

# Aging Services

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# Aging Services

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## Vision

In 2015, persons aged 60 years and older in Multnomah County will number 148,372.

- This figure will represent 22 percent of the total population.
- Most of these seniors will be living independently and leading active lives.
- Twelve percent of the older population will be paying for Long Term Care or will receive it from friends or family to assist with activities of daily living. They may need some minimal help in identifying needs and/or resources.
- Twenty percent of the older population, who are very old and very frail, will have difficulties with activities of daily living, and will not have the family or resources needed to maintain independent living. They will receive Long Term Care services from the aging services system.

Multnomah County Aging Services Department (ASD) will continue to be the primary point of contact in the County for any senior in need of assistance. Through ASD, seniors will have easy access to a wide range of social and health services, housing alternatives and support systems needed to continue to live safely and with dignity in the least restrictive living situation.

ASD will continue to promote and develop new services and housing options for the elderly. ASD will manage local, State and Federal public funds and programs to enhance and subsidize individual and community efforts to keep elderly persons at home and as independent as possible.

Partnerships between ASD and other public and private entities serving the elderly will have built a network that will allow or assist older persons to choose services, providers or payment methods that best fit their individual needs. The service system will be diverse enough to accommodate the needs of elderly persons of color. ASD, elderly consumers, senior advocates and providers will work together to design programs, assess quality and consumer satisfaction and implement improvements.

ASD will continue its leadership role of planning with the community, providing up-to-date information and referrals, forming partnerships, regulating to ensure quality, and providing services such as case management, protective services and guardianship that emphasize public accountability.

# Aging Services

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## Strategies

To reach this status over time, Aging Services is taking these steps:

- Continue to improve the quality and accessibility of services in mid-county and east county to reach the increased number of elderly clients there. Complete plans for a mid-county site. Open an interim East County office with both Medicaid and District Center staff.
- Expand collaborative efforts with providers and jurisdictions, not only within Multnomah County but also with the surrounding counties, to make better use of the service capacity in the region and to improve the quality and quantity of services being provided.

## Partnerships

Aging Services plans and provides services with a wide variety of other agencies:

- Multnomah County Department of Community and Family Services
- Housing Authority of Portland
- Portland State University
- Portland / Multnomah Commission on Aging
- Clackamas County Senior Services
- Housing Authority of Clackamas County
- Senior and Disabled Services Division of the State of Oregon
- Non-profit agencies serving the elderly in Multnomah County

# Aging Services

## Budget Overview

	<b>1994-95</b>	<b>1995-96</b>	<b>1995-96</b>	<b>1996-97</b>	
	<b>Actual</b>	<b>Current</b>	<b>Adopted</b>	<b>Adopted</b>	<b>Difference</b>
		<b>Estimate</b>	<b>Budget</b>	<b>Budget</b>	
Staffing FTE	168.87	179.70	179.70	203.60	23.90
Departmental Costs	\$15,581,754	\$16,721,344	\$16,297,033	\$18,225,841	\$1,928,808
Program Revenues	\$13,360,857	\$14,105,555	\$13,681,244	\$15,132,032	\$1,450,788
General Fund Support	\$2,220,897	\$2,615,789	\$2,615,789	\$3,093,809	\$478,020

## Department Services

Aging Services offers the following services:

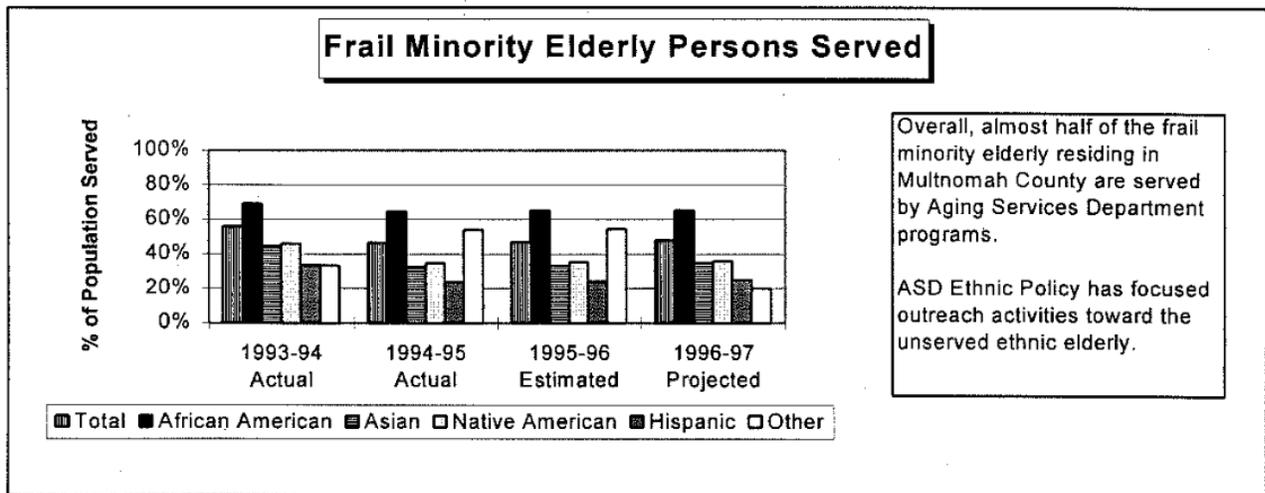
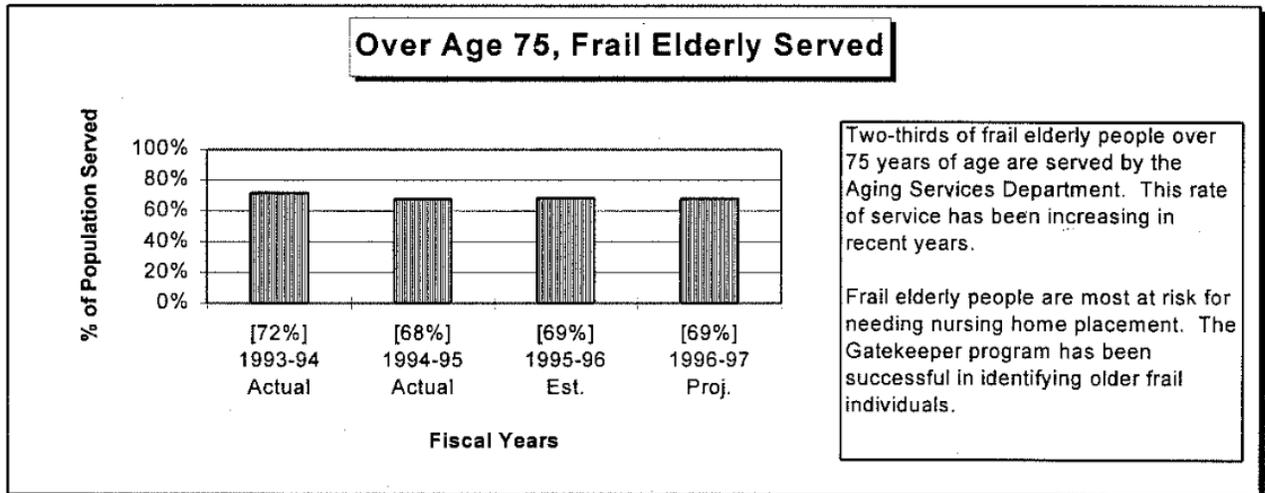
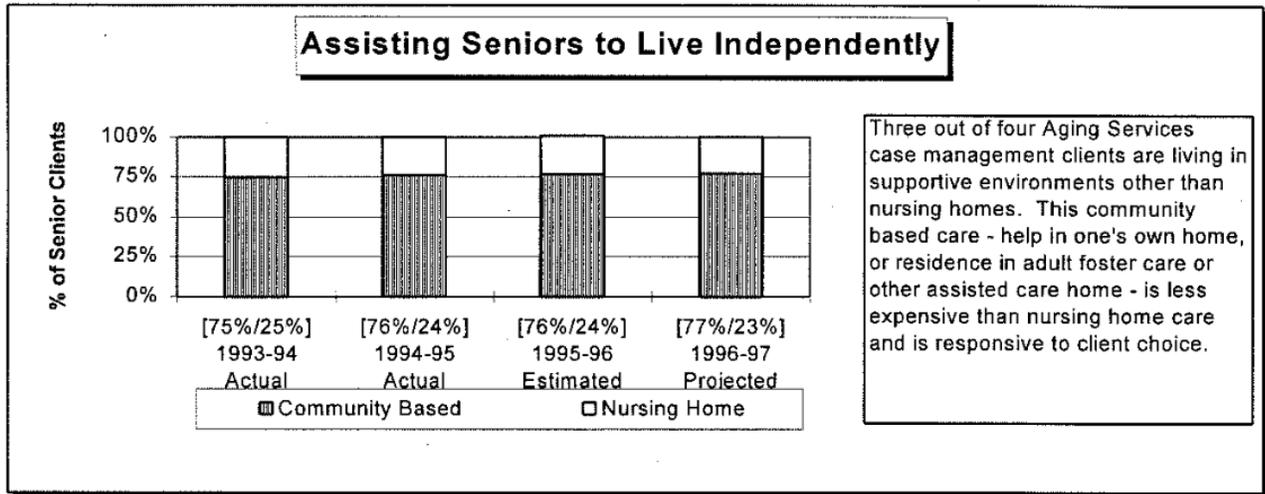
- Program development and advocacy
- Single entry/easy access to services through information and referral, gatekeepers and twenty-four hour access
- Case management/need assessment, eligibility, case plan development and service monitoring
- Adult care home regulation and licensing
- Public Guardianship/Conservatorship
- Protective services
- Minority services coordination
- Contract and service management
- District Centers
- Nutrition
- Transportation and special services
- In-home services
- Multi-disciplinary teams

