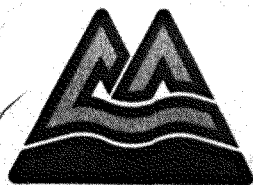


#1 pm 10/11/88



MULTNOMAH COUNTY OREGON

DEPARTMENT OF GENERAL SERVICES
PURCHASING SECTION
2505 S.E. 11TH AVENUE
PORTLAND, OREGON 97202
(503) 248-5111

GLADYS McCOY
COUNTY CHAIR

MEMORANDUM

TO: Jane McGarvin, Clerk of the Board

FROM: Lillie M. Walker, Director, Purchasing Section

DATE: October 5, 1988

SUBJECT: FORMAL BIDS AND REQUESTS FOR PROPOSALS SCHEDULED FOR INFORMAL BOARD

BOARD OF
COUNTY COMMISSIONERS
1988 OCT -5 PM 2:13
MULTNOMAH COUNTY
OREGON

The following Formal Bids and/or Professional Services Request for Proposals (RFPs) are being presented for Board review at the Informal Board on Tuesday, 10-11-88.

Bid/RFP No.	Description/Buyer	Initiating Department
RFP# 8S0415	SERVICE BUREAU BASED TELEPHONE CALL ACCOUNTING SERVICES	DGS/ISD
		Contact: Brian Fowles Phone: 5300
B61-250-3159	SE 257TH DRIVE & SE COCHRAN ROAD (NE 17TH DRIVE)	DES/Transportation
		Contact: Dick Lulay Phone: 5050
		Contact: Buyer: Ex. 5111 Phone:

cc: Gladys McCoy, County Chair
Board of County Commissioners
Linda Alexander, Director, DGS
Commissioner Caroline Miller/332

Copies of the bids and RFPs are
available from the Clerk of the
Board.

T0:

DAILY JOURNAL OF COMMERCE

Please run the following Classified Advertisement as indicated below, under your "CALL FOR BID" section

MULTNOMAH COUNTY

Proposals Due: October 25, 1988 at 2:00 P.M.

Proposal No. RFP# 8S0415

Sealed proposals will be received by the Director of Purchasing, 2505 S.E. 11th Ave., Portland, OR 97202 for:

SERVICE BUREAU BASED TELEPHONE CALL ACCOUNTING

SERVICES

Multnomah County reserves the right to reject any or all proposals.

Specifications may be obtained at: Multnomah County Purchasing Section

2505 S.E. 11th Avenue

Portland, OR 97202

(503) 248-5111

Lillie M. Walker, Director
Purchasing Section

PUBLISH: October 13, 14 & 17, 1988

Please run the following Classified Advertisement as indicated below, under your CALL FOR BIDS section

MULTNOMAH COUNTY

SE 257TH DRIVE & SE COCHRAN ROAD (NE 17TH DRIVE)

Bids Due November 1, 1988 at 2:00 P.M.
Bid No. B61-250-3159

Sealed bids will be received by the Director of Purchasing, Multnomah County Purchasing Section, 2505 S.E. 11th Ave., Portland, OR 97202 for:
Traffic signal installation

Plans and Specifications are filed with the Purchasing Director and copies may be obtained from the above address for a \$5.00 non-refundable fee. **CHECKS AND MONEY ORDERS ONLY.** Plans and Specifications will not be mailed within the Tri-County area.

PREQUALIFICATION OF BIDDERS Pursuant to the Multnomah County Public Contract Review Board Administrative Rules (AR 40.030) Prequalification shall be mandatory for this project for the following class(es) of work: Traffic Signals - Highways,
Streets, and Roads

Prequalification applications or statements must be prepared during the period of one year prior to the bid date. Prequalification application and proof of prequalification by the Oregon Department of Transportation must be actually received or postmarked to Multnomah County Purchasing Section by not later than 10 days prior to bid opening.

All bidders must comply with the requirements of the prevailing wage law in ORS 279.350.

Details of compliance are available from the Purchasing Section, Department of General Services, 2505 S.E. 11th Avenue, Portland, OR 97202, (503) 248-5111.

