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Satisfaction Survey Results and Lessons Learned: Maine's Aging & Disability Resource Center (ADRC) Project

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December 2012

Prepared for:

Office of Aging and Disability Services
Maine Department of Health and Human Services

Prepared by:

Muskie School of Public Service
University of Southern Maine



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SOUTHERN MAINE

Satisfaction Survey Results and Lessons Learned: Maine ADRC Project

December 2012

This report was prepared by the Muskie School of Public Service at the University of Southern Maine for the Office of Aging and Disability Services, Maine Department of Health and Human Services.

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TABLE OF CONTENTS

Background	2
Evaluation Design.....	2
Visibility.....	6
Trust	7
Efficiency	8
Responsiveness	9
Effectiveness	10
Additional Feedback	11
Summary of Lessons Learned	18
Appendix A: Map of Area Agencies on Aging/ADRCs	22
Appendix B: ADRC Steering Committee Members	23
Appendix C: Consumer Satisfaction Survey Results.....	24

BACKGROUND

In 2009, the Office of Aging and Disability Services¹ (OADS) within the Maine Department of Health and Human Services received funding from the Administration on Aging to strengthen and expand the number of Aging and Disability Resources (ADRCs) in the state. With prior funding, three of the five Area Agencies on Aging (AAAs) in the state had already received grant support to become ADRCs. With funding from the 2009 grant opportunity, all five of the AAAs were committed to becoming and/or strengthening their capacity to be fully functioning ADRCs. (See Appendix A for map of ADRCs in Maine). The primary goal of Maine's ADRC Project was to empower consumers to make informed decisions about long-term services and supports and to streamline access to existing services and supports through an integrated system.

As stated in the original solicitation for this grant:

“AoA and CMS share a vision of ADRCs being an integral component of health and long-term care reform and existing state efforts to develop effectively managed person-centered systems. A person-centered system will be comprehensive, coherent, and sustainable for the coming decades and organized around the needs of the individual, rather than around the settings where care is delivered.”

With the enhancement of the existing ADRCs and the expansion of ADRCs statewide, the Maine Office of Aging and Disability Services viewed the ADRCs as an integral component of its long term care system, providing a trusted and visible source of information, assistance and support for people needing assistance in understanding and finding local aging and long term service supports.

This report provides a summary of the results of consumer satisfaction surveys that were conducted for three years at all five ADRCs. The survey was designed to capture the consumer view of the ADRC services in key domain areas including: visibility/trust; efficiency; responsiveness and effectiveness. Also included is a summary of consumer comments that were shared by those responding to the survey and a summary of lessons learned from the administrators at the ADRCs.

EVALUATION DESIGN

The evaluation of the ADRCs was conducted through the use of consumer satisfaction surveys and surveys of key stakeholders. The Muskie School of Public Service designed and administered the surveys, monitored the data collection protocols and analyzed the results. Members of the ADRC Steering Committee (see Appendix B) reviewed interim survey results throughout the grant period.

A 25 question satisfaction survey was mailed to new contacts identified by each of the ADRC sites from July 2010 through August 2012. The sample size was calculated to arrive at a statistically significant number of responses that could represent the ADRC experience across all five sites. See Appendix C for a copy of the Consumer Satisfaction Survey with results.

Summaries of the survey responses were provided on an ongoing basis to the five ADRCs and to project management sites to facilitate formative learning, program modifications, and improvement. Satisfaction survey results of the five Maine ADRC sites combined are summarized in this report.

¹ On August 30, 2012, the Office of Elder Services merged with the Office of Adults with Cognitive and Physical Disabilities to become the Office of Aging and Disability Services.

Satisfaction survey results for individual sites have been provided to project management at the Office of Aging and Disability Services as well as the management at each respective ADRC site.

Muskie School staff also collected “lessons learned” from key stakeholders at each site near the end of the project period. The feedback collected and summarized later in this report will be helpful as Maine works toward improving access to long term support services.

The evaluation plan was submitted to and approved by the University of Southern Maine’s Institutional Review Board.

Response Rates

Table 1: Count of Survey Mailings and Completed Returns			
Final Counts December 2012			
ADRC SITE	Mailed	Completed	Percent Response
Spectrum Generations	973	375	39%
Southern Maine AAA	1351	398	29%
Seniors Plus	1420	397	28%
Eastern AAA	1320	357	27%
Aroostook AAA	400	155	39%
TOTAL	5464	1682	31%

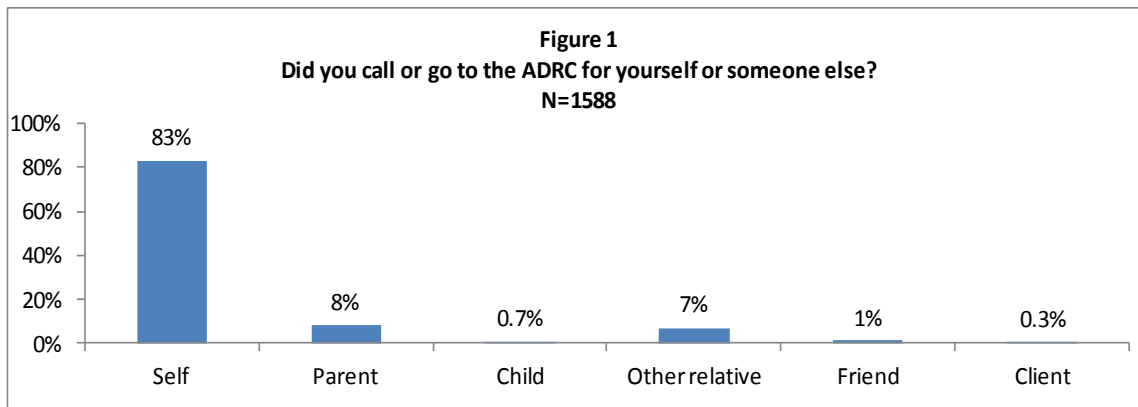
The consumer satisfaction survey was mailed to individuals who had accessed the ADRCs for information or services. Surveys were mailed to contacts within two weeks of their contact with the ADRC so that the interaction would be fresh and accurately recalled. Over 5,400 surveys were mailed from ADRC sites with a postage-paid business reply envelope to facilitate return of the completed surveys. Overall, there was a 31% response rate. The survey instrument with results can be found in Appendix C.

