

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 care and support to the elderly and to people with serious physical, emotional, or developmental disabilities.

Aging and Disability Services Division (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.

Citizen input shapes service delivery

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. It serves 3,500 individuals annually.

Mental Health and Addiction Services Division (MHASD) has been designated by the State as the Mental Health Organization for the County. It has oversight responsibilities for a continuum of family, child, and 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. The Addiction Services Program offers services relating to prevention, intervention, detoxification, outpatient and residential treatment, and gambling addiction. The DUII Unit serves 3,600 clients annually; A&D Assessment makes 1,085 treatment referrals; the Gambling Program serves over 450 problem gamblers; and A&D Treatment contracts serve over 16,000 people annually.

The **Domestic Violence Coordinator's Office (DVCO)** provides leadership and policy direction to County service providers and manages funding for the domestic violence service system. Annually, the DVCO funds emergency shelters (serving 884 clients, including 444 children); culturally specific support services (serving 796 clients, including 473 children); phone crisis intervention (totaling 20,000 calls); outreach services (serving 133 clients, including 69 children); and prevention education for 1,200 K-12 students.

Advisory Groups:

- *Elders In Action* and the *Disability Service Advisory Council* provide input on community priorities as well as program and policy development for ADSD. The *Multi-Ethnic Action Committee* works to create a service delivery system responsive to the diverse population of Multnomah County.
- The *Adult Mental Health and Substance Abuse Advisory Committee* and the *System of Care for Child and Families Implementation Committee* provide input to guide County mental health programs.

Department of County Human Services

How the Department Delivers Its Services

Aging and Disability Services Division (ADSD)

DCHS provides services both directly and through contracts. Structurally, the Department is divided into three divisions and one office.

The **Aging and Disability Services Division** provides and coordinates a continuum of services to help the elderly and people with disabilities remain as independent, healthy, and safe as possible. Services are offered through several entry points, including a central Helpline, Senior Centers, and ADSD offices located throughout the county and co-located with key partners. Local, State, and Federal funds are integrated to provide a range of services, from information and referral to minimal support to intensive round-the-clock and complex care. Services are provided both directly and through contracts.

Developmental Disabilities Services Division (DDSD)

The **Developmental Disabilities Services Division** provides services to individuals with developmental disabilities and their families. The Division's goals are to promote accessibility, inclusion, and choice.

DDSD has a total of 88 FTE; it operates direct services (intake & assessment, case management, and protective services) with a staff of 60; another 19 staff members administer and monitor 100 community provider contracts for residential, employment, and transportation services. The final nine work for the Regional Office, for which the County is the fiscal agent. The Five-County Region coordinates crisis services across five Counties.

Mental Health & Addiction Services Division (MHASD)

Annually, the **Mental Health & Addiction Services Division** responds to over 35,000 child and adult callers; and serves 5,500 children and families; 4,250 individuals on civil commitments; 6,000 county residents referred by the courts; 134 individuals in residential services; and 225 adults and children in Hispanic/Latino mental health treatment. It provides addictions-related services to over 5,000 individuals. In addition, MHASD administers contracts serving over 7,900 Oregon Health Plan (OHP) eligible adults and more than 800 individuals who are without resources for mental health treatment. MHASD provides treatment to individuals who are suffering from mental illness, serious emotional disturbance, and addictions.

Domestic Violence Coordinator's Office (DVCO)

The **Domestic Violence Coordinator's Office** administers funds for domestic violence victims' services totaling \$1.8 million in FY 04, of which approximately two-thirds is from the General Fund and the rest is from State and Federal sources. Federal grant funds extending into FY 05 include: HUD Horizon Grants for transitional housing with supportive services; a State Byrne Grant for developing centralized access services; and a US Department of Justice Grant to provide safe, supervised visitation and exchange for victims of domestic violence and their children.

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Within regulatory and funding requirements, DCHS has set goals across a multi-year period. The goals include:

Improving how business is done

Infrastructure improvement: DCHS will continue to improve both its processes and its services. The Department will enhance the skills of its management corps and create an environment in which excellence is expected of and encouraged in every employee.

Changing our contracts

Performance measurements and evidence-based practices within contracts: DCHS will change its contracts to a performance-based model, creating staff positions for enhanced oversight and revamping the way that program goals are contractually met. In addition, DCHS will begin a migration towards funding efforts that are evidence-based and have provable results, thus using the best available scientific evidence to improve its programs.

Strength through partnerships

Increased partnerships within the community and County will focus on public health and safety concerns, innovative ways to serve clients shared with other Departments, increased training opportunities, efforts to coordinate and strengthen our community relationships, access to culturally competent services, and the effective use of taxpayer money.

Core service focus

A focus on services for those most in need: As funding sources decline and disappear, the Department has increasingly focused on the core services required by those most in need. With an aging population and regional services that are declining as a result of the poor economy, DCHS must be expert at delivering these core services in the most effective manner possible—both utilizing resources efficiently and providing services that genuinely improve the quality of life for those at risk. To that end, the Department will aggressively seek both additional resources and process improvements. Currently, DDSO is working with the State to match State-funded administrative services funds with Medicaid funds.

