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Consumer Satisfaction with Aging & Disability Resource Connection of Oregon: Round 4

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Final Report
2015

Consumer Satisfaction with Aging & Disability Resource Connection of Oregon: Round 4

Submitted to
Oregon State Unit on Aging, Department of Human Services



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Consumer Satisfaction with Aging & Disability Resource Connection (ADRC) Services: Round 4

Diana White and Sheryl Elliott
Portland State University Institute on Aging
January 23, 2015

Executive Summary

This report describes the fourth round of consumer satisfaction surveys that were conducted with people who had been in contact with the Information & Referral/Assistance (I&R/A) Call Center or received Options Counseling (OC) services of Aging and Disabilities Resource Connection (ADRC) of Oregon. Data for this survey were collected in November 2014. Detailed information reporting results of this survey is presented in eight separate documents:

- Part 1: 2014 Survey Participants
- Part 2: Pathways to the ADRC
- Part 3: Information and Referral/Assistance
- Part 4: Options Counseling
- Part 5: Public Programs and Assistance
- Part 6: Consumer Recommendations and Overall Satisfaction
- Appendix A: 2014 Consumer Satisfaction Survey Questions and Script
- Appendix B: Tables of Findings from 2011-2014

This Executive Report summarizes each of these reports and presents data on overall satisfaction, conclusions, and recommendations for the ADRC program. The organization of the entire report is based on consumer-based standards related to the core services and concerns of ADRCs (information, referral, and assistance; Options Counseling; and streamlined eligibility determination for public programs). A list of recommendations are presented at the end of each section. Some of these recommendations are directed to the ADRC, such as issues related to customer service or outreach, and some are directed to policy makers and administrations and are related to capacity of the organization to provide needed services.

ADRC Core Standards. This report is organized according to the *ADRC of Oregon Core Standards for Fully Functioning ADRCs in Oregon* (January 2013). Three of five core functions are evaluated in this report: Information, referral, and awareness (Parts 2 and 3); options counseling (Part 4); and streamlined eligibility determination for public programs (Part 5). In 2012, Oregon's ADRC Advisory Council approved ADRC standards based on consumer expectations related to the core functions of the ADRC. After reviewing findings from the 2011-2012 consumer satisfaction survey, the Advisory Committee established metrics, or standards,

against which to measure program success. Success in meeting these standards is reported throughout this report.

Measure. The survey instrument used in 2014 (Round 4, N=306) was nearly same as those used in previous years, which allows comparisons across time. Round 1 data were collected in 2011/12 (N=247), Round 2 in 2012 (N=303), and Round 3 in 2013 (N=298). As before, a short version of the survey was administered to Call Center participants and a longer version to those who received OC services (n=102) or were Call Center participants who reported receiving a home visit (n=76). Detailed information about the development of this measure can be found in previous reports.

1. 2014 Survey Participants

Sample characteristics. Two populations were targeted for this survey. First, a stratified random sample of those who were in contact with the ADRC was drawn from three types of ADRCs: 1) the three ADRCs that were part of the initial pilot project in Oregon (Lane Council of Governments, Northwest Senior and Disabled Services, and Oregon Cascades West Council of Governments), 2) the ADRC serving the Portland metropolitan area (Clackamas, Columbia, Multnomah, and Washington Counties), and 3) emerging ADRCs (Rogue Valley Council of Governments, Douglas County, Coos County). A stratified sample was used to assure adequate representation across ADRCs serving communities of different sizes. The call center sample was drawn from the pilot and metropolitan ADRCs between October 1 and October 15, 2014. The timeframe for sampling participants in the emerging ADRCs was longer, September 15 – October 15, to achieve a large enough sample. The second population targeted was all recipients of Options Counseling (OC) services. Attempts were made to contact all of those who received OC services between September 1 and October 15, 2014 (N=319). The goal was completed interviews comprised of 180 Call Center consumers and 120 Options Counseling (OC) consumers (N=300).

Telephone surveys were conducted by the Portland State University (PSU) Survey Research Laboratory (SRL) between October 29 and November 14, 2014. The average length of interviews was nearly 20 minutes. After eliminating numbers that were disconnected or nonworking, belonged to service providers or agencies, or reached someone who was not knowledgeable about services, the SRL had 915 eligible phone numbers and completed 309 interviews for a response rate of 34%. The refusal rate was 20% and interviewers were not able to reach another 37% of the sample. The remainder had asked for a call back but had not been available for follow-up. Three of the completed interviews were later eliminated because they were determined to be care providers. The final result was a total of 306 completed interviews (102 OC consumers/family members and 204 Call Center consumers/family members).

The majority of participants (n=222; 72%) were direct consumers of services and the rest were composed mostly of family (n=74) who had called on behalf of an older or disabled

person, but also of friends or neighbors (n=10). Because responses from friends and neighbors were similar to families, they were combined for the analyses. In this report, the term “participants” is used to describe the entire sample (i.e., both consumers and family members, or both OC and Call Center users). Otherwise, “consumers” refer to those in direct need of services (which might include caregiver support) and “family” refers to those who called on behalf of an individual.

Sample characteristics are consistent with those found in the past surveys. Participants were predominantly women. Ages ranged from 29 to 92 years for consumers and 23 to 86 years for family members, with average ages of 66 and 58 years of age respectively. Median education for both groups was “some college.” Median income for consumers was in the \$10 – 20,000 range and in the \$30-40,000 range for family. Family members (38%) were twice as likely as consumers (17%) to have a concern about confusion or memory loss.

Participant needs. More than two-thirds of participants, especially family members, contacted the ADRC to obtain information or advice. Participants in 2014 reported more needs per person than in previous years, identifying 5 or more needs. Well over half of the participants (61%) indicated they or a family member had physical health needs that resulted in a need for services. Forty-eight percent specified a need for help at home with tasks such as making meals, housekeeping, laundry or yard work. Thirty percent or more of participants indicated a need for personal care (41%), Medicaid assistance (39%), transportation (37%), help getting errands and shopping done (35%), and/or food stamps (30%). About one quarter of participants indicated needs related to medications (26%) or confusion or memory loss (23%). Between 12% and 19% reported needs related to paying energy bills (19%), help finding housing (19%), caregiver support (17%), dental care (17%), home modification (14%), moving into residential care (14%), or “other” needs (12%).

The number of participants reporting needs for personal care has increased steadily: from 29% in 2012, when this variable was first quantified, to 41% in 2014. Similarly, need for help at home increased from 37% in 2012 to 48% in 2014, and needs related to shopping and running errands nearly doubled over those two years (18% to 35%). This may be related to the increase in need related to physical health (54% in 2012 and 61% in 2014). The need for food stamps declined slightly from 35% to 30% over the two years.

Family members reported significantly more needs than consumers and were more likely than consumers to report a need for help at home, for personal care, getting help for caregivers, and moving a person into a residential care setting. Family members were also more likely to report confusion and memory loss. In contrast, consumers were more likely to call about financial concerns, including obtaining food stamps, or getting assistance with energy bills. The pattern of responses for consumers and family members was similar for other categories of need.

Survey Participants: Conclusions and Recommendations

Because the Portland metropolitan has the largest population, it is not surprising, that the Metropolitan ADRC served most of the OC consumers surveyed. It is interesting, however, that the pilot ADRCs served fewer OC consumers than the emerging ADRCs during this time period. The level of need is increasing, especially in the realm of activities of daily living (ADL) such as personal care services and instrumental activities of daily living (IADL) such as help around the house and shopping. This suggests that the ADRCs are connecting with people who need their services. Continued efforts are needed to assure that services match those needs, especially related to Options Counseling outside of the metropolitan area.

3. Pathways to the ADRC

Learning about & contacting the ADRC. About 25% of participants learned about the ADRC through a referral from another agency, 13% from a friend, and 12% from a hospital or clinic, a pattern that is similar to previous years. Consumers were more likely to report these sources than family members. Very few learned about the ADRC using the Internet (6%) and these were almost all family members. It is notable that in the first year of the survey, 20% reported learning about the ADRC through the media. By Round 2, the percentage declined to 2% where it remained in 2014. Other sources reported by participants included being aware of the ADRC because they have seen the building, they work or have worked in social services, or have used the ADRC previously.

Call Center. As with previous surveys, most participants in 2014 came into contact with the ADRC by phone; 72% reported that the phone was answered by a person. This represents a steady improvement across all four survey rounds. Of those who did not reach a person with their first call, 32% received a call back on the same day, which is double the percentage of those in 2012 and substantially more than reported in 2013. Although this represents significant progress in reducing response time, about a third (32%) waited between two and four days for a return call and 14% waited five or more days. Family members (43%) were significantly more likely than consumers (26%) to get a return call on the same day. The majority of participants reported the response time to be prompt and timely (40%) or reasonable (30%). The standard that no more than 15% would describe their wait as much too long, however, still has not been met.

ADRC Building. Going to the ADRC building was the initial point of contact for 16% of participants. At the same time, 34% reported that they have been to the ADRC building at least once. The standard that 90% would report the building being somewhat or very easy to find was nearly but not quite met. However, the standard that 85% would find the ADRC building convenient was met (88%), as was the standard that no more than 10% would report waiting longer than 20 minutes at the ADRC before seeing someone. The vast majority (92%) reported their wait time to be prompt or reasonable.

Website. The proportion of survey participants using the ADRC website remains low. As described above, just 6% of participants first learned about the ADRC through the Internet. Only 14% of the sample reported ever visiting the ADRC website. Of those who did, a third used it only once. Most of those who did, however, reported it was somewhat or very easy to use. It is possible that people who do use the website are able to get services on their own and are not reflected in this sample.

Contacting the ADRC. Most indicate that it would be very easy or somewhat easy to contact the ADRC again, easily meeting the ADRC standard of 75%. In 2014, 71% of participants reported it would be very easy and 17% that it would be somewhat easy to contact the ADRC.

Pathways to the ADRC: Conclusions and Recommendations

Referrals from agencies, hospitals, and clinics account for half of the referrals so it appears that outreach efforts to partner with these organizations has been successful. This connection is beneficial for older adults and people with disabilities. Considerable progress has been made in consumers and family members reaching a person when they contact the ADRC. Progress is still needed, however, to return calls for those who leave messages. This is especially true for consumers. Recommendations include:

- Continue outreach to health and social service providers.
- Continue efforts to decrease response time for returning telephone calls.
- Increase media outreach to consumers, including information about the website.
- Provide opportunities to help older adults and people with disabilities learn to use the website.

3. Information & Referral/Assistance (I&R/A)

Materials and other information. Most participants indicated that they received all (62%) or some (28%) of the information they needed when they contacted the ADRC. The responses were similar whether the participant or participant's family member received Options Counseling or Call Center services only. Similarly, no differences in responses were found between consumers and family members. Most (72%) of participants received materials after contacting the ADRC. Of those, virtually all (97%) reported the materials were relevant to their concerns, easily meeting the ADRC standard of 90%.

Staff attributes. As in previous years, the overwhelming majority of participants (90%) continue to report that the staff person they talked with had spent enough time with them. Virtually all participants indicated the person they talked with was very knowledgeable (77%) or somewhat knowledgeable (20%), easily meeting the benchmark of 85% overall. Similarly, and consistent with previous surveys, almost all participants indicated that the person from the ADRC they worked with the most was very respectful (90%) or somewhat respectful (9%), easily passing the 85% standard. The majority (60%) rated staff as excellent in explaining how to get the help that they needed and another 22% rated them good. However, responses fell short of

meeting the standard that 85% of consumers would give positive ratings; 18% assigned ratings of fair or poor.

I&R/A: Conclusions and Recommendations

I&R/A staff are generally doing a great job providing relevant and useful information to consumers and family members. Participants find them to be respectful and knowledgeable. A majority find staff excellent at explaining services, but a significant proportion have trouble understanding the information provided. This may be related to the broad scope of needs experienced by these participants. See also, conclusions related to Part 5, Service Use.

Recommendations for I&R/A are:

- Continue the good work in being respectful and informative.
- Continue efforts to communicate about how to get help, understanding that for many participants, the service system is an unknown world.

4. Options Counseling (OC)

Home visits. Over half of the participants overall reported receiving a home visit. Because a home visit is a preferred OC practice, it is not surprising that the majority of OC consumers (80%) had a visit, up from 71% in 2013. Seventy-six Call Center consumers also reported receiving a home visit and, like OC consumers, were administered the long form of the survey. Differences in the responses between OC and Call Center participants are noted.

Response time for the home visit was somewhat slower than in Round 3, with 22% compared to 27% receiving a visit within two days of their contact with the ADRC. About one-third waited more than a week. Consistent with these numbers, the proportion of consumers reporting the wait time to be short and timely declined from 48% to 31% between 2013 and 2014. Although well over half (56%) reported wait times to be reasonable, the proportion of those reporting the wait time to be much too long more than doubled from Round 3 (6%) to Round 4 (13%).

Consumers were quite positive about their experiences with the home visit. Two-thirds (66%) reported the visit had been very helpful in addressing their concerns and another quarter (24%) said it had been somewhat helpful. These numbers are similar to previous years of the consumer satisfaction survey. Eighty percent reported they were very comfortable with the person who came to their home, representing a decrease from 90% in 2013. About two-thirds of participants indicated that the person who came to their home identified other types of help that could be needed and most (85%) agreed with the assessment. Fewer than half (43%) said that family members or others had been involved in the discussion, but most of those found it helpful. When comparing those who received home visits, whether through OC or some other source, from those who did not (i.e., Call Center consumers with no home visits), those with

home visits were significantly more likely to get all of the information they needed, reported more needs, used significantly more services, and rated outcomes more positively.

Decision support. The ability to make informed decisions is contingent on understanding the service system and available choices. Furthermore, decision support includes assistance in exploring those choices, and receiving support for the choices made by the consumer once the options have been considered. Participants who received home visits were generally positive about assistance received in *understanding the service system*; more than half (53%) of participants rated the ADRC person as excellent in this regard and another 30% rated them as good, thus meeting the ADRC benchmark. At the same time, 16% rated them as fair or poor, a consistent percentage over all four years.

In spite of difficulties or uncertainties related to understanding the service system, understanding about *available options* improved after receiving Options Counseling and/or home visits. The standard of 75% reporting better understanding about various options was met for the first time in 2014.

The benchmark that 80% of participants would rate the person from the ADRC as good or excellent in helping them to *explore choices* has been met consistently, although the percentages of those giving the highest rating of “excellent” declined this year from 64% to 59%. Similar to previous years, 17% provided poor or fair ratings. OC consumers or family members gave significantly higher ratings for this item than Call Center consumers or family members.

The majority of participants indicated that the ADRC is doing a good or excellent job of *considering their opinions, likes and dislikes* before recommending services, although at 83%, the rating is below the 90% benchmark and marks a lower rating than in Rounds 2 and 3. Family members had significantly higher ratings for this item than consumers.

ADRC staff receive high marks (57% excellent, 30% good) in *supporting consumer decisions*, exceeding the 80% standard. This was especially true for OC consumers and family members who gave significantly higher ratings than Call Center consumers and family members who received a home visit. Similarly, few (7%), especially OC consumers and family members, felt staff was trying to talk them into things that they did not want, an increase from Round 3 (1%) but consistent with Rounds 1 and 2.

The percentage reporting they had *total control of making decisions* about what to do next (48%) was similar to Round 3, but considerably lower than in Rounds 1 and 2. Twenty-two percent felt they had little or no control, a consistent finding across all years of the survey.

Action plans and follow up. Assisting consumers to develop actions plans is among the professional standards for Options Counselors. In Round 4, well over half (60%) of the OC and home visit participants reported receiving this service. More information is needed to determine whether action plans are being developed for all of those who could benefit from or desire to have this service.

Another professional OC standard is that OCs routinely make follow up calls to the consumer. This has not been met in any year of the survey. Those reporting receiving a follow up call did increase from 46% to 62% from Round 1 to Round 2 and then declined in Rounds 3 and 4. However, OC consumers and family members were significantly more likely to report receiving a call (56%) than Call Center consumers and family members (40%). In addition, consumers overall were more likely to report a call (53%) than family members (40%). Forty-five percent of participants reported that they had contacted the ADRC again, similar to reports in Rounds 1 and 3, but a decline from Round 2.

Outcomes. Several indicators of positive outcomes are included in the survey. Overall, these measures indicate that the ADRC is meeting its goals of supporting people in the least restrictive environment. The standard of 70% that OC consumers would report *living in the place they most desire* was exceeded, with 82% providing this response in both 2013 and 2014. However, the higher standard of 80% reporting that they receive *enough support to meet their needs and preferences* still has not yet been met. In 2014, 70% agreed or strongly agreed with that statement, indicating that about 30% did not get enough support. The standard that 80% would report that they are *more independent* as a result of the information received was met, though just 22% participants strongly agreed with the statement. A substantial majority also agreed or strongly agreed that they were *safer in their homes*, meeting the standard of 80%.