Local policy discretion regarding services is limited by Federal and State Medicaid Policy and regulation, the Federal Older Americans Act, Oregon Project Independence statutes and agreements between Multnomah County and the City of Portland.

The Portland/Multnomah Commission on Aging provides advice and input on community needs, program and policy development and priorities for the provision of services. Citizen Advisory Committees monitor the funding as well as the provision of services.

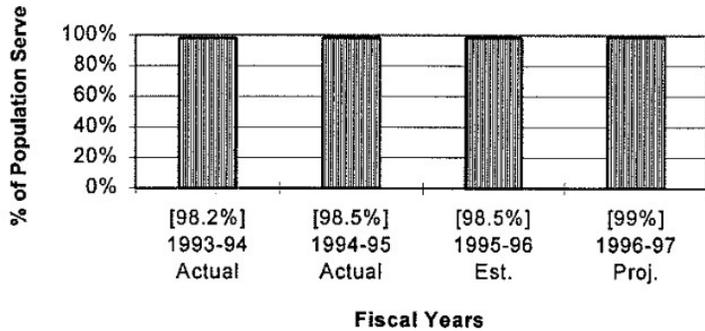
# Aging Services

## Performance Trends



# Aging Services

## Low Income Frail Elderly Served

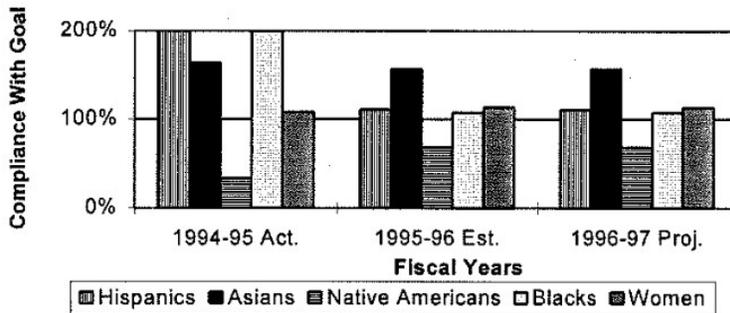


National studies report 32% of persons over 60 require assistance with one activity of daily living.

Aging Services served 99.5% of the frail low income elderly in Multnomah County who are estimated to have this level of need.

## Workforce Diversity

Success Towards Goals (Across all job classifications)



Commitment to Workforce Diversity has led to good results in meeting established goals. Actual hires meet or exceed Affirmative Action goals for Hispanics, Asians, Blacks and Women. Strategic plans are in place to improve statistics for Native Americans.

# Aging Services

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## Recent Accomplishments

- ASD began a study during FY1996 that will determine whether State Disability Service Offices should be transferred to the county. Recommendations will be completed by late FY1996; a decision to proceed will result in an implementation plan during FY1997.
- Development in Mid-County is focused on the City of Portland's siting of a Mid-county community center. ASD and advocates have been involved in the process, advocating for activity space for seniors, as well as identifying staff space needs in the area.
- In East County, a site in Gresham has been identified for a co-located interim Medicaid Branch and District Center. In addition, Branch staff used techniques learned from RESULTS to determine the split of clients and staff between the two offices, how the new office could be set up, etc.
- Intergenerational programs continue, with two focused on grandparents raising grandchildren, several programs utilizing senior mentors for at-risk youth, and another project, funded in part by the Regional Arts Council, which resulted in a photographic exhibit in the spring of 1996. Many of the programs also involve ethnic minorities.
- During Fiscal Year 1995, ASD developed a comment form, which has since been used in ASD programs. Comments are collected at the central office, and are now being reported in the quarterly ASD Aging Times. Positive comments regarding ASD services have exceeded 90% every quarter.
- Federal funding was received through the State of Oregon, Senior and Disabled Services Division, for the Senior Health Insurance Benefits Assistance (SHIBA) program. This program, which relies on trained volunteers, provides seniors with one-on-one insurance counseling. Assistance can include choosing Medicare Supplements or a Health Maintenance Organization, or filing insurance claims.
- SDSD supplied funding in late FY1995 for computers for all staff in the Medicaid Branch offices. In fall of 1995, networks were set up in each branch, and computers were installed on every person's desk. These computers replaced the "dumb" terminals hooked up to the State mainframe computer. Training continues for staff, many of whom had never used computers.
- ASD completed both the "Thumbnail Sketch" and the internal County grant for computers. By June of 1996, all ASD staff will have current computers capable of running Windows-based software.

# Aging Services

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## Budget Highlights

### Service Levels

- Federal funding, which provides about 70% of ASD's budget, was in a constant state of flux during the year due to Congress not passing a federal budget until April. Some funds were budgeted to the September 30, 1996 end of the Federal fiscal year, specifically nutrition funds. However, those funds were reduced by about 6%.
- Reduction in funding from the Federal Older American's Act by about \$115,000. These funds are used for support services such as case management, and for congregate and home-delivered meals. USDA funds are also expected to be about \$50,000 less than the prior year. Funding for congregate and home-delivered meals provided through Loaves and Fishes of \$118,728 is now provided by the County General Fund.
- Increase in Oregon Project Independence funding by 4%. These funds are used for in-home services and case management in the District Centers.
- Funding of \$91,624, together with \$11,500 from east county cities of Gresham and Fairview to establish a ninth district center in east Multnomah County to provide greater accessibility to those who live in that area.
- Funding of \$40,000 for one more year to develop programs and services for seniors living in the Brentwood Darlington neighborhood.

### Staffing

- Increase in Medicaid funds through Senior and Disabled Services Division of the State of Oregon. These funds are for increased caseload growth in the Medicaid branches. That growth has exceeded 20% over the past three years in community-based care. The number of additional employees funded by increased Title XIX funds is 18.70.
- Addition of 1 employee and equipment upgrades to provide better Senior Helpline service.
- Increase of 2 computer related positions to train staff and provide network support.
- Addition of 1.20 employees in the Public Guardian program.
- Replacement of one Operations Supervisor with an Office Assistant and a Senior Office Assistant.

# Aging Services

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## **RESULTS Efforts**

Aging Services Department (ASD) Department-wide RESULTS Steering Committee met with the Management group during 1995-96, developing and adopting RESULTS goals for ASD. The committee identified the need to train Aging Services staff in the tools and concepts of Continuous Quality Improvement (CQI) and Total Quality Management (TQM). The committee has held one all-day training for committee members and guests. They are also circulating a recommended reading list and other literature throughout Aging Services.