The Lewin Group has provided technical assistance to ADRCs and to the evaluators. The following Maine ADRC satisfaction survey results have been organized and reported under the key domains outlined by the Lewin Group: Visibility/Trust; Efficiency; Responsiveness; and Effectiveness.

Demographics

Approximately two-thirds (63%) of individuals who contacted the ADRCs and who completed the survey were female. About one fifth of respondents (18%) were under age 60. The predominance of female callers may be helpful information for future marketing or outreach activities.

As indicated in Figure 1 below, more than three quarters of respondents (83%) were calling for themselves. Eight percent indicated they were calling as a parent and 7% as another relative.



The ADRCs were housed in the Area Agencies on Aging. One of the challenges for the ADRCs was to expand their services to younger adults and adults with disabilities. Of particular interest was the age distribution of the individuals who contacted the ADRCs and whether the caller contacted the agency for him/herself or for someone else.

Eighteen percent of the callers indicated they were under age 60. Eighty-eight percent of those who needed service or information were 60 years of age or older – suggesting that a number of younger callers were calling on behalf of an older relative or friend. Forty percent of those needing services were over the age of 70.

under 18 yrs. old	0.4%
18-59 yrs. old	11%
60-69 yrs. old	48%
70-79 yrs. old	20%
over 79 yrs. old	20%
Unsure	0.2%

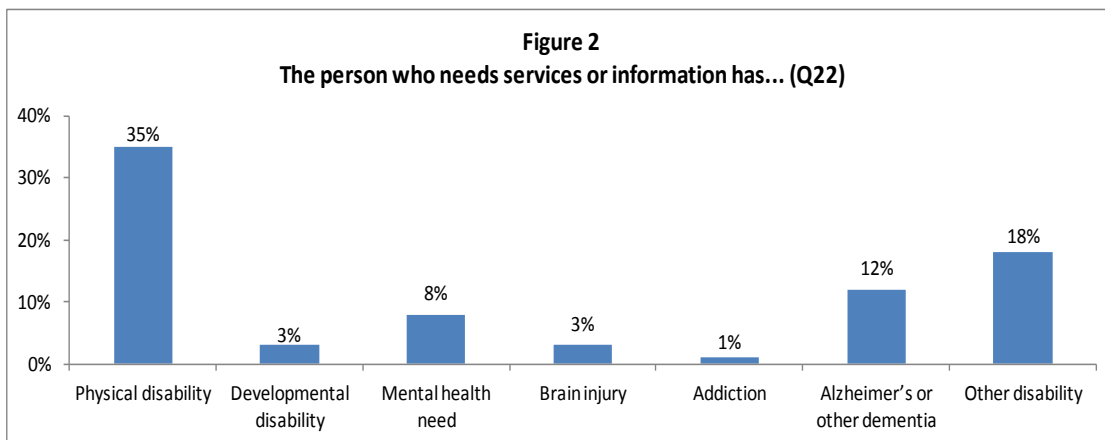
Choosing to house the ADRCs at the AAAs works well for family caregivers since, in Maine, both the Family Caregiver Program and the Partners in Caring Respite Program that provides support for caregivers of people with Alzheimer’s or related dementia, operate from the AAAs. ADRC staff was able

to identify caregivers and directly offer the services of these two programs. As indicated in Table 3 below, 14% of those who contacted the ADRC were caregivers.

Table 3: Are you caring for a person who because of an illness or disability cannot care for themselves?	
Yes	14%
No	85%
Unsure	1%

People Accessing Information and Services

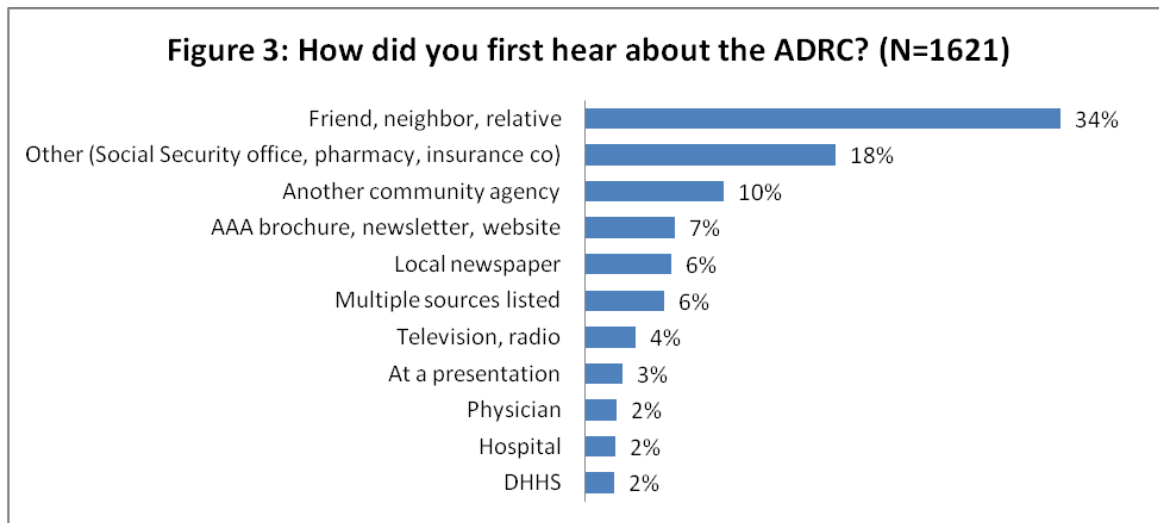
We asked about types of disability in an effort to find out if the ADRCs were reaching a diverse population. Respondents could check more than one response. Figure 2 below shows more than a third of the respondents (35%) had a physical disability, 18% had another disability; while 12% had some kind of dementia and 8% had a mental health need. Those who selected “Other” most often mentioned diabetes, stroke, and sensory impairments.



VISIBILITY

Issues of visibility and trust were captured in questions related to source of information, satisfaction with services and whether the service would be recommended to others.

Each ADRC site planned their own marketing strategies to reach their respective communities. One site increased their visibility through a health fair. According to the survey results, word of mouth from friends, neighbors and relatives or from other professional sources or community agencies was the most common way that people heard about the ADRCs. Only 6% of respondents heard about the ADRCs from the local newspaper. This also reinforces the importance of customer service since so many people hear about the agency from another individual, professional or organization.



Some suggested comments on visibility were:

“The only suggestion that I have is to advertise. I had no idea that they provided the services that they provide.”

“The weekly column appearing in the Bangor Daily News provides a terrific view about the numerous services available to seniors.”