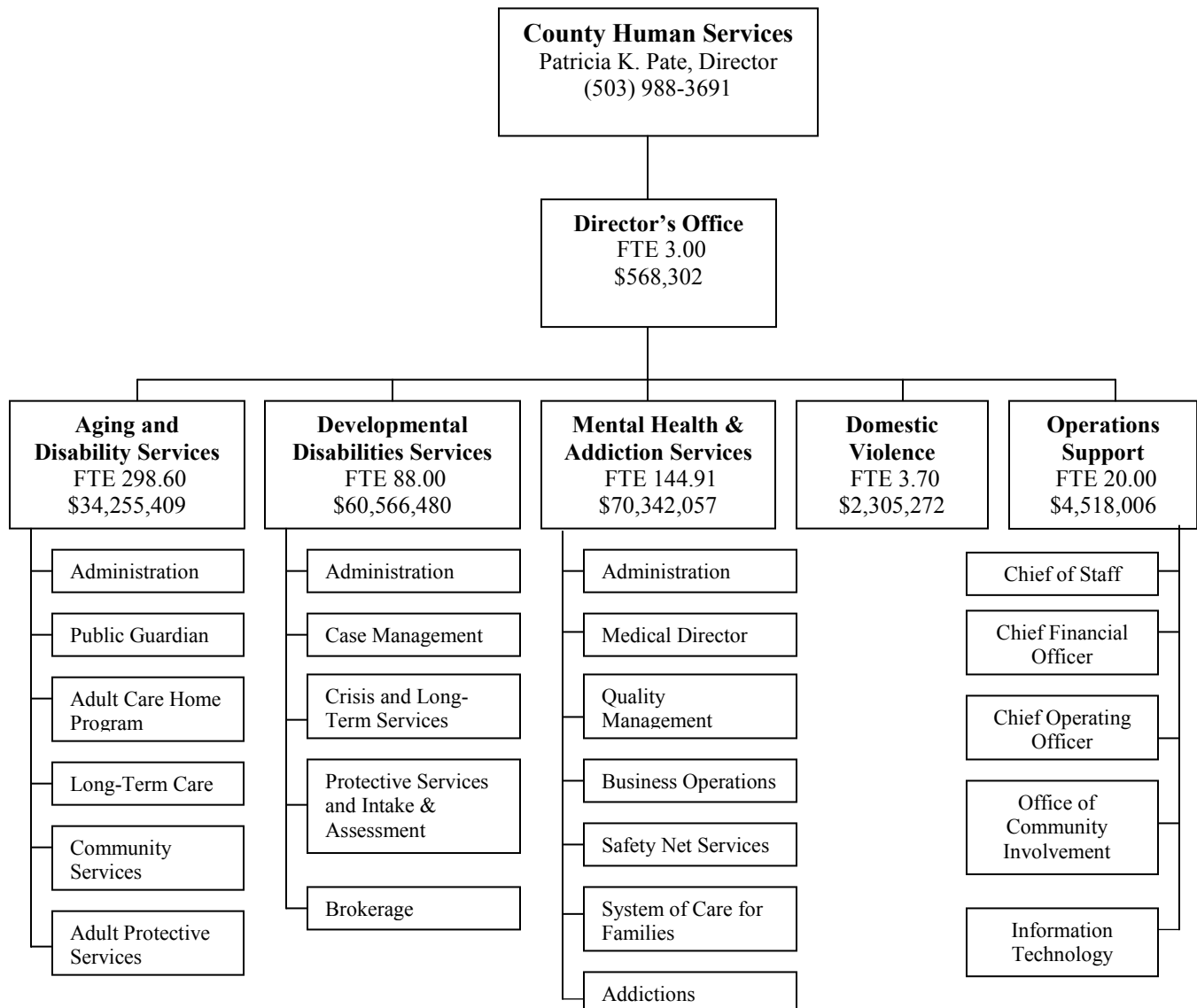
The new emphasis on quality management, planning, and corrective action will help the Department ensure operational effectiveness. All Divisions have made access to services a priority and will strengthen the systems that provide it, such as the ADS Helpline, which provides 24/7 access to life-saving community supports. Providing essential services to those most affected by recent cuts in service is the top priority for DCHS.

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Department Organization

The Department of County Human Services delivers services through direct case management, contracts with community-based organizations, and linkage to external resources such as food stamps and Medicaid. Below is an organizational chart showing the Department's 558.21 FTE and annual budget of \$172,555,526 for the divisions and their program areas.

The Aging and Disability Services Division, the Developmental Disability Division, and the Mental Health & Addiction Services Division are the major service provision units of the Department and they account for the majority of the Department's budget. The Domestic Violence Coordinator's Office administers about \$1.8 million in funds for victim services. The Operations Support "Division" is a budgetary unit that contains several smaller units which report to the Department Director, as well as an accounting unit for IT costs.



Department of County Human Services

Budget Issues and Highlights

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

- State and Federal revenues are budgeted at \$140.3 million for FY 05, supporting about 82% of the Departmental appropriation. This is unchanged from FY 04.
- County General Funds support \$30.5 million in appropriations, or about 18% of the budget. However, \$14.4 million of the CGF appropriation is attributable to the ITAX, which was intended to offset reduced funds from the State. Without the ITAX, CGF spending in the department would have decreased by \$14.4 million from FY 04 service levels.

State funding levels continue to be uncertain, particularly in the area of mental health. The major challenge for FY 05 is to continue to provide high quality services and protect the continuum of basic services in the face of uncertain long-term funding and the upcoming expiration of the ITAX.

Overall, the FTE impact to the Department has been modest, and the increases are mostly in the ADSD Long-Term Care Program. Departmental staffing levels have increased by 3.3 percent.