ASD's East Branch continued work begun in FY 1995 in Total Quality Improvement. These skills were used in developing plans and staffing for the split of the office into Mid-County and East County branches. West branch developed an alternative method to track case status; their work was presented to the Board of County Commissioners. Central Business Services developed a resource guide of "how-to's" for managers and branch business services staff.

The Department also held an All-staff meeting on February 21st. This meeting included reports from each work unit regarding RESULTS efforts, and celebrated the accomplishments of ASD.

For 1996-97, the ASD RESULTS Steering Committee will develop the RESULTS Implementation Plan for Aging Services Department. The Committee is also a problem-solving and resource group for work groups in the rest of the Department.

# Aging Services

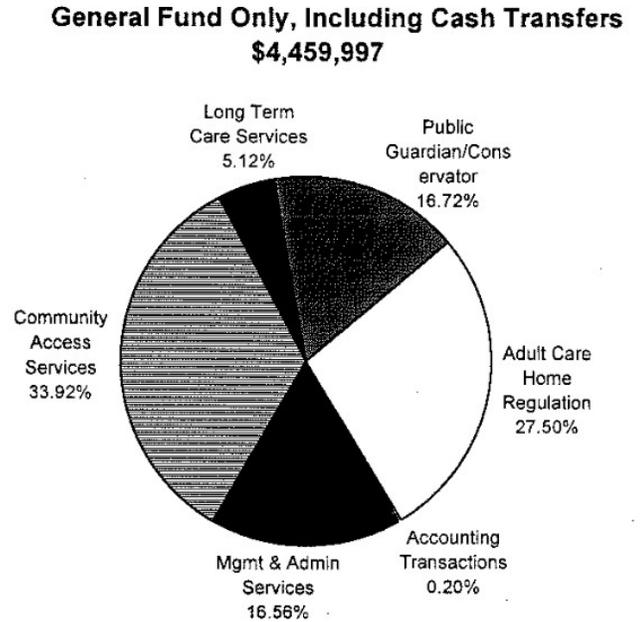
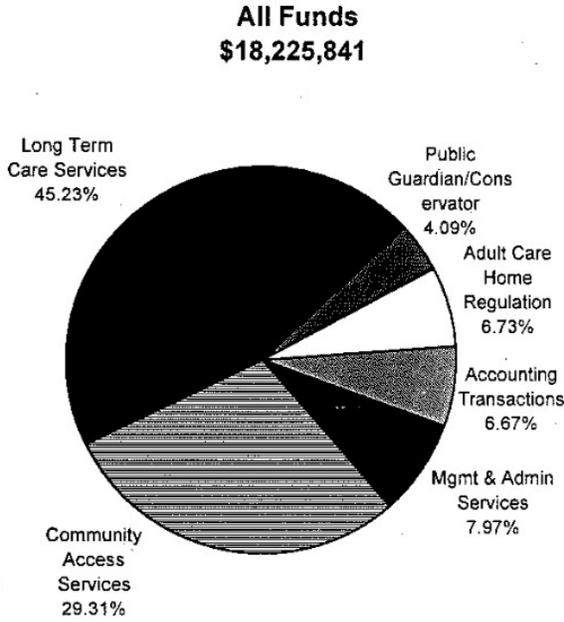
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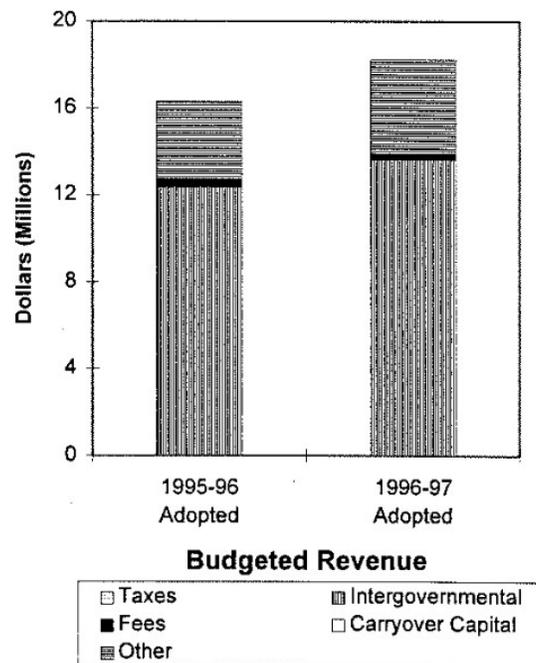
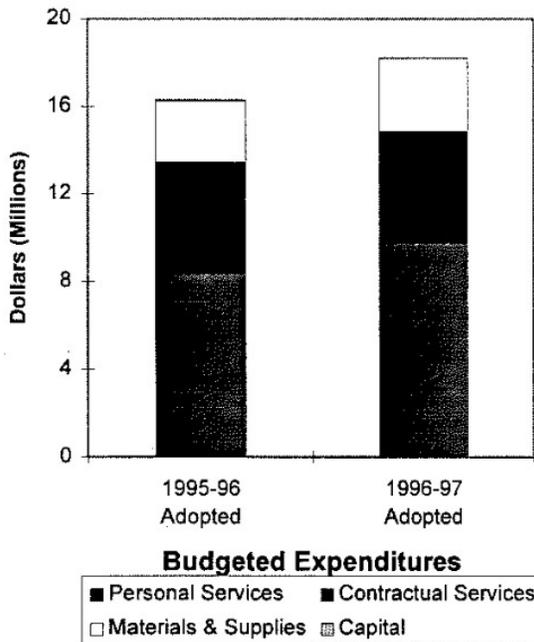
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# Aging Services

## TOTAL EXPENDITURES BY DIVISION 1996-97 ADOPTED BUDGET



## EXPENDITURE AND REVENUE COMPARISON 1995-96 Adopted Budget and 1996-97 Adopted Budget All Funds, Including Capital Projects



# Aging Services

## Budget Trends

	<u>1994-95</u> <u>Actual</u>	<u>1995-96</u> <u>Current</u> <u>Estimate</u>	<u>1995-96</u> <u>Adopted</u> <u>Budget</u>	<u>1996-97</u> <u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Staffing FTE	168.87	179.70	179.70	203.60	23.90
Personal Services	\$7,945,837	\$8,641,282	\$8,355,285	\$9,759,593	\$1,404,308
Contractual Services	4,665,862	5,073,611	5,085,729	5,104,920	19,191
Materials & Supplies	2,563,413	2,921,781	2,789,919	3,309,128	519,209
Capital Outlay	<u>406,642</u>	<u>84,670</u>	<u>66,100</u>	<u>52,200</u>	<u>(13,900)</u>
<b>Total Costs</b>	<b>\$15,581,754</b>	<b>\$16,721,344</b>	<b>\$16,297,033</b>	<b>\$18,225,841</b>	<b>\$1,928,808</b>
External Revenues	\$13,360,857	\$14,105,555	\$13,681,244	\$15,132,032	\$1,450,788
General Fund Support	\$2,220,897	\$2,615,789	\$2,615,789	\$3,093,809	\$478,020

## Costs by Division

	<u>1994-95</u> <u>Actual</u>	<u>1995-96</u> <u>Current</u> <u>Estimate</u>	<u>1995-96</u> <u>Adopted</u> <u>Budget</u>	<u>1996-97</u> <u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Mgmt & Admin Services	\$1,240,912	\$1,470,006	\$1,377,919	\$1,452,560	\$74,641
Community Access Svcs	4,834,284	5,244,753	5,179,432	5,341,384	161,952
Long Term Care Service	7,324,856	7,301,846	7,051,049	8,243,542	1,192,493
Public Guardian/Conserv	501,763	599,575	613,762	745,615	131,853
Adult Care Home Reg.	833,251	1,058,614	1,029,373	1,226,408	197,035
Accounting Transactions	<u>846,687</u>	<u>1,046,550</u>	<u>1,045,498</u>	<u>1,216,332</u>	<u>170,834</u>
<b>Total Costs</b>	<b>\$15,581,754</b>	<b>\$16,721,344</b>	<b>\$16,297,033</b>	<b>\$18,225,841</b>	<b>\$1,928,808</b>

## Staffing by Division

	<u>1994-95</u> <u>Actual</u>	<u>1995-96</u> <u>Current</u> <u>Estimate</u>	<u>1995-96</u> <u>Adopted</u> <u>Budget</u>	<u>1996-97</u> <u>Adopted</u> <u>Budget</u>	<u>Difference</u>
Mgmt & Admin Services	14.22	16.30	16.30	17.30	1.00
Community Access Svcs	14.60	15.00	15.00	16.00	1.00
Long Term Care Service	122.72	124.75	124.75	144.30	19.55
Public Guardian/Conserv	6.54	8.30	8.30	9.50	1.20
Adult Care Home Reg.	10.79	15.35	15.35	16.50	1.15
Accounting Transactions	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
<b>Total Staffing FTE's</b>	<b>168.87</b>	<b>179.70</b>	<b>179.70</b>	<b>203.60</b>	<b>23.90</b>

# Aging Services

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## Issues and Opportunities

### 1. Congregate and Home Delivered Meals

The Federal government has reduced funding for congregate and home delivered meals by about \$118,728 (34,000 meals). These meals are served to the elderly at home (if they meet qualifying standards) and at meal sites. Anyone over 60 is eligible for these meals.

