and other county, state, and local departments.

FY 2003: 9.35 FTE FY 2004: 15.05 FTE

Addiction Services

This program is responsible for the development of a comprehensive continuum of alcohol, drug, and problem gambling services offered by County and contracted providers. The unit coordinates prevention, intervention, sobering, detoxification, outpatient, and residential treatment. Methadone and services for clients with pathological gambling issues are also provided.

Culturally specific addiction programs focus on the needs of African American, Latino, Asian American, and Native American peoples. Gender-specific programs are also available. During FY 04 approximately 21,000 adults and 1,500 youth will enroll in publicly-funded alcohol and drug treatment and prevention services.

FY 2003: 20.80 FTE FY 2004: 16.80 FTE

Safety Net Services

The Call Center – a 24-hour gateway to assistance

County-operated Safety Net Services include the 24-hour Call Center (providing urgent and emergency mental health crisis phone line and access services); Targeted Case Management/Family Care Coordination, Commitment Investigation Services (investigating the psychiatric condition of people alleged to be mentally ill and in need of involuntary treatment), Trial Visit/Care Coordination for Committed Persons (providing outpatient monitoring of committed persons on trial visits), and Case Management for adults in licensed residential/foster facilities (offering a safety net of case management and care coordination for families, adults, and children not served by Primary Provider Organizations).

The program utilizes contracted services for acute hospitalization, sub-acute care, intensive evaluation and stabilization, and respite beds for adults and youth. It includes contracts for a 24-hour urgent care walk-in clinic, a separate family and child walk-in clinic, and 24-hour mobile response teams. Families, adults, and children in the County can now access no-appointment-necessary mental health services for urgent care needs at any time.

FY 2003: 42.10 FTE FY 2004: 41.80 FTE

System of Care for Families

This program provides an integrated system of services to screen, assess, refer, and treat families and their children and adults and their identified family supports in an integrated, community-based, and culturally competent manner.

Bienestar de la Familia (Well-being of the Family) offers comprehensive and specialized services to Latinos in the areas of adult, youth, and early childhood mental health; family resource development; and alcohol and drug prevention. Bienestar collaborates with other Latino organizations to create a continuum of services customized for each family, making over 1,000 contacts per month in homes, schools, hospitals, and other community settings.

The **Families with Young Children** and **Child Abuse Mental Health** sections work in partnership with children’s organizations for education, child welfare, health, and childcare. They provide a range of prevention, intervention, and system-enhancing services for families with young children, and for families

affected by child abuse and neglect. **Early Childhood Mental Health** (including the ECMH Partnership) and the **CARES Family Support Team** also work with these units to actively identify and serve high-risk children and families.

The **Incredible Years Project** is funded by SAMHSA to implement evidence-based practices for young children with mental health problems. The project is a curriculum-based prevention program for parents, children, and childcare and education staff. Partners include the National Alliance for the Mentally Ill (NAMI), Metro Child Care Resource and Referral, and several childcare centers.

Child & Adolescent Treatment Services is responsible for providing mental health services for children, adolescents, and families, including triage; assessment and diagnosis; referral; treatment; case management; and collaboration with families, human services professionals, and community partners.

School-Based Programs work within public elementary, middle, and high schools, in partnership with East County educational and community organizations.

Non-School-Based Programs are provided within Juvenile Justice settings, Caring Community programs, and other child and family services settings.

FY 2003: 73.52 FTE FY 2004: 31.19 FTE

Business Team

The new Business Team will feature a Business Manager and functional specialists from contracts, budget, fiscal and administration. Moving this cadre of specialists should improve communications and support for the operating divisions.

FY 2003: 0.00 FTE FY 2004: 9.50 FTE

Costs by Program	2001-02	2002-03	2003-04	Difference
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
MHAS Sys Admin	\$0	\$4,563,354	\$1,979,214	(\$2,584,140)
Treatment Program Administration	\$0	\$1,463,858	\$2,475,106	\$1,011,248
Addiction Services	\$0	\$16,698,451	\$18,042,509	\$1,344,058
Safety Net	\$0	\$22,642,442	\$20,511,164	(\$2,131,278)
System of Care for Families	\$0	\$36,168,371	\$27,990,817	(\$8,177,554)
Business Team	<u>\$0</u>	<u>\$0</u>	<u>\$668,762</u>	<u>\$668,762</u>
Total Costs	\$0	\$81,536,476	\$71,667,572	(\$9,868,904)

Operations Support

This new unit reflects a desire to move direct support services back to the Operating Divisions – retaining only those services that are truly cross-divisional.