As in prior surveys, participants were least likely to agree (44%) or strongly agree (15%) with the statement that ADRC services or information allowed them to *expand or maintain activities* outside of their home, a potential indicator of quality of life. A major goal of the ADRC program is to help consumers *preserve their resources* to delay enrollment in Medicaid. Although the majority agreed (54%) or strongly agreed (13%) with the statement that ADRC services or information helped them make the most of personal money and resources, the responses were shy of the standard of 70%. However, those disagreeing or strongly disagreeing with the statement declined somewhat from Round 3. The majority of participants (63%) indicated that they had eventually found *services they could afford*, with nearly 26% strongly agreeing with the statement (compared to 17% in Rounds 2 and 3). However, 37% disagreed or strongly disagreed with that statement, indicating significant unmet need at the time of the interviews.

All participants, not just OC consumers and their family members, were asked what their circumstances would have been without the ADRC. The majority (61%) thought their circumstances would be worse. Descriptions of how their lives would have been worse varied. Many described being worse off financially, facing greater expenses or inability to buy groceries, health insurance, medical supplies, and medications. Several explained that they would not be able to afford utilities including heat and electricity. Others felt that if it were not for the ADRC, their medical condition would have worsened, contributing to a lower quality of life and more dire circumstances. Respondents said that they would be sicker, would be hospitalized, or would have died. Some respondents felt that they would be worse with respect to their living situation, stating that they would not have been able to stay in their home, would

not be safe at home, would be at greater risk of falling, would be isolated, or would not have found the services or help they needed. Some felt that they would be worse emotionally, with stress, frustration and confusion about where to find information about services and meeting care needs being the most common. Nine thought they would be homeless if it were not for the ADRC. Some thought they would be less informed or would have needed to explore services elsewhere.

One-third of respondents were neutral in their responses thinking their circumstances would be the same if they hadn't received services or information through the ADRC. These consumers expressed confidence that they could find the help and information they need elsewhere, or decided they did not yet need help, or hadn't decided on a specific plan yet. A few were waiting to hear about eligibility.

About 8% of participants reported that their circumstances had not improved, citing negative experiences with the ADRC, the same proportion as in Round 3. Most commonly reported was that they hadn't received the needed information or services, or they solved the problem by themselves. A few participants expressed frustration about not receiving services or adequate information from the ADRC.

OC: Conclusions and Recommendations

Options Counselors are doing an excellent job in meeting with consumers in their homes. Home visits are beneficial to consumers, especially when offered through Options Counseling and the numbers receiving home visits increased this year. Similarly, progress has been made in working with participants to develop action plans and providing follow up calls. ADRCs overall are making a positive difference in the lives of most of those they touch, with a significant portion of participants reporting they would be in dire circumstances without the support they received from the ADRC. Participants are generally living where they want, feel more independent and safer as a result of the ADRC. However, many participants still are not getting enough support to meet their needs, maintain or expand activities, preserve resources, or find services they can afford. Recommendations include:

- Maintain the trend toward more home visits through Options Counseling.
- Continue the good work in helping participants understand their options and explore choices, and supporting their decisions.
- Refocus efforts on considering consumers likes, dislikes, and preferences, and helping them be in control of their decisions.
- Increase capacity of ADRCs to provide services to participants who require more support to meet their needs.
- Continued progress is needed to meet option counseling standards of developing actions plans and providing follow up calls.

Part 5. Public Programs and Assistance

The services described in this report addressed the issue of streamlined eligibility determination for public program. All participants (Call Center and OC) were asked what decisions they had made after their contact with the ADRC and whether these decisions resulted in obtaining services. Some participants had not yet made decisions, others were in the process of seeking and obtaining services, and nearly one-third had received services. When read a list of 10 services and asked if they had received them, 128 participants (42%) reported receiving at least one, an increase from the 90 participants (30%) in 2013. The average number was 2.3. About one in six of those participants received 4 or more services. As in previous years, many fewer participants reported receiving services than reported needing assistance; however the gap was considerably smaller in 2014. Those receiving Options Counseling received significantly more services, averaging 2.66 services compared to the average of 2.05 services reported by Call Center consumers/family members.

Getting benefits or financial assistance was reported by about half (48%) of the participants, which was a lower proportion than in 2013 when 55% received this service. In 2014, the next most frequently reported service (38%) was gaining access to information about other benefits. About one third reported receiving information to manage their health and/or to get housekeeping services. About one fourth (23%) received meals either delivered to their homes or at a meal site. Fifteen percent (compared to 29% in 2013) received transportation services although the actual numbers receiving transportation services were more similar (27 people in 2013; 21 in 2014). Fewer than 10% received services such as help managing money, legal assistance, or home modification.

With the exception of receiving a call back from the ADRC, standards for timeliness of services were met. Improvements in timeliness were found for help with getting benefits and financial assistance, transportation, and access to information about other benefits. Timeliness ratings declined somewhat for meals, housekeeping and personal care.

The helpfulness of services continue to be rated high, with the highest scores for personal care, housekeeping, and home modification followed closely by meals services, transportation, and information about managing health. Although positive, helpfulness ratings for getting benefits or financial assistance declined from 2013 to 2014, although there is a fair amount of variability indicating that participants had a wider range of experiences in this category. Of the 93 people who reported making decisions to seek services, more than half (54%) indicated that they had help with paper work to apply for the services. This was a marked decline from Round 2 where nearly three-quarters reported help with paper work. OC consumers were significantly more likely to receive this assistance than Call Center consumers.

Public Programs and Assistance: Conclusions and Recommendations

ADRCs are clearly providing a needed and valuable service. The gap between reported needs and services received appears to be narrowing, but still remains. Timeliness of getting services to people in high need areas related to activities of daily living (ADL) and instrumental activities of daily living (IADL) has declined somewhat, indicating some difficulty in addressing the increasing level of need in these areas. Those who receive these and other services do find them to be very helpful, and most participants have positive experiences with knowledgeable and capable staff. At the same time, 25% of those who come into contact with the ADRC have needs and concerns that have not been met, a consistent finding. Similarly, a minority continue to have issues related to poor customer service. Recommendations include:

- Continue efforts to fill the gaps between needs and services.
- Increase capacity to provide ADL and IADL services in a timely manner, a service addressing high need and valued highly by participants.

Part 6. Consumer Recommendations and Overall Satisfaction

Consumer concerns. About 25% of participants indicated they had concerns that had not been met by the ADRC, similar to previous years. When asked about those concerns, about one-third indicated a general need for services and resources. Some were still waiting, others were uncertain about what could be done to help them, and a large segment of participants expressed frustration with the lack of follow up. Similar to the 2013 ADRC report, others described more specific needs related to the original reasons for their contact with the ADRC. These involved transportation, housing, health concerns, and help with Instrumental Activities of Daily Livings.

Consumer recommendations. About half of the participants made recommendations for the ADRC. These were categorized as customer service, services and resources, outreach and awareness, and staff attributes. The most common area for improvement reported was **customer service**. Follow-up services such as phone calls and home visits were highly desired. Help with navigating available resources was also an area of importance in customer service. A large segment of recommendations focused on the **services** offered by the ADRC. Many participants favored an expansion of the services, workforce, and funding. Home visits were highly valued among many participants. Many also recommended coordinated services to streamline the process of accessing resources. Some offered recommendations about **outreach** efforts to convey and receive information. Many expressed the need to inform consumers of the available services, offering comparative differences between different programs or resources. A few thought a newsletter or brochure would be helpful for consumers to understand available services and to make the agency more visible. Some requested that the ADRC provide a list or chart of all available services and where to find them. Some participants felt that **staff** needed to be more knowledgeable about services, resources, and qualifications. This ties in to the desire for more streamlined, coordinated services. **Access**, was an area of

recommendation. Some respondents expressed the need for convenient, accessible, and centralized locations with adequate parking for people with physical limitations. **Provider service quality** was commonly mentioned, especially the need for reliable, efficient caregivers in good health.

Overall Satisfaction. In spite of the concerns described previously, the majority of participants reported that the ADRC was helpful overall. Nearly two-thirds reported the ADRC was very helpful and another 20% rated it as somewhat helpful; 6%, reported that the ADRC had not been at all helpful. Consistent with previous years, 92% would recommend the ADRC to a friend or family member. Overall, the recommendations highlighted the value of the ADRC for consumers and family members as reflected in these comments:

- *Keep on doing what you're doing.*
- *They are so competent and wonderful. Just continue to be there for the people that need you.*
- *They were there to help and I could at least relax a bit.*
- *I needed all the help they provided.*
- *I would not have found the resources without the help of the ADRC.*

Staff characteristics such as being respectful, knowledgeable and supporting consumer decisions were strongly correlated with overall satisfaction. In addition, overall satisfaction with the ADRC was significantly correlated with better understanding of the service system. Reports of positive outcomes, ease of contacting the ADRC if needed in the future, and receiving the information needed when participants initially contacted the ADRC were also positively associated with overall satisfaction. Interestingly, overall satisfaction was not associated with the consumer's amount of need or the services received. Unlike earlier rounds, the amount of contact with the ADRC was not associated with general satisfaction in 2014.

Consumer Recommendations and Satisfaction: Conclusions and Recommendations

The ADRCs are clearly providing services that are valuable to consumers and their family members. ADRCs need to continue building capacity to meet the growing demand for services and to address concerns of consumers who are not able to find services that meet their needs. This includes increasing community partnerships, increasing follow up, and continuing staff development. Specific recommendations include:

- Continue to improve customer service where needed through staff training and mentoring.
- Continue to build skills and resources to communicate with consumers who may have limited capacity to understand the service system.
- Continue to build partnerships and expand service availability.
- Continue the good work of respecting consumers and providing a vital service.

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Portland State University Institute on Aging
January 23, 2015



Part 1: 2014 Survey Participants

ADRC Core Standards

This report is organized according to the *ADRC of Oregon Core Standards for Fully Functioning ADRCs in Oregon* (January 2013). Three of five core functions are evaluated in this report: Information, referral, and awareness (Parts 2 and 3); options counseling (Part 4); and streamlined eligibility determination for public programs (Part 5). In 2012, Oregon's ADRC Advisory Council approved ADRC standards based on consumer expectations related to the core functions of the ADRC. After reviewing findings from the 2011-2012 consumer satisfaction survey, the Advisory Committee established metrics, or standards, against which to measure program success. Success in meeting these standards is reported throughout this report.

Measures

The instrument used in 2014 has been used in the previous three survey rounds. Round 1 data were collected in 2011/12 (N=247), Round 2 in 2012 (303), and Round 3 in 2013 (N=298). In 2014, wording was modified for two questions that had been added in 2013. These questions

concern confusion and memory loss. In 2014, the questions were worded: “During the past 12 months have you [has your family member] experienced confusion or memory loss that is happening more or is getting worse?” (Table 5), and “Have you [has your family member] received a diagnosis of Alzheimer’s or related dementia” (Table 6). In 2013, the versions of these questions related to memory loss were asked only of those completing the long version of the survey. In 2014, all participants were asked to respond to these questions. The 2014 interview form is presented in Appendix A.

Sample

Two samples were obtained for this survey: ADRC Call Center and Options Counseling recipients. The first was a stratified random sample of people who had been in contact with the ADRC Call Center (n=1672). Those receiving Options Counseling (OC) were not included in this sample. A two-week period (October 1-15, 2014) was used to identify participants residing in areas served by established ADRCs, including ADRCs that had been part of the original pilot program (i.e., Lane County, Northwest Senior & Disabled Services, and Oregon Cascades West Council of Governments) and the Metropolitan Area ADRC serving Clackamas, Columbia, Multnomah, and Washington Counties. Because of the smaller numbers served in emerging ADRCs, a four-week period was used to identify those who had used the Call Centers in ADRCs serving Rogue Valley of Governments, Douglas County, and Coos County. Participants in these emerging ADRCs used Call Center services between September 15 and October 15, 2014. The sample size was chosen based upon response rates in previous years. Our target for completed interviews was 175 spread across the three types of ADRCs (60 completed interviews from Metro and Pilot ADRCs, and 55 from the emerging ADRCs).

The second sample consisted of everyone who had used Options Counseling services (N=319) between September 1 and October 15, 2014. The goal was to have 120 completed Options Counseling consumer interviews (45 completed interviews from Metro ADRC, 40 from the Pilot ADRCs, and 35 from the emerging ADRCs). This represented an 18% increase in sample size over the sample obtained in 2013.

Telephone Interviews were conducted by the Portland State University Survey Research Laboratory between October 29 and November 14, 2014; average length of interviews was nearly 20 minutes. The final combined sample of Call Center and Options Counseling consumers was 1,294. Of these, 915 were deemed to be eligible numbers, or 71% of the sample. Ineligible numbers included 11% of numbers that were nonworking or disconnected, 15 (2%) numbers that were located within social service agencies or individual providers. Interview Calls were made until 309 interviews were completed. Three completed interviews using the Call Center sample were later discarded because they were done with service providers. Interviews were not conducted with 302 individuals because the telephone numbers only reached answering machines. The refusal rate, based on eligible numbers, was 20%. Overall, the completion rate for eligible numbers was 34%. The distribution of completed interviews is presented in Table 1,

Appendix B, with 204 completed interviews with Call Center consumers and 102 with Options Counseling consumers, achieving 115% and 85% of the target completed surveys respectively.

Of the 306 people surveyed, 222 (72%) were the consumers of services, defined here as the direct recipient of services. This is a similar percentage reported in previous years. The remaining 28% was made up of 74 family members, and 10 close friends or neighbors who had contacted the ADRC on behalf of someone else (Table 2). More neighbors and friends participated in the 2014 than in the past. Because responses of friends and neighbors were similar to family members, these two groups have been combined in the analyses presented throughout this report. For simplicity we refer to “families” instead of family/friends/neighbors in reporting results. In this report, the term “participants” is used to describe the entire sample (i.e., both consumers and family members, or both OC and Call Center users). Otherwise, “consumers” refer to those in direct need of services (which might include caregiver support) and “family” refers to those who called on behalf of an individual.

Sample characteristics are consistent with those found in the past surveys. As in previous years, participants were predominately women (78% of consumers, 80% of family members). The mean age of consumers was 66 years of age compared to 58 years for family. The consumer age range was 26 to 92 years, with a similar, though slightly younger, age span for family (23 to 86). The median education level for both groups was the category “some college.” The median income for consumers was the \$10,000-20,000, which has been the same in all rounds of the survey. The median family income was in the \$30,000-40,000 range, the same as in Round 3. The sample continues to be dominated by Whites; only 14% of consumers and 12% of family members were people of color. When asked whether they had concerns with memory loss, 17% of consumers and 38% of family members answered affirmatively.

As described above, 102 of the participants were consumers or family members using Options Counseling services. Over half (58%) were served in the metropolitan area, 19% in the Pilot ADRC areas, and the remaining 23% lived in areas served by the emerging ADRCs. About 39% of Call Center consumers and family members were located in the areas served by the Pilot ADRCs, 33% were in the metropolitan area, and 27% were served by the emerging ADRCs.

Of those receiving OC services, 80% received a home visit (27% of the entire sample). A fairly larger number of Call Center consumers (37%) also reported a home visit (25% of the overall sample). All OC consumers and family members and Call Center consumers who reported receiving a home visit (n=177) were administered a long version of the survey which included questions about home visits, decision support and perceived outcomes related to their involvement with the ADRC (Table 3).

Needs

Participants were asked to describe why they were in contact with the ADRC. The interviewer then read a list of 16 reasons why people had contacted the ADRC in the past and

participants were asked whether anything on the list had been a reason for them as well. The open-ended responses were similar to those in the list. As in previous surveys, participants had multiple needs.

More than two-thirds of participants, especially family members, contacted the ADRC to obtain information or advice. Well over half of the participants (61%) indicated they or a family member had physical health needs that resulted in a need for services. Approximately half of participants (48%) specified a need for help at home with tasks such as making meals, housekeeping, laundry or yard work. Thirty percent or more of participants indicated a need for personal care (41%), Medicaid assistance (39%), transportation (37%), help getting errands and shopping done (35%), and/or food stamps (30%). About one quarter of participants indicated needs related to medications (26%) or confusion or memory loss (23%). Between 12% and 19% reported needs related to paying energy bills (19%), help finding housing (19%), caregiver support (17%), dental care (17%), home modification (14%), moving into residential care (14%), or “other” needs (12%). Other needs included help with next steps, home sale questions, information about assessments, qualification for services, long-term care and good quality care, employment and reemployment, working with health professionals, dealing with abuse, and moving to and from Oregon.

