



Sanford Center  
for Aging  
University of Nevada, Reno



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**Nevada ADRC Program Evaluation Report**

**October 1, 2011 through March 31, 2012**



## EXECUTIVE SUMMARY

The Nevada ADRC program aims to “*provide one-stop-shop access to a seamless system of support that is consumer-driven so individuals are empowered to make informed decisions about the services and benefits they need or want.*”

Nevada Aging and Disability Services Division (2011), *ADRC Five-Year Strategic Plan*, p. 3.

This report presents the findings from the ADRC Consumer Intake Surveys (CIS), the 90-Day Follow-up Consumer Intake Surveys (FCIS), local/program-level Monthly Performance Reports (or MPRs, formerly known as the ADRC Data Tracking Tool), a Start/Stop/Continue Survey administered to site personnel by the Sanford Center for Aging (SCA) following Spring 2012 site visits. The report covers the data collection and reporting period, **October 1, 2011 through March 31, 2012.**

Since program inception in 2005, Nevada has worked diligently to improve access and delivery of long-term services and supports for seniors, people with disabilities, caregivers, and others in need of future long-term supportive services. In a publication issued last year, *Raising Expectations: State Long-Term Services and Supports Scorecard* (LTSS, 2011), Nevada was ranked 40<sup>th</sup> among 51 states and territories. The authors, Reinhard, Kassner, Houser and Mollica (2011) assessed state performance on 25 indicators in four dimensions: 1) affordability and access; 2) choice of setting and provider; 3) quality of life and quality of care; and 4) support for family caregivers. Nevada’s scores on each of the dimensions as well as its overall LTSS system performance score follows:

Dimension	Quartile
Support for Family Caregivers	Top Quartile
Choice of Setting and Provider	Third Quartile
Quality of Life and Quality of Care	Third Quartile
Affordability and Access	Bottom Quartile
<b>Overall LTSS System Performance</b>	<b>Bottom Quartile</b>

Nevada borders five states in the western region; all of whom out-performed Nevada in overall LTSS rankings. The states with the best overall performance in the four dimensions were 1) Minnesota, 2) Washington, 3) Oregon, 4) Hawaii, and 5) Wisconsin. The Nevada ADRC project, a component of a high-functioning LTSS system, received an overall ranking of 28 out of 51. The magnitude of this report makes it unlikely that the two newer ADRC sites in Las Vegas and Carson City were considered in the overall evaluation. If this were the case, then it is possible, the bottom quartile ranking in the domain of “Affordability and Access” may have been higher. We mention this report for the state’s consideration as the authors provide recommendations for LTSS system improvements. Such improvements may facilitate the state’s endeavor to deliver a system of support to its consumers and stakeholders that allow more “older people and adults with disabilities to exercise choice and control over their lives; thereby, maximizing their independence and well-being” while avoiding institutionalization (p. 8).

## *Spring 2012 Site Visits and Start/Stop/Continue Survey*

In previous reports, the program evaluators have discussed the data entry and reporting burden felt by many site personnel. This has impacted to some extent service delivery and staff morale.

Over the past six months, the ADRC program manager has sought ways to refine processes and either created or updated program tools such as the *SAMS General Overview Desk Manual* and *Appendix: SAMS Desk Reference Manual*; updated the *ADRC Operations Manual*, created *SAMS Tips and Tricks*, and the *Public Partner Programs Quick Reference Guide (snapshot)*. During the spring 2012 Site visits, a majority of staff reported the SAMS' trainings and revised supportive materials, including systematic instructions, helped them considerably by clarifying inaccurate or confusing information. This has increased their confidence level and streamlined their data entry and reporting practices. Other site personnel believed the steps needed to be more exact, especially when training new staff.

Major frustrations were reported among many of the site personnel who either experienced problems accessing SAMS or utilizing the reporting features and templates to compile the monthly MPR, even post-training. Two individuals can run the same report in SAMS with the same filters and receive a different outcome. Sites and program evaluators continue to have high hopes for Harmony's NextGen SAMS 3.0 and Advanced Reporting currently being tested by selected ADSD, IT consultant, and ADRC sites/personnel.

Overall, site personnel are dedicated to serving their consumers in the most expeditious and effective manner possible. Now that the Nevada ADRC project is in its seventh year, the program evaluators decided to administer a Start/Stop/Continue Survey to a convenience sample of key personnel at each of the five ADRC sites. A total of 16 surveys were issued. Of the 16, a total of 6 surveys were completed by staff at three ADRC program sites for a response rate of 37.5%. While we cannot over-generalize the findings across sites and personnel, several key themes emerged in each of the three survey dimensions. De-identified raw data from survey respondents has been provided as Appendix C.

### **What can ADSD START doing to help support your effort and increase your success as an established/new ADRC program site?**

- Develop a site-level review process for the revised ADRC Operations Manual (V2, 2012).
  - *It might be helpful to review the ADRC Operations Manual during the site meetings. This manual is very cumbersome and overwhelming to navigate independently. It would be helpful to review each manual section, followed by a question and answer session with all sites. I think it would really promote additional and valuable networking with the agency partners.*
- Designate liaisons with community agencies and public partners that are willing to communicate directly with ADRC site staff via email.
  - *Build strong partnerships with community based agencies. To serve the consumer better, ADRC staff need to contact various agencies via email to gather important client information such as case status, consumer coverage, etc. For instance, having designated contacts at the Division of Welfare would allow us to ask the status of a consumer's application, what type of services they are receiving (often the consumer is unclear on what they have), etc. This saves time and effort over calling the welfare office and waiting to speak to a representative.*

- Change data reporting to reflect actual time rather than a percentage of “1” in order to portray staff time spent with consumers more accurately.
  - *Allow the reporting of “actual time” devoted to providing information to a client instead of the current point system that counts only the number of items discussed/provided to client. The current system does not accurately portray the time and effort expended per ADRC contact.*
    - *Example I: ADRC staff can spend 5 hours helping a client with Level I, II, and III, but must split one unit of service to account for all three levels of care. This does not include time spent on data entry. If this was a case management client, we could count 5 units of service for the 5 hours spent with this client.*
    - *Example II: ADRC staff can spend 10 minutes with someone on the phone, complete a Level I service, and it counts as one unit of service.*

**What can ADSD STOP doing to help support your effort and increase your success as an established/new ADRC program site?**

- Change evaluation focus from number of applications to that of client satisfaction.
  - *Instead of looking at numbers of applications completed as success of ADRC, look at client satisfaction in information and services provided.*
- Change evaluation focus from number of applications completed to total number of consumers served.
  - *Look at the number of consumers served as a whole, rather than the number of applications completed. Often, applications are not completed for services consumers are requesting because of situations beyond staff control. For example, lack of completion may be because client income is too high or the program has a waiting list. Even if the application has not been completed, services were provided. Using the number of consumers that had an assessment completed would reflect the true amount of time the ADRC is providing for each consumer. We need to focus more on the consumer having a “go to” place, rather than the number of programs for which they apply.*
- Stop modifying how information is disseminated and reported to ADSD.
  - *Continually changing how information is disseminated and reported to ADSD compromises the integrity of the information due to increased errors on behalf of reporting agency and receiving agency, and lack of reporting consistency.*

**What can ADSD CONTINUE to do to help support your effort and increase your success as an established/new ADRC program site?**

- Continue support of new and established ADRC sites.
- Continue staff training programs and regular cross-site meetings.
  - *ADSD should continue to offer trainings that pertain to ADRC. The SAMS training was excellent, and staff benefitted from it. The ADRC site meetings are also very helpful. Not only are they informative, but it’s been beneficial to develop the relationships and partnerships with the other ADRC sites.*

- Continue to obtain and disseminate feedback from our consumers.
  - *Continuing feedback from consumers is extremely important. Having more detailed follow up surveys from consumers will show how much assistance has been provided from the ADRC site. I would recommend completing the surveys more quickly to avoid the consumers forgetting what assistance they did receive.*

**Note:** In February 2012, program evaluators initiated a dialogue with staff at the Office of Performance and Evaluation, Administration on Aging (AoA) as a means to elicit feedback on survey methods. While they reinforced the importance of Consumer **Intake** Surveys (CIS), they were also intrigued with the idea of assessing established consumers for changes in function and service needs over time (longitudinally). Historically, our focus has been on measuring the satisfaction of consumers at intake and 90-days post intake; however, less is known about the extent to which the ADRC project is meeting the needs of consumers over time.

### ***MPR Local/Program-Level Consumer/Unduplicated Client Data***

During the reporting period, site personnel reported responding to over **28,878** contacts made to their organizations by consumers, caregivers, providers, and others. This is a **208%** increase over the **9,371** contacts reported for the previous six-month period. In addition, the contacts resulted in assisting **9,662** unduplicated clients; a **68%** increase over the **5,766** unduplicated clients reported previously. An estimated **43%** of the clients were age 60 and older (**4,153**); **822** or **9%** of the clients were under age 60 and the remaining **4,687** unduplicated clients (**49%**) were reported on the site level Monthly Performance Report (MPR) as “unknown.” Eighty-two percent (or **7,925**) of the clients reported a disability; of these individuals, less than one percent reported having two or more disabilities.

### ***MPR Local/Program-Level Reported Accomplishments:***

- Strengthened partnerships with external resources in Rural Clark County through outreach efforts in cities such as Laughlin and Searchlight. Partnered with the River Fund, the Colorado River Food Bank, Nevada Cooperative Extension - Rural, and West Care in order to better assist rural clients.
- Following training sessions and site-to-site mentoring, ADRC site personnel reported increased facility and improved accuracy with SAMS data reporting.
- Ability to reach a greater diversity of clients through outreach and partnership efforts aimed at veteran clients (e.g., through the Urban League and the State of Nevada Office of Veterans); tribal clients (e.g., through the Washoe Tribe of Nevada and California, Carson and Woodfords colonies); Hispanic clients (e.g. through the Carson Latino Community, United Latino Community office, and PSAs on TV UNIVISION); and disabled clients (e.g., through the Easter Seals Office).
- Site personnel from new sites expressed that their ability to efficiently handle major increases in client contacts while also completing other site-related work has reinforced their sense of self-efficacy and pride in their work.

*I have a client who has both cognitive & physical limitations due to her [medical condition]. She lives alone in the rural town of Indian Springs. She called me in a panic, since her renewal for food stamps (doc, renewal app, etc.) was due that day. She thought she could complete the tasks herself but her symptoms prevented her from doing so. I was able to complete & submit a SNAP app for the client online, so there will be no disruption in her food stamps. I believe this was a major accomplishment, because I prevented a gap in her SNAP case and was still able to juggle all my other job duties.*

### ***MPR Local/Program-Level Reported Challenges:***

*I have come across clients who have Traumatic Brain Injuries or mental disorders such as Bipolar, Mental Retardation, etc. that do not have any physical impairments, but need social skills training, assistance with ADLs, etc. Unfortunately there are no programs that I know of that help this specific population and a majority of them call repeatedly because they are lost, stressed out, and don't know where else to turn.*

- Need more funding to adequately serve clients.

**Note:** Customer complaints may reflect staff-related stress due to caseload size and an inability to meet customer demand for services. While it may be impossible to change wait-list times as they are dictated by constraints outside the purview of the ADRC project, increasing grant funding to allow for hiring additional personnel may go a long way toward alleviating stress in ADRC staff.

- SAMS, SAMS, and more SAMS... difficulties accessing and maintaining service including run-time errors; time consuming data entry processes; conflicting information on reports, etc.
- The amount of information required from the client to provide a simple referral.

*The majority of the time, it is impossible to do what is being asked of the ADRC sites.*

- Difficulties accessing the ACCESS website to complete MSP applications.
- Finding enough support for clients with dementia.
- Increased waiting periods for program determinations from Welfare (MSP, SNAP, and EAP); SNAP; and Medicaid.
- Client issues with: not completing paperwork or submitting documentation; not answering their telephones; missed appointments, etc.
- Finding time to conduct outreach and marketing activities.
- Not having enough bi-lingual personnel to serve Spanish-speaking clients.

**Note:** This is a growing concern as Nevada becomes more ethnically diverse. Currently, 25.6% of Nevada's population is Hispanic/Latino. SCA has recommended that all program materials and instruments be translated into Spanish (Title VI requirement). Spanish-speaking FCIS consumers consistently report communication frustrations and believe their needs are not being met.

**Note:** In addition, program evaluators cannot complete FCIS surveys on individuals with hearing limitations.

### ***MPR Local/Program-Level Assistance/Services They Were Unable to Provide:***

- Resources continue to be in short supply for ADRC populations. This is particularly difficult for those in rural/frontier areas where a lack of resources may act as a barrier to living independently. These items have not significantly changed from the services reported previously and include:
  - Adult diapers
  - Transportation services in general, bus passes, and gas cards

- Supplemental (Ensure<sup>®</sup>) or specialized food items
  - Moving services for seniors and people with disabilities
  - Dental services
  - Insurance coverage for the uninsured and those who do not qualify for Medicaid or county social services
  - Some homemaker services for IADLs are not available based on consumer income and wait-lists
  - Housing assistance and rental assistance; low income senior housing in rural areas; assistance with asbestos removal.
  - Rural services in Nye County for clients with no medical insurance and who do not qualify for Medicare or Medicaid
- Utility Assistance - For the first time in three years, Project Reach ran out of funds so one local/program-level site was unable to assist a large number of seniors. In addition, due to the increased number of applications, the processing time for the EAP program increased to approximately 90 days.

## NEVADA ADRC PROGRAM EVALUATION FINDINGS

The following information reflects program evaluation findings in the **five core areas** of program evaluation and quality assurance: 1) Visibility, 2) Trust, 3) Ease of Access, 4) Responsiveness, and 5) Efficiency and Effectiveness.

### **I. VISIBILITY is the extent to which the public is aware of the existence and functions of the Nevada ADRC.**

#### *Monthly Performance Report (MPR):*

- As stated in previous reports, the ADRC program sites are required to conduct a minimum of three marketing and outreach activities per month. These activities are reported on the local/program level Monthly Performance Report (MPR) in the following outcome areas: 1) Number of Marketing and Outreach Activities to Underserved Populations; 2) Number of PSAs; 3) Number of Community Presentations; and 4) Number of Provider Trainings.

An assessment of each site's MPR for the period, October 1, 2011 through March 31, 2012, continues to reveal a breadth of activities that include: distribution of ADRC marketing materials at school and health fairs, seminars, and other educational venues; PSAs; announcements and articles in local newspapers, senior center newsletters, and senior magazines; presentations to faith-based community, brain injury support groups, home health, transportation, and disability services providers; outreach to low income and vulnerable populations including homeless; rural/frontier outreach; and attendance at monthly Statewide Health Insurance Assistance Program (SHIP) meetings.

A table illustrating the number of marketing and outreach activities per site per month has been provided in Appendix A. With the exception of East Valley Family Services (EVFS), each site fell short of the required three monthly activities at least once during the six-month period. A brief summary follows:

- **EVFS**
  - 82 total activities (6-month average = 13.7)

- **LCHS**
    - 26 total activities (6-month average = 4.3)
  - **RAGE**
    - 29 activities (6-month average = 4.8)
  - **RWFRC**
    - 34 activity (6-month average = 5.7)
  - **WCSS**
    - 39 activities (6-month average = 6.5)
- Overall, these five program sites conducted **210** marketing and outreach activities over the course of six months representing an average of **35** activities per month. This compares with **46.8/month** reported during the previous six month period. The breadth of these activities and diversity of the audiences reached are reported by consumers in Appendices B and C.

*Consumer Intake Survey (CIS):*

- The number of CIS received during the reporting period: Total (N=175)
  - Gender (CIS v5):
    - Male (n = 39), 36.4%
    - Female (n = 68), 63.6%
  - Age Range (CIS v5): 36 – 86 years
- Of those who responded, the majority (73.7% or n=123) were new clients who had not contacted an ADRC before. Just over twenty percent (22.2%; n=37) had previous contact with an ADRC site, and 4.2% (n = 7) were unsure. In addition, 4.6% (n=8) did not respond to the survey question.

**Table 1: New or Previous Client**

Item	April – Sept 2010 (N = 121)		Oct 2010 – March 2011 (N = 102)		April – Sept 2011 (N = 143)*		Oct 2011 – March 2012 (N = 175)		Total (N = 366)	
	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq
New Client	76	92	74	75	62.2	89	70.3	123	69.9	256
Previous Client	18	22	17	17	28.7	41	21.1	37	21.9	80
Unsure/No Response	6	7	10	10	9.1	13	8.6	7	8.2	30

*\*Note:* Table percentages may differ from above as these include those who did not respond.

- The majority reported they contacted the ADRC for themselves (82.3% or n=144).
  - Of those who responded, 72.2% (n=109) indicated they or the person they were assisting, were age 60 and older. In addition, 13.7% of the total (n=24) did not respond to the question

**Table 2: General Information**

Item	April – Sept 2010 (N = 121)		Oct 2010 - March 2011 (N = 102)		April – Sept 2011 (N = 143)*		Oct 2011 – March 2012 (N = 175)		Total (N = 366)	
	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq
Called for:										
Self	77%	93	79%	81	83.2%	119	82.3%	144	80.1%	293
Someone Else	20%	24	15%	15	16.8%	24	16.6%	29	17.2%	63
No Response	3%	4	6%	6	0	0	1.1%	2	2.7%	10
Client 60 or older*	68.6%	83	78.4%	80	70.6%	101	62.3%	109	72.1%	264

\***Note:** These data reflect percentages of the total N, including non-responders.

- Primary Disabilities of those who responded to the question (**Note:** For each item, except “other” and “no disability,” 27 participants did not answer the question. In addition, several participants checked multiple disabilities.)
  - Physical: 71.6% (n=106)
  - Neurological: 23.6% (n=35)
  - Mental/Emotional: 18.2% (n=27)
  - Sensory (e.g., visual or hearing): 22.3% (n=33)
  - Traumatic Brain Injury: 5.4% (n=8)
  - Developmental: 4.1% (n=6)
  - No Disability: 14.1% (n=14)\*
    - (This item asked only in FCIS version 5)
  - Other: 29.9% (n=44)
    - Examples include Arthritis, Pulmonary Fibrosis, Paralysis following stroke, Memory Loss, Surgery needed to repair abdominal aorta, Degenerative Spine Disease, Diabetes, Scoliosis

**Table 3: Disabilities**

Item	April – Sept 2010 (N = 121)		Oct 2010 – March 2011 (N = 102)		April – Sept 2011 (N = 143)*		Oct 2011 – March 2012 (N = 175)		Total (N = 366)	
	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq
Physical/Chronic Illness	82	99	64	65	61.9	83	71.6	106	67.2	246
Sensory-Visual or Hearing	20	24	24	24	17.9	24	22.3	33	19.7	72
Mental Health	10	12	10	10	21.6	29	18.2	27	13.9	51
Developmental	3	3	2	2	2.2	3	4.1	6	2.2	8
Neurological					22.4	30	23.6	35	8.2	30
Traumatic Brain Injury					5.2	7	5.4	8	1.9	7

\***Note:** Percentages do not add to 100% (participants identified “all that apply”).