Contractors and subcontractors must be licensed for asbestos abatement work if the project involves working with asbestos.

NONDISCRIMINATION Bidders on this work will be required to comply with the provisions of Federal Executive Order 11246. The requirements for Bidders and Contractors are explained in the Specifications.

No proposal will be considered unless accompanied by a check payable to Multnomah County, certified by a responsible bank, or in lieu thereof, a surety bond for an amount equal to ten percent (10%) of the aggregate proposal. The successful bidder shall furnish a bond satisfactory to the Board in the full amount of the contract.

Multnomah County reserves the right to reject any or all bids.

LILLIE WALKER, DIRECTOR
PURCHASING SECTION

Publish October 17, 1988

DATE SUBMITTED October 6, 1988

(For Clerk's Use)

Meeting Date 10/11/88

Agenda No. #2

Informal

REQUEST FOR PLACEMENT ON THE AGENDA

Subject: Type B Monitoring Report

Informal Only* October 11
(Date)

Formal Only _____
(Date)

DEPARTMENT County Chair DIVISION _____

CONTACT Becky Wehrli TELEPHONE 796-5269

*NAME(s) OF PERSON MAKING PRESENTATION TO BOARD _____

BRIEF SUMMARY Should include other alternatives explored, if applicable, and clear statement of rationale for the action requested.

Portland/Multnomah Commission on Aging will present their Type B Monitoring Report for FY 87/88.

(IF ADDITIONAL SPACE IS NEEDED, PLEASE USE REVERSE SIDE)

ACTION REQUESTED:

☒ INFORMATION ONLY ☐ PRELIMINARY APPROVAL ☐ POLICY DIRECTION ☐ APPROVAL

INDICATE THE ESTIMATED TIME NEEDED ON AGENDA 30 minutes

IMPACT:

☐ PERSONNEL
☐ FISCAL/BUDGETARY
☐ General Fund

☐ Other _____

BOARD OF
COUNTY COMMISSIONERS
1988 OCT - 6 AM 10:29
MULTNOMAH COUNTY
OREGON

SIGNATURES:

DEPARTMENT HEAD, ELECTED OFFICIAL, or COUNTY COMMISSIONER: Gladys McCoy

BUDGET / PERSONNEL _____

COUNTY COUNSEL (Ordinances, Resolutions, Agreements, Contracts) _____

OTHER _____
(Purchasing, Facilities Management, etc.)

NOTE: If requesting unanimous consent, state situation requiring emergency action on back.

PORTLAND
MULTNOMAH
COMMISSION
ON AGING

Aging

1120 S.W. 5th AVE., 5th FLOOR
PORTLAND, OR 97204-1978
(503) 796-5269

September 29, 1988

SEP 30 1988

TO: Barbara Donin
Commissioner McCoy's Office

FROM: Becky Wehrli *Becky Wehrli*
Director

SUBJ: County Informal Agenda Item

The Portland/Multnomah Commission on Aging would like to request time on the County Informal Agenda on October 11th to present their Type B Monitoring Report for FY 87/88. The report will take approximately one-half hour with questions following. Copies of the Report will be sent to Commissioners prior to the meeting.

Thank you.

BW.cpm



The City of Portland



PORTLAND
MULTNOMAH
COMMISSION
ON AGING

Aging

1120 S.W. 5th AVE., 5th FLOOR
PORTLAND, OR 97204-1978
(503) 796-5269

October 6, 1988

TO: Jane McGarvin,
Clerk of the Board

FROM: Linda Cramer, Chair
Portland/Multnomah Commission on Aging

SUBJ: County Informal

Attached is a copy of the Type B Transfer Monitoring Report for FY 87-88 as approved by the Portland/Multnomah Commission on Aging at their September 21st meeting. Also attached is a copy of the Client Satisfaction Survey.

We look forward to meeting with you on October 11th.