I am in a situation of abuse; verbal abuse and they have eyes and ears on me so I no longer feel unsafe. I live with my daughter [and] we are very isolated.

I moved from Washington State and needed to see what was available here.

With few exceptions, the frequency that each need is reported has been similar across all years of the survey. These exceptions included the need for personal care which has increased steadily from 29% in 2012 when this variable was first quantified, to 41% in 2014. Similarly, need for help at home increased from 37% in 2012 to 48% in 2014 and needs related to shopping and running errands nearly doubled over those two years (18% to 35%). This may be related to the increase of needs related to physical health (54% in 2012 and 61% in 2014). The need for food stamps declined slightly from 35% to 30% over the two years.

Family members were significantly more likely to report a need for help at home than were consumers. Similarly, family members were more likely to report needs for personal care, getting help for caregivers, and moving a person into a residential care setting. Family members were also more likely to report confusion and memory loss. Family members, therefore, were contacting the ADRC on behalf of a consumer who required assistance with activities of daily living (ADL) and instrumental activities of daily living (IADL). In contrast, consumers were more likely to be calling about financial concerns, including obtaining food stamps, or getting assistance with energy bills. Consumers and family members’ responses were similar for other categories of need. The number of needs was summed for each participant. Of a possible 16, the number of needs reported ranged from 1 to 16. The average number of needs reported was

5.12, with family members reporting significantly more needs (5.81) than consumers (4.86), (Table 4).

My mother had a couple of falls and was in the hospital and needed more care.

I was calling to find out what kinds of things are available for my mother-in-law, and to ask about Medicaid eligibility.

I need help with food stamps and electric.

I did not have enough money to pay the utility bills.

In 2013, a question was added about confusion or memory loss over the past year (Table 5). Twenty-nine percent of consumers answered affirmatively in both 2013 and 2014. The number of family (which includes neighbors and friends) responding yes increased from 48% in 2013 to 56% in 2014. As before, families were significantly more likely than consumers to report confusion and memory loss. Of those indicating the cognitive challenges, nearly one-quarter (23%) reported the consumer had received a diagnosis of Alzheimer's disease (Table 6).

Conclusions and Recommendations

Because the Portland metropolitan has the largest population, it is not surprising, that the Metropolitan ADRC served most of the OC consumers surveyed. It is interesting, however, that the pilot ADRCs served fewer OC consumers than the emerging ADRCs during this time period. The level of need is increasing, especially in the realm of activities of daily living (ADL) such as personal care services and instrumental activities of daily living (IADL) such as help around the house and shopping. This suggests that the ADRCs are connecting with people who need their services. Continued efforts are needed to assure that services match those needs, especially related to Options Counseling outside of the metropolitan area.



Part 2: Pathways to the ADRC

Learning about & contacting the ADRC

In general, the patterns for learning about the ADRC have been the same for the past 3 rounds. About 9% of participants cannot recall how they learned about it. Of the remaining, about one quarter (24%) received a referral from another agency, 13% from a friend and 12% from a hospital or clinic. Consumers were more likely to report these sources than family members. Very few learned about the ADRC using the Internet (6%) and these were almost all family members.

It is notable that in the first year of the survey, 20% reported learning about the ADRC through the media. By Round 2, the percentage declined to 2% where it remained in 2014. Other sources reported by participants included being aware of the ADRC because they have seen the building, they work or have worked in social services, or have used the ADRC previously.

Access

Call Center. The ADRC Call Center is the “front door” into the aging and disabilities service system. As with previous surveys, most participants in 2014 (62%) came into contact with the ADRC by phone (Table 8, Appendix B). Of those, 72% reported that the phone was answered by a person (Table 10). This represents a steady increase across all four survey rounds. Fewer reached an automated message system (15%) than in years past, but the percentage reporting reaching an answering machine stayed about the same (13%).

Of the 42 participants who did not reach a person with their first call, about a third (32%) received a call back on the same day, which is double the percentage of those in 2012 and substantially more than reported in 2013 (Table 11). Although this represents significant progress in reducing response time, about a third (32%) waited between two and four days for a return call and 14% waited five or more days. Family members (43%) were significantly more likely than consumers (26%) to get a return call on the same day. When asked about the response time (Table 12), the majority reported that it was prompt and timely (40%) or reasonable (30%). The percentage reporting the wait was much too long (30%), however, was about the same as that reported in the first round of surveys (29%) and substantially more than in 2012 (21%) or 2013 (17%). Meeting the standard that no more than 15% will report the wait is much too long, however, remains elusive.

ADRC Building. Going to the ADRC building was the initial point of contact for 16% of participants, similar to reports in previous years (Table 8). At the same time, 34% reported that they have been to the ADRC building at least once, a percentage similar to 2013, but down from a high of 41% in 2012. At 86%, the standard that 90% would report the building being somewhat or very easy to find was not quite met (Table 13). However, the standard that 85% would find the ADRC building convenient was met (88%; Table 14), and the standard that no more than 10% would report waiting longer than 20 minutes at the ADRC was nearly met (Table 15). The vast majority (92%) reported their wait time to be prompt or reasonable (Table 16), meeting the ADRC standard. Very few reported needing to arrange another time to visit the ADRC or that they did not see anyone at all. Comments about ease of access and wait time included:

[Enough] parking and I have a ramp in my van. It's close to where we live. Plenty of handicap parking spaces

My mother and I made an appointment and were able to get in immediately. The location is close to the MAX stop.

Website. The proportion of survey participants using the ADRC website remains low (Tables 7-9). As described above, just 6% of participants first learned about the ADRC through the Internet. Only 14% of the sample reported ever visiting the ADRC website. Of those who did, a third used it only once. The majority (80%) of those who did, however, reported it was somewhat or very easy to use. It is possible that there are some people who do not use the website and are able to get services on their own, but they are not reflected in this sample.

Contacting the ADRC. Once a person has been in contact with the ADRC, most indicate that it would be very easy or somewhat easy to contact the ADRC again, easily meeting the ADRC standard of 75%. In 2014, 71% of participants reported it would be very easy and 17% that it would be somewhat easy to contact the ADRC (Table 25).

Conclusions and Recommendations

Referrals from agencies, hospitals, and clinics account for half of the referrals so it appears that outreach efforts to partner with these organizations has been successful. This connection is beneficial for older adults and people with disabilities. Considerable progress has been made in consumers and family members reaching a person when they contact the ADRC. Progress is still needed, however, to return calls for those who leave messages. This is especially true for consumers. Recommendations include:

- Continue outreach to health and social service providers.
- Continue efforts to decrease response time for returning telephone calls.
- Increase media outreach to consumers, including information about the website.
- Provide opportunities to help older adults and people with disabilities learn to use the website.



Part 3. Information and Referral/Assistance

Good information and referral and assistance (I&R/A) requires knowledgeable staff who communicate clearly with callers. This involves helping callers to understand the service system and providing clear explanations about how to get the help needed. Good service also involves providing relevant materials about resources available and timely access to needed services. Standards established for I&R/A services through the ADRC included that 90% of the participants who received written materials would find them relevant, that 85% of participants would report that staff were knowledgeable and that they were good or excellent at explaining how to get help and information needed, and 80% would describe the staff as good or excellent in helping them understand the service system. Finally, no more than 20% of participants would report waiting “much too long” to receive services.

Materials and other information. Most of the participants indicated that they received all (62%) or some (28%) of the information they needed when they contacted the ADRC (Table 24, Appendix B). The responses were similar whether the participant or participant’s family member received Options Counseling or Call Center services only. Similarly, no differences in responses were found between consumers and family members.

Most (72%) participants received materials after contacting the ADRC. Of those, virtually all (97%) reported the materials were relevant to their concerns, easily meeting the ADRC standard of 90% (Tables 20 & 21).

Satisfaction with Staff

Staff attributes. Satisfaction with services are typically associated with relationships with staff. We asked all participants a series of questions about the person “from the ADRC that you worked with the most.” Because consumers of Options Counseling services and consumers

of Call Center services were included, it is not possible to determine which type of staff participants rated. We did conduct analyses to determine if there were differences between responses of OC consumers and Call Center only consumers. We also continued to examine differences in consumer and family responses. We note statistically significant differences between consumer and family below when they occurred.

A focus of the survey was to determine how well ADRC staff provide person-centered services and the extent to which services are based on the unique circumstances of the caller. One indicator is whether participants feel listened to and understood. To tap this, we asked whether the staff at the ADRC spent enough time with them to understand their concerns. As shown in Table 17, the overwhelming majority of participants (90%) continue to report that the staff person they talked with had spent enough time with them, the same percentage as in 2013. Virtually all participants indicated the person they talked with was very knowledgeable (77%) or somewhat knowledgeable (20%), easily meeting the benchmark of 85% overall (Table 18).

The majority of participants (60%) rated staff as excellent in explaining how to get the help that they needed and another 22% rated them good (Table 19). However, responses fell short of meeting the standard that 85% of consumers would give positive ratings; 18% assigned ratings of fair or poor. Consistent with previous surveys, virtually all participants indicated that the person from the ADRC was very respectful (90%) or somewhat respectful (9%), easily passing the 85% standard (Table 23).

Conclusions and Recommendations

I&A/R staff are generally doing a great job providing relevant and useful information to consumers and family members. Participants find them to be respectful and knowledgeable. A majority find staff excellent at explaining services, but a significant proportion have trouble understanding the information provided. This may be related to the broad scope of needs experienced by these participants. Recommendations for I&R/A are (see also, conclusions related to Part 5, Service Use):

- Continue the good work in being respectful and informative.
- Continue efforts to communicate about how to get help, understanding that for many participants, the service system is an unknown world.



Part 4. Options Counseling

As in Round 3, 102 interviews were completed with Options Counseling (OC) consumers in 2014. Because of the specialized nature of the service, additional questions were posed to OC consumers addressing practices related to OC standards (e.g., home visits, decision support, and follow up) and perceived outcomes in a longer version of the survey. In Round 1 (2011/2012), the OC sample was quite small because the program was still new. As a result, the longer version of the survey was also administered to those who reported that they received a home visit. As in previous rounds, many people who were not OC consumers also reported that they received a home visit (Table 3). In 2014, this involved 76% or 37% of Call Center consumers (or 25% of the entire sample). Because this is indicative of a high level of service need, the longer version of the survey continues to be administered to these individuals. Any significant differences in responses between OC and Call Center consumers are noted.

Home Visits

Over half of the participants overall reported receiving a home visit. Because a home visit is a preferred OC practice, it is not surprising that the majority of OC consumers (80%) had a visit, up from 71% in 2013. Most likely this visit came from an Options Counselor. It is not known who provided home visits for the Call Center consumers (Table 3, Appendix B).

Participants who received home visits were asked to describe the timeliness of the visit. Response time for the home visit was somewhat slower than in Round 3, with 22% compared to 27% receiving a visit within two days of their contact with the ADRC (Table 27). This may be in response to the increased volume of visits. About one-third waited more than a week.

Consistent with these numbers, the proportion of consumers reporting the wait time to be short and timely declined from 48% to 31% between 2013 and 2014 (Table 28). Although well over half (56%) reported wait times to be reasonable, the proportion of those reporting the wait time to be much too long more than doubled from Round 3 (6%) to Round 4 (13%).

Consumers were quite positive about their experiences with the home visit. Two-thirds (66%) reported the visit had been very helpful in addressing their concerns and another quarter (24%) said it had been somewhat helpful. These numbers are similar to previous rounds. Eighty percent reported they were very comfortable with the person who came to their home, representing a decrease from 90% in 2013 (Tables 29 & 30).

About two-thirds of participants indicated that the person who came to their home identified additional types of help that could be needed (Table 31), and most (85%) agreed with the assessment (Table 32). Fewer than half (43%) said that family members or others had been involved in the discussion (Table 33). This is the same percentage reported in Round 3, but less than in Rounds 1 and 2. Of those who had family or others involved in 2014, the vast majority (87%) said that they agreed with family members on almost everything related to their circumstances, concerns, and help needed. This continues an upward trend over the four years (Table 34). Overall, the 67 consumers who had family or others present when they met with the person from the ADRC, 79% reported it had been very helpful while another 15% reported it to be somewhat helpful (Table 35).

Home visits are beneficial in multiple ways. When comparing those who received home visits, whether through OC or some other source, from those who did not (i.e., Call Center consumers with no home visits), those with home visits were significantly more likely to get all of the information they needed, reported more needs, used significantly more services, and rated outcomes more positively.

Decision Support

The ability to make informed decisions is contingent on understanding the service system and available choices. Furthermore, decision support includes assistance in exploring those choices, and receiving support for the choices made by the consumer once the options have been considered. As indicated in Table 36, participants who received home visits were generally positive about assistance received in ***understanding the service system***; more than half (53%) of participants rated the ADRC person as excellent in this regard and another 30% rated them as good, thus meeting the ADRC benchmark. At the same time, 16% rated them as fair or poor, a consistent percentage over the years.

In spite of difficulties or uncertainties related to understanding the service system, understanding about ***available options*** improved after receiving Options Counseling and/or home visits (Table 37). For the first time the standard of 75% reporting better understanding about various options was met in 2014.

The benchmark that 80% of participants would rate the person from the ADRC as good or excellent in helping them to **explore choices** has been met consistently, although the percentages of those giving the highest rating of “excellent” declined this year from 64% to 59% (Table 38). Similar to previous years, 17% provided poor or fair ratings. OC consumers or family members gave significantly higher ratings for this item than Call Center consumers or family members.

The majority of participants indicated that the ADRC is doing a good or excellent job of **considering their opinions, likes and dislikes** before recommending services (Table 39), although at 83%, the rating is below the 90% benchmark and marks a lower rating than in Rounds 2 and 3. Family members had significantly higher ratings for this item than consumers.

ADRC staff receive high marks (57% excellent, 30% good) in **supporting consumer decisions**, exceeding the 80% standard (Table 40). This was especially true for OC consumers and family members who gave significantly higher ratings than Call Center consumers and family members. Similarly, few (7%), especially OC consumers and family members, felt staff was trying to talk them into things that they did not want (Table 41), an increase from Round 3 (1%) but consistent with Rounds 1 and 2.

The percentage of participants reporting they had **total control of making decisions** about what to do next (48%) was similar to Round 3, but considerably lower than in Rounds 1 and 2 (Table 42). Twenty-two percent felt they had little or no control a consistent finding across all years of the survey.

Action Plans & Follow Up

Assisting consumers in developing actions plans is among the professional standards for Options Counselors. Those identified as OC consumers (or their family members) as well as those who reported receiving a home visit were asked whether the person they worked with the most helped them to develop a plan. In Round 4, well over half (60%) of the participants reported receiving this service (Table 43). More information is needed to determine whether action plans are being developed for all of those who could benefit from or desire to have this service. Not all Options Counseling consumers or consumers who received home visits were ready or interested in developing these plans. Similarly, many people may be too early in the process to have had plans developed.

Another professional OC standard is that OCs routinely make follow up calls to the consumer. This has not been met in any year of the survey. Those reporting receiving a follow up call did increase from 46% to 62% from Round 1 to Round 2 and then declined in Rounds 3 (51%) and 4 (49%), (Table 44). However, OC consumers and family members were significantly more likely to report receiving a call (56%) than Call Center consumers (40%). By similar percentages, consumers were more likely to report a call (53%) than family members (40%).

The ADRC standards set by the Advisory Committee included a requirement that 90% of consumers identified as needing follow up by the ADRC, receive a follow up. This encompasses Options Counseling as well as Call Center consumers. It is beyond the scope of this survey to determine the extent to which these ADRC standards were met; we do not know who was identified as needing follow up by Call Center staff. However, 45% of participants reported that they had contacted the ADRC again, similar to reports in Rounds 1 and 3, but a decline from Round 2 (Table 45).

Outcomes (OC consumers & those with Home Visits)

Several indicators of positive outcomes are included in the survey (Tables 46 – 52). Overall, these measures indicate that the ADRC is meeting its goals of supporting people in the least restrictive environment. The standard that 70% of consumers would report *living in the place they most desire* was exceeded, with 82% providing this response in both 2013 and 2014, though more participants strongly agreed with the statement in 2014 than in 2013 (Table 46). However, the higher standard of 80% reporting that they receive *enough support to meet their needs and preferences* has not yet been met (Table 47). In 2014, 70% agreed or strongly agreed with that statement, indicating that about 30% did not get enough support. The standard that 80% would report that they are *more independent* as a result of the information received was met. Fifty percent agreed, though just 22% participants strongly agreed with the statement (Table 48). A substantial majority also agreed or strongly agreed that they were *safer in their homes*, meeting the standard of 80% (Table 49).