#### Major Alternatives:

- Absorb the loss of funding by serving fewer meals.
- Restore the meals by replacing Federal funds with County General Fund.

#### Board Action:

*Providing meals for a population that otherwise might be malnourished prevents many greater problems such as illness, hospitalization, and the need to be in more expensive housing such as adult foster care. These problems are more expensive for the community to address. We are replacing federal funds with County funds to continue providing meals for the elderly.*

### 2. East Multnomah County District Center

Aging Services has worked with the Cities of Gresham, Troutdale, Fairview, and Wood Village to provide base funding for a new District Center. Between 1980 and 1990, the geographic area east of 82nd Avenue experienced a 32% increase in the population of persons 60 years of age and older. All indications are that this high rate of growth will continue into the next two decades based on the analysis of population of those who are 40-59 years old.

#### Major Alternatives:

- Reduce funding for other areas and reallocate these funds for East County. Other areas of the County do not show a reduction in service utilization.
- Fund East Multnomah County District Center with General Fund.
- Do not proceed with East County District Center.

#### Board Action:

*Partnerships have been formed with East County Cities, and population statistics show a need for this center. The Board has approved funding of \$91,624 for the East County District Center.*

# Aging Services

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## **3. Westside Collocating of Senior Services and Senior Activity Center**

This project will combine ASD Westside Branch and Friendly House, Inc., a District Center, to provide access to senior programs, case management, and emergency services with an adjacent large gathering space for meals, recreation, and other activities for senior citizens.

### **Major Alternatives:**

- Collocate and include a meal site.
- Continue with present arrangement.

### **Board Action:**

*ASD will submit a proposal for development of collocated senior programs to improve access and service for northwest and downtown Portland by June 1997.*

## Description

The mission of Management and Administrative Services is to maintain and provide fiscal and management information and contract administration to enable Aging Services to plan and deliver social and health services. To accomplish this mission, Management and Administrative Services assures financial accountability in a multiple fund account environment, administers and monitors service contracts, facilitates personnel and payroll activities and maintains several local area computer networks.

## Action Plan

- If the Board of County Commissioners approve the transfer of the State's Disability Services Offices to Multnomah County, it will occur about July 1, 1997. During FY 96-97, ASD will develop and complete an implementation plan for the transfer, which will need the approval of the Board of County Commissioners.
- Participate with the State, other AAAs, health plans, national organizations, etc., in defining the most efficient and effective model to transition Long Term Care to capitated payment system. This is not expected to be completed in 1996-97.
- The State legislature will be in session. ASD will inform and participate with committees and legislators in the formulation of policies and development of budget priorities affecting health, long term care, and community programs for the elderly and persons with disabilities.
- Develop the RESULTS Implementation Plan, the Departmental Quality assessment, and tracking and reporting mechanisms for RESULTS projects in the department.
- Develop training and migration plans to implement Windows-based software and State Senior and Disabled Services Division's (SDSD) 'Access' project which will shift data input from a mainframe environment to a PC/network environment.

### Significant Changes - Revenues

	<b>Amount</b>
Decrease in Federal Older Americans Act Revenue - III-B	(\$21,477)
Decrease in Federal Older Americans Act Revenue - III-C-1	( 9,251)
Decrease - shift in Oregon Project Independence Funds within ASD	( 3,045)
Increase in Title XIX funds	4,815

### Significant Changes - Expenditures

	<b>FTE's</b>	<b>Amount</b>
Moved 1.0 FTE to Org. 1905 to better reflect program responsibilities	(1.00)	(\$35,390)
Increase of Data Analyst and Data Systems Administrator for computer related functions	2.00	76,397
Education and Training increased for RESULTS, technology		2,300
Reduction in Indirect Rate		(20,864)
Increase in Data Processing for computer flat fee		11,824
Reduction of Facilities Management costs for the Mead Building		( 6,000)

# Mgmt & Admin Services

# Aging Services

## Budget Trends

	<u>1994-95 Actual</u>	<u>1995-96 Current Estimate</u>	<u>1995-96 Adopted Budget</u>	<u>1996-97 Adopted Budget</u>	<u>Difference</u>
Staffing FTE	14.22	16.30	16.30	17.30	1.00
Personal Services	\$751,805	\$824,487	\$823,677	\$900,236	\$76,559
Contractual Services	255,859	312,453	289,193	291,360	2,167
Materials & Supplies	220,190	276,942	248,849	244,764	(4,085)
Capital Outlay	<u>13,058</u>	<u>56,124</u>	<u>16,200</u>	<u>16,200</u>	<u>0</u>
<b>Total Costs</b>	<b>\$1,240,912</b>	<b>\$1,470,006</b>	<b>\$1,377,919</b>	<b>\$1,452,560</b>	<b>\$74,641</b>
External Revenues	\$797,398	\$829,623	\$737,536	\$714,200	(\$23,336)
General Fund Support	\$443,514	\$640,383	\$640,383	\$738,360	\$97,977

## Costs by Program

	<u>1994-95 Actual</u>	<u>1995-96 Adopted Budget</u>	<u>1996-97 Adopted Budget</u>	<u>Difference</u>
Mgmt & Admin Services	\$1,240,912	\$1,377,919	\$1,452,560	\$74,641

## Staffing by Program

	<u>1994-95 Actual</u>	<u>1995-96 Adopted Budget</u>	<u>1996-97 Adopted Budget</u>	<u>Difference</u>
Mgmt & Admin Services	14.22	16.30	17.30	1.00

# Community Access Services

# Aging Services

## Description

The mission of Community Access Services is to provide, through partnership with community agencies, an array of community-based supportive services which enable older persons to maintain the most independent lifestyle possible. To achieve this mission, Community Access Services manages a system of contracted services including case management, nutrition services, transportation and in-home services, and directly provides community access services of information and referral, Gatekeeper and 24-hour access.

Local discretion for this program is limited by the Older Americans Act (Federal), Oregon Project Independence (State) and the City/County Intergovernmental Agreement.

## Action Plan

- By Fall 1997, complete negotiations with the City of Portland regarding mid-county siting decisions including space use, furnishing, and costs for senior programs. Develop written interagency agreement with Portland Parks Bureau to implement senior recreation and leisure time strategic plan at the Mid-County Community Center.
- By June 1997, develop partnership agreement among collocated ASD Branch, District Center, Senior Center, Meal Program, and others to lay the operational foundation for the new district senior service system in east County.
- By June 1997, submit a proposal for development of collocated senior programs to improve access and service for northwest and downtown Portland.

