EVALUATION OF THE OREGON PROJECT INDEPENDENCE EXPANSION PILOT PROJECT

REPORT SUMBITTED TO THE OREGON DEPARTMENT OF HUMAN SERVICES

Consumer characteristics and experiences, lessons learned from the Area Agencies on Aging, and cost estimates for statewide implementation

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EXECUTIVE SUMMARY: OPI-E PILOT STUDY

Consumer Characteristics, Service and Cost Estimates, and Lessons Learned

Introduction

The Oregon Project Independence Expansion (OPI-E) pilot project was established in 2014 to serve adults with disabilities in seven Area Agencies on Aging (AAA). These AAAs were:

- The Community Action Program of East Central Oregon (CAPECO)
- Lane Council of Governments (LCOG)
- Multnomah County Aging, Disability, and Veterans Services (MCADVS)
- Northwest Senior and Disability Services (NWSDS)
- Oregon Cascade West Council of Governments (OCWCOG)
- Rogue Valley Council of Governments (RVCOG)
- Washington County Department of Disability, Aging, and Veterans Services (WCDAVS)

Part I. Comparison of OPI-E consumers: 2014 and 2015-2017

Part I is a comparison of the initial data collected about the program following its first year (2014) with data collected over the next biennium (2015-2017). The OPI-E pilot program grew from 398 in 2014 (a 12-month period) to 581 people served during the 2015-2017 biennium, a 46% increase, suggesting that the program is growing to capacity. During that time, consumers served by the program were more evenly distributed throughout the seven AAAs that were participating in the expansion as reflected by the decreasing percentage of OPI-E consumers served in Multnomah County from 45% in FY 2014 to 32% of those served during FY 2015-2017. Three of the four AAAs had a waiting list for OPI-E consumers, because demand in those communities has exceeded the allocation for those AAAs. As presented in Part II, three AAAs may not have wait lists because they are at or near capacity and do not have active outreach activities.

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Many OPI-E consumer characteristics have remained similar over time, including percentages of women and men served, the age distribution of OPI-E consumers, and the racial and ethnic distribution.

OPI-E consumers have also had similar levels of need as reflected in service priority levels and risk assessments which were similar for consumers in 2014 and 2015-2017. OPI-E consumers in 2015-2017 differed somewhat from 2014 OPI-E consumers in some areas, including those in recent years having a higher level of assets and somewhat higher costs per consumer.

In addition to age, OPI-E consumers differed from traditional OPI consumers during 2015-2017 with respect to somewhat larger percentages of men and people of color served in the younger age group. A higher percentage of OPI-E consumers were served between 6 and 24 months compared to traditional OPI, likely due to the short time in which OPI-E has been operating. The service priority levels (SPL) reported by the two OPI programs differed, but with no clear pattern. Older adults appear to have a wider range of SPL compared to younger adults

who clustered in the middle range. Younger adults experienced less change in SPL scores during this time period compared to older adults who were more likely to see their needs increase.

Part II. Lessons Learned by AAA Staff

During the first year of the pilot, AAA staff working with consumers participated in monthly conference calls. The purpose was to facilitate the exchange of information and capture lessons learned over time. These lessons were revisited with the current evaluation through interviews conducted in June and July 2018 with 23 staff from all seven of the AAAs who participated in OPI-E. They include interviews with 3 AAA directors, 4 program managers, one quality assurance staff, and 15 case managers or service coordinators. Findings from interviews with AAA staff with respect to those lessons include:

Outreach: OPI-E services are known within the aging network, but more needs to be done beyond it. Systematic outreach is limited in many AAAs.

Service provider capacity: The lack of home care services (both through home care workers and home care agencies) remains a major challenge. Major concerns include lack of availability, training, and transportation.

Unique characteristics: Many similarities to older adult needs noted. However, in most AAAs, younger adults were reported to have more behavioral needs. Responses varied considerably among AAA staff independent of AAA.

Data: Majority of staff are able to easily access information to determine eligibility. Most challenges are related to cumbersome data systems and inconsistencies in maintaining data across AAAs.

Challenges for rural Oregon: Geographical distances increase challenges accessing home care services and meeting consumer transportation needs.

New “lessons learned” themes from the interviews include: the value of OPI services for this age group and how even low levels of service go a long way, the importance of relationships with consumers, empathy, flexibility and creativity, challenges in finding and enrolling eligible consumers. Virtually everyone interviewed said that OPI-E should be expanded statewide.

Part III. Consumers' Experience with OPI-E

In July 2018, all OPI-E consumers (N=268) received a mailed survey which measured the importance of specific services for consumers' health and well-being, satisfaction with their OPI-E case manager, satisfaction and experiences with in-home care workers, outcomes resulting from OPI-E services, and overall satisfaction. Consumers were given three choices for taking the survey: mail it back in the envelope provided, take the survey online, or request a phone interview. All who completed the survey within the time available received a $10 gift card. The survey was completed by 126 consumers (47% response rate).

The consumers surveyed are very similar to those described in Part 1. Both qualitative and quantitative data show that consumers value OPI-E services. The majority stressed their appreciation and gratitude for the program, with several using terms such as "lifesaving" in their comments. Consumers reported that OPI-E contributes significantly to their independence, their ability to remain at home, and often support family members who also provide care. Most consumers rated their case managers quite positively.