Attachments (2)

LC.cpm

BOARD OF
COUNTY COMMISSIONERS
1988 OCT -6 PM 4:47
MULTNOMAH COUNTY
OREGON



The City of Portland



Approved: AAA Committee 8/29/88
PMCoA 9/21/88

Changes in the Aging Services System:

TYPE B MONITORING REPORT

August 18, 1988

BACKGROUND

Since March of 1985, the PMCoA through the AAA Committee has accepted the charge to study and monitor the Type B transfer process. During the first year a Monitoring Sub-Committee was established to develop a work plan which was adopted by the PMCoA in July of 1986. This plan delineated 3 different areas for study and assessment including:

- 1) Systems and Organizational Issues,
- 2) Relational Issues between Aging Services Division and Multnomah County and ASD and the State Senior Services Division, and
- 3) Consumer related issues determining the effectiveness of the changes in service delivery.

Using this work plan the monitoring committee developed 15 recommendations for ASD's consideration. These recommendations were adopted by PMCoA in July of 1987 (see Attachment #2-A). It was the task this year of the Monitoring Sub-Committee to study progress toward their implementation. This report will focus on the results from those 15 recommendations. The report will not attempt to comment on each recommendation individually, but instead, will:

- 1) Highlight accomplishments,
- 2) Comment on areas or recommendations not yet studied, and
- 3) Point out areas which merit further study.

LIMITING FACTORS

There were two key factors which limited the work of the Monitoring Sub-Committee this past year. First, there were several key staff changes at Aging Services Division. Because of the ASD staff changes, there were changes in the liaison assigned to work with the Monitoring Sub-Committee. Although both of the liaisons assigned were excellent, the work flow was disrupted. Second, the small size of the committee limited the amount of work it could undertake. There were only 2 - 3 functioning committee members and only the chair continued from the past year.

ACCOMPLISHMENTS

One of the key recommendations implemented last year was the Monitoring of the Long Term Care Title XIX Branches. (See Recommendation 3 and 15). This process will be completed by October 1988. Members from PMCoA and its working committees were involved as part of the planning and assessment teams. Results from all of the assessment visits are not yet available; however, they will serve as an excellent basis for studying the effects of the Type B transfer process.

An issue which continued to surface during these assessments, and will be discussed later in this report, is the difficulties encountered by staff members who now have to complete financial eligibility. Eligibility documentation requires so much time that staff no longer have time to adequately manage and oversee the actual services requested by the client/consumer. This directly affects quality assurance.

A second major accomplishment which the Monitoring Sub-Committee spent much of its time on was the Client Satisfaction Survey. (See Recommendation 4). This survey, conducted in June 1988, was ASD's first formal attempt to survey consumers in its case management system. The Monitoring Sub-Committee recognizes the effort involved in attempting this survey. More than that, we commend ASD for its openness and willingness to undertake this task. We hope that ASD, along with the Monitoring Sub-Committee, will continue work in this area as the results from the survey are compiled and emerging issues are studied. The Monitoring Sub-Committee would like to recommend that ASD find an ongoing approach to surveying consumers regarding their satisfaction with the services they receive.

The final accomplishments to be highlighted in this report are those made in the area of consumer involvement and education. (See Recommendation 11 and 14). In conjunction with the Governor's Conference on Aging held in the spring, ASD, in cooperation with PMCoA, held 26 forums seeking input from consumers regarding service needs. These forums were held in a variety of locations including some nontraditional sites. Over five hundred individuals had the opportunity to identify key issues to send to the Governor's Conference for legislative prioritization. From this effort, a core group of consumers who served as conference delegates, has continued to remain active in further advocacy efforts. The Monitoring Sub-Committee recognizes the need for continuing consumer involvement and encourages ASD to provide ongoing education and outreach to elderly and disabled consumers.

In addition to the outreach which occurred as the result of the local forums, ASD recently adopted a new outreach plan affecting its contracted services through the 8 local district senior centers. While it is not within the scope of this report to comment specifically on this newly adopted outreach strategy, the Monitoring Sub-Committee would encourage further study of its effectiveness in both reaching more consumers and in educating the community regarding the services available.

