

BEFORE THE BOARD OF COUNTY COMMISSIONERS

FOR MULTNOMAH COUNTY, OREGON

Accepting the Transfer of Services for)
People with Disabilities Report of the)
Feasibility Study Advisory Committee)

RESOLUTION
96-111

WHEREAS, ORS 410.101 states that it is the policy of the state "to encourage and emphasize local control to achieve the most effective blend of state and local authority"; and

WHEREAS, ORS 410.270 through 410.290 provide for designation of a local government Area Agency on Aging as a Type B agency, set criteria for service delivery, and set criteria for an operation plan agreed to by the Area Agency, the responsible unit of local government, and the state Senior and Disabled Services Division; and

WHEREAS, ORS 410.300 provides for transfer of state staff to the Type B agency for the purpose of program operations; and

WHEREAS, the Board of County Commissioners serves as a Type B transfer agency for aging services for Multnomah County; and

WHEREAS, a Feasibility Study Advisory Committee has determined that the transfer of disability services is desirable to enhance services to adults with disabilities who are under age 65, and the transfer is feasible with adequate funding, and has therefore recommended the transfer given certain conditions; and

WHEREAS, Multnomah County is dedicated to providing an integrated services system that is easily accessible, client oriented, and enhances the individuality and independence of each client; and

WHEREAS, Multnomah County is dedicated to providing quality programs that are adequately funded; and

WHEREAS, Multnomah County believes that citizen and consumer participation in government is essential to the planning and provision of quality services; now therefore

IT IS HEREBY RESOLVED that the Multnomah County Board of Commissioners accepts the attached report "Transfer of Services for People with Disabilities"; and

IT IS FURTHER RESOLVED that the Multnomah County Board of Commissioners ask staff to continue planning efforts and return to the Board with an implementation plan to be approved by the Board prior to entering into an intergovernmental agreement with the State of Oregon.

DATED this 27th day of June, 1996.




**BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY, OREGON**



Beverly Stein, Chair

**REVIEWED:
LAURENCE KRESSEL, COUNTY COUNSEL
MULTNOMAH COUNTY, OREGON**



Katie Gaetjens, Assistant Counsel

determination by the Division of Assessment and Taxation of the actual assessed value of taxable property in Multnomah County and may, depending on that value and other circumstances, be reduced before the tax bills for Multnomah County are prepared by the Division of Assessment and Taxation.

ADOPTED this 11th day of July 1996.



REVIEWED:

BOARD OF COUNTY COMMISSIONERS
MULTNOMAH COUNTY, OREGON

By

Beverly Stein, Chair

Laurence Kressel, County Counsel
of Multnomah County, Oregon

**TRANSFER OF SERVICES
FOR PEOPLE WITH DISABILITIES**

**FEASIBILITY STUDY
ADVISORY COMMITTEE**

R E P O R T

Final Approval: May 30, 1996

**Multnomah County
Aging Services Department**

TRANSFER OF SERVICES FOR PEOPLE WITH DISABILITIES FEASIBILITY STUDY ADVISORY COMMITTEE REPORT

Final Approval: May 30, 1996

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Abbreviations Used in This Report

AAA	Area Agency on Aging (designated by State)
AFH	Adult Foster Home
ASD	Multnomah County Aging Services Department (local AAA)
CCACD	City/County Advisory Committee on the Disabled (local)
CEP	Client-Employed Provider Program
DCFS	Multnomah County Department of Community and Family Services
DD	Developmental Disability
DSAC	Disability Services Advisory Council (advises local DSOs)
DSO	Disability Services Office (local branches of SDSD)
FTE	Full-Time Equivalent (staff)
FY	Fiscal Year (both State and County = July to June)
LTC	Long Term Care
MDRT	Multi-Disciplinary Review Team (LTC, health and mental health staff)
MH	Mental Health Program
OHP	Oregon Health Plan
OPE	Other Personnel Expense (fringe benefits)
OPI	Oregon Project Independence (non-Medicaid services for age 60+)
PERS	Public Employee Retirement System
PMCOA	Portland Multnomah Commission on Aging (advises ASD)
S&S	Services and Supply (same as Materials & Services costs)
SDSD	State of Oregon Senior and Disabled Services Division

Appendix A
Multnomah County Aging Services Department
Disability Services Transfer Feasibility Study
Advisory Committee Membership

Number of Members	Organization
	Advocacy Organizations:
1	Portland/Multnomah Commission on Aging Ellen Glynn
2	Disability Services Advisory Council Choi Marquardt, Chair of DSAC Chris Reisner, Vice Chair of DSAC
1	City County Advisory Committee on Disability Laurie Sitton, Chair of CCACD
1	Mental Health Advisory Council Jerry Wang, Consumer
	Agencies:
2	Multnomah County Aging Services Department Elaine Castlio, SE Branch Manager Dennis Brown, Case Manager, SE Carol Rex, Alternate
1	Multnomah County Department of Community and Family Services Dennis Adams, DD Program Manager Howard Klink, Alternate
3	State Senior and Disabled Services Division District and Disability Services Offices Sharon Miller, District Manager Phil Deas, West DSO Manager Linda Doncaster, Case Manager, East
	At Large:
1	Appointed by Multnomah County Jan Campbell, appointed to Chair Transfer Feasibility Study Advisory Committee
12	<hr/> Total Members

Staff to the Committee:
Jim McConnell, Director,
Aging Services Department
Bobbi Damiani, Administrative Secretary
Kamala Bremer, Consultant

some concern expressed about the diversion of some of McConnell's time from aging issues to disability issues. Chris Reisner, Vice Chair of the DSAC, reported that DSAC had also reviewed the report and recommendations, and approved them unanimously. Campbell added that the DSAC members seem to feel comfortable with the proposed transfer.

There was discussion of whether any revisions to the draft report were necessary. Bremer said a summary of the public comments will be added to the final report, along with relevant sections of the PMCOA and DSAC minutes.

It was moved and seconded that the final report be accepted, with the revisions described above. The motion carried unanimously.

The Committee will present its recommendation to the Board of County Commissioners. A presentation on the proposed DSO transfer has been scheduled for the Board's agenda of June 27, 1996, at 9:30 am, at the Multnomah County Courthouse, 6th floor.

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C. DSAC and PMCOA Review

PMCOA Review:

At the PMCOA meeting on May 15, 1996, Jim McConnell reviewed the Disability Services Transfer proposal and answered questions. There was a question about whether advocacy activities for disabled and aging have been coordinated; he said not at the local level. There were questions about funding impact; he said that funding for disabled will clearly not come at the expense of the aging system. McConnell also stated that there are programs and services that should be coordinated or integrated for elders and disabled. These include protective services and pre-admission screening. He said ASD is trying to get the State to transfer additional central management funding in order to meet County costs for transfer.

Motion to approve the recommendations as proposed to transfer Disability Services to Aging Services. Seconded. Motion passed: Yes-16, No-1, Abstention-1.

DSAC Review:

At the DSAC meeting on May 22, 1996, Jim McConnell discussed the latest draft of the report of the Transfer Feasibility Committee. He noted that all the suggestions made by the DSAC at its last meeting had been incorporated into the document. He reported on the two public hearings which had been held on the transfer. A DSAC member questioned loss of seniority during a break in service. McConnell said that the county did not have a benefit equivalent to the state's re-employment program. There was discussion about the ongoing negotiations with the County's contract provider for short term disability insurance. There was discussion about the state currently looking at upgrading the classification of the Eligibility Workers and the potential effect for the County. ASD estimates that the money being offered by SDS for the transfer of positions will fall about \$200,000 short per year of the county's actual cost of employment of the staff. Jim noted that ASD's advisory council, the Portland-Multnomah Commission on Aging (PMCOA) has approved the transfer concept. PMCOA expressed some concern that they may lose some of McConnell's attention to the Disability programs, and that sharing resources such as the 24-hour phone access and gatekeeper programs might lower the services to seniors. There is also some hesitancy on the concept of joint advocacy, but PMCOA generally believes it would be a good idea to pursue cross-membership.

McConnell went over the conditions which the Feasibility Committee built into their recommendation. Motion to accept the transfer as outlined in the feasibility report. Seconded. Motion passed unanimously.

D. Final Recommendation

At the final Advisory Committee meeting on May 30, 1996, at 1:30 pm, McConnell reported that PMCOA had reviewed the Feasibility Study Advisory Committee's report and recommendations, and approved them with one 'no' vote and one abstention. There had been

The several questions asked by OPEU at the public hearing of May 9 were answered honestly and due consideration and attention was noted to issues that have not yet been resolved.

As we stated in our May 9 verbal presentation, most OPEU members are supportive of this transfer. However, there are still many questions and concerns that are as yet unresolved. Those questions include, but are not limited to:

1. The specific manner in which allocations to Classifications in the County will occur. For example, specific jobs done by State Workers that don't seem to have a county match like: SSI Liaison and Hearings Representative.

