

Aging and Disability Services

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Aging and Disability Services

Vision

The vision of Multnomah County Aging and Disability Services is:

Persons with disabilities and older adults in our community will be living quality lives with supports and living situations of their choice. ADS will be a leader and a catalyst in developing, promoting, and implementing options for those choices.

By 2015, almost 150,000 county residents will be 60 or older, 22% of the county population in that year. It is projected that:

- Most of these seniors will be living independently and leading active lives.
- Twelve percent of the older population will be paying for Long Term Care, or will receive care from friends or family to assist with activities of daily living. They may need some help in identifying needs and/or resources.
- Twenty percent of the older population who are very old and very frail will have difficulties with activities of daily living, and will not have the family or resources needed to maintain independent living. They will receive Long Term Care services from the Aging and Disability Services system.
- Advances in medical treatment and response to traumatic accidents over the past several years has dramatically increased the life expectancy as well as independence of individuals with life threatening illnesses and/or severe injuries.

Multnomah County Aging and Disability Services Department (ADS) will remain the primary point of contact in the County for any senior or person with a disability in need of assistance. Through ADS, seniors and people with disabilities will have easy access to a wide range of social and health services, housing alternatives and support systems needed to continue to live safely and with dignity in their communities. ADS will manage local, state and federal public funds and programs to enhance and support individual and community efforts to keep elderly persons and people with disabilities at home and as independent as possible.

Partnerships between ADS and other public and private entities will build a network that will allow or assist ADS customers to choose services, providers or payment methods that best fit their individual needs. The service system will be broad enough to accommodate the needs of elderly persons of diverse backgrounds. ADS, consumers, senior and disability advocates and providers will work together to design programs, assess quality and consumer satisfaction and implement improvements.

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Strategic Planning

ADS launched its current strategic planning process in the spring of 1999 with community forums and hearings and continued its efforts through fiscal year 2001 to develop a community plan for services to older adults and people with disabilities. The plan, "Building Partnerships for Tomorrow," will be released throughout the community in Spring 2001. The plan is both a strategy document to enhance the ADS system and a Community Plan focused on helping the County's growing population of seniors and people with disabilities live quality lives in situations of their choice.

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

Increasing access to health, mental health and long term care

1. Reduce gaps in care giving
2. Reduce number without needed mental health services
3. Improve outcomes for people with chronic conditions

Fostering independence and support

4. Reduce all forms of abuse
5. Increase informal support networks of self, friends and family
6. Increase number whose daily basic needs are met

Building community

7. Increase participation in communities
8. Reduce number without appropriate housing
9. Increase number with full transportation mobility in the community

Each goal has a "sponsor" charged with convening interested community stakeholders and developing action plans and key strategies. There was also consensus that cooperative planning should proceed and that ADS should continue to lead it. The sessions affirmed ADS's belief in the importance of collaboration and partnership and confirmed a broad role for ADS in community planning and leadership. ADS will publish an annual status report on what has been reported as accomplished by the Department and the community.

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Department Services

Aging and Disability Services provided services to over 25,000 citizens of Multnomah County last year. These services included:

- Single entry/easy access to services through information and referral, gatekeepers and twenty-four hour phone Helpline
- Case management/need assessment, eligibility, case plan development and service monitoring for persons who are elderly and for persons with disabilities
- Adult care home monitoring, regulation and licensing
- Public Guardianship/Conservatorship
- Protective services
- Minority services coordination
- Program development and advocacy
- Service contract management
- District Senior Centers
- Nutrition programs
- Transportation services
- In-home services
- Multi-disciplinary teams
- Employment assistance
- Food Stamp authorization
- Oregon Health Plan (OHP) enrollment
- Managed health care education
- Emergency Housing Assistance
- Veterans' Services

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

Elders in Action provides advice and input on community needs, program and policy development and priorities for aging services. **The Disability Services Advisory Council** plays a similar role for the provision of disability services.

Aging and Disability Services

Budget Issues and Highlights

The Adopted Aging and Disability Services budget for FY 2002 reflects a struggle between relatively flat revenue growth from State and Federal sources, or possible cuts in the case of Oregon Project Independence (OPI), and increasing costs. Despite cutting 9 positions and transferring 7 positions related to the centralization of information technology (IT) functions, personnel costs have still increased by \$136,139. In general, personnel costs are increasing at a rate just above 5% a year.

Major Revenue Assumptions

- Older American Act funds have been increased by 1% to reflect an increase in appropriations. In addition, new funds have been budgeted for the Family Caregiver Support Programs.
- Oregon Project Independence revenue has been decreased by 43% under the assumption that most of the program will be restored in the State budget. (It was completely cut in the Governor's initial budget.)
- City of Portland resources have been increased to reflect full year funding of District Centers at the higher level approved last year by the City Council.
- Multnomah County General Fund resources were reduced by 7.0% from current service level, but increased (due to an accounting change) to cover debt service for the new East County Office, to carryover \$300,000 for an IT project, and by \$100,000 to cover the costs of Multi-disciplinary Team (MDT) nurses cut in the Health Department. The net result is an increase in County General Funds.
- Title XIX Medicaid funds have been increased over the current biennium allocation by 1.6% to reflect caseload growth. The amount derived from using local match is budgeted at a slightly higher ratio as compared to the current biennium.
- All other revenue is budgeted at the same level as the current fiscal year. This includes fines and fees, USDA allocation and miscellaneous sources.

Major Expenditure Assumptions

- Personnel Services have been budgeted at essentially the same amount as in the current fiscal year, however, 9.00 FTE have been cut and another 7.00 FTE have been transferred as part of the IT centralization.
- Salaries and payroll costs have been increased to reflect a one step increase for eligible employees, COLA costs, a slight reduction in the PERS rate, and an increases in medical and dental costs.

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- A salary saving of \$447,661, which is about 2.1% of the full personnel costs, has been budgeted. This equates to approximately 9.00 FTE (depending on the job class). The savings will be generated by managing vacancies as they occur during the fiscal year.
- Costs associated with reclassifications of County positions have continued to be absorbed with no additional revenue. In the last two years, the following reclassifications have taken place: Information Technology, Human Resources, Evaluation/Researcher Specialists, and Managers. Case management positions have also undergone a classification and compensation study.
- The resources passed through to contractors have been reduced to reflect the possible reduction in OPI revenue.