- Of the consumers (n=29) who contacted the ADRC for “someone else,” 55.2% (n=16) also indicated that they were caregivers, two indicated that they were not sure, and 11 did not respond to the question.
  - Several participants described themselves in terms other than “caregiver” including, spouse (n=6), child (n=4), parent (n=6), friend/neighbor (n=2), sister (n=1), niece (n=1), and family mentor (n=1).
  - Caregivers provided care for:
    - Individuals age 60 and older (n=13)
    - Individuals under age 60 (n=8)

- Caregiving ranged from 4 - 168 hours per week, with 40% ( $n=4$ ) reporting over 100 hours a week spent in caregiving activities.
- Caregivers also indicated that they had worked in this capacity from 6 months to 52 years.
- Of those who responded, the majority (78.6% or  $n=11$ ) had not received respite services, and 6 (40%) indicated interest in learning more about Respite Care.
- Nine consumers expressed caregiver concerns. The most frequently cited concerns were about *caregiver efficacy* and *caregiving resources*.

**Table 4: Caregiver Concerns**

Caregiver Concern	Frequency
Unsure if able to provide assistance due to personal health problems	4
Need for physical resources and support groups	3
Need for financial resources	1
Fear that the one she is helping may fall	1

- When asked how they heard about the ADRC site, consumers described a diverse range of sources. Below is a breakdown of those who responded to the question:
  - Family, friends, and/or neighbors (25.5% or  $n=41$ )
  - Physician or other healthcare provider (10.6% or  $n=17$ )
  - Senior centers (23.6% or  $n=38$ )
  - Social workers (17.4% or  $n=28$ ).
  - Very few consumers learned about the ADRC via media sources such as radio, television, or newspaper (3.1% or  $n=5$ ), or through other print materials such as ADRC brochures (5%,  $n=8$ ). In addition, 2.5% ( $n=4$ ) consumers reported learning about the ADRC through the ADRC website, and only 1.9% ( $n=3$ ) learned through the program site’s website. Interestingly, of the 12.5% ( $n=12$ ) who indicated that they had visited the Nevada ADRC website, 33.3% ( $n=4$ ) reported learning about the ADRC through the site.
  - Over thirty percent (32.5%;  $n=52$ ) identified other sources such as Nevada 211, Nevada Power and Energy, Medicare, Jewish Senior Care, Comprehensive Cancer Care Center of Nevada, Care Chest, Better Life Mobility, Medical Supply Health Care, the Governor’s Office, Senior Dimensions Fair, Senior Law Project, The Scooter Store, The Ability Center, and the Methodist Church. The various responses to this “other” category reflect the breadth of partnership development and marketing and outreach activities at both the state and site levels.

**Note:** Data reflects the option to “*please check all that apply.*”

- Consumers were asked to comment on any problems they experienced with the ADRC site. Of those who responded ( $n=91$ ), the majority ( $n=75$ ) were satisfied with services and expressed no problems. Of the remaining, 5 made customer service-related complaints, including that ADRC staff were rude to the consumer and gave the impression that the consumer was “*just looking for handouts,*” that staff needed to speak more slowly and clearly, that consumers were not provided needed information ( $n=2$ ), and that consumers were not told how long it would take to begin receiving services. Four consumers indicated

that they were “too early in the process” or “too new” to be able to answer the question. The remaining eight concerns primarily centered on issues of wait-time to receive services.

**Table 5: Examples of problems experienced working with the ADRC Site.  
(For full list, please see Appendix B)**

Comment/Theme	Frequency	More Information
Customer Service	1	At time, they can be rude and that some of us are just looking for handouts. If I didn't need help at time, I would not come and ask for help with food and with any other questions that I may have, and if they may have other information about services that can help my daughter and myself. The women in the food bank are the rudest people.(Food Pantry)
Customer Service	1	Due to my advancing in years I request that whenever you speak to me speak slowly and clearly. Otherwise I can't remember everything
Customer Service	1	I am unable to answer items 16, 17, 19 & 21 on page 4 of this survey because the worker I approached did not say anything about long-term supportive services.
Customer Service	1	I phoned specifically for help with housing/rental assistance, but no information was available.
Ineligible for benefits	1	Housing section 8 lost housing, never notified of granted housing or meeting, BUT notified of terminated, spot of sec. 8. Can you help please
Waitlist	1	Only thing I would say a problem- when they said they would do housekeeping I expected it within the month.
Waitlist	1	I hope they will do the project as they promise to faster. I requested a grab bar in my bathroom; it is almost a year now.
No Problems	75	

- Over 100 participants ( $n=109$ ) offered a response to the question, “What could we do to improve our services?” Of these, over half of the consumers (59.6%;  $n=65$ ) indicated there were no problems or need for improvement. Of the remaining, the most common complaints ( $n=13$ ) focused on office-related issues such as office space, lack of sufficient staff, hours of operation, procedures for processing clients, and the office phone systems. Next, consumers ( $n=9$ ) voiced concerns about the lack of resources (e.g., funding) that negatively influenced the ADRC’s ability to assist the consumer, and an additional eight consumers complained about the lengthy wait time for receipt of services. Three consumers suggested that ADRC marketing practices should be improved so that consumers can quickly and easily learn about the ADRC Finally, nine consumers made customer service related complaints.

**Table 6: How can the ADRCs improve their services? Examples  
(For full list, please see Appendix B)**

<b>Comment/Theme</b>	<b>Frequency</b>	<b>More information</b>
Customer service	1	Be more informative, concise, and accurate to avoid confusion. Let client ask questions.
Customer service	1	Follow through a plan of action.
Customer service	1	After documentation from Dr. and a visit by a RAGE rep. checking out patient's claim and circumstances, their claim should be given more consideration on the waiting time. Also, the length of time living in NV should be considered and maybe age if it is for a problem like mine.
Customer service	1	Contact me personally.
Customer service	1	Voluntarily notify current clients of the newest help for disabled persons such as myself.
Customer service	1	Return phone calls on messages left in person at office.
Insufficient staff	1	Hire more help for services.
Marketing	1	There are so many websites for disability services. A lot of people do not know how or who to contact, or what website that would benefit them the most. It's hard to find out which website is the best suited for their needs and which ones want money. If I didn't do research, I would of never found RAGE.
Marketing	1	I feel that by either public television or a radio program EVFS should have a time slot to let those that qualify have an additional outlet to pursue. I was not aware of them or the services they provided until I went to welfare and they informed me. Because of the long lines and wait time it would be less stressful on the elderly.
Resources	1	Help with resources for medical assistance for us who have no Medicare yet or put insurance- we need help!
Resources	1	Provide help with housekeeping- I can no longer bend down to pick up trash or sweep to pick up the trash.
Waitlist	1	Develop community partners to help with funding so applicants don't have to wait for 6-12 months for assistance. State budget cuts deeply affect RAGE. Need more funding!
Waitlist	1	Find a way to get funding faster. I really need the stair lift and am stuck upstairs for three months so far.
Waitlist	1	Waiting 6 months or more for services is a little long. Maybe when the economy gets better, services will too.
No Problem	65	Clients expressed satisfaction with the ADRC site

*90-Day Follow-up Consumer Intake Survey (FCIS):*

- Of the 156 Follow-up Consumer Intake Surveys (FCIS) eligible for administration based on the date of the signed consent, 99 (63.5%) were completed. and the remaining 57 (36.5%) were not completed for the following reasons:
  - Phone number issues (not correct, not in service, etc.) n=11
  - Over 5 voice mails with no response n=22
  - Client refused n=13
  - No consent for FCIS n=9
  - Client was deaf, asked that survey be faxed. This was not part of the telephone survey protocol. n=1
  - No matching name in SAMS and contact information incorrect n= 1

**I. TRUST on the part of the public in the objectivity, reliability, and comprehensiveness of the information and assistance available at the Nevada ADRC.**

ADRC site staff should once again be congratulated for building trust and providing quality assistance and service among consumer populations. An important measure for assessing trust is whether a consumer would recommend the ADRC to a friend or loved one, and 96.4% of consumers would do so. This is a 7.9% increase from last reporting period, consistent with the overall trend since 2010 (see Table 7), and supports that ADRC site staff are building trust, and providing quality assistance and service among consumer populations even in this stressful economic climate. In addition, the majority of consumers completing the survey indicated that they would contact the ADRC site again if needed (98.2%, n=168), and they support the ADRC program (95.0%, n=159).

**Table 7: Consumer Trust**

Item	April – Sept 2010 (N = 121)	Oct 2010 – March 2011 (N = 102)	April – Sept 2011 (N = 143)*	Oct 2011- March 2012 (N = 175)
	%	%	%	
I would recommend [site] to friend or family member	78%	86%	88.5%*	96.4%*
I would contact [site] again in the future, if I needed to.			92.9%	98.2%
I support the ADRC program.			86.5%	95.0%

*\*Note:* Percentages are based on total who responded to the question.

*Consumer Intake Survey (CIS):*

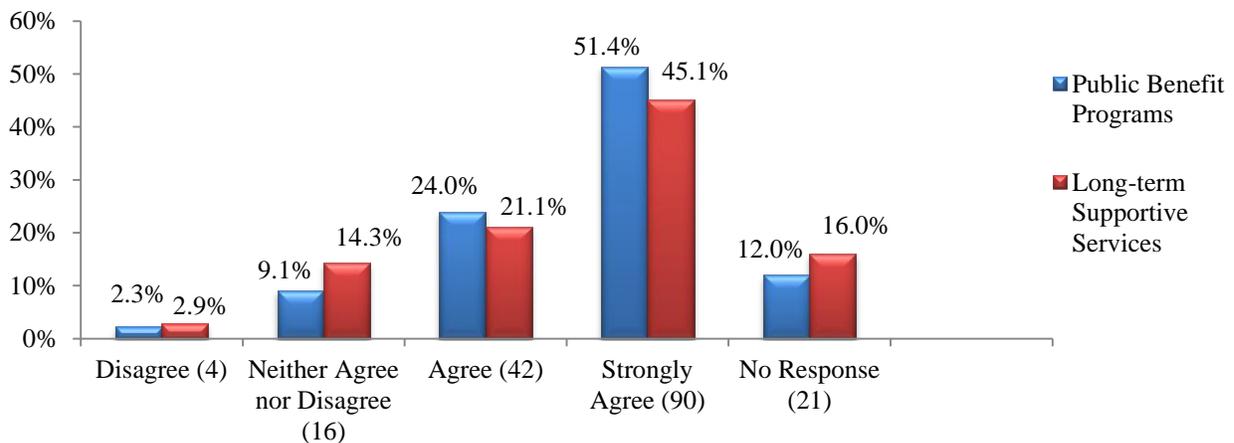
- A considerable proportion of CIS respondents were satisfied with the information (94.2% or n=170) and assistance (93.8% or n=162) received. This trend toward increasing satisfaction and increasing numbers of consumers over the three previous six-month periods is a reflection of the ADRC staff’s hard work and dedication.

**Table 8: Consumer Overall Satisfaction**

Item	April – Sept 2010 (N = 121)		Oct 2010 – March 2011 (N = 102)		April – Sept 2011 (N= 143)		Oct 2011 – March 2012 (N =175)	
	%	Freq	%	Freq	%	Freq	%	Freq
Satisfied	79%	96	84%	86	89.2%	116	96.4%	170

- 85.7% (n=154) of consumers agreed/strongly agreed that they were provided with enough information to make choices about public benefit programs. Of the remaining, 10.4% (n=16) neither agreed/nor disagreed with the statement, and 3.9% (n=6) disagreed/strongly disagreed. In addition, 21 consumers did not respond to the question.
- 78.9% (n=147) of consumers agreed/strongly agreed that they were provided with enough information to make choices about long-term supportive services. Of the remaining, 17% (n=25) neither agreed nor disagreed, and 4.1% (n=6) disagreed/strongly disagreed. For this question, 28 consumers chose not to respond.

**I was provided with enough information to make informed choices about applying for:**



- 86.2% (n=131) of consumers agreed/strongly agreed that they were provided with enough options to make the best decisions about the services they needed. Of the remaining, 3.3% (n=5) disagreed/strongly disagreed, 10.5% (n=16) chose a neutral response, and 13.1% (n=23) chose not to respond.
- Consumers were asked if they understood the information received, trusted that it was accurate, and trusted that it was appropriate for their situation. For all three items, the majority of consumers overwhelmingly agreed.
  - 94.6% (n=160) agreed/strongly agreed that they understood the information received. Of the remaining, 4.1% (n=7) chose a neutral response, and 1.8% (n=3) disagreed/strongly disagreed. In addition, 2.9% (n=5) did not answer the question.
  - 93.5% (n=157) agreed/strongly agreed that they trusted the information to be accurate. Of the remaining, 6% (n=10) neither agreed nor disagreed, 0.6% (n=1) chose a neutral response, and 4% (n=7) chose not to answer.

- 88.6% ( $n=124$ ) agreed/strongly agreed that they trusted the information to be appropriate for their situation. Of the remaining, 10% ( $n=14$ ) chose a neutral response, 1.4% ( $n=2$ ) disagreed/strongly disagreed, and 20% ( $n=35$ ) did not answer the question.
- For CIS version 3 only, consumers were asked if the ADRC staff explained how long it might take to receive the benefits and/or services for which they were applying. Of those who responded, 83.3% ( $n=50$ ) agreed/strongly agreed that they were advised, 5% ( $n=3$ ) disagreed/strongly disagreed, and 11.7% ( $n=7$ ) neither agreed nor disagreed. Total non-response, which includes consumers taking version 5 of the survey, included 115 consumers.
- Of those who indicated that they were advised how long it might take to receive benefits and/or services ( $n=139$ ), 10 reported they were told it would take more than three months and 25 were told it would take more than six months. Twenty-seven reported that it would take from 1-3 months, and 61 were advised it would take from less than one week to three weeks. Finally, 16 (11.5%) indicated they were not told how long it could take to receive benefits or services.

*90-Day Follow-up Consumer Intake Survey (FCIS):*

- The majority of consumers (93.9%,  $n=92$ ) were satisfied with the way that the ADRC site handled their call or visit.
  - In addition, 84.8% ( $n=84$ ) indicated that the site was helpful in addressing their needs, 85.7% ( $n=84$ ) were satisfied with the assistance provided by the site, and 84.7% ( $n=83$ ) stated that the site helped them to feel confident to make decisions about the services they needed.

**II. EASE of ACCESS includes a reduction in the amount of time and level of frustration and confusion individuals and their families experience in trying to access long-term support.**

*Consumer Intake Survey (CIS):*

- 81.2% ( $n=121$ ) of the respondents agreed/strongly agreed that they were able to take the information they received and contact a provider, and 83.5% ( $n=76$ ) believed that the information directed them to the right service provider.
- 85.7% ( $n=150$ ) of the consumers applied for services; 6.3% ( $n=11$ ) consumers did not apply for services, 3.4% ( $n=6$ ) consumers were unsure whether they had applied, and 4.6% ( $n=8$ ) consumers did not respond to this question.
  - Examples of benefits and/or services for which consumers applied included:
    - Food Stamps
    - Energy assistance (LIHEAP)
    - Medicaid/Medicare
    - Medicare Part D Prescription Drug plans
    - Vehicle modifications (e.g., wheel chair lift)
    - Home modifications (e.g., to accommodate wheel chairs, plus shower and bath bars)
    - Financial aid to pay medical bills, rent subsidy, and hearing aids
    - Job application assistance
    - In-home and respite care
    - Transportation

- Of those who applied for services ( $n=150$ ), the majority of respondents (83.7%;  $n=129$ ) believed the process or steps were “easier than expected,” 5.8% ( $n=9$ ) disagreed/strongly disagreed that the application steps were easier, 10.4% ( $n=16$ ) neither agreed nor disagreed, and 12% ( $n=21$ ) did not respond to the question.
- The majority of consumers (85.1%,  $n=149$ ) applied for benefits and/or services. Of those, the majority (79.9%;  $n=119$ ) agreed/strongly agreed that they were provided with help in completing the necessary paperwork. In addition, 81.2% ( $n=121$ ) indicated that the application steps were easier than expected.

**Table 9: Cross-comparison: Application for benefits vs. Receiving procedural assistance**

		Did you apply for benefits and/or services?			Total
		No	Yes	Unsure	
<b>I received help in completing the required paperwork.</b>	Strongly Disagree	1	2	0	3
	Disagree	3	2	1	6
	Neither Agree nor Disagree	0	10	3	13
	Agree	2	29	1	32
	Strongly Agree	4	90	0	94
Total		10	133	5	148

**Table 10: Cross-comparison: Applied for benefits vs. Ease of application**

		Did you apply for benefits and/or services?			Total
		No	Yes	Unsure	
<b>The steps to apply for benefits and/or services were easier than I expected.</b>	Strongly Disagree	0	3	0	3
	Disagree	4	2	0	6
	Neither Agree nor Disagree	1	12	3	16
	Agree	1	30	2	33
	Strongly Agree	4	91	0	95
Total		10	138	5	153

- Finally, of those who applied for benefits and/or services, the majority (89.9%;  $n=134$ ) agreed/strongly agreed that site staff clearly explained the application steps.

**Table 11: Cross-comparison: Applied for benefits vs. ADRC staff explained application steps**

		Did you apply for benefits and/or services?			Total
		No	Yes	Unsure	
<b>The person I spoke with clearly explained the steps to apply for benefits and/or services.</b>	Strongly Disagree	0	1	0	1
	Disagree	2	1	0	3
	Neither Agree nor Disagree	1	4	3	8
	Agree	0	28	2	30
	Strongly Agree	7	106	0	113
Total		10	140	5	155

*90-Day Follow-up Consumer Intake Survey (FCIS):*

- Consumers’ satisfaction during this reporting period was quite high.
  - The majority of consumers (93.9%,  $n=92$ ) were satisfied with the way that the ADRC site handled their call or visit.
  - In addition, 84.8% ( $n=84$ ) indicated that the site was helpful in addressing their needs, 85.7% ( $n=84$ ) were satisfied with the assistance provided by the site, and 84.7% ( $n=83$ ) stated that the site helped them to feel confident to make decisions about the services they needed.
  
- Referral to an agency for services:
  - Almost a third of consumers (28.6%;  $n=28$ ) received a referral to contact another agency or service. Of the remaining, 56.1% ( $n=55$ ) reported that they did not receive a referral, and 15.3% ( $n=15$ ) were not sure. One consumer did not respond to the question.
  - When asked if they contacted the referral, 25 of the 28 responded. Of those referred, 71.4% ( $n=20$ ) indicated that they contacted the referral source. Four did not and one was not sure. Rationale for failing to contact the referral included:
    - *“I got some other information from the Spanish Senior Center.”*
    - *“No. I just keep paying medical. They don't understand. I have memory issues and competency issues.”*
    - *“LCHS was able to help.”*
    - *“RAGE suggested we contact this place if we wanted a loan. We were not looking for a loan.”*
  - Of those who responded to the question, 58.2% ( $n=57$ ) applied for supportive services, 39.8% ( $n=39$ ) did not, and 2% ( $n=2$ ) were unsure.
  