We would like to see this allocation process happen quickly after approval of the Board of Commissioners. Additionally we would like an appeal process in place for employees who do not agree with their allocation.


2. Medical Benefit changes are a concern. One issue being the transfer of existing deductibles, or that employees be made whole for any lost deductibles.
3. Disability Insurance availability does not seem to be as good at the County as it is with the State.

OPEU would very much like to see a concerted effort after County approval to deal quickly with these and any other transfer issues of concern to our members. The Union would like to be an active participant in this process. Although we stand to lose over 100 of our Union Brothers and Sisters we are committed to insuring that all employee concerns are heard and dealt with.

The following additional comments received:

One written comment was received May 9 that relying on the government for help is trouble.

Two messages were received on voice mail, May 8 and May 13, with similar concerns. Both opposed the transfer, stating that Multnomah County required more of providers than the State requires. One stated she was an adult foster home provider and felt that foster homes should be all governed by the same body, and that operation by the state would cost less. Both were generally critical of Multnomah County's adult foster home licensing program.



seniority, McConnell said transferring employees would transfer their seniority with them to the County.

Question about other counties which have taken on the disability services: Clackamas, Lane, Hood River, and Jackson/Josephine counties have done this, and it has worked well. Bremer added that she has spoken with DSAC chairs in those counties, and they felt the services and advocacy have improved since the transfer.

Question about how to come to the County with an idea to help disabled people: Dennis Adams described the process the Department of Community & Family Services uses to contract with agencies to provide support for adults with disabilities; agencies and individuals work with the department to get programs funded through add packages.

Question about the process that will be used to make the final decision about a transfer: McConnell explained that the Feasibility Study Advisory Committee will make a recommendation to the Board of County Commissioners that the transfer be approved with specific conditions. The Board would make the final decision whether to accept the transfer after further work on the conditions, then the State SDSD would approve the transfer.

Question about Recommendation Condition #2 regarding staffing: McConnell said that in the implementation phase, ASD would need to work with the personnel offices, staff and the unions to work out specific details. Once the Board indicates its intent to proceed with the transfer, all the individual classifications and benefits will be addressed. In response to a question about job description reviews, McConnell said that there is a review process under the County which can be initiated by a staff member or by their supervisor when the job has changed.

Question about 24-hour access: McConnell described the existing Senior Helpline, and how callers receive assistance, especially in emergency situations, through contacts with a case worker. Help is available for seniors in crisis, and it is expected that this service would be extended to disabled consumers as well.

The following comment received in writing:

May 10, 1996

TO: Feasibility Study Advisory Committee, transfer of services for people with disabilities from State of Oregon to Multnomah County.

FROM: The Oregon Public Employees Union, Alan W. Brown presenting.

The Union would first like to express its appreciation to the committee for its hard work and thoughtful consideration of all issues brought before it.

SUMMARY OF PUBLIC TESTIMONY PUBLIC HEARINGS ON DISABILITY SERVICES TRANSFER PROPOSAL

May 9, 1996, 7:00 to 8:45 pm, Public Hearing held at Emanuel Hospital; approximately 30 people in attendance.

May 10, 1996, 1:30 to 2:25 pm, Public Hearing held at Portland Community College Southeast Campus; approximately 18 people in attendance.

Jan Campbell, Chair of the Feasibility Study Advisory Committee, began by introducing representatives of PMCOA, DSAC, and the Advisory Committee. At each hearing, Jim McConnell outlined the purpose of the proposed transfer, and reviewed the assumptions and policies under which the transfer would take place. He described the proposed organizational structure, services, and budget projections.

Alan Brown, Oregon Public Employees Union: OPEU is generally supportive of the proposal, but transferring employees have some concerns, such as the process for allocations to classifications, staff job descriptions, medical and disability benefits, funding, and the timeline. OPEU wants to make sure these questions are fully addressed before the transfer takes place (written comments from OPEU follow). McConnell responded that as noted in the Advisory Committee's report, some conditions--including personnel issues--have to be worked out before a final decision is made. In response to OPEU's concern, McConnell said that he does not intend to contract out positions or cut staff. Regarding promotional opportunities, ASD would need to consult with the unions to arrive at the best way to make those decisions.

Jan Campbell and Jim McConnell talked about 24-hour access and seamless service, and discussed some of the ways that services might be improved for both the aging and disabled consumers. As an example, there may be some coordination in areas like protective services, where staffs of both ASD and DSO investigate complaints of abuse and neglect, and the staffs may be able to respond more quickly if the offices are able to back each other up as needed.

Robert Brown of Brain Injury Support Group: Many of their group members receive services among three counties and are referred by DSOs to vocational rehabilitation centers in cities outside the Portland metropolitan area. McConnell responded that we would not lose any of the expertise currently at the DSOs; specialization will be retained and possibly improved. Campbell added that eligibility for those types of services would not change; it may be enhanced with additional services, such as information and referral.

In response to questions about the County's personnel system: McConnell said the Director's position is the only one in ASD considered "executive service". There are opportunities for promotions within ASD, as well as opportunities for job development and job rotations. Regarding a question about an employee who might be on family leave at the time of the transfer, he said no one would lose benefits or seniority due to an approved leave. Regarding



X. Advisory Committee Recommendation

A. Process and Recommendation

The Feasibility Study Advisory Committee held seven meetings, beginning January 11 and concluding April 18, to review the proposed transfer. Members reviewed operation of the current Disability Services program and its advisory body, the DSAC, and received information about Aging Services programs, PMCOA, DD and MH programs, and other locally-operated disability services programs.

An extensive analysis of the potential effects of the transfer on state staff was conducted with assistance from Multnomah County Employee Services and Labor Relations; a paper and a supplement were prepared responding to staff questions. Feasibility Study Advisory Committee members reviewed the papers and issues related to staff.

Staff also worked with the state SDSD budget office to analyze current DSO operating costs, and to estimate allocations. A budget was projected for the 1997-99 biennium (the first allocation period of the transfer) following the County budget process and assumptions.

The DSAC devoted two meetings during this period to review the draft report, and forwarded its questions and suggestions to the Feasibility Study Advisory Committee.

At its April 18 meeting, the Feasibility Study Advisory Committee unanimously recommended preliminary approval of ASD's proposal, and that this preliminary recommendation be sent to public hearing, to PMCOA and to the DSAC for review in May. After receipt of public comment, and DSAC and PMCOA comments, the Feasibility Study Advisory Committee will convene to consider amendments to this report or its recommendations.

The Feasibility Study Advisory Committee report and recommendations will be presented to the Board of County Commissioners in June.

B. Public Comment

Public comment was sought in a variety of ways. Two public hearings were scheduled, for May 9 at 7:00 pm, and for May 10 at 1:30 pm, both at accessible locations with lift bus service. Fliers announcing the hearings were mailed to a variety of aging, disability, DD and MH interest and advocacy groups and providers, and distributed to interested clients at ASD and DSO offices. Public notice was published in The Oregonian and in weekly ethnic papers. Press releases were sent to the Vision Voice, Golden Hours, and to a variety of media with community calendars.

A written summary of the plan was printed in large (14 point) type and available in other formats upon request. ASL interpreters were available at both hearings. Public comment was accepted at the hearings, in writing at or after the hearings, on a voice mail box, or by TTY.

e. ASD support SDSD and staff efforts to locate suitable state positions for staff who elect not to transfer.

2. Budget Recommendations

ASD will engage in the following steps to achieve a balanced budget prior to recommending final approval to the Board of County Commissioners:

a. Negotiate with SDSD to increase the allocation by transferring a portion of the SDSD overhead costs, DHR Prorate payments, or other method.

b. Negotiate with SDSD to increase allocations for aging case management services, which have not kept pace with the cost of operating efficiently-run state offices. This will free some County General Fund, which could continue to be matched by Medicaid to support DSO operations.

c. Project savings due to attrition (retirement/turnover), based on SDSD's experience. A 3% turnover (one person per office) would reduce biennium costs by about \$40,000; a 6% turnover (2 people per office), \$80,000.

d. The County will earn interest from the \$400,000 lump-sum transfer of sick and vacation leave; this could earn \$48,000 a biennium at 6% interest, or \$80,000 at 10%.

e. If analysis shows that workloads are within the caseload standards, some new positions may be left vacant for a period before filling. Each quarter operations costs about \$100,000 for the nine projected caseload growth positions. No filled positions would be eliminated; positions for all transferring staff would be provided.

f. ASD will also negotiate with SDSD to complete any needed facility upgrades during the current biennium, and pay for one-time expenses with funds remaining this biennium.