TRUST

Trust was captured by asking two questions on the survey. As indicated below, 95% of respondents did not have any problems with the ADRCs.

Table 4: Did you have any problems with the ADRC?	
Yes	4%
No	95%
Unsure	1%

The following open ended responses give a flavor for some of the problems experienced. Overall, however, only 4% of respondents indicated they had a problem.

“The only recommendation would be to have the person answering the phone at the main office be a bit more reassuring about the callers request.”

“The number of forms and the amount of information required in many places were too overwhelming to me. I gave up.”

“My encounter with their front desk receptionist was my only negative experience. I found her to be unsmiling, brisk, and dismissive. “

Whether someone would recommend a service to a friend or relative is another way of ascertaining satisfaction with the service. Ninety-seven percent of respondents indicated they would tell a friend or relative about the ADRC.

Table 5: Would you tell a friend or relative to call the ADRC?	
Yes	97%
No	2%
Unsure	1%

The following are sample responses from some who were very satisfied.

“Don't know what I would do without them.”

“Lifesaver. I don't have family to help me. I can't thank them enough!”

“It's nice to have an agency you can call and they will answer a live person and not an answering machine and they will try to help you or direct you to the right resources.”

“I never was there before it's very clean and very peaceful. The person who helped me was very kind. The place has the feeling of a place you want to go for help.”

“I think your program is wonderful. I have recommended it to many seniors who have concerns or questions and I am confident in referring them because I know you have answers. ”

EFFICIENCY

Improving access to information and streamlining access to services is the focus of the ADRCs. Reaching a person to talk to either over the telephone or in-person quickly is important. Almost everyone (98%) who called the ADRCs was able to speak with someone quickly.

Table 6: If you called the ADRC, once you reached the receptionist, how quickly were you able to speak with someone about your needs?	
Very Quickly	81%
Somewhat Quickly	17%
Not Quick at All	2%

Of those who left a voice mail message, 63% received a call back from the ADRC on the same day they called. Looking at the table below it seems that there is room for improvement around returning phone calls in a timely and efficient manner; 25% waited up to 3 days for a return call.

Table 7: If you left a message, when did the person call you back?	
Within the hour	19%
In the same day	44%
Within 3 days	25%
In the same week	3%
More than a week	1%
Do not remember/unsure	7%

Most (88%) who went to the ADRC office waited 10 minutes or less to meet with the appropriate staff person.

5-10 minutes	88%
11-20 minutes	7%
Over 20 minutes	2%
Do not remember/unsure	3%

RESPONSIVENESS

Responsiveness of each of the ADRCs was rated very high.

Almost everyone (97%) reported that the person they talked with on the phone or in the office listened carefully (Q6); was courteous and respectful (99%) (Q8); and was knowledgeable about the services or information needed (95%) (Q7).

Information received from the ADRCs was clear 95% of the time (Q9).

The following are comments from some of the respondents:

“I found them very knowledgeable about all we talked about and were able to answer all of my questions.”

“Just that they were very knowledgeable and very helpful. And knew exactly what was needed in my case. It solved my problem.”

“Advice was compassionate, clear and precise.”

EFFECTIVENESS

Ninety-four percent of the respondents indicated that the information offered by the ADRCs was helpful in dealing with their concerns. For the 53% who needed to be referred elsewhere, most (91%) found that connection to be helpful. It appears that the ADRCs are streamlining access to services and information appropriate to the individual's needs.

Table 9	YES	NO	UNSURE
Was the information you received from the Aging & Disability Resource Center helpful? (Q10)	94%	3%	3%
Were you directed to other places for a service or more information? (Q11)	53%	43%	4%
Was this a helpful connection or referral? (Q12)	91%	3%	6%

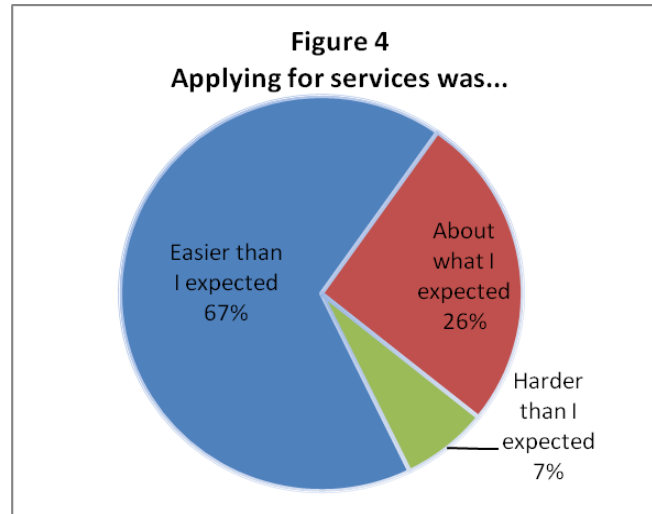
"They sure can get to the right people quickly! I felt connected person to person and as if I mattered and deserved the best!"

"They were helpful leading me in the right direction to receive help with home heating, medical (care partners), etc. I would recommend them to anyone in a heartbeat."

Table 10 For those who applied for services after contacting the ADRC:	YES	NO	UNSURE
As a result of your call or visit to the Aging & Disability Resource Center did you apply for services? (Q13)	52%	44%	4%
<i>If you said YES, you applied for services, did the person you spoke with explain the steps clearly? (Q14)</i>	94%	3%	3%
<i>If you said YES, you applied for services, if you needed help, did the people who work at the Aging & Disability Resource Center help you with your paperwork? (Q15)</i>	92%	7%	1%

Twenty-five percent of the respondents applying for services reported that they did not need help.

Of the 765 respondents who applied for services as a result of their contact with the ADRC, 67% said the steps to apply for services were easier than expected. Seven percent reported that the steps to apply were harder than expected while the remaining 26% found the steps to apply about what they expected.



ADDITIONAL FEEDBACK

All programs and services have room for improvement. Below is a sampling of respondents' suggestions for improving the Maine ADRCs.

Areas for Improvement

Respondents were asked what ADRCs could do to make their experiences more positive. This small group of respondents (6%) suggested several areas where the ADRCs could improve services. Following is a summary of their feedback.

- ***Make sure all ADRC volunteers and staff provide the same high-level customer assistance.*** Some of the survey respondents said the ADRCs could improve their customer service. Many of these respondents described an initial negative encounter with an ADRC representative who lacked the warmth, kindness, and knowledge of other ADRC staff and volunteers. One person said, "The woman I first spoke with could have been more courteous. She made me feel like I was asking for something special. The man that returned my call the next day was much warmer." Another respondent described the woman she initially interacted with as "unsmiling, brisk, and dismissive. Everyone else was wonderful."