As in prior surveys, participants were least likely to agree (44%) or strongly agree (15%) with the statement that ADRC services or information allowed consumers to *expand or maintain activities* outside of their home (Table 50), a potential indicator of quality of life. A major goal of the ADRC program is to help consumers *preserve their resources* to delay enrollment in Medicaid. Although the majority agreed or strongly agreed (67%) with the statement that ADRC services or information helped consumers make the most of personal money and resources, the responses were shy of the standard of 70% of participants agreeing or strongly agreeing with the statement was not met (Table 51). However, those disagreeing or strongly disagreeing with the statement declined somewhat from Round 3. The majority of participants (63%) indicated that they had eventually found *services they could afford*, with nearly 26% strongly agreeing, and 37% agreed with the statement (compared to 17% in Rounds 2 and 3). However, 37% disagreed or strongly disagreed with that statement (Table 52), indicating significant unmet need at the time of the interviews.

The qualitative data shed some light on the circumstances of these individuals as reported in Table 53 and is described below. Participants were asked what their circumstances would have been without the ADRC. The majority (61%) thought their circumstances would be worse now if they had not received information or services through the ADRC (Table 53). Many

comments are similar to those made in past surveys. Descriptions of how their lives would have been worse varied. Many described being worse off financially, facing greater expenses or inability to buy groceries, health insurance, medical supplies, and medications.

It would be extreme financial hardship because she wouldn't get her food stamps or medical care covered.

...it's nice when my house cleaned up. I can concentrate more on what I need to do with my medications and I'm not so overwhelmed.

Not too good, much worse. I probably wouldn't have been able to manage medical and food costs.

Things would be terrible and he would have no meals.

Several explained that they would not be able to afford utilities, including heat and electricity. Others felt that if it weren't for the ADRC, their medical condition would have worsened, contributing to a lower quality of life and more dire circumstances.

I probably would have my electricity turned off.

It would be very hard to have heat all winter at the cost of oil.

Pathetic, on a scale of 1-10 I would give it a 2 for being able to manage my personal needs.

Participants said that they would be sicker, would be hospitalized, or would have died.

If I didn't have the ADRC, I would probably be sicker and probably would be thinner.

I might be back in the hospital.

I honestly think I would not be here. I think I probably would have died.

Some participants felt that they would be worse with respect to their living situation, stating that they wouldn't have been able to stay in their home, would not be safe at home, would be at greater risk of falling, would be isolated, or wouldn't have found the services or help they needed. Nine felt they would be homeless if it weren't for the ADRC.

I would probably be in a different home or on the street. I wouldn't know where to go or what to do.

I would be homeless or starving.

I would be losing my home and now I am in a housing program.

Some felt that they would be worse emotionally, with stress, frustration and confusion about where to find information about services and meeting care needs being the most common. Some thought they would be less informed or would have needed to explore services elsewhere.

I would be more stressed and sicker without respite care and housekeeping services.

I probably would be going nuts not knowing what to do.

One-third of respondents were neutral in their responses thinking their circumstances would be the same if they hadn't received services or information through the ADRC. These consumers expressed confidence that they could find the help and information they need elsewhere, or decided they did not yet need help, or hadn't yet decided on a specific plan. A few are waiting to hear about eligibility.

About 8% of participants reported that their circumstances had not improved, citing negative experiences with the ADRC, the same percentages as in Round 3. Most commonly was reported that they hadn't received the needed information or services, or they solved the problem by themselves. A few respondents expressed frustration about not receiving services or adequate information from the ADRC as reflected by these comments.

Nothing has changed. The information did not help me to find resources I needed.

...I am too frustrated by them. I don't think they are all that helpful in my case. They are probably more helpful with other people...

Conclusions and Recommendations

Options Counselors are doing an excellent job in meeting with consumers in their homes. Home visits are beneficial to consumers, especially when offered through Options Counseling and the numbers receiving home visits increased this year. Similarly, progress has been made in working with participants to develop action plans and providing follow up calls. ADRCs overall are making a positive difference in the lives of most of those they touch, with a significant portion of participants reporting they would be in dire circumstances without the support they received from the ADRC. Participants are generally living where they want, feel more independent and safer as a result of the ADRC. However, many participants still are not getting enough support to meet their needs, maintain or expand activities, preserve resources, or find services they can afford. Recommendations include:

- Maintain the trend toward more home visits through Options Counseling.
- Continue the good work in helping participants understand their options and explore choices, and supporting their decisions.
- Refocus efforts on considering consumers likes, dislikes, and preferences, and helping them be in control of their decisions.
- Increase capacity of ADRCs to provide services to participants who require more support to meet their needs.
- Continued progress is needed to meet option counseling standards of developing actions plans and providing follow-up calls.



Part 5. Public Programs and Assistance

The services described in this report addressed the issue of streamlined eligibility determination for public programs. All participants – both Call Center and OC consumers – were asked what decisions they had made after their contact with the ADRC and whether these decisions resulted in obtaining services. Some participants had not yet made decisions, others were in the process of seeking and obtaining services, and nearly one-third had received services. When read a list of 10 services and asked if they had received them, 128 participants (42%) reported receiving at least one, an increase from the 90 participants (30%) in 2013. Many participants received more than one service; the average number was 2.3 (Table 54, Appendix B). About one in six of those participants received 4 or more services. As in previous years, many fewer participants reported receiving services than reported needing assistance; however the gap was considerably smaller in 2014. Those receiving Options Counseling received significantly more services, averaging 2.66 services compared to the average of 2.05 services reported by Call Center consumers and family members.

As in previous years, the service received by most participants was help getting benefits or financial assistance. About half (48%) received this service, which is a lower proportion than in 2013 when 55% received this service (Table 55). In 2014, the next most frequently reported service (38%) was gaining access to information about other benefits. About one third reported receiving information to manage their health and/or to get housekeeping services. About one fourth (23%) received meals either delivered to their homes or at a meal site. Fifteen percent (compared to 29% in 2013) received transportation services although the actual numbers receiving transportation services were more similar (27 people in 2013 and 21 in 2014). Fewer than 10% received services such as help managing money, legal assistance, or home modification.

The quotations below and throughout this section of the report were made in response to questions about decisions made as a result of involvement with the ADRC.

She sent me information and I followed through with it. I used the information to get what I wanted.

I was looking for some funding and they gave it to me.

I clarified some next steps to be taken immediately and in the long range.

I followed the directions of what she said, because she explained things to me and went out of her way to come and help me.

Most participants indicated that services were received in a timely manner (Table 22). As previously described, with the exception of receiving a call back from the ADRC, standards for timeliness of services were achieved. In 2014 there were improvements in timeliness of services for help with getting benefits and financial assistance, transportation, and access to information about other benefits. Timeliness ratings declined somewhat for meals, housekeeping and personal care.

The helpfulness of services continue to be rated high, with the highest scores for personal care, housekeeping, and home modification followed closely by meals services, transportation, and information about managing health (Table 55). While high, helpfulness scores for getting benefits or financial assistance declined from 2013 to 2014, although there is a fair amount of variability indicating that participants had a wider range of experiences in this category. Of the 93 people who reported making decisions to seek services, more than half (54%) indicated that they had help with paper work to apply for the services (Table 56). This was a marked decline from Round 2 where nearly three-quarters reported help with paper work. Not surprisingly, OC consumers were significantly more likely to receive this assistance than Call Center consumers. Some of the services consumers received are reflected in these comments.

I decided to get some help for myself. Before I spoke with them I didn't want to get any help because I did not want to take help away from others who might need it more.

I made the decision to go ahead and get the food stamps and not feel so guilty about it. I felt grateful.

We followed the recommendations and the worker did everything to fill out the papers and he also directed us to other services that we used such as food pantries, gas cards, energy taken care of.

Conclusions and Recommendations

ADRCs are clearly providing a needed and valuable service. The gap between reported needs and services received appears to be narrowing, but still remains. Timeliness of getting services to people in high need areas related to ADL and IADL has declined somewhat, indicating some difficulty in addressing the increasing level of need in these areas. Those who receive these and other services do find them to be very helpful, and most participants have positive experiences with knowledgeable and capable staff. Recommendations include:

- Continue efforts to fill the gaps between needs and services.
- Increase capacity to provide ADL and IADL services in a timely manner.

[I decided to] follow through with getting some assistance like bathing, Meals on Wheels, and the walker.

I got a gal to come help with the physical things I can't do. ADRC also helped with UCAN and food stamps.

I decided to get prescriptions paid for and Food Stamps and we went over health insurance programs.

I called for the shopping for groceries and I called and made arrangements for therapy and transportation.



Part 6. Consumer Concerns, Recommendations, and Satisfaction

Consumer Concerns

All participants were asked if they had concerns that had not been met by the ADRC and 25% did, a similar response over time (Table 57). When asked about those concerns, about one-third of those with concerns indicated a general need for services and resources. Some were still waiting, others were uncertain about what could be done to help them, and a large segment of participants expressed frustration with the lack of follow up: These comments were typical and are consistent with the negative comments reported earlier.

I didn't get the help they promised me, even weeks after getting approval.

I was in a very bad situation and I did not know what to do emotionally or financially and I have not received any help.

I have very big concerns that they are going to get anybody out there for them to do the home help that they say they will do for my mother because it isn't happening. In that area they have definitely flunked.

They have not been addressed because I have not been contacted as a follow up yet.

Similar to the 2013 ADRC report, others described more specific needs related to the original reasons for their contact with the ADRC. These involved transportation, housing, health concerns, and help with Instrumental Activities of Daily Living (IADLs).

Help with food, transportation, having an attendant go to appointments with me.

I do not have a place to stay after tonight.

I have not received affordable housing assistance yet.

I am waiting to hear about dental work.

I need physical therapy, I am not really mobile enough to get out and do the things I should be able to do... I don't know what is going to happen in the future.

They were going to find help with help at home but have not done so.

Consumer Recommendations

Participants were asked if they had recommendations for the ADRC. Approximately half gave suggestions or made comments for improving the services of the ADRC. These were categorized as customer service, services and resources, outreach and awareness, and staff attributes.

Customer service. The most common area for improvement reported was customer service. Follow-up as phone calls were highly desired as indicated by these comments:

Perhaps they might not be so curt in their answers. If they can't help, they could take a few minutes to refer you to other services. They could be a little more concerned. They could actually return your call. I called four times and the wrong person called me back. They referred me to another wrong person. When the first person I called actually called me back it was more than a week later, and I ended up just hanging up because I was already livid.

They need to do something about their phone system. You wait and wait, and finally get through, then you have to leave a message. It takes time for them to get back to you; sometimes you have to repeatedly call. Sometimes their mailboxes are full and you can't leave a message.

Help with navigating available resources was also an area of importance in customer service. Two respondents stated,

That they would actually provide an advocate who was able to walk through the steps with the person that needs the help.

Take the time to listen to what the individual's needs are and stay on the line to help them maneuver the system so they can find help.

Services and Resources. A large segment of recommendations focused on the services offered by the ADRC. Many participants favored an expansion of the services, workforce, and funding. Two respondents connected the availability of funding and services with the quality of following up.

We made a decision that it is a very good organization. The biggest problem is just getting them to come out. They seem short staffed. Once we get them out here, they do their job well, As far as the people being nice, they can't be any nicer. They just need more people to be able to come out and help the clients.

If they had a bigger budget they could provide more people with benefits.

Home visits were highly valued among many respondents. For example, two senior consumers said,

They came to me. Somebody made a call and I was grateful.

...The phone conversation and the in home evaluations were excellent... We think that once we get someone in the home on a regular basis I think we could say it is exceptional too...

Many respondents also recommended coordinated services to streamline the process of accessing resources. Two expressed confusion about understanding the service system.

Not all the people there know what's going on. Some will say something and change around and another person will say they shouldn't have said that to you. It happens to me everywhere.

There are various layers and groups, it is overwhelming when you first start looking at them all.

Outreach & awareness. Some participants offered recommendations about communication efforts to convey and receive information. Many expressed the need to inform consumers of the available services, offering comparative differences between different programs or resources. A few thought a newsletter or brochure would be helpful for consumers to understand available services and to make the agency more visible. Some requested that the ADRC provide a list or chart of all available services and where to find them. Suggestions included,

Maybe a brochure they could send that could explain what they do, what can they help with and what can't they help with, so you know what to ask for and what not to ask for.

Make the process less confusing. There are so many agencies and services. It would be great to have a graphic to show how they are all related.

Staff attributes. Some participants felt that workers needed to be more knowledgeable about services, resources, and qualifications. This ties in to the desire for more streamlined, coordinated services. The location of the resource centers was also an area of recommendation. Some respondents expressed the need for convenient, accessible, and centralized locations with adequate parking for people with physical limitations.

I felt I was more knowledgeable than my case supervisor. If I had known I would have a different situation. I knew more than the ADRC Representative.

... I wouldn't let people come in hopeful and have people not knowing where to send them or not getting them help because they make ten cents above the required amount...

Overall, the recommendations highlighted the value of the ADRC for consumers and family members as indicated by these comments:

Keep on doing what you're doing. They are so competent and wonderful.

Just continue to be there for the people that need you.

They were there to help and I could at least relax a bit.

I needed all the help they provided.

I would not have found the resources without the help of the ADRC.

They...brought peace to the family.

They have been an excellent help.

They helped to orient me to the system and without it I would not be as good.

Overall Satisfaction

In spite of the concerns described above, the majority of participants reported that the ADRC was helpful overall (see Table 58). Responses in Round 4 were similar to Round 3, with over well over half reporting the ADRC was very helpful and another 20% rating it as somewhat helpful; 6%, reported that the ADRC had not been at all helpful. Similarly, an important indicator of consumer satisfaction involves participant willingness to recommend the ADRC to others. No specific benchmarks were identified for recommending the ADRC to a friend or family, but consistent with previous years, 92% of participants would recommend the ADRC (Table 59).

To give an overall picture of how the different elements of the ADRC and participants' experiences relate to one another, a variable of overall satisfaction was computed by combining responses to general helpfulness of the ADRC and whether they would recommend the ADRC to others. Other composite variables included staff attributes (i.e., respectfulness, knowledgeable, ability to explain how to get services), options counselor attributes (i.e., helping consumers explore choices, supporting decisions, considering consumer opinions, helping to understand the service system), number of needs identified, and number of services received. Also examined was the relationship between these variables and participants' understanding of the service system, whether they had received the information they needed, amount of contact with the ADRC, and their assessment of how easy it would be to contact the ADRC if they needed to. The correlations among these variables are presented in table 60.

Overall satisfaction with the ADRC was significantly correlated with better understanding of the service system. Staff characteristics such as being respectful, knowledgeable, supporting consumer decisions were strongly correlated with overall satisfaction. Reports of positive outcomes, ease of contacting the ADRC if needed in the future, and receiving the information needed when participants initially contacted the ADRC were also positively associated with overall satisfaction. Interestingly, overall satisfaction was not associated with the amount of need or services received. Unlike earlier rounds, the amount of contact with the ADRC was not associated with general satisfaction in 2014 (Table 60).

Conclusions and Recommendations

The ADRCs are clearly providing services that are valuable to consumers and their family members. ADRCs need to continue building capacity to meet the growing demand for services and to address concerns of consumers who are not able to find services that meet their needs. This includes increasing community partnerships, increasing follow up, and continuing staff development. Specific recommendations include:

- Continue to improve customer service where needed through staff training and mentoring.
- Continue to build skills and resources to communicate with consumers who may have limited capacity to understand the service system.
- Continue to build partnerships and expand service availability.
- Continue the good work of respecting consumers and providing a vital service.

Appendix A

Consumer Satisfaction with Aging & Disability Resource Connection Round 4

Note: Not all directions for interviewers and codes for those not participating in the survey are included in this Appendix. Please contact Diana White (dwhi@pdx.edu) for this information.

Project: ADRC_14

Final Survey Script

NTRO2

I'm calling because you or a family member contacted the Aging & Disability Services, also known as the ADRC, during the past 2 months. We're conducting a brief survey about your experiences and opinions with the program. It is very important for us to understand what is working well and how to improve the ADRC. Would now be a good time to talk?

SECTION1

Great, this survey will take about 15 to 20 minutes to complete. Your answers will be kept completely confidential. Your participation is voluntary and will not affect your services or your relationship with the ADRC. You can stop at any time and skip any item you don't want to answer. I would like to begin by asking about your first experience with the ADRC.