- Time to receive services:
  - The majority of participants (65.1%;  $n=32$ ) had not received services at the time of the follow-up call. Of those who had received services ( $n=14$ ), four reported that it took longer than three months, 10 indicated that it took 1-3 months, and 10 stated that it took 1-3 weeks.

**Table 12: How long did it take to receive services needed**

	Frequency	Percent	Valid Percent
1-2 weeks	6	6.1%	24%
2-3 Weeks	4	4.0%	16%
1-2 Months	7	7.1%	28%
2-3 Months	3	3.0%	12%
More Than 3 Months	4	4.0%	12%
I haven't received services yet (pending)	1	1.0%	16%
Total	25	25.3%	4%
No Response	74	74.7%	100%
Total	99	100%	

- Version 5 of the CIS asked customers if they were on a waitlist. Of the 36 consumers who responded to the question, 80.6% ( $n=29$ ) indicated that they were.
- Two consumers also indicated that they were not eligible for services. One of these indicated that the site provide them information about private pay options, while the other did not receive this information.
- When asked if they “*applied for public benefits such as Medicare, Medicaid, Senior Rx, Disability Rx, or Food Stamps,*” 53.1% ( $n=52$ ) indicated that they had applied, while 46.9% ( $n=46$ ) reported they had not.
- Time to receive public benefits:
  - Over 50% of consumers who responded to this question reported that it took one month to receive public benefits (56.1%;  $n=23$ ), and the majority indicated that it took 3 months or less (92.7%;  $n=38$ ). In addition, six consumers indicated that they were on a waitlist.
  - For those who were denied public benefits, one contacted the ADRC site about appealing the decision, and one indicated they were not aware that the site could help them with an appeal.

**Table 13: How long did it take to receive the public benefits**

	Frequency	Percent	Valid Percent
1 month	23	23.2%	56.1%
2 months	9	9.1%	22.0%
3 months	6	6.1%	14.6%
Unsure	1	1.0%	2.4%
I was denied benefits	2	2.0%	4.9%
Total	41	41.4%	100%
No Response	58	58.6%	
Total	99	100%	

**III. RESPONSIVENESS to the needs, preferences, unique circumstances, and feedback of individuals as it relates to the functions performed by the ADRC.**

*Consumer Intake Survey (CIS):*

- Almost all consumers indicated that the ADRC staff was courteous (99.4%), knowledgeable (96.9%), and treated the consumer with dignity and respect (98.8%). For each item, only one consumer disagreed, and from 11-12 consumers did not respond.
- In addition, 88.8% (n=135) agreed/strongly agreed that their personal needs, preferences, and values were considered when ADRC staff discussed long-term supportive services. Of the remaining, 1.3% (n=2) strongly disagreed, 9.9% (n=15) chose a neutral response, and 13.1% (n=23) did not answer the question.

*90-Day Follow-up Consumer Intake Survey (FCIS):*

- When asked if ADRC site staff followed-up to see if the consumer had received the help they needed, 62.2% (n=61) indicated that someone had. This was a 10% increase from the last reporting period and showed an increased responsiveness on the part of the ADRC staff.

**IV. EFFICIENCY and EFFECTIVENESS consisting of a reduction in the number of intake, screening, and eligibility determination processes; diversion to more appropriate, less costly forms of support; improved ability to match each person’s preferences with appropriate services and settings; ability to rebalance the state’s long term support system; ability to implement methods that enable money to follow the person, etc.**

*Nevada ADRC Monthly Performance Report (MPR):*

MPR Item	October 2010 – March 2011	April 2011– September 2011	October 2011 – March 2012
	Freq	Freq	Freq
Public Program Applications	1,160	1,595	4,423
Public Program Enrollments	1,116	1,631	3,111

*Consumer Intake Survey (CIS):*

- The number of respondents who reported that the ADRC staff person was able to provide them with appropriate information and/or services for their unique situation (91.2%), although slightly lower during this reporting period than the last (92.2%), is still higher than percentages reported for the two previous reporting periods (79% and 82%, respectively).
- Consumers were asked the extent to which they agreed with the statement, “Working with [SITE] was faster than trying to access information and resources on my own.” Of those who responded, 90.9% (n=150) agreed/strongly agreed. This also was an improvement over the previous reporting period (87.3%).
- In a similar item, consumers were asked the extent to which they agreed that, “[SITE] reduced the amount of time it would have taken me to locate, access, and apply for the benefits and services I

*needed.*” Of those who responded, 89.8% ( $n=53$ ) agreed/strongly agreed with the statement, with the sites showing improved percentages over the last reporting period (80.7%).

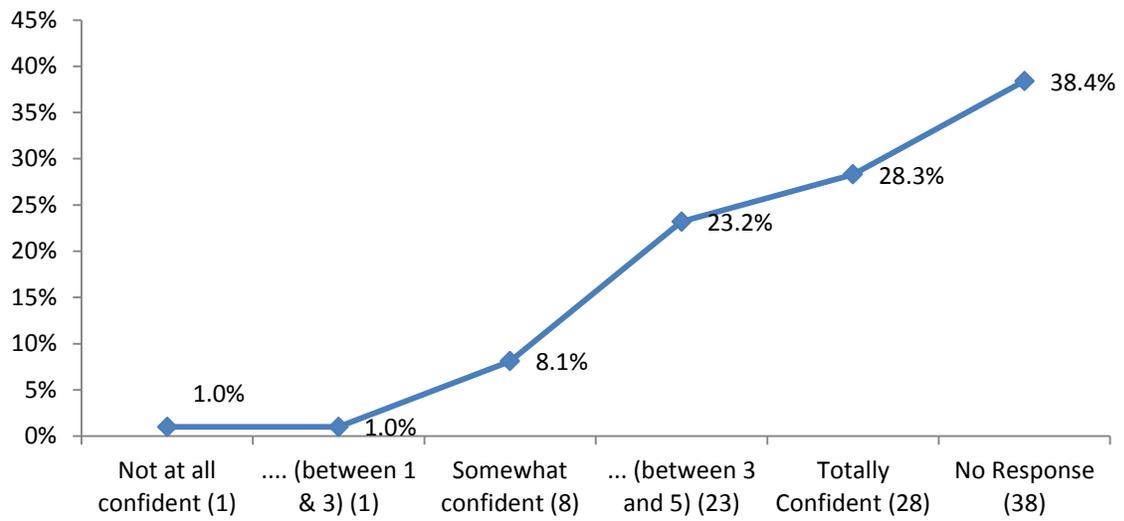
- Almost 90% (89.3%,  $n=141$ ) agreed/strongly agreed that working with the ADRC site reduced their frustration in trying to find long-term supportive services. Of the remaining, 2.6% ( $n=4$ ) disagreed/strongly disagreed, 8.2% ( $n=13$ ) neither agreed nor disagreed, and 9.7% ( $n=17$ ) did not respond.
- A slightly smaller percentage of consumers (85.8%,  $n=133$ ) agreed/strongly agreed that working with the ADRC staff reduced their confusion about finding long-term supportive services. Of the remaining, 3.8% ( $n=6$ ) disagreed/strongly disagreed, 10.3% ( $n=16$ ) chose a neutral response, and 11.4% ( $n=20$ ) did not respond.
- Finally, 87% ( $n=128$ ) agreed/strongly agreed that they were directed toward the most cost-effective form of support. Of the remaining, 2.8% ( $n=4$ ) disagreed/strongly disagreed, 10.2% ( $n=15$ ) neither agreed nor disagreed, and 16% ( $n=28$ ) did not respond.

#### *90-Day Follow-up Consumer Intake Survey (FCIS):*

- Consumers were asked, “*What is the likelihood that you or your loved one would have gone into a nursing home without these services?*” Of those who responded ( $n=25$ ), 31.1% rated the likelihood as between somewhat likely to almost certain, 54.1% ( $n=40$ ) stated that it was not at all likely, and 14.9% ( $n=11$ ) were unsure. When asked to explain what they meant by unsure, consumers stated:
  - *Because of the word "nursing home." My kids want to put me in assisted living.*
  - *Client did not respond. Indicated this question was not applicable to her.*
  - *Client did not understand Question #12 so it was skipped.*
  - *He's only 42 and I wouldn't put him there. He's fairly independent.*
  - *I don't need this for my son.*
  - *I was hoping to get Medicaid and my mom didn't qualify. She's a resident, but needs more time to qualify and doesn't have the time.*
  - *I was pretty down there, not being able to pay my rent or for food.*
  - *I'm in good health.*
  - *I'm too young.*
  - *It would be really expensive. We probably cannot afford it.*
  - *They just sent my mom into a facility in Montana. From what I've heard about some of the places -- I'd rather be on the streets.*
  - *We weren't aware that he qualified for that, those services.*
- Finally, consumers were asked to rate the following question on a scale of “Not at all Confident” to “Totally Confident.”

*“With the benefits and/or services you received, how confident are you now that you can stay in your home as long as you want?”*

  - Thirty-eight of the consumers (38.4%) did not respond to the question. Of those who did, 59.6% ( $n=59$ ) expressed some level of confidence. Only one consumer indicated that they were not at all confident about being able to maintain independence in their home.



# **APPENDIX A**

**Marketing and Outreach Activities: Visibility and Awareness  
Data Collection Period: October 1, 2011 – March 31, 2012**

October 2011		EVFS	LCHS	RAGE	RWFRC	WCSS	Total
# of Outreach and Marketing Activities to Underserved Populations		3	2	6	1	3	15
# of PSAs		0	0	0	0	4	4
# of Community Presentations		3	2	3	1	1	10
# of Provider Trainings		0	0	2	0	0	2
<b>TOTAL:</b>		<b>6</b>	<b>4</b>	<b>11</b>	<b>2</b>	<b>8</b>	<b>31</b>
November 2011		EVFS	LCHS	RAGE	RWFRC	WCSS	Total
# of Outreach and Marketing Activities to Underserved Populations		4	0	5	2	1	12
# of PSAs		0	0	0	0	4	4
# of Community Presentations		0	2	1	6	2	11
# of Provider Trainings		0	0	3	0	0	3
<b>TOTAL:</b>		<b>4</b>	<b>2</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>30</b>
December 2011			LCHS	RAGE	RWFRC	WCSS	Total
# of Outreach and Marketing Activities to Underserved Populations		8	1	0	4	6	19
# of PSAs		0	5	0	5	2	12
# of Community Presentations		0	0	0	9	0	9
# of Provider Trainings		0	1	0	0	0	1
<b>TOTAL:</b>		<b>8</b>	<b>7</b>	<b>0</b>	<b>18</b>	<b>8</b>	<b>41</b>
January 2012		EVFS	LCHS	RAGE	RWFRC	WCSS	Total
# of Outreach and Marketing Activities to Underserved Populations		3	0	1	0	0	4
# of PSAs		0	2	0	0	3	5
# of Community Presentations		0	1	2	0	3	6
# of Provider Trainings		0	1	0	0	0	1
<b>TOTAL:</b>		<b>3</b>	<b>4</b>	<b>3</b>	<b>0</b>	<b>6</b>	<b>16</b>
February 2012		EVFS	LCHS	RAGE	RWFRC	WCSS	Total
# of Outreach and Marketing Activities to Underserved Populations		2	0	0	3	0	5
# of PSAs		3	1	0	1	3	8
# of Community Presentations		31	0	3	2	5	41
# of Provider Trainings		0	0	1	0	0	1
<b>TOTAL:</b>		<b>36</b>	<b>1</b>	<b>4</b>	<b>6</b>	<b>8</b>	<b>55</b>
March 2012		EVFS	LCHS	RAGE	RWFRC	WCSS	Total
# of Outreach and Marketing Activities to Underserved Populations		18	0	1	0	0	19
# of PSAs		0	7	0	0	0	7
# of Community Presentations		7	1	0	0	2	10
# of Provider Trainings		0	0	1	0	0	1
<b>TOTAL:</b>		<b>25</b>	<b>8</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>37</b>
<b>6-Month Average:</b>		<b>14</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>36</b>
<i>Denotes shortfall in monthly marketing and outreach activity compared with goal N=3</i>							

# **APPENDIX B**

**Consumer Intake Survey (CIS)**

**90-Day Telephone Follow-Up Consumer Intake Survey (FCIS)**

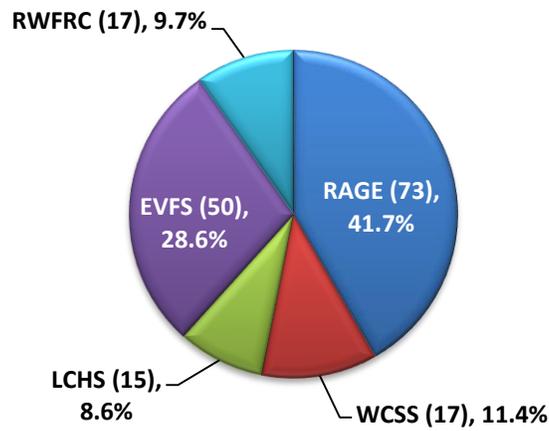
**Data Collection Period: October 1, 2011 – March 31, 2012**

## CONSUMER INTAKE SURVEY (CIS) DATA and FINDINGS

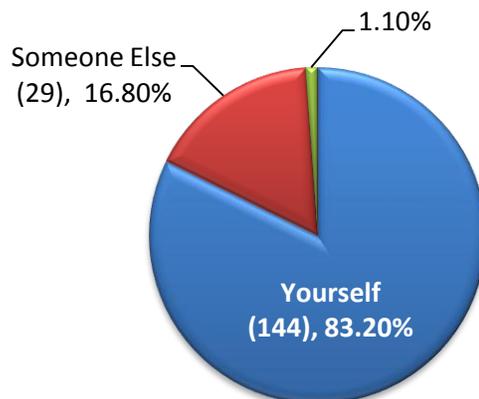
**Time Period: October 1, 2011 through March 31, 2011**

	Frequency	Valid Percent
EVFS	50	28.6
LCHS	15	8.6
RAGE	73	41.7
RWFRC	17	9.7
WCSS	20	11.4
Total	175	100

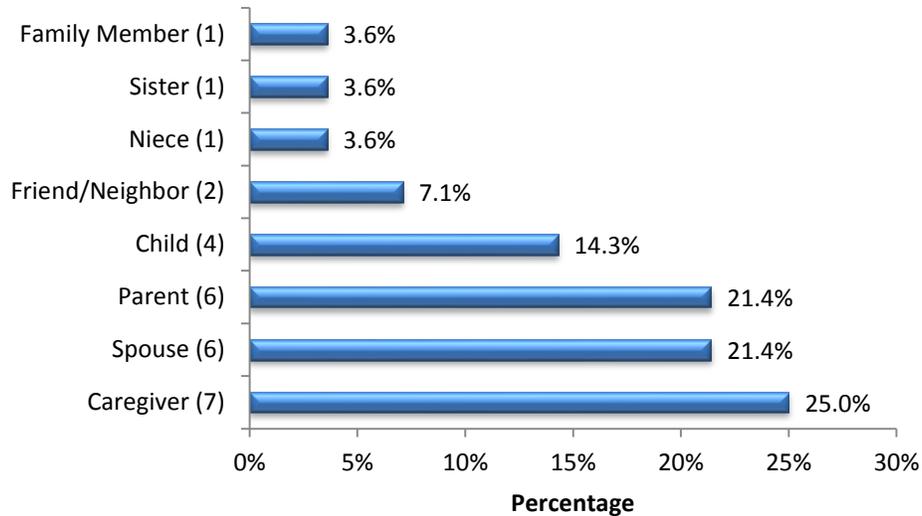
### ADRC Site Distribution of Received Consumer Intake Surveys (CIS)



#### 1. Did you call or visit [site] for yourself or someone else?



## 2. If you answered “Someone Else,” you are a...

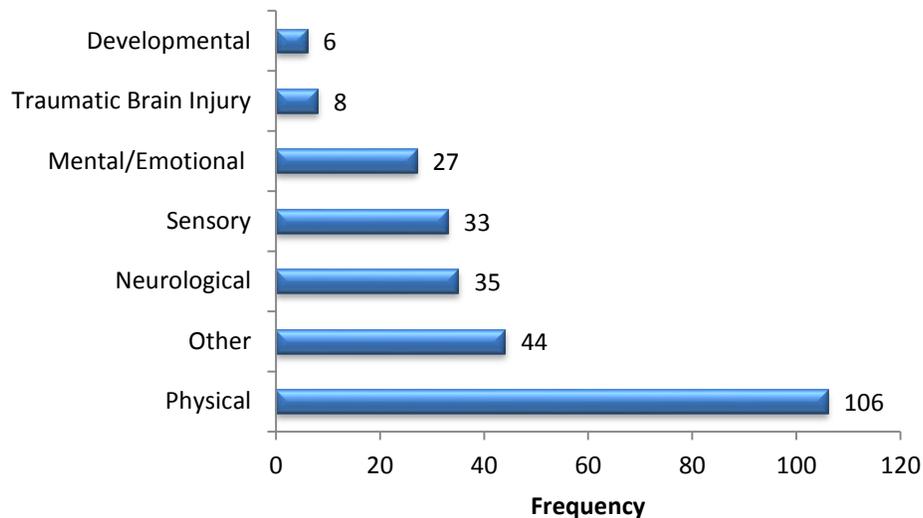


## 3. Are you (or the person you're assisting) age 60 or older?

- 72.2% (n=109) of those who responded indicated that they or the person they were assisting were age 60 or older.

## 4. What are the individual's main disabilities? (Please check all that apply)

- Participants were asked to “check all that apply” for this question. Of the 175 participants, 80.0% (n=140) responded to the question indicating that they had one or more disabilities and 20% (n=35) did not respond to the question. The following chart represents a frequency total for each the six disability categories offered to consumers.



- Over one quarter of consumers (29.9%, n=44) described their disabilities as “other.” For the majority, these data also were captured numerically.

Examples of these included the following:

- 3D vision, I was the victim of a violent crime, do not like people
- Arthritis (5)
- Back and spine injuries
- Back operation
- Back pain
- Bad Knee
- Balance
- Blind
- Both hips broken
- Chronic bronchitis
- CKF
- Congestive heart failure (2)
- COPD (4)
- COPD, emphysema on oxygen 24/7
- Degenerative disc disease
- Degenerative spine disease
- Diabetes (9)
- Fibromyalgia (2)
- Frail, easily fall down
- Glaucoma
- Hearing (2)
- Heart (6)
- Heart rate (pacemaker)
- Hernia
- High blood pressure (2)
- Hip Replacement(s) (2)
- I need another operation to repair my abdominal aorta
- Injured leg
- Learning disabilities
- Leg ulcers
- Lung cancer (2)
- Many
- Memory loss
- Mental
- On oxygen 24/7, and other things that go along with the health issues
- Osteoarthritis (2)
- Parkinson’s
- PTSD
- Pulmonary and lung cancer
- Respiratory and cardiac
- Scoliosis
- Seizures
- Short term memory
- Speech
- Spinal and hip plate

- Spinal chord
- Unable to walk for long distances, unable to stand for long periods 5 or 10 minutes
- Weight

**5. If you are assisting someone else, are you his/her caregiver?**

- Of the consumers ( $n=29$ ) who contacted the ADRC for “someone else,” 55.2% ( $n=16$ ) also indicated that they were caregivers, two indicated that they were not sure, and 11 did not respond to the question.

