

Community-Based Programs (5720P)

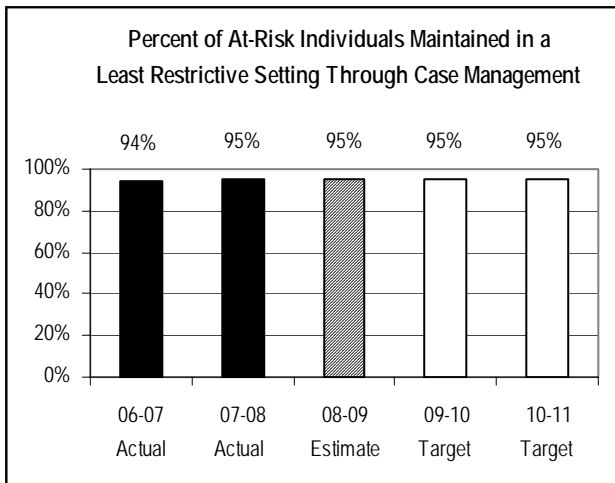
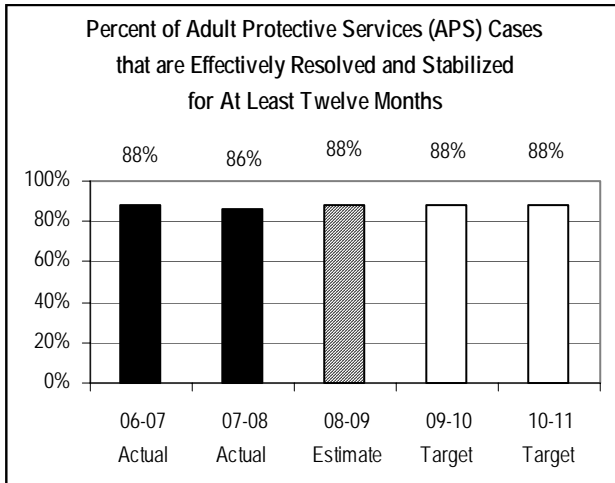
Program Locator

- County
 - Healthy Community
 - Health System-Health Department
 - Aging and Adult Services
 - Conservatorship Program
 - ▷ **Community-Based Programs**
 - IHSS Public Authority
 - IHSS Public Authority GF

Program Outcome Statement

Aging and Adult Services (AAS) Community-Based Programs promote and sustain a high quality of life for older adults and persons with disabilities through the development of an integrated continuum of care. In partnership with individuals, community-based organizations, and the Commissions on Aging and Disabilities, these programs help vulnerable older adults and persons with disabilities thrive in their communities; protect them from abuse and / or neglect; support their independence; and improve their health and safety through the provision of outreach, advocacy, protective and supportive services, and care coordination.

Headline Measures



Services and Accomplishments

Community-Based Programs contribute to the Shared Vision of a Healthy Community by 2025 by providing a continuum of services for older adults and persons with disabilities. These programs fall under the categories of protection, support, and advocacy and are provided through the Teamwork Insuring Elder Support (TIES) Line, Centralized Intake, Adult Protective Services (APS), Healthier Outcomes through Multidisciplinary Engagement (HOME) Team, Representative Payee, AIDS Case Management, Linkages, Multipurpose Senior Services Program (MSSP), and the In-Home Supportive Services (IHSS) Program. Many clients come to the attention of APS before being referred to other home- and community-based programs. APS assesses and investigates allegations of abuse or neglect and provides support to stabilize their situations. Staff provides an array of prevention and early intervention services and advocacy on behalf of clients. The Division also serves as the Area Agency on Aging (AAA) that administers federal, state, local, and private funds in support of an integrated system of care for older adults and persons with disabilities. This funding supports the planning and delivery of community-based services including congregate nutrition, home-delivered meals, health promotion and disease prevention, senior employment, adult day health care, Alzheimer's day care, caregiver support,

transportation, ombudsman services, health insurance counseling and advocacy, and legal services.

Aging and Adult Services (AAS) continues to make progress on the Long-Term Supportive Services Project (LTSSP) in an effort to achieve a fully integrated Medicaid / Medicare long-term care system that enables strategic resource allocation decisions in alignment with the AAS mission. Fundamental to the success of LTSSP is a common assessment for all clients entering long-term care services. AAS has implemented a Uniform Assessment Tool (UAT), which represents a significant accomplishment for the Division and its work towards achieving the LTSSP service delivery model. The UAT trial lasted until February 2009 and a final evaluation was submitted to the State in May 2009. In order to further explore the full functionality of the UAT, both the Multipurpose Senior Services Program (MSSP) and Linkages programs will continue utilizing the UAT through the next fiscal year.

