

Performance Evaluation & Innovation (PEI) 2018 Customer Satisfaction Survey Results



Division of Senior and Adult Services
Department of Health and Human Services
March 2019

Cuyahoga County
Together We Thrive

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Executive Summary

To monitor client feedback and improve customer services, the Division of Senior and Adult Services (DSAS) Performance, Evaluation, and Innovation (PEI) Unit sends customer satisfaction surveys to clients who are enrolled in DSAS programs. These surveys are mailed on a random, semi-annual basis. Clients receiving this survey are provided a postage-paid return envelope, but no other incentive. Clients may also provide specific comments about their services and are contacted if requested.

The goal of the surveys is to monitor satisfaction with the services provided by DSAS, satisfaction with case managers and supervisors, and to examine self-reported health outcomes such as the ability to live independently.

In 2018, DSAS received 1,192 surveys, a response rate of 29%. For Adult Protective Services (APS), surveys are sent to the person making the referral to APS. This report provides an analysis of all questions that were asked in each survey. A qualitative analysis of comments received is also provided. Scores from surveys received for the Community Social Services Program (CSSP) program are used in the overall evaluation of providers contracted by DSAS. The number of surveys mailed is dependent on overall client enrollment in each program. Surveys are mailed to approximately 25% of each program's clients during the year.

Beginning in 2018, most questions were changed to a 5-point Likert scale so that an overall satisfaction score may be determined. Additional questions requiring a "yes/no" answer are excluded from the overall score. **Questions marked with an asterisk * are those that are included in the overall satisfaction score.**

Overall scores for each program (indicated in order of location in the report): Centralized Intake Unit: 4.2; Adult Protective Services: 3.7; Home Support: 4.5; Options for Independent Living: 4.4; Information Services Unit Aging and Disability Resource Center (clients attending benefit check-up events): 4.5; Information Services Unit Aging and Disability Resource Center (clients assigned to a social worker): 4.4; Information Services Unit Bed Bug Extermination Program: 4.0; Community Social Services Program: 4.4.

While an overall response rate for each program is provided, many surveys returned are partially completed. Also, for the CSSP program, each center receives a survey that only includes services that they provide. Not all Senior Centers provide the same services listed in this report.

Overall, clients are satisfied with services offered by DSAS. Only one program had an overall score of less than 4.0 (agree). Questions that indicated positive client health outcomes included responses to the questions "Services I receive help me to continue to live at home" (99% indicating "agree" or "strongly agree" for Home Support; 92% for Options for Independent Living; and 86% for Information Services social workers); "I feel better mentally because of activities at my senior center" (90% indicating "agree" or "strongly agree" for CSSP clients); "I feel better physically because of activities at my senior center" (86% indicating "agree" or "strongly agree" for CSSP clients); and "I feel less lonely because of activities at my senior center" (85% indicating "agree" or "strongly agree" for CSSP clients).

The two major areas of concern indicated in the surveys are a need for better follow-up about services requested or applications submitted, and a need for additional services (including more services offered by the DSAS program such as the need for more home-delivered meals, or services not offered through DSAS.)

Program Description

DSAS collects surveys from clients served by the following programs: *DSAS Centralized Intake Unit* provides seamless intake services through the Centralized Intake phone number, (216) 420-6700 “One Call Does It All”. Seniors and adults with disabilities who call this number speak directly with a DSAS Centralized Intake social worker, who assesses their needs and refers them to the appropriate DSAS program. The Centralized Intake Unit became fully operational in January 2014. *Adult Protective Services (APS)* is a state-mandated service whose purpose is to protect and assist adults who may be victims of abuse, neglect, self-neglect, and exploitation. APS is mandated by the Ohio Revised Code (Section 5101.60 and 5101.71). *Home Support* provides home-based personal care (such as assistance with bathing, dressing, and grooming) and homemaking (such as light housekeeping and laundry) to high-need clients.

Options for Independent Living serves seniors and disabled adults with limited income and need help coordinating and financing their multiple home care needs. Eligible participants must not qualify for Medicaid Waiver services. Services include: Medical Transportation; Emergency Response System (ERS); Personal Care; Homemaking Services; Home Delivered Meals; Chore; Grab Bar; and Case Management. *Information Services Unit* improves the economic well-being of seniors and disabled adults by helping them to navigate through, link with, and enroll in the complex network of social service benefits. *Bed Bug Extermination Program* is contracted through Terminix to provide bed bug removal services for income-eligible seniors. *Community Social Services Program (CSSP)* allocates funding to 39 community providers/senior centers to reduce isolation and loneliness of seniors which will lead to improved overall health. Services provided include adult development services, congregate meals, adult day services, and transportation.