**Cross-comparison: For whom did you call/visit vs. Are you the caregiver**

		Did you call or visit (Name of ADRC Site) for...		Total
		Yourself	Someone Else	
<b>If you are assisting someone else, are you their caregiver?</b>	No	45	9	54
	Yes	0	<b>16</b>	16
	Unsure	2	2	4
Total		47	27	74

**6. How many family members or friends with a health condition or disability do you provide care for?**

Care recipients under age 60

- Three consumers indicated that they care for one person under age 60 ( $n=3$ )
- One consumer indicated that they care for two persons under age 60 ( $n=2$ )
- One consumer indicated that they care for three persons under age 60 ( $n=3$ )

Care recipients age 60 or older

- Nine consumers indicated that they care for one person age 60 or older ( $n=9$ )
- Two consumers indicated that they care for two persons age 60 or older ( $n=4$ )

**7. Are you the primary caregiver?**

- Although 16 respondents indicated that they are a caregiver to the person they are assisting, only 5 reported that they are a primary caregiver and one indicated that they were not sure.

**Cross-comparison: Primary caregiver vs. Assisting, are you their caregiver**

		Are you the primary Caregiver?			Total
		No	Yes	Unsure	
<b>If you are assisting someone else, are you their caregiver?</b>	No	1	0	0	1
	Yes	1	4	1	6
	Unsure	0	1	0	1
Total		2	5	1	8

**8. How long have you been their primary caregiver? \_\_\_\_year(s)**

- The length of time the caregivers had been providing care ranged from 6 months to 52 years.

**9. Approximately, how many hours PER WEEK do you spend caregiving? \_\_\_\_hours**

- The number of hours per week spent in caregiving activities ranged from 4 to 168 hours.

**10. What concern(s) do you have involving your caregiving responsibilities? (Cleaned Raw Data)**

- I am having health problems and am unsure if I can provide sufficient assistance.
- I am looking for resources to help and support groups.
- I'm a disabled senior with two kids. Hard for me to do all the running around and care taking they require.
- I am concerned about my continuing physical strength and the upkeep of all the equipment and the vehicle.
- Need help financially. I am on social security age 66.
- No physical therapy. I am the wife, and he needs a physical therapist desperately!
- I am concerned about pushing wheelchair, having enough oxygen for my daughter when the power goes out, 24/7 and her medications.
- Ricky needs bars at the tub and to get a stool for the bathroom. Also, Ricky needs a ramp to get into our home.
- That he might fall either in the bathroom or on the steps.

**11. Have you received *Respite Care*, which allows you the caregiver, time off to relax or to take care of other responsibilities?**

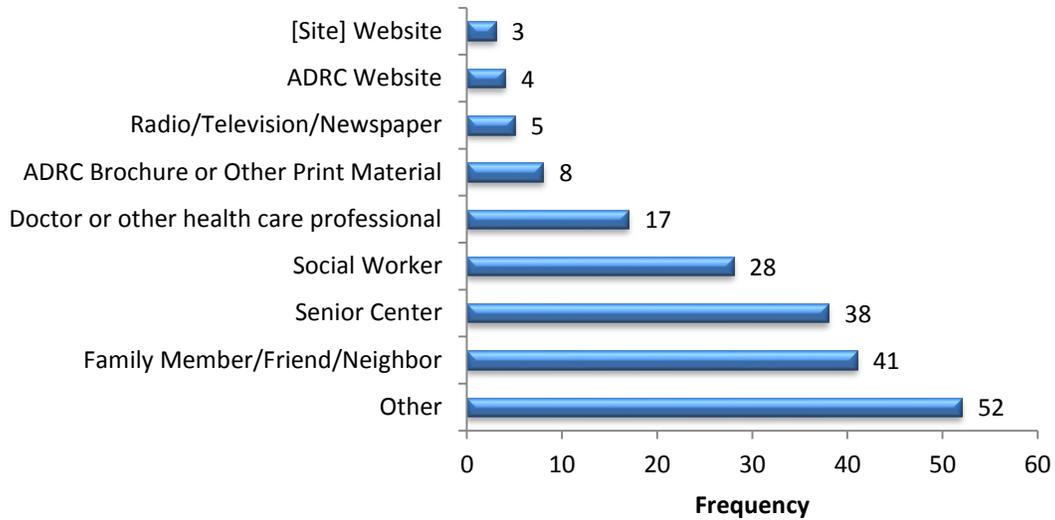
	Frequency	Valid Percent
No	11	6.3%
Yes	3	1.7%
No Response	161	92.0%
Total	175	100%

**12. Would you like to learn more about Respite Care?**

- Of those who responded, 40% (n=6) indicated an interest in learning more about Respite Care.

	Frequency	Valid Percent
No	8	53.3%
Yes	6	40.0%
Unsure	1	6.7%
Total	15	
No response	160	
Total	175	

**13. How did you hear about the ADRC site? [Please check all that apply]**



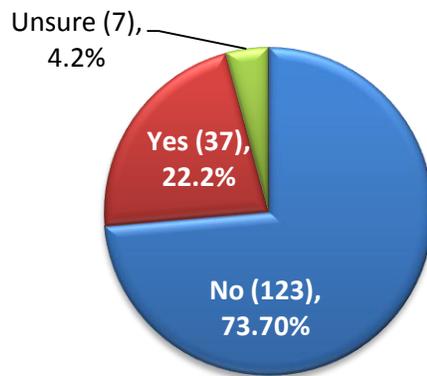
**a. If “other” please specify (*Cleaned Raw Data*):**

- AARP Reno
- Another assistance agency gave me RAGE's number
- Another paraplegic person
- Another senior agency
- Care Chest
- Center for Independent Living
- Comprehensive Cancer Center of NV
- Co-worker
- Disability Center
- Dr. Shane Chase- Anderson Audiology
- Drove By
- Eldercare location
- Energy Assistance handouts of intake sites
- Help Agency
- HUD- Rebuilding together
- Humana
- Web/Internet search for disabled
- Jewish senior care
- JFS
- Just called
- Man at Better Life Mobility
- MDA
- Meals on Wheels
- Medical Supply Health Care
- Medicare
- Methodists Church
- Mobility people

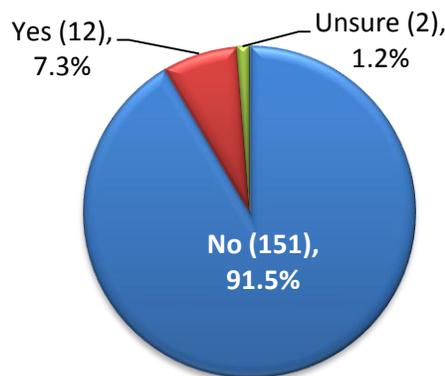
- My mother
- Nevada 211 (2)
- Nevada Energy (4)
- Phone call to the Governor’s office
- Physical Therapist
- Prior volunteer at Ron Wood food bank
- Senior Commodity
- Senior Dimensions Fair
- Senior Law Project
- State of NV representative
- The Ability Center
- The Scooter Store
- Vendor
- Walk in

**Note:** The list of “other” illustrates the breadth of organizations that are aware of the Nevada ADRC and are providing information to their clients and others regarding the Nevada ADRC.

**14. Have you contacted [site] before? (n=167)**



**15. Have you visited the Nevada ADRC website at [www.NevadaADRC.com](http://www.NevadaADRC.com)? (n=133)**



**16. If “YES,” How many times in the past 6 months did you visit the ADRC website?**

- Thirteen consumers responded to this question, and frequency of visits to the ADRC website ranged from 1-10 times in the past six months.

The following table illustrates the compiled scaled items, followed by graphic representations of responses to each question.

Item	Total Sample (N=175)		Likert Scale (Percentage based on Sample Size)				
	No response	Sample Size (n)	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
<b>Participant Satisfaction (overall)</b>							
I was satisfied with the information I received.	5	170	0.6%	1.2%	4.1%	22.4%	71.8%
I am satisfied with the assistance I received.	13	162	1.2%	1.2%	3.7%	19.1%	74.7%
I understood the information I received.	8	167	0.6%	1.8%	3.0%	34.7%	59.9%
I trusted that the information I received was accurate.	7	168	0.6%	---	6.0%	27.4%	66.1%
I trusted that the information I received was appropriate for my situation (CIS version 3)	112	63	---	1.6%	9.5%	34.9%	54.0%
The information I received is the right information for my issue. (CIS version 5)	73	102	1.0%	---	7.8%	24.5%	66.7%
The information directed me to the right service provider.	84	91	2.2%	1.1%	13.2%	17.6%	65.9%
A staff person at [SITE] followed-up with me to see if the referral led to the assistance I needed. (CIS version 3)	111	53	7.5%	5.7%	11.3%	28.3%	47.2%
I received enough information to make choices about public benefit programs.	21	154	1.3%	2.6%	10.4%	27.3%	58.4%
I received enough information to make choices about long-term supportive services.	28	147	0.7%	3.4%	17.0%	25.2%	53.7%
I received enough options to make the best decisions about the services I needed.	23	152	0.7%	2.6%	10.5%	25.7%	60.5%
The steps to apply for benefits and/or services were easier than I expected.	21	154	1.9%	3.9%	10.4%	22.0%	61.7%

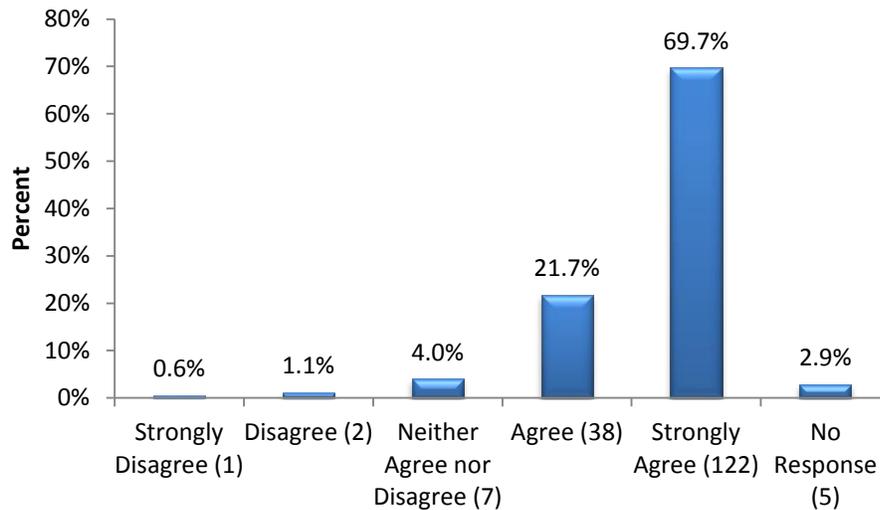
I was directed toward the most cost-effective forms of support.	28	147	1.4%	1.4%	10.2%	22.4%	64.6%
Participant Satisfaction with Site/Staff							
	No response	Sample Size (n)	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
The person I spoke with was courteous.	11	164	0.6%	----	----	13.4%	86.0%
The person I spoke with was knowledgeable.	12	163	0.6%	---	2.5%	13.5%	83.4%
The person I spoke with treated me with dignity and respect.	11	164	0.6%	---	0.6%	12.2%	86.6%
My needs, wishes, and values were considered when talking about my long-term supportive services.	23	152	1.3%	---	9.9%	19.1%	69.7%
The person I spoke with explained how long it might take to receive the benefits and/or services. (CIS version 3)	115	60	---	5.0%	11.7%	30.0%	53.3%
Working with [SITE] was faster than trying to access information and resources on my own.	10	165	1.2%	1.2%	6.7%	21.2%	69.7%
Working with [SITE] was less frustrating than trying to find long-term supportive services on my own.	17	158	1.3%	1.3%	8.2%	17.1%	72.2%
Working with [SITE] was less confusing than finding long-term supportive services on my own.	20	155	1.9%	1.9%	10.3%	16.1%	69.7%
[SITE] reduced the amount of time it would have taken me to locate, access, and apply for the benefits and services I needed. (CIS version 3)	116	59	1.7%	3.4%	5.1%	28.8%	61.0%
I received help in completing the required paperwork.	26	149	2.0%	4.0%	8.7%	22.2%	63.1%
The person I spoke with clearly explained the steps to apply for benefits and/or services.	19	156	0.6%	1.9%	5.1%	19.8%	72.4%

**Participant Action**

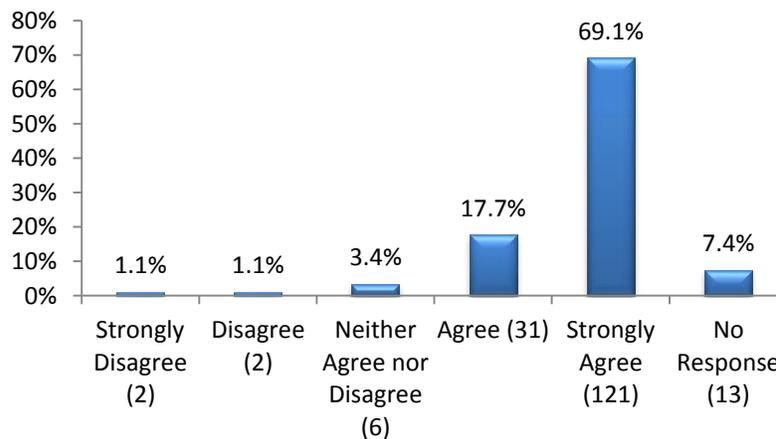
	No response	Sample Size (n)	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I was able to use the information to contact a service provider.	26	149	1.3%	2.0%	15.4%	26.2%	55.0%
I would contact [SITE] again in the future, if I needed to.	7	168	0.6%	---	1.2%	19.6%	78.6%
I would recommend [SITE] to a friend or family member.	9	166	0.6%	---	3.0%	16.9%	79.5%
I support the ADRC program.	16	159	0.6%	---	4.4%	20.8%	74.2%

**Individual Responses to Likert-Scale survey items. (Note: Response percentages are based on total sample.)**

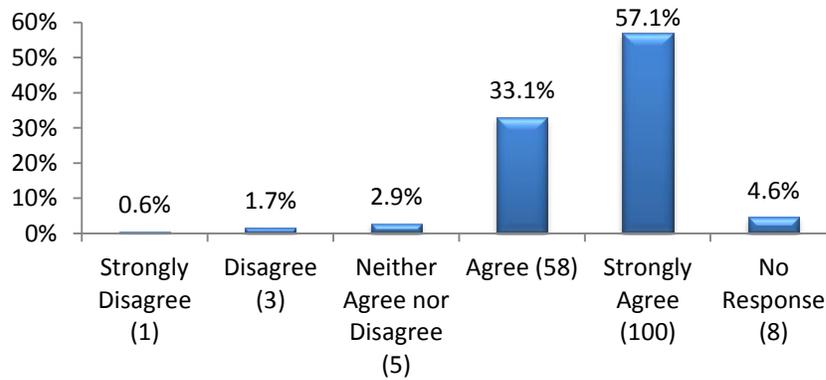
**17. I was satisfied with the information I was given.**



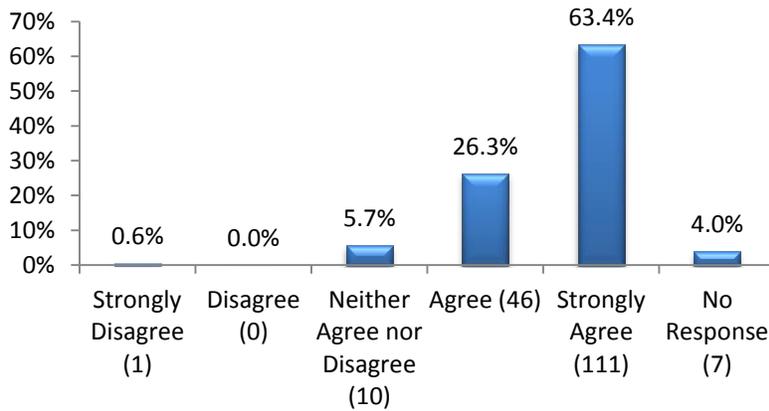
**18. I was satisfied with the assistance I received.**



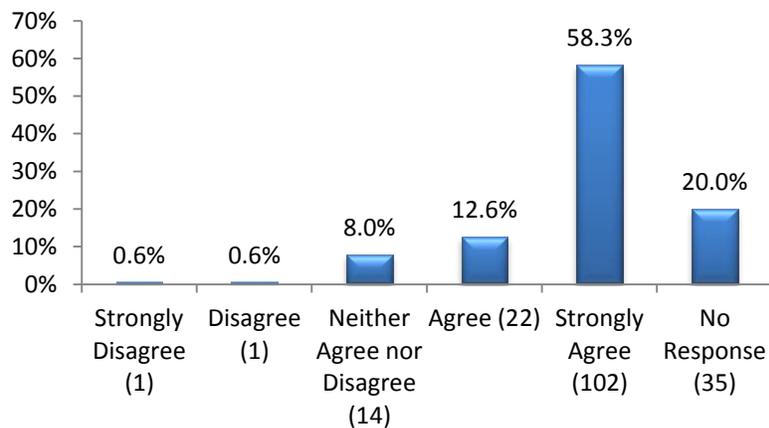
**19. I understood the information I was given.**



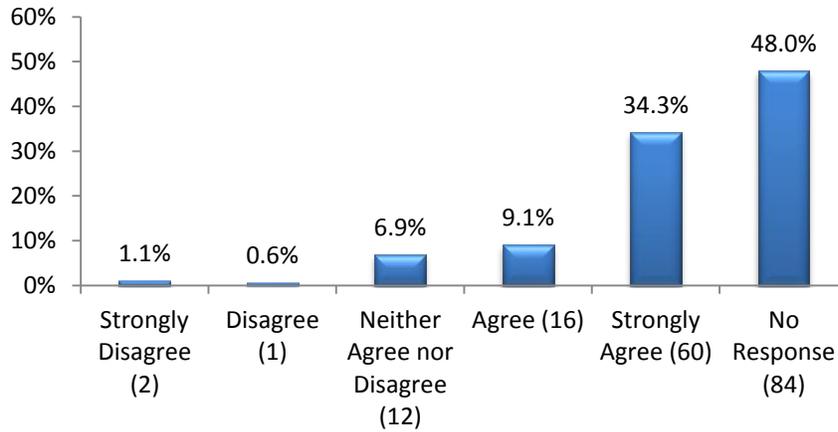
**20. I trusted that the information I received was accurate.**



