

Program # 25015 - ADS Adult Protective Services			Version 6/13/2005 s		
Priority:	Safety Net Services	Lead Agency:	County Human		
Program Offer Type:	Existing Operating	Program Contact:	Mary Shortall		
Related Programs:	25008A, 25010A, 25011, 25013				
Frameworks:	Poverty Framework, 10-year Plan to End Homelessness				

Executive Summary

Provides protection, intervention and stabilization of at risk elderly and persons with disabilities from abuse, exploitation and neglect. Prevents abuse through support services to those with very complex and unstable health, mental health, housing and financial needs.

Program Description

The program provides a central telephone number that provides easy access to Adult Protective Service (APS) information, referral and services. Abuse complaints are taken, triaged by level of risk and assigned for protection, investigation and intervention to stabilize and prevent future abuse, neglect, exploitation or victimization. Community Adult Protective Service teams respond to abuse complaints and provide intervention to those elderly and disabled persons living in the community, within the appropriate cultural context. Community investigators may also provide short-term services for those persons that continue to be at risk of abuse in the future and/or who are not connected with any other service system but continue to need support to stabilize a vulnerable situation.

Facility Protective Services investigates abuse and rule violations in nursing facilities, assisted living facilities, adult foster homes and residential care facilities. This unit works directly with State and local licensing agencies to ensure the safety of these very vulnerable adults. The Multi-Disciplinary Team (MDT) is an evidence-based practice closely linked to Aging and Disability Services Division's Long Term Care System. It provides consultation, case staffing and intervention to high risk elderly and persons with disabilities who have complex medical, social and behavioral needs. The MDT team model has demonstrated success in reaching highly unstable vulnerable adults and providing the necessary intervention to stabilize their health care needs, mental health and addiction issues, housing, financial and other social service needs. The team partners with Domestic Violence, Adult Mental Health, Developmental Disabilities, Addiction Treatment programs, the Public Guardian and Conservator program, law enforcement and the District Attorney's Office. These activities are consistent with the Poverty Elimination and the 10-year Plan to End Homelessness Frameworks.

Program Justification

APS and the MDT have four functions: Prevention, Protection, Investigation and Intervention. Through intervention these services save lives and prevent more costly services in the areas of health care, long-term care, mental health hospitalization and law enforcement intervention and prosecution. Both APS and the MDT teams protect and support some of the most vulnerable persons living in our community. This year, in Multhomah County, an estimated 28,000 elderly will be abused, neglected and/or exploited. Sixty-two percent, or 48,875 persons, with a disability will experience abuse in their lifetime. These data are based on national research estimates of abuse compared to Multhomah County 2000 census.

Performance Measures

We measured 7,031 complaint referrals received during FY04. It is important to increase the number of referrals and onsite assessments in order to either prevent abuse from occurring or intervene to prevent it from occurring again. During FY04, 2,731 investigations were completed and 1,861 MDT consultations, assessments and interventions were completed.

Summary of last year's program results and this year's expected results

 Last year, 32 percent more referrals were given information, assistance and/or an intervention from 4,781 referrals in FY03.

• 2,731 onsite interventions and investigations relating to vulnerable adults in at-risk situations; this is a decrease from the previous year due to a more efficient screening and information and assistance program within APS.

- 1,861 MDT consultations were more challenging due to State program and staff cuts and fewer resources available.
- In the next year APS will target areas in the community to increase the reporting of abuse, neglect and exploitation.

Program Mandate: 3 Program Choice but No Funding/Service Level Choice

ORS: 124.055, 410.020, 443.767, 443.435, 443.500, and ORS: 441.635, Contractual agreement with the State of Oregon.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2005	2005	2006	2006
Personnel	\$320,257	\$2,438,561	\$436,815	\$2,450,473
Contracts	\$123,014	\$73,027	\$308,236	\$6,291
Materials & Supplies	\$10,379	\$65,479	\$7,769	\$44,022
Internal Services	\$1,000	\$161,540	\$54,123	\$326,909
Subtotal: Direct Exps:	\$454,650	\$2,738,607	\$806,943	\$2,827,695
Administration	\$0	\$0	\$73,589	\$129,652
Program Support	\$0	\$0	\$13,372	\$110,363
Subtotal: Other Exps:	\$0	\$0	\$86,961	\$240,015
Total GF/non-GF:	\$454,650	\$2,738,607	\$893,904	\$3,067,710
Program Total:	\$3,193,257		\$3,961,614	
Program FTE	0.00	0.00	5.23	29.77
Program Revenues				
Indirect for dep't Admin	\$15,098	\$0	\$8,485	\$0
Fees, Permits & Charges	\$0	\$0	\$0	\$0
Intergovernmental	\$0	\$2,702,825	\$0	\$2,827,695
Other / Miscellaneous	\$0	\$35,782	\$0	\$0
Program Revenue for Admin	\$0	\$0	\$0	\$240,015
Total Revenue:	\$15,098	\$2,738,607	\$8,485	\$3,067,710

Explanation of Revenues

APS and MDT are funded through a combination of 85% Mediciad Title XIX, matching funds and State and County general fund dollars. ADSD generates additional federal Medicaid funds through a match expenditure of local non-federal funds, primarily County General Funds. The match amount shows as a supplemental expenditure in this offer.

Significant Program Changes

With the past and projected future State, federal and local program cuts, APS and MDT will become more important in providing a safety net of support and intervention to those most vulnerable adult populations: the elderly and persons with disabilities.