Q1

DO NOT READ OPTIONS

How did you first learn about the ADRC?

Choices

Family	01	
Friend	02	
Hospital/clinic/doctor/nurse	03	
Nursing home/assisted living	04	
Phone book	05	
Recommendation/word of mouth	06	
Brochure/flyer	07	
Media/newspaper/TV/radio	08	
Referral from another agency	09	
Internet	10	
Other (please specify)	11	O
Don't Know	88	
Refused	99	

Q2

READ OPTIONS ONLY IF NEEDED

How did you first come in contact with the ADRC?

IWR Note: If R has only contacted the ADRC through the website, and has had no further contact with anyone from ADRC, you can 'Quit' the survey and code the call as a 'Suspend without callback.' Please be sure to describe the situation in the call notes.

Choices

By telephone	01	
Went to the office, in person	02	
They called me/you	03	
Email	04	
Through the website	05	
Other (please specify)	06	O
Don't Know	88	
Refused	99	

Q3

Since that time, would you say you've had contact with the ADRC one time, 2 to 3 times, or more than 3 times?

Choices

1 time	1	
2 to 3 times	2	
More than 3 times	3	
No contact	7	
Don't Know	8	
Refused	9	

Q4

Can you tell me a little about why you were in contact with the ADRC?

IWR Note: If R mentions that they contacted ADRC on behalf of someone else (a family member or friend), make a note of that. Later in the survey, you will be using the "family text" version of the questions.

Choices

Enter open-ended response	0	DO
Don't Know	8	
Refused	9	

Q14

When you first contacted the ADRC, did you receive none, some, or all of the information you needed?

Choices

None	0	
Some	1	
All	2	
No Information Needed	7	
Don't Know	8	
Refused	9	

Q4A

I am going to read a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

IWR NOTE: If needed: This series of questions is asking about the issues that were going on when they initially contacted ADRC.

IWR NOTE: This is regardless of if you received services. I will ask about services received later.

IWR NOTE: This list might cover something you just said, but I want to make sure I understand all the possible reasons you may have contacted ADRC.

Choices

Press enter to continue	0	D
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Q4A_1

Physical health needs?

IWR NOTE: For instance, you were looking for information about a specific condition or disease, rehab services, or medical care. Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q4A_2

Help with medications?

IWR NOTE: For instance, this could include financial help paying for medications, help managing medications, or taking medications.

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q4A_3

Dental care?

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q4A_4

Confusion or memory loss?

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices	
No	0
Yes	1
Don't Know	8
Refused	9

Q4A_5

Help with personal care?
 IWR NOTE: This could include things such as help bathing, dressing, and getting around the house.
 Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices	
No	0
Yes	1
Don't Know	8
Refused	9

Q4A_6

Help with transportation?
 IWR NOTE: This could include things like help going to the doctor, going shopping, or to social activities.
 Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices	
No	0
Yes	1
Don't Know	8
Refused	9

Q4A_7

Help at home, such as help making meals, doing housekeeping and yard work?
 Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices	
No	0
Yes	1
Don't Know	8
Refused	9

Q4A_8

Help getting shopping and errands done?

IWR NOTE: Please do not include help with transportation to go shopping or run errands. This question is referring to someone else going shopping for you, or going with you to shop.

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q4A_9

Help modifying a home or apartment?

IWR NOTE: This could include modifications like installing ramps, or grab bars in the bathroom, or having kitchen counters lowered, or doorways expanded.

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q4A_10

Help moving into an assisted living residence, adult foster home, or nursing home?

IWR NOTE: Please do not include help finding subsidized housing (this will be asked next).

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q4A_11

Help finding subsidized housing?

IWR NOTE: Please do not include help finding assisted living, adult foster home, or nursing home.

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q4A_12

Help getting food stamps?

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q4A_13

Help with Medicaid or paying for medical care?

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q4A_14

Help paying for energy bills?

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q4A_15

Help getting caregiver respite?

IWR Note: 'Caregiver Respite' is short-term, temporary relief for those people who are caring for family members or friends. Respite is receiving help with caring for someone.

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q4A_16

Help getting general information or advice?

Original Question: This is a list of reasons why some people contact the ADRC. Please tell me if any of these were reasons you initially contacted the ADRC. For each reason, please say yes or no.

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q4A_17

Did you contact ADRC to get help with anything else that we did not already cover?

Choices

No	0	==> Q5
Yes	1	
Don't Know	8	==> Q5
Refused	9	==> Q5

Q4A_17A

What else did you contact ADRC for?

Choices

Please Specify	0	DO
Don't Know	8	
Refused	9	

Q5

READ OPTIONS 1-3

When you called the ADRC, was the phone answered by...

==> SKIP +1 IF NOT Q2=01 (01=By telephone)

Choices

A person	1
An answering machine	2
An automated message system	3
Don't Know	8
Refused	9

Q6

READ OPTIONS 1-4

When did someone from the ADRC get back to you?

=> SKIP +2 IF NOT (Q2=04 OR Q5=2,3)

(04=Email, 2=An answering machine, 3=An automated message system)

Choices

On the same day	1
The next day	2
2 to 4 days	3
5 or more days	4
Don't Know	8
Refused	9

Q7

READ OPTIONS 1-3

Do you think that the ADRC's response time was...

Choices

Prompt and timely	1
Some wait, but was reasonable	2
Much too long	3
Don't Know	8
Refused	9

Q8

READ OPTIONS 1-4

How easy was it to find information on the website? Would you say it was...

==> SKIP TO Q9 IF NOT Q2=05 (05=Through the website)

Choices

very difficult	1
a little difficult	2
somewhat easy	3
very easy	4
Don't Know	8
Refused	9

Q8A

What made it <Q8>?

==> SKIP +1 IF Q8=8,9

Choices

Enter open-ended response	0	DO
Don't Know	8	
Refused	9	

Q9

Did you ever go to the ADRC building?

[Family Text: Did you ever go to the ADRC building with your family member?]

==> SKIP TO Q10 IF Q2=02

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q10

READ OPTIONS 1-4

How easy was it to find the ADRC building?

==> SKIP TO Q15 IF NOT (Q9=1 OR Q2=02) (02=Went to the office, in person)

Choices

Very difficult	1
A little difficult	2
Somewhat easy	3
Very easy	4
Don't Know	8
Refused	9

Q11

READ OPTIONS 1-4

How convenient was it for you to go to the ADRC?

Choices

not at all convenient	1
not that convenient	2
somewhat convenient	3
very convenient	4
Don't Know	8
Refused	9

Q11A

What made it <Q11>?

==> SKIP +1 IF Q11=8,9

Choices

Enter open-ended response	0	DO
Don't Know	8	
Refused	9	

Q12

READ OPTIONS 1-5 IF NEEDED

When you first went to the ADRC, how long did you have to wait to see someone?

Choices

Less than 5 minutes	01
Between 5 and 20 minutes	02
Longer than 20 minutes	03
I had to arrange another time to come back	04
I did not see anyone	05
Do not remember/unsure	88
Refused	99

Q13

READ OPTIONS 1-3

Do you think that your wait time to see someone was...

==> SKIP +1 IF NOT (Q12=01,02,03,04)

Choices

Short and timely	1
Some wait, but was reasonable	2
Much too long	3
Don't Know	8
Refused	9

Q15

READ OPTIONS IF NEEDED

Do you think that the person at the ADRC spent enough time with you to understand your concerns?

Choices

No	0
Yes (Somewhat)	1
Don't Know	8
Refused	9

Q17A

Did you receive written materials?

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q17B

Were the materials relevant to your concerns?

==> SKIP +1 IF NOT Q17A=1

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q18

Did someone from the ADRC come to your home?

[Family Text:] Did someone from the ADRC go to your family member's home?

IWR Note: Use the 'Original Q Text' if the R has contacted the agency on their own behalf or because they need assistance with caregiving support.

Use the 'Family Text' of the survey if the R contacted the ADRC to address the needs of a family member or friend.

Choices

No	0=>SECTION2
Yes	1
Don't Know	8=>SECTION2
Refused	9=>SECTION2

Q19 (Options Counseling Question)

READ OPTIONS 1-3 UNTIL STOPPED

How long did it take from the time you talked to someone from the ADRC to the time someone visited your home?

[Family Text:] How long did it take from the time you talked to someone from the ADRC to the time someone visited your family member's home?

==> SKIP TO SECTION2 IF Q18=0,8,9 (Non-Options Counseling)

Choices

2 days or less	1
3 to 7 days	2
More than a week	3
Don't Know	8
Refused	9

Q20

READ OPTIONS 1-3

Considering the time you had to wait for the appointment to occur, do you think that the wait time was...

Choices

Short and timely	1
Some wait, but reasonable	2
Much too long	3
Don't Know	8
Refused	9

Q21

READ OPTIONS 1-4

How helpful was the visit to your home in addressing your concerns?

[Family Text:] How helpful was the visit to your family member's home in addressing concerns?

Choices

Not at all helpful	1
Not too helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

Q22

READ OPTIONS 1-4

How comfortable did you feel with the person who came to your home?

[Family Text:] How comfortable did you feel with the person who went to your family member's home?

Choices

Very uncomfortable	1
A little uncomfortable	2
Somewhat comfortable	3
Very comfortable	4
Don't Know	8
Refused	9

Q23

Did the person identify any other types of help that might be needed?

IWR Note: This is asking about the person who came to their home.

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q23A

What types of help were identified?

==> SKIP TO Q25 IF NOT Q23=1

Choices

Enter open-ended response	0	DO
Don't Know	8	
Refused	9	

Q24

Did you agree with them that you had additional needs?

[Family Text:] Did you agree with them that your family member had additional needs?

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q25

Were family members or others involved with the discussion when the person from the ADRC came to your home?

[Family Text:] Were you or others involved with the discussion when the person from the ADRC went to your family member's home?

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q26

READ OPTIONS 1-4

How closely did everyone involved agree about your circumstances, such as having the same concerns and looking for the same kinds of help?

[Family Text:] How closely did you and others agree with your family member about their circumstances, such as having the same concerns and looking for the same kinds of help?

IWR Note: "Everyone" means all people that participated in the family meeting.

==> SKIP TO SECTION2 IF NOT Q25=1

Choices

We agreed on almost everything	1
We agreed more than we disagreed	2
We disagreed more than we agreed	3
We disagreed on almost everything	4
Don't Know	8
Refused	9

Q27

Did the person from the ADRC help you resolve these differences?

==> SKIP +1 IF NOT Q26=3,4

Choices

No	0
Yes (Somewhat)	1
Don't Know	8
Refused	9

Q28

READ OPTIONS 1-4

How helpful was meeting together with the person from the ADRC?

Choices

Not at all helpful	1
Not too helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

SECTION2

You may have worked with more than one person at the ADRC. For the next questions I would like you to think about the person from the ADRC that you worked with the most.

[Family Text:] You may have worked with more than one person at the ADRC. For the next questions I would like you to think about the person from the ADRC that you or your family member worked with the most.

IWR NOTE: If family member and consumer talked to two different people from ADRC, focus on the person from ADRC that the R worked with.

Choices

Press enter to continue	0	D
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Q29

READ OPTIONS 1-4

How respectful was the person with whom you worked the most?

Choices

Not at all respectful	1
Not that respectful	2
Somewhat respectful	3
Very respectful	4
Don't Know	8
Refused	9

Q30

READ OPTIONS 1-4

How knowledgeable was this person about helpful resources and services?

IWR NOTE: This question is asking about the person they worked with the most from the ADRC.

Choices

Not at all knowledgeable	1
Not that knowledgeable	2
Somewhat knowledgeable	3
Very knowledgeable	4
Don't Know	8
Refused	9

Q31 (OPTIONS COUNSELING QUESTION)

READ OPTIONS 1-4

How would you rate this person in helping you explore choices available to you?

[Family Text:] How would you rate this person in helping your family member explore the choices available to them?

IWR NOTE: This question is asking about the person they worked with the most from the ADRC.

==> SKIP +1 IF SAMPLE=2 AND Q18=0,8,9

Choices

Poor	1
Fair	2
Good	3
Excellent	4
Not Applicable	7
Don't Know	8
Refused	9

Q32 (OPTIONS COUNSELING QUESTION)

READ OPTIONS 1-4

How good of a job did this person do considering your opinions, likes and dislikes before recommending services?

[Family Text:] How good of a job did this person do considering your family member's opinions, likes and dislikes before recommending services?

IWR NOTE: This question is asking about the person they worked with the most from the ADRC.

==> SKIP +1 IF SAMPLE=2 AND Q18=0,8,9

Choices

Poor	1
Fair	2
Good	3
Excellent	4
Don't Know	8
Refused	9

Q34 (OPTIONS COUNSELING QUESTION)

READ OPTIONS IF NEEDED

Did this person work with you to develop a plan listing your goals and next steps?

[Family Text:] Did this person work with your family member to develop a plan listing their goals and next steps?

IWR NOTE: This question is asking about the person they worked with the most from the ADRC.

==> SKIP +1 IF SAMPLE=2 AND Q18=0,8,9

Choices

No	0
Yes (Some)	1
Don't Know	8
Refused	9

Q35 (OPTIONS COUNSELING QUESTION)

READ OPTIONS 1-4

How would you rate this person in supporting your decisions?

[Family Text:] How would you rate this person in supporting your family member's decisions?

IWR NOTE: This question is asking about the person they worked with the most from the ADRC.

==> SKIP +1 SAMPLE=2 AND Q18=0,8,9

Choices

Poor	1
Fair	2
Good	3
Excellent	4
Don't Know	8
Refused	9

Q36 (OPTIONS COUNSELING QUESTION)

Did you ever feel that this person was trying to talk you into things you did not want?

[Family Text:] Did you ever feel that this person was trying to talk your family member into things they did not want?

IWR NOTE: This question is asking about the person they worked with the most from the ADRC.

==> SKIP +1 SAMPLE=2 AND Q18=0,8,9

Choices

No	0
Yes (Some)	1
Don't Know	8
Refused	9

Q37

READ OPTIONS 1-4

How would you rate this person on explaining how to get the help or information you needed?

[Family Text:] How would you rate this person on explaining how to get the help or information your family member needed?

IWR NOTE: This question is asking about the person they worked with the most from the ADRC.

Choices

Poor	1
Fair	2
Good	3
Excellent	4
Not Applicable	7
Don't Know	8
Refused	9

Q38 (OPTIONS COUNSELING QUESTION)

READ OPTIONS 1-4

How would you rate this person on helping you understand the service system?

[Family Text:] How would you rate this person on helping your family member understand the service system?

IWR NOTE: This question is asking about the person they worked with the most from the ADRC.

==> SKIP +1 SAMPLE=2 AND Q18=0,8,9

Choices

Poor	1
Fair	2
Good	3
Excellent	4
Don't Know	8
Refused	9

Q33 (OPTIONS COUNSELING QUESTION)

Compared to your understanding about available options before you contacted the ADRC, what is your understanding now? Would you say you have a better understanding, your understanding is about the same, or you are more confused and understand less?

IWR NOTE: This would be comparing your level of understanding before and then after talking with the person from the ADRC.

==> SKIP +1 SAMPLE=2 AND Q18=0,8,9

Choices

Better understanding	1
Understanding is about the same	2
More confused and understand less	3
Don't Know	8
Refused	9

Q39

What decisions did you make as a result of your involvement with the ADRC?

[Family Text:] What decisions did your family member make as a result of their involvement with the ADRC?

IWR NOTE: This could include a decision to follow the recommendations made by others, including the person from the ADRC.

Choices

Enter open-ended response	0	DO	
No decisions	7		==> Q43_A1
Don't Know	8		==> Q43_A1
Refused	9		==> Q43_A1

Q40

Did these decisions result in you receiving services or benefits?

[Family Text:] Did these decisions result in your family member receiving services or benefits?

Choices

No	0	==> Q43_A1
Yes	1	
Don't Know	8	==> Q43_A1
Refused	9	==> Q43_A1

Q41

Did the person from the ADRC help you complete paperwork needed to get services or benefits? [Family Text:] Did the person from the ADRC help your family member complete paperwork needed to get services or benefits?

==> SKIP TO Q43_A1 IF NOT Q40=1

Choices

No	0
Yes (A little)	1
Don't Know	8
Refused	9

Q42SECT

I'm going to read a list of services that are available. First, I would like to know if you (or your family member) actually used this service and then for each service used, I will then ask about how timely it occurred and how helpful it was.

