



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(Revised: 9/23/13)

Board Clerk Use Only

Meeting Date: 6/26/14
Agenda Item #: R.5
Est. Start Time: 10:30 am
Date Submitted: 6/13/14

Agenda Title: NOTICE OF INTENT for Innovative Projects/Pilots for Services to Seniors and People with Disabilities

Note: This APR is for NOI's only. APRs are available for other types of submittals. Title should not be more than 2 lines but be sufficient to describe the action requested.

Requested Meeting Date: June 26, 2014 or next available Time Needed: 15 minutes
Department: DCHS Division: ADS
Contact(s): Peggy Brey
Phone: 505-988-3770 Ext. I/O Address:
Presenter Name(s) & Title(s): Peggy Brey, Division Director

General Information

1. What action are you requesting from the Board?

Approval of NOI to allow ADS to apply to the State of Oregon **Innovative Projects/Pilots for Services to Seniors and People with Disabilities.**

A successful award will fund case management and peer support services to Aging and Disability Service (ADS) clients not currently eligible for long term care services and supports but are experiencing high emergency department (ED) use. These clients -- most of whom have one or more chronic illnesses, mental illness and/ or substance abuse issues -- will realize outcomes that include improved self-management of their chronic illnesses, improved engagement with their primary care provider, access to mental health/substance abuse (MH/SA) treatment, and reduced ED utilization. The overarching goals of the project will be to improve:

- coordination between ADS and the other county human service systems,
- services to the target population, and
- client outcomes.

Achieving these goals will reduce costs associated with emergency departments utilization and produce overall savings due to the coordinated and effective deployment of public

resources to meet the needs of clients who tend to fall between the cracks of current systems.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

ADS is the project lead and funds will affect program offer # 25023 ADS Long Term Care Program.

The Innovations Fund was made possible when the Oregon Legislature appropriated \$2.3 million for the 2013-2015 biennium with the passage of SB 5529 and HB 5008. The Innovations Fund is established to finance innovative projects and pilots that improve the quality and cost effectiveness of services to seniors and people with disabilities in Oregon.

Our intent is to develop a multi-system hub—referred to as Helping U Bloom (HUB) with our county human services partners, as well as contracted service providers, to receive referrals and support on-going care coordination. ADS has identified many clients who are not currently receiving long term care services and supports (we refer to them as our non-service population) and who have high instances of ED use. This project will target up to 60 clients at a time for intensive case management and wrap-around services. As clients stabilize or turn-over, new clients will be referred by the HUB for services.

The goals of this project for the target population are to:

- Build capacity by improving coordination between ADS and the various client-involved health, criminal justice, and social service systems
- Provide intensive case management on an time-indeterminable basis
- Provide personal care assistance and other supportive services, through the State Plan Personal Care 20 Program, as needed
- Engage willing clients in recovery through outreach and support services by a contracted Peer Recovery Mentor or a Peer Wellness Specialist co-located in ADS and supervised by the contractors
- Prevent/delay entry into Long Term Services and Supports (LTSS)
- Help clients find/sustain stable housing

We will staff this HUB with a .5 FTE Project Manager/Hub Coordinator, 1 FTE Senior Case Manager, 1 FTE co-located Peer Wellness Specialist and 1 FTE co-located Certified Peer Recovery Mentor. Staff selection will reflect the cultural/ethnic/racial make-up of the clientele to be served, as feasible. We will include funds to our contractors for peer staff supervision. Funds will also be utilized to identify and train a pool of approximately 20 state-paid home care workers prepared to provide services (personal care, housekeeping, meal preparation, etc.) to the target population as needed and desired by the clients. Funds will also be utilized to contract with Portland State University Regional Research Institute (PSU RRI) for qualitative evaluation services.

The HUB will lead the development and implementation of the project evaluation, oversee and advise on the participant pool selection, identify additional resources, address systemic barriers as they arise, and meet regularly to review progress of participants, metrics, etc.

All of the direct care staff and the clients themselves will participate regularly in interdisciplinary care conferences with the client's healthcare provider.

All stakeholders involved in the HUB – new staff and current alike – will participate in Trauma Informed Care (TIC) Training. Also, homecare workers who participate in the project will receive both basic and enhanced training in subject areas such as Understanding the Peer Wellness and Recovery Roles, Dealing with Challenging Non-Dementia behaviors, and Improving Cultural Agility.

This innovative project will improve outcomes for the target population through cost-effective, coordinated, and multi-faced services and build capacity through multi-agency coordination and training.

3. Explain the fiscal impact (current year and ongoing).

If awarded, we anticipate funding for up to \$350,000 for 18 months starting July 2014.

4. Explain any legal and/or policy issues involved.

N/A

5. Explain any citizen and/or other government participation that has or will take place.

Ongoing stakeholder meetings, including peer support and review, are taking place now and will remain an integral component of the program.

Grant Application/Notice of Intent

If the request is a Grant Application or Notice of Intent, please answer all of the following in detail:

- **Who is the granting agency?**

This grant opportunity is from the State of Oregon, Department of Human Services.

- **Specify grant (matching, reporting and other) requirements and goals.**

No match is required. An outside evaluator is required for the grant will be reflected in the budget.

- **Explain grant funding detail – is this a one-time only or long term commitment?**

This is a one-time grant of up to \$350,000 over 18 months. Grant recipients will be paid on a quarterly basis with recipients required to submit quarterly progress reports in advance of the next quarterly payment.

- **What are the estimated filing timelines?**

The Letter of Intent (LOI) was due June 10th and the proposal is due July 8, 2014.

- **If a grant, what period does the grant cover?**

18 months, from July 1, 2014 to December 31, 2015

- **When the grant expires, what are funding plans?**

This grant funds a cost-effective approach to addressing the needs of a high-need, high-use client population. It is anticipated that case management will reduce costly ED visits and improve client outcomes. Any training and infrastructure costs to support this project will be fully supported by grant funds. Depending on successful outcomes, staffing funded through state and/or general funds may be reallocated to support on-going program needs. Additional funding through healthcare transformation and/or other grant opportunities may be available to support on-going efforts.

- **Is 100% of the central and departmental indirect be recovered? If not, please explain why.**

Yes, 100% of central and departmental indirect will be recovered through this grant.

Required Signatures

**Elected Official
or Department/
Agency Director:**

Susan Myers /s/

Date: 6/13/2014

Budget Analyst:

Jennifer Unruh /s/

Date: 6/13/2014

Note: Please submit electronically. We are no longer using actual signatures. Insert names of your approvers followed by /s/. Please insert date approved