

Final Report
2015

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

Part 4. Options Counseling

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



Diana L. White, PhD
Sheryl Elliott, MUS



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

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.