RECOMMENDATIONS NOT STUDIED THIS YEAR

There are several recommendations which the committee has not dealt with this last year:

- 1) Training of Advisory Councils (Recommendation 12). Budget shortfalls at ASD prevented them from acting on this issue until August of 1988. At this time a temporary part-time consultant has been hired to coordinate and develop a training package. This effort is being conducted with the cooperation of PMCoA, advisory council members, service contractors, and ASD program staff.
- 2) Coordination of services within the county: (Recommendation 8) It is the Monitoring Sub-Committee's understanding that a staff committee has been formed to look at the issue of planning and coordination of social, health and mental health services within Multnomah County. As of this date no formal plan for the coordination of services has been adopted. It is an issue that will need further monitoring.

- 3) This committee did not look at any of the recommendations regarding relational issues between the State SSD and Multnomah County ASD. At this time we lack both the necessary expertise and sufficient membership to act on these recommendations (Recommendations 9 and 10).

AREAS FOR FUTURE STUDY

As the result of this past year's work, several issues emerged which need further attention. The Monitoring Sub-Committee feels that the most benefit would be gained by selecting only three to four critical issues for consideration. Three issues emerged strongly from the Long Term Care monitoring assessment visits.

- 1) The need to review and upgrade the Client Employed Provider Program.

There is a chronic shortage of housekeepers for the elderly and disabled consumers who need those services under Title XIX. Poor pay, lack of health benefits, and little effective supervision are cited as ongoing problems which contribute to this shortage. While recognizing that some of these concerns must be solved on the state level, the Monitoring Sub-Committee urges ASD to strongly advocate for major changes in this area.

RECOMMENDATION: That ASD spend the necessary time and resources to study the Client Employed Provider Program, identify issues involved, and bring back recommendations for consideration to the AAA Committee and PMCoA.

- 2) The difficulty encountered by ASD caseworkers to effectively do both financial eligibility and provide quality case management.

While the concept of single entry is a crucial aspect of the Type B Transfer process, some difficulties have arisen in its implementation. There are two different tasks involved and those tasks require different skills. In addition, the use of the complex "360" intake form has created an extra work burden. The time which caseworkers formerly spent on management services for clients is now consumed in dealing with

the "360" form, and on computer data entry tasks. There is little time left to do follow-up. And ASD staff cannot always meet the level required by case management standards in regards to client contacts or visits. The issues here are complex and the Sub-Committee did not have enough time to look at this area in depth.

RECOMMENDATION: That ASD study financial eligibility and case management functions and report back to PMCoA addressing ways in which these problems may be alleviated.

- 3) The need to ensure ongoing consumer involvement in planning and evaluating services.

Multnomah County Aging Services Division has been at the fore front in recognizing the value of consumer input in planning services. This past year ASD undertook a Client Satisfaction Survey, its first major formal attempt to find out from consumers how they feel about the services they receive.

RECOMMENDATION: That further efforts be taken by ASD to ensure consumer input in service evaluation. Methods in addition to formal surveys could be identified as means of obtaining ongoing client feedback regarding the quality of services.

RECOMMENDATION: That PMCoA continue solicitation of consumer input on needs of elders and disabled through sponsorship of local forums in the fall and use of information gathered in budget and area plan development.

Type B Monitoring Sub-Committee
Janine DeLaunay, Chair
Evelyn Rowlands
Margie Watts

Individual participants during part of the year:
Jim Smith
Jim Tufts
Cecil Posey

ASD Staff:
Milt Peterson
Don Keister/Bill Grossie

PMCoA Staff:
Pat Kennedy

Part I - SERVICE SYSTEM/ORGANIZATIONAL ISSUES

● Recommendations on Single Entry:

1. That every effort be made to encourage communication between District Service Centers and Long-Term Care staff members so they will become a cohesive unit. Objectives to improve communication and coordination at these units should be incorporated in ASD reporting and monitored quarterly.
2. That ASD outstation Risk Intervention workers at District Service Centers to serve as a liaison between the branch and the center to do case staffing. This would strengthen the coordination with the understanding that other workers be consulted for financial eligibility and training as requested by the District Center staff.

● Recommendations on Quality Assurance:

3. That the ASD Long-Term Care Program be monitored by the PMCoA, with special attention given the implementation, update and/or revision of case management standards.
4. That continued outreach to clients/consumers be pursued, through survey or other means, to determine how well ASD is meeting client needs. This will include a systems-wide client satisfaction survey in fall of 1987.