## Significant Changes - Revenues

	<u>Amount</u>
Reduction in Older Americans Act Revenue	(\$170,244)
End of Bricks and Mortar Grant	(55,441)
Increase in Title XIX Revenue	88,372
Shift of City of Portland Funds within ASD	55,502
Increase Oregon Project Independence Revenue	14,324
Decrease in USDA Revenue	(50,975)

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Decrease due to Older Americans Act Cuts	(1.00)	(\$59,135)
Increase for establishing east County District Center		91,624
Increase due to Title XIX Caseload Growth	1.00	48,124
Increase in Pass Through for 3% COLA to Contractors		42,084
Increase in Professional Services in Access Services for 24 hour program backup costs		39,500
Additional Community Information Specialist and additional line for Senior Helpline	1.00	\$51,983

# Community Access Services

# Aging Services

## Budget Trends

	<u>1994-95 Actual</u>	<u>1995-96 Current Estimate</u>	<u>1995-96 Adopted Budget</u>	<u>1996-97 Adopted Budget</u>	<u>Difference</u>
Staffing FTE	14.60	15.00	15.00	16.00	1.00
Personal Services	\$719,033	\$785,972	\$744,578	\$805,777	\$61,199
Contractual Services	3,713,811	4,027,133	4,002,406	4,091,102	88,696
Materials & Supplies	399,853	431,648	432,448	444,505	12,057
Capital Outlay	<u>1,588</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Total Costs</b>	<b>\$4,834,284</b>	<b>\$5,244,753</b>	<b>\$5,179,432</b>	<b>\$5,341,384</b>	<b>\$161,952</b>
External Revenues	\$3,695,408	\$4,111,173	\$4,045,852	\$3,828,702	(\$217,150)
General Fund Support	\$1,138,877	\$1,133,580	\$1,133,580	\$1,512,682	\$379,102

## Costs by Program

	<u>1994-95 Actual</u>	<u>1995-96 Adopted Budget</u>	<u>1996-97 Adopted Budget</u>	<u>Difference</u>
Prog. Mgmt & Advocacy	\$911,203	\$1,011,061	\$955,290	(\$55,771)
District Centers	1,364,325	1,433,321	1,588,893	155,572
Nutrition Services	1,160,530	1,133,107	1,132,282	(825)
In-Home Services	549,579	642,440	632,140	(10,300)
Ethnic Services	310,480	318,799	319,593	794
Trans. & Special. Support	200,772	276,090	242,079	(34,011)
Access Services	222,301	246,438	344,331	97,893
Multi-Disciplinary Team	<u>115,094</u>	<u>118,176</u>	<u>126,776</u>	<u>8,600</u>
<b>Total Costs</b>	<b>\$4,834,284</b>	<b>\$5,179,432</b>	<b>\$5,341,384</b>	<b>\$161,952</b>

## Staffing by Program

	<u>1994-95 Actual</u>	<u>1995-96 Adopted Budget</u>	<u>1996-97 Adopted Budget</u>	<u>Difference</u>
Prog. Mgmt & Advocacy	7.78	8.00	8.00	0.00
District Centers	0.00	0.00	0.00	0.00
Nutrition Services	0.01	0.00	0.00	0.00
In-Home Services	0.00	0.00	0.00	0.00
Ethnic Services	1.00	1.00	1.00	0.00
Trans. & Special. Support	0.00	0.00	0.00	0.00
Access Services	3.88	4.00	5.00	1.00
Multi-Disciplinary Team	<u>1.93</u>	<u>2.00</u>	<u>2.00</u>	<u>0.00</u>
<b>Total Staffing FTE's</b>	<b>14.60</b>	<b>15.00</b>	<b>16.00</b>	<b>1.00</b>

# Program Mgmt & Advocacy

Aging Services

## Description

The purpose of Program Management and Advocacy is to provide direction to and coordination of the Community Access services to insure quality services, program development and advocacy on issues affecting community elders. Program Management and Advocacy provides technical assistance, identification of unmet needs, and issue advocacy.

Community Access services are delivered through twenty-five community organizations to a service population with changing service needs.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	7.78	8.00	8.00	0.00
Program Costs	\$911,203	\$1,011,061	\$955,290	(\$55,771)

## Key Results

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Estimated</u>	1996-97 <u>Projected</u>
Percentage of contractors satisfied or very satisfied	N/A New	N/A New	N/A New	85%
Percentage of advocates satisfied or very satisfied with ASD support of advocacy	N/A New	N/A New	N/A New	85%

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Decrease - Personnel - due to Federal Older American Act Cuts	(1.00)	(\$59,135)
Increase - Personnel - due to Title XIX caseload growth	1.00	48,124
Decrease in pass-through - end of Beyond Bricks and Mortar Grant		(55,441)
Decrease in pass-through - FY1996 one-time only funds for SE community center development		(29,000)
Increase in professional services - Sr. Center site developments		10,961
Reduction - Indirect Rate		(20,951)
Increase - Data processing, due to PC Flat Fee		12,563

# District Centers-Case Mgmt

## Description

The purpose of District Centers - Case Management is to provide needs assessment and access to services for older persons (age 60 and over). This is accomplished through contractual partnership with neighborhood-based community agencies which provide services, additional funds and service development unique to their neighborhood. The services provided by district centers are case management (comprehensive needs assessment, service referral and service monitoring), information and referral (brief assessment and linkage to needed services), and focal point management (resource development, existing service coordination).

102,248 older persons and many more family members reside in Multnomah County. Many are not familiar with available service options. There is the potential for inappropriate or restrictive placement, economic or emotional abuse, or unnecessary physical, emotional and mental deterioration. This problem is increasing because of the growing older population and because the most vulnerable segment (those 85 or older) is growing dramatically.

The Older Americans Act mandates the delivery of services through neighborhood-based community organizations. Oregon Project Independence defines service eligibility. The City of Portland/Multnomah County intergovernmental agreement earmarks City funds for district centers.

## Budget Overview

	<b>1994-95</b>	<b>1995-96</b>	<b>1996-97</b>	
	<b>Actual</b>	<b>Adopted</b>	<b>Adopted</b>	<b>Difference</b>
		<b>Budget</b>	<b>Budget</b>	
Staffing FTE	0.00	0.00	0.00	0.00
Program Costs	\$1,364,325	\$1,433,321	\$1,588,893	\$155,572

<b>Key Results</b>	<b>1994-95</b>	<b>1995-96</b>	<b>1995-96</b>	<b>1996-97</b>
	<b>Actual</b>	<b>Original</b>	<b>Estimated</b>	<b>Projected</b>
		<b>Projection</b>		
Percentage of case management clients who remain in community setting during the fiscal year	N/A New	N/A New	80%	85%
Percentage of case management clients served who are new	5.8%	6.3%	6.3%	6.8%

## Significant Changes - Expenditures

	<b>Amount</b>
Increase for establishing east County District Center	\$91,624
One-time funding for Brentwood Darlington	40,000
Increase - 3% COLA to contractors	42,084

## Nutrition Services

Aging Services

**Description**

The purpose of Nutrition Services is to assist older persons to continue to live as independently as possible through the provision of home-delivered and congregate meals. The Nutrition service is responsible for delivering meals both to older persons living at home and to congregate sites. Each meal served contains at least one-third of the current Recommended Dietary Allowances (RDA).

For elderly persons poor nutritional habits can contribute to physical and mental decline and further debilitation. The program delivers 240,768 meals to 3,650 older persons at home and 118,123 meals to 3,800 persons at 20 congregate sites. For 55% of those served, this nutrition service is the only meal or one of two meals consumed each day. This problem is increasing due to the increasing number of older persons and the increasing number of persons over the age of 85 years of age.

Older Americans Act defines meal requirements and service delivery methods.

**Budget Overview**

	<b>1994-95 Actual</b>	<b>1995-96 Adopted Budget</b>	<b>1996-97 Adopted Budget</b>	<b>Difference</b>
Staffing FTE	0.01	0.00	0.00	0.00
Program Costs	\$1,160,530	\$1,133,107	\$1,132,282	(\$825)

<b>Key Results</b>	<b>1994-95 Actual</b>	<b>1995-96 Original Projection</b>	<b>1995-96 Estimated</b>	<b>1996-97 Projected</b>
Percentage of congregate meals participants showing improvement in risk for malnutrition after 1 year	N/A New	N/A New	30%	35%
Percentage of home-delivered meals participants showing improvement in risk for malnutrition after 1 year	N/A New	N/A New	30%	35%

**Significant Changes - Expenditures**

No significant changes

# In-home Services

Aging Services

**Description**

The purpose of In-home Services is to assist persons age 60 and older who require assistance with two or more activities of daily living to remain independent and live in their own homes. In-home services provide assistance with activities of daily living which clients are unable to perform, or request assistance in performing.