Long Term "Equity" Issues

What has come to be called "equity" for the Area Agencies on Aging (AAA's) is a serious financial policy issue between the county and the state. When Multnomah County took on administration of the Medicaid program in 1986, the State Senior and Disabled Services Division (SDSD) allocated staffing and other resources to Multnomah County based on historic usage. Positions at Multnomah County remained on the state personnel system for about five years. Funding allocations, classifications, etc were adjusted in line with the state system.

In order to simplify the SDSD accounting, the AAA's agreed to go to a position-allocation funding process and go off the state personnel system provided there was no loss of funding to support the positions. Since 1991, the State Department of Administrative Services (DAS) has applied a formula for funding positions in the AAA's. This formula has caused the funding for Title XIX positions to be reduced about 91 cents on the dollar owed to the AAA's. This comes to about \$9 million state general fund dollars for the FY 2001-03 biennium. State SDSD and DHS officials acknowledge the problem. The 1999 legislature fixed half the problem for that biennium. The impact is clear. ADS has fewer staff per clients than state counterparts. ADS case management caseloads are close to 1:130 - the state standard is 1:89.

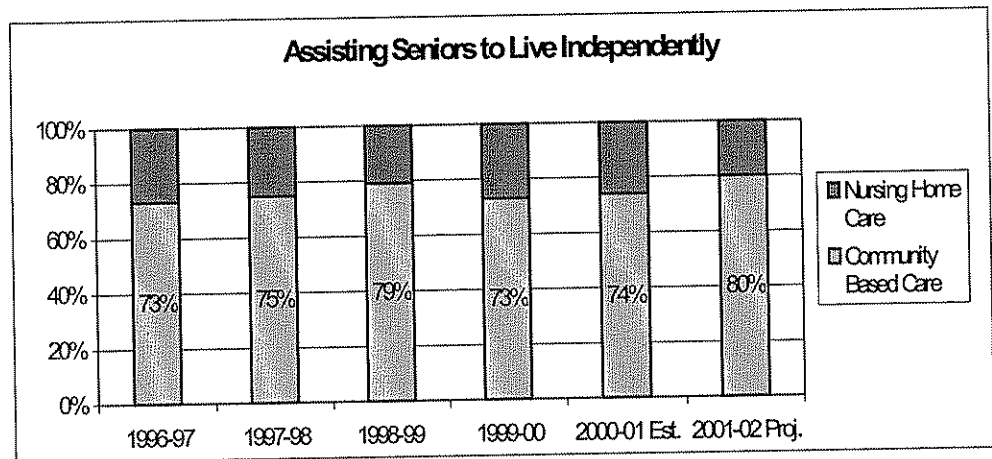
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Department Performance Trends

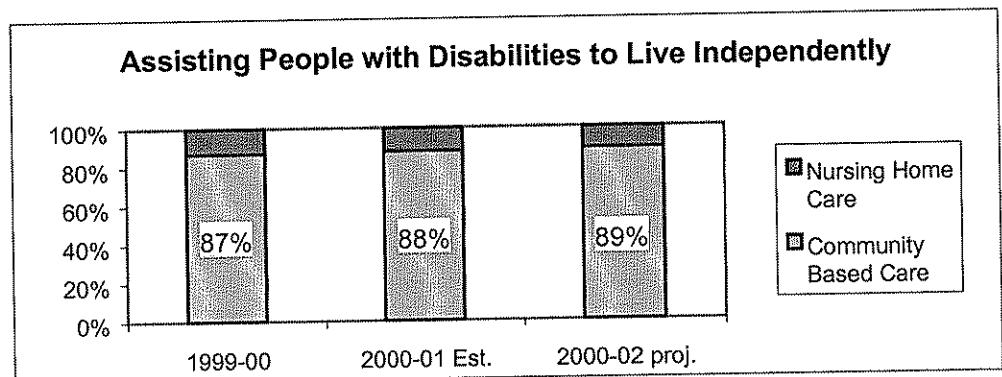
The charts below show progress made towards department and community goals focused on community based care and choices in living situations. The data is collected annually and is benchmarked against other states.

Additional information regarding departmental performance and county-wide trends may be found in the Key Result Measures within this document.

More than ¾ of elderly case managed clients are living in supportive environments other than nursing homes. Community based care in one's own home, an adult foster care home or other assisted care is responsive to client choice and less expensive than a nursing home. This percent reflects both Medicaid and Oregon Project Independence clients.



More than 5 out of 6 case managed clients with disabilities are living in supportive environments other than nursing facilities. Community based care includes help in one's home, residence in adult foster care, or other assisted care. This is responsive to client choice and is less expensive than nursing home care.



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How the Department Delivers Its Services

ADS delivers its long term care services through offices located throughout the County. Additionally, there are nine District Senior Centers, several co-located with ADS branches. Customers can also call a 24-hour Helpline. Referrals from family, friends, and community members also help link clients to needed services.

Many services are delivered through successful partnerships with other County departments and community agencies. Examples of such collaboration include:

- **Multi-Disciplinary Teams** have been implemented to improve service delivery to clients with complex needs. The teams, which are a collaborative effort with the Health Department and Community and Family Services, have been highlighted because of their impact on improving a client's living situation.
- The **Gatekeeper Program** has trained over 100 business and community organizations to be aware and respond to changes in client living conditions or behavior. The program's video, "Gatekeepers: A Community that Cares" recently won a national award in the training category of the Communicator Awards 2000 video competition.
- The **After Hours Response and Helpline** programs provide information and assistance about ADS programs as well as many other community based social services. This program has been expanded to Clackamas and Washington Counties through an Intergovernmental Agreement.
- The Disability Services Offices (DSO) have been participating in an **Employment Initiative Program** in conjunction with the State's Senior and Disabled Services and Vocational Rehabilitation divisions. Other states continue to look to Oregon and Multnomah County as models of successful employment programs.
- Senior programs and meal sites throughout the County represent many significant **public-private partnerships**. For example, the Cherry Blossom program unites ADS, City of Portland Bureau of Parks and Recreation, Loaves and Fishes, YWCA Senior Program, Asian Pacific American Senior Coalition, and the Mid-County Senior Center.

ADS has active diversity, recognition, training and quality committees that lead the way on process improvement and setting customer service standards.

The Department also has a Quality Assurance program in place for its branches. A team reviews cases from each branch for accuracy and completeness. Reviews may be focused on a single program, on a combination of programs, or on the entire case, as requested by the branch manager. In addition to errors or oversights being detected and corrected sooner than they might be otherwise, management can determine patterns of programmatic weakness in individual staff members or teams, and provide needed support. The Quality Assurance program also represents the agency in

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Administrative Hearings.