The following are major accomplishments in the current year:

- Developed a UAT and integrated the tool into its automated case management system (the Q system) which was launched in February 2007; received approval from the California Department of Aging to pilot the UAT in the MSSP program
- Completed year one implementation of the HOME Team to provide multidisciplinary case management for clients relying on the Emergency Department (ED) for medical care in collaboration with other Health System Divisions, the San Mateo Medical Center (SMMC) and the Human Services Agency
- In partnership with the SMMC successfully negotiated, collaborated, and implemented the Meals on Wheels program in the North and Central parts of the county to ensure continuity of services
- Implemented the UAT trial project in accordance with AB 786 and strategically contributed to the county's progress towards an integrated, comprehensive, and truly client-centered long-term care system
- Provided ongoing training for staff on the automated case management system (the Q system)
- Implemented the Health System's policies within AAS to improve accessibility and use of translation and interpretation services for Limited English Proficient (LEP) clients

Story Behind Performance

The mission of AAS is to improve and maintain the health and safety of clients in the least restrictive setting possible. At least 88% of individuals served by Adult Protective Services (APS) remain in stable situations for at least 12 months, reflecting staff effectiveness at protecting the most vulnerable residents from potentially abusive situations. Many of these APS clients require ongoing case management through AAS programs and other community services to maintain their health and well-being.

Over the past two years, at least 95% of the Division's most at-risk clients have been maintained in a least restrictive setting through case management.

Major challenges over the next two years will be:

- To enhance the older adult system of care to meet the needs of a projected increase in the elderly and vulnerable populations
- To make necessary changes in the method of service delivery to meet the needs of the aging Baby Boomer population
- To complete the trial and evaluation of the UAT across all programs in AAS
- To train financial institutions on elder and dependent adult abuse
- To develop plans for providing assistance and services to clients in the event of a major disaster
- To work with community providers to increase accessible transportation and housing capacity in the county
- To expand linguistic access to services in Spanish, Chinese, Tagalog, and Russian speaking communities
- To enhance the cultural competence of providers
- To continue providing high quality services to vulnerable residents despite decreased funding
- To locate and sustain funds for gerontology graduate social work student interns as a key component of the service provision network

Program Objectives

Community-Based Programs will meet performance targets by doing the following:

Resolve and Stabilize at least 88% of APS Cases for a Minimum of 12 Months

- Continue to closely monitor cases open to APS to ensure client safety and well-being
- Develop a strategy for implementing additional quality assurance methods for the Centralized Intake Unit, including APS, within current resources
- Strengthen the ability to prevent financial abuse of elders and dependent adults through a designated staff position that acts as a liaison between AAS and financial institutions

Achieve a 97% Rating of Stakeholder Survey Respondents Benefiting from Services Provided

- Continue to enhance services and monitor quality assurance
- Continue to advocate for clients through the Commission on Aging, Commission on Disabilities, and other community forums to address client needs

Maintain 95% of At-Risk Individuals in a Least Restrictive Setting through Case Management

- Provide a continuum of services necessary to allow clients to remain in the least restrictive setting possible
- Continue to improve coordination between AAS programs to ensure a smooth transition for clients who require services from multiple programs
- Increase client health insurance enrollment and connections to primary care providers and medical clinics

Expand Program Involvement of Seniors and Adults with Disabilities by Meeting Monthly with Advisory Groups

- Continue to provide opportunities for seniors and adults with disabilities to influence and participate in advocacy and the development of programs and public policy through the Commission on Aging, the Commission on Disabilities, the Community-Based Continuum of Care, the In-Home Supportive Services Advisory Committee, and the New Beginning Coalition
- Through collaboration with community partners, continue to link projects and gaps in service identified in the Strategic Plan for Accessible Transportation with the SamTrans Senior Mobility Action Plan
- Increase collaboration between Environmental Health Services, code compliance, and Adult Protective Services

Enhance the Older Adult System of Care by Meeting with Representatives of the Health System and Health Plan of San Mateo at Least Monthly

- Address issues such as the lack of services for those with dementia, gaps in transitional services between hospital discharge and home and community based care, and the lack of housing for the most vulnerable populations
- Continue to develop the Long-Term Supportive Services Project (LTSSP) programmatic infrastructure and financing
- Broaden the array of resources available to clients, especially in the areas of housing and out-of-home placement options
- Expand the Network of Care website to improve linguistic access and to enhance the links between the Network of Care and the Commissions' websites
- Use results of the Aging 2020-2030 model to plan for needs of the older adult population over the next 20 years

Train 2 Graduate Level Social Work Students per Year in Gerontology to Address Succession Planning

- Continue to participate in the California Social Work Education Center / Northern California Collaborative to sustain funds to be used for graduate student stipends
- Collaborate with ten Bay Area Aging and Adult Services programs and four schools of social work for curriculum development in social work and aging