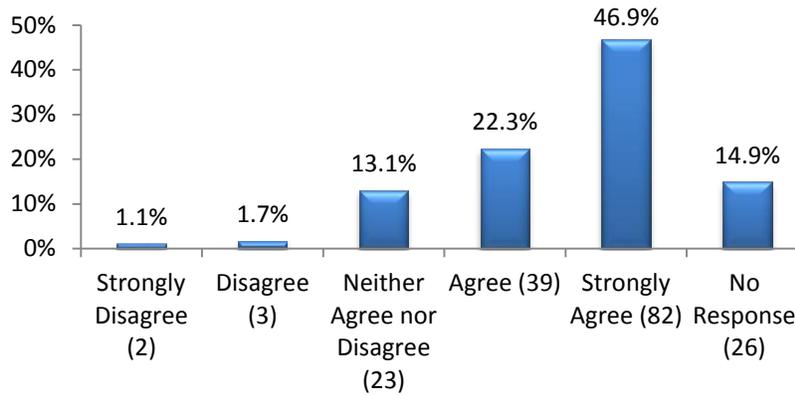
**21. The CIS version 5 question, *The information I received is the right information for my issue, was combined with the CIS version 3 question, I trusted that the information I received was appropriate for my situation.***



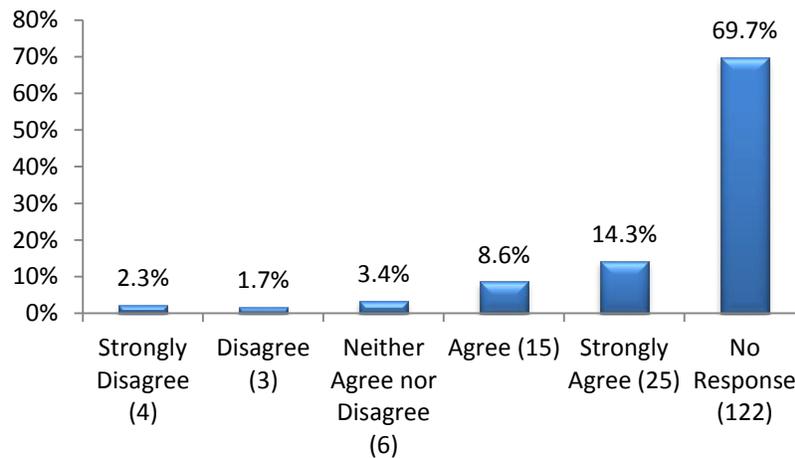
**22. The information directed me to the right service provider (version 5 only).**



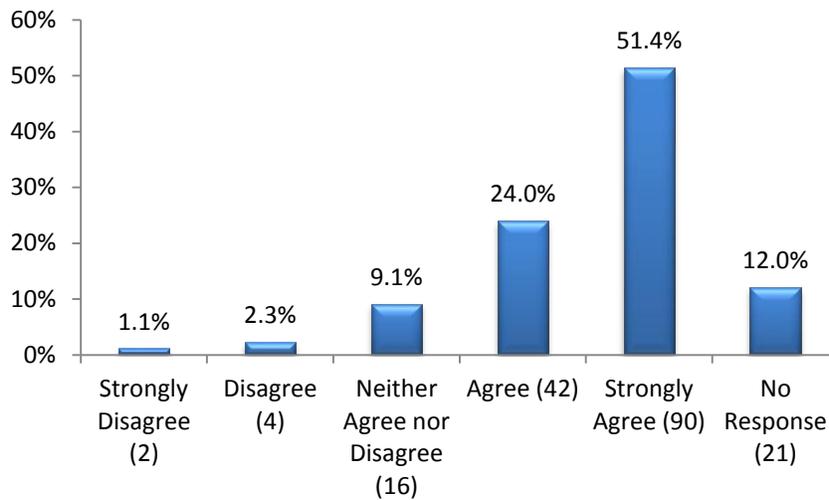
**23. I was able to use the information to contact a service provider.**



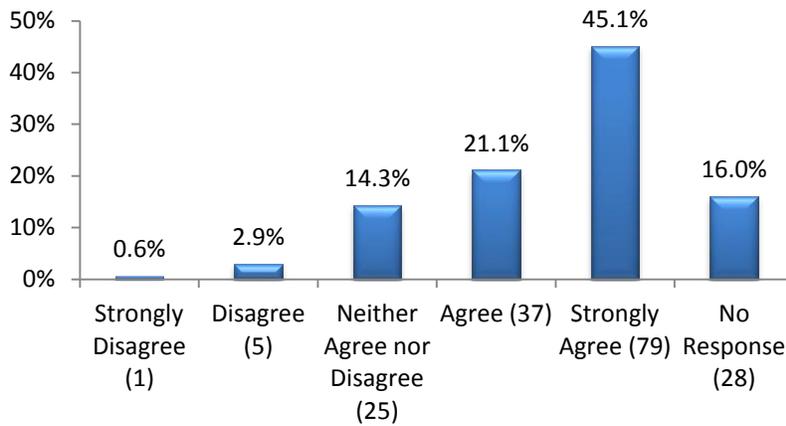
**24. A staff person at [SITE] followed-up with me to see if the referral lead to the assistance needed (Version 3 only).**



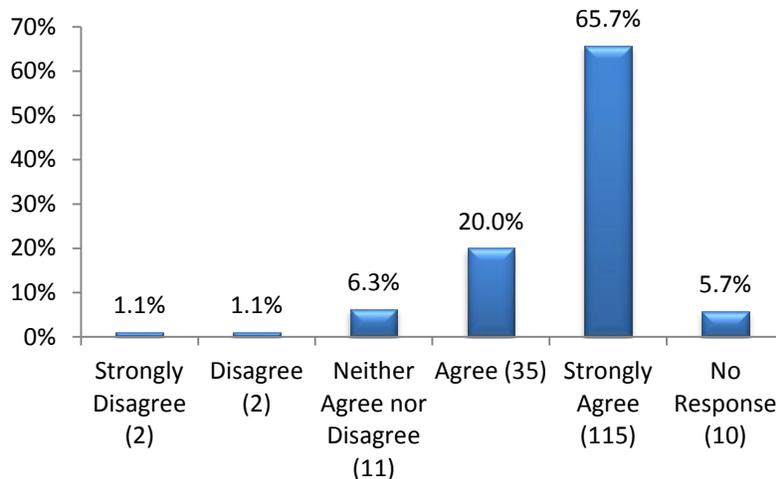
**25. I received enough information to make choices about public benefit programs.**



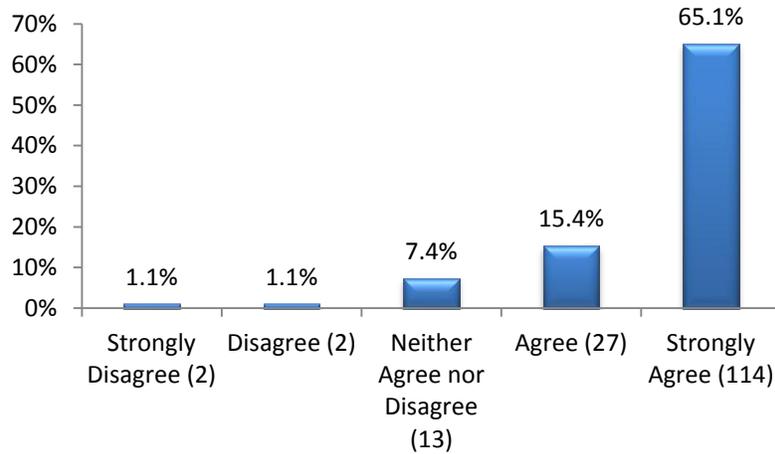
**26. I received enough information to make choices about long-term supportive services.**



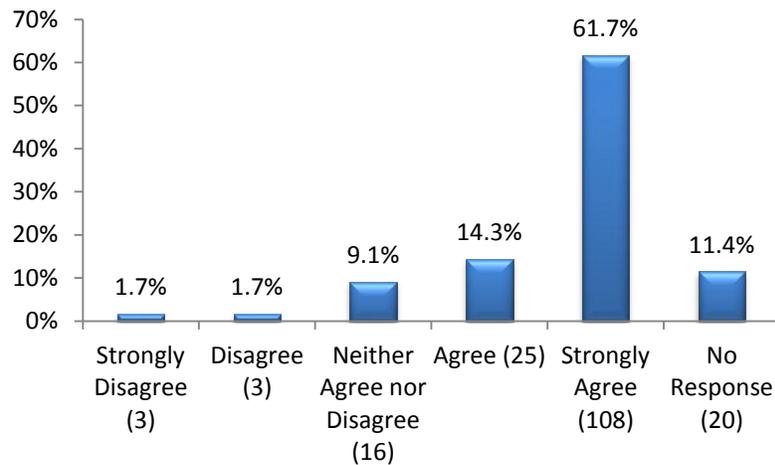
**27. Working with [SITE] was faster than trying to access information and resources on my own.**



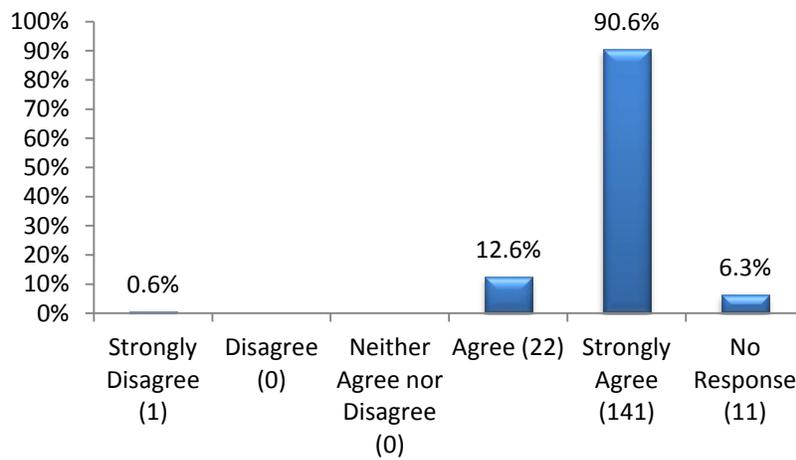
**28. Working with [SITE] was less frustrating than trying to find long-term supportive services on my own.**



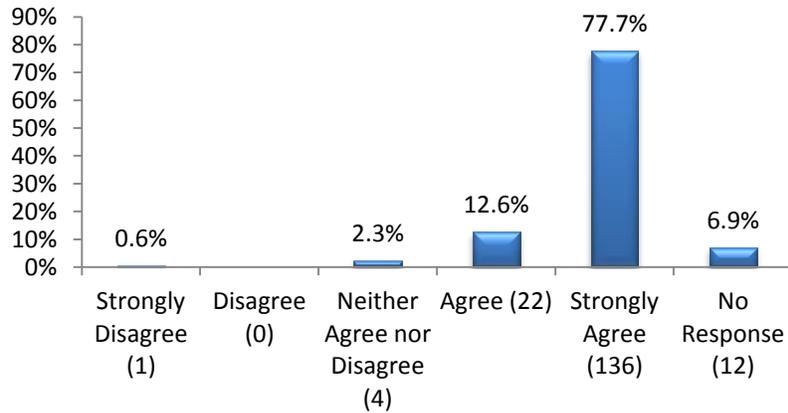
**29. Working with [SITE] was less confusing than finding long-term supportive services on my own.**



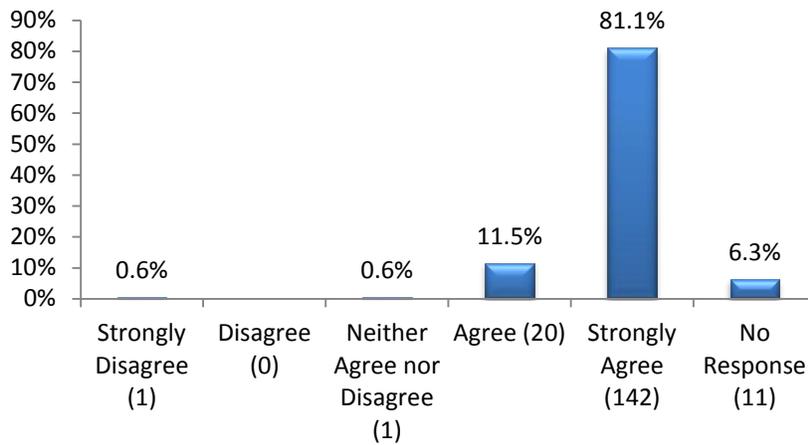
**30. The person I spoke with was courteous.**



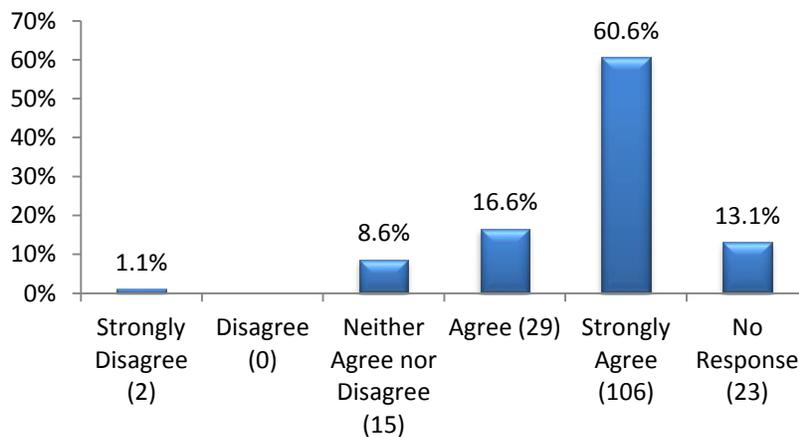
**31. The person I spoke with was knowledgeable.**



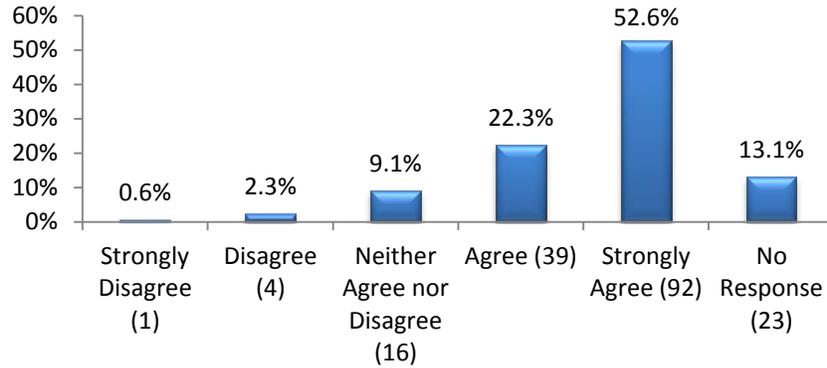
**32. The person I spoke with treated me with dignity and respect.**



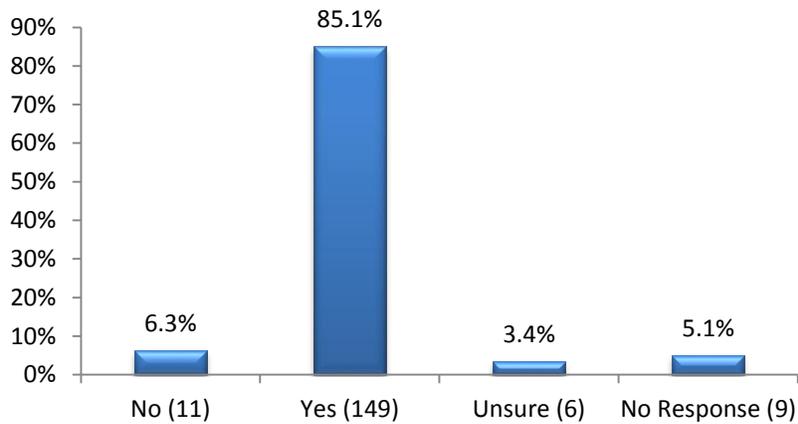
**33. My needs, wishes, and values were considered when talking about my long-term supportive services.**



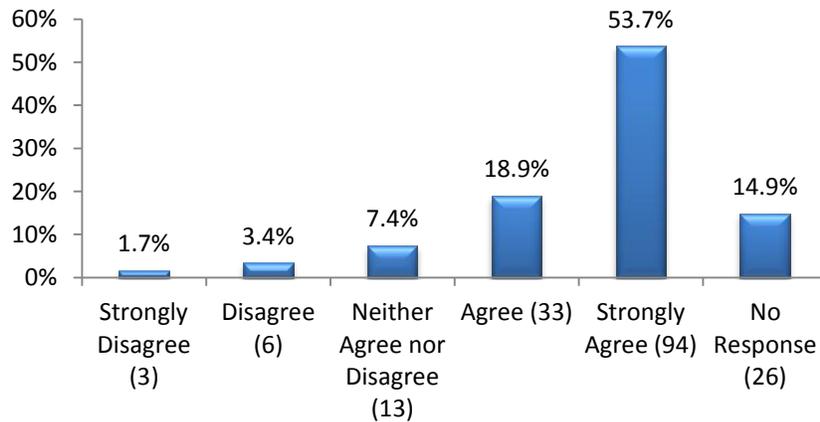
**34. I received enough options to make the best decisions about the services I needed.**



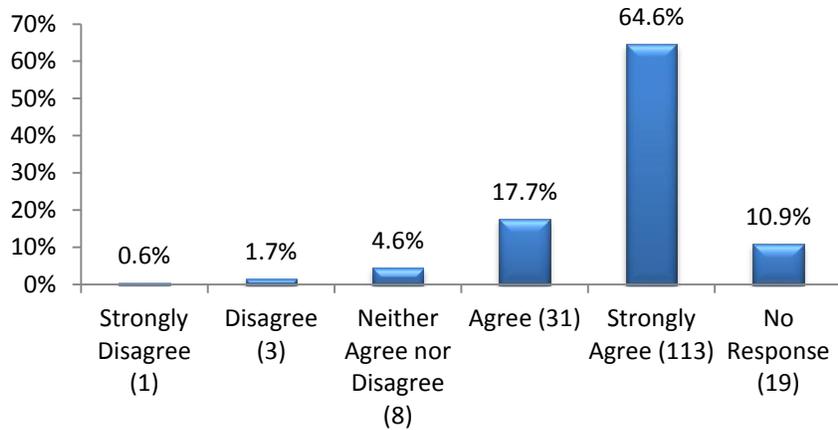
**35. I applied for benefits and/or services. (Note: The response format for this question was modified from CIS version 3 to CIS version 5. A combined version of this data is provided below).**