Part II - COUNTY AND STATE

● Recommendations Related to Multnomah County:

5. That the Commission on Aging continue to monitor and encourage county actions to assure ASD's important role in providing service to older and/or disabled citizens.
6. That the Commission on Aging and the AAA Committee continue to advocate to assure that needed senior services are maintained by the county and not cut to absorb indirect administrative costs.
7. That the Commission on Aging and the AAA Committee continue to monitor and comment on changes or new developments in the Client Employed Provider Program as they are forwarded by ASD.
8. That ASD take action to complete development and implementation of screening and referral procedures with county Mental Health and Health Services Division.

o Recommendations Related to the Senior Services Division:

9. That the Commission on Aging and/or the AAA Committee continue to monitor and comment on the observance of agreements reached in the Negotiated Investment Strategy process by ASD and SSD.
10. That the PMCOA actively advocate for sufficient state support to administer programs transferred under the Type option.

Part III - THE EFFECT OF SERVICE DELIVERY CHANGES ON CONSUMERS

o Recommendations to Strengthen Outreach and Education:

11. That Aging Services Division take steps to strengthen its current outreach efforts. This could include broad-based education of the entire community regarding services available to the elderly, with special emphasis on reaching families with aging parents.
12. That provision of ongoing training for District Advisory Committee members be pursued to make these councils more effective and in strengthening citizen involvement in service planning and delivery.

o Recommendation to Track Consumers Not Served and Services Not Provided

13. That Aging Services Division develop a tracking system which identifies both kinds of needs and the numbers of people who have requested help but have not been served by its current programs -- including Long-Term Care, District Centers, and Public Guardian services. This information, together with information on why they were not served at the level requested, could then be used to develop future programming and prioritization of service needs.

o Recommendations to Expand Client/Consumer Involvement

14. That alternative sites for public hearings be selected to include a nursing facility, and one or two of the public housing units where there is a high density of elderly and disabled service users.
15. That ASD develop a monitoring system for Long-Term Care units similar in scope and function to that currently being used to monitor District Centers and other contracted services.



JUN 27 1988

MULTNOMAH COUNTY OREGON

DEPARTMENT OF HUMAN SERVICES
AGING SERVICES DIVISION
ADMINISTRATIVE OFFICES
426 S.W. STARK, 5TH FLOOR
PORTLAND, OREGON 97204
(503) 248-3646

BOARD OF COUNTY COMMISSIONERS
GLADYS McCOY • CHAIR OF THE BOARD
PAULINE ANDERSON • DISTRICT 1 COMMISSIONER
GRETCHEN KAFOURY • DISTRICT 2 COMMISSIONER
CAROLINE MILLER • DISTRICT 3 COMMISSIONER
POLLY CASTERLINE • DISTRICT 4 COMMISSIONER

June 20, 1988

Janine Delaunay
4001 NE Halsey
Portland OR 97232

Dear Janine:

As you requested, I have updated items number 8 and 13 of the Type B Transfer Monitoring Recommendations. In addition, I have also updated numbers 3, 4, 11, and 15. The updates are as follows:

3. STATUS:

The quality assurance program that was to focus specifically on case management standards has not been fully implemented due to the quality assurance RN position being abolished because of budget constraints. A quality assurance program will be considered in fiscal year 1988-89 utilizing available staff.

The caseload standards committee has developed and provided two new worker orientations which will be an ongoing program as needed. Aging Services Division will review the caseload standards in context of the current staffing and workload issues during fiscal year 1988-89. The purpose will be to revise or reconfirm the appropriateness of the standards.

4. STATUS:

A client satisfaction survey is being conducted in June 1988. It is focusing on clients in the formal case management system by surveying clients receiving Title XIX and OPI in-home services and Title XIX adult foster home services. In addition, clients receiving legal aid services are being surveyed. A report will be submitted through the AAA Committee in August 1988.