The in-house ADS training program, which serves ADS employees and contractors, utilizes a combination of staff, community partners and nationally known trainers. Training topics include initial and/or refresher coverage of Medicaid and Food Stamp programs and improvement of case management and customer service techniques. The Training Coordinator chairs a staff committee, which assists in determining training needs.

Long Term Care Division

The Long Term Care Division determines eligibility for a variety of financial services that include Medicaid basic health care and long term care for people who need caregiver assistance. Care is provided in settings of their choice and ranges from within their home to within a nursing facility.

People served in the Long Term Care Programs are provided the full range of social services that assist them in maintaining their independence, meet basic needs and honor their personal preferences. This is done through a "single entry access" approach. Regardless of whether an individual enters an office, or calls the central Helpline phone number, they are connected with services to meet their needs as quickly as possible. Services include:

- Information and assistance in finding suitable resources and services for seniors and people of any age who have a disability;
- Eligibility for Medicaid services (medical care through the Oregon Health Plan and access to long-term care services), Food Stamps, Medically Needy, Medicare Supplemental services and General Assistance;
- Case Management services including, assessment, care planning, development of individualized services, and monitoring;
- In home supports for people who want to remain independent, but need care and or housekeeping services to continue living at home;
- Assistance in obtaining accessible housing, transportation, legal services, employment services, socialization, and nutrition services including home delivered meals;
- Screening to determine if nursing facility placement is appropriate, or help in relocating from a nursing facility;
- Coordination with local community based organizations or volunteer programs that complement client care plans;
- Assistance in obtaining Supplemental Security Income, Social Security Disability Insurance and Veterans' benefits;

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- Referral to employment programs and assistance in maintaining employment. And continued Medicaid health coverage and caregiver assistance for people with disabilities who become employed;
- Coordination with protective service interventions and follow-up on individuals referred for assistance through the Gatekeeper and After-hours programs.

Services to people who are Elderly:

In a recent count, 10,000 people over 65 were served by ADS branch offices. Of those, 5,200 received assistance through financial programs such as Food Stamps and health care coverage. An additional 4,800 receive long term care services in their own homes or a substitute home setting. Case management is a core service for the elderly population. It is more intensive for people who need long term care versus those who receive financial services only.

Services to people who are under 65 who have a Disability:

Reports show that 16,000 people with disabilities under 65 are currently served by ADS. The majority of those clients, 14,000, receive assistance through financial programs such as:

- Food Stamps
- General Assistance
- Health Care Programs

Among this group are individuals who receive services through Community and Family Services' Developmental Disabilities and Behavioral Health services. An additional 2,000 individuals receive long term care services. About 200 of the clients are children under 18 with disabilities. They receive case management and health care services through ADS, and some also receive nursing home services.

Additionally, it is not uncommon for approval of Supplemental Security or Social Security Disability benefits to take 18 months or longer, Disability Services staff provide assistance with the application and appeals process via the SSI Liaison program. Specially trained staff work with the client to develop sufficient proof of medical and/or psychiatric disability. As needed, the Liaison assists the client through various levels of appeals, including representing the client at hearing before an Administrative Law Judge.

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Budget for FY 2002

The Department's Adopted FY 2002 operating budget is \$36,250,956 or a 0.7% increase over FY 2001. Significant issues have been noted above in the Budget Issues and Highlights section. An explanation of specific programmatic changes is noted in the program narratives on the following pages.

Budget Trends	1999-00 Actual	2000-01 Current Estimate	2000-01 Adopted Budget	2001-02 Adopted Budget	Difference
Staffing FTE	354.66	389.80	389.80	373.80	(16.00)
Personal Services	\$18,660,563	\$20,732,893	\$20,732,893	\$20,869,032	\$136,139
Contractual Services	\$6,367,955	\$7,538,043	\$7,538,043	\$7,868,380	\$330,337
Materials & Supplies	\$5,991,225	\$7,689,637	\$7,689,637	\$7,513,544	(\$176,093)
Capital Outlay	\$0	\$10,000	\$10,000	\$0	(\$10,000)
Total Costs	\$31,019,743	\$35,970,573	\$35,970,573	\$36,250,956	\$280,383

