Final Report 2015

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

Part 5. Streamlined Access for Public Programs

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 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:

[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.

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