FY 04 Adopted Budget FTE: 540.26

FY 05 Adopted Budget FTE: 558.21

Net FTE Increase: 17.95

Aging and Disability Services Division (ADSD)

The State legislative session ending in September 2003 partially restored some of the programs cut by Measure 28. The State subsequently increased allocations twice during FY 04, resulting in a net return of 19.93 FTE and an allocation of \$1,339,490 beyond the initial 2004 approved budget. Changes included:

- Increased funding and FTE for Medicaid Long-Term Care Service Levels 10 and 11;
- Restoration of a General Assistance Program with return of 6.75 FTE;
- Maintenance of Oregon Project Independence services at reduced funding level;

FY 2004: 267.72 FTE

FY 2005: 298.60 FTE

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DDSD

Developmental Disability Services Division (DDSD)

Access to services increased with the creation of service brokerage organizations in 2002 (including three in Multnomah County) as a result of the Staley lawsuit. One brokerage, Community Options, was operated by DDSD. These brokerages provided support services to individuals who received no services beyond case management and did not live in State- or County-funded residential programs. In order for DDSD to focus on required case management services, the County's brokerage was closed and the responsibility for these client services was shifted to the two other local brokerages, where there was underutilized capacity. DDSD retains the responsibility of monitoring client care plan compliance with Medicaid rules and managing referral of individuals to the two other brokerages. 600 clients were referred in 2004.

FY 2004: 97.70 FTE

FY 2005: 88.00 FTE

DVCO

Domestic Violence Coordinator's Office (DVCO)

County General Funds for DVCO that were initially cut have been restored.

FY 2004: 4.00 FTE

FY 2005: 3.70 FTE

MHASD

Mental Health and Addiction Services Division (MHASD)

The MHAS Division had an annualized loss of approximately \$18 million in Federal/State funding from FY 03 to FY 04. This loss was partially offset by ITAX funds of \$11.1 million. Since the County adopted its FY 04 budget, the State has restored \$5 million in Federal/State funding. The net loss of \$1.9 million continues in this budget. The expiration of the ITAX after FY 06 will have a significant impact on the division its provision of services.

FY 2004: 140.84 FTE

FY 2005: 144.91 FTE

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Budget for FY 2005

The Department's Adopted Fiscal Year 2005 operating budget is \$172,555,526, which is essentially unchanged from FY 2004. FTE levels have increased by 17.95 FTE due to increased funds for Aging & Disability Services. Contracted services have been reduced by \$5.3 million, or 4.2%, due to closure of the Developmental Disabilities Brokerage and reduced Oregon Health Plan funds. 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 & Disability Services* and *Department of Community and Family Services*.

Budget Trends	2002-03	2003-04	2003-04	2004-05	
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	642.59	548.69	540.26	558.21	17.95
Personal Services	\$41,335,266	\$37,410,417	\$36,835,909	\$40,425,815	\$3,589,906
Contractual Services	\$120,661,496	\$127,745,703	\$126,009,690	\$120,671,572	(\$5,338,118)
Materials & Supplies	\$10,069,770	\$8,817,947	\$9,031,754	\$11,458,139	\$2,426,385
Capital Outlay	<u>\$1,147</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Costs	\$172,067,679	\$173,974,067	\$171,877,353	\$172,555,526	\$678,173

Costs by Division	2002-03	2003-04	2003-04	2004-05	
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Director's Office	\$646,281	\$802,461	\$300,732	\$568,302	\$267,570
Operations Support	\$5,763,516	\$4,494,641	\$4,544,576	\$4,518,006	(\$26,570)
Domestic Violence	\$2,171,473	\$2,594,583	\$2,405,167	\$2,305,272	(\$99,895)
Aging & Disability Svcs	\$33,356,805	\$32,619,445	\$31,133,015	\$34,255,409	\$3,122,394
Dvlpmntl. Disabilities	\$58,269,798	\$59,512,859	\$61,826,291	\$60,566,480	(\$1,259,811)
Mntl Hlth & Adctn Svcs	<u>\$71,859,806</u>	<u>\$73,950,078</u>	<u>\$71,667,572</u>	<u>\$70,342,057</u>	<u>(\$1,325,515)</u>
Total Costs	\$172,067,679	\$173,974,067	\$171,877,353	\$172,555,526	\$678,173

Staffing by Division	2002-03	2003-04	2003-04	2004-05	
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Director's Office	2.44	3.39	3.00	3.00	0.00
Operations Support	40.60	27.16	27.00	20.00	(7.00)
Domestic Violence	3.53	3.87	4.00	3.70	(0.30)
Aging & Disability Svcs	341.40	285.28	267.72	298.60	30.88
Dvlpmntl. Disabilities	90.51	87.66	97.70	88.00	(9.70)
Mntl Hlth & Adctn Svcs	<u>164.11</u>	<u>141.68</u>	<u>140.84</u>	<u>144.91</u>	<u>4.07</u>
Total Staffing FTE's	642.59	549.05	540.26	558.21	17.95

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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	\$207,786	\$0	\$360,516	\$0	\$0
Operations Support	\$1,612,371	\$0	\$2,905,635	\$0	\$0
Domestic Violence	\$1,453,017	\$0	\$562,157	\$290,098	\$0
Aging & Disability Svcs	\$6,465,360	\$587,730	\$26,124,420	\$1,077,899	\$0
Dvlpmntl. Disabilities	\$1,831,976	\$1,501	\$58,733,003	\$0	\$0
Mntl Hlth & Adctn Svcs	<u>\$18,946,277</u>	<u>\$329,784</u>	<u>\$50,229,616</u>	<u>\$836,380</u>	<u>\$0</u>
Total Resources	\$30,516,787	\$919,015	\$138,915,347	\$2,204,377	\$0

Director's Office

The Director's Office provides leadership, policy direction, and program oversight to the Department of County Human Services. Responsibilities include supporting the overall County mission, ensuring Divisional service quality, and maintaining communications both internally and with the community.