Choices

Press enter to continue	0	D
-------------------------	---	---

Q42A

Did you use housekeeping services or receive help around the house?

[Family Text:] Did your family member use housekeeping services or receive help around the house?

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q42ATIME

READ OPTIONS 1-3

How quickly did the service begin?

==> SKIP +2 IF NOT Q42A=1

Choices

Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

Q42AHELP

READ OPTIONS 1-4

How helpful has this service been?

Choices

Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

Q42B

Did you receive home modification services?

[Family Text:] Did your family member receive home modification services?

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q42BTIME

READ OPTIONS 1-3

How quickly did the service begin?

==> SKIP +2 IF NOT Q42B=1

Choices

Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

Q42BHELP

READ OPTIONS 1-4

How helpful has this service been?

Choices

Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

Q42C

Did you receive help with personal care such as bathing?

[Family Text:] Did your family member receive help with personal care such as bathing?

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q42CTIME

READ OPTIONS 1-3

How quickly did the service begin?

==> SKIP +2 IF NOT Q42C=1

Choices

Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

Q42CHELP

READ OPTIONS 1-4

How helpful has this service been?

Choices

Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

Q42D

Did you receive meals delivered to the home or to a meal site?

[Family Text:] Did your family member receive meals delivered to the home or to a meal site?

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q42DTIME

READ OPTIONS 1-3

How quickly did the service begin?

==> SKIP +2 IF NOT Q42D=1

Choices

Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

Q42DHELP

READ OPTIONS 1-4

How helpful has this service been?

Choices

Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

Q42E

Did you receive information about or help managing your health?

[Family Text:] Did your family member receive information about or help managing their health?

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q42ETIME

READ OPTIONS 1-3

How quickly did the service begin?

==> SKIP +2 IF NOT Q42E=1

Choices

Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

Q42EHELP

READ OPTIONS 1-4

How helpful has this service been?

Choices

Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

Q42F

Did you receive help getting benefits or financial assistance, such as health insurance, food stamps, Medicaid, or help with heating bills?

[Family Text:] **Did your family member receive help getting benefits or financial assistance, such as health insurance, food stamps, Medicaid, or help with heating bills?**

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q42FTIME

READ OPTIONS 1-3

How quickly did the service begin?

==> SKIP +2 IF NOT Q42F=1

Choices

Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

Q42FHELP

READ OPTIONS 1-4

How helpful has this service been?

Choices

Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

Q42_NEW

Did you receive help managing your money or assets?

[Family Text:] Did your family member receive help managing money or assets?

IWR NOTE: For instance, this could include help with financial planning, reverse mortgages, long-term care insurance, or wills.

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q42TIMEN

READ OPTIONS 1-3

How quickly did the service begin?

IWR NOTE: For instance, this could include help with financial planning, reverse mortgages, long-term care insurance, or wills.

==> SKIP +2 IF NOT Q42_NEW=1

Choices

Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

Q42HELPN

READ OPTIONS 1-4

How helpful has this service been?

Choices

Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

Q42G

Did you use transportation services?

[Family Text:] Did your family member use transportation services?

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q42GTIME

READ OPTIONS 1-3

How quickly did the service begin?

==> SKIP +2 IF NOT Q42G=1

Choices

Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

Q42GHELP

READ OPTIONS 1-4

How helpful has this service been?

Choices

Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

Q42H

Did you receive legal assistance or advice?

[Family Text:] Did your family member receive legal assistance or advice?

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q42HTIME

READ OPTIONS 1-3

How quickly did the service begin?

==> SKIP +2 IF NOT Q42H=1

Choices

Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

Q42HHELP

READ OPTIONS 1-4

How helpful has this service been?

Choices

Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

Q42J

Did you receive access to other benefits or information about other benefits?

[Family Text:] Did your family member receive access to other benefits or information about other benefits?

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q42JTIME

READ OPTIONS 1-3

How quickly did the service begin? (How quickly did you receive information?)

==> SKIP +2 IF NOT Q42J=1

Choices

Right away	1
Had to wait, but it was reasonable	2
Had to wait much too long	3
Don't Know	8
Refused	9

Q42JHELP

READ OPTIONS 1-4

How helpful has this service been? (How helpful has the information been?)

Choices

Not at all helpful	1
A little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

Q42K

Did you receive any other services?

[Family Text:] Did your family member receive any other services?

Choices

No	0	
Yes (What services were received?)	1	0
Don't Know	8	
Refused	9	

Q43_A1 (New Question Wording 2014)

During the past 12 months, have you experienced confusion or memory loss that is happening more or is getting worse?

[Family Text: During the past 12 months, has your family member experienced confusion or memory loss that is happening more or is getting worse?]

Choices

No	0	==> SECTION3
Yes	1	
Don't Know	8	==> SECTION3
Refused	9	==> SECTION3

Q43_A2 (New Question Wording 2014)

Have you received a diagnosis of Alzheimer's or a related dementia?

[Family text: Has your family member received a diagnosis of Alzheimer's or a related dementia?]

==> SKIP +1 Q43_A1=0,8,9

Choices

No	0
Yes	1
Don't Know	8
Refused	9

SECTION3 (OPTIONS COUNSELING QUESTION)

Thinking about the information and any services received from the ADRC, please tell me how much you agree or disagree with the following statements.

==> SKIP TO Q51 IF SAMPLE=2 AND Q18=0,8,9

Choices

Press enter to continue

0

D

Q45 (OPTIONS COUNSELING QUESTION)

READ OPTIONS 1-4

The services or information have allowed me to live in the place I most desire. Do you...

[Family Text:] The services or information have allowed my family member to live in the place they most desire. Do you...

Choices

Strongly disagree

1

Disagree

2

Agree

3

Strongly agree

4

Don't Know

8

Refused

9

Q46 (OPTIONS COUNSELING QUESTION)

READ OPTIONS 1-4

I am receiving enough support to meet my needs and preferences.

[Family Text:] My family member is receiving enough support to meet their needs and preferences.

IWR Note: "Support" could be services such as meals, housekeeping, personal care, assistance with paperwork, assistance obtaining medical insurance, or transportation services. Support could also be the presence of family members or neighbors to make sure things are going all right.

Choices

Strongly disagree

1

Disagree

2

Agree

3

Strongly agree

4

Don't Know

8

Refused

9

Q47 (OPTIONS COUNSELING QUESTION)

READ OPTIONS 1-4 IF NEEDED

I believe I am safer in my home as a result of the information and services I received.

[Family Text:] I believe my family member is safer in their home as a result of the information and services they received.

Choices

Strongly disagree	1
Disagree	2
Agree	3
Strongly agree	4
Don't Know	8
Refused	9

Q48 (OPTIONS COUNSELING QUESTION)

READ OPTIONS 1-4 IF NEEDED

I believe I am more independent as a result of the information and services I received.

[Family Text:] I believe my family member is more independent as a result of the information and services they received.

Choices

Strongly disagree	1
Disagree	2
Agree	3
Strongly agree	4
Don't Know	8
Refused	9

Q49 (OPTIONS COUNSELING QUESTION)

READ OPTIONS 1-4 IF NEEDED

The services or information received have allowed me to expand or maintain activities outside of my home.

[Family Text:] The services or information received have allowed my family member to expand or maintain activities outside of their home.

Choices

Strongly disagree	1
Disagree	2
Agree	3
Strongly agree	4
Don't Know	8
Refused	9

Q50A (OPTIONS COUNSELING QUESTION)

READ OPTIONS 1-4

One of the goals of the ADRC program is to help people avoid running out of money or avoid needing to use Medicaid. How much do you agree with the following statement: "The services or information received have helped make the most of personal money and resources?"

Choices

Strongly disagree	1
Disagree	2
Agree	3
Strongly agree	4
Don't Know	8
Refused	9

Q50B (OPTIONS COUNSELING QUESTION)

READ OPTIONS 1-4

How much do you agree with the following statement: "I was eventually able to find help that I could afford."

[Family Text:] How much do you agree with the following statement: "My family member was eventually able to find help that they could afford."

Choices

Strongly disagree	1
Disagree	2
Agree	3
Strongly agree	4
Don't Know	8
Refused	9

Q51

What do you think your circumstances would be now if you had not received information or services through the ADRC?

[Family Text:] What do you think your family member's circumstances would be now if they had not received information or services through the ADRC?

IWR NOTE: Use following probes if R is having difficulty answering. PROBES: How well would [you/they] be able to manage [your/their] personal needs? Where do you think [you/they] would be living? What about in a nursing home or assisted living facility?

Choices

Enter open-ended response	0	DO
Don't Know	8	
Refused	9	

Q56 (OPTIONS COUNSELING QUESTION)

READ OPTIONS 1-4

How much control did you have in making decisions about what you would do next?

[Family Text:] How much control did your family member have in making decisions about what they would do next?

==> SKIP +1 SAMPLE=2 AND Q18=0,8,9

Choices

No control	1
A little control	2
Most of the control	3
Total control	4
Don't Know	8
Refused	9

Q52 (OPTIONS COUNSELING QUESTION)

Has the person you worked with at the ADRC called you to see how you are doing?

[Family Text:] Has the ADRC called to see how your family member is doing?

==> SKIP +1 SAMPLE=2 AND Q18=0,8,9

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q53 (OPTIONS COUNSELING QUESTION)

Since your first contact with the ADRC, have you contacted them again?

==> SKIP +1 SAMPLE=2 AND Q18=0,8,9

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q54

READ OPTIONS 1-4

If you needed to contact ADRC, how easy would that be?

Choices

Very difficult	1
Somewhat difficult	2
Somewhat easy	3
Very easy	4
Don't Know	8
Refused	9

Q57

READ OPTIONS 1-4

Overall, how helpful was the ADRC?**Choices**

Not at all helpful	1
Only a little helpful	2
Somewhat helpful	3
Very helpful	4
Don't Know	8
Refused	9

Q58**Do you have concerns that the ADRC has not addressed?****Choices**

No	0	
Yes (Could you briefly describe those concerns?)	1	0
Don't Know	8	
Refused	9	

Q59**Would you recommend the ADRC to a friend or family member?****Choices**

No	0
Yes (Maybe)	1
Don't Know	8
Refused	9

Q60**What recommendations do you have for improving the services of the ADRC?****Choices**

Enter open-ended response	0	DO
No Recommendations	7	
Don't Know	8	
Refused	9	

Q61

DO NOT READ OPTIONS, SELECT ONLY ONE

What is the best way the ADRC can provide you information?

Choices

Face to face or in-person	0	
Written materials (e.g., brochures)	1	
Personal contact (e.g., telephone, email)	2	
Internet	3	
Local media (e.g., TV, newspapers, etc.)	4	
Presentations at social gatherings (e.g., meal sites, churches, senior centers, civic organizations)	5	
Other (please specify)	6	O
In the mail	7	
Don't Know	8	
Refused	9	

Q61A

Have you used the ADRC website?

==> SKIP +1 Q2=05

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q61B

DO NOT READ OPTIONS

How many times have you used the ADRC website?

==> SKIP TO DEMO IF NOT (Q61A=1 OR Q2=05)

Choices

1 time	1
2 to 3 times	2
More than 3 times	3
Don't Know	8
Refused	9

Q61C

READ OPTIONS 1-4

How easy was it to use?

Choices

Very difficult	1
A little difficult	2
Somewhat easy	3
Very easy	4
Don't Know	8
Refused	9

DEMO

We are almost done; the next few questions are for demographic purposes only.

IWR NOTE: If you are speaking to a friend or family member, please tell them: "The following questions are about you."

Choices

Press Enter to Continue	0	D
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Q62

Do you own or have easy access to a computer?

Choices

No	0
Yes	1
Don't Know	8
Refused	9

Q63

READ OPTIONS 1-4

How would you rate your computer skills?

Choices

Poor	1
Fair	2
Good	3
Excellent	4
Don't Know	8
Refused	9

RACE

READ OPTIONS 0-5; SELECT ALL THAT APPLY

Which of the following groups best identifies you?

IWR Note: Asian or Asian American includes Chinese, Filipino, Japanese, Asian Indian, Korean, and Vietnamese. IWR Note: Please only use the "Other" code if R refuses to choose a race/ethnicity category listed above.

Choices

White or Caucasian	0	
Black or African-American	1	
Asian or Asian-American	2	
American-Indian or Alaskan Native	3	
Native Hawaiian or other Pacific Islander	4	
Spanish, Hispanic, or Latino	5	
Other (Please Specify)	7	O
Don't Know	8	X
Refused	9	X

YEAR

ENTER YEAR 1900-2011

What year were you born?

Choices

Don't Know	8888
Refused	9999

ZIP

What is your home zip code?

Choices

Don't Know	88888
Refused	99999

EDUC

READ OPTIONS IF NEEDED

What is the highest level of education you have completed?

Choices

Less than 12th Grade (not a high school graduate)	01
High School Graduate or GED	02
Some College or Other Post-Secondary Education	03
Associates Degree or Technical Degree (AA or AS)	04
Bachelor's Degree (BA, AB, BS)	05
Some Post-Graduate	06
Master's Degree	07
Other Professional or Doctoral Degree	08
Don't Know	88
Refused	99

INCOME

READ OPTIONS UNTIL STOPPED

Please stop me when I reach the category that best describes your yearly total household income from all sources before taxes in 2013.

IF NEEDED: Your best estimate is fine.

Choices

Less than \$10,000	0
\$10,000 to less than \$20,000	1
\$20,000 to less than \$30,000	2
\$30,000 to less than \$40,000	3
\$40,000 to less than \$50,000	4
\$50,000 to less than \$60,000	5
\$60,000 to less than \$70,000	6
\$70,000 or more	7
Don't Know	8
Refused	9

GENDER

Record R'S gender, as observed. If you can't tell, ask:

"Because the quality of phone connections sometimes makes it difficult to tell, I have to ask you your gender. Are you male or female?"

Choices

Male	0
Female	1
Refused	9

THEND

Thank you very much for your time. Do you have any questions or comments about the survey?

Choices

No	0	
Yes (Type in Comments)	1	0

INT99

Thank you again for your time. Good Bye.

Your time for this survey was: \$T If R has questions about the survey:

You may contact the survey director, Diana White at 503-725-2725.

Dr. Debi Elliott, the Director of the Survey Research Lab at Portland State University, at 503-725-5198
Survey Research Lab website at www.srl.pdx.edu.

PSU Human Subjects Research Review Committee, at 503-725-4288

Choices

COMPLETE	CO	D
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I0

*****Hang up with Respondent, then continue with next five questions*****

Do you have any comments, for the CLIENT, about how the interview went?

Choices

No Comments	0	
Yes (Please Specify)	1	0

I1

Overall, how much difficulty did R have in understanding the questions?

Choices

No Difficulty	1
A Little Difficulty	2
Moderate Difficulty	3
A Great Deal of Difficulty	4

I2

How engaged was the R?

Choices

Not at All	1
A Little	2
Moderately	3
Very	4

I3

How distracted did R seem by other people or things (e.g. television) during the interview?

Choices

Not at All	1
A Little	2
Moderately	3
Very	4

I4

Who did you conduct the interview with?

Choices

Care Recipient	1	==> /END
Family Member (or Caregiver)	2	==> /END
Don't Know	8	==> /END

F9 (Special Study Information)

REFUSAL CONVERSION: The results of this survey will be used by the ADRC to help improve its services. The survey is completely confidential and voluntary and takes about 15 to 20 minutes to complete. Can we ask you some questions now or would there be a more convenient time?

SPECIAL STUDY INFO:

If you have any questions about this survey, you may contact the survey director, Diana White at 503-725-2725.

If you have questions about the validity of the study or the Survey Research Lab you may call Dr. Debi Elliott, the Director of the Survey Research Laboratory at Portland State University, at 503-725-5198 or visit the Survey Research Lab website at www.srl.pdx.edu.

If you have concerns or questions about your rights as a research subject or your privacy protection, please contact the PSU Human Subjects Research Review Committee at 503-725-4288 or 1-877-480-4400.

PURPOSE: This survey is being done to help improve services offered through the Aging and Disability Resource Center. This is a new program for Oregon and is only being offered in some communities. The state wants to improve the way they work with older adults and people with disabilities. They also want to expand the ADRC statewide. We want to learn from you what is going well, and what needs to be changed.

Use these references throughout the survey if needed:

Call Date: <CALLDATE>

ADRC Staff Member: <AGENT>

Local ADRC Agency Name: <AGENCY>

If R asks how their phone number was selected, say: Your number was randomly selected from a list of all people who have had contact with the ADRC or received a service called "Options Counseling."