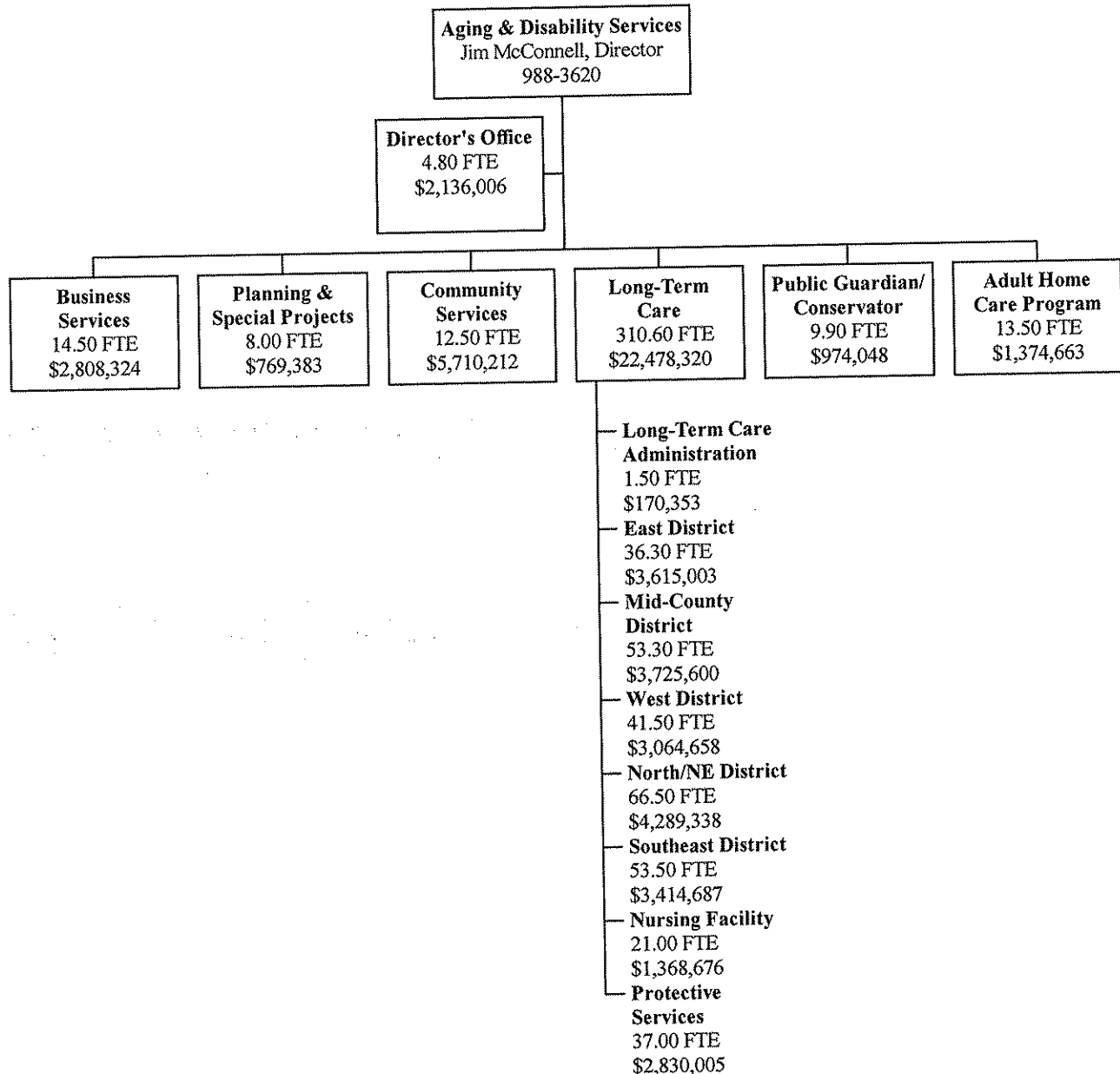
Costs by Division	1999-00 Actual	2000-01 Current Estimate	2000-01 Adopted Budget	2001-02 Adopted Budget	Difference
Director's Office	\$0	\$0	\$0	\$2,136,006	2,136,006
Business Services	\$2,383,205	\$3,259,703	\$3,259,703	\$2,808,324	(451,379)
Planning & Special Pjcts	\$691,680	\$823,513	\$823,513	\$769,383	(54,130)
Community Services	\$5,412,243	\$6,035,246	\$6,035,246	\$5,710,212	(325,034)
Long-Term Care	\$18,819,149	\$22,090,203	\$22,090,203	\$22,478,320	388,117
Public Guardian	\$856,685	\$885,969	\$885,969	\$974,048	88,079
Adult Care Home Prgm	\$1,345,982	\$1,415,858	\$1,415,858	\$1,374,663	(41,195)
Accounting Transaction	\$1,510,799	\$1,460,081	\$1,460,081	\$0	(1,460,081)
Total Costs	\$31,019,743	\$35,970,573	\$35,970,573	\$36,250,956	280,383

Staffing by Division	1999-00 Actual	2000-01 Current Estimate	2000-01 Adopted Budget	2001-02 Adopted Budget	Difference
Director's Office	0.00	0.00	0.00	4.80	4.80
Business Services	21.12	23.30	23.30	14.50	(8.80)
Planning & Special Pjcts	7.57	10.00	10.00	8.00	(2.00)
Community Services	10.22	11.50	11.50	12.50	1.00
Long-Term Care	291.82	319.70	319.70	310.60	(9.10)
Public Guardian	9.81	9.80	9.80	9.90	0.10
Adult Care Home Prgm	14.12	15.50	15.50	13.50	(2.00)
Accounting Transaction	0.00	0.00	0.00	0.00	0.00
Total Staffing FTE's	354.66	389.80	389.80	373.80	(16.00)

Aging and Disability Services

Department Organization

The Department of Aging and Disability Services delivers its services through community based organizations and long term care options. The Department also has a central Business Services Division as well as a Planning and Special Projects Division. Below is an organizational chart showing the Adopted FTE and budget for divisions and their associated programs.



Director's Office

The Director's Office provides leadership, overall policy direction, and program oversight for ADS. Division management responsibilities include establishing agency goals and objectives and ensuring they are carried out. Functions also include, maintaining communications, both internally and with community partners; working with advisory committees on advocacy efforts for the elderly and persons with disabilities.

Action Plans:

- Continue the integration between Aging and Disability functions to assure an efficient and effective use of resources and the development of common standards for providing services to clients.
- Participate with the State, other Area Agencies on Aging (AAA), health plans, national organizations, et al., to advocate for program enhancements and to identify best practices in case management, and continue qualitative improvements to the long term care system.
- Participate with local advisory groups to inform and advocate for more responsive policies and programs for the elderly and persons with disabilities.
- Improve the quality of case management services by continuing development and implementation of an information system that supports case management, assessment, care planning, and monitoring client outcomes.

Director's Office		2000-01	2000-01	2001-02	
Budget Trends	1999-00	Current	Adopted	Adopted	Difference
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	
Staffing FTE	0.00	0.00	0.00	4.80	4.80
Personal Services	\$0	\$0	\$0	\$415,023	\$415,023
Contractual Services	\$0	\$0	\$0	\$637,393	\$637,393
Materials & Supplies	\$0	\$0	\$0	\$1,083,590	\$1,083,590
Capital Outlay	\$0	\$0	\$0	\$0	\$0
Total Costs	\$0	\$0	\$0	\$2,136,006	\$2,136,006

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Director's Office

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Transfer in staff and associated costs -- The Director's Office is a new organizational unit that combines managers and some staff from the prior Central Administration, Aging Services Administration and Disability Services Administration units.	<i>Director's Office</i>	5.30	\$971,510	\$971,510
Cut 0.50 FTE OA Senior	<i>Director's Office</i>	(0.50)	(\$18,016)	
Increase premium pay COLA set-aside	<i>Director's Office</i>		\$11,420	
IT carry-over (\$300,000 County General Fund)	<i>Director's Office</i>		\$1,171,417	\$1,171,417

Business Services

The Business Services Division provides support functions to the Department. Major functions include Financial Management, Human Resources, and Contract Management.

The Financial Management unit prepares and monitors the annual Department budget, processes accounts payable requests for the Department, accounts for the financial transactions of all Public Guardian clients, does the payroll and purchasing for the Central Office, prepares grant billing reports for State and Federal grants and provides office management services for the Central Office.

The functions and staff of the Information Services unit have been transferred to the central Information Services Division in the Department of Support Services. Information technology costs for the Department are shown in materials & supplies as an internal service reimbursement charge. However, the same staff will continue to support ADS servers, provide PC support, develop and maintain agency databases and serve as the liaison with State information systems.