In general, respondents who were not satisfied with their customer service experience wanted to be listened to fully and wanted the person helping them to be kind, caring, reassuring, and friendly. Two respondents mentioned wanting more assistance on the computer and one preferring not to have been directed to a computer at all. Two people said they wanted ADRC staff to slow down and take more time explaining information and options.

- ***Ensure that all volunteers and staff are up to date and knowledgeable about service options.*** Some respondents said their ADRC representative was not up to speed on current programs.

One respondent noted “The person I spoke with was rusty, not quite sure of himself. He did not have all his paperwork.” Another person wrote, “My helper was unaware Medicare now offers Part D.”

While the vast majority of survey respondents expressed great satisfaction with their ADRC representatives, some respondents who happened to be paired with a representative who was less knowledgeable or brand new were less happy with their ADRC experience. One person, who worked with a new representative, suggested it could “be helpful to have someone sit as a mentor until a volunteer is competent and comfortable.”

- ***Provide more information on certain topics.*** Respondents noted specific topics where ADRC volunteers and staff persons could become more informed. The following was mentioned by at least one respondent:
 - Medical and financial aid programs for low income persons
 - Private insurance options for older persons not yet eligible for Medicare (i.e. ages 55-64)
 - Legal services, specifically a list of local attorneys
 - Social Security Disability Insurance (SSDI)
 - One person requested handouts
 - The cost per day of various support care services
 - Medicare insurance options
 - All community services, not just those targeted at seniors
 - Elderly-friendly and/or subsidized housing. One respondent was unhappy he/she was given a subsidized housing list that was two years old.

- ***Do a better job of returning phone calls.*** About 12 people said the ADRCs could do a better job returning phone calls. Most of these respondents never had their initial calls returned. Others waited a long time for a response or believed a phone message was never relayed to the correct recipient. One respondent suggested that ADRCs could communicate how long it might take to receive a return call if a wait is anticipated. This would allow folks to adjust their expectations. Most people, however, seemed to want their calls returned promptly and felt frustrated when they were not.

- ***Clarify services and activities provided by ADRCs.*** A number of respondents who reported having problems with ADRCs expressed confusion about the types of services ADRCs offer. Some respondents were frustrated that Maine’s ADRCs could not do more to “stop the wait list” or provide hands-on direct care, such as bathing assistance. One person was disappointed the ADRC “did not give a higher tax refund.” Some respondents were not aware these actions fall outside the scope of ADRC assistance. Perhaps respondents who expected assistance in these areas would have been more satisfied with the help they received if they had more realistic expectations about the kinds of assistance ADRCs do provide.

Other respondents stated that the ADRCs could do a better job advertising their services. One respondent said, “I had no idea they provided the services they provide.” Another person wanted to receive an occasional newsletter with information about the different activities at the center. One person was frustrated there was no clear signage indicating where a center was located.

- ***Iron out meeting and seminar logistics.*** While most respondents praised the ADRCs Medicare seminars for breaking down overwhelming amounts of complex information into manageable and understandable portions, several respondents, who had problems with the ADRCs, mentioned ways in which these seminars could be improved in the future. A couple people noted that there were too many people in attendance at Medicare seminars, resulting in not enough chairs for all participants and not enough time for questions to be answered and discussed. “Many people arrived late,” one person said, “and it was distracting. It could have been better organized.”

Other respondents wanted more seminars and programs to be offered closer to their homes. “We are attending a Medicare 101 in Bangor,” one person said, “and with the price of gas it’s expensive.” Another person commented, “classes or meetings are either too far away or not at a time when I could go.” One person suggested offering more evening sessions accessible to older persons who are still working during the day.

- ***Other*** suggestions included:
 - Plan more social activities for seniors.
 - Offer more services/seminars for French-speaking persons.
 - Offer an orientation session in which ADRC services are explained to folks new to the area or center.
 - Make sure one-on-one sessions are held in a private location. One person was unhappy his ADRC representative was unable to close the door to her office because she did not have a fan or air conditioning.
 - Help provide and coordinate more transportation, including free rides to doctors’ offices and transportation for adults who don’t meet the criteria for low-income.
 - A small handful of respondents expressed their general frustration with the amount of paperwork and information seniors must wade through in order to enroll in public programs, as well as the lack of programs and financial assistance for seniors and the day to day challenges of living alone.

At the end of the satisfaction survey respondents were given the opportunity to make a comment or statement about their experience with the ADRC.

Areas of Satisfaction and Praise

Following are some of respondents’ general comments regarding their ADRC experience. Many comments not included here were complimentary statements expressing gratitude for the help they received from the ADRCs.

At the close of the survey, all respondents were asked, “Is there something else you would like us to know about the ADRC?” About 35% of respondents replied to this question. By and large, respondents who gave additional feedback used this opportunity to thank the ADRCs for their excellent and professional service, their extensive knowledge of resources, and their assistance sorting through Medicare options and necessary paperwork. Many respondents highlighted staff persons who were particularly patient, well-informed, or went “above and beyond” their job responsibilities. A smaller group of respondents offered specific suggestions for improvements or asked questions about their personal situations. Common responses and recurring themes are summarized below.

- **Many respondents thanked the ADRCs for providing information and assistance when they felt alone and overwhelmed.** The majority of respondents were deeply grateful the ADRCs were able to provide them with timely and thoughtful answers to their immediate questions. Respondents used the following words to describe ADRC staff: “knowledgeable,” “resourceful,” “competent,” “clear,” “knew exactly what was needed,” and “pointed me in the right direction.” Information provided was described as “comprehensive,” “accurate,” and “very helpful.”

In addition to valuing the high quality information provided by ADRCs, respondents valued the compassionate, respectful, and reassuring ways in which this information was delivered. Respondents expressed immense gratitude that ADRC staff listened, understood, and validated them without making them feel ashamed or embarrassed about their questions. Many respondents, who approached the ADRC with anxiety or fear, were quickly put at ease by empathetic staff. “I could not be happier in the way I was treated,” one person wrote. “This program is truly a godsend.” Another person noted, “Everyone is so nice and helpful. They don’t begrudge you having problems.” Another person said, “In the end, I left feeling relieved and sure that I had worked with experts.”

