

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

Executive Summary

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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.