F. Implementation Plan and Monitoring

1. The implementation planning process will involve DSAC, PMCOA, DSO and ASD staff.

2. There will be regular progress reports on implementation planning provided by staff to DSAC and PMCOA.

3. The written implementation plan will be reviewed by PMCOA and DSAC, and approved by the Multnomah County Board of County Commissioners and by state Senior and Disabled Services Division, prior to the occurrence of an actual transfer.



need expertise or services of both programs are assisted to develop a workable service plan within the programs' rules;

- coordinate services for consumers with both a Mental Health and physical disability diagnosis by defining each program's roles and procedures.
- resolve disagreements between ASD/DSO or Mental Health programs on each other's services for specific clients.

D. Organizational Structure

It is recommended, to implement the Organizational Structure, that:

1. ASD increase opportunities for consumer participation in advising on accessibility and delivery of other ASD and County services (such as DD and MH).
 - a. DCFS programs (DD and Behavioral Health) will assist in recruiting DD and MH advocates to participate on the DSAC.
2. ASD seek opportunities for collaborative advocacy for funding for DD and MH services to serve DSO clients and others with similar needs.
 - a. DCFS will assist ASD in identifying advocacy opportunities.
3. ASD increase its role and leadership in understanding and advocating for the needs of younger people with disabilities, with guidance from DSAC.
4. ASD establish regular or periodic forums for staff of the programs, and for DSAC and PMCOA advocates, to meet and develop partnerships.

E. Staffing and Budget

It is recommended, to achieve the staffing and budget needs of the program, that:

1. Staffing Recommendations
 - a. Recommend to the Board of County Commissioners, that:
 - (1) Staff be guaranteed an entry salary adjustment to compensate for the PERS pickup payments, as granted to other County employees.
 - (2) A method of moving transferring staff into promotional positions be developed so that only DSO staff may be considered.
 - (3) The County negotiate with insurance plans and carriers as needed to assure smooth transition for transferring employees.
 - b. ASD assess its needs for central office functions to support a larger program, and determine alternates to meet these needs. Review plan with DSAC.
 - c. ASD expand their caseload and staffing monitoring system to cover DSO, to assure that caseload standards are being met, and report to DSAC.
 - d. ASD continue to work with County and State Employee Services, Labor Relations, and Unions, to improve comparability between benefits and to smooth the transition for transferring staff.

C. Services

It is recommended, to improve Services, that:

1. DSAC develop partnerships with PMCOA and other local and statewide advocacy groups, to advocate for enhanced federal, state and local funding for programs.
2. A detailed implementation plan be developed, to reduce disruption and minimize loss of staff efficiency due to the transfer.
3. The ASD caseload monitoring system be expanded to include DSOs.
4. ASD and DSO staff develop proposals for priority program enhancements (Gatekeeper, Information and Referral, 24 Hour Access, and MDT), review these with DSAC and PMCOA, and seek resources for implementation.
5. ASD and DSO staff examine and make recommendations on teamwork for functions provided by both systems, and on staff training opportunities, and review any substantive changes with DSAC and PMCOA.
6. ASD and DSO staff develop a proposal for streamlining service access to the 60 to 64 age group, and review this with DSAC and PMCOA.
7. ASD and DSO staff review written procedures and recommend beneficial common procedures, and specialized procedures to be retained.
8. ASD and DSO staff, and County DD and Mental Health staff, identify opportunities to reduce barriers among County services, and provide DSAC with updates on accomplishments.
 - a. ASD/DSO and the County DCFS Developmental Disabilities program will develop a formal, written Co-Management Plan during the implementation phase, to:
 - work toward a seamless system of services between the disability, aging and DD programs, so that individuals who need or qualify for expertise or services of both programs are assisted to develop a workable service plan within the programs' rules;
 - coordinate services for consumers with both a DD and a physical disability diagnosis by defining case management roles and procedures;
 - streamline activity between DD Service Coordinators (case managers) and DSO Eligibility Workers for clients in common;
 - resolve disagreements between ASD/DSO or DD programs on each other's services for specific clients.
 - b. ASD/DSO and the County Behavioral Health program will develop a formal, written Co-Management Plan during the implementation phase, to:
 - work toward a seamless system of services between the disability, aging and Adult Mental Health programs, including mental Health contractors, so that individuals who

IX. Implementation Recommendations

A. Mission and Vision

It is recommended, to establish the Mission and Vision of Disability Services, that:

1. DSAC and PMCOA, with ASD and DSO management and staff, develop a combined agency mission statement.

DSAC and PMCOA may consider whether separate mission statements for aging or disability programs are also needed.

B. Advisory Council and Advocacy

It is recommended, for Advisory Council development and Advocacy, that:

1. Public hearings for this report be held, and that:
 - a. Co-Sponsorship from the DSAC and PMCOA for Public Hearings on the recommendations of the Feasibility Study Advisory Committee be sought.
 - b. The Public Hearings be held before PMCOA and DSAC review the Feasibility Study Advisory Committee recommendations.
 - c. Notice of the public hearings be provided or accessible to clients of the DSOs, as well as notice to the public (eg, a mailing, or posters or flyers, in addition to notice in the newspapers).
2. A Transfer be well-publicized:
 - a. The public be educated via a press release and other appropriate means about the transfer.
 - b. Individual clients receive a written notice of the change, and reassurance of continuation of services. Clients receive personal contact if there is a change in case manager.
 - c. A get-acquainted celebration be held among the advisory groups: the Feasibility Study Advisory Committee, the DSAC and PMCOA.
 - d. DSAC and PMCOA begin coordination of common activities.
3. The DSAC's enhanced role be initiated immediately, during the implementation phase. This would include expanding representation to the Council, and coordinating a legislative agenda with PMCOA for the next session.
4. At least half-time staffing be provided to the DSAC, initially from current qualified staff. If a position becomes available, DSAC would assist in staff selection.
5. The ASD Director attend DSAC meetings, articulate issues about disability to the community, commit staff resources to advocacy efforts, and assure equity between the issues of aging and disability groups.

2. Key Question: Is the funding from SDSD adequate to cover ASD's costs?

NOTE: The answer to this question cannot be known until negotiations with SDSD over the allocation have been concluded; the following is not conclusive.

a. **ASD Central and County Staffing**

The risk that staffing needs may be understated for ASD functions (such as budget, payroll, computer support) or for County indirect payments, can be managed by: negotiating with SDSD for adequate funding, planning in advance to reduce last-minute workload, and by phasing-in transitions. Current DSO staff could assist with planning where time permits.

b. **DSO Staffing**

The risk that lack of funds from SDSD could delay filling of DSO staff positions, raising caseloads and reducing access, can be reduced by regular monitoring of caseloads and staffing, and reporting to DSO managers and DSAC.

c. **Staff Compensation**

There is an opportunity, under the County's pay structure, to better compensate transferring staff over the long run, as the County's pay scales are higher, and County staff receive annual cost of living adjustments.

d. **Adequacy of SDSD Funding**

There is a risk of lack of adequate SDSD funds to pay for all the costs, which are projected at 2 to 3% higher than SDSD's allocation; there is also an opportunity to enhance leveraging of Medicaid funds to pay for the increased costs to operate the program at the County.

e. **Equity of Funding from SDSD**

The perceived risk of cuts by SDSD to transferred programs because they are operated under a contract rather than by state staff, is balanced by SDSD's philosophy and history of equity of service funding statewide, and SDSD's NIS (Negotiated Investment Strategy) processes for long-range planning, where all stakeholders are equal players.

f. **Local Control**

There is an opportunity for DSO staff and managers to decide more directly how administrative/ case management funds are spent, more flexibility in County procurement with an opportunity to save on some purchases, and more flexibility in staff classifications for new or special assignments.

g. **Flexibility between Programs**

There is both an opportunity and a risk of increased flexibility between aging and disability programs. There is an opportunity to use funds more wisely and meet more needs. The risk of unbalanced funding can be reduced by monitoring caseloads, staffing, and annual budgets of both programs.

E. Staffing and Budget

1. Key Questions: Would state staff be transferred without loss of salary, and with full county benefits? Would neither DSO nor ASD staff lose their positions as a result of the transfer?

a. No Loss of Salary

Transferring staff could be at risk of "loss of salary" if they are required to pay the PERS "pickup" without a salary adjustment; this risk can be eliminated by action from the Board of County Commissioners, to guarantee that there would be adjustments to the entry salary for transferring staff for PERS.

b. No Loss of Jobs

Transferring staff could be at risk of "loss of jobs" if promotional opportunities are available to all County employees; this risk can be eliminated with a method of moving DSO staff into promotional positions prior to the transfer, providing an opportunity for some promotions.

c. Take-Home Cash

There is a risk that staff could have higher gross salaries, but lower take-home cash, due to loss of the State cafeteria benefits plan which gives some employees cash back and adds to the flex funds for others (eg for childcare).

d. Pending Reclassification

Possible state or county reclassification of some positions before the transfer, provides an opportunity for increased compensation for those individuals, and a risk of increased costs.

e. Health, Life and Disability Insurance Differences

(1) The State's cafeteria plan may contribute designated non-salary funds to State employee's flex plans. County employees may contribute pre-tax salary to flex plans; depending on the individual's County salary, there may be a net loss or a net benefit.