8. STATUS:

An interagency staff committee between ASD and the Social Services Division, which includes the mental health services for Multnomah County, has been established. This committee meets monthly to refine screening and referral procedures and staff problem cases that are served in some degree by both divisions.

In addition, meetings are currently in progress between ASD, Social Services, and the Health Division to coordinate services to clients needing services of more than one division. Screening and referral procedures will be reviewed and revised as necessary.

11. STATUS:

The Aging Services Division has revised the outreach policy and received approval through the PMCoA. A gatekeeper program is an integral part of the agency's outreach effort and will be developed and implemented in fiscal year 1988-89. This program will significantly increase community awareness of the services available and assist in access.

13. STATUS:

This recommendation has not been developed. Aging Services Division will develop specific recommendations on a tracking system in fiscal year 1988-89.

15. STATUS:

A system for monitoring long-term care units has been developed and is currently in process. It began in May 1988 and will conclude with a summary report through the AAA Committee in October 1988. PMCoA members are participating in on-site assessments and interviews of selected staff.

If you have any questions or need further information, please let me know.

Sincerely,



Don Keister
Program Manager

cc: Pat Kennedy

MULTNOMAH COUNTY AGING SERVICES DIVISION
CLIENT SATISFACTION SURVEY
Revised Final Report
June 1988

INTRODUCTION

Between June 20 and July 1, 1988, the Aging Services Division surveyed one hundred and thirty-four clients regarding their satisfaction with the In-Home, Adult Foster Care and Legal Services. In-home services are provided with Oregon Project Independence (OPI) funds and Medicaid funds through a contract with Visiting Nurses Association. In-home services are also purchased on behalf of Medicaid clients through the Client Employed Program. Adult Foster Care is purchased for Medicaid clients from licensed Adult Foster Care homes which have contracts with the Senior Services Division. The Aging Services Division contracts with Legal Aid Service with Older American Act funds for legal services. Clients rated their service provider (in-home aide, foster care provider, or volunteer attorney) and the case manager on a four point scale ranging from 1-rarely to 4-always.

This survey was conducted at the request of the Portland Multnomah Commission on Aging Type B Transfer Subcommittee to monitor quality assurance and to determine how well ASD is meeting client needs.

SUMMARY OF FINDINGS

- o Average scores for all services surveyed ranged from 2.9 to 3.9, indicating general satisfaction with both the service provider and their case manager.
- o No significant difference in satisfaction was noted between clients with Long Term Care case managers and those with OPI case managers.
- o Adult Foster Care clients were more satisfied with their care than in-home service recipients.
- o Client employed recipients tended to be more satisfied with their care than were the VNA service recipients.
- o Clients are satisfied with courtesy and follow-through on services, but less satisfied with speed and ease of access to case managers and the speed of response from case managers.

Methodology - In-Home Services

Fifty in-home clients were selected from those served by Visiting Nurse Association (VNA) and fifty were selected from the rolls of the Client Employed Program. The VNA in-home client sample of fifty was selected randomly from those individuals served in April, 1988. Thirty-eight VNA clients received services funded by Oregon Project Independence. Twelve clients receiving Title XIX funded VNA services were selected for the study.

The Client Employed in-home services client sample of fifty was drawn from clients provided in-home services during May, 1988. Under this program the Long Term Care client selects and supervises the caregiver.

Fifty-two in-home service recipients returned the survey form by mail. An additional twenty-six were contacted by survey interviewers and responded to questions by telephone. Forty-nine in-home respondents' service was funded by Title XIX Long Term Care, twenty-nine were funded by Oregon Project Independence. The sample was equally divided between Visiting Nurses Association service recipients and Client Employed Program service recipients. The average age for the sample was 69.6 years of age. Women averaged 74.25, men averaged 50.64.

The average priority level for the in-home service sample was "D". This would mean that the client requires assistance in bowel and bladder control, or eating/nutrition, or the client's behavior requires special attention.

Adult Foster Homes

Fifty Adult Foster Care clients were randomly selected from the Adult Foster Home client list maintained by the Aging Services Division Branch offices.