IF YOU ARE SPEAKING TO A FAMILY MEMBER, CAREGIVER, OR FRIEND OF THE CONSUMER: Make a note of this. Later in the survey you will be using the "Family Text" version of the questions. For these questions, insert whatever language makes sense, this is most likely the way the respondent is referring to the care recipient (i.e. my family member, friend, husband, wife, son, daughter, etc.).

IF R ASKS WHAT 'OPTIONS COUNSELING' MEANS SAY: Options counseling is where someone from the ADRC learns about your needs, provides you information about services that are available to you, helps you weigh the pros and cons of these services, and supports your choices. Options counselors will also help you get connected to the services you choose.

IWR Note: If R has only contacted the ADRC through the website, and has had no further contact with anyone from ADRC, you can 'Quit' the survey and code the call as a 'Suspend without callback.' Please be sure to describe the situation in the call notes.

Choices

Press Enter to Continue

0

D

Appendix B: Tables

Table 1. Round 4 Sample Distribution

	Pilot Sites		Multnomah Washington Columbia Clackamas		Emerging ADRCs		Total	
	Total Sub- sample	Completed N %	Total sub- sample	Completed N %	Total Sub- sample	Completed N %	Sample N	Completed N %
Options Counseling	52	19 (36%)	196	59 (43%)	71	24 (34%)	319	102 (32%)
Call Center (I&A)	388	80 (26%)	283	68 (24%)	301	56 (19%)	972	204 (21%)
Total	440		479		372		1,291	306

Table 2. Sample Characteristics

Participants	Total Sample (N=306)			
	Consumer		Family/Friend/Neighbor	
	#	%	#	%
Number	222	72%	84 (74 family; 10 friends/neighbors)	28%
Women	172	78%	67	80%
Mean Age	66		58	
Age Range	29-92		23-86	
Median Education	Some college		Some college	
Median Income	\$10,000-\$20,000		\$30,000-\$40,000	
Number/Percent White	191	86%	74	88%
Concern about memory loss/confusion	37	17%	32	38%

Table 3. Sample by Options Counseling and Home Visit Categories (2012, 2013, & 2014)

	2012		2013		2014	
	N=297	Percent	N=292	Percent	N=300	Percent
Options Counseling, home visit	57	19%	73	25%	82	27%
Options Counseling, no home visit	14	5%	27	9%	19	6%
Call Center consumer, home visit	64	22%	45	15%	76	25%
Call Center consumer, no home visit	162	55%	147	50%	123	41%

Table 4. Reasons for Contacting the ADRC

Service Type	2012 N (%)	2013 N (%)	2014 N (%)
General information/advice ^a	222 (73%)	212 (71%)	215 (70%)
Physical health needs ^a	161 (54%)	177 (60%)	188 (61%)
Help at home (making meals, housekeeping, laundry, yard work) ^a	113 (37%)	103 (35%)	147 (48%)
Personal Care ^a	87 (29%)	95 (32%)	126 (41%)
Medicaid or paying for medical care	104 (35%)	100 (34%)	118 (39%)
Help getting shopping and errands done	53 (18%)	68 (23%)	108 (35%)
Food stamps ^b	105 (35%)	80 (27%)	90 (30%)
Transportation	99 (33%)	92 (31%)	114 (37%)
Medications	78 (26%)	73 (25%)	80 (26%)
Confusion or memory loss ^a	74 (25%)	71 (24%)	69 (23%)
Energy Bills ^b	64 (21%)	47 (16%)	58 (19%)
Help with housing: finding subsidized housing	50 (16%)	57 (19%)	36 (19%)
Help getting caregiver support or respite ^a	62 (21%)	70 (24%)	52 (17%)
Dental care	58 (19%)	31 (10%)	53 (17%)
Help with housing: home modification	50 (17%)	41 (14%)	39 (14%)
Help moving into residential care ^a	36 (12%)	42 (14%)	33 (14%)
Did you contact ADRC to get help with anything else that we did not already cover?	57 (19%)	43 (15%)	37 (12%)

Note: In 2014, the number of needs identified by participants ranged from 1 to 13, with an average number of 5.12 needs; Family members identified significantly more needs (average 5.81) than consumers (4.86).

^aFamily members were more likely to indicate this need than consumers

^bConsumers were more likely to indicate this need than family members

**Table 5. During the past 12 months have you experienced confusion or memory loss?
(Asked first in 2013 to OC consumers only)**

	Consumer		Family/Friends		Total	
	2013 (n=69)	2014 (n=218)	2013 (n=25)	2014 (n=80)	2013 (n=94)	2014 (n=298)
Yes	20 (29%)	64 (29%)	12 (48%)	45 (56%)	32 (34%)	109 (37%)

Note: Family members (and friends & neighbors) were significantly more likely to report confusion or memory loss than consumers. Half of the neighbors and friends who contacted the ADRC had concerns about memory loss.

Table 6. Have you received a diagnosis of Alzheimer’s disease?

	Consumer	Family/Friends	Total
	2014 (n=64)	2014 (n=44)	2014 (n=108)
Yes	8 (12%)	18 (41%)	26 (23%)

Note: Family/neighbors were significantly more likely to report a diagnosis of Alzheimer’s disease than consumers.

Table 7. How did you first learn about the ADRC?

	Round 1 (n=247)	Round 2 (n=303)	Round 3 (n=298)	Round 4 (n=283)
Referral from another agency ^a	11%	21%	23%	24%
Friend ^a	15%	13%	16%	13%
Hospital/clinic/doctor/nurse ^a	13%	9%	8%	12%
Family	1%	8%	8%	11%
Nursing home/assisted living	4%	2%	3%	2%
Phone book	7%	2%	2%	1%
Recommendation/word of mouth	4%	6%	6%	1%
Brochure/flyer ^a	6%	5%	3%	4%
Media/newspaper/TV/radio	20%	2%	3%	2%
Internet ^b	4%	6%	6%	6%
Other (please specify)	15%	20%	22%	24%

Note: About 9% each year reported that they did not know.

^aConsumers somewhat more likely to report this source than family members in 2014.

^bFamily members somewhat more likely to report this source than consumers in 2014.

Table 8. How did you first come in contact with the ADRC?

	Round 1 (n=230)	Round 2 (n=87)	Round 3 (n=283)	Round 4 (n=291)
By telephone	66%	59%	60%	62%
Went to the office, in person ^a	17%	21%	16%	16%
They called me ^a	6%	12%	7%	12%
Through the website	1%	1%	3%	1%
Other (please specify) ^a	9%	8%	14%	10%

Table 9. ADRC website

	2011-2012 (n=243)	2012 (n=296)	2013 (n=280)	2014 (n=301)
Participants using the website	n=31; 13%	n=31; 10%	n=44; 16%	n=41; 14%
Number of times participants used the website	(n=31)	(n=30)	(n=51)	(n=43)
1 time	29%	20%	33%	33%
2 to 3 times	55%	43%	37%	35%
More than 3 times	16%	37%	29%	33%
Ease of using the website	(n=28)	(n=27)	(n=51)	(n=40)
Very difficult			10%	5%
A little difficult	14%	7%	12%	15%
Somewhat easy	32%	48%	35%	42%
Very easy	54%	44%	43%	38%

Table 10. [For those whose first contact was by phone] When you called the ADRC, was the phone answered by...

	2011-2012 (n=134)	2012 (n=146)	2013 (n=144)	2014 (n= 153)
A person	63%	66%	69%	72%
An answering machine	12%	17%	10%	13%
An automated message system	25%	17%	21%	15%

Table 11. When did someone from the ADRC get back to you?

	2011-2012 (n=44)	2012 (n=48)	2013 (n=47)	2014 (n=42)
Response categories in 2011-2012				
On the same day	20%			
In the same week	68%			
More than a week	11%			
Response categories in 2012-2014				
On the same day		15%	21%	32%
The next day		42%	45%	22%
2 to 4 days		29%	23%	32%
5 or more days		15%	11%	14%

Note: Family members (43%) were significantly more likely to get a return call on the same day than consumers (26%) in 2014.

Table 12. Do you think that the ADRC's response time was . . .

	2011-2012 (n= 48)	2012 (n=49)	2013 (n=48)	2014 (n=40)
Prompt and timely	23%	35%	46%	40%
Some wait, but was reasonable	48%	45%	38%	30%
Much too long	29%	21%	17%	30%

Note: The standard is that no more than 15% will report the wait is much too long.

Table 13. Did you ever go to the ADRC building?

	2011-2012 (n=207)	2012 (n=245)	2013 (n=251)	2014 (n= 259)
Yes ^a	39%	41%	32%	34%
If yes, how easy was it to find?	n=118	n=150	n=120	n=129
Very difficult	1%	2%	--	5%
A little difficult	8%	11%	9%	9%
Somewhat easy	20%	16%	12%	12%
Very easy	72%	71%	78%	74%

Note: Standard is 90% will report the ADRC is somewhat or very easy to find.

Table 14. How convenient was it for you to go to the ADRC?

	2011-2012 (n=120)	2012 (n=155)	2013 (n=123)	2014 (n=129)
Not at all convenient	7%	4%	3%	5%
Not that convenient	14%	8%	9%	7%
Somewhat convenient	24%	27%	31%	30%
Very convenient	55%	61%	57%	58%

Note: Standard is 85% report that it was somewhat or very convenient to go to the ADRC.

Table 15. When you first went to the ADRC, how long did you have to wait to see someone?

	2011-2012 (n=121)	2012 (n=152)	2013 (n=120)	2014 (n=129)
Less than 5 minutes	34%	42%	38%	43%
Between 5 and 20 minutes	46%	43%	49%	41%
Longer than 20 minutes	11%	7%	10%	11%
I had to arrange another time to come back	3%	3%	2%	1%
I did not see anyone	2%	5%	2%	4%

Note: Standards are that 40% report that they waited less than 5 minutes to see someone and no more than 10% report waiting more than 20 minutes to see someone.

Table 16. Do you think that your wait time to see someone was...

	2011-2012 (n=114)	2012 (n=142)	2013 (n=117)	2014 (n=124)
Short and timely	43%	50%	50%	40%
Some wait, but was reasonable	53%	46%	45%	52%
Much too long	4%	4%	5%	8%

Note: Standard is fewer than 10% report it took "much too long" to see someone.

Table 17. Do you think that the person at the ADRC spent enough time with you to understand your concerns?

	2011-2012 (n=243)	2012 (n=292)	2013 (n=293)	2014 (n=271)
Yes	87%	86%	90%	90%

Table 18. How knowledgeable was this person about helpful resources and services?

	2011-2012 (n=237)	2012 (n=286)	2013 (n=281)	2014 (n=293)
Not at all knowledgeable	3%	3%	2%	2%
Not that knowledgeable	5%	4%	1%	2%
Somewhat knowledgeable	18%	20%	18%	20%
Very knowledgeable	74%	73%	78%	77%

Note: Standard is 85% will report that the ADRC staff person was somewhat or very knowledgeable.

Table 19. How would you rate this person on explaining how to get the help or information you needed?

	2011-2012 (n=243)	2012 (n=296)	2013 (n=293)	2014 (n=296)
Poor	10%	8%	7%	6%
Fair	9%	10%	12%	12%
Good	31%	29%	27%	22%
Excellent	49%	49%	53%	60%

Note: Standard is 85% will report that ADRC staff were good or excellent at explaining how to get the help and information needed.

Table 20. Did you receive written materials?

	2011-2012 (n=235)	2012 (n=288)	2013 (n=289)	2014 (n=293)
Yes	72%	66%	64%	72%

Table 21. Were the materials relevant to your concerns?

	2011-2012 (n=162)	2012 (n=178)	2013 (n=180)	2014 (n=206)
Yes	92%	89%	92%	97%

Note: Standard is that of those receiving written materials, 90% will report they are relevant to their concerns.

Table 22. Timeliness of Services

	2011-2012			2012			2013			2014		
	Prompt	Reasonable	Too long	Prompt	Reasonable	Too long	Prompt	Reasonable	Too long	Prompt	Reasonable	Too long
Receiving a call back ^a	23%	48%	29%	35%	35%	20%	46%	38%	17%	40%	30%	30%
Seeing someone at the ADRC building ^b	43%	53%	4%	50%	46%	4%	43%	51%	6%	40%	52%	8%
Receive a home visit ^b	45%	45%	9%	36%	57%	7%	43%	51%	6%	31%	56%	13%
Housekeeping services ^b	33%	42%	25%	59%	37%	4%	62%	31%	6%	51%	42%	7%
Home modification ^b	43%	57%	-	50%	50%	0	64%	27%	9%	50%	50%	-
Personal care ^b	77%	23%	-	50%	43%	7%	75%	17%	8%	56%	35%	-
Meals services ^b	83%	17%	-	88%	12%	0	65%	35%	-	55%	45%	-
Managing health ^b	68%	32%	-	74%	22%	4%	52%	48%	-	56%	44%	-
Benefits, financial assistance ^b	36%	64%	-	48%	42%	9%	29%	63%	8%	55%	41%	5%
Managing money, assets ^b	Not asked in Round 1			100%	0%	0	67%	33%	-	50%	-	50%
Transportation ^b	70%	25%	5%	78%	19%	0	48%	48%	4%	71%	19%	10%
Legal services ^b	25%	74%	-	70%	30%	0	30%	70%	-	50%	25%	25%
Other benefits ^b	54%	31%	15%	68%	32%	0	62%	28%	10%	72%	24%	4%

Note: ^a Standard is that no more than 15% will report waiting too long for a returned phone call. ^b Standard is that no more than 20% of participants will report waiting too long for services.

Table 24. How respectful was the person with whom you worked the most?

	2011-2012 (n=242)	2012 (n=291)	2013 (n=291)	2014 (n=299)
Not at all respectful	<1%	1%	<1%	<1%
Not that respectful	3%	2%	1%	<1%
Somewhat respectful	10%	9%	6%	9%
Very respectful	87%	88%	93%	90%

Note: Standard is 85% will report that ADRC staff are very respectful

Table 25. When you first contacted the ADRC, did you receive none, some, or all of the information you needed?

	2011-2012 (n=241)	2012 (n=283)	2013 (n=285)	2014 (n=299)
None	10%	7%	9%	8%
Some	34%	37%	36%	28%
All	55%	54%	54%	62%
No Information Needed	1%	1%	<1%	2%

Note: Standard: at least 55% of consumers report receiving “all” of the information they needed; at least 35% of report that they received “some” of the information they needed. In 2014, call center consumers with no home visits were significantly less likely to get all of the information they needed.

Table 26. If you needed to contact ADRC, how easy would that be?

	2011-2012 (n=241)	2012 (n=291)	2013 (n=291)	2014 (n=300)
Very difficult	12%	6%	5%	3%
Somewhat difficult	17%	12%	8%	9%
Somewhat easy	22%	15%	19%	17%
Very easy	49%	67%	68%	71%

Note: Standard is that 75% of consumers report that it would be easy or very easy to contact the ADRC again.

Table 27. Did someone from the ADRC come to your home?

	2011-2012 (n=244)	2012 (n=297)	2013 (n=292)	2014 (n=300)
Yes	27%	41%	40%	53%
Percent of OC consumers receiving a home visit	73%	80%	71%	80%
Percent of ADRC call center consumers receiving a home visit	24%	28%	23%	37%

Note: Those who received home visits in 2014 reported significantly more needs 5.7 compared to 4.44), used more services (2.62 compared to 1.74), and gave overall more favorable outcomes ratings (2.64 compared to 2.21) than those who received Call Center services only.

Table 28. How long did it take from the time you talked to someone from the ADRC to the time someone visited your home?

	2011-2012 (n=62)	2012 (n=109)	2013 (n=108)	2014 (n=144)
2 days or less	24%	23%	27%	22%
3 to 7 days	40%	50%	42%	44%
More than a week	35%	27%	32%	34%

Table 29. Considering the time you had to wait for the appointment to occur, do you think that the wait time was...

	2011-2012 (n=64)	2012 (n=113)	2013 (n=117)	2014 (n=146)
Short and timely	45%	36%	48%	31%
Some wait, but reasonable	45%	57%	51%	56%
Much too long	9%	7%	6%	13%

Table 30. How helpful was the visit to your home in addressing your concerns?

	2011-2012 (n=66)	2012 (n=119)	2013 (n=117)	2014 (n=155)
Not at all helpful	9%	6%	7%	6%
Not too helpful	6%	4%	3%	4%
Somewhat helpful	21%	19%	22%	24%
Very helpful	64%	71%	68%	66%

Table 31. How comfortable did you feel with the person who came to your home?