Based on national surveys, 32% of persons over age 65 require assistance with an activity of daily living (eating, bathing, grooming/dressing, toileting) or lack the stamina or physical ability to maintain their home. Personal health and safety as well as community health and safety is maintained through this service. Approximately 450 older persons are provided 2 hours of housekeeping services weekly; approximately 250 older persons receive 1-1/2 hours of personal care (bathing/grooming) each week. This problem is increasing due to the increased number of older persons living in the community and the increase of the most frail (over 85) population.

Oregon Project Independence and the Oregon Nurse Practices Act define service eligibility and service delivery requirements.

**Budget Overview**

	<b>1994-95 Actual</b>	<b>1995-96 Adopted Budget</b>	<b>1996-97 Adopted Budget</b>	<b>Difference</b>
Staffing FTE	0.00	0.00	0.00	0.00
Program Costs	\$549,579	\$642,440	\$632,140	(\$10,300)

<b><u>Key Results</u></b>	<b>1994-95 Actual</b>	<b>1995-96 Original Projection</b>	<b>1995-96 Estimated</b>	<b>1996-97 Projected</b>
Percentage of District Center clients receiving home care, personal care, or chore services	N/A New	N/A New	38%	35%

**Significant Changes - Expenditures**

No significant changes

## Ethnic Services

Aging Services

**Description**

The purpose of Ethnic Services is to increase ethnic minority participation of clients, volunteers and employees of the Aging Services Department. Aging Services will increase access to service, decrease barriers and develop programs meeting the needs of specific ethnic populations. This is accomplished through contracts for ethnic programs, development of specialized programs and multi-language materials, community outreach, translation, cultural and advocacy training and technical assistance to ethnic minority groups, organizations and the community in forming and organizing self-supported organizations.

National studies show that minority elders are at greater social and health risks. Over eight percent of the county's elderly population are minority. Risks for minority elderly are increasing with the growth of minority populations in Multnomah County.

**Budget Overview**

	<b>1994-95</b>	<b>1995-96</b>	<b>1996-97</b>	
	<b><u>Actual</u></b>	<b><u>Adopted Budget</u></b>	<b><u>Adopted Budget</u></b>	<b><u>Difference</u></b>
Staffing FTE	1.00	1.00	1.00	0.00
Program Costs	\$310,480	\$318,799	\$319,593	\$794

<b><u>Key Results</u></b>	<b>1994-95</b>	<b>1995-96</b>	<b>1995-96</b>	<b>1996-97</b>
	<b><u>Actual</u></b>	<b><u>Original Projection</u></b>	<b><u>Estimated</u></b>	<b><u>Projected</u></b>
Ethnic clients as a percentage of total clients served	18.6%	19.1%	19.1%	19.6%
Percentage of ethnic minority elders served	47.3%	47.8%	47.8%	48.3%
Percentage of ethnic minority elders who are new clients	N/A New	N/A New	N/A New	6.4%

**Significant Changes - Expenditures**

No significant changes

# Transport & Special Support

**Description**

The purpose of Transportation and Specialized Support Services is to maintain the independence of frail, low-income older persons in their own home by providing scheduled door-to-door rides using lift-equipped vehicles or commercial taxis for medical appointments and shopping. Transportation services are provided to those who cannot use regular bus service due to physical, emotional or language barriers and have no other means of transportation.

One third of the Multnomah County older population (approximately 33,660) are considered mobility disadvantaged and therefore lack access to medical appointments or shopping. This problem is increasing due to the increasing older population, in particular the segment that is most frail or over 75 years of age.

**Budget Overview**

	<b>1994-95</b>	<b>1995-96</b>	<b>1996-97</b>	
	<b><u>Actual</u></b>	<b><u>Adopted</u></b>	<b><u>Adopted</u></b>	<b><u>Difference</u></b>
		<b><u>Budget</u></b>	<b><u>Budget</u></b>	
Staffing FTE	0.00	0.00	0.00	0.00
Program Costs	\$200,772	\$276,090	\$242,079	(\$34,011)

**Significant Changes - Expenditures**

	<b><u>Amount</u></b>
Pass Through decrease due to cuts in Older Americans Act Funding	(\$35,409)

# Access Services

Aging Services

## Description

The purpose of Access Services is to provide convenient and reliable access to services and information about services available for older persons in Multnomah County. This service is responsible for responding to telephone and written inquiries for information, problem-solving and referral to services with documented follow-up. This is accomplished through information and referral, after-hour crisis intervention and through training of "gatekeepers," employees of community businesses who may encounter frail older persons through their work.

Over 100,000 elderly persons and their families reside in Multnomah County. The system of available services for older people can be difficult to understand, and even more difficult to access. The Gatekeeper and 24 Hour access programs link older persons who are at risk with the Aging Services system. This problem is increasing because of the growing population over the age of 75.

The Older Americans Act mandates information and referral and outreach programs.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	3.88	4.00	5.00	1.00
Program Costs	\$222,301	\$246,438	\$344,331	\$97,893

<u>Key Results</u>	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Estimated</u>	1996-97 <u>Projected</u>
Percentage of growth in Senior Helpline calls	N/A New	N/A New	3%	4%
Percentage of clients satisfied with Senior Helpline response	N/A New	N/A New	N/A New	85%

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Additional Community Information Specialist and additional line for Senior Helpline	1.00	\$51,983
Increase - professional services - for 24-Hour Program back-up costs		\$39,500

# Multi-disciplinary Team

## Description

The purpose of the Multi-disciplinary Team (MDT) is to provide appropriate intervention for at-risk seniors who have a combination of social, mental health, health and alcohol/drug problems. Teams consisting of a geriatric mental health specialist, a social worker and a community health nurse combine with Aging Services case managers through an agreement among Aging Services Department, Department of Community and Family Services, and the Health Department. Team members provide holistic assessments, case consultation, direct nursing and mental health treatment as appropriate. These clients are resistant to service, home maintenance or health care due to a combination of behavioral and health problems. These clients can represent a danger to themselves and the community.

Over 100,000 seniors reside in Multnomah County. Approximately 32% are considered frail and require assistance with daily living tasks. About 15% of older adults have a mental health or alcohol problem serious enough to require treatment. The team receives 750 referrals annually. This problem is increasing because of the growing number of persons over age 75 who are more frail.

## Budget Overview

	<b>1994-95 Actual</b>	<b>1995-96 Adopted Budget</b>	<b>1996-97 Adopted Budget</b>	<b>Difference</b>
Staffing FTE	1.93	2.00	2.00	0.00
Program Costs	\$115,094	\$118,176	\$126,776	\$8,600

<b>Key Results</b>	<b>1994-95 Actual</b>	<b>1995-96 Original Projection</b>	<b>1995-96 Estimated</b>	<b>1996-97 Projected</b>
Percentage of requests for assistance accepted or referred to appropriate service	97%	98%	97%	98%
Improvement in living situation 90 days after MDT intervention	80%	80.5%	85%	85%

## Significant Changes - Expenditures

No significant changes

## Description

The mission of Long Term Care Services is to provide services which are the least restrictive, least costly and in a safe environment of the client's choice to frail elders who are financially and service eligible. To achieve this mission, Long Term Care provides case management to community-based and nursing home clients. The major responsibilities of this program group are: determine service and financial eligibility, authorize a range of services from community-based to nursing home care, monitor ongoing needs and service delivery and screen nursing home placements to ensure appropriate service use.

A major focus of this work group is to investigate complaints involving the physical or emotional abuse, or financial exploitation of older adults.

Local discretion for this program group is limited by federal and state Medicaid regulation.

## Action Plan

- Develop a system for tracking abuse of the elderly in conjunction with the Portland Police Bureau (January 1996), the Multnomah County Sheriff's office (January 1997) and the Gresham Police Department (January 1997).