A letter announcing the survey was sent to the resident and the foster home resident approximately 1-1/2 weeks prior to the interview. Thirty-seven Title XIX Adult Foster home residents in thirty-six homes were interviewed in person. Two residents required interpreters. The remainder were conducted in private at the Adult Foster Home. Both relative and commercial foster home residents were interviewed. Twenty-one were women, sixteen were men. Residents averaged 74 years of age, women averaged 79.2 years of age, the men were an average eleven years younger.

The priority level for the sample was between "B" and "C". This would mean the client was dependent in one or two activities of daily living or requires assistance in four of six activities of daily living. These activities include eating/nutrition, dressing/grooming, bathing/personal hygiene, mobility, bowel and bladder control and behavior.

Three interviewers and an interpreter were hired by the Aging Services Division to conduct the interviews of foster home residents. Lorna Lewis, Guadalupe Brown and Dixon Parry brought different backgrounds and life experiences and excellent interviewing skills. Bao Le was hired to assist in the interviewing of Vietnamese foster home residents.

Legal Services

Fifty clients were selected by Legal Aid services to participate in the Legal Services survey. Aging Services Division staff prepared the cover letter and questionnaire and delivered them to Legal Aid Services for dispersal.

Legal Aid released no information on the samples' demographics. Twenty-four were returned by mail. Five of those returned were judged nonresponsive. Follow-up interviews were not conducted to protect client confidentiality.

FINDINGS

Title XIX vs. OPI Case Management

On the four questions (see Appendix C) regarding the client's satisfaction with their case manager, there is no significant difference in satisfaction between clients with Long Term Care case managers and those with OPI case managers.

Adult Foster vs. In-Home

Adult Foster Care clients were more satisfied with their care than in-home service recipients. (Table 1) It is not likely that this difference in satisfaction can be attributed to chance.

Table 1

Does the person who assists in your care do a good job?

<u>Group</u>	<u>Number</u>	<u>Mean</u>
Adult Foster Care	37	3.892
In-Home	75	3.653

The probability that this difference occurred by chance is 2 in 100.

The difference in satisfaction may be explained by the difference in the services. The Adult Foster Home provides 24 hour care, companionship and attention. The in-home recipient may be alone most of the time and the caregiver may be the only contact they have with other people.

Agency vs. Client Employed In-Home Services

Client employed recipients tended to be more satisfied with their care than were the agency recipients; however, this difference was not statistically significant. Any difference could relate to the amount of care, agency recipients generally received fewer hours. Client employed recipients may receive care from relatives, are able to select their own provider, and therefore may be favorably disposed toward them.

Questions 1 and 4 regard the courtesy and follow-through of the case managers. Average satisfaction scores range from 3.5 to 3.8. Questions 2 and 3 regard the availability and responsiveness of the case manager to the client. Average satisfaction scores for these questions range from 3 to 3.4, clearly indicating less satisfaction. One could conclude then that clients are generally pleased with the work and the demeanor of their case manager. Clients are considerably less satisfied when trying to reach the case manager by phone or when expecting a phone call returned.

Legal Service

Those receiving legal services indicated general satisfaction with average scores ranging from 3.2 to 3.7 (see Appendix B). The response to the questionnaire (19 of 50) was much less than anticipated. This may be due to the inability to follow-up with the nonrespondents.

Comments from the Client Satisfaction Survey
June, 1988

In-Home Question 8: Is there any help you need which you are not getting?

- There is but I don't know how to get it.
- No fire insurance because property valued too high.
- Nurse didn't come Friday. Usually comes.
- Needs mattress. Sleeps in chair. Needs help to get it.
- Needs someone to walk with her "to get her legs back." Lost confidence after fall. (Stroke victim)
- Helper not there on Saturday or Sunday. Wants someone then.
- Nurse had to help get parts for wheelchair.
- Needs door and lock. Door broken down during burglary.
- Needs to get on H.U.D.
- Worker does not have time to do all that needs doing.
- Wants new case manager.
- Needs a little more help.
- Transportation to Easter Seal's Hydrotherapy Pool and return.
- Needs longer hours permanently.
- Hardly enough money to cover expenses.
- Difficulty in finding a good live-in aide.
- My son will be unable to stay with me and I will need someone to cook breakfast and lunch and some light housekeeping.
- Help with electric bill.
- She needs more help during the day. She needs 7-8 hours daily. She is 105, 70% blind and hearing is poor.
- Can't read. Not sure of services available.
- I always need help. It's just not possible.