The Human Resources unit assists Department managers with the recruitment and selection of new employees and maintaining good relations with existing employees, maintains personnel records, develops Department-wide training programs and implements the Department-wide quality initiative program through the work of the agency RESULTS Committee.

The Contract Management unit processes Departmental contracts to assure that they comply with County, State and Federal requirements. The unit assists Department managers in the development and processing of Request for Proposals, procurement instruments, negotiating with potential contractors and obtaining contract reports.

Action Plans:

- Continue to implement the ADS Information Infrastructure Plan and participate in the development of the new client/case management information system as well as new data bases that produce relevant management and program information.
- Continue to implement the ADS Human Resources Plan to include enhancing and streamlining the employee recruitment and selection process, evaluating the quality and focus of training efforts and expanding RESULTS activities.

Business Services	1999-00	2000-01	2000-01	2001-02	
Budget Trends	Actual	Current Estimate	Adopted Budget	Adopted Budget	Difference
Staffing FTE	21.12	23.30	23.30	14.50	(8.80)
Personal Services	\$1,331,281	\$1,464,267	\$1,464,267	\$895,498	(\$568,769)
Contractual Services	\$468,270	\$1,027,150	\$1,027,150	\$676,160	(\$350,990)
Materials & Supplies	\$583,654	\$758,286	\$758,286	\$1,236,666	\$478,380
Capital Outlay	\$0	\$10,000	\$10,000	\$0	(\$10,000)
Total Costs	\$2,383,205	\$3,259,703	\$3,259,703	\$2,808,324	(\$451,379)

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Business Services

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Business services is a new unit, but reflects the old Central Management and Administration less staff & costs transferred to the Director's Office and staff transferred in as part of the Departmental reorganization.	<i>Business Services</i>	(0.30)		
Reclassifications From County-Wide Studies: From Employee Serv Spec 1 to HR Analyst 2 From Prog Dev Spec to HR Analyst 2 From Employee Serv Spec/Sr. to HR Manager 2 From Prog Dev Spec to Sr. Research Evaluator From Admin Serv Officer to Prog Mgr. 2	<i>Business Services</i>			
Cut 0.50 FTE OA Senior & 1.00 FTE Network Analyst	<i>Business Services</i>	(1.50)	(\$73,886)	
Increase premium pay COLA set-aside	<i>Business Services</i>		\$37,638	
Transfer 4.00 FTE Network Analyst 2; 1.00 FTE Info System Analyst; 1.00 FTE Database Administrator; 1.00 FTE Info System Manger; and associated cost to the Central IS Division.	<i>Business Services</i>	(7.00)	(\$741,252)	
Increase IT service reimbursement	<i>Business Services</i>		\$741,252	

Planning and Special Projects

This organizational unit brings planning, program development and evaluation activities together around the long-range service direction, policy and program needs of Aging and Disability Services. It is crucial that the County, the Department, and its service providers anticipate and be proactive in responding to the challenges facing seniors and persons with disabilities. The goal of the Planning and Special Projects (PSP) Unit is to look ahead at the challenges and help guide ADS to develop strategies, policies and programs to build a more inclusive and accessible customer-focused service delivery system for the aging and disability populations. The primary activities include strategic planning, resource development, special project management, evaluation, organization performance measurement and data reporting systems.

Action Plans:

- Implement year two action plans based on the ADS strategic plan that will guide decisions regarding the organization's response to emerging issues and will build commitment among key stakeholders. PSP is the leader of ADS Strategic Goal 1: Implement the Community Plan.
- Guide and advocate for public policy and program development that affects the access and responsiveness of community, family, health care and support services for older adults and persons with disabilities.
- Lead the Department's efforts in developing its evaluation capacity. PSP will continue to develop its organizational performance reporting system. It will focus on coordinating data collection, analysis of data and reporting to ADS management. PSP will continue to build on key result measurements within the organization, continue to improve its customer satisfaction surveys measurement for data to support management for quality programs, and improving its infrastructure and being a resource to the operating system.
- Develop grants, resources, and special projects that build on the reputation of the organization for excellence and progressive, innovative approaches to client-centered management and service delivery.

Planning & Special Projects		2000-01	2000-01	2001-02	
Budget Trends	1999-00	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	7.57	10.00	10.00	8.00	(2.00)
Personal Services	\$540,995	\$618,104	\$618,104	\$582,610	(\$35,494)
Contractual Services	\$56,445	\$102,623	\$102,623	\$110,952	\$8,329
Materials & Supplies	\$94,240	\$102,786	\$102,786	\$75,821	(\$26,965)
Capital Outlay	\$0	\$0	\$0	\$0	\$0
Total Costs	\$691,680	\$823,513	\$823,513	\$769,383	(\$54,130)

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Planning and Special Projects

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Personnel Adjustments: Transfer 1.00 FTE to Community Services Transfer 1.00 FTE to Business Services Cut 1.00 FTE Program Dev Spec. Cut 1.00 FTE Program Dev Spec Sr. Increase 1.00 Data Analyst Increase 1.00 Evaluation Research Supervisor	Planning & Special Projects	(2.00)		
Reclassification from County-wide studies: Program Development Specialist to Senior Research/Evaluators (3) Aging Serv Prog Mgr. to Prog Mgr. 1	Planning & Special Projects			
Increase premium pay COLA set-aside	Planning & Special Projects		\$14,029	

Community Services

Community Services staff monitor and evaluate the following additional services:

- *Ethnic Outreach*
- *Adult Day Care*
- *Respite Support for Family Caregivers*
- *Home delivered and Congregate meals*
- *In-home services including housekeeping and personal care*
- *Transportation*
- *Legal services*
- *Health promotion and Health insurance counseling*

The Division focuses on linking older adults and persons with disabilities to resources that promote independence, dignity, and choice. This is accomplished through partnerships with community agencies and by combining Older Americans Act funds, Oregon Project Independence funds, United States Department of Agriculture (USDA), and when possible, Medicaid funds and grants.

The 24-hour Helpline is a core service offered by this unit and provides information and assistance for anyone who has questions or concerns regarding elders and persons with disabilities. Associated with the Helpline are health insurance and benefits counseling and emergency housing assistance. The After Hours Response, part of the Helpline, provides professional response during times the regular offices are not open.

Through contracts with nine District Senior Centers, the Division works to develop and maintain a comprehensive and integrated service system for people age 60 and older. When possible, District Senior Centers are co-located with ADS Branch Offices to enhance coordination. Case managers develop care plans to enable elders to live at home or in the setting of their choice.