### Significant Changes - Revenues

Title XIX funds increase	<b>Amount</b>
	\$1,283,294

### Significant Changes - Expenditures

	<b>FTE's</b>	<b>Amount</b>
Increase in FTE from additional Title XIX revenue and increased caseload	19.55	\$806,237
Increase in Facilities for possible NE Branch remodeling		125,000
Decrease in Supplements used to provide local match of Title XIX funds		(155,730)
Increase in Data Processing for County PC Flat Fee		109,372
Increases for Gresham Branch		31,858

# Long Term Care Services

# Aging Services

## Budget Trends

	1994-95 <u>Actual</u>	1995-96 <u>Current Estimate</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	122.72	124.75	124.75	144.30	19.55
Personal Services	\$5,605,715	\$5,948,134	\$5,735,607	\$6,804,180	\$1,068,573
Contractual Services	346,815	363,711	347,301	191,967	(155,334)
Materials & Supplies	994,406	963,667	936,141	1,215,395	279,254
Capital Outlay	<u>377,921</u>	<u>26,334</u>	<u>32,000</u>	<u>32,000</u>	<u>0</u>
<b>Total Costs</b>	<b>\$7,324,856</b>	<b>\$7,301,846</b>	<b>\$7,051,049</b>	<b>\$8,243,542</b>	<b>\$1,192,493</b>
External Revenues	\$7,048,144	\$6,982,986	\$6,732,189	\$8,015,387	\$1,283,198
General Fund Support	\$276,712	\$318,860	\$318,860	\$228,155	(\$90,705)

## Costs by Program

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Program Mgmt & Advocacy	\$1,150,862	\$618,151	\$782,541	\$164,390
Community-based Case Mgmt	5,063,529	5,283,627	6,197,419	913,792
Nursing Facility Case Mgmt	<u>1,110,465</u>	<u>1,149,271</u>	<u>1,263,582</u>	<u>114,311</u>
<b>Total Costs</b>	<b>\$7,324,856</b>	<b>\$7,051,049</b>	<b>\$8,243,542</b>	<b>\$1,192,493</b>

## Staffing by Program

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Program Mgmt & Advocacy	1.41	0.00	3.80	3.80
Community-based Case Mgmt	100.58	102.75	117.00	14.25
Nursing Facility Case Mgmt	<u>20.74</u>	<u>22.00</u>	<u>23.50</u>	<u>1.50</u>
<b>Total Staffing FTE's</b>	<b>122.72</b>	<b>124.75</b>	<b>144.30</b>	<b>19.55</b>

# Program Mgmt & Advocacy

**Description**

The purpose of Program Management and Advocacy is to provide direction and coordination of the delivery of Long Term Care services by insuring quality services, program development, advocacy and compliance with regulation. This service optimizes the operation of the five branch offices through policy information dissemination, supervision, training, technical assistance and new program development.

**Budget Overview**

	<b>1994-95</b>	<b>1995-96</b>	<b>1996-97</b>	
	<b><u>Actual</u></b>	<b><u>Adopted</u></b>	<b><u>Adopted</u></b>	<b><u>Difference</u></b>
		<b><u>Budget</u></b>	<b><u>Budget</u></b>	
Staffing FTE	1.41	0.00	3.80	3.80
Program Costs	\$1,150,862	\$618,151	\$782,541	\$164,390

<b><u>Key Results</u></b>	<b>1994-95</b>	<b>1995-96</b>	<b>1995-96</b>	<b>1996-97</b>
	<b><u>Actual</u></b>	<b><u>Original</u></b>	<b><u>Estimated</u></b>	<b><u>Projected</u></b>
		<b><u>Projection</u></b>		
Percentage of intakes processed within 45 days.	99.2%	99.7%	99.7%	98%
Percentage of contractors satisfied with contract and program management, by ASD Branches and Business Services	NA/New	NA/New	80%	85%
Percentage of advocates satisfied with how ASD Branches support advocacy	NA/New	NA/New	80%	80%

**Significant Changes - Expenditures**

	<b><u>FTE's</u></b>	<b><u>Amount</u></b>
Increase - Position moved from Org. 1710 to better reflect program responsibilities	1.00	\$44,238
Decrease - Same position reduced to .80 FTE	(.20)	( 8,848)
Increase - positions added from additional funding	3.00	150,468
Decrease - Reduction in Supplement, used to provide local match for Title XIX funds		(155,730)
Increase - Data processing, for PC Flat Fee		109,372
Decrease - Reduction in indirect rate		(107,220)
Increase - Facilities management, for possible NE remodeling		125,000
Increase - Training, for system RESULTS training		15,000

# Community-based Case Management

Long Term Care Services

Aging Services

## Description

The purpose of Community-Based Case Management is to maintain frail elders in the least restrictive community-based living environment of their choice. This service maintains a caseload of 2,500 financially eligible elders with services in their homes or in community-based care settings. Case managers located in four branches assess elderly individuals' particular needs and develop service plans for an array of community-based services.

This program addresses the needs of financially and service-eligible elders who, without services, would require more expensive, more restrictive nursing home care. This problem is increasing due to a growing older population. The population segment in greatest need of assistance, those 85 and older, increased 17% between 1980 and 1990 compared to the 3.8% growth of the general population. This population is expected to grow by 13% during the next decade.

Local discretion is limited by Federal and State Medicaid regulation which defines eligibility and range of services available. Budget allocations are based on state caseload standards.

## Budget Overview

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	100.58	102.75	117.00	14.25
Program Costs	\$5,063,529	\$5,283,627	\$6,197,419	\$913,792

<u>Key Results</u>	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Estimated</u>	1996-97 <u>Projected</u>
Percentage of ASD Medicaid clients in community-based care	64.5%	63.5%	65.0%	65.0%

## Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Increase - New positions due to case load growth and new Gresham Office	14.25	\$557,099
Increases - Related to anticipated new branch office located in Gresham		31,858
Increase - Education and training - Southeast Branch		2,788
Increase - Motor Pool - Southeast Branch		2,565
Increase - Facilities Management - Southeast Branch		4,833

# Nursing Facility Case Mgmt

**Description**

The purpose of the Nursing Home Case Management service is to maintain frail elderly persons no longer capable of independent living in nursing homes with safe quality service. This service maintains a caseload of 1,500 nursing home residents and, as appropriate, seeks needed rehabilitation services or relocation of residents to less restrictive community-based care. The program assesses client need, determines service and financial eligibility and implements care plans based on service need and client choice. All services are funded directly by the State Medicaid Program.

This program addresses the need of financially eligible frail elders for safe quality nursing and custodial care. These elders are dependent in three to five activities of daily living. This problem is increasing since the most frail (over 85) population are increasing at a rate four times faster than the general population (17% vs. 3.8%). Population projections indicate the over 85 segment will grow 13% over the next decade.

Local discretion is limited by Federal and State Medicaid regulation which defines eligibility and range of services available. State allocations are based on State caseload standards.

**Budget Overview**

	1994-95 <u>Actual</u>	1995-96 <u>Adopted Budget</u>	1996-97 <u>Adopted Budget</u>	<u>Difference</u>
Staffing FTE	20.74	22.00	23.50	1.50
Program Costs	\$1,110,465	\$1,149,271	\$1,263,582	\$114,311

**Key Results**

	1994-95 <u>Actual</u>	1995-96 <u>Original Projection</u>	1995-96 <u>Estimated</u>	1996-97 <u>Projected</u>
Percentage of Medicaid clients residing in nursing homes	35.5%	36.0%	36.0%	36.0%

**Significant Changes - Expenditures**

	<u>FTE's</u>	<u>Amount</u>
Decrease - .50 FTE moved from Nursing Facility Branch to West Branch	(0.50)	(\$28,556)
Increase - New positions due to case load growth - Nursing Facility Branch	2.00	91,836
Increase - COLA, step, fringe personnel increases - Nursing Facility Branch		49,972

### Description

The purpose of the Public Guardian/Conservator's Office is to act as court-appointed guardian and/or conservator for individuals who are mentally incapacitated, unable to care for themselves, at high risk of abuse, exploitation or deterioration of health and who have no one else available to serve as a guardian. The Public Guardian Service establishes care plans to stabilize the situation and maintains 150 wards at a significantly lower risk level and a higher quality of life than at service intake. Services include ongoing medical and placement decisions, twenty-four hour service, fiduciary responsibility for client assets, property management and sale, timely submission of court reports and information and consultation on guardianship, conservatorship and alternatives to these services for Multnomah County families and professionals.