Many cherished the opportunity to speak with someone in-person or over-the-phone and have assistance tailored to their needs. “It’s nice to have an agency you can call where a live person will answer and not an answering machine,” one respondent noted. This sentiment was echoed by other respondents who expressed their sincere appreciation that, in this age of automation, ADRC staff sat down, listened, and carefully explained their particular options.

- **Many respondents could not have enrolled in Medicare without the help of the ADRC.** Again and again, respondents praised the ADRCs assistance in helping them steer through the complicated process of Medicare enrollment. Before connecting with ADRCs, many respondents felt inundated by information, “lost in paperwork”, “overloaded”, “confused”, and “overwhelmed.” The process of understanding one’s Medicare options was described by one respondent as “a great maze to navigate.” Another respondent wrote: “I don’t know how anyone could wade through the process of Medicare without their help. The process is so confusing and has so many choices. The seminars and one-on-one meetings help to clarify things so clients can make the best decision.”

Most respondents, who mentioned the ADRCs’ Medicare seminars, offered high praise for the presentation, describing it as “effective and professional”, “well-organized,” and “a great public service.” The presenter “did an outstanding job of simplifying a difficult and confusing subject,” one respondent wrote. Another said, “The introduction to the Medicare maze is essential even to well-informed, educated, skilled, and sophisticated folks.” Many reported walking away from the seminar with a wealth of first-rate information, a much clearer understanding of their supplemental insurance and prescription drug options, and a great sense of relief that they were not alone in this complicated process.

Respondents also spoke highly of the one-on-one sessions with ADRC staff, praising the extensive knowledge and patience of ADRC representatives. One respondent noted, “I was so impressed with the information I received. I had been receiving mail everyday about Medicare options and I could never figure it out. It was so easy speaking with [Staff Name] at [ADRC]. She was able to advise me what I was eligible for. I had follow-up questions, and she answered me promptly. I only wish all agencies worked the same way. What a great world it would be!”

Another person said, “They were so helpful and steered me in the right direction concerning Medicaid supplemental [programs] and drugs. The pros and cons of different plans. Without their help, I would still be confused.”

In general, respondents who spoke of their one-on-one meetings mentioned prompt answers to their Medicare questions, feeling relief that necessary paperwork was now completed, experiencing confidence in their program selections and awe that ADRC representatives were available to facilitate every step of the enrollment process, from researching and comparing options to finishing and mailing out paperwork. One person wrote, “[The ADRC representative] made the navigation of the Medicare Part D selection process not only simple but I was enrolled within hours of the initial contact.” Another respondent expressed similar amazement that he/she was done with the onerous process of Medicare enrollment, a feat previously considered impossible. “I went for a one-on-one follow-up and completed the whole process and gleefully came home and threw the pile of papers from all manner of sources away!”

Respondents expressed gratitude that ADRC staff tailored their Medicare assistance to respondents’ particular situations. In a handful of instances, respondents cited substantial cost savings that materialized when ADRC staff directed them to options better suited to their needs. One woman wrote, “Thanks to your assistance with explaining options for Part D, my husband and I will now be saving about \$40 per month. No small amount.” Another respondent explained, “What I needed was a Medicare Part D insurance coverage for my mother. She was paying for a policy that was too costly for her needs. [ADRC] obtained the correct policy for her in a very fast time, and I thank you so much for your help.”

By providing timely, understandable, and personalized Medicare enrollment information and assistance, the ADRCs offer an extremely appreciated and necessary service that is not provided anywhere else. They “clean up the confusion” created when public and private health insurers disseminate large volumes of complex information without on-the-ground helpers available to answer questions and clarify details. In the words of one respondent, “Medicare paperwork is mind boggling. We sleep much better knowing that there’s someone to help us should we need it.”

- ***Respondents commended the ADRC for being a tremendous community resource.*** Over and over, respondents mentioned the relief they feel knowing their local ADRC exists in the community and is available to help when needed. Respondents described their local ADRC as “an advocate”, “a lifesaver,” “a wonderful and valuable organization,” “a top notch resource,” and “one of the greatest organizations for the elderly and disabled that I know of.” One respondent said, “They are like a friend in the middle of a darkened maze. A warm smile, helpful words, and actions. I’m so thankful for their presence and help during a time when everything is becoming more difficult for me and my husband.” Another woman wrote, “I am grateful that you exist. Sometimes the world cannot comprehend the idea of [a person] being entirely on her own without family.” Countless other respondents expressed their heartfelt gratitude that the ADRCs’ services are easily accessible, “painless,” and available at no cost. Many wrote comments that, in addition to praising the services provided by ADRCs, called for continued financial and public support of these organizations. Several respondents expressed concerns about future budget cuts impacting ADRC services and/or staff.
- ***Respondents praised particular ADRC staff members for their exceptional work.*** A number of respondents singled out individual ADRC staff for their outstanding service or knowledge. One

respondent wrote, "You have a jewel working for you. Her name is [Staff Name.] She is smart, thorough, patient, and loveable." Another respondent said, "[Staff Name] is the best in her field....She is an angel and very helpful and kind.

Comments of this sort, reiterated time and again, suggest that many ADRC staff left lasting impressions on the people they worked with. They also suggest that many people walk away from their ADRC experience feeling connected to a particular staff person and trusting this person can help them again. As one respondent said, "[Staff Name] is a real treasure...Knowing we can contact her at anytime with questions or concerns has been a big relief."

- ***A number of respondents wanted to see the ADRCs do more to promote their organization and services.*** While praising the ADRCs' programs, some wished they had known more about the ADRC at the beginning of their search for information. "We had so many headaches," one person wrote, "and felt lost with no direction until given your number." Another respondent said, "If more was known about the programs you offer, we could make better choices." Some respondents only learned of the ADRC through referrals long after they had gone down wrong paths and struck upon frustrating dead ends. Several respondents were concerned their peers did not know enough about the services provided by ADRCs. Respondents suggested publicizing the agency's function through brochures, which could be posted in senior centers or placed in doctors' offices, and through more general announcements, such as public service announcements. A few respondents said they enjoy reading existing information and marketing materials, such as regular newsletters.
- ***Other comments/suggestions:***
 - *The ADRC can be a "wonderful social hub."* Some but not all ADRCs offer social activities, such as community lunches and continuing education classes. A handful of respondents who had access to these social programs commented on their value in drawing people together and fostering social connections. "I go there for lunch," one man wrote. "A big help since my wife recently passed and I never cooked." Others mentioned specific workshops they had taken, including ones on driving safety, money matters, and balance. A couple of respondents asked for more workshops of this type.
 - *A few people related negative experiences with ADRCs.* These comments echoed those expressed earlier in the survey by individuals who reported having problems with an ADRC were asked what ADRCs could do to make their experiences better. A couple of people mentioned difficulty connecting over the telephone with an ADRC representative, and several others described a communication disconnect with their ADRC representative, meaning their ADRC representative was "not completely engaged," answered the wrong question, or did not seem to care or listen.