Program History

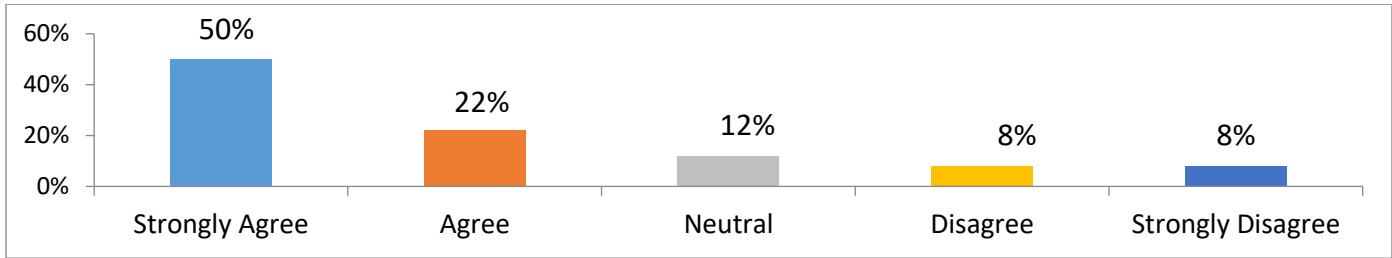
The *mission* of the Division of Senior and Adult Services is to empower seniors and adults with disabilities to age successfully by providing resources and support that preserve their independence. The *vision* of the Division of Senior and Adult Services will demonstrate a leading model of government collaboration within the community, provide needed supportive services for seniors and adults with disabilities, and strive for continuous improvement by measuring key performance outcomes.

The Division of Senior and Adult Services (DSAS) was officially established as an independent agency on March 30, 1992. Satisfaction surveys have been sent by the DSAS Health and Human Services PEI Unit, since 2013. The DSAS PEI unit reports to the Deputy Administrator for Health and Human Services and DSAS Administrator. Beginning in 2017, surveys were mailed on a semi-annual basis; prior to 2017, surveys were sent monthly. Clients who receive mailings are pulled from the DSAS case management system. All surveys are anonymous unless the client provides a name and indicates that they may be contacted.

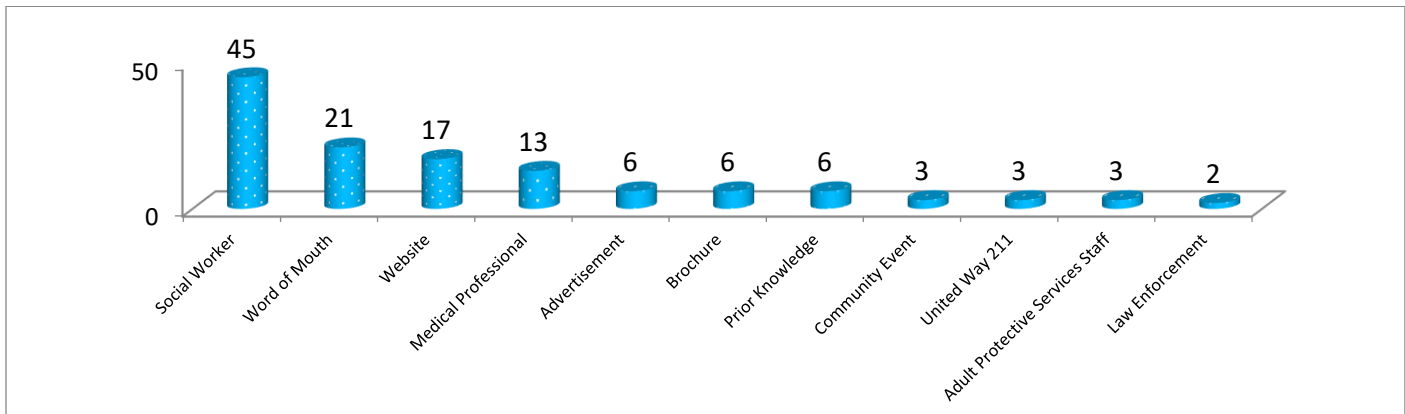
Findings

Centralized Intake Unit (116 surveys received; response rate of 21%) - Overall score of 4.2

