

Priority: Basic Needs

Lead Agency: County Human Services

Program Offer Type: Existing Operating

Program Contact: Mary Shortall

Related Programs:

Program Characteristics:

Executive Summary

Aging and Disability Services' Community Access Program, as the State designated Area Agency on Aging (AAA) in Multnomah County, ensures the provisions of the Federal Older Americans Act (OAA) of 1965 are fulfilled. This includes easy access and early intervention services targeted to low-income frail elderly, disabled adults and their family caregivers. Comprehensive care coordination and in-home supports help clients avoid premature institutionalization. Community resources from partner contributions are combined with OAA, Oregon Project Independence, and local funds to provide a comprehensive and coordinated service delivery system.

Program Description

ADS contracts with 9 Senior Centers in communities throughout the County for services that promote independence and health, and prevent or delay nursing home admission. Last year, ADS partners provided case management to 3,166 people, in-home care for 930 people, 634,669 congregate/home delivered meals for 7,773 people, 49,236 transportation trips and other specialized supports. Federal, State, County, City and local funds are combined to provide these services. Outreach ensures all ethnic communities have equal access to services. ADS staff assist low-income disabled Veterans and their families with access to the health and financial benefits they are due serving 1,294 last year. Family caregivers, including grandparents caring for grandchildren, receive respite, counseling and support to prevent caregiver burnout and premature nursing home placement. The ADS 24/7 Helpline responds to emergent needs for seniors and people with disabilities. Follow-up care planning and preventive services stabilize clients. Helpline staff have assisted hundreds in making benefit choices related to the new Medicare prescription drug programs. They also help callers with a wide variety of other needs and problems. The Gatekeeper Program trains volunteers from private business and government agencies to identify those who are at risk of abuse or neglect, and make reports to ADS Protective Services when they see problems.

Program Justification

ADS Community Access helps seniors and people with disabilities meet their basic living needs through Case management, crisis and early intervention, information and referral, emergency support, access to affordable nutritious food, medication, physical and mental health care, and supplemental income. These services prevent premature institutionalization and avoid victimization. The Older Americans Act and Oregon Senior and Disability Services mandate that Counties develop and maintain a comprehensive and coordinated service delivery system for elderly and people with disabilities, with emphasis on those with greatest social and economic need (low-income, limited English speaking, ethnic minorities and the frail).

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY04-05)	Current Year Purchased (FY05-06)	Current Year Estimate (FY05-06)	Next Year Offer (FY06-07)
Output	Helpline and District Center Assistance Calls	66,409	73,049	73,000	75,000
Outcome	% of Helpline callers who rate Helpline as "helpful" or "very helpful"	75%	0%	0%	78%
Outcome	% with stable/improved nutritional risk after 1 year - New **	0%	0%	0%	27%
Outcome	ADS Community Access cost per case as a % of Medicaid LTC cost per case - New	0%	0%	0%	14%

Performance Measure - Description

*The survey for this Outcome is conducted once every 2 years. Portland State University Institute on Aging produced the last in December 2004; the next is due November, 2006.

**Uses "Determine Your Nutritional Health", a national nutritional risk survey tool.

Legal/Contractual Obligation

1) Federal Older Americans Act (Public Law 89-73); 2) Oregon Senior and Disability Services law (ORS 410).

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2006	2006	2007	2007
Personnel	\$237,718	\$953,739	\$436,953	\$774,829
Contracts	\$1,487,059	\$3,235,263	\$1,187,905	\$3,841,420
Materials & Supplies	\$6,579	\$25,411	\$11,536	\$18,779
Internal Services	\$135,227	\$1,179,241	\$177,992	\$735,734
Subtotal: Direct Exps:	\$1,866,583	\$5,393,654	\$1,814,386	\$5,370,762
Administration	\$0	\$0	\$112,918	\$181,087
Program Support	\$0	\$0	\$209,080	\$118,749
Subtotal: Other Exps:	\$0	\$0	\$321,998	\$299,836
Total GF/non-GF:	\$1,866,583	\$5,393,654	\$2,136,384	\$5,670,598
Program Total:	\$7,260,237		\$7,806,982	
Program FTE	0.00	0.00	5.32	9.88
Program Revenues				
Indirect for dep't Admin	\$1,983	\$0	\$4,129	\$0
Fees, Permits & Charges	\$0	\$175,995	\$0	\$159,840
Intergovernmental	\$0	\$5,217,659	\$0	\$5,210,922
Program Revenue for Admin	\$0	\$0	\$0	\$299,836
Total Revenue:	\$1,983	\$5,393,654	\$4,129	\$5,670,598

Explanation of Revenues

Older Americans Act federal funds, State of Oregon Project Independence funds, Cities and County general fund pay for this service. Additional federal Medicaid funds are generated by a match expenditure of local non-federal funds, mostly County general funds. This match shows as a supplemental expenditure.

Significant Program Changes

Last year this program was: #25011, ADS Community Access

The Medicare Modernization Act authorizes Medicare Part D, the Medicare Prescription Drug Program. Over 76,000 County residents are potentially eligible. It is a complex and confusing program. ADS Helpline and Senior Health Insurance Benefits Assistance (SHIBA) volunteers help thousands enroll.

The over 85 age cohort is Multnomah County's fastest growing age group. After age 85 the risk of losing independence and needing long term care increases significantly.

OPI Modernization: SB 870 authorizes ADS to add services for persons with disabilities that are currently only available to seniors. Funding has not been released. It also added a new website for aging "baby boomers". This new access point will help the public plan for their own long term care needs.

COLAs not included in continuing service level budget request for any provider contracts.