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;
- Implement the Department's privacy policy and federal Health Insurance Portability and Accountability Act (HIPAA);
- Institutionalize the use of the Quality and Compliance Officer to meet regulatory quality management;
- Create meaningful partnerships internally and externally with agencies including the Departments of Health, Community Justice, and School & Community Partnerships 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:

- Add State of Oregon funding for the Children's Receiving Center at the Gateway Children's Center (\$124,429).
- Add HIPAA consulting & trainings (\$45,000).

Director's Office		2003-04	2003-04	2004-05	
Budget Trends	2002-03	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	2.44	3.39	3.00	3.00	0.00
Personal Services	\$476,129	\$304,258	\$269,174	\$338,373	\$69,199
Contractual Services	\$123,246	\$468,909	\$0	\$169,991	\$169,991
Materials & Supplies	\$46,906	\$29,294	\$31,558	\$59,938	\$28,380
Capital Outlay	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Costs	\$646,281	\$802,461	\$300,732	\$568,302	\$267,570

Operations Support

The Operations Support “Division” is a budgetary unit that contains several smaller units, such as the Office of Community Involvement, which report to the Department Director; it also contains an accounting unit for IT costs.

Action Plans:

- Implement strategies to enhance DCHS internal communications;
- Implement a consistent Departmental external communication plan;
- Create and coordinate long range facilities plan for DCHS;
- Finalize Service Level Agreement with Facilities;
- Benchmark service and delivery processes for cost and competitiveness;
- Establish mechanisms for the ongoing review of service requirements and the processes necessary to respond to changing service needs;
- Update the monthly financial reports for decision support;
- Develop the Federally Qualified Health Care program, policies, and procedures;
- Initiate Department internships.

Significant Budget Changes:

- Transfer 3.00 FTE from the CFO’s Office to County Business Services and cut 1.00 FTE (\$210,000).
- Transfer 2.50 FTE of research and evaluation staff from the Chief of Staff’s Office to the Office of Community Involvement. Add 1.00 FTE Program Manager 2 to the Chief of Staff’s Office.
- For the Office of Community Involvement, add 0.50 FTE research and evaluation to create 3 full FTE for research and evaluation, and add a 1.0 FTE Program Manager 2 to lead the Office.
- Eliminate the Human Resource unit, with services provided via a shared service model/charge with County Business Services (\$440,052 and 6.50 FTE).
- Increase Materials & Supplies for IT costs (\$102,000).

Operations Support					
Budget Trends	2002-03	2003-04	2003-04	2004-05	
	<u>Actual</u>	<u>Current Estimate</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	40.60	27.16	27.00	20.00	(7.00)
Personal Services	\$2,593,787	\$1,810,229	\$1,799,234	\$1,653,704	(\$145,530)
Contractual Services	\$80,753	\$121,564	\$109,054	\$104,490	(\$4,564)
Materials & Supplies	\$3,088,976	\$2,562,848	\$2,636,288	\$2,759,812	\$123,524
Capital Outlay	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Costs	\$5,763,516	\$4,494,641	\$4,544,576	\$4,518,006	(\$26,570)

Chief of Staff The Office of the Chief of Staff facilitates planning and policymaking; focuses on strategic partnerships; serves as a liaison to the Board of Commissioners, the Citizen Budget Advisory Committee, and other community agencies; supports organizational, leadership, and team development; manages change; and works with system partners to monitor legislative issues and develop policy. It also acts as the shared services interface with Human Resources.

FY 2004: 4.50 FTE

FY 2005: 3.00 FTE

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

FY 2004: 4.00 FTE

FY 2005: 4.00 FTE

Chief Financial Officer The CFO's Office manages all fiscal staff, assisting the Director and Division Managers with fiscal management, budget development, the production of monthly financial reports, special project analysis, contract development, tracking and fiscal compliance, and special financial support of DDS and ADS.

FY 2004: 12.00 FTE

FY 2005: 8.00 FTE

Office of Community Involvement The Office is charged with maintaining Departmental connections to the community, ensuring that services are provided within a culturally competent context, providing research and evaluation services, and generating resources.

FY 2004: 0.00 FTE

FY 2005: 5.00 FTE

Information Technology Departmental IT services are provided with County Business Services using a shared services model. This accounting unit reflects the budgeted charge for those services

FY 2004: 0.00 FTE

FY 2005: 0.00 FTE

Costs by Program	2002-03 Actual	2003-04 Adopted Budget	2004-05 Adopted Budget	Difference
Chief of Staff	\$0	\$454,395	\$388,851	(\$65,544)
Chief Financial Officer	\$963	\$850,118	\$731,898	(\$118,220)
Chief Operating Officer	\$38,792	\$469,392	\$495,656	\$26,264
Community Involvement	\$0	\$0	\$461,207	\$461,207
Human Resources	\$536,813	\$440,052	\$0	(\$440,052)
Information Technology	\$2,735,396	\$2,330,618	\$2,440,394	\$109,776
Business Services Administration	\$169,621	\$0	\$0	\$0
Finance	\$1,222,901	\$1	\$0	(\$1)
Contracts	\$669,808	\$0	\$0	\$0
Office Services	<u>\$389,222</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Costs	\$5,763,516	\$4,544,576	\$4,518,006	(\$26,570)

Domestic Violence Coordinator's Office (DVCO)

Through the DVCO, the County funds emergency shelters (serving 884 clients); culturally specific support services (serving 796 clients, including 473 children); phone crisis intervention (20,000 calls); outreach services (serving 133 clients); and prevention education (1,200 K-12 students).