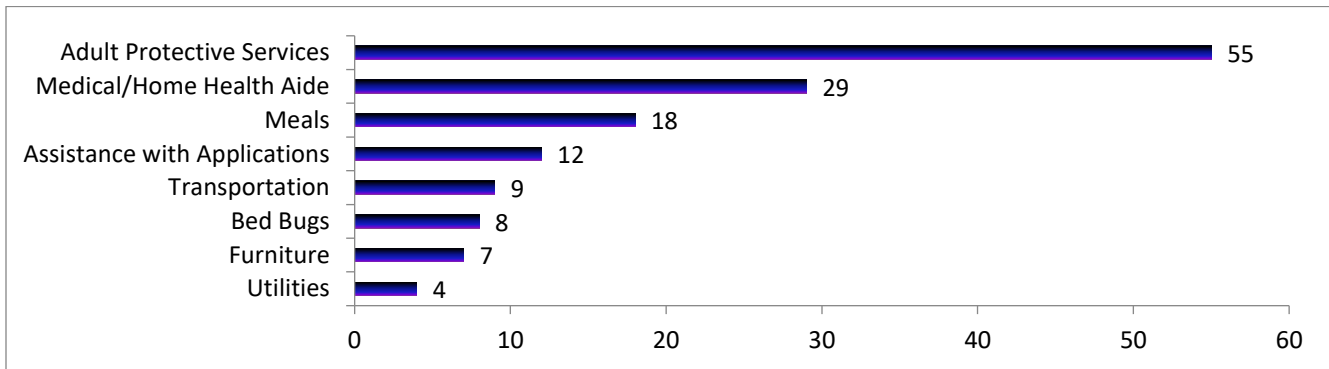
I am satisfied with the overall quality of services provided by the Centralized Intake Unit*



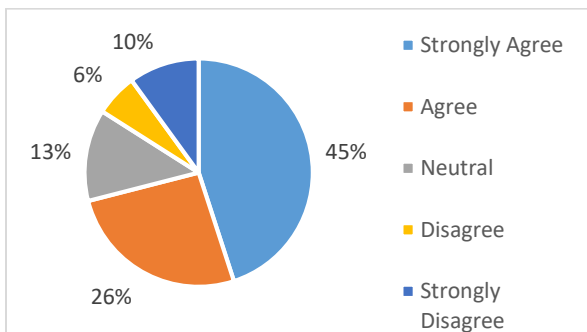
How did you find out about Centralized Intake?



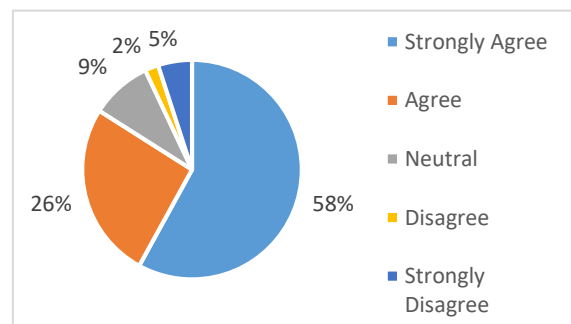
What was your reason for contacting the Centralized Intake Unit?



Staff was professional and polite*



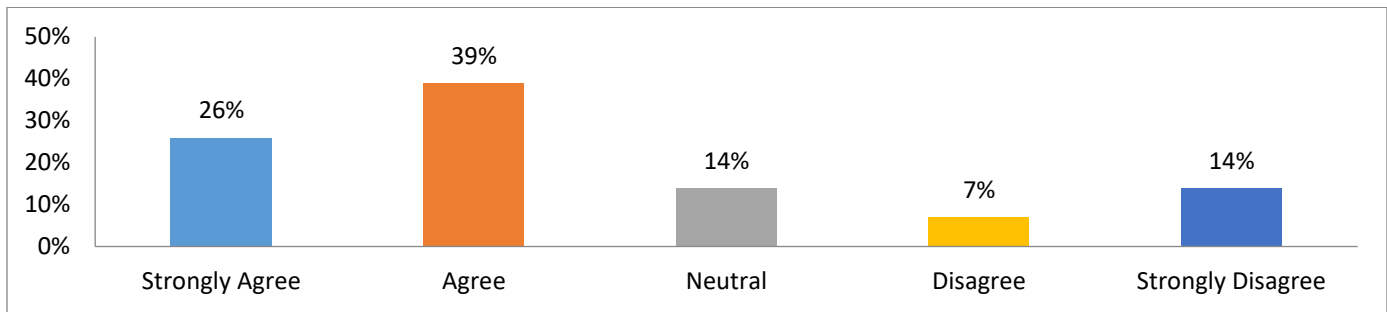
I received the assistance I needed*



81% of respondents indicated their call was answered promptly* (Percent indicating “strongly agree” or “agree”)

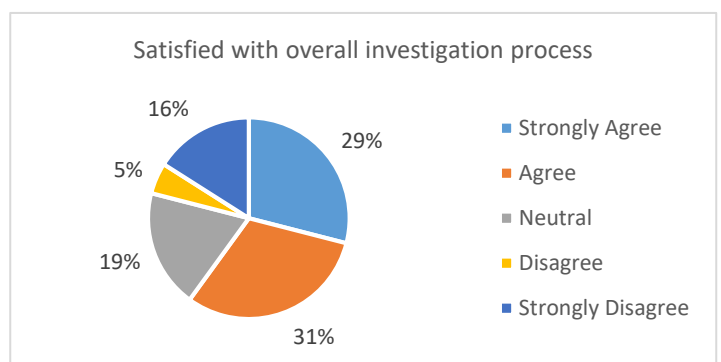