(2) There is a risk that some optional state insurance benefits will not be available to some transferring employees, or that they will have to change carriers. This risk can be reduced and possibly eliminated by advance planning with the carriers and involved staff.

(3) Some transferring employees risk loss of their preferred physician (if they switch to the Kaiser health plan), or of higher out-of-pocket costs (if they chose the ODS plan). This risk could be reduced if the County offered a second HMO-type plan, with private doctors and fixed co-payments, or otherwise increases comparability to State insurance.

D. Organizational Structure

1. Key Question: Will the recommended organizational structure in the County enhance services? improve linkages with other programs?

a. Enhanced Service Delivery

There is the opportunity to enhance service delivery through this structure - both by expanding the number of services offered and by improving the access and outcomes for individuals, by strategies such as:

(1) pooling resources to expand services to cover disabled people as well as the elderly, such as Information and Referral, 24 Hour Access, and the Multi-Disciplinary Team,

(2) improving coordination between ASD branches and DSOs where they perform similar functions, and using teamwork or possible centralization of some tasks to reduce duplication and improve efficiency.

(3) improve linkages with other County Departments to improve access and service delivery, such as with Developmental Disabilities and Behavioral (Mental) Health.

b. Continuum of Care

There is an opportunity for development over time of a continuum of care for people with disabilities with a wide range of needs, and to fill gaps in this continuum. The risk of expanding services, is that services may be cut if funding is reduced.

c. State and Federal Funding

If state or federal funding for long term care programs is reduced, there is a risk of having to choose among many priority services or between service populations. At the same time, there is an opportunity for local programs to advocate freely, to seek other funding, and to work collaboratively and creatively to assure that the most important services continue to be delivered.

d. Consumer and Advocate Participation

There is an opportunity to increase consumer participation in deciding what and how services should be delivered. The risk of disabled advocates and the DSAC being overwhelmed by becoming part of an existing aging service system can be reduced by: assuring equal organizational status, reshaping the agency (ASD) to reflect the expanded mission, and building partnerships between aging and disability programs.

e. Long Term Process

The risk of not accomplishing the goal of the transfer - to improve services for adults with disabilities - can be addressed in two ways. One is by initiating implementation planning, involving groups of staff and/or advocates in resolving specific issues raised by the feasibility process. The second is by structuring ongoing activities which bring together staff and advocates to continue to enhance service systems.

d. Training

Both ASD and SDSD staff have difficulty accessing SDSD training; both are developing in-house trainer positions to help compensate for this lack. There is the opportunity to improve efficiency by coordinating in-house training provision. Sensitivity training for staff, involving individuals with disabilities, is valuable for quality service delivery.

5. Key Question: Will access to or support from other County services be increased for people with disabilities?

a. Reduce Barriers with County Services

There would be opportunities to reduce barriers to access and support from other County services, by:

- improved information sharing;
- cross-training of case managers, and information sharing with clients;
- coordinating services across programs;
- developing working agreements;
- appointing liaisons to help access information and services.

b. Reduce Barriers between Disability and Aging Services

A transfer reduces barriers by placing both Disability and Aging programs within one agency, with flexibility between the programs. A more seamless system of services can be offered to clients, and barriers reduced when clients age and move from one program to the other, or need the specialization or expertise from the staff of the other program.

c. Enhanced State Service Funding

There is an opportunity for the DSAC to continue and increase advocacy for state funding or service regulations to meet needs of adults with disabilities. There is an opportunity to seek support in these goals from the PMCOA and other local and statewide disability advocacy groups. Examples of such services include:

(1) Non-Medicaid In Home Support

An expanded Oregon Project Independence (OPI), or a comparable sliding fee program to assist people with disabilities under age 60 to maintain independence, is desired.

(2) Return to Work

A change in state regulations so that a person with a disability could keep their services when they return to work is being sought.

d. Enhanced Information

There is an opportunity to enhance information provided by case managers to clients about services available to them. Cross-training could improve knowledge of available services.

4. Key Question: Will efficiencies increase or improve services?

a. Teamwork Opportunities

ASD and DSO offices perform a number of common functions; there is an opportunity to improve service delivery for both systems by increased sharing of skills and resources. This does not mean these functions should be merged; program staff would be involved in designing the level and structure of coordination desired. Activities include:

Nursing home case management
Pre-Admission Screening (PAS)
Client Employed Provider (CEP) Recruitment & Screening
Protective Services
Relocation
Contract RN recruitment
Client Hearings Representation
Resource Development and Matching

b. Maintaining Aging Services

The risk that current ASD services would be reduced if they were available to a larger pool of clients, would be addressed by expanding programs or exchanging support among programs. All of these activities are provided by both programs, in somewhat different ways.

c. Service for Age 60 to 64

The transfer provides an opportunity to streamline service access for people age 60 to 64. Currently, this age group goes to ASD for food stamps and senior services, but to the DSO for financial assistance or Medicaid. General Assistance should be provided by DSO staff.

f. Disruption due to Transition

The risk of disruption from the transfer is lessened since the four DSO offices will be retained. The State computer system for authorizing benefits will be retained as is (ASD branches use the same system). There may be other changes, such as phone numbers, and there will be some extra work for staff as payroll is changed, clients are notified, and systems are converted. The effect of change will be kept to a minimum by careful and detailed implementation planning, but a small loss in efficiency during the month or two around the transfer is recognized.

3. Key Question: Will additional services become available?

a. Advocacy to Expand Services

In a transfer, there is an opportunity to advocate to expand services, especially with support from other advocacy groups or in synergy with the aging advocates, to benefit individuals with a disability.

b. Priority Program Enhancement

There is the opportunity to expand services which ASD has developed to also serve adults with disabilities. The following programs have been identified by advocates as priorities for enhanced service development, and would be addressed as priorities in the implementation plan.

(1) Gatekeeper Program

This program trains community workers such as mail carriers to refer appropriately. The training curriculum and materials could be revised to include Disability Services information.

(2) Information and Referral

The Senior Help Line provides one number where people can call for information about aging services. Senior Help Line staff report that they already receive calls about disability services, and refer to the DSOs. Expansion would entail adding to the data base, publicity, staffing and staff training.

(3) 24 Hour Access

Both DSOs and local agencies such as law enforcement have stated a need for this service for people with disabilities. Callers after hours are screened and, if in urgent need, a Department representative is available to provide assistance.

(4) Multi-Disciplinary Teams (MDT)

The MDT staffs difficult cases and assists with referrals for needed aging, health and mental health services. MDT staffing is not available to DSOs at this time.

specific programs (eg, a recent review of foster home rate setting), for all programs statewide. The State also reviews compliance with Federal eligibility standards, with a maximum 3% error rate allowed. In a transfer, these systems would all continue.

h. Advocacy to Retain Current Services

Enhanced advocacy to help retain services has been demonstrated by Multnomah County, with a partnership among PMCOA, Multnomah County ASD and DCFS, and the DSAC. A transfer provides increased opportunity for enhanced advocacy.

i. Advocacy to Monitor Services

DSAC, PMCOA and other advocates have an opportunity to monitor services, especially when there are new services or changes in the service delivery strategy, to assure service quality and identify any user problems or barriers. Currently, there is a need to monitor the effects of the Oregon Health Plan (OHP) and managed care on the delivery of medical services.

2. Key Question. Will service quality be continued or enhanced?

a. Responsiveness

ASD has the opportunity to respond to sudden or unique needs more quickly than State administration, eg, through flexibility in resource development, use of locally managed funding, or locally developed procedures.

b. Statewide Consistency of Disability Services

The risk of lack of consistency of services can be addressed by continuing to involve the Multnomah DSAC in the statewide council and meetings, and the DSO management in the statewide program management council. Both AAAs and SDSD support combined meetings.

c. Need for Specialized Approach

The risk that specialized services could be lost in an existing aging service system can be addressed as the combined mission is developed. The entire system needs to be sensitive to the needs of the different populations served; people may need different or specialized services.

d. Specialization of Case Managers

ASD intends to maintain specialized case management within a separate structure for Disability Services. There is the opportunity with a transfer to both maintain specialization where this is important, as in intensive assessment and counseling situations with clients, and to streamline generic and support functions for more efficiency (see Key Question 4).

e. Staff Training

There is an opportunity for enhanced training for staff as a result of a transfer. Sensitivity training for DSO staff, with consumer involvement, would be continued and could be expanded to ASD staff and possibly to other County staff who would benefit. County training on customer service and quality improvement would be available to DSO staff, and additional funds would be budgeted for DSO staff and DSAC representatives to attend training and conferences.