The DVCO ensures an effective response to domestic violence by providing leadership and assistance in the implementation of the domestic violence policy passed by the Board of Commissioners. A joint project of the County and the City of Portland, DVCO works closely with the Portland Police Bureau, the District Attorney's Office, the Department of Community Justice, community-based victims' services, and other organizations.

The DVCO administers victim services funds totaling \$1.8 million, of which approximately two-thirds is County General Fund. The remaining funds are State and Federal, including a HUD Horizon Grants for transitional housing with supportive services, a State Byrne Grant for developing centralized access services, and a US Department of Justice Grant to provide safe, supervised visitation and exchange for victims of domestic violence and their children.

Action Plans:

- Complete Phase III of the Byrne centralized information and referral system, including evaluation of the project and finalization of interagency agreements.
- Release RFP to reallocate \$1.7 million in domestic violence victim services contracts, incorporating the Community-Based Victim Services System Plan adopted by the Board of County Commissioners in November 2002.

Significant Budget Changes:

Domestic Violence Budget Trends	2002-03 <u>Actual</u>	2003-04 <u>Current Estimate</u>	2003-04 <u>Adopted Budget</u>	2004-05 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	3.53	3.87	4.00	3.70	(0.30)
Personal Services	\$263,817	\$274,484	\$283,438	\$284,232	\$794
Contractual Services	\$1,828,381	\$2,221,165	\$2,057,327	\$1,938,693	(\$118,634)
Materials & Supplies	\$79,275	\$98,934	\$64,402	\$82,347	\$17,945
Capital Outlay	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Costs	\$2,171,473	\$2,594,583	\$2,405,167	\$2,305,272	(\$99,895)

Aging and Disability Services Division (ADSD)

ADSD coordinates a continuum of services to help the elderly and people with disabilities remain independent, healthy, and safe. Services are offered through several entry points, including a central Helpline, Senior Centers, and ADSD offices located throughout the County. Services range from information and referral to intensive round-the-clock care, and are provided both directly and through contracts.

Last year, ADSD served 46,000 seniors and disabled residents through a variety of programs, such as Older American Act (OAA) community service programs; Oregon Project Independence (OPI); Medicaid programs; case management for residents receiving in-home, community-based, or nursing facility services; public guardian and conservator services; and protective services.

This Division serves as the focal point for Federal, State, and County funding for seniors and the disabled

Action Plans:

- Continue to redesign services to provide more culturally responsive programs and access to the full range of resources.
- Release a five year RFP for District Senior Service Centers resulting in new contracts in place by June 30, 2005.
- Obtain consistent and valid data by supporting information and data systems that improve delivery of services by June 30, 2005.

Significant Budget Changes:

- Transfer 1.00 FTE finance staff to the County Business Services.
- Cut 1.00 FTE in Adult Protective Services, resulting in approximately 3% less capacity to respond to allegations of abuse, neglect, and exploitation.
- Cut 1 FTE Hearing Specialist due to reduction in State Medicaid funding.
- Increase FTE and personal budget due to increased Medicaid funding for levels 1 through 11 (27.55 FTE) and restoration of the General Assistance program (6.75 FTE).

Aging & Disability Services		2003-04	2003-04	2004-05	
Budget Trends	2002-03	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	341.40	285.28	267.72	298.60	30.88
Personal Services	\$20,904,943	\$18,658,659	\$17,510,078	\$20,464,264	\$2,954,186
Contractual Services	\$7,487,484	\$9,479,136	\$9,127,310	\$9,083,047	(\$44,263)
Materials & Supplies	\$4,963,916	\$4,481,650	\$4,495,627	\$4,708,098	\$212,471
Capital Outlay	<u>\$462</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Costs	\$33,356,805	\$32,619,445	\$31,133,015	\$34,255,409	\$3,122,394

Division Administration ADSD Administration oversees ADSD programs to ensure that clients have access to services that are well coordinated and effective. ADSD is the designated Area Agency on Aging for all of Multnomah County; this designation is funded and held responsible by the State under the Federal Older Americans Act (OAA), for planning, leadership, advocacy, coordination, and delivery of OAA services for all older Americans living in the service area. ADSD provides Medicaid-funded services for the elderly and people with disabilities aged 18 and above, licenses care providers, and provides adult protective services and guardianship. The administration provides leadership and maintains communication with State officials, influencing State policy and ensuring compliance with State contracts.

FY 2004: 12.30 FTE

FY 2005: 9.50 FTE

Public Guardian/Conservator The Public Guardian/Conservator's Office seeks and implements court-appointed guardianship and conservatorship for close to 160 persons who are profoundly incapacitated. The program 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. The Office staff addresses critical client situations on a 24-hour basis.

FY 2004: 9.90 FTE

FY 2005: 11.70 FTE

Adult Care Home Program The Adult Care Home Program (ACHP) regulates, licenses, sanctions, and supports 580 care homes and room and board homes. These homes deliver care to approximately 2,700 seniors and persons with disabilities. The ACHP staff provides monitoring, training, and technical assistance to ensure quality; provides information to the public about homes and facilities; and operates under the authority of State Medicaid rules and County ordinances.

FY 2004: 12.50 FTE

FY 2005: 11.50 FTE

Long-Term Care The primary responsibility of the LTC program is to administer publicly funded services that promote independence, dignity, and choice for seniors and persons with disabilities. Services include eligibility determination for financial assistance, ongoing case management, healthcare benefits, food security, and employment assistance. Last year, LTC served 34,400 people.

