

Department of Human Services 2009-11 Policy Option Package

Division Name: Seniors and People with Disabilities

Policy Option Package Initiative: Seniors and people with disabilities live safely and independently in their communities.

Policy Option Package Title: Adult Foster Home Training (APD, DD and AMH)

Policy Option Package Number: 183

Summary Statement:

This POP addresses improving the quality of care in adult foster homes (AFH) by developing and providing an array of training opportunities to AFH providers, resident managers, and substitute caregivers. This could be additional curriculum for ongoing training of AFH providers and caregivers and licensers of local AFH programs to improve the quality of care in adult foster homes.

This POP also provides educational resources about the APD/DD/AMH AFH programs to the public, including potential consumers of adult foster home services and to the APD/DD/AMH AFH Teams. This POP requires 3 positions.

1. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WILL IT BE IMPLEMENTED?

1. Provide dedicated resources to sponsor training for adult foster home providers. Such training is required in statute and will result in an improvement in the quality of services and the reduction in bad outcomes for residents. This should be done by enhancing staff support for the organization and development of training resources for foster providers. An array of training supports will be developed to target provider identified need through state and local efforts. This will be done through the development of a biennial plan developed in conjunction with local licensers, providers and other stakeholders. This could include; but is not limited to:
 - Alternative learning formats, such as development of online training curricula for both providers and caregivers or subscriptions to existing online training resources or a combination of both.
 - Development of training curricula that can be presented regionally at training forums throughout the state targeting common needs or needs specific to the region.
 - Provision grants to counties, regions and local offices to develop and provide training to providers to meet local needs.
 - Conduct classes to train the trainers who teach the basic training courses for providers (i.e. EQC training.) Complete competency evaluations and certify trainers to provide the training to ensure consistency in course content and presentation around the State;
 - Provide educational resources to the public on an SPD web page that will include answers to frequently asked questions, links to local AFH programs and County lists of AFHs and links to local, state and national resources.

2. Justification: ORS 443.720 requires mandated basic training for providers and resident managers. Providers are required to obtain 10-12 hours of annual training in addition to other requirements, such as maintaining first aid and CPR training. The Department provides the mandated basic training. Additional training is provided through self study guides designed for APD providers and then both APD and DD local offices offer occasional opportunities for providers, resident managers and substitute caregivers when they have resources available. This is limited and providers need additional access to training resources due to the following reasons:
- Access to training for specialized population care needs of the residents is needed. The acuity of resident care is increasing in at all classes of providers. Local offices are under pressure to place residents that often exceed the ability of the providers or their caregivers.
 - With the increasing level of care in foster homes we are seeing an increase in cases of neglect, poor care, that result from having poorly trained providers, resident managers and substitute care givers.
 - Providers are responsible for ensuring they have the mandatory annual training, but it can be difficult to find new topics every year and in rural areas it is especially hard to find training resources.
 - Local offices seldom have the time or resources to develop training opportunities due to workload.
 - Providers must hire substitute caregivers to participate in training. In rural areas this means driving for long periods of time to get to trainings and the time involved and the cost of transportation from the rural areas.
 - Potential providers, families of potential residents and members of the public have difficulty in understanding foster care the rules what is involved in both serving residents of various populations and in selecting a service provider.
 - APD has some limited staff resources to support annual and advanced training. DD and AMH have no dedicated resources for AFH training and not budget to support training activities.

2. WHY DOES DHS PROPOSE THIS POP?

To improve quality of care and quality of life for people receiving services in adult foster homes.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

It helps keep people independent, healthy and safe.

4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?

KPM #16: Re-abuse of seniors and people with disabilities – The percentage of seniors and adults with disabilities who are re-abused within 12 months of the first substantiated abuse.

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

No.

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

Continued lack of attention in this area contributes to poor quality outcomes for residents.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

Inadequate provider training; poor quality of care and quality of life for residents.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

Local government – provision grants to counties, regions and local offices to develop and provide training to providers to meet local needs.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date: July 1, 2009

End Date (if applicable): ongoing

a. Will there be new responsibilities for DHS? Specify which division(s) and describe their new responsibilities.

- | | |
|--|---|
| <input type="checkbox"/> Administrative Services | <input type="checkbox"/> Addictions and Mental Health |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Division of Medical Assistance Programs | <input type="checkbox"/> Seniors and People With Disabilities |

None. SPD already coordinates and provides some training programs for foster home providers; this enhances those efforts.

b. Will there be new administrative impacts? Specify which office(s) and describe how it will be affected.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Human Resources | <input type="checkbox"/> Payment Recovery |
| <input type="checkbox"/> Information Security (privacy) | <input type="checkbox"/> Investigations and Training |
| <input type="checkbox"/> Document Management (imaging) | <input type="checkbox"/> Facilities |
| <input type="checkbox"/> Audit and Consulting | <input type="checkbox"/> Contracts |
| <input type="checkbox"/> Information Services (IT) | <input type="checkbox"/> Budget |
| <input type="checkbox"/> Financial Services (Accounting) | <input type="checkbox"/> Other (Specify) |

Small impact on HR for hiring new staff.

- c. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.**

No.

- d. Will it take new staff to implement and maintain? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary. Attach position descriptions.**

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- e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?**

New staff costs for three permanent positions and \$300,000 training funds.

- f. What are the ongoing costs?**

Training costs plus staff.

- g. What are the potential savings?**

Savings to the system regarding lower potential emergency room, hospitalization and physician visit costs for abuse and neglect or poor quality of care,

- h. Based on these answers, is there a fiscal impact?**

Yes.

- i. What are the sources of funding and the funding split for each one? Include grant names and fund type, such as “Medicaid, General and Federal Funds.”**

Medicaid Federal Funds and General Fund

- j. Contact Name:** Mary Gear 945-5833 or Laurie Lindberg 945-9807