> *"I would not be able to live at home if I didn't have OPI – even if I have only 19.5 hours per month. I am in a wheelchair and have paralysis in my hands. I don't have enough hours. I have no other options."*
>
> -OPI Consumer

All of the services received were rated by consumers as important or very important with most rating services they received as very important. The most common service received was personal and home care services and, not surprisingly, this was the service identified as most important. The majority of respondents had very favorable views of their home care workers (HCWs), although comments reveal that finding, hiring, and supervising care workers was very challenging and stressful, particularly for those with limited energy. Those who had difficulties finding appropriate help wished for more guidance and assistance from the OPI-E program in doing this.

Nearly half of the 89 consumers in this sample who provided comments were related to needs that had not been met. In the comments provided by consumers,

the most frequently identified area of need was for more hours of care. Arguably, with more hours some of these needs could be met. Another theme emerging from the open ended responses to the survey was uncertainty about other services and benefits available. The list of possible services was eye-opening to some consumers who were not familiar with services listed on the survey and thought they might benefit from them. Other consumers expressed concerns about their future – what will happen when they turn 60? How do they get questions answered?

Part IV. Estimated Need and Cost Estimates to Expand OPI-E Statewide

Traditional OPI and OPI-E are based on an intra-state funding formula that includes elements of geographic size of the AAA and the population of the particular age groups. PSU was asked to estimate the need and costs estimates to expand OPI-E statewide. The purpose of these estimates is to provide information to legislators and policy makers in planning future allocation for these programs. This report documents the final cost estimates and describes methods and data sources used in the calculating the estimates. In addition to the data available to us about the current OPI-E program, data sources for the estimates included the American Community Survey and the National Health Interview Survey.

The final total cost estimates to expand OPI services to those aged 18-59 ranges from $6.3 to $22 million[1] for FY2019-2020. The median estimate is $12.54 million for the 2019-2020 biennium, with monthly costs per participant ranging from $403 in 2019 to $413 in 2020. Based on these estimates, the program budgets would range from $2.95 to $11.14 million for 2019 and $3.38 to $11.58 for 2020.

The median estimate for legislative consideration is $12.54 million for the 2019-2020 biennium, with monthly costs per participant ranging from $403 in 2019 to $413 in 2020.

[1] All monetary values are expressed as nominal (not inflation-adjusted), but cost estimates are adjusted for price increases in health care services using CMS Personal Health Care Price Index (see text for details).

The estimate range is large because data available for the estimates were limited, the service needs of non-participating and potentially eligible population are unknown, there is significant statewide variation in the potentially eligible population, and there is variability in outreach to increase awareness and encourage participation.

The historical average costs per participant likely reflect the lower end of the estimates considering it was a pilot program and some counties did not offer all services. Additionally, consumers in some counties not currently served may have higher needs compared to consumers in the pilot counties. Each AAA decided how they would allocate the limited resources based on various factors. At the same time, average costs per participant that we have seen in the past may be due to a few consumers who have required unusually high expenditures for services. Because the total number of participants are small, these few consumers with high needs may have artificially elevated average costs. To obtain better estimates in the future, we fully support a system of collecting individual level data consistently across all AAAs.

Recommendations

The OPI Expansion pilot is valued by virtually everyone who was interviewed or surveyed, including staff and consumers alike. The consensus from AAA staff is that the OPI-E has been able to address previously unmet needs in a vulnerable population and should continue statewide. The following recommendations emerged from the program data, interviews with AAA directors and case managers, consumer experiences, and estimated costs.

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Summary of Key Recommendations

Fund the continuation of OPI and OPI-E statewide

- Allocate statewide funding for both OPI-E and traditional OPI programs based on population. Include costs for travel time for staff outreach and assessment activities into the allocation.
- Maintain separate funding for OPI-E so that this younger population is not subsumed and lost in the larger program.

Increase access to supports and services for consumers with greater needs

- Expand the number of hours in-home care service for consumers with greatest needs.
- Increase access to in-home care and reduce the burdens of limited hours on those who provide in-home. Address issues of transportation costs, particularly for HCWs in rural areas.

Provide support and training for consumers, AAA staff, and in-home care workforce

- Provide basic behavioral health training to AAA staff.
- Increase awareness of both AAA staff and consumers about the Employer Resource Connection (formerly the STEP program).
- Continue efforts to build and support the in-home care workforce, including helping consumers develop skills in hiring and supervising workers.
- Develop systems to check in more frequently with consumers to answer questions and provide information.

Enhance partnerships and opportunities for collaboration

- Partner with Behavioral Health Specialists who provide training and complex case consultation that includes a focus on adults with disabilities. For more information on this resource, please visit the **Institute on Aging website**.
- Partner with the Community Services and Support Unit and AAAs to increase outreach for OPI-E to determine a more accurate estimate of need.
- Explore closer partnerships to enhance communication between APD and Type A AAAs to streamline determination of OPI eligibility and services.
- Support and prioritize ongoing efforts to improve state and local data systems and to improve information sharing.