- *A number of respondents used this opportunity on the survey to write very specific and personal questions about their health care, finances, and/or options for community activities.* Respondents' requests for assistance covered a wide spectrum. Some wanted to know if the ADRC could help them:
 - Find a good geriatrician
 - Apply for vouchers
 - Receive heating assistance
 - Grocery shop
 - Find sporting activities
 - Take care of a loved one after a death
 - Find a long term care facility for a relative
 - Access handouts on Alzheimer's and dementia
 - Locate assistance digging a well
 - Catch up on rest
 - Understand the Qualified Medicare Beneficiary program (QMB or "*Quimby*")
 - Receive financial assistance
 - Learn about ways to secure help with housework
 - Arrange transportation to medical appointment
 - Find an apartment

SUMMARY OF LESSONS LEARNED

Key staff at the five ADRC sites was asked for their feedback and opinions regarding the development and progress of Maine's ADRCs. Below is a summary of the results of the three sites that responded.

Significant Accomplishments

What do you consider your ADRCs' most significant accomplishments?

- The training of staff who had previously only worked with clients over 60 was very significant. With ADRC funding we were able to hire a coordinator who came from a background of working with a younger population of people with disabilities. She worked to bring in trainers from local agencies and other resources for the new population we were about to begin serving and this increased awareness as well as addressing any staff concerns about taking on more responsibilities.
- Our most significant accomplishments are providing information, resources, navigation assistance and options counseling to a broad spectrum of aging and disabled adults, along with their caregivers. This ability to expand our role into the disability community was based on our core expertise with elders and the expertise in the disability community continues to be a growing edge for us.
- Our ability to connect with other community providers is our greatest accomplishment. We have provided numerous speakers to our staff to educate them about community services available at other agencies. Building collaborations is the number one way that we are able to serve the needs of clients and stay up to date.

Challenges Looking Ahead

What do you consider your Aging and Disability Resource Center's most significant challenges?

- Lack of resources. The inability of the State Unit on Aging to be approved to apply for future funding.
- Our most significant challenges are to continue to operate and grow into a fully functioning ADRC without the funding to support the additional work. This is an ongoing struggle and must be addressed.
- We currently do not have an updated on-line referral database in our SAMS system. To keep this updated we would need a full-time person who can keep the information up-to-date. So our staff must utilize the internet or what they learn from other community agencies. The concern is that we don't always have the most updated information.

Visibility

What strategies have you used to **increase visibility and awareness** of your Aging and Disability Resource Center in the community? Have these strategies been successful?

- Addition of ADRC information to our agency brochure, website, the creation of an active ADRC Advisory Council, articles in the *Senior News*, community education events for providers and the establishment of an electronic referral process.
- We have made the promotion of the ADRC a regular part of all our information. This effort has been especially energized in the past year. We have done in-services, trainings, made presentations, distributed information and done articles. This fall we have a campaign set to engage the disability provider community in a more meaningful manner.
- We have an ADRC coalition that meets quarterly. Over the past two years this coalition has offered lunch and learn opportunities in the community on various topics for providers and we created a commercial that was aired across Eastern Maine.

Streamlined Access for Older Adults

What strategies have you used to streamline access to services for older adults?

- We now have “open access” for any client coming to the agency without a scheduled appointment. In addition we have five social workers on-site to handle calls, Medicare questions and answer emails and Community Links referrals. We have five trained social workers to handle home visits for older clients in the community who have no way to reach us and require face-to-face interaction to properly address their needs. We have had to streamline the Medicare education requests by offering nine Welcome to Medicare seminars a month, both evening and day appointments, prior to one-on-one appointments. This has significantly reduced the number of appointments scheduled as Medicare only.
- We have our Helpline and staff located in each of the six counties we serve. In addition we make numerous community presentations and assist people in their homes as needed.
- We now utilize the live chat function on our website for consumers. This allows consumers who want to ask a question by using the internet to have immediate access to our staff. For many older adults this is how they prefer to communicate.

Streamlined Access for Younger Adults with Disabilities

What strategies have you used to streamline access to services for younger adults with disabilities?

- In addition to all of the above, staff are trained on “warm transfers” for younger clients with more acute social service needs.
- In addition we have built up our resources directory to better serve this audience; we have regular, ongoing materials and in-services for staff to grow knowledge and skill in this area.
- We created an online referral form (using Wufoo – online form builder) that we have provided to community partners so they can make referrals direct to us without having to make a phone call. For our work with the Community Care Teams, a lot of their clients are the younger disabled population and when they meet with them in health centers this referral form allows them to make the referral right away.

ADRC Key Informant Satisfaction

What do you value most in your work with Aging and Disability Connections?

- We value providing needed services and supports to individuals who would not otherwise be served.
- We value educating service providers about the ADRC.
- We value the relevancy of the ADRC - the ADRC concept is needed by every segment of society.
- We value the collaborative nature of the work.
- We value enhancing the system to reduce the barriers to individuals and caregivers accessing services.

Stakeholder Satisfaction

Is there a high level of satisfaction with Aging and Disability Connections among stakeholders (providers, state agencies, advocates, OADS and the Medicaid agency)?

- There is stakeholder satisfaction with providers, Office of Aging and Disability Services (OADS), and advocates. Providers are impressed that we are able to assist consumers with referrals and advocates call us for information. OADS has directly referred consumers to us. There is a need to increase the awareness of ADRC within other state agencies.
- Locally there is stakeholder satisfaction. We feel there is a lot of work to be done in building bridges and changing understanding with MaineCare (Maine’s Medicaid program) and Goold Health Systems, the agency in Maine that determines medical eligibility for all long term care programs, etc.
- We believe there is a high level of satisfaction with our regional ADRC project as noted by positive comments from partners and colleagues but are unsure what the level of satisfaction is statewide.

Recommendations for System Changes

If you could change anything, anywhere in the system (policy, programs, etc.) that would improve access to services, what do you think would be the most important change to make?