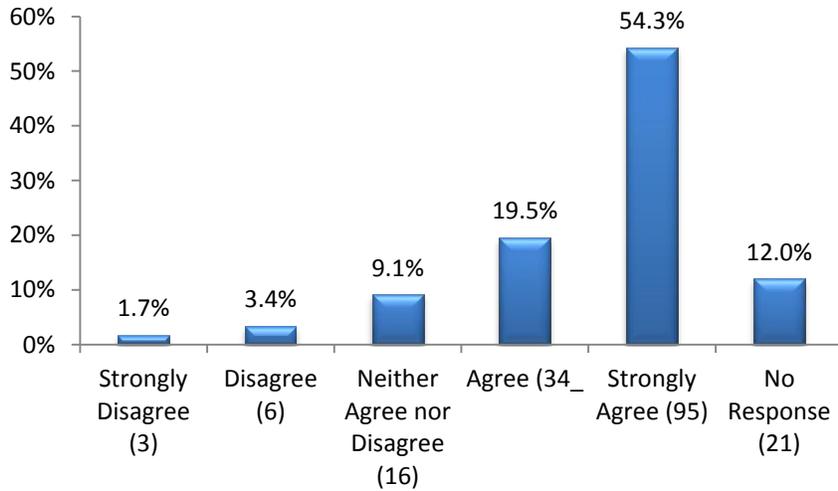
**36. I received help in completing the required paperwork.**



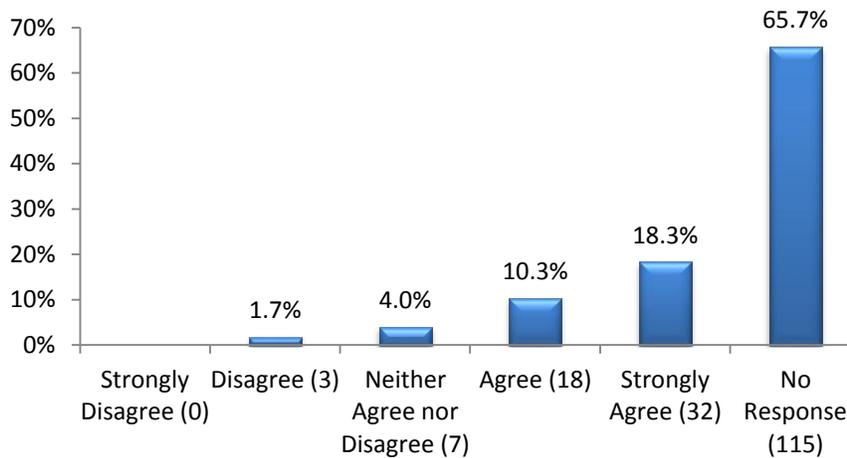
**37. The person I spoke with clearly explained the steps to apply for benefits and/or services.**



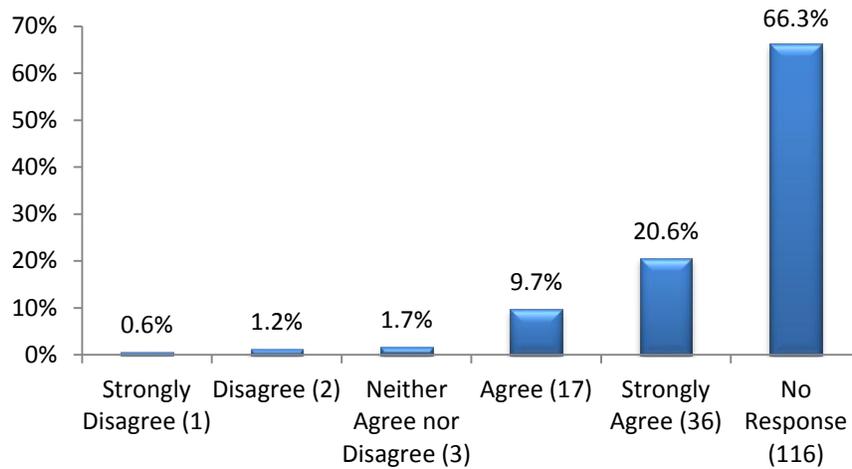
**38. The steps to apply for benefits and/or services were easier than I expected.**



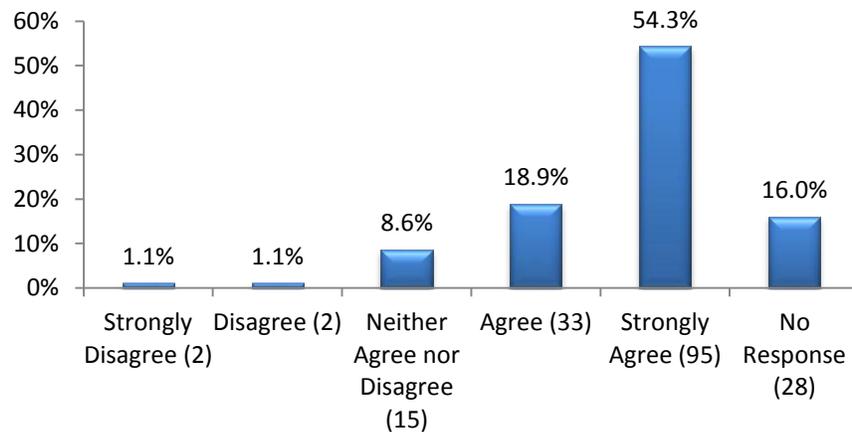
**39. The person I spoke with explained how long it might take to receive the benefits and/or services.**



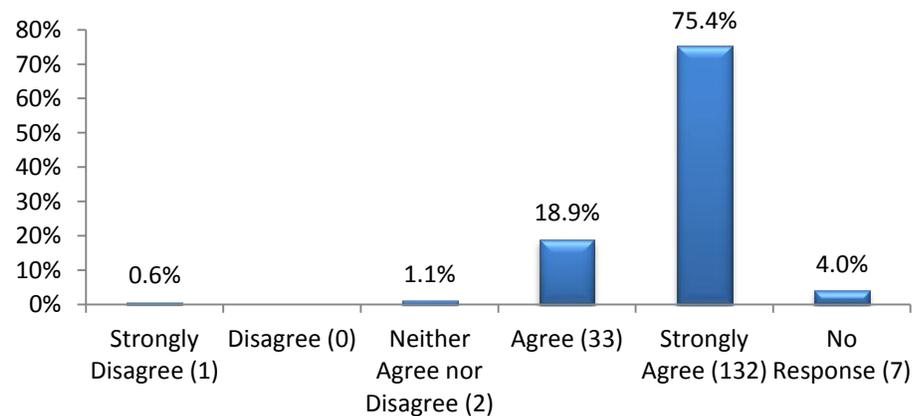
**40. [SITE] reduced the amount of time it would have taken me to locate, access, and apply for the benefits and services I needed.**



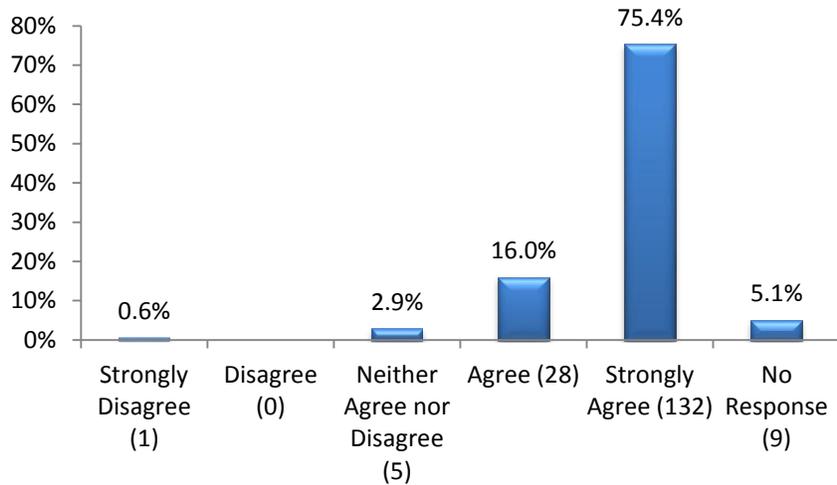
**41. I was directed toward the most cost-effective forms of support.**



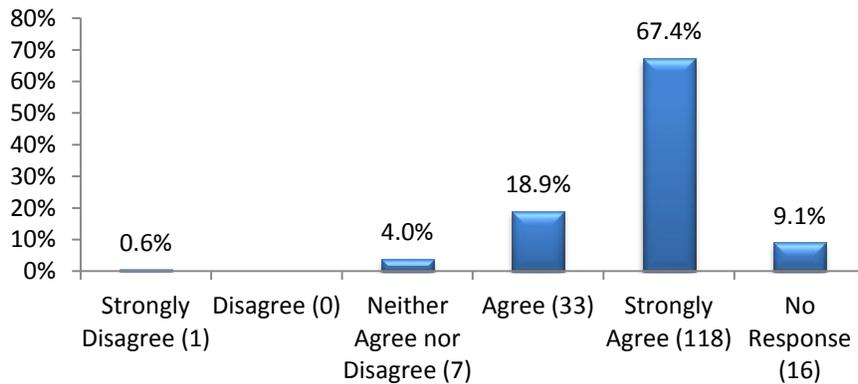
**42. I would contact [SITE] again in the future, if I needed to.**



**43. I would recommend [SITE] to a friend or family member.**



**44. I support the ADRC program.**



**45. If you applied for benefits and/or services which benefits and/or services did you apply for? (Cleaned Raw Data)**

**EVFS**

- Energy Assistance.
- Food.
- Medicaid, Food Stamps
- Application for Medicaid, Energy Assistance application, and application for Food Stamps.
- Assistance with Electric Bill, and Senior Share Program.
- Assistance with food, utility bill.
- EBT- Food Stamps RENEW.
- Electric Assistance.
- Energy Assistance, Project Reach, weatherization, food pantry, Medicare review.
- Energy Assistance, Social Security Medicare in April 2012 (Age 65 Oct 2012).
- Energy Assistance, Volunteers in Medicine of Southern Nevada.
- Food and transportation.
- Food assistance.

- Food Assistance, Travel Assistance, and Medical Referral.
- Food benefits.
- Food Stamps, help with setting up a Social Security interview, and safe-link application.
- Food Stamps/Medical Assistance/ Utilities/ Taxi coupons.
- Food, computer usage, medical referral.
- Food Stamps, Medicaid, Energy Assistance, Senior Share.
- Gas, NV power.
- Food.
- Help paying electric and gas bills.
- Help with electric.
- Help with heat bills.
- Just for my parents, secondly for myself.
- Lower electric bill, help from social security, Food Stamps, Medicare 4.
- MAABD Application.
- Medical help, food.
- Medicare Rx help, Medicare premium assistance.
- NV Energy Assistance.
- Oxygen and Wheelchair.
- Power.
- Power bill.
- Rent, I need rent for which the home I already live in.
- Senior Services.
- SNAP, Energy.
- Southwest gas, Energy Share.
- SSI.
- State identification assistance, Affordable Housing information packets, emergency food assistance.
- Supportive services to my personal needs (EAP).
- Utilities- Power.
- Utility Assistance.
- Utility- Nevada Energy.

#### **LCHS**

- Medicare Part D.
- First time food assistance, energy assistance, 2nd time Medicare/Medicaid.
- Disability, Medical, RX prescription, dentist.
- Food Stamps/ Medicaid.
- Help with Medical payments.
- Information only- and inquiry about possible placement as a caregiver.
- Low Rent Subsidy application.
- Meals on Wheels for my mom.
- Prescription Drug Coverage.
- Social Security and SS Disability, Senior Rx Service.
- Utilities, Medicare Part A and B (\$100 reimbursement).

#### **RAGE**

- All government that applied to me.
- All that I hope to qualify for.
- Bathroom grab-bars.

- Chair/Stair lift; walk-in shower, power chair.
- Electric help.
- Electric wheelchair lift and railings on a ramp going into the home.
- Energy Assistance (completed paperwork- am waiting on lease with section 8 to be completed), Medicaid, Food Stamps, Transportation Assistance.
- Financial help for lift on vehicle for my son's power chair.
- Food assistance, doctor, nurse, physical therapy, occupational therapy.
- Food Stamps.
- Food Stamps.
- For bathroom handicap and ramps.
- Grab bar, ramp installation, utility assistance.
- Grab bars, ramp, hand railings, wheelchair, scooter.
- Hand bar in shower, ramp for wheelchair.
- Hearing aids.
- Hearing Aids (2).
- Hearing aids, plumbing problems.
- Help financially with Rx, and high care meds. One of which keeps me alive- Plavix.
- Help for my son XXX, age 52 multiple handicaps and legally blind in a motorized. Wheelchair in transporting him. He uses a manual wheelchair for doctor visits, etc. outside the home and has no way to transport him or his father who have Parkinsons. I am 79 years old and unable to lift him any longer due to a back problem.
- Help to purchase a modified van.
- Help to rebuild steps or a ramp for access out of my mobile home.
- Help with copay for power chair, and help with purchasing a lift for my vehicle- needs to be a van or SUV I think? I don't have either one.
- Help with Medicare costs. I also received help applying for food assistance.
- Help with wheelchair rack for car.
- Home and auto modifications for my husband. Energy assistance.
- Home modification, Assisted Living.
- Home modification, financial assistance/grant for van with ramp.
- Home, auto, homecare.
- I don't know. I inquired about a medical apparatuses... I am unsure if that's a benefit or service.
- I get Food Stamps.
- I just needed help in trying to get my social security benefits straightened out.
- I need assistance in obtaining a new and more up to date hearing device for me to communicate with others. I am 63 years old and on my SS and have to budget my money.
- I need some kind of lift to put my power chair in my van, so I can go to my doctor's and groceries, etc.
- Install hand bars in bathrooms and chair lift.
- Meals on Wheels, Medical copay.
- Medicaid- D coverage and grab bars for bathroom.
- Medicaid supplement.
- Medicaid, EAP, Food Stamps.
- Medicaid, Food Stamps.
- Medicare Part D.
- Medicare Plans, payment relief.
- Medicare reimbursements, Medicaid, Food Stamps, Prescription plan.
- Medicare, Medicaid, and Food Stamps.

- Motorized scooter, co pay assistance, bedroom ramp, bath bars.
- Need rental help for now 2011.
- Prescription help.
- Ramp for motorized chair for car.
- Ramp for my car, fix bathroom enlarge doors, steps by side of the car.
- Ramp for my home.
- Respite.
- SNAP.
- The ramp for my wheelchair and I am applying for Food Stamps on Oct. 26th.
- To have a hearing aid for my right ear (I have already one for my left ear which I obtained from Anderson Audiology paid for by insurance).
- Utility help, modification of vehicle.
- Van transportation, which is wheelchair accommodated.
- Vehicle modification.
- Walk-in shower and toilet.
- Walk-in shower, wheelchair ramp.
- Wheelchair ramp, wheelchair van, bathroom modification.

### **RWFRC**

- Food
- Apartment of my own. Need to ask for Medicaid.
- Eyeglasses via the Lion's Club- Lyon City.
- Food and Christmas.
- Food Stamps, Medicaid, Disability.
- Food, any help such as electric, gas, etc.
- Food, Safe Link Phone.
- Help with food, Information on how I may be able to get new dentures because the hospital lost my bottom ones. They say they are not responsible for loss, therefore I have not had bottom dentures since March of 2011. Because I can't afford them because of being on SSD with a 14 year old daughter and a single mother from the beginning.
- Help with paperwork for energy assistance program.
- Help with paying last electric bills.
- Housekeeping now my son helps me.
- Social Security Disability.
- SSI- Medical, Food Stamps, housing, pantry assistance.
- Will be applying for housing assistance (HUD housing) and utility assistance.
- Yes.

### **WCSS**

- Meals on Wheels.
- Food Stamps.
- Food Stamps.
- Food pantry, Energy Assistance, Bender Legal Project.
- Food Stamps, Medicaid.
- Food Stamps, Medicaid.
- Help with utilities.
- Home delivery of food was "most helpful." I was supposed to have housekeeping help- but never came back- since Feb 15.

- Housekeeping.
- I do not remember- I think I asked for food delivery and someone to help clean my house a little.
- Legal advice.
- Medicaid, Food Stamps, electric help.
- SNAP/Medicaid.

**46. How long were you told it could take until you received benefits and/or services?**

	Frequency	Valid Percent
Less than one week	28	20.1%
2-3 Weeks	33	23.7%
1-2 Months	20	14.4%
2-3 Months	7	5.0%
More than 3 months	10	7.2%
More than 6 months	25	18.0%
I was not told how long it could take to receive benefits and/or services	16	11.5%
Total	139	100%
No Response	36	20.6%
Total	175	

**47. If you experienced any problems working with [SITE], please tell us about them on the lines below.**  
*(Cleaned Raw Data)*

**EVFS**

- Absolutely none!
- I could not get services because either homeless or short in age; although I have disability. The worker was helpful and gave food voucher.
- XXXX at East Valley assisted me so well that any problems that occurred were quickly eliminated, and she is always there when I need her.
- I am unable to answer items 16, 17, 19 & 21 on page 4 of this survey because the worker I approached did not say anything about long-term supportive services.
- I have no problem working with EVFS. I thank you for your nice services.
- I have no complaints. The assistance I received was satisfactory.
- I'm satisfied with their service.
- No follow-up regarding paying the electric bill.
- No problems- other agencies gave us the incorrect information, your staff was EXTREMELY knowledgeable and very helpful!
- No problems. Good job.
- No, they are very accommodating, respectful, and friendly.

- No, when you can rescue a person in dire need, this eliminates problems- a good job- please continue you efforts.
- Nothing to say, just they did an awesome job.
- They were wonderful to me...a real lifesaver.

#### **LCHS**

- No problems listed.

#### **RAGE**

- Due to my advancing years, I request that whenever you speak to me speak slowly and clearly. Otherwise, I can't remember everything.
- Have been very satisfied so far.
- I don't know.
- I have only begun my association with RAGE.
- I hope they will do the project as they promise to faster. I requested a grab bar in my bathroom. It is almost a year now.
- I phoned specifically for help with housing/rental assistance, but no information was available.
- My problems were caused by extreme stress in my own life, which made more support and help necessary.
- Need a rack to carry my scooter on back of car because my husband is not too strong (77 yrs.) to take scooter apart and put in trunk.
- Needed lift now to get son to doctor and shopping. I had to borrow money from family.
- No problem; excellent service.
- No problems.
- No problems at all. XXXX was the most helpful, courteous person I've met in a long time. They did not make me feel like any services were coming from their pockets.
- None so far!
- Only sending in this form. No issues just need help.
- RAGE has been a very good outfit for me. I hope we stay in contact!
- This is a new experience for me and just newly with your program. Thank you for this opportunity.
- Too early in process to judge.
- Too new to answer all the questions.
- Was treated with courtesy and kindness. Am not computer wise, so have to get information sometimes.
- Wasn't told how long it would take to process Food Stamps and when they go in effect.

#### **RWFRC**

- At time, they can be rude and that some of us are just looking for handouts. If I didn't need help at time, I would not come and ask for help with food and with any other questions that I may have, and if they may have other information about services that can help my daughter and myself. The women in the food pantry are the rudest people.
- Housing section 8 lost housing, never notified of granted housing or meeting, but notified of terminated, spot of sec. 8. Can you help please?
- I strongly agree that Ron Wood Family Resource Center take great care of all who go for help. They take care of all who ask for help.
- Never!!!
- No problems whatsoever.
- No problems- great people.
- None what so ever! Everyone was great.