C. Services

1. Key Question: Will current DSO and ASD services be continued?

a. Service Eligibility

Eligibility would be the same, not reduced, as a result of the transfer. Federal and State rules govern eligibility, and apply equally to state and local staffed programs.

b. Continuity of Service

Clients would continue to have the same case worker after a transfer; natural changes in staff assignments will continue to occur periodically. There would be no change in providers due to a transfer, and SDSO would continue to make service payments directly to the providers. Since offices will not be moved, implementation can be designed so that ongoing service delivery would continue uninterrupted.

c. Same Services Statewide

SDSO requires that the same base level of services be offered statewide. The SDSO contract with the County requires the County to offer the full array of Medicaid Services which SDSO has determined should be available statewide.

d. Continuity of Funding from SDSO

Funding for services to clients would not be reduced as a result of a transfer. There could be future changes - either increases or cuts - in funding for services relating to changes in the Medicaid program, federal funding, federal block-grants, or actions of the State Legislature; SDSO would apply these changes uniformly statewide.

e. Distribution of Funding from SDSO

Federal Medicaid standards set financial eligibility requirements and require "statewideness" of eligibility and services. Oregon SDSO has established legislated priorities for service, and has not changed the level of priority in over ten years. Changes in funding would be implemented statewide, and would not be targeted geographically or by type of administration (state or local).

f. Equitable Funding to Aging and Disability Programs

After the first biennium, SDSO will combine the allocation for case management and administrative funding for Aging and Disability programs. ASD currently monitors branch office workloads by tracking the number of cases against both state and county caseload standards; a report is provided each quarter to the Branch Managers. ASD would expand this report to include the DSOs, to assure that both programs are adequately and comparably staffed.

g. Case Management Service Quality

Case Management service quality is monitored by ASD and DSO Branch Managers and supervisors who review cases periodically. SDSO monitors client assessment completion by reviewing computerized data, and case management quality by conducting statewide reviews of

staff. Both DSAC and PMCOA would have an opportunity to support each other to succeed, even if some issues are not the other's top priority.

2. Key Question: Will advocacy be enhanced? at the federal level? to the state? to local officials?

a. Independence of Advocacy

There is an opportunity for increased independence in advocacy by the DSAC; independent advocacy is supported by the County structure, to any funder or regulator or deliverer of services. PMCOA has modeled many innovative strategies for influencing decisions of government funders, as well as of local service providers and businesses.

b. Advocacy to Retain Current Services

Enhanced advocacy to help retain services was demonstrated last year, when PMCOA and Multnomah County ASD and DCFS joined the DSAC to lobby for retaining the General Assistance program; County funds were allocated to fill the gap until state funding resumed. A transfer provides increased opportunity for enhanced advocacy.

c. Enhanced State Service Funding

There is an opportunity for the DSAC to continue and increase advocacy for state funding or service regulations to meet needs of adults with disabilities. There is an opportunity to seek support in these goals from the PMCOA and other local and statewide disability advocacy groups.

d. State and Federal Funding

If state or federal funding for long term care programs is reduced, there is a risk of having to choose among priority services or between service populations. At the same time, there is an opportunity for local programs to advocate without constraint, to seek other funding, and to work collaboratively and creatively to assure that the most important services continue to be delivered.

e. Advocacy for DD and MH Services

There is an opportunity for collaborative advocacy, by DSAC in conjunction with PMCOA and DCFS advocates, to expand Mental Health and Developmental Disability services for DSO clients and others with similar needs.

f. Advocacy to ASD Services

There is an opportunity for increased input and participation by DSAC with age-neutral programs operated by ASD (or PMCOA) such as: Adult Foster Home Licensing, the Public Guardian, and the Ombudsman program.

g. Opportunity for Planning

There is an opportunity for long-range integrated services planning among County Departments, through regular meetings of Department Managers and the County Chair, and other structured planning activities; there is an opportunity for the DSAC to have input into this long range planning.

B. Advisory Council and Advocacy

1. Key Question: Will the DSAC's role be maintained or enhanced, for: advising the program; service quality; program development; education; advocacy; and community leadership?

a. Role of DSAC

With a transfer, there is an opportunity for the DSAC to develop an enhanced role. The role of advising the State can be maintained and enhanced with partnerships with PMCOA and other local and statewide disability advocacy groups, including the City County Advisory Committee on Disabilities. Input to local officials on the Disability Services program and a variety of other issues can be developed. A strong commitment is desired from the ASD Director, to listen to the DSAC's opinions and consider its recommendations.

b. DSAC Membership

There is an opportunity to enhance representation on the DSAC to include consumers, advocates and individuals knowledgeable about a wide variety of disabilities, including representatives of other County programs such as Developmental Disabilities and Mental Health.

c. Status of the DSAC within County

The risk that the DSAC would be overwhelmed within an established aging system can be addressed by: pursuing the opportunity for the DSAC to enhance its role, assuring equal organizational status for Disability Services, reshaping the agency (ASD) to reflect the expanded mission, and building partnerships between aging and disability programs. Strong relationships will be sought with the City County Advisory Committee on the Disabled (CCACD).

d. Representing Needs of Younger Disabled

SDSD has demonstrated an emphasis on service for younger disabled individuals and advocacy for this group; the risk of losing this focus can be addressed by pursuing opportunities to retain and even enhance this approach locally, with guidance from DSAC, and by continued involvement and monitoring by DSAC in statewide disability advocacy.

e. Status of DSAC with SDSD

SDSD intends to continue to involve disability advocates as a group to examine major issues, such as NIS, and on special projects or task forces. DSAC members will continue to serve on the Services Committee of the Oregon Disabilities Commission, which is also SDSD's advisory body. SDSD periodically communicates to DSAC chairs on critical issues and updates. These activities will be continued, regardless of whether the services are state or locally managed.

f. Potential Conflict with Aging Advocacy

There is a risk of potential disagreement or conflict between the positions of disability and aging advocates. This risk can be reduced by the ASD Director's goal of working with both Advisory Councils to resolve potential differences, and to see that advocacy positions are fair and balanced between consumer groups. As a County advisory council, the DSAC would be empowered to lobby its own position, regardless of the concurrence of aging advocates or ASD

VIII. Analysis of Opportunities and Risks

An analysis of the opportunities and risks that were identified by the Feasibility Study Advisory Committee follows each Key Question. This analysis compiles information about state and federal rules, current operating procedures and practices, and transfer assumptions.

A. Mission and Vision

1. Key Question: Will the program's Mission be continued or enhanced, to: maintain and enhance quality of life; provide leadership; and provide high quality services?

a. Disability Services Mission

There is an opportunity to develop a new combined mission for ASD which encompasses the mission for Disability Services. If necessary, each program has an opportunity to create special mission statements.

b. Consumer and Advocate Participation

There is an opportunity to increase consumer participation in deciding what and how services should be delivered. There is an opportunity for the program and the DSAC to provide leadership in the disability community in advocacy for and development of services.

c. Organizational Cultures

The risk of conflicting organizational cultures resulting from transferring Disability Services into the Aging Services program can be addressed during implementation planning and early stages of the transition by activities such as re-naming the Department, developing a common mission and joint advocacy goals, and creating common procedures when beneficial to both programs. There is an opportunity for both programs to learn from each other, and enrich both common and specialized activities.

2. Key Question: Will a separate Disability Service system be maintained?

a. Organizational Structure

There is an opportunity, with the proposed organizational structure, to maintain a separate Division within ASD for services of adults with disabilities. (See Organizational Structure). This structure would be parallel to the structure of aging services.

b. Seamless Services

There is an opportunity with a transfer to create a more seamless system of services for the consumers. The primary plan is to maintain separate disability and aging programs within the ASD agency, adapted to the specialized needs of different client groups. To improve client services, with approval from PMCOA and DSAC, duplicate functions can be combined for efficiency, and similar functions may be streamlined by teamwork. Clients would be able to move from one program to the other without disruption.

5. SDSD Allocation Assumptions

a. Personnel: The 1995/97 biennium state PICS budget for the DSO staff is used to project the likely 1997/99 allocation for salary and benefits; including 4% annual step increases for 3/4 of DSO employees; and a 1% state COLA 7/1/97, and 2% 7/1/98. State benefits costs increase in proportion to payroll (budgeted at 43.3%). 9 new employees are estimated to be added for caseload growth, budgeted at Step 2, and allocations phased in over the year averaging a 1/1/98 start date.

b. Materials and Services: The method for calculating the M&S allocation provided by SDSD budget staff is used: SDSD covers the DSO's Base costs including: facilities costs (lease, janitorial, security & parking); motor pool costs; and phone costs. The remainder of S&S costs (supplies, postage, training, equipment rental and maintenance, etc.) is budgeted at \$200 per employee per month. The lease cost increase at SE DSO is added, plus 3% a year for other cost increases; allocations for the regional staff are estimated, and incremental costs for new positions added.

c. Capital: Capital allocations for Base staff are estimated at the ASD aging program, at \$688/Biennium/FTE, and at \$2,200 per new position for start-up purchases.