- The ability of the ADRCs to apply for funding on their own (M4A), independent of the SUA. The ability of the ADRCs to make eligibility determinations for the clients they assist.
- Fund the work of the ADRC. Funding an initial start up alone was not adequate.
- The sharing of information between AAA's and state agencies. There are letters that are sent from numerous state agencies that impact the clients we serve. Sometimes we are given advanced warning of these letters, but most of the time we are not. Because the AAA's are a trusted source we are usually the first phone call for people who receive letters that they don't understand. Proactive planning could alleviate a lot of issues before they happen.
- Also it would be helpful to have a direct contact within the eligibility office at DHHS who would answer question for us. If we could somehow have a person who was half time at DHHS and half time with the AAA's to work through eligibility questions this could help to streamline the application process and also facilitate a smoother process for challenging cases.

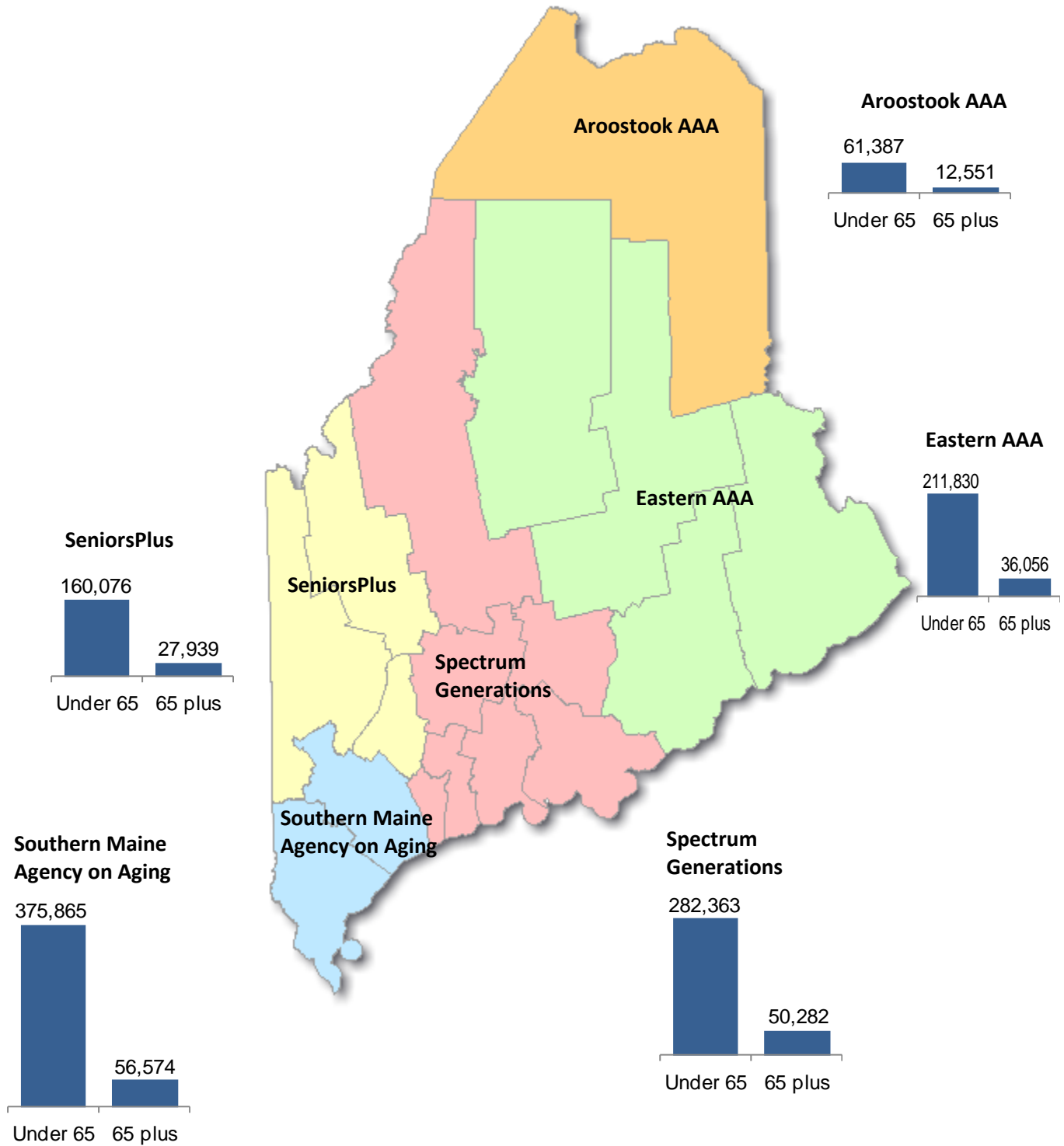
Other Comments

Do you have any other comments or suggestions you would like to add?

- SMAA became an ADRC later in the process. It has been a great fit and our numbers have increased. Now we need to find the funding to continue this valuable work.
- Funding for ongoing trainings and technology and manpower to support the development of on-line resource directory that would be accessible by consumers is needed.

APPENDIX A: MAP OF AREA AGENCIES ON AGING/ADRCS

Census 2010 Population Under and Over Age 65, by Maine Area Agency on Aging Region



APPENDIX B: ADRC STEERING COMMITTEE MEMBERS

- Sharon Berz, Aroostook Area Agency on Aging/ADRC
- Brenda Gallant, Maine Long Term Care Ombudsman Program
- Katlyn Blackstone, Southern Maine Area Agency on Aging/ADRC
- AnneMarie Catanzano, Southern Maine Area Agency on Aging/ADRC
- Julie Fralich, Muskie School of Public Service
- Deb Halm, Spectrum Generations/ADRC
- Connie Jones, SeniorsPlus/ADRC
- Louise Olsen, Muskie School of Public Service
- Deb Poulton, Eastern Agency on Aging/ADRC
- Mark Richards, Muskie School of Public Service
- Cheryl Ring, Office of Aging and Disability Services, Maine Department of Health and Human Services
- Nicole Rooney, Office of Aging and Disability Services, Maine Department of Health and Human Services
- Annmarie Rotolo, Southern Maine Area Agency on Aging/ADRC
- Frances Ryan, Office of Aging and Disability Services, Maine Department of Health and Human Services
- Romaine Turyn, Office of Aging and Disability Services, Maine Department of Health and Human Services
- Dyan Walsh, Eastern Agency on Aging/ADRC

APPENDIX C: CONSUMER SATISFACTION SURVEY RESULTS

The Muskie School of Public Service at the University of Southern Maine is conducting the evaluation activities for the Aging and Disabilities Resource Center (ADRC) grant. This evaluation includes administration of a consumer satisfaction survey at each of the five ADRC sites involved in this grant. Summaries of select survey responses at statewide level have been provided on an ongoing basis at the Steering Committee meetings to facilitate formative learning, program modifications and improvement. Individual ADRC results have also been provided to each ADRC.