FY 2004: 175.55 FTE

FY 2005: 210.10 FTE

Community Services Community Services links older adults and people with disabilities to resources that promote independence, dignity, and choice. Last year more than 9,500 seniors were served by CS, its network of 30 community partner agencies, and 100 Gatekeeper businesses. Services included case management, transportation, legal services, meals on wheels, senior lunch and ethnic meals, family caregiver support, respite care, in-home and personal care, adult day care, culturally specific outreach, and wellness programs. Additionally, the 24-Hour Helpline and specialized services assisted 23,000 callers with information and assistance.

Partnership with the community

A reduction in eight District Senior Center contracts (due to reduced City of Portland funds) and the continuing decline of all funding sources will be reviewed during the 2005 RFP planning process for subsequent impact on service capacity. \$2,693,950 in County Income Tax (ITAX) dollars provide limited safety net services by replacing OPI cuts and providing help to those who have lost Medicaid-funded services. ITAX funds provide for programs such as limited prescription funds, in-home supports, medical transportation assistance, and housing assistance.

FY 2004: 21.30 FTE

FY 2005: 20.80 FTE

Adult Protective Services

APS has two primary functions: to investigate allegations of the abuse, exploitation, or neglect of the elderly and persons with disabilities in the community or in licensed care facilities, and to intervene to prevent such abuse. Last year APS responded to 3,125 protective service calls. The program identifies persons at high risk for abuse and neglect and links them to the ADSD and other services. The program operates under several statutes and is funded by Medicaid

The Multi-Disciplinary Team (MDT) exists within APS to provide consultation, staffing, and intervention for at-risk seniors and persons with disabilities who have complex needs. The team staffed 1,828 client referrals in FY 03. Other Department programs, the Police, and the District Attorney's Office participate as needed.

FY 2004: 36.17 FTE

FY 2005: 35.00 FTE

Costs by Program	2002-03	2003-04	2004-05	Difference
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
ADS Administration	\$1,682,395	\$2,712,841	\$2,839,333	\$126,492
Public Guardian	\$1,057,128	\$1,089,192	\$1,132,008	\$42,816
Adult Care Home Program	\$1,351,036	\$1,352,156	\$1,419,386	\$67,230
Long Term Care	\$20,564,468	\$13,656,027	\$16,358,737	\$2,702,710
Community Services	\$5,855,555	\$9,074,405	\$9,335,933	\$261,528
Adult Protective Services	<u>\$2,846,224</u>	<u>\$3,248,394</u>	<u>\$3,170,012</u>	<u>(\$78,382)</u>
Total Costs	\$33,356,806	\$31,133,015	\$34,255,409	\$3,122,394

Developmental Disabilities Services Division (DDSD)

DDSD provides services to individuals with developmental disabilities and their families. Its goals are to promote accessibility, inclusion, and choice. It develops and coordinates a wide array of services; provides protective services; approves and monitors individual services; determines eligibility; and administers and monitors outside contracts for residential, transportation, employment, and community inclusion services. In 2004, DDSD served 3,400 individuals, 45% of whom were 21 or younger.

DDSD operates direct services (intake and assessment, case management, and protective services) with a staff of 60. Another 19 staff administer and monitor 100 community provider contracts for residential, employment, and transportation services. Nine staff work for the Regional Office, which coordinates crisis services across five counties.

Action Plans:

97% of DDSD's funding is tied to State and Federal funding sources and requirements

- Receive new Federal match funds for administrative expenditures to maximize the return on the County's investment.
- Implement quality assurance plan in conjunction with the Department's Health Insurance Portability and Accountability Act (HIPAA) Coordinator to ensure compliance with Federal regulations.

Significant Budget Changes:

- DDSD recently won agreement from the State to negotiate for Federal matching funds for administrative activities to begin July 1, 2004. This will free up case management funds for case managers.
- Transfer 2.80 FTE finance staff to County Business Services.
- Move 3.00 FTE into Crisis and Long-Term Services due to a change in the location of Title XIX Medicaid services.
- Close the County's brokerage and transfer responsibility for those clients to the two other local brokerages. (\$1.8 million)

Developmental Disabilities		2003-04	2003-04	2004-05	
Budget Trends	2002-03	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	90.51	87.66	97.70	88.00	(9.70)
Personal Services	\$5,880,011	\$5,879,688	\$6,552,873	\$6,381,955	(\$170,918)
Contractual Services	\$51,718,492	\$53,016,563	\$54,586,837	\$52,543,141	(\$2,043,696)
Materials & Supplies	\$670,610	\$616,608	\$686,581	\$1,641,384	\$954,803
Capital Outlay	<u>\$685</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Costs	\$58,269,798	\$59,512,859	\$61,826,291	\$60,566,480	(\$1,259,811)

Division Administration

Division Administration is responsible for management and oversight of the system that provides case management and contract-funded services for people with developmental disabilities. This team also provides leadership in the areas of policy development, case management supervision, advocacy, and community relationships.

FY 2004: 8.80 FTE

FY 2005: 3.00 FTE

Case Management

Case management coordinates case plans for clients whose needs range from medical equipment to help with filling out forms for Social Security to finding someone to provide training in how to use the bus system. Case managers coordinate teams of people to assist in goal-setting, monitor services and result, and problem-solve with clients. Goals described in case plans, which vary by need, may relate to health and safety issues, daily activities or employment, money management, etc. The FY 05 budget includes 9.24 FTE in case management supported by the County Income Tax.