6. One Time Expenses

One-time expenses are budgeted separately: changing signs, reprinting stationery, business cards and brochures; connecting the phone system; and moving the Region Office. One time Expense is estimated at \$40,438.

3. ASD Biennium Budget Summary

ASD COSTS	FY '98	FY '99	97/99 TOTAL
SALARY	4,413,567	4,822,201	9,235,768
<u>BENEFITS</u>	<u>1,540,414</u>	<u>1,680,864</u>	<u>3,221,278</u>
SUB TOTAL	5,953,981	6,503,065	12,457,046
M&S	1,270,305	1,297,728	2,568,033
CAPITAL	29,400	20,400	49,800
<u>SUB TOTAL</u>	<u>1,299,705</u>	<u>1,318,128</u>	<u>2,617,833</u>
TOTAL COSTS	7,253,686	7,821,193	15,074,879
SDSD ALLOCATION			
SALARY	4,040,252	4,345,424	8,385,676
<u>BENEFITS</u>	<u>1,749,839</u>	<u>1,881,568</u>	<u>3,631,407</u>
SUB TOTAL	5,790,091	6,226,992	12,017,083
M&S	1,238,574	1,273,219	2,511,793
CAPITAL	66,584	46,784	113,368
<u>SUB TOTAL</u>	<u>1,305,158</u>	<u>1,320,003</u>	<u>2,625,161</u>
TOTAL ALLOC.	7,095,249	7,546,995	14,642,244
BALANCE + (-)	(158,437)	(274,198)	(432,635)

4. ASD Budget Assumptions

a. Personnel: Entry salaries for transferring staff will allow for a 6% PERS adjustment and a 1% State COLA, effective 7/1/97. Note: it would be more desirable to allow for the County COLA, projected at 3.2%, if funding allows.

County salary COLA of 3.3% on 7/1/98; 3% County step increases each year; insurance cost increases of 3% a year. 9 new positions for caseload growth are added as of 1/1/98. No savings from staff turnover have been included.

b. Materials and Services: DSO staff remain in the four current offices, under current leases. Cars are leased from the State Motor Pool. Phone service is provided by the County using DSO equipment (new phone numbers required). Security systems and guards are continued. DSO offices are added to County mail routes; Post Office Boxes are retained. Additional training funds budgeted for DSOs and DSAC. Incremental costs for new positions are added. Probable cost inflation varies by individual line item. Savings from property tax exemptions will benefit the program.

c. Capital: \$150/FTE/year budgeted for capital expense (mostly for replacement). \$2,200/FTE budgeted for new positions for computers, desks and phones.

B. Budget

1. Summary

Given the cost projections for the 1997/99 biennium Transfer Budget, and projected SDSD allocations, there is a gap of about \$430,000 between projected revenue and ASD costs. This is due largely to two factors:

1) At the County, all the costs of operating the program are counted in the budget, including ASD and County overhead costs. But only the direct operating expenses for the field staff are included in the State's allocation. County Indirect charges are \$370,000; a County property tax exemption helps offset a \$90,000 facilities management charge.

2) Salary schedules are higher at the County than at the State, so that County staff salary costs are about \$770,000 (9%) higher. This is partially offset by benefits costs, which are about \$410,000 lower at the County.

This budget relies on the following assumptions: (a) ASD and County indirect charges are 2.5% combined; (b) Property Tax savings will benefit the program; (c) SDSD will pay for one-time costs during the current biennium; (d) SDSD will pay for major upgrading of computer systems when a system-wide replacement is needed statewide.

This budget will need to be balanced before the County can give final approval.

2. Management Steps to Achieve a Balanced Budget

ASD will engage in the following steps to achieve a balanced budget prior to recommending final approval to the Board of County Commissioners:

a. Negotiate with SDSD to increase the allocation by transferring a portion of the SDSD overhead costs, DHR Prorate payments, or other method.

b. Negotiate with SDSD to increase allocations for aging case management services, which have not kept pace with the cost of operating efficiently-run state offices. This will free some County General Fund, which could continue to be matched by Medicaid to support DSO operations.

c. Project savings due to attrition (retirement/turnover), based on SDSD's experience. A 3% turnover (one person per office) would reduce biennium costs by about \$40,000; a 6% turnover (2 people per office), \$80,000.

d. The County will earn interest from the \$400,000 lump-sum transfer of sick and vacation leave; this could earn \$48,000 a biennium at 6% interest, or \$80,000 at 10%.

e. If analysis shows that workloads are within the caseload standards, some new positions may be left vacant for a period before filling. Each quarter operation costs about \$100,000 for the nine projected caseload growth positions. No filled positions would be eliminated; positions for all transferring staff would be provided.

VII. Staffing and Budget

A. Staffing

1. Summary

The transfer would be implemented, so that transferring staff are placed in comparable or promotional County positions. There would be no layoffs resulting from the transfer.

County salary scales start and end higher than the comparable State salary scales. Some staff would experience an upward adjustment upon transfer; some staff who are now at the top of their State salary range would have additional steps available. The County projects cost-of-living adjustments in each year of the first biennium after transfer.

Transferring staff would be required to contribute 6% of their salary to PERS at the County. If the State does not adjust salaries for PERS contribution prior to the transfer, the County would be requested to do so in setting the starting salary. PERS contributions are paid by County employees with pre-tax wages.

Transferring staff would be eligible for all regular County staff benefits, with waiting periods adjusted or waived as if State service were County service. Health and dental insurance is provided by one HMO and one fee-for-service health plan, with premiums fully-paid for full-time employees and their families. All transferring employees would receive fully-paid long term disability coverage, and be eligible to participate in the County's health and wellness programs.

The County does not offer a "cafeteria" plan for insurance as the State does, and employees do not receive cash back for lower-cost choices. There is concern among State employees that there is not enough overlap between the health plans, and that some employees will lose some services or have to change physicians. The short-term disability provider may require proof of insurability for optional coverage.

2. Management Steps To Facilitate Staff Transfer

a. ASD will continue to work with County and State Employee Services, Labor Relations, and Unions, to improve comparability between benefits and to smooth the transition for transferring staff.

b. ASD will support SDSD and staff efforts to locate suitable state positions for staff who elect not to transfer.

3. Staffing Assumptions

a. DSO staff are classified by County Employee Services similarly to ASD Branch staff, providing lateral transfers for DSO employees. There are possible promotional classifications for some clerical staff and case managers; a fair method will be developed to distribute any promotions among DSO staff.

b. Positions are available for all DSO staff; no layoffs will result due to the transfer.

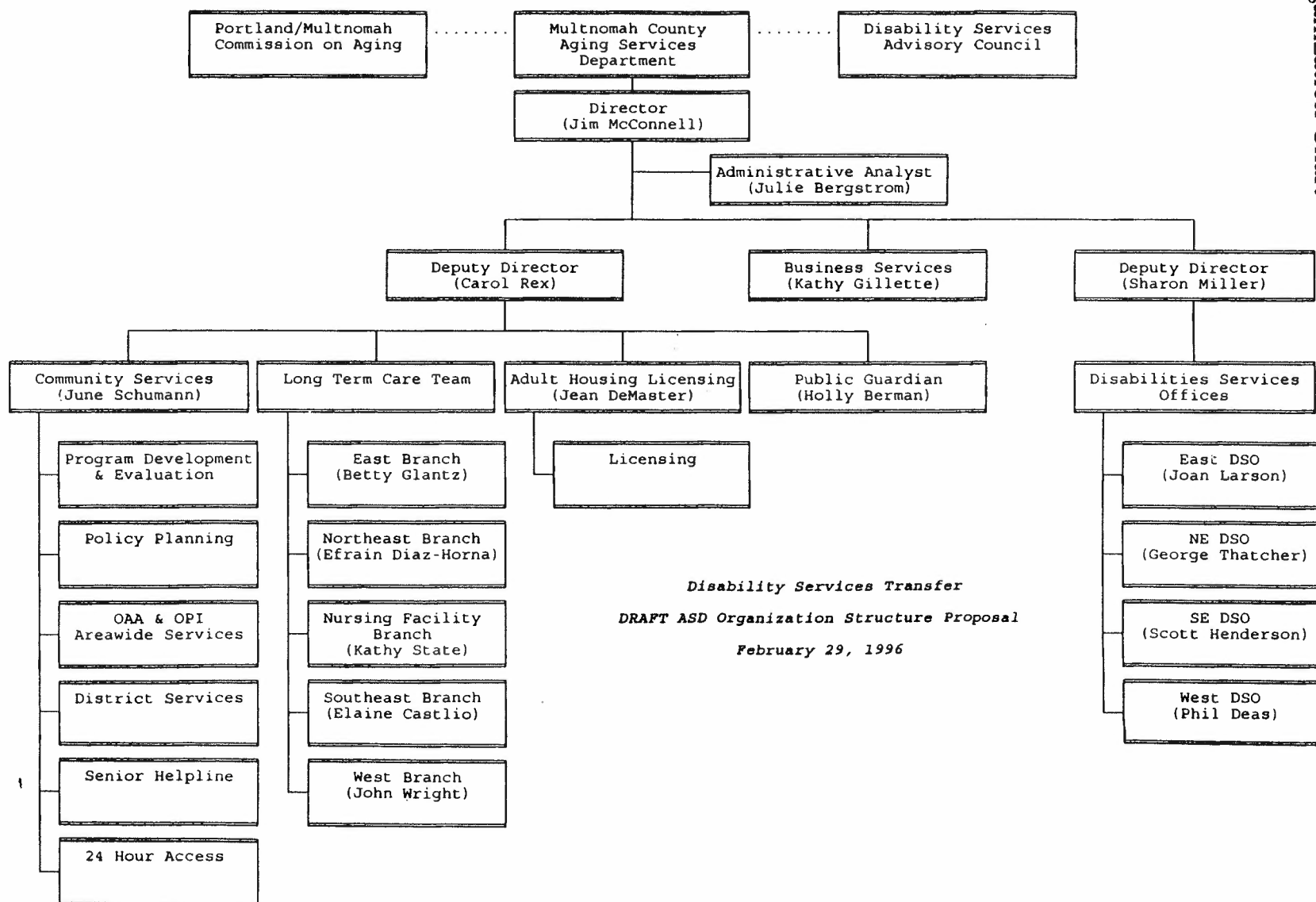
c. DSO staff are placed on the step of the County salary range which is equal to or higher than their ending State salary (adjusted to include the PERS "pickup" amount).