This program addresses the need for the protection of Multnomah County persons who, due to mental and physical incapacity, can no longer care for themselves or make appropriate decisions regarding their own care, and are in situations of such high risk that no alternative to guardianship will serve to stabilize the situation. Need for this service is increasing due to significant increases in the "old old" senior population, decreases in services available to the seriously mentally ill, deinstitutionalization of the mentally retarded/developmentally disabled population, and increased recognition of and intervention with victims of abuse and neglect.

Oregon Revised Statutes for guardianship and conservatorship, and for Public Guardian Programs, prescribe the activities of the program.

### Action Plan

- Provide additional information and assistance for families of County clients willing to serve as guardians.
- Assist the court in development of standards and training for private guardians.

### Significant Changes - Revenues

	<u>Amount</u>
Reduction - Fees - fewer clients with assets or income	(\$8,000)
Increase - Service Reimbursement (Title XIX)	37,380

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Increase of 0.4 FTE Office Assistant and 0.80 FTE Assistant Public Guardian to improve access to services	1.20	\$80,951
Increase - Supplement, used as local match for Title XIX revenues		16,821
Increase - Data Processing, for the PC tax		6,651

# Public Guardian

## Aging Services

### Budget Trends

	<u>1994-95 Actual</u>	<u>1995-96 Current Estimate</u>	<u>1995-96 Adopted Budget</u>	<u>1996-97 Adopted Budget</u>	<u>Difference</u>
Staffing FTE	6.54	8.30	8.30	9.50	1.20
Personal Services	\$333,882	\$383,925	\$395,548	\$482,100	\$86,552
Contractual Services	135,882	172,130	172,130	211,332	39,202
Materials & Supplies	31,999	43,520	46,084	52,183	6,099
Capital Outlay	0	0	0	0	0
<b>Total Costs</b>	<b>\$501,763</b>	<b>\$599,575</b>	<b>\$613,762</b>	<b>\$745,615</b>	<b>\$131,853</b>
External Revenues	\$323,640	\$375,512	\$389,699	\$465,817	\$76,118
General Fund Support	\$178,123	\$224,063	\$224,063	\$279,798	\$55,735

### Key Results

	<u>1994-95 Actual</u>	<u>1995-96 Original Projection</u>	<u>1995-96 Estimated</u>	<u>1996-97 Projected</u>
Percent of requests for Public Guardian services that are accepted or diverted within 60 days	N/A New	N/A New	93%	94%
Improvement in clients 180 days after admission	88.8%	89.3%	89.3%	89.5%

### Costs by Program

	<u>1994-95 Actual</u>	<u>1995-96 Adopted Budget</u>	<u>1996-97 Adopted Budget</u>	<u>Difference</u>
Public Guardian/Conservator	\$501,763	\$613,762	\$745,615	\$131,853

### Staffing by Program

	<u>1994-95 Actual</u>	<u>1995-96 Adopted Budget</u>	<u>1996-97 Adopted Budget</u>	<u>Difference</u>
Public Guardian/Conservator	6.54	8.30	9.50	1.20

# Adult Care Home Regulation

Aging Services

## Description

The purpose of the Adult Care Home Regulation program is to assure a safe living environment with quality care for residents of adult care homes. The program is responsible for screening and inspecting applicant facilities for licensure, inspecting and issuing annual licenses, responding to complaints, and providing training for adult care home operators. The program also produces a listing of licensed homes for the use of the public.

Three thousand elderly and disabled persons requiring assistance with daily activities reside in and receive service from adult foster homes and room and board homes. There has been a steady increase in new homes licensed and complaints requiring investigation.

## Action Plan

- Develop direct public access from various sites in Multnomah County to computerized information on Adult Care Homes by June 1997.

### Significant Changes - Revenues

	<u>Amount</u>
Increase - Service Reimbursement (Title XIX)	\$139,306

### Significant Changes - Expenditures

	<u>FTE's</u>	<u>Amount</u>
Increase - Position, for increased quality responsibilities	0.15	\$7,320
Increase - Case manager position, for increased caseload	1.00	43,207
Increase - Supplement, used as local match to obtain Title XIX funds		32,937
Increase - Professional Services, due to increased Hearings		9,689
Increase - Data Processing, due to PC tax		10,346
Increase - Mail/Distribution, to reflect actual expenditures		6,009
Decrease - Equipment, due to FY1996 purchase of computers		(13,900)

# Adult Care Home Regulation

Aging Services

## Budget Trends

	<u>1994-95 Actual</u>	<u>1995-96 Current Estimate</u>	<u>1995-96 Adopted Budget</u>	<u>1996-97 Adopted Budget</u>	<u>Difference</u>
Staffing FTE	10.79	15.35	15.35	16.50	1.15
Personal Services	\$535,402	\$698,764	\$655,875	\$767,300	\$111,425
Contractual Services	201,193	198,184	258,890	310,443	51,553
Materials & Supplies	82,581	159,454	96,708	144,665	47,957
Capital Outlay	<u>14,076</u>	<u>2,212</u>	<u>17,900</u>	<u>4,000</u>	<u>(13,900)</u>
<b>Total Costs</b>	<b>\$833,251</b>	<b>\$1,058,614</b>	<b>\$1,029,373</b>	<b>\$1,226,408</b>	<b>\$197,035</b>
External Revenues	\$661,969	\$775,629	\$746,388	\$900,371	\$153,983
General Fund Support	\$171,282	\$282,985	\$282,985	\$326,037	\$43,052

## Key Results

	<u>1994-95 Actual</u>	<u>1995-96 Original Projection</u>	<u>1995-96 Estimated</u>	<u>1996-97 Projected</u>
Percent of unlicensed homes reaching disposition within 6 months	N/A New	N/A New	98%	100%
Percentage of homes with current or provisional licenses	N/A New	N/A New	95%	96%
Percentage of homes with no substantiated claims of abuse or neglect	N/A New	N/A New	75%	82%
Resident satisfaction with adult care homes	91%	90%	90%	91%

## Costs by Program

	<u>1994-95 Actual</u>	<u>1995-96 Adopted Budget</u>	<u>1996-97 Adopted Budget</u>	<u>Difference</u>
Adult Care Home Regulation	\$833,251	\$1,029,373	\$1,226,408	\$197,035

## Staffing by Program

	<u>1994-95 Actual</u>	<u>1995-96 Adopted Budget</u>	<u>1996-97 Adopted Budget</u>	<u>Difference</u>
Adult Care Home Regulation	10.79	15.35	16.50	1.15

# Accounting Transactions

Aging Services

## Description

### Title XIX General Fund Reimbursement

The General Fund makes payments to the State of Oregon which the State uses as part of the pool of local dollars required by the Federal government as match to Title XIX entitlement revenues. This accounting organization records transfer of Title XIX revenue to the General Fund by way of an internal reimbursement, supporting programs budgeted in the General Fund. The specific program expenditures funded by these reimbursements are shown elsewhere in the Aging Services budget. The change in amounts are dependent on the amount of contribution to the State in other Aging Services programs, the cost of living adjustments allowed by the State and Federal governments and allocation decisions made at the State level.

### Budget Overview

	<b>1994-95</b>	<b>1995-96</b>	<b>1996-97</b>	
	<b>Actual</b>	<b>Adopted</b>	<b>Adopted</b>	<b>Difference</b>
		<b>Budget</b>	<b>Budget</b>	
Staffing FTE	0.00	0.00	0.00	0.00
Program Costs	\$846,687	\$1,045,498	\$1,216,332	\$170,834

### Significant Changes - Revenues

	<b>Amount</b>
Increase - Title XIX	\$157,815

### Significant Changes - Expenditures

	<b>FTE's</b>	<b>Amount</b>
Decrease - Indirect, due to decreased rate		(\$15,811)
Increase - Other Internal Charges, Title XIX revenues transferred to General Fund programs		193,738