- Much more household help and care for husband.
- I am 93, can't bend down.... Needs someone who will put things back where they were so she can find them. Worker "doesn't see it's necessary."
- I need someone to cook one meal a day and the hard cleaning.
- Sometimes I could use help preparing something to eat.
- On third floor. Needs outside of windows done.
- Could use two baths per week instead of just one. Need someone with me - frequent falls, occasional fainting, weakness and difficulty getting up and down and my oxygen.

Legal Aid Question 7: Is there any legal help you need which you are not getting?

- Attorney did not advise what to do. "Told me these were my choices." "Maybe he would have if I had retained him for a fee after the first meeting."
- My problem still unresolved. Inasmuch as I was only entitled to one conference session, I have not pursued it at this time.
- More medical help.
- Was advised against legal action for injury.
- A couple of times, I thought perhaps a letter from an attorney would carry more clout than if I wrote one myself. (From past experience, at least, that has been true.)
- Yes, no help. Didn't answer my calls that a secretary said he would. Never heard from him after three calls to his office. Also said he would send me copy of letter he wrote - this person never did get one.
- I need to change my will which is [in] the hands of the lawyer. I have no idea as to what he will charge me. Would appreciate any help I may receive.
- Last September I attended (location) to arrange to have a will drawn. Lawyer took details but never drew will or contacted us. May 13, 1988, I again went to the Senior Citizen's lawyer (second location). He, too, agreed to draw a will, promised to have it prepared by the end of the week. As of this date we have not heard from him. We are still in need of having a will prepared and would appreciate your help.

CLIENT SATISFACTION SURVEY 1988
AVERAGE RESPONSE SCORES - LEGAL

QUESTION	LEGAL
Was your appointment scheduled in a courteous manner?	3.778
Did the person who scheduled your appointment return your phone calls promptly when you left messages?	3.4
Was your lawyer courteous?	3.684
Did your lawyer take time to fully understand your situation?	3.263
When your lawyer said he/she would do something for you, did it get done?	3.333
Did you get the legal help you need?	3.2

[0326N/KM]

CLIENT SATISFACTION SURVEY 1988
AVERAGE RESPONSE SCORES - IN-HOME, FOSTER CARE

	IN-HOME	FOSTER CARE
=====		
REGARDING THEIR CASEMANAGER:		
=====		
IS YOUR WORKER COURTEOUS?	3.679	3.879
IS IT EASY TO REACH YOUR WORKER?	3.052	3.483
DOES YOUR WORKER RETURN YOUR PHONE CALLS PROMPTLY WHEN YOU LEAVE A MESSAGE?	3.264	3.462
WHEN YOUR WORKER SAYS SHE/HE WILL DO SOMETHING FOR YOU, DOES IT GET DONE?	3.513	3.5
REGARDING YOUR CAREGIVER:		
=====		
ARE YOU GETTING THE HELP YOU NEED?	3.474	3.595
DOES THE PERSON WHO ASSISTS IN YOUR CARE DO A GOOD JOB?	3.653	3.865
IS THE PERSON WHO ASSISTS IN YOUR CARE THERE WHEN SHE/HE IS SUPPOSED TO BE?	3.689	3.694
REGARDING YOUR FOSTER HOME:		
=====		
IS THE HOME YOU LIVE IN CLEAN AND COMFORTABLE?	N/A	3.971
DO YOU FEEL SAFE IN THIS HOME?	N/A	3.943
DO YOU GET ENOUGH FOOD?	N/A	3.943
=====		
CLIENTS RESPONDED TO QUESTION ON A FOUR POINT SCALE - 4 = ALWAYS, 3 = USUALLY, 2 = SOMETIMES, 1 = RARELY		

IN-HOME RESPONDENTS = 78, FOSTER CARE RESPONDENTS = 37
CSSFORM6