d. As of the date of the transfer, DSO staff are eligible for County step increases on the anniversary date of their current position.

e. 136 positions are transferred, including the 4 Disability Analysts; there are 135.3 full-time equivalents (FTE).

f. The current staffing at DSO's is adequate to meet state caseload standards.

C. Organization Chart



Disability Services Transfer
DRAFT ASD Organization Structure Proposal
February 29, 1996

VI. Organizational Structure

A. ASD Proposal

1. ASD will create a separate Disability Services division within the Department (see C. Organizational Chart).
2. The four Disability Services Offices (DSO) are continued at the time of the transfer in their current locations.
3. Staffing at the DSOs is continued as is, except where caseload changes require shifts, or where consolidating a function would improve service efficiency or effectiveness of Aging and Disability programs.
4. A new Deputy Director position for Disability Services is created, parallel in function to the current Deputy Director; the current District Manager is moved into this position. DSO Managers would report to the Deputy Director for Disability Services.
5. The current District Office staff (the District Manager and Assistant) are located at ASD's central office. It may be desirable to locate one or two current or new clerical positions at the central office.
6. DSO staff are classified comparably to ASD staff who perform similar functions.
7. Opportunities to reduce barriers with other County services are sought with County Developmental Disabilities and Behavioral (Mental) Health programs.
8. Disruption resulting from the transfer is minimized by developing a thorough and detailed implementation plan. Advance plans for transition are made for leases, phones, signs and stationary, etc, and for staff salaries and benefits.
9. The implementation plan is developed with participation of both DSO and ASD staff and advocates, and presented to the DSAC for review, prior to submission to SDS.

B. Assumptions

1. Disability Services Offices are structured to address the needs of the service population; no major changes are anticipated in the structure of the offices solely due to the transfer.
2. Disability Services Offices function similarly to ASD branch offices in providing access and serving the population.

V. Services

Most long term care (LTC) services funded by Medicaid are delivered by both Disability and Aging programs; some specialized or non-Medicaid services are provided by ASD or the DSO for long term care clients, or to improve access.

A. Basic LTC Services

These services are provided in both aging and disability programs, using the same eligibility standards and for the most part the same providers.

In Home Services

Adult Foster Care

Residential Care Facilities/ Assisted Living

Nursing Facility Services

B. Long Term Care Processes

These functions assist consumers to access and use LTC services in ASD Branches and DSOs.

Intake

Pre-Admission Screening (PAS)

Relocation

Client Employed Provider (CEP) recruitment, screening and placement

Contract RN recruitment and training

In-Home Provider Agency Contract

C. ASD Specialized Services: All Ages

ASD provides these services for people of all ages.

Adult Foster Home (AFH) Licensing

Public Guardian

D. ASD Specialized Services: Aging

ASD provides these non-Medicaid services for people over 60.

Senior Helpline (Information and Referral)

24 Hour Access (for after-hours assistance)

AFH Placement Worker

Multi-Disciplinary Teams (long term care, health and mental health staff)

Fraud and Abuse Investigation (by Portland Police)

Gatekeeper Referrals (to train frequent referral agencies)

Senior and Community Centers

Staff Education and Development Forums

E. Specialized DSO Services

DSOs provide these services for people under 65.

Hearings Unit (for Administrative Hearings)

Money Management (for SSI clients)

IV. Advisory Council and Advocacy

A. ASD Proposal

In the ASD proposal, the Disability Services Advisory Council (DSAC) is retained to advise the Department and the County on needs and services for people with disabilities. The ASD Director serves as the primary liaison to the DSAC, with staff support from the disabilities services regional staff. The DSAC is expanded to include a broader representation of individual members. DSAC is strengthened by increasing the Council's role in: monitoring of programs and services, developing and advising on policy, advocacy with elected officials, and creating partnerships with other local and disability advocacy groups. DSAC also monitors the implementation of the transfer, to assure that policies are followed, and that implementation and operation stages focus on improving services.

B. Advisory Council Roles

The roles for the Disability Services Advisory Council (DSAC) are:

1. Advise on the mission of the program.
2. Review and advise on:
 - Access to services;
 - Using the single entry concept;
 - Program policies;
 - Need for specialized services;
 - Service priorities, for new services and service reductions;
 - Program budget; and
 - Staff selection (including participating on interview panels for manager hiring).
3. Improve program quality by:
 - Providing client sensitivity training for program staff, conducted by people with disabilities;
 - Participate in selection of contractors;
 - Assisting with program assessment;
 - Developing consistent standards for access and quality; and
 - Assess consumer satisfaction.
4. Assist with program development by:
 - Identifying unmet needs.
5. Educate the public, about:
 - Access to services.
6. Educate and advocate to decision makers about consumer needs and funding for programs, including:
 - County Commissioners; and
 - State and Federal Legislators.
7. Provide leadership for the disability community and advocates.
8. Develop a partnership with PMCOA, to work on common goals.
9. Continue and develop partnerships with local and statewide disability advocacy groups, including the CCACD.

III. Mission and Vision

A. ASD Proposal

ASD envisions a client-focused, County-managed system for services to people with disabilities. In this system, ASD engages local partners to create a seamless service system for younger disabled people with disabilities, and to enhance the availability and scope of programs to meet individual needs. Users of services and disability advocates experience increased participation in decisions which affect them, and enhanced local control over how services are delivered; program operations improve the individual's quality of life and increase integration with community life.

The Disability Services program operates as a separate division, parallel to the Aging Services program within ASD. ASD's name is changed, and a new mission statement developed with both programs, to reflect the broader mission.

By operating disability and aging programs under a common, local governmental structure, ASD is better able to effect the design of Medicaid programs and services to better meet user's needs. An integrated program is in a stronger position to accommodate changes in funding or Medicaid regulations, and better able to integrate long term care services into a managed care environment in ways that protect consumer choice and independence. ASD envisions a County-managed system of services, addressing the needs of younger people with disabilities, as well as older individuals, which is better able to advocate for priority services, address new needs, and adapt to changes in the environment.

B. Components of Mission and Vision

The Mission and Vision of the Disability Services Program encompasses these elements:

- (1) **Maintain and Enhance the Quality of Life**, including:
 - Independence;
 - Dignity;
 - Choice;
 - Individual Well-Being; and
 - Respect.
- (2) **Provide consistent leadership** to:
 - Advocate for Programs;
 - Advocate for Consumers;
 - Advocate for and support consumers' participation in community life;
 - Advocate for safe and affordable living environments;
 - Provide education to foster respect and honoring of diversity.
- (3) **Provide high quality Services**, which are:
 - Accessible physically, and to individuals with differing abilities and needs;
 - Delivered in a safe and affordable living environment;
 - Offer protection to vulnerable individuals when needed; and
 - Well-coordinated with other community services.