Performance Measures Summary Table

Performance Measures	FY 2006-07 Actual	FY 2007-08 Actual	FY 2008-09 Estimate	FY 2009-10 Target	FY 2010-11 Target
What / How Much We Do					
Number of Adult Protective Services (APS) cases opened	966	1,050	1,050	1,050	1,050
Number of at-risk individuals served by case management ⁽¹⁾	3,019	3,029	3,050	3,050	3,050
Number of people served through Area Agency on Aging funds	14,855	14,393	15,000	15,000	15,000
Number of professionals and general public receiving information and education	1,908	3,023	2,000	2,000	2,000
Number of information and referral calls answered by the TIES Line	11,214	8,948	11,000	11,000	11,000
How Well We Do It (Quality)					
Percent of at-risk individuals maintained in a least restrictive setting through case management	94%	95%	95%	95%	95%
Number and percent of clients assessed using the new uniform assessment tool (data development) ⁽²⁾	--- / ---	--- / ---	250 / 5%	250 / 5%	250 / 5%
Is Anyone Better Off? (Outcome)					
Percent of APS cases effectively resolved and stabilized for at least twelve months	88%	86%	88%	88%	88%
Percent of stakeholder survey respondents indicating benefit from services provided:					
- Personal life has improved as a result of the services received (reported annually)	100%	100%	97%	97%	97%
- Gained useful knowledge through the presentations, trainings, conferences, and resources provided (reported annually)	91%	99%	97%	97%	97%

⁽¹⁾ "At-risk individuals" refers to those who are unable to remain safely in their own homes without case management and would otherwise be placed in an institution.

⁽²⁾ Although a formal report is due to the state in May 2009, the MSSP and Linkages programs will continue using the tool after the formal trial has ended.

Community-Based Programs (5720P) Resource Allocation Summary

	Actual 2006-07	Actual 2007-08	Revised 2008-09	Recommended 2009-10	Change 2009-10	Recommended 2010-11
Salary Resolution	78.0	80.0	80.0	80.0		80.0
Funded FTE	78.0	79.7	80.0	80.0		80.0
Total Requirements	14,621,802	17,021,388	17,980,418	17,722,735	(257,683)	18,257,375
Total Sources	13,348,065	14,222,316	15,451,331	14,974,917	(476,414)	15,311,898
Net County Cost	1,273,738	2,799,072	2,529,087	2,747,818	218,731	2,945,477
NCC Breakdown						
Local Grants Match-IHSS			212,621	210,148	(2,473)	26,563
Adult Protective Svcs MOE			248,503	248,503		248,503
COLAs for Providers			98,878		(98,878)	
Non-Mandated Services			1,397,198	1,346,741	(50,457)	1,350,114
Local Overmatch			571,887	942,426	370,539	1,320,297

Discretionary Net County Cost

The portion of this program's FY 2009-10 Recommended Budget which is funded by the General Fund or Net County Cost (NCC) is \$2,747,818 or 15.5%, of which \$2,289,167 or 83.3% is discretionary. This discretionary amount includes Mandated Services such as In-Home Support Services and Adult Protective Services (APS), currently provided with no maintenance-of-effort or local match requirements, and Discretionary Services such as Older Americans Act Programs and APS, that include case management services to prevent institutionalization of dependent adults and older adults, representative payee services, probate conservator investigations, the Commission on Aging, the Commission on Disabilities and associated community-based contracts.

FY 2009-10 Program Funding Adjustments

The following are significant changes from the FY 2008-09 Revised to the FY 2009-10 Recommended Budget:

1. Adjustments to Provide Current Level of Services

Budget adjustments have been made to reflect current costs for existing levels of service and performance: inclusion of merit increases; annualized negotiated labor increases; increase in retiree health costs due to transition from pay-as-you-go method to funding the Annual Required Contribution (ARC); elimination of one-time projects and equipment; reductions in Realignment revenue and other State funding; increases in Federal funding; and reductions in IntraAgency Agreements within the Health System.

Revenue/Sources	Appropriations	Intrafund Transfers	Reserves	Net County Cost	Positions
(476,414)	(423,461)	165,778	0	218,731	0

 FY 2010-11 Program Funding Adjustments

The following are significant changes from the FY 2009-10 to the FY 2010-11 Recommended Budget:

2. Adjustments to Provide Current Level of Services

Budget adjustments have been made to reflect current costs for existing levels of service and performance: annualized negotiated labor increases and increases in retirement and retiree health contributions, which have been offset by an increase in Realignment revenue.

Revenue/Sources	Appropriations	Intrafund Transfers	Reserves	Net County Cost	Positions
336,981	534,640	0	0	197,659	0