The Gatekeeper program partners with local businesses to identify seniors in need of assistance. Employees who have contact, as part of their jobs, are encouraged to assist vulnerable people by reporting warning signs of self neglect or abuse. ADS has successfully engaged and trained gatekeepers ranging from supermarket clerks to bank tellers to utility readers.

Veterans' Services Officers (VSO) assist veterans applying for all federal, state and local benefits. The program increases the services and financial resources for veterans and their dependents and reduces Medicaid costs.

Action Plans:

- Increase the visibility of District Senior Center partners as active leaders in the community.
- Increase resources, including human resources, to respond to a shortage of skilled health-related providers and the increase in aging and vulnerable populations.

Community Services	1999-00	2000-01	2000-01	2001-02	
Budget Trends	1999-00	Current	Adopted	Adopted	Difference
	Actual	Estimate	Budget	Budget	
Staffing FTE	10.22	11.50	11.50	12.50	1.00
Personal Services	\$741,578	\$675,279	\$675,279	\$726,939	\$51,660
Contractual Services	\$4,082,314	\$4,741,067	\$4,741,067	\$4,460,844	(\$280,223)
Materials & Supplies	\$588,351	\$618,900	\$618,900	\$522,429	(\$96,471)
Capital Outlay	\$0	\$0	\$0	\$0	\$0
Total Costs	\$5,412,243	\$6,035,246	\$6,035,246	\$5,710,212	(\$325,034)

Aging and Disability Services

Community Services

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Personnel Adjustments: Add 1.00 FTE from Planning and Special Projects Add 2.00 FTE from Aging Administration/Veterans' Services Reduce 1.00 FTE	Community Services	2.00		
Reclassification from County-wide studies: Program Development Specialists to Research/Eval Analyst 2 (4) Community Serv Admin to Prog Mgr. 1	Community Services			
Reduce Oregon Project Independence revenue and expenses	Community Services		(\$439,394)	(\$439,394)
Reduce Professional Services	Community Services		(\$86,878)	
Cut 1.00 FTE Veterans' Service Officer	Community Services	(1.00)	(\$53,311)	
Increase premium pay COLA set-aside	Community Services		\$20,165	

Key Result Measures	Program	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Estimate	FY 02 Projection
% of meal participants and case managed clients showing improvement in risk for malnutrition after 1 year	Community Access Serv	43%	40%	27%	30%	35%
% of ethnic minority elders who are new clients	Community Access Services	10%	16%	17%	20%	20%
% of clients satisfied with Helpline response	Community Access Services	N/A*	78%	N/A	85%	N/A
% of trained client employed providers retained by ADS clients beyond 6 months	Community Access Services	N/A	19%	12%	15%	15%

* Survey is conducted every 2 years

Long Term Care

In a recent count, 10,000 people over 65 were served by ADS branch offices. Of those, 5,200 received assistance through financial programs such as Food Stamps and health care coverage.

Reports show that 16,000 people with disabilities under 65 are currently served by ADS. The majority of those clients, 14,000, receive assistance through financial program, such as Food Stamps, General Assistance, and Health Care Programs

The Long Term Care Division determines eligibility for a variety of financial services that include Medicaid basic health care and long term care for people who need caregiver assistance. Care is provided in settings of their choice and ranges from within their home to within a nursing facility.

People served in the Long Term Care Programs are provided the full range of social services that assist them in maintaining their independence, meet basic needs and honor their personal preferences. This is done through a "single entry access" approach. Regardless of whether an individual enters an office, or calls the central Helpline phone number, they are connected with services to meet their needs as quickly as possible. Services include:

Action Plans:

- Develop the district service concept by integrating Aging and Disability services, finding efficiencies in administrative support and expanding community connections and outreach to individuals at risk and less likely to be served.
- Open the Health Aging and Disability Services East Multnomah County office in early 2002.
- Continue to implement and develop technology improvements to the case management/client information system and assist in developing databases that produce relevant management and program information.
- Plan and implement a centralized facility based Adult Protective Services unit that will investigate and intervene in abuse, neglect and exploitation that occurs within licensed Adult Care Homes, Residential, Assisted Living and Nursing care facilities.

Long-Term Care		2000-01	2000-01	2001-02	
Budget Trends	1999-00	Current	Adopted	Adopted	Difference
	Actual	Estimate	Budget	Budget	
Staffing FTE	291.82	319.70	319.70	310.60	(9.10)
Personal Services	\$14,630,900	\$16,571,856	\$16,571,856	\$16,850,958	\$279,102
Contractual Services	\$1,092,065	\$1,004,627	\$1,004,627	\$1,288,579	\$283,952
Materials & Supplies	\$3,096,184	\$4,513,720	\$4,513,720	\$4,338,783	(\$174,937)
Capital Outlay	\$0	\$0	\$0	\$0	\$0
Total Costs	\$18,819,149	\$22,090,203	\$22,090,203	\$22,478,320	\$388,117

Aging and Disability Services

Long Term Care

LTC Administration	<p>The LTC Administration unit, as the name suggests, provides administration and oversight for operations of the Long-Term Care Division.</p> <p>FY 2001: 7.00 FTE FY 2002: 1.50 FTE</p>
Mid-County District	<p>The Mid-County District serves seniors typically living east of 82nd Avenue, but west of 162nd. Approximately 1,451 seniors are served annually.</p> <p>FY 2001: 34.50 FTE FY 2002: 53.30 FTE</p>
West District	<p>The West District serves seniors and people with disabilities typically residing west of the Willamette River. Approximately 1,285 seniors and 2,594 disabled clients are served annually.</p> <p>FY 2001: 48.00 FTE FY 2002: 41.50 FTE</p>
East District	<p>The East District serves seniors residing east of 162nd Avenue and people with disabilities typically living east of 82nd Avenue. Approximately 1,285 seniors and 5,067 disabled clients are served annually.</p> <p>FY 2001: 68.10 FTE FY 2002: 36.30 FTE</p>
North/NE District	<p>The North/NE District serves seniors and people with disabilities typically living north of Burnside, east of the Willamette River, and west of 82nd Avenue. Approximately 2,065 seniors and 4,777 disabled clients are served annually.</p> <p>FY 2001: 68.50 FTE FY 2002: 66.50 FTE</p>
Southeast District	<p>The Southeast District serves seniors and people with disabilities typically living south of Burnside, east of the Willamette River, and west of 82nd Avenue. Approximately 1,772 seniors and 3,161 disabled clients are served annually.</p> <p>FY 2001: 64.50 FTE FY 2002: 53.50 FTE</p>
Nursing Facility Program	<p>The Nursing Facility program serves seniors and younger persons with disabilities residing in Nursing Facilities throughout Multnomah County. The program typically serves 1,451 clients</p> <p>FY 2001: 25.10 FTE FY 2002: 21.00 FTE</p>
Adult Protective Services	<p>The Adult Protective Service (APS) program provides an integrated continuum of protective services responsive to the needs of elderly and persons with disabilities who are being harmed or who are at risk of harm due to abuse, neglect or exploitation. A major focus of this program is to investigate complaints involving the physical or emotional abuse or neglect, or the financial exploitation of the elderly and adults with disabilities who reside in the community and/or in licensed care facilities throughout the County.</p>