Service billings to the State rose 76.4% in the first six months of FY 2004

Supervisors use protocols to track the teams' progress towards reaching a target of 60 clients per case manager per month. Better tracking has led to an increase in the capture of match dollars supporting the program; because of case manager efforts, service billings to the State increased from \$1,433,357 in the first six months of FY 03 to \$2,527,796 in the first six months of FY 04. 37 case managers serve 3,500 clients annually, resulting in an average caseload of 95 clients. Because ITAX support kept the number of case managers from declining last year, a new administrator is added in FY 05 to provide a better supervisor-to-case manager ratio.

Due to State budget constraints, Staley lawsuit implementation has been extended from five to ten years. As a result, DDS caseloads are 1:95 even with ITAX support. 1:65 is considered adequate for monitoring of health and safety concerns.

FY 2004: 45.50 FTE

FY2005: 43.00 FTE

Crisis and Long-Term Services and Region I Office

Crisis and Long-Term Services places clients in services according to individual need, and tracks and monitors those services. The team, with a staff of 20, provides crisis placements, long-term residential services, employment and community inclusion services, monitoring of contracts funded through Medicaid, and referrals of eligible clients to other community services. The program serves 1,025 clients in 418 residential settings provided by 71 contractors, and 750 clients in employment or community inclusion at 89 sites provided by 25 contractors; it also refers approximately 600 clients to other community services and monitors those services.

Working in collaboration with other counties

Crisis services are extended to another 85-90 individuals. County crisis services work closely with a five-county regional consortium that finds placements for people in crisis, using resources throughout the metropolitan area. Multnomah County acts as the fiscal agent for the Regional Office, and the nine Regional staff are on the County payroll. The Regional Office serves 760 people annually (46% adults and 54% children). About half of both groups reside in Multnomah County.

FY 2004: 18.00 FTE

FY 2005: 29.00 FTE

Protective Services and Intake & Assessment

Protective Services investigates allegations of abuse or neglect of adults with developmental disabilities. The team provides immediate protection where abuse or neglect is found, and recommends ways to prevent further problems. They operate within prescribed response times and provide extensive reports to the State. Over 240 allegations of abuse are expected to be investigated during FY 05. To respond to incidents within the required timeframe, one additional investigator has been added. Protective Services maintains a secure chart room in compliance with new Federal standards regarding client confidentiality.

Protecting the vulnerable and ensuring service delivery

Intake and assessment activities include the determination of eligibility for services and connection of individuals to appropriate resources after conducting an evaluation to determine need. Approximately 340 intakes will be performed in FY 05.

FY 2004: 15.40 FTE

FY 2005: 13.00 FTE

County Brokerage Agency

Three Multnomah County brokerages increased access to services in 2002 as a result of the Staley lawsuit. One of these, Community Options, was operated by DDSD. The brokerages provided support services to individuals who received no services beyond case management and did not live in State- or County-funded residential programs. In order for DDSD to focus on required case management activities, Community Options was closed; the responsibility for its services was shifted to the other two brokerages, where there was underused capacity. DDSD still has responsibility for monitoring client care plan compliance with Medicaid rules, and for managing referral of individuals to the other brokerages. 600 clients were referred in 2004.

FY 2004: 10.00 FTE

FY 2005: 0.00 FTE

Costs by Program	2002-03	2003-04	2004-05	Difference
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Developmental Disabilities Admin	\$532,413	\$713,374	\$1,257,909	\$544,535
Crisis & Long Term Services	\$52,810,321	\$55,175,606	\$54,996,313	(\$179,293)
Intake and Protective Services	\$1,266,131	\$1,077,289	\$974,829	(\$102,460)
Case Management	\$2,546,081	\$3,061,706	\$3,337,429	\$275,723
County Brokerage Agency	<u>\$1,114,852</u>	<u>\$1,798,316</u>	<u>\$0</u>	<u>(\$1,798,316)</u>
Total Costs	\$58,269,798	\$61,826,291	\$60,566,480	(\$1,259,811)

Mental Health and Addiction Services Division (MHASD)

The MHAS division responds to over 35,000 child and adult callers; and serves 5,500 children and families; 4,250 individuals on civil commitments; 6,000 county residents referred by the courts; 134 individuals in residential services; and 225 adults and children in Hispanic/Latino mental health treatment. It provides addictions-related services to over 5,000 individuals. In addition, MHASD administers contracts serving over 7,900 Oregon Health Plan (OHP) eligible adults and more than 800 individuals who are without resources for mental health treatment. MHASD provides treatment to individuals who are suffering from mental illness, serious emotional disturbance, and addictions.

Action Plans:

MHASD will continue to implement the services system redesign through:

- Placement of mental health professionals in the County health clinics to facilitate the integration of mental health and primary care.
- Feasibility analysis of a facility-based program that provides emergent, 24/7 psychiatric assessments and stabilization services, eliminating the need for police transfers to emergency rooms.
- Staffing patterns that provide a dynamic, collaborative mental health system.

Significant Budget Changes:

- Transfer 6.00 FTE finance staff to County Business Services.
- Transfer in a 1.00 FTE Management Assistant from the Director's Office.
- Add 1.00 FTE Director of Clinical Operations position to provide clinical direction.
- Add 2.00 FTE Office Assistant 2's in Quality Management for medical record keeping.
- Add 1.00 FTE Mental Health Consultant for involuntary commitment.
- Add 0.50 FTE Program Development Specialist.
- Cut 1.75 FTE in Targeted Case Management as tasks moved to contractors per the implementation of mental health redesign.
- Reduce OHP revenue by \$4.88 million.