The consumer satisfaction survey is a 25 question mail survey. The survey includes questions that address visibility, trust, responsiveness, efficiency and effectiveness of the ADRCs.

The ADRC Consumer Survey is completed only by NEW contacts to the ADRC who are not referred for Options Counseling.

- Labels were created for NEW contacts by the ADRC site on a schedule that did not exceed a two-week span from when the person had contact with the ADRC in order to help ensure timeliness of receipt while the ADRC experience is still fresh in contact's mind.
- A postage paid envelope containing the consumer satisfaction survey and postage-paid business reply envelope were mailed to these new (first-time) ADRC contacts.
- Completed surveys were mailed back directly to the Muskie School in the postage-paid business reply envelope.

ADRC site	Mailed	Completed	Percent Response
Spectrum Generations	973	375	39%
Seniors Plus	1420	397	28%
Eastern AAA	1320	357	27%
SMAAA	1351	398	29%
Aroostook AAA	400	155	72%
TOTAL	5464	1682	31%

The following is the final report of survey responses received through August 2012. These are statewide results compiled from all ADRC sites. The percent of people choosing each response is to the right of the response under each question. Percents are calculated after removing those who left the question blank. This means the denominator varies for each question. The total number of respondents for this final report is 1682.

1. How did you first hear about the Aging & Disability Resource Center/Area Agency on Aging?
(n=1621)

Friend, neighbor, relative	34.2%
Other	18.0%
Another community agency	10.0%
Local newspaper	6.2%
Multiple sources listed	5.7%
Do not remember, not sure	5.2%
AAA brochure	3.2%
Television	3.1%
At a presentation	2.7%
AAA newsletter	2.5%
Physician	2.3%
Hospital	2.2%
DHHS	2.1%
Assessing Services Agency (GHS)	0.9%
AAA website	0.8%
Radio	0.6%
Internet	0.3%
Seniors Plus Mobile van	0.1%
Magazine	0.1%

2. If you called Aging & Disability Resource Center, how quickly were you able to speak to someone about your needs? (n=1477)

Very Quickly	81%
Somewhat Quickly	17%
Not Quickly at All	2%

3. If you left a message, when did the person call you back? (n=817)

Within the hour	19%
In the same day	44%
Within 3 days	25%
In the same week	3%
More than a week	1%
Do not remember/unsure	7%

4. If you went to the Area Agency on Aging office, how long did you wait to see someone?
(n=857)

5-10 minutes	88%
11-20 minutes	7%
Over 20 minutes	2%
Do not remember/unsure	3%

5. What was your main reason for contacting the Aging & Disability Resource Center? Was it for information about...(Check All That Apply)

Medicare and/or other insurance options	68%
Caregiving	10%
Housing options	7%
Help at home	11%
Transportation	5%
Alzheimer's disease or related dementia	6%

6. Overall, did the person you talked with on the phone or in the office listen carefully to what you wanted? (n=1648)

Yes	97%
No	1%
Unsure	2%

7. Was the person you talked with knowledgeable about the services or information you asked about? (n=1646)

Yes	95%
No.....	2%
Unsure	3%

8. Was the person you talked with courteous and respectful? (n=1649)

Yes.....	98.8%
No	0.3%
Unsure	0.85%

9. Was the information you received from the Area Agency on Aging - Aging & Disability Resource Center clear? (n=1634)

Yes.....	95%
No	2%
Unsure	3%

10. Was the information you received helpful? (n=1635)

Yes	94%
No	3%
Unsure	3%

11. Were you directed to other places for a service or more information? (n=1574)

Yes.....	53%
No	43%
Unsure	4%

12. Was this a helpful connection or referral? (n=811)

Yes.....	91%
No	3%
Unsure	6%

Application for Services

- 13. As a result of your call or visit to the Area Agency on Aging - Aging & Disability Resource Center, did you apply for services? (n=1541)
 - Yes..... 52%
 - No 44%
 - Unsure 4%

- 14. Did the person you spoke with explain the steps clearly? (n=905)
 - Yes..... 94%
 - No 3%
 - Unsure 3%

- 15. If you needed help, did the people at ADRC help you with your paperwork? (n=765)
 - Yes..... 69%
 - No 5%
 - Did not need help 25%
 - Unsure 1%

- 16. The steps to apply for services were... (n=765)
 - Easier than expected 67%
 - About what was expected 26%
 - Harder than expected..... 7%

General Experience

- 17. Did you have any problems with the Area Agency on Aging - Aging & Disability Resource Center? (n=1607)
 - Yes..... 4%
 - No 95%
 - Unsure 1%

Overall Satisfaction Indicator

- 19. Would you tell a friend or relative to call the Area Agency on Aging - Aging & Disability Resource Center? (n=1622)
 - Yes..... 97%
 - No 2%
 - Unsure 1%

- 20. Did you call or go to the Area Agency on Aging - Aging & Disability Resource Center for yourself or someone else? (n=1588)
 - Self 83%
 - Parent 8%
 - Child 0.7%
 - Other Relative 7%
 - Friend 1%
 - Client..... 0.3%

21. How old is the person who needs services or information? (n=1588)

Under 18 yrs. old.....	0.38%
18-59 yrs. old	11%
60-69 yrs. old	48%
70-79 yrs. old	20%
Over 79 yrs. old.....	20%
Unsure.....	0.19%

22. Does the person who needs services or information have a (n)...

a. Physical disability	35%
b. Developmental disability.....	3%
c. Mental health need.....	8%
d. Brain injury	3%
e. Addiction.....	1%
f. Alzheimer's or other dementia	12%
g. Other disability (<i>please list</i>)	18%

Other listed disabilities or diagnoses include diabetes, cardiac problems, stroke, COPD/emphysema. Some specifically said they had no disabilities.

23. Are you male or female (n=1619)?

Male	37%
Female	63%

24. What is your age? (Respondent's age; n=1608)

< 60	18%
60+	82%

25. Are you caring for a person who because of an illness or disability cannot care for themselves? (n=1591)

Yes.....	14%
No	85%
Unsure	1%