ADS has a centralized facility APS team that investigates and intervenes

when abuse, neglect or exploitation occurs in licensed care facilities such as nursing homes, residential care, assisted living and adult care homes. Last year 870 investigations were completed in licensed care facilities.

The community based APS teams are located with in the five ADS district locations. Each team is responsible for investigating and providing intervention to clients living in the community. In 2000, 1,800 community based investigations were completed.

The Multi-disciplinary Team (MDT) provides consultation, case staffing and intervention for at risk elderly and persons with disabilities that have complex care needs and/or combination of social, mental health, health and alcohol/drug problems.

The Aging branch teams consist of a geriatric mental health specialist, social worker and community health nurse combined with Aging Services case managers through an agreement between Aging and Disability Services, the Department of Community and Family Services, and the Health Department. The team receives 750 referrals annually where interventions were made. The need for these services is expected to increase as the number of persons over age 75 grows.

The Disability Services Multi-Disciplinary Team (MDT) provides intervention for people with disabilities. The configuration of the team may vary based upon the individual client's needs, but generally includes: the client's case manager, a social worker, a nurse, possibly a protective service worker, and, as appropriate, representatives from DCFS' Adult Mental Health, Developmental Disabilities and/or Alcohol and Drug programs. The team develops a plan of care for the individual, as well as providing some treatment and/or intervention as needed. In the past year, the Disability Services MDT served 141 clients.

FY 2001: 4.00 FTE FY 2002: 37.00 FTE

Costs by Program	1999-00	2000-01	2001-02	Difference
	<u>Actual</u>	<u>Adopted Budget</u>	<u>Adopted Budget</u>	
LTC Administration	\$762,540	\$1,742,223	\$170,353	(\$1,571,870)
Mid-County District	\$1,734,328	\$2,174,872	\$3,725,600	\$1,550,728
West District	\$2,912,181	\$3,138,474	\$3,064,658	(\$73,816)
East District	\$3,814,712	\$4,404,676	\$3,615,003	(\$789,673)
North/NE District	\$3,990,867	\$4,404,631	\$4,289,338	(\$115,293)
SE District	\$3,649,261	\$4,122,046	\$3,414,687	(\$707,359)
Nursing Facility Program	\$1,556,276	\$1,662,868	\$1,368,676	(\$294,192)
Protective Services	<u>\$398,984</u>	<u>\$440,413</u>	<u>\$2,830,005</u>	<u>\$2,389,592</u>
Total Costs	\$18,819,149	\$22,090,203	\$22,478,320	\$388,117

Aging and Disability Services

Long Term Care

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
This is a new organizational unit constructed from the former Aging and Disability Administration units.	LTC Administration			
Transfer 5.00 FTE to other units.	LTC Administration	(5.00)		
Cut 0.50 FTE Admin Analyst	LTC Administration	(0.50)	(\$26,658)	
Increase premium pay COLA set-aside	LTC Administration		\$3,551	
Reclassification from County-wide studies: Aging Serv Branch Admin to Program Mgr. 1 (8) Aging Serv Prog Mgr. to Prog Mgr. Sr. Case Management Supervisor to Prog Supervisor (10) Prog Dev Spec to Hearings Specialist (6)				
Transfer in 18.80 FTE from other Districts	Mid-County District	19.80		
Cut 0.50 FTE Case Manger 2 and 0.50 FTE Case Manger 1	Mid-County District	(1.00)	(\$23,760)	
Increase premium pay COLA set-aside	Mid-County District		\$78,995	
Transfer out 2.10 FTE.	Nursing Facility	(2.10)		
Cut 1.00 FTE Program Supervisor and 1.00 FTE Case Manger 3	Nursing Facility	(2.00)	(\$132,992)	
Increase premium pay COLA set-aside	Nursing Facility		\$28,893	
Transfer 4.50 FTE to other Districts	West District	(4.50)		
Cut 1.00 FTE Program Development Specialist and 1.00 FTE Community Health Nurse	West District	(2.00)	(\$83,595)	
Increase premium pay COLA set-aside	West District		\$61,419	
Transfer 30.80 FTE to other Districts	East District	(30.80)		
Cut 1.00 FTE Office Assistant	East District	(1.00)	(\$29,135)	
Increase premium pay COLA set-aside	East District		\$50,126	
Transfer 1.50 FTER to other Districts	North/NE District	(1.50)		
Cut 0.50 FTE Case Manger 2	North/NE District	(0.50)	(\$25,893)	
Increase premium pay COLA set-aside	North/NE District		\$86,691	
Transfer 8.00 FTE to other Districts	South East District	(9.00)		
Cut 0.50 FTE Case Manager 1, 0.50 FTE Case Manger 2, and 1.00 FTE Program Supervisor	South East District	(2.00)	(\$97,985)	
Increase premium pay COLA set-aside	South East District		\$73,915	
This is a new organizational unit constructed from the existing MDT units and staff transferred from the Districts and the Adult Care Home Program. Transfer staff	Adult Protective Services	31.00		
Add 2.00 FTE Community Health Nurses from the Health Department, \$100,000 County General Fund, and matched Medicaid Resources.	Adult Protective Services	2.00	\$234,360	\$234,360