	2011-2012 (n=66)	2012 (n=121)	2013 (n=115)	2014 (n=151)
Very uncomfortable	4%	1%	1%	2%
A little uncomfortable	2%	3%	3%	3%
Somewhat comfortable	12%	10%	6%	15%
Very comfortable	82%	86%	90%	80%

Table 32. Did the person identify any other types of help that might be needed?

	2011-2012 (n=61)	2012 (n=115)	2013 (n=112)	2014 (n=147)
Yes	56%	61%	61%	64%

Table 33. Did you agree with them that you had additional needs?

	2011-2012 (n=33)	2012 (n=67)	2013 (n=65)	2014 (n=91)
Yes	91%	91%	92%	85%

Table 34. Were family members or others involved with the discussion when the person from the ADRC came to your home?

	2011-2012 (n=64)	2012 (n=121)	2013 (n=118)	2014 (n=158)
Yes	58%	53%	43%	43%

Trends were maintained from 2013 to 2014

Table 35. How closely did everyone involved agree about your circumstances, such as having the same concerns and looking for the same kinds of help?

	2011-2012(n=37)	2012 (n=67)	2013 (n=51)	2014 (n=67)
We agreed on almost everything	78%	84%	84%	87%
We agreed more than we disagreed	11%	14%	8%	13%
We disagreed more than we agreed	5%	2%	8%	-

Table 36. How helpful was meeting together with the person from the ADRC?

	2011-2012 (n=36)	2012 (n=63)	2013 (n=51)	2014 (n=67)
Not at all helpful	14%	3%	8%	-
Not too helpful	3%	--	2%	6%
Somewhat helpful	25%	22%	12%	15%
Very helpful	58%	75%	78%	79%

Table 37. How would you rate this person on helping you understand the service system?

	2011-2012 (n= 67)	2012 (n=129)	2013 (N=143)	2014 (n=176)
Poor	10%	8%	6%	4%
Fair	9%	9%	11%	12%
Good	33%	40%	29%	30%
Excellent	48%	43%	53%	53%

Note: Standard is 80% will report that the ADRC staff was good or excellent in helping to understand the service system. Standard met. OC consumers/family members gave significantly higher ratings (3.43) for this item than Call Center consumers/family members (3.16) in 2014.

Table 38 Compared to your understanding about available options before you contacted the ADRC, what is your understanding now?

	2011-2012 (n=68)	2012 (n=134)	2013 (n=143)	2014 (n=171)
More confused and understand less	6%	9%	11%	9%
Understanding is about the same	16%	22%	19%	15%
Better understanding	78%	69%	69%	75%

Note: Standard is 75% of consumers report they have better understanding about their options after working with the options counselor.

Table 39. How would you rate this person in helping you explore choices available to you?

	2011-2012 (n=68)	2012 (n=135)	2013 (n=146)	2014 (n=176)
Poor	9%	6%	3%	3%
Fair	7%	10%	12%	14%
Good	25%	23%	21%	23%
Excellent	56%	61%	64%	59%

Note: Standard is 80% of consumers report the options counselor helped them explore the choice available to them and their family members. OC consumers/family members gave significantly higher ratings (3.57) than Call Center consumers (3.28) for this item in 2014.

Table 40. How good of a job did this person do considering your opinions, likes and dislikes before recommending services?

	2011-2012 (n=65)	2012 (n=133)	2013 (n=142)	2014 (n=172)
Poor	11%	6%	4%	2%
Fair	6%	6%	8%	14%
Good	29%	32%	30%	29%
Excellent	54%	56%	59%	54%

Note: Standard is 90% report that the Options Counselor listened to their opinions and understood their specific circumstances. Family members had significantly higher ratings (3.54) for this item than consumers (3.27) in 2014.

Table 41. How would you rate this person in supporting your decisions?

	2011-2012 (n=68)	2012 (n=130)	2013 (n=142)	2014 (n=173)
Poor	6%	6%	4%	2%
Fair	13%	8%	11%	11%
Good	31%	30%	33%	30%
Excellent	50%	56%	52%	57%

Note: Standard is 80% of consumers rate the options counselor as good or excellent in supporting them in their decisions. OC consumers/family members gave higher ratings for this item than Call Center consumers/family members in 2014, although not significant at the .05 level ($p = .06$).

Table 42. Did you ever feel that this person was trying to talk you into things you did not want?

	2011-2012 (n=69)	2012 (n=133)	2013 (n=146)	2014 (n=175)
No	94%	95%	99%	93%
Yes	6%	5%	1%	7%

Note: Consumers gave significantly higher ratings than family members; OC consumers/family members gave significantly higher ratings than call center consumers/family members.

Table 43. How much control did you have in making decisions about what you would do next?

	2011-2012 (n=63)	2012 (n=133)	2013 (n=143)	2014 (n=173)
No control	5%	7%	4%	8%
A little control	10%	15%	15%	15%
Most of the control	27%	20%	35%	30%
Total control	59%	58%	46%	48%

Table 44. Did this person work with you to develop a plan listing your goals and next steps?

	2011-2012 (n=68)	2012 (n=129)	2013 (n=143)	2014 (n=169)
No	53%	46%	49%	40%
Yes	47%	54%	51%	60%

Table 45. Has the person you worked with at the ADRC called you to see how you are doing?

	2011-2012 (n=67)	2012 (n=128)	2013 (n=144)	2014 (n=170)
No	54%	38%	49%	51%
Yes	46%	62%	51%	49%

Note: Standard is that 90% of all consumers identified by ADRC staff as needing follow up by the ADRC received a follow up by ADRC staff. The number and persons identified by ADRC staff as needing follow up is unknown. The OC professional standard is that all OC consumers receive a follow up. In 2014, Consumers (53%) were significantly more likely than family (40%) to report receiving a follow up call. OC consumers/family members (56%) were significantly more likely than Call Center consumers/family members (40%) to report receiving a follow up call.

Table 46. Since your first contact with the ADRC, have you contacted them again?

	2011-2012 (n=68)	2012 (n=134)	2013 (n=147)	2014 (n=173)
Yes	48%	60%	42%	45%

Table 47. The services or information have allowed me to live in the place I most desire.

	2011-2012 (n=59)	2012 (n=118)	2013 (n=136)	2014 (n=163)
Strongly disagree	5%	3%	4%	6%
Disagree	14%	14%	15%	11%
Agree	46%	47%	51%	48%
Strongly agree	34%	36%	31%	34%

Note: Standard is that 70% of consumers will report living in a place they most desire.

Table 48. I am receiving enough support to meet my needs and preferences.

	2011-2012 (n=59)	2012 (n=128)	2013 (n=133)	2014 (n=167)
Strongly disagree	6%	8%	5%	8%
Disagree	19%	16%	23%	21%
Agree	48%	52%	46%	48%
Strongly agree	27%	24%	26%	22%

Note: Standard is that 80% will report receiving enough support to meet consumer needs and preferences.

Table 49. I believe I am more independent as a result of the information and services I received.

	2011-2012 (n=59)	2012 (n=123)	2013 (n=134)	2014 (n=157)
Strongly disagree	8%	4%	7%	8%
Disagree	20%	26%	20%	20%
Agree	42%	42%	50%	50%
Strongly agree	29%	28%	23%	22%

Note: In 2012 consumers were significantly more likely to strongly agree and family members more likely to disagree or strongly disagree. In 2013, there were no significant differences in family and consumer responses. In 2014 consumers once again provided higher ratings than family members. OC consumers/family members also gave significantly higher ratings than Call Center participants who received home visits.

Table 50. I believe I am safer in my home as a result of the information and services I received.

	2011-2012 (n=51)	2012 (n=116)	2013 (n=129)	2014 (n=161)
Strongly disagree	4%	2%	8%	6%
Disagree	14%	22%	14%	15%
Agree	51%	48%	49%	55%
Strongly agree	31%	28%	30%	25%

Note: Standard is that 80% will report that they are safer.

Table 51. The services or information received have allowed me to expand or maintain activities outside of my home.

	2011-2012 (n=50)	2012 (n=118)	2013 (n=130)	2014 (n=153)
Strongly disagree	10%	8%	9%	10%
Disagree	44%	36%	33%	31%
Agree	28%	42%	41%	44%
Strongly agree	18%	14%	17%	15%

Note: In 2012, family members much more likely to disagree or strongly disagree with this statement. In 2013, there were no significant differences. In 2014, consumers once again rated this item significantly higher than family members.

Table 52. The services or information received have helped make the most of personal money and resources

	2011-2012 (n=51)	2012 (n=123)	2013 (n=156)	2014 (n=155)
Strongly disagree	18%	7%	8%	6%
Disagree	18%	32%	30%	28%
Agree	47%	44%	44%	54%
Strongly agree	18%	17%	18%	13%

Note: Standard is that 70% of participants report making the most of their personal money and resources. Options counseling participants rated this significantly higher than call center participants in 2014.

Table 53. I was eventually able to find help that I could afford.

	2012 (n=113)	2013 (n=125)	2014 (n=155)
Strongly disagree	4%	14%	3%
Disagree	31%	22%	34%
Agree	48%	46%	37%
Strongly agree	17%	17%	26%

Note: not asked in 2011

Table 54. What do you think your circumstances would be now if you had not received information or services through the ADRC? (N=305)

<p>A little Worse (n=16)</p> <ul style="list-style-type: none"> • Not as much information; uninformed • Would have to be exploring services on their own. <p>Worse emotionally (n=32)</p> <ul style="list-style-type: none"> • Stressed • Distressed, in a Panic • Insecure • Uncomfortable. • <p>More difficulty with basic needs (n=49)</p> <ul style="list-style-type: none"> • Wouldn't have help (e.g., through church) • Wouldn't be in own home • Wouldn't have found services needed <p>Worse physically (n=22)</p> <ul style="list-style-type: none"> • Dead, wouldn't be here • Wouldn't have recovered (rehab) • Worse medical condition <p>Worse financially (n=52)</p> <ul style="list-style-type: none"> • Uninsured • Funds for daughter to visit • Wouldn't have food to eat • Got money back (from insurance, Part B) • Hospital bills • Transportation <p>A lot worse: general (n=33), would be homeless (n=9)</p>

Table 55. Total Number of services received

Total number	2011-2012 (n=82) (based on list of 9 services)	2012 (n=105) (based on list of 10 services)	2013 (n=90) (based on list of 10 services)	2014 (n=128) (based on list of 10 services)
1	40%	28%	34%	34%
2	23%	32%	22%	30%
3	17%	18%	22%	21%
4	11%	10%	10%	7%
5	5%	6%	7%	6%
6	2%	5%	2%	2%
7	1%	1%	3%	1%
Average	2.3 services	2.5 services	2.5 services	2.3 services

Note: In 2014, options counseling consumers/family members reported receiving an average of 2.66 services, which was significantly higher than the average of 2.05 services reported by Call Center consumers/family members.

Table 56. Services received by ADRC consumers

Services Received	Number & %				Timeliness ^a Mean (SD)				Helpfulness ^b M (SD)			
	2011-12	2012	2013	2014	2011-12	2012	2013	2014	2011-12	2012	2013	2014
Help getting benefits or financial assistance	54 (64%)	64 (58%)	52 (55%)	66 (48%)	1.69 (.643)	1.61 (.657)	1.78 (.577)	1.50 (.591)	3.85 (.81)	3.63 (.752)	3.80 (.448)	3.65 (.717)
Meals delivered to the home or to a meal site	15 (17%)	35 (31%)	26 (27%)	32 (23%)	1.13 (.352)	1.12 (.327)	1.35 (.485)	1.45 (.506)	3.86 (.35)	3.74 (.505)	3.81 (.491)	3.75 (.514)
Transportation	19 (22%)	32 (29%)	27 (29%)	21 (15%)	1.37 (.597)	1.41 (1.266)	1.56 (.577)	1.38 (.669)	3.74 (.62)	3.88 (4.21)	3.82 (.456)	3.76 (.625)
Information about or help managing your health	27 (32%)	28 (26%)	28 (30%)	44 (33%)	1.42 (.584)	1.30 (.542)	1.48 (.509)	1.44 (.502)	3.70 (1.07)	3.65 (.562)	3.89 (.424)	3.71 (.508)
Housekeeping	13 (15%)	27 (24%)	16 (17%)	45 (33%)	1.92 (.793)	1.44 (.577)	1.44 (.651)	1.56 (.629)	3.85 (.81)	3.78 (.506)	3.88 (.342)	3.86 (.354)
Personal care such as bathing	13 (15%)	14 (12%)	12 (13%)	24 (17%)	1.23 (.439)	1.57 (.646)	1.33 (.651)	1.52 (.665)	3.94 (.24)	4.00 (0)	4.00 (.00)	3.96 (.204)
Access to information about or other benefits	29 (35%)	13 (12%)	40 (43%)	49 (38%)	1.64 (.757)	1.33 (.474)	1.49 (.560)	1.33 (.560)	3.80 (1.62)	3.54 (.886)	3.64 (.811)	3.65 (.573)
Home modification services	8 (10%)	10 (9%)	11 (12%)	8 (6%)	1.57 (.535)	1.50 (.527)	1.45 (.688)	1.50 (.535)	3.82 (.40)	3.90 (.316)	3.91 (.302)	3.86 (.378)
Legal assistance or advice	3 (4%)	10 (9%)	11 (12%)	4 (3%)	1.67 (.597)	1.30 (.48)	1.70 (.483)	1.75 (.957)	4.00 (00)	3.80 (.422)	3.50 (.972)	3.25 (1.50)
Help managing your money or assets ^c	--	3 (3%)	3 (3%)	2 (<2%)	--	1 (0)	1.33 (.577)	2.00 (1.41)	--	4.00 (0)	3.67 (.577)	3.00 (1.40)

Note: 81 (33%) participants received services in 2011-21; 112 (37%) reported receiving services in 2012. In 2013, 91 (30%) received one or more of the services listed in this table. In 2014, 138 (45%) received services or benefits. Participants who reported receiving services not on this list are not included in these counts. Numbers in the table add up to more than the sample each round because some people received multiple services.

^aTimliness: 1=right away, 2=had to wait, but it was reasonable, 3=much too long

^b Helpfulness: 1=not at all helpful, 2=a little helpful, 3=somewhat helpful, 4=very helpful

^c Question added in 2012

Table 57. Did the person from the ADRC help you complete paperwork needed to get services or benefits?

	2011-2012 (n=81)	2012 (n=109)	2013 (n=93)	2014 (n=134)
Yes	59%	74%	54%	75%

Table 58. Do you have concerns that the ADRC has not addressed?

	2011-2012 (n=81)	2012 (n=109)	2013 (n=93)	2014 (n=295)
Yes	26%	26%	24%	24%

Table 59. Overall, how helpful was the ADRC?

	2011-2012 (n=239)	2012 (n=300)	2013 (n=294)	2014 (n=301)
Not at all helpful	10%	7%	8%	6%
Only a little helpful	10%	10%	9%	10%
Somewhat helpful	19%	23%	23%	20%
Very helpful	62%	60%	60%	64%

Note: Options counseling participants rated overall helpfulness significantly higher than call center participants.

Table 60. Would you recommend the ADRC to a friend or family member?

	2011-2012 (n=241)	2012 (n=295)	2013 (n=294)	2014 (n=297)
Yes	92%	90%	89%	92%

Table 61. Round 4 Correlations

		needs	Information needed received	# contacts with ADRC	Under- standing	# services	allstaff	OCstaff	outcome	Ease of contact	Overall sat.
Needs	Pearson Correlation	1									
	N	298									
Info needed received	Pearson Correlation	-.133*	1								
	N	291	299								
# ADRC contacts	Pearson Correlation	-.012	-.033	1							
	N	292	293	300							
Under- standing about options	Pearson Correlation	.010	-.157*	.006	1						
	N	167	168	168	171						
All service	Pearson Correlation	.499**	-.133	.122	-.006	1					
	N	127	125	126	83	128					
All staff	Pearson Correlation	-.027	.215**	.022	.468**	.066	1				
	N	281	282	284	171	125	288				
OC staff	Pearson Correlation	-.036	.256**	-.028	.547**	.141	.943**	1			
	N	160	161	162	160	79	164	164			
Outcome	Pearson Correlation	.020	.169*	.126	.329**	.454**	.320**	.390**	1		
	N	171	172	172	170	84	174	163	175		
Easy to contact ADRC	Pearson Correlation	-.080	.236**	.055	.425**	-.075	.489**	.475**	.148*	1	
	N	293	293	295	170	128	285	163	174	300	
Overall satisfaction	Pearson Correlation	-.031	.322**	-.036	.492**	.037	.707**	.726**	.389**	.432**	1
	N	293	294	296	171	127	288	164	174	297	301

Note: *p < .05, ** p < .01