

OVERVIEW OF ADULT SERVICES FOR 2006

THE ADULT SERVICE UNIT IS RESPONSIBLE FOR THE FOLLOWING PROGRAMS:

- Elder Abuse/Adult Protective Services including Court Guardianships and Protective Placements for the elderly
- Long Term Support (LTS) Programs for the Elderly and Physically Disabled
- Medical Assistance-Personal Care Program and Home Care Worker Program

ELDER ABUSE

- The Elder Abuse Interdisciplinary Team was established in 2002. The focus of the I-Team in 2006 was to promote community awareness of elder abuse issues and learning the statute changes for guardianships, protective placements and the new reporting system for Adults at Risk ages 18 to 59.
- Elder abuse investigations were needed for 113 individuals in 2006 compared to 105 investigations in 2005. 60% of reports received were for self neglect situations, safety concerns for seniors living alone.

Elder Abuse Investigations:

2002	2003	2004	2005	2006
99	89	116	105	113

Number with Substantiated Abuse or Neglect:

2002	2003	2004	2005	2006
41	40	69	51	59

- 15 Guardianship/Protective Placement requests were filed with the Court requiring involvement by Adult Service Unit staff. Approximately 29 Annual Reviews were conducted by staff for ongoing Protective Placements.

LONG TERM SUPPORT (LTS) FUNDING

- The Aging Services Department continues to handle LTS intake for physically disabled persons under the age of 60 as well as LTS intake for elderly persons. In addition, Aging Services staff completed 52 Community Options Program (COP) assessments before persons were admitted to Community Based Residential Facilities (CBRF's). That is nearly double the number of assessments done in 2005
- In 2006 Human Services administered \$488,873 of state funds from the Community Options Program (COP) and \$1,999,204 of state and federal Waiver funds serving a total of 136 persons. 79 persons were in their own home or small community setting, 57 were funded in a CBRF (group home).

- 94 elderly persons were served in 2006 including 6 seniors 100 years old or older and 12 seniors in their 90's.

Individuals served with LTS Funds

	2003	2004	2005	2006
Elderly (65+)	81	99	97	94
Physically Dis	21	35	27	29
Developmentally Dis	11	11	11	11
Mentally Ill	6	5	5	2

- 39 persons were found to be eligible for services in 2006, but couldn't be served immediately. 29 elderly and 10 physically disabled individuals were added to the waiting list in 2006. Waiting list information on persons with developmental disabilities will be found in that section of the annual report.
- There are 70 persons are on the Long Term Support Waiting List as of 12/31/06:
 - 37 Elderly needing community services
 - 11 Elderly needing CBRF funding
 - 22 Physically Disabled

PERSONAL CARE PROGRAM

- Human Services is a certified Medical Assistance provider for Personal Care. The Medical Assistance program pays for hands on care given to eligible elderly and disabled individuals at home. . Now that Human Services has it's own M.A.-PCW Program, we can expand the participation in our Long Term Support Programs and provide funding to new clients with the funds previously spent on personal care.
- During 2006, the MA-PCW program expanded into an additional CBRF for a total of 5 CBRF's participating. The expansion into these CBRF's generated \$108,250 of revenue in 2006 and saved enough COP-Waiver funds to allow 7 additional persons to be served from the waiting list.
- Human Services absorbed the MA-Personal Care clients from the Public Health Department in August 2005. Two Registered nurses and 4 Certified Nursing Assistants became Human Services employees August 1, 2005 and the home care program in the Public Health Department ended on July 31, 2005.
- The Program has grown from 24 clients in January 2005 to 47 clients as of December 31, 2006. 61 persons were served in 2006 including 7 persons with Developmental disabilities. Revenue of \$717,600 will be received for 2006.
- In home workers are screened by Human Services and if found acceptable, are available to be hired by the client or family. There are 104 active providers as of December 2006.

A great amount of effort goes into matching workers to clients requiring care. This is an ongoing process due to worker turnover and changing client needs.