#### **WCSS**

- Everything was great, everyone is great!
- Only thing I would say a problem- when they said they would do housekeeping. I expected it within the month.

- Very good experience.

#### 48. What can [SITE] do to improve their services? (*Cleaned Raw Data*)

##### EVFS

- Be open more days and or hours
- Better phone system without all those menus.
- XXXX made my life so much better. The threats of "turn-off" from NV Power, my high blood pressure back to normal. My three grandchildren will have a Christmas tree. The Lord loves a cheerful giver. God loves East Valley Family Services & XXXX. I was in a titanic struggle due to power bill and folks like you make life more bearable.
- Everything there is fine and very on the point there!
- Happy with the service given.
- Hire more employees like XXXX who really cares about people, always has time to help you, and does their job so well. XXXX gives 1000% of himself or herself to everyone. I believe that the greatest asset to the EVFS is the professionalism, respect, and care given to each client, as well as, to their fellow co-workers by XXXX. A person leaves the office feeling that they are not a charity-care, worthless or a failure to themselves or their families. You may be down on your luck, but should not be down on yourself. XXXX has a wonderful sense of humor and a way of making you smile: when you thought you would never smile again. You know that XXXX will do everything to help you, help yourself and others. XXXX is a fantastic reminder of people truly caring about one another. XXXX brings your faith back and opens your heart to the things that really are important. I feel blessed to know XXXX.
- Hire more help for services.
- I am very much pleased and satisfied with the services extended to me by the EVFS. My sincerest gratitude.
- I can't think of anything. They gave me information on other benefits I can access; I didn't realize there is so much help available. I am very grateful.
- I feel that by either public television or a radio program EVFS should have a time slot to let those that qualify have an additional outlet to pursue. I was not aware of them or the services they provided until I went to welfare and they informed me. Because of the long lines and wait time, it would be less stressful on the elderly.
- I still have to observe them before I could recommend anything.
- If they can provide a computer class and help us get a discount on energy bill and SW gas bill. Thank you very much.
- Increase the number of daily intake allowance. Increase intake capacity.
- It is good when I went in there. Good work.
- Keep doing it.
- My experience with the services was superb- XXXX was professional, patient, elderly need people like XXXX. I did not see a vast need for improvement. Continue good job.
- Nothing I can think of.
- Nothing to improve.
- Nothing, all was good; thank you XXXX.
- Nothing, cannot praise your staff enough!
- Nothing. Service was excellent,
- Please continue to help us, the senior citizens of Nevada.
- Probably a bigger office.
- Raise limit for Food Stamps.
- Reduce duplicate paperwork! Application to one universal application. Save the environment.

- Return phone calls on messages left in person at office.
- XXXX is nice. XXXX is a child of God, blessed.
- So far, I am pleased with my services.
- They are doing their job excellent. P.S. I need to say a few words about XXXXX. XXXX is courteous to the customers, and is knowledgeable. XXXX does an excellent job.
- They are nice people.
- They gave all the best they can in order to help the needy families like me. They did a good job. Very compassionate, full of compassion in helping people.
- They were fabulous and exceeded my expectations.
- Understand that living with someone when you have no place of your own is better than homeless-homeless means you have no place at all. Have been there and done that- not fun!
- Unsure.
- Why they were not busy forcing the client to wait.

#### **LCHS**

- None
- Continue the great job your workers are now doing. Thank you for caring
- I think they are doing everything they can do with the people, money allowed for the programs, and the resources they have to work with.
- Nothing I can see
- XXXX and XXXX were great
- Unknown at this time (2)

#### **RAGE**

- After documentation from Dr. and a visit by a RAGE rep. checking out patient's claim and circumstances, their claim, if at all possible, be given more consideration on the waiting time. Also, length of time living in NV should be considered and maybe age, if it is for a problem like mine.
- As above I have had only brief contact with RAGE therefore unable to make suggestions.
- As far as I know they are doing fine just the way they are.
- As with any health provider, quick action would improve services. In many cases, speed is of the essence!
- Be knowledgeable about services listed on website and in brochures, such as housing/rental assistance.
- Be more informative, concise, and accurate to avoid confusion. Let client ask questions.
- Contact me personally.
- Continue the great job!
- Develop community partners to help with funding so applicants don't have to wait for 6-12 months for assistance. State budget cuts deeply affect RAGE. Need more funding!
- Find a way to get funding faster. I really need the stair lift and am stuck upstairs for three months so far.
- Follow through a plan of action.
- For me it was great, don't know about others. Thank you for your help.
- Hire more personnel like XXXX/
- I don't know.
- I received help from RAGE on three occasions and was pleased every time. I think it is a very helpful organization.
- I was told they could not help me.
- I'm very satisfied!
- If you haven't already so, get the word out to all seniors in Las Vegas.
- Keep up the good work.
- Keep up with quality personnel.

- Less time required.
- Less wait in emergency cases. I had to pay to have lift installed on his rental address property. I called in August and was told someone would call back in Oct. Only to be told one-year wait for lift.
- Mail the Food Stamps.
- Meet the person eye to eye.
- More offices.
- Not a thing.
- Not wait 2 months for 1st call.
- Nothing. Everything is satisfactory.
- RAGE was not able to assist with RX- gave us variance routes- went to the office and that all fell apart. XXXX at RAGE was great and supportive and excellent. They have earned a warm well job from me. XXXX alone led to a solution.
- Receive more funding for them.
- Response time slow.
- Speed up service delivery.
- There are so many websites for disability services. A lot of people do not know how or who to contact, or what website that would benefit them the most. It's hard to find out which website is the best suited for their needs and which ones want money. If I didn't do research, I would of never found RAGE.
- They were excellent!
- Too early in process to judge.
- Voluntarily notify current clients of the newest help for disabled persons such as myself.
- Waiting 6 months or more for services is a little long. Maybe when the economy gets better, services will too.
- With clients that need extra support at critical times in their lives, RAGE should consider going to clients, and helping them with the red tape of getting help with other agencies. They continued to provide advocacy. RTC is difficult to deal with and I need help applying for Para transit. People are evaluated by non-medical staff- for their medical need for transport, when they have no real understanding of invisible disabilities.

#### **RWFRC**

- Nothing.
- I really don't know?
- At this point in the economy, they need more money etc. Sometimes their hands are tied! It's taking its toll. They all want to help more. They are all angels in my book! I can't say enough praises.
- The people that work in the other office are great. They have given me information with other issues and help that I need. Unfortunately, I have yet been able to utilize these other services offered. Yet, I will utilize them because they are services that will help me tremendously. I have saved all of the information and will get to use them when I am able to do so. I am very glad there is a place for people to go to get help, are listened to, and are treated with respect and dignity. I truly appreciate it
- Fund drives from local support organizations, casinos, and business.
- I feel that sometimes they could use help. Lots of people come through their door. They were very good to me.
- Just continue the good help that is given.
- Just keep on the way you all are.
- More funding money to keep ongoing programs, have a picnic from time to time, clients and staff get reacquainted, seeing how far some clients have come since becoming part of Ron Wood.
- None! My first visit and I could not ask for more.
- Thank you for your help.
- They already do a wonderful job.

- You are great!

### WCSS

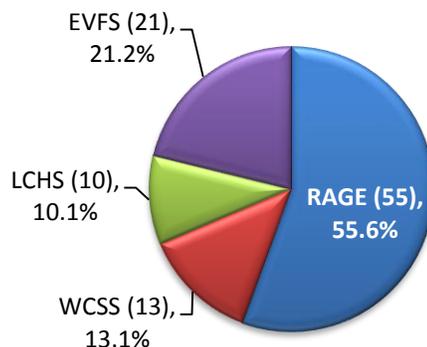
- Help with resources for medical assistance for us who have no Medicare yet or put insurance- we need help!
- I am new at getting this service and am so very grateful- at this time, I see no need to improve. Also, I would like to comment on XXXX who came out to my apt. and interviewed me. They did a wonderful job explaining the M.O.W. program and were so very professional, kind, and knowledgeable. Thank you... I am so very, very grateful to receive this program of M.O.W. and the food is wonderful... I can finally eat a lot healthier!
- Make simple and easy, and short questionnaires that are separate for each particular need. Ex- 5 pages of questions about children support attached to forms for people without children should be separate form, not attached and confusing on other forms.
- None, they took care of everything.
- None I think. I do not remember what it was.
- Nothing I can think of! (2)
- Provide help with housekeeping- I can no longer bend down to pick up trash or sweep to pick up the trash.
- They do their job well.

## 90-DAY TELEPHONE FOLLOW-UP CONSUMER INTAKE SURVEY (FCIS) DATA and FINDINGS

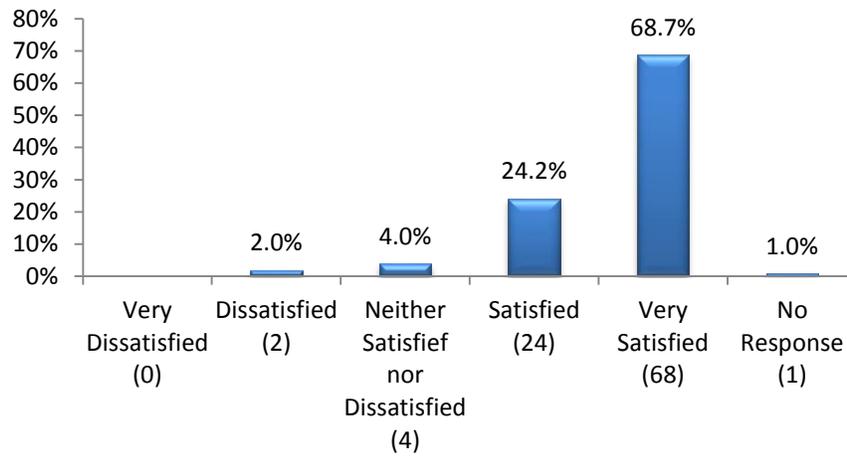
### Time Period: October 1, 2011 through March 31, 2011

- Of the 156 Follow-up Consumer Intake Surveys (FCIS) eligible for administration based on the date of the signed consent, 99 (63.5%) were completed.
- Fifty-seven (36.5%) of the attempted contacts were not successful for the following reasons:
  - Phone number issues (not correct, not in service, etc.) *n*=11
  - Over 5 voice mails with no response *n*=22
  - Client refused *n*=13
  - No consent for FCIS *n*=9
  - Client was deaf, asked that survey be faxed. This was not part of the telephone survey protocol. *n*=1
  - No matching name in SAMS and contact information incorrect *n*= 1

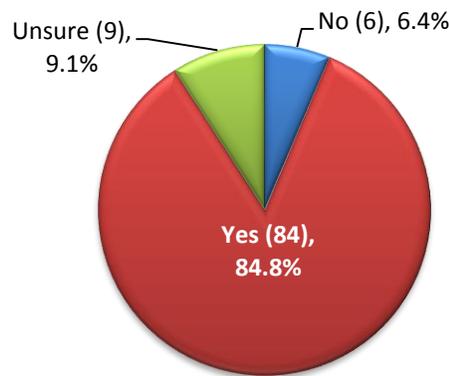
### ADRC Site Distribution of Completed Follow-up Consumer Intake Surveys (FCIS)



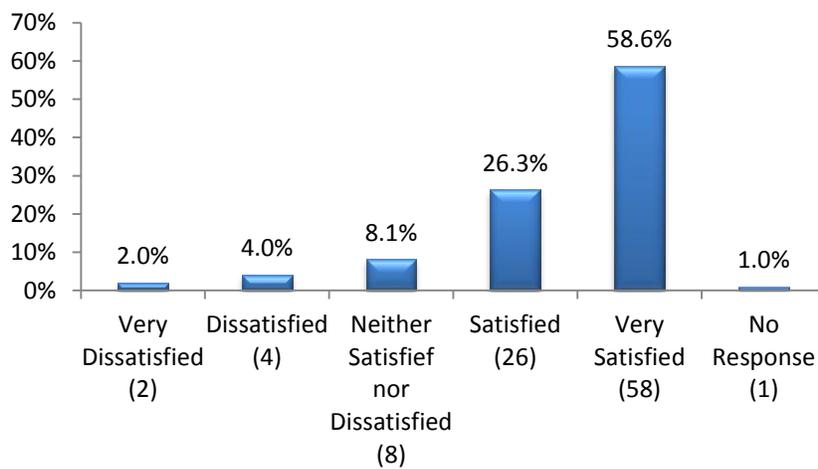
**1. How satisfied were you with the way your call or visit was handled by [site]?**



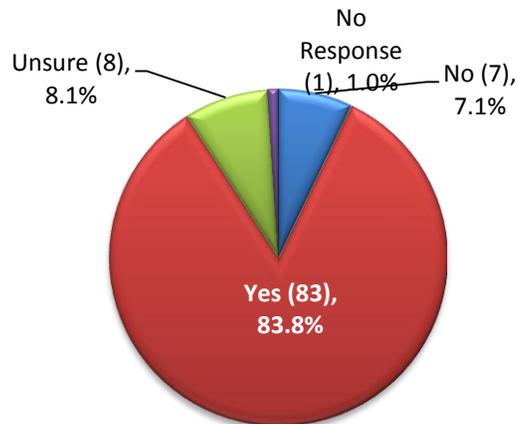
**2. Was [SITE] helpful in addressing your needs?**



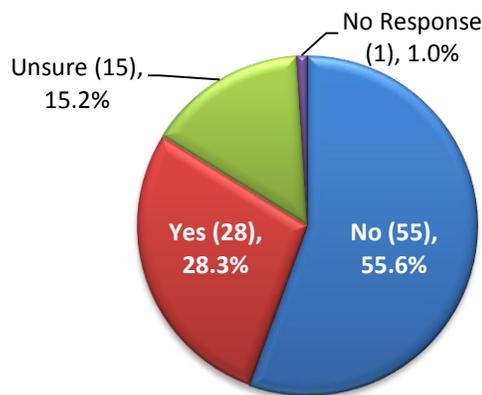
**3. How satisfied were you with the assistance provided by [site]?**



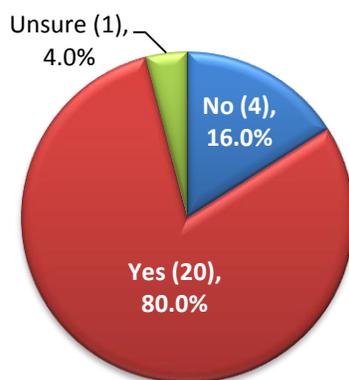
**4. Did [SITE] help you feel confident to make decisions about the services you need?**



**5. Did [SITE] suggest that you contact another agency for services?**



**6. If you received a referral to contact another agency for services, did you contact them?**

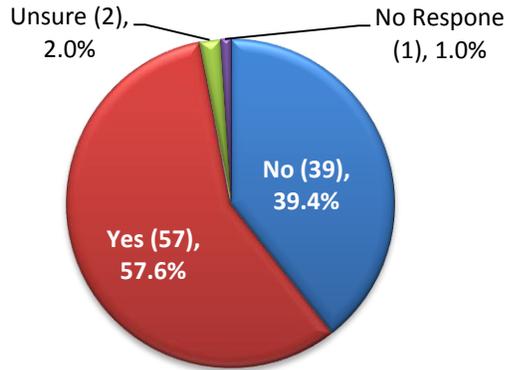


**7. If "No," what were some of the reasons that you did not call?**

- I got some other information from the Spanish Senior Center.
- LCHS was able to help.
- No. I just keep paying medical. They don't understand. I have memory issues and competency issues.

- RAGE suggested we contact this place if we wanted a loan. We were not looking for a loan.

**8. Did you apply for supportive services, such as a ramp for your house or bars for your shower?**

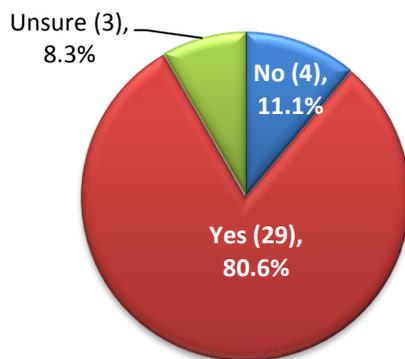


**9. How long did it take to receive the services you needed?**

	Frequency	Valid Percent
1-2 weeks	6	24%
2-3 Weeks	4	16%
1-2 Months	7	28%
2-3 Months	3	12%
More Than 3 Months	4	16%
I haven't received services yet (pending)	1	4%
Total	25	
No Response	74	74.7%
Total	99	100%

- FCIS version 5 also asked consumers if they had received services. Of those who responded, 28.6% ( $n=14$ ) indicated that they had, one was not sure, and two indicated that they were not eligible.

**10. Are you on a waitlist? (FCIS version 5)**

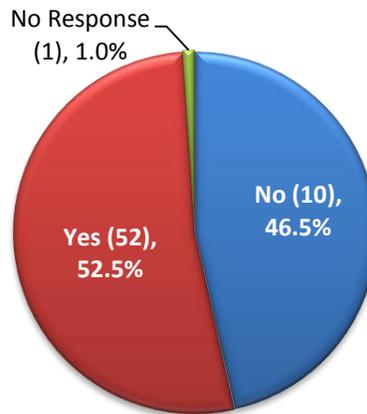


**11. Did [SITE] give you information on private pay options?**

- Of the two consumers that indicated they were not eligible for services, one indicated that they were unsure if they were provided with information about private pay options and one did not respond to the question. One additional consumer who did not receive services responded that they were provided information on private pay options.