II. Key Questions

Key Questions affecting a decision about transferring services for people with disabilities from State SDSD to Multnomah County, are:

Mission:

Will the program's Mission be continued or enhanced, to:

- maintain and enhance quality of life;
- provide leadership;
- provide high quality services?

Will a separate Disability Service system be maintained?

Advisory Council and Advocacy:

Will the DSAC's role be maintained or enhanced, for:

- advising the program;
- service quality;
- program development;
- education;
- advocacy;
- community leadership?

Will advocacy be enhanced?

- federal?
- state?
- local?

Services:

Will current ASD and DSO services be continued?

Will service quality be continued or enhanced?

Will additional services become available?

Will efficiencies increase or improve services?

Will access to or support from other County services be increased for people with disabilities?

Organizational Structure:

Will the recommended organizational structure in the County:

- enhance services?
- improve linkages with other programs?

Staffing and Finances:

Would state staff be transferred without loss of salary, and with full county benefits?

Would neither DSO nor ASD staff lose their positions as a result of the transfer? (no loss of staff's jobs)

Is the funding from SDSD adequate to cover ASD's costs?

E. Assumptions and Policies

Assumptions and policies which guide decisions on the proposed transfer are, that:

1. **Advocacy**

a. The Disability Services Advisory Council (DSAC) becomes the ASD advisory council for Disability Services program.

b. The Portland Multnomah Commission on Aging (PMCOA) continues as the ASD advisory council for Aging programs.

c. Coordination between the DSAC and City County Advisory Committee on the Disabled is continued and/or enhanced.

d. Coordination among groups, such as DSAC, PMCOA, MH Advisory Council, and DD Coordinating Council, is enhanced.

2. **Mission and Services**

a. The transfer process does not disrupt existing services to people served by either DSO or ASD branch offices.

b. ASD, with the DSAC, develops the mission and goals for the Disability Services program, encompassing:

- quality services to individuals;
- advocacy on behalf of consumers and their programs;
- program development to expand services;
- coordination with other county and community services (eg, Health, Mental Health, Developmental Disabilities, etc);
- coordination with other local service and advocacy groups.

3. **Structure**

a. ASD changes its name to reflect the broader mission.

b. The four DSO branch offices and staffing at DSO's remain as is, except when caseload changes require shifts, or where consolidating a function would improve service, efficiency or effectiveness of Aging and Disability programs.

c. Staff from the current District Office are located in the ASD Central Office; a manager for the Disability Services program would be maintained.

4. **Employee Transfer**

a. Transferring state employees do not lose in salary as a result of the transfer. Transferring State employees are eligible for the full County employee benefits package. Accrued leave is either transferred or paid by SDSD at the time of transfer.

b. Neither ASD employees nor DSO employees lose their positions as a result of the transfer. SDSD assists those not wishing to transfer to find suitable state positions.

5. **Funding**

a. The costs of DSO staff and offices is paid for with State SDSD contract funds.

b. No new County funds are available to support the transferred program. However, ASD would seek to use existing funds for match, or obtain new funding sources, to enhance services.

3. If a transfer is recommended and approved by the Board, Implementation Committees will be convened as needed to develop a detailed plan, and coordinate and complete the transfer.

4. The transfer is proposed to occur by July 1, 1997.

D. Criteria for a Transfer

The criteria by which the proposed transfer of services for adults with disabilities will be evaluated by the Feasibility Study Advisory Committee, are that:

1. The quality of the current service system is maintained in the short term, and enhanced over time.

2. Access, benefits and services are not reduced for individuals due to the transfer.

3. Services are accessible; structures, interpersonal and written communication, and programs, are accessible to people with differing abilities and needs.

4. Commitment to the individuality and independence of each person is maintained.

5. Differences in life issues among consumer groups is reflected.

6. A single entry system for each consumer group - disability and aging - is maintained.

7. Eligibility policies and procedures are consistent across consumer populations, with advocacy to meet the client's needs as the guiding principle.

8. Local control is maximized to assure consumer and advocate access, and accountability of policy makers.

9. Flexibility in program development and working with individuals is a high priority.

10. The transfer is consistent with the current programs' missions.

11. The transfer meets the long and short term goals of the stakeholders.

12. Costs can be met with resources available to the program.

I. Proposal to Transfer Services

A. Introduction

1. The purpose of undertaking the Feasibility Study is to enhance service to adults with disabilities in Multnomah County.
2. Multnomah County is dedicated to: providing an integrated services system that is easily accessible, client oriented, and enhances the individuality and independence of each client; providing quality programs; and soliciting citizen and consumer participation to plan and provide quality services.
3. The County Aging Services Department believes that locating this program in local government would: improve advocacy; enhance program development; encourage quality and innovation in customer service and service delivery; and improve partnership among local government, providers, and consumers.

B. Background

1. Oregon Law allows the State Senior and Disabled Services Division (SDSD) to delegate services for persons with disabilities to Area Agencies on Aging within local governments.
2. In 1989/90, Multnomah County conducted a planning process. An advisory committee concluded that local administration of Disability Services would be beneficial, and recommended that these programs transfer from the State to the County; the Board of County Commissioners concurred. After further study, the Board decided to postpone a transfer due to inadequate funding from the state.
3. An advisory committee met in 1992 to review whether a transfer should be re-examined. Due to major organizational changes occurring within state and county human services, the review process was not completed.
4. Multnomah County Aging Services Department (ASD), which is the local Area Agency on Aging, is initiating a planning process to again review the issue of a transfer of Disability Services from the State to the County, including a transfer of the state staff and Disability Service Offices (DSO).

C. Planning Process

1. A Feasibility Study Advisory Committee met from January to April, 1996, to review the proposal and recommend to the County whether a transfer is desirable and feasible at this time.
2. Public comment was solicited, prior to the Advisory Committee's final report.

4. Organizational Structure

The Organizational Structure will continue specialized access and case management for aging and disability programs, and allow for efficiencies in operation and improved service. Coordination with other County programs such as Developmental Disabilities and Mental Health will enhance client service.

5. Staffing

Positions will be available for all current staff. Transferred staff will, overall, enjoy higher salaries at the County than at the State, and will have access to the full array of County benefits, without having to pass additional new-employee waiting periods. The State offers different medical plans than the County, and some optional benefits which may not be available under County employment.

6. Budget

Costs and revenue have been projected for the 1997/99 biennium Transfer Budget; there is a gap of about 3% of the total budget between projected revenue and ASD costs, because: (1) the County budget includes all costs of operating the program, including indirect costs; and (2) salary schedules and salary costs are higher at the County than at the State.

RECOMMENDATION:

ASD and the Feasibility Study Advisory Committee, recommend that the proposed transfer be approved by the Board of County Commissioners, with the following conditions:

- 1) That the Assumptions and Policies in the Committee Report be adhered to in implementing the transfer (see pages 5 & 6 of this report);
- 2) That ASD continue to work with State and County personnel offices, unions and others to reduce remaining barriers to continuity of benefits for transferring staff;
- 3) That ASD is able to negotiate transfer of funds from the State necessary for proper management of the program, including additional costs resulting from the transfer;
- 4) That a detailed Implementation Plan be developed and approved by the PMCOA and DSAC prior to the final transfer; and
- 5) That enhanced Advocacy activities be undertaken during the implementation phase.

Executive Summary:

Advisory Committee Recommendation

The Multnomah County Aging Services Department (ASD) has conducted a review of whether it is desirable and feasible for services for adults with disabilities to be transferred from state to local government operation as allowed by state law. The transfer is proposed to occur July 1, 1997.

The purpose of the transfer is to enhance services to adults with disabilities in Multnomah County.

A twelve member Feasibility Study Advisory Committee, formed of disability service users and advocates, aging advocates, and State and County staff, evaluated the opportunities and risks of the proposed transfer. The recommendations of the Committee, as well as comments from the public hearings, will be reviewed by the Portland-Multnomah Commission on Aging, and by the Disability Services Advisory Council, prior to a recommendation to the Board of County Commissioners in June.

FINDINGS:

The Feasibility Study Advisory Committee finds that:

1. Mission

A combined Mission statement, developed in consultation with aging and disability advocates and staff, will maintain and enhance the mission of the Disability Services program.

2. Advisory Council and Advocacy

The Disability Services Advisory Council (DSAC), will be retained and its membership enhanced. The DSAC's role in advising the State will be retained, and strengthened by partnership with PMCOA. Advocacy with the Board of County Commissioners and other local officials will be developed. Coordination with the City County Advisory Committee on Disabilities, and leadership among local disability groups, will be enhanced.

3. Services

All current services will be retained. No clients will lose services due to the transfer. Service quality will be enhanced by providing client sensitivity training to staff by people with disabilities, and by monitoring of services by advocates. New services will be added over time, with four priority services identified for implementation planning: Gatekeeper; Information and Referral, 24-Hour Access, and Multi-Disciplinary Teams.