Effective and efficient services for children and adults in need

Federally Qualified Health Center (FQHC) agreements mean more Federal dollars

Mental Health & Addiction Svs	2002-03	2003-04	2003-04	2004-05	
Budget Trends	2002-03	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	164.11	141.68	140.84	144.91	4.07
Personal Services	\$11,216,579	\$10,483,099	\$10,421,112	\$11,303,287	\$882,175
Contractual Services	\$59,423,140	\$62,438,367	\$60,129,162	\$56,832,210	(\$3,296,952)
Materials & Supplies	\$1,220,087	\$1,028,612	\$1,117,298	\$2,206,560	\$1,089,262
Capital Outlay	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Total Costs	\$71,859,806	\$73,950,078	\$71,667,572	\$70,342,057	(\$1,325,515)

Division Administration

The primary responsibility of this office is to set clinical and medical policy. It initiates contracts and budgets, and manages Division funds.

FY 2004: 12.5 FTE

FY 2005: 6.00 FTE

Medical Director

The Medical Director oversees clinical services that are available through County-operated programs and those provided by community contractors.

FY 2004: 0.00 FTE

FY 2005: 1.00 FTE

Quality Management

This program has two units. **Quality Management** ensures contract and health care regulation compliance, complaint and grievance review, adult protective services, critical incident review, and credentialing. **Medical Records** ensures that MHASD records comply with State and Federal documentation and confidentiality rules and regulations. The unit is responsible for 30,000 charts.

FY 2004: 17.00 FTE

FY 2005: 19.24 FTE

Operations & Business Team

This team carries out administrative functions such as claims processing, data analysis, and provider communications, and consolidates data for reports required by state contracts. The group is also responsible for developing measures of service and quality, performing audits on service providers, and providing management with reports and recommendations to improve services.

FY 2004: 6.50 FTE

FY 2005: 8.51 FTE

Safety Net Services

This office provides services to treat and support the most vulnerable members of our community while safeguarding their lives and their rights in a culturally competent manner. Many services are mandated by State or Federal law, and all are essential to the community mental health program:

- Multnomah County Call Center responds to over 35,000 calls annually; as mandated by State law, it is a 24/7 service.
- Involuntary Commitment Monitors investigate over 4,250 psychiatric holds annually according to State requirements, and Commitment Monitors supervise over 450 clients who are on trial visits from court commitments.
- The Community Court annually refers 6,000 misdemeanor adult County residents to Safety Net Services for assistance in adjudication recommendations and referral for rehabilitation service.
- Residential Services coordinates residential services for over 134 adult Multnomah County residents who require specialized housing.

FY 2004: 47.80 FTE

FY 2005: 42.30 FTE

System of Care for Families

System of Care for Families provides services to over 5,500 children and families in an integrated, community-based, and culturally competent manner. Clients receive treatment in outpatient clinics, behavioral classrooms, and alternative schools, and at home, and in the community. Services include treatment, case management, behavioral skills, individual therapy, psychiatric care, and parent support.

Collaborative relationship with School-Age Policy Framework

- The Intensive Treatment Services Pilot serves 60 children with serious emotional or behavioral disorders who are not safe in the community.
- School-Based Health Care serves 1,000 children and their families, providing outreach, pretreatment screening, referral, some treatment, and consultations.
- Early Childhood serves over 680 children through age six and their families by providing early screening and intervention and referring them to existing providers to increase the utilization of mental health resources.
- Child Abuse Response and Evaluation Services (CARES) provides essential services to children who may have been abused and to their families. The program identifies need and makes referral to appropriate services.
- With the Office of School and Community Partnerships, Bienstar de la Familia serves 225 adults and children who need culture- and language-specific Hispanic/Latino mental health, addiction, and case-management services.

FY 2004: 33.29 FTE

FY 2005: 37.91 FTE

Addiction Services

Addiction Services is responsible for the delivery of alcohol, drug, and problem gambling treatment services offered by the County in the following areas:

- Community-Based Services annually serves 150 people who cannot or will not access services on their own but who are in obvious and urgent need of mental health and addictions treatment services.
- Community Resource Specialists administer the Client Basic Emergency Fund (CBEN), providing assistance for emergency needs and housing.
- The DUII Unit serves 3,600 clients annually. Required for DUII defendants, the program conducts screening evaluations, makes treatment referrals, and monitors all DUII clients referred by the Circuit Court.
- Outstationed Alcohol and Drug Assessment, Referral, and Consultation makes 1,085 treatment referrals for probation and pre-sentence investigations annually for DCJ clients, and 400 consultations/referrals for Children's Welfare clients.
- The Gambling Program serves over 450 problem gamblers and their families.
- Alcohol and Drug Prevention monitors contracts relevant to preventing substance abuse. The contracts serve over 16,000 people annually.

FY 2004: 23.75 FTE

FY 2005: 29.95 FTE

Costs by Program	2002-03	2003-04	2004-05	Difference
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
Division Administration	\$1,648,702	\$1,141,996	\$686,712	(\$455,284)
Medical Director	\$0	\$0	\$220,695	\$220,695
Quality Management	\$1,560,665	\$1,308,818	\$1,492,816	\$183,998
Business Operations	\$0	\$668,762	\$1,654,513	\$985,751
Safety Net	\$19,582,080	\$21,503,841	\$17,769,163	(\$3,734,678)
System of Care for Families	\$33,313,544	\$28,783,332	\$30,079,621	\$1,296,289
Addiction Services	<u>\$15,754,815</u>	<u>\$18,260,823</u>	<u>\$18,438,537</u>	<u>\$177,714</u>
Total Costs	\$71,859,806	\$71,667,572	\$70,342,057	(\$1,325,515)