The Business Services Division has been dismantled, and many of its FTE have moved into the operating divisions. This decision was made due to demand by those divisions for quality business support on a timely basis; a need for greater understanding of division issues and constraints; and a desire for opportunities for reimbursement of administrative services. Most contracts, fiscal, and budget personnel are moving into the divisions to provide direct support, and a business team manager in each will manage support staff and meet division needs. Staff members who provide genuinely multi-divisional services, or whose benefits can best be measured across the Department, will be assigned to the new Operations Support Division. Three new managerial positions have been created: Chief of Staff (responsible for planning and evaluation, administration, and shared services interface), Chief Operating Officer (responsible for facility and operations management, internal services, and cultural competency), and Chief Financial Officer (responsible for compliance, procurement, federal funding programs, payroll, position control, and reporting and administrative support).

Action Plans:

- Provide high quality service to the operating divisions.
- Create new revenue-generating positions.
- Improve the contracting process.
- Improve the financial reporting capability of the Department.
- Seek further Federal funding for DCHS functions.
- Develop and implement plans for better utilization of office space.
- Work with the SAP Project Team to implement the SAP upgrade.
- Initiate Department internships to promote career interest and development.

Significant Budget Changes:

- Elimination of three purchasing specialist positions and reassignment of the duties to remaining staff in the Divisions;
- Elimination of a finance manager, a budget manager, a contracts manager, and a half-time fiscal compliance position; and
- Reduction of Information Technology Services by \$285,000 and HR Services by \$163,000. The service level reductions will be negotiated with these units.

Operations Support	2001-02	2002-03	2002-03	2003-04	
Budget Trends	Actual	Current Estimate	Adopted Budget	Adopted Budget	Difference
Staffing FTE	0.00	42.94	44.00	27.00	(17.00)
Personal Services	\$0	\$2,684,063	\$2,750,382	\$1,799,234	(\$951,148)
Contractual Services	\$0	\$123,707	\$20,000	\$109,054	\$89,054
Materials & Supplies	\$0	\$2,960,925	\$3,275,957	\$2,636,288	(\$639,669)
Capital Outlay	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Costs	\$0	\$5,768,695	\$6,046,339	\$4,544,576	(\$1,501,763)

Chief of Staff

The Chief of Staff is responsible for planning and evaluation, administration, and shared services interface.

FY 2003: 1.70 FTE FY 2004: 4.50 FTE

Chief Operating Officer

The Chief Operating Officer is responsible for facility and operations management, internal services, and cultural competency.

FY 2003: 6.80 FTE FY 2004: 4.00 FTE

Chief Financial Officer

The Chief Financial Officer is responsible for compliance, procurement, federal funding programs, payroll, position control, and reporting and administrative support.

FY 2003: 18.25 FTE FY 2004: 12.00 FTE

Human Resources

HR processes all personnel changes for the 515 Department employees, coordinating recruitment and selection as well as investigating discrimination, harassment, and workplace violence complaints. The 1.0 FTE reduction reflects the elimination of an Office Assistant Senior due to CGF reductions.

The office advises supervisors and managers regarding personnel rules, employment law, collective bargaining agreements, employee benefits, diversity and affirmative action, classification and compensation issues, organizational development, and special programs (FMLA, ADA, Workers Comp, and grievance procedures). It also maintains all personnel records, as well as those required by law or county policy.

FY 2003: 7.5 FTE FY 2004: 6.50 FTE

IT Services

As part of the "Shared Services" model, the Department technology support staff has been transferred to the Information Technology Organization. IT costs for CHS are shown as an internal service reimbursement charge.

The mission of IT Services is to help customers manage their demand for IT services; provide efficient IT services; and enable employees to utilize IT in order to provide innovative services to the citizens of the County.

The operating principles of IT Services are that:

- Customers determine the services they need and the appropriate level of IT investment to support their programs.
- A Service Level Agreement (SLA) will be defined to establish expectations in every department. IT Services will review the SLA's with customers annually or as requested, so that customers understand IT costs and how to manage demand for IT services.
- IT Services will benchmark its costs and performance with external best practices, collecting and reporting customer feedback in order to

improve performance on an ongoing basis.

FY 2002: 0.00 FTE

FY 2003: 0.00 FTE

Costs by Program	2001-02	2002-03	2003-04	Difference
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Chief of Staff	\$0	\$0	\$454,395	\$454,395
Chief Financial Officer	\$0	\$1	\$850,118	\$850,117
Chief Operating Officer	\$0	\$2	\$469,392	\$469,390
Human Resources	\$0	\$555,139	\$440,052	(\$115,087)
Information Technology	\$0	\$2,776,707	\$2,330,618	(\$446,089)
Business Services Administration	\$0	\$263,012	\$0	(\$263,012)
Finance	\$0	\$1,289,314	\$1	(\$1,289,313)
Contracts	\$0	\$698,580	\$1	(\$698,579)
Office Services	\$0	\$463,585	(\$1)	(\$463,586)
Total Costs	\$0	\$6,046,340	\$4,544,576	(\$1,501,764)