Aging and Disability Services

Long Term Care

Key Result Measures	Program	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Estimate	FY 02 Projection
% of Aging Services client intake determined within 30 days.	<i>Long Term Care Offices</i>	95%	92%	80%	85%	85%
% of Disability clients successfully transitioned to stable income:	<i>Long Term Care Offices</i>					
General assistance clients who are approved for SSI/SSDI.		30%	60%	48%	55%	55%
% of disability clients who are served by the Employment Initiative who remain employed beyond 3 months.		74%	74%	74%	75%	75%
% of other Disability services client intakes determined within 30 days.	<i>Long Term Care Offices</i>	84%	82%	78%	80%	85%
% of General Assistance client intakes determined within 30 days.	<i>Long Term Care Offices</i>	N/A	N/A	77%	80%	80%
% of ADS Medicaid Long Term Care clients in community-based care, not in a nursing home.	<i>Long Term Care Offices</i>	88%	78%	77%	80%	80%
% of at-risk county residents age 18-65 receiving case management services from ADS.	<i>Long Term Care Offices</i>	17%	19%	19%	20%	20%
Improvement in living situation of client three months after MDT intensive intervention.	<i>Protective Services</i>	N/A	75%	80%	86%	86%
% of substantiated cases of abuse/neglect/exploitation of elderly clients.	<i>Protective Services</i>	43%	45%	48%	48%	50%
% of elder abuse cases reported.	<i>Protective Services</i>	31%	32%	24%	29%	30%

Public Guardian/ Conservator

The Public Guardian/Conservator's Office obtains and implements court-appointed guardianship and/or conservatorship for individuals who are profoundly mentally incapacitated, and are current victims or potential victims of abuse, exploitation or life-threatening self-neglect. The service is available only to individuals without family or others able to serve in the role; most clients are also without financial resources, and there must be no combination of other available resources that can address the client need.

The Public Guardian's Office petitions the court for guardianship, coordinates contested cases with county counsel, and, once appointed, develops and implements legal, financial and social plans to reduce risk factors. Services include medical placement and care decisions on a 24-hour basis, fiduciary responsibility for client assets, real and personal property recovery, management and sale, trust management under an existing conservatorship, estate management subsequent to a conservatorship, and related required court filings and actions. Program staff also provide community information related to guardianship and conservatorship, particularly as it relates to abuse/exploitation resolution.

Action Plans:

- Respond to improvement issues identified in 2000 Program Audit.
- Respond to additional program/staffing needs identified by Disability Advisory Committee and Multnomah County Mental Health Task Force in 2000.

Public Guardian/Conservator		2000-01	2000-01	2001-02	
Budget Trends	1999-00	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	9.81	9.80	9.80	9.90	0.10
Personal Services	\$550,887	\$565,640	\$565,640	\$622,376	\$56,736
Contractual Services	\$240,267	\$252,869	\$252,869	\$278,668	\$25,799
Materials & Supplies	\$65,531	\$67,460	\$67,460	\$73,004	\$5,544
Capital Outlay	\$0	\$0	\$0	\$0	\$0
Total Costs	\$856,685	\$885,969	\$885,969	\$974,048	\$88,079

Aging and Disability Services

Public Guardian

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Reclassification from County-wide studies: Public Guardian to Program Manager 1 Dep. Public Guardian/Sr. to Program Supervisor				
Increase premium pay COLA set-aside	Public Guardian		\$16,655	

Key Result Measures	Program	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Estimate	FY 02 Projection
Annual accounts submitted to court on time	Public Guardian/ Conservator	91%	61%	77%	95%	95%
Clients with significant improvements in key risk factors 90 days after appointment.	Public Guardian/ Conservator	N/A	N/A	100%	100%	100%

Adult Care Home Program

The Adult Care Home Program (ACHP) helps to assure a safe living environment and quality care for residents in adult care homes and room and board facilities. In any given month, approximately 3,000 older adults and people with disabilities reside in adult foster homes. These persons receive assistance with activities of daily living, care, and services in adult care homes. A small number receive services in room and board facilities also certified by the ACHP. The ACHP staff screens and licenses homes and facilities annually and provides monitoring and training to assure quality. Program staff provides information to the public about licensed homes and facilities, and refers complaints to adult protective services, issuing sanctions as needed. ACHP is currently in the process of developing a technical assistance effort that will improve quality of care by providing focused, self-directed learning opportunities to operators and caregivers of adult care homes.

Action Plans:

- Conduct a comprehensive review of the key elements of the ACHP licensing application and renewal process to identify barriers to providing cost effective quality service to program customers.
- Implement a random monitoring process to assure and improve quality.
- Provide technical support to operators by implementing Technical Assistance Program.
- Develop and implement a comprehensive ACHP data base with (1) a chronological narrative capacity; and (2) the ability to provide the public with information about complaints, findings and sanctions in Adult Care Homes.

Adult Care Home Program		2000-01	2000-01	2001-02	
Budget Trends	1999-00	Current	Adopted	Adopted	
	<u>Actual</u>	<u>Estimate</u>	<u>Budget</u>	<u>Budget</u>	<u>Difference</u>
Staffing FTE	14.12	15.50	15.50	13.50	(2.00)
Personal Services	\$754,949	\$837,747	\$837,747	\$775,628	(\$62,119)
Contractual Services	\$428,594	\$409,707	\$409,707	\$415,784	\$6,077
Materials & Supplies	\$162,439	\$168,404	\$168,404	\$183,251	\$14,847
Capital Outlay	\$0	\$0	\$0	\$0	\$0
Total Costs	\$1,345,982	\$1,415,858	\$1,415,858	\$1,374,663	(\$41,195)

Aging and Disability Services

Adult Care Home Program

Significant Budget Changes	Program	FTE Changes	Expenditure Changes	Revenue Changes
Transfer 1.00 FTE Program Development Tech and 0.50 FTE Community Health Nurse to Long-TermCare-Protective Services.	<i>Adult Care Home Program</i>	(1.50)	(63,486)	
Reclassification from County-wide studies: Prog Dev Spec to Research/Eval Analyst 2 Prog Dev Spec to Hearings Specialist Adult Housing Admin to Program Manager 1	<i>Adult Care Home Program</i>			
Cut 0.50 FTE Office Assistant 2	<i>Adult Care Home Program</i>	(0.50)	(\$13,657)	
Increase premium pay COLA set-aside	<i>Adult Care Home Program</i>		\$21,109	

Key Result Measures	Program	FY 98 Actual	FY 99 Actual	FY 00 Actual	FY 01 Estimate	FY 02 Projection
% of resident satisfaction with adult care homes	<i>Adult Care Home Program</i>	N/A*	90%	N/A	92%	N/A
% of improvement in adult care homes after receiving technical assistance services.	<i>Adult Care Home Program</i>				New	90%

*Survey is conducted every 2 years