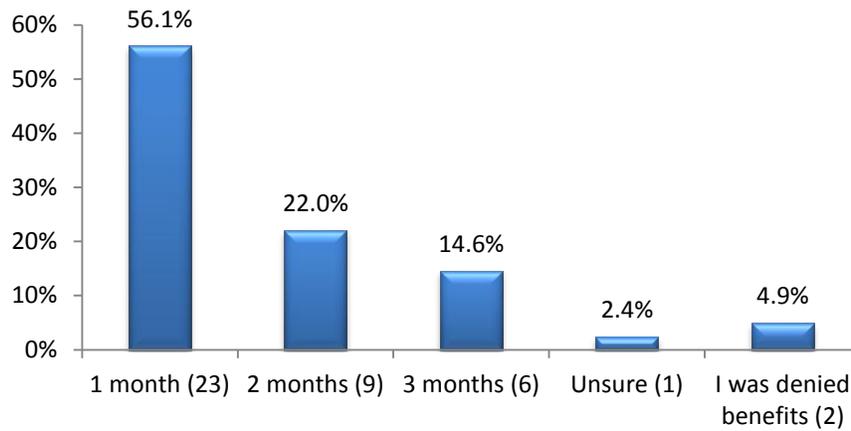
		Have you received the supportive services?			
		No	Unsure	I was not eligible for services	Total
<b>Did [SITE] give you information on private pay options?</b>	Yes	1	0	0	1
	Unsure	0	1	1	2
	Total	1	1	1	3

**12. Did you apply for public benefits (such as Medicare, Medicaid, Senior Rx, Disability Rx, Food Stamps)?**



**13. If yes, how long did it take to receive the public benefits for which you applied?**

	Frequency	Valid Percent
1 month	23	56.1%
2 months	9	22.0%
3 months	6	14.6%
I haven't received benefits yet (pending)	0	
Unsure	1	2.4%
I was denied benefits	2	4.9%
Total	41	100%
No Response	58	58.6%
Total	99	

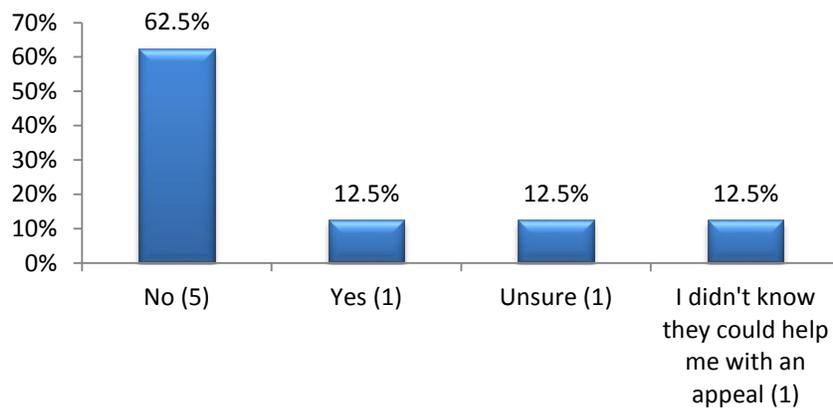


- In version 5, consumers were asked if they had received the benefits requested. Of those who responded 69.5% ( $n=52$ ) indicated that they had, 46.9% ( $n=46$ ) stated they had not received the benefits, and one consumer did not respond to the question.

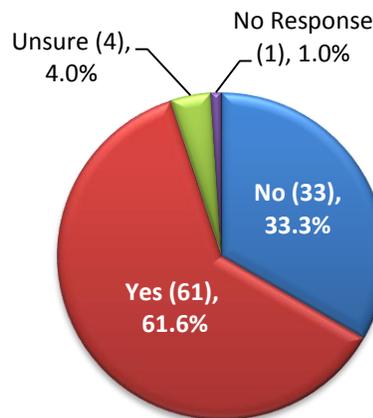
**14. Are you on a waitlist? (FCIS version 5)**

- Of those who responded, 54.5% ( $n=6$ ) indicated that they are on a waitlist, 27.3% ( $n=3$ ) were not, and 18.2% ( $n=2$ ) were unsure.

**15. Did you contact [SITE] for help with appealing the denial?**



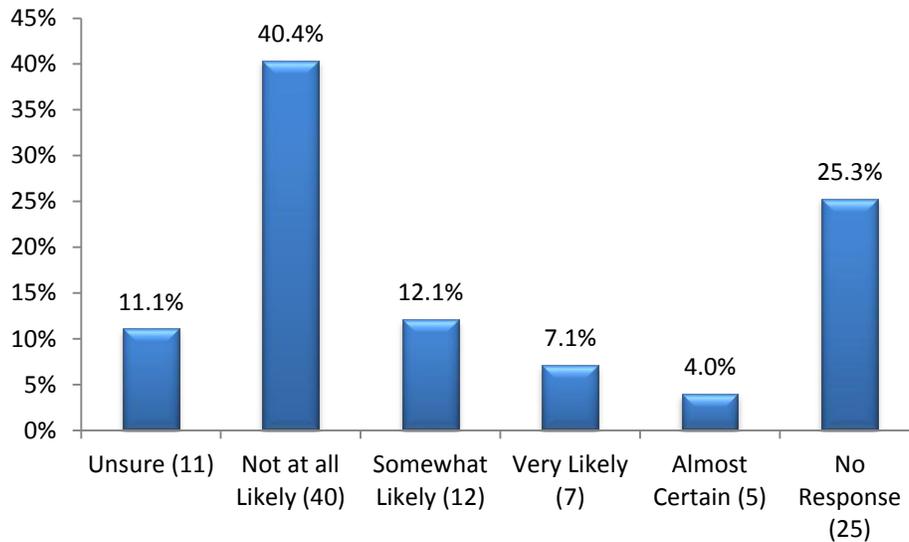
**16. Did anyone from [site] follow-up with you to see if you received the help you needed?**



**17. Do you believe the services you received will help you live independently in the community? (FCIS version 3)**

- Of the 12 consumers that responded to this item, all responded with a “yes.”

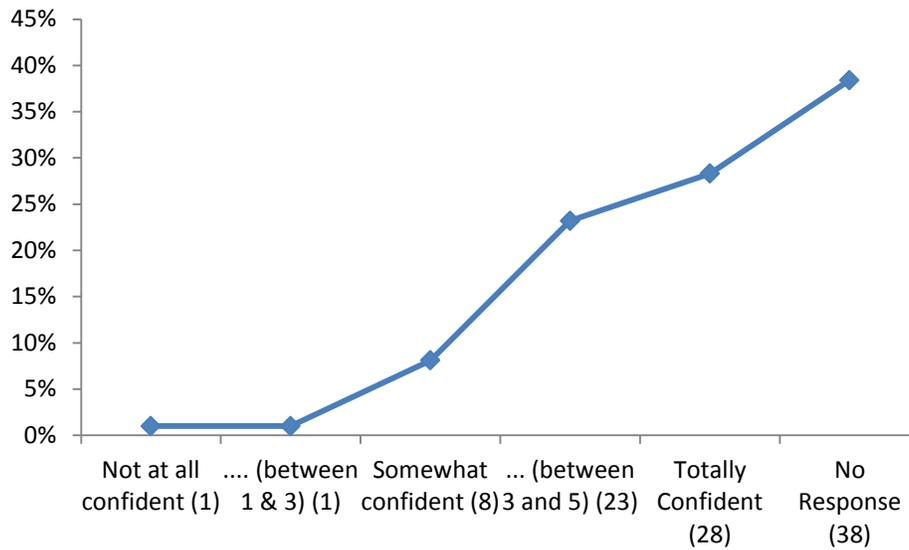
**18. What is the likelihood that you or your loved one would have gone into a nursing home without these services? (FCIS version 5)**



**19. Consumers who responded to item #18 with “unsure,” were asked: Would you explain what you mean by your response? The following comments were provided (Cleaned raw data)**

- I said that because of the word "nursing home." My kids want to put me in assisted living.
- Client did not respond. Indicated this question was not applicable to her.
- Client did not understand Question #12 so the survey staff skipped the item.
- N/A: I didn't receive anything.
- N/A: The consumer has not received the shower bars yet.
- N/A: The consumer has not received services yet.
- N/A: I have not received everything I applied for. Hard to tell right now.
- He's only 42 and I wouldn't put him there. He's fairly independent.
- I don't need this for my son.
- I was hoping to get Medicaid and my mom didn't qualify. She's a resident, but needs more time to qualify and doesn't have the time.
- I was pretty down there, not being able to pay my rent or for food.
- I'm in good health.
- I'm too young.
- It would be really expensive. We probably cannot afford it.
- They just sent my mom into a facility in Montana. From what I've heard about some of the places -- I'd rather be on the streets.
- We weren't aware that he qualified for that, those services.

**20. With the benefits and/or services you received, how confident are you now that you can stay in your home as long as you want? (FCIS version 5, asked only of consumers who had received their benefits/services.)**



**21. Is there anything else you would like to add? (Cleaned Raw Data)**

**EVFS**

- EVFS staff were very helpful, pleasant, and very thorough.
- EVFS helped when I needed it. Everyone tells me I make too much money. As far as where to go next, I'm lost.
- EVFS is a good resource.
- EVFS was not able to help me, but I was referred to a place that could.
- I am going to make an appointment again in April because I became eligible for Medicare. I felt very comfortable with ADRC site person.
- I can't say enough about how professional everyone is over there. They are swamped, but handle everyone individually. You don't feel like you're asking for a handout.
- I sure wish I could get Medicaid.
- I was at a loss after my husband passed away. I am glad EVFS was there to help. I have since recommended them to other people.
- I'm grateful for the assistance I received.
- Thank you to the person who helped me and talked to me the first time (XXXX). I have not been able to talk to them again.
- They are some of the nicest people I have ever met. I can't understand why it takes so long to receive the food stamps.
- They were very helpful. I can't think of anything else they could have done!
- They were very informative and helpful. Overall, very happy.
- They were very supportive!

**LCHS**

- Client visited LCHS for information only regarding employment.
- I don't remember what I requested from LCHS, but I am so thankful that they are there. I've called several times and they are always helpful.

- I felt like the benefits I was considering would be more necessary for others. I'm glad to know that LCHS is there if I ever really need the help.
- LCHS was very helpful.
- XXXX was a miracle worker.
- They did everything they could and I'm sure they would be there if I called again.

## **RAGE**

- All the employees were great!
- (Per SCS staff) Client seemed confused, only answered some questions. Said she never heard back, didn't receive services, and that she never spoke to anyone.
- Everything has been great. I am just waiting for the contractor to come out and give an estimate.
- Everything was straightened out with the social security benefits; RAGE was great, thank you!
- I appreciate the help. I'm just trying to "survive" on what little income I have.
- I appreciate the program.
- I appreciate what RAGE has done for me.
- I called looking for help with a ramp. I moved and have been in a bad MS flare-up. I want to get back in touch with RAGE.
- I could be gone by the time I receive the services, but I understand why the wait is so long. We will just have to take it a day at a time.
- I have a copayment and pay a quarterly bill and it went up over \$100, \$432 for the year. (RAGE is working on this.) They are wonderful people.
- I have had memory issues since before my husband's stroke. I never visited RAGE, so I must have called them, but I don't remember.
- I just want a ramp with railings. Something that makes me feel secure.
- I need help with health and medication costs. My dad needs rehab and cannot make decisions on his own-stroke. Dementia?
- I thought the service was great! The only problem is the long wait time due to funding.
- I want to stay out of a nursing home for as long as possible. That seems to be RAGE's goal as well.
- I was curious why it was taking so long to receive services.
- I was unbelievably satisfied with RAGE!
- I was very happy with RAGE.
- I would like some help with housing, but never heard back from RAGE. That upset me.
- I would like to receive the help I applied for, but nothing has come of it.
- I would like to say thank you for the help. Everyone was so kind.
- I'm good with everything!
- I'm still waiting to see what services may come through.
- I'm using my savings and can manage the rent for about another 3 months. Everything is fine. They helped me.
- It took RAGE a very long time to get an interview set up.
- It's a work in progress!
- It's like harassment. You build people's hopes and then dash it. I was told I'd have to wait eight months to a year. What happens if I fall? I'm hungry and can't get a piece of bread.
- XXXX & XXXX were phenomenal. I cannot thank RAGE or the State of NV Services for their help.
- No - I have been on a waiting list (for hearing aids) for approximately two years. This is ridiculous. It is very difficult for me to go out in public.
- Not at this moment. I'm waiting and hoping.
- RAGE employee was very helpful! I have no complaints whatsoever

- RAGE is a good organization.
- RAGE is absolutely wonderful. I wish I knew about them sooner. They have been my saving grace. When I contacted the state, welfare, and power companies directly for help, no one was willing to help or give up information. RAGE staff knew exactly what I needed (energy assistance) and provided me with the paperwork.
- The person from RAGE was so nice and informative. XXXX acted like (s)he cared!
- The state needs to find a way to make the program run more smoothly. Because of the long wait, I may not be able to utilize RAGE's assistance.
- They (RAGE) don't understand that I can't complete the applications. I have to pay for my medical and I only have \$100 to make it until I get to my next check.
- They didn't give us any benefits. We needed a lift and had to go on our own. They suggested that we could get a loan, but we didn't want that. They wanted us to wait a year. I called again for services with oxygen - a conversion tank, but they cost \$3000. I called several times, but no one has called back. There should be a priority list.
- They were really nice and helpful; time is just an issue... We really need the help now. I know it's not their fault, but we really need it done faster.
- We haven't received the requested items. XXXX told us to call RAGE when we returned and it is on our to-do list. RAGE is an excellent service, but I wish there was more money. We are held in abeyance until awarded the money. If we find a cheaper van before receiving the grant, we cannot purchase it or will lose the money. Once we get the grant, we are rushed into buying the van before the money runs out. However, Nevada and RAGE are the only states offering they types of programs and I commend them.
- Without RAGE, I don't know what we would have done. My mother would have been in a nursing home. They are awesome.
- Wonderful service. Wish you (RAGE) were more visible. Making the public more aware.
- Would like to be able to talk to RAGE in Spanish.

## WCSS

- XXXX was wonderful. XXXX took all the time in the world to help me.
- Everybody I talked to at WCSS was very helpful.
- I am completely satisfied with WCSS!
- I just think WCSS is so helpful! They are great
- I might be losing my house. I didn't care for their (Senior Legal Services) treatment. They treated me badly.
- I want to thank everyone who helped me!
- I was happy. They are doing a wonderful job!
- I was really dismayed. I took all of my paperwork (birth certificate, driver's license, etc.) to WCSS and they sent copies to the Welfare Services office. The Welfare Services office refused to accept the copies, so I had to go and stand in line for hours. There should be something in place where the Welfare Office will accept the documentation from WCSS.
- I was very satisfied.
- (Per SCA Staff) This consumer indicated that he needed a Spanish speaker; nobody has followed up with him about benefits for which he applied.

# **APPENDIX C**

**Start-Stop-Continue Survey  
Data Collection: March, 2012 – April, 2012**

**What can ADSD START doing to help support your effort and increase your success as an established ADRC program site? (De-identified raw data)**

- It might be helpful to review the ADRC Operations Manual during the site meetings. This manual is very cumbersome and overwhelming to navigate independently. It would be helpful to review each manual section, followed by a question and answer session with all sites. I think it would really promote additional and valuable networking with the agency partners.
- Build strong partnerships with community based agencies. To serve the consumer better, ADRC staff need to contact various agencies via email to gather important client information such as case status, consumer coverage, etc. For instance, having designated contacts at the Division of Welfare would allow us to ask the status of a consumer's application, what type of services they are receiving (often the consumer is unclear on what they have), etc. This saves time and effort over calling the welfare office and waiting to speak to a representative.
- Provide training & refresher courses on public services. We need in-depth training in housing, Veteran, & Medicaid services. It also would be beneficial to get refresher courses on community-based services because eligibility criteria changes within these programs.
- Build a website or reference manual that lists all public programs, their eligibility requirements, applications, etc. The manual would need updating on a continual basis to display the most current information. A one-stop shop of information for ADRC staff would help with time management. It also would help to be able to obtain, complete, and submit applications online for various services.
- Train ADRC staff on how to handle difficult clients, how to de-escalate hostile clients, how to work with clients with cognitive issues, and in the importance of using people's first language. I think it is important for all ADRC staff to understand how to serve the senior and disability community. In addition, staff are under stress due to high caseloads and would benefit from stress management courses.
- Put a volunteer program into place. Volunteers could assist the ADRC site staff by serving consumers needing follow-ups and other I&R assistance. This would help current staff with follow-ups that need to be complete and assist with the time constraints involved with the never-ending ADRC services.
- Provide continuous trainings for public services. ADRC staff provide referrals and complete applications for many services. Having updated information and guidelines on all Medicaid programs (including waivers), housing, Veteran benefits, housing and all ADSD programs and services will help with the services provided to consumers.
- Fix the problem of data double entry to increase the time spent seeing clients and creating new ways of bringing more clients in for service. Establish one system of reporting and capturing information. Eliminate the redundancies, e.g. entering client demographics in two separate systems/screens, inability for the current system to identify client with specific information and update the record without having to reenter information.
- Increase staff so that staff are not forced to work multiple jobs.
- Increase the numbers of bi-lingual Spanish-speaking staff.
- Allow the reporting of "actual time" devoted to providing information to a client instead of the current point system that counts only the number of items discussed/provided to client. The current system does not accurately portray the time and effort expended per ADRC contact.
  - Example I: ADRC staff can spend 5 hours helping a client with Level I, II, and III, but must split one unit of service to account for all three levels of care. This does not include time spent

on data entry. If this was a case management client, we could count 5 units of service for the 5 hours spent with this client.

- Example II: ADRC staff can spend 10 minutes with someone on the phone, complete a Level I service, and it counts as one unit of service.
- ADSD can support WCSS efforts and increase its success as an established ADRC site by making the program less complex. Too many details look great on paper, but are not realistic. They are more of a barrier than helpful tools.
- Data Entry is going to become cumbersome for our agency once the e-forms into the portal become available and required by the specifications of the grant. It will impact the amount of clients we serve.
- Provide contact information for community partners for example:
  - A liaison @ Social Security, DWSS, etc.
- Provide State-level SAMS access to all sites or provide funding for IT support with Harmony for the alternative site programs.

**What can ADSD STOP doing that will help increase your success as an established ADRC program site?**

- Things have really settled with ADRC within the last few months. I can't really think of anything ADSD should "Stop" doing that would help increase success.
- Instead of looking at numbers of applications completed as success of ADRC, look at client satisfaction in information and services provided.
- Look at the number of consumers served as a whole, rather than the number of applications completed. Often, applications are not completed for services consumers are requesting because of situations beyond staff control. For example, lack of completion may be because client income is too high or the program has a waiting list. Even if the application has not been completed, services were provided. Using the number of consumers that had an assessment completed would reflect the true amount of time the ADRC is providing for each consumer. We need to focus more on the consumer having a "go to" place, rather than the number of programs for which they apply.
- The time spent doing entries is a concern, and sites are really concerned about the new requirements.
- We need to re-think how we report. It is too complicated and confusing to enter contacts as a fraction of "1" (e.g., 0.34, 0.33, and 0.33). If we are going to continue this method of reporting, we should reconsider modifying the units of service. Each application should count as a unit of service; otherwise, we will never be able to accurately portray or justify ADRC time and efforts. Lack of accuracy in reporting, may influence the Federal allocation of funds.
- Continually changing how information is disseminated and reported to ADSD compromises the integrity of the information due to increased errors on behalf of reporting agency and receiving agency, and lack of reporting consistency.
- Changing/redefining the specs is one of the things that need to stop.

**What can ADSD CONTINUE to do to help support your effort and increase your success as an established ADRC program site?**

- The ADSD staff has been very supportive during the development of the new ADRC sites.

- ADSD should continue to offer trainings that pertain to ADRC. The SAMS training was excellent, and staff benefitted from it. The ADRC site meetings are also very helpful. Not only are they informative, but it's been beneficial to develop the relationships and partnerships with the other ADRC sites.
- Continue to conduct surveys such as this one in order to get honest feedback and to help the ADRC to continue to grow in a positive direction.
- Continuing feedback from consumers is extremely important. Having more detailed follow-up surveys from consumers will show how much assistance has been provided from the ADRC site. I would recommend completing the surveys more quickly to avoid the consumers forgetting what assistance they did receive.
- Require more training and allowing more autonomy to take more training, create more ways of bringing in more people for services, and allocate more funds to conferences. We always bring something new from training and conferences.
- Provide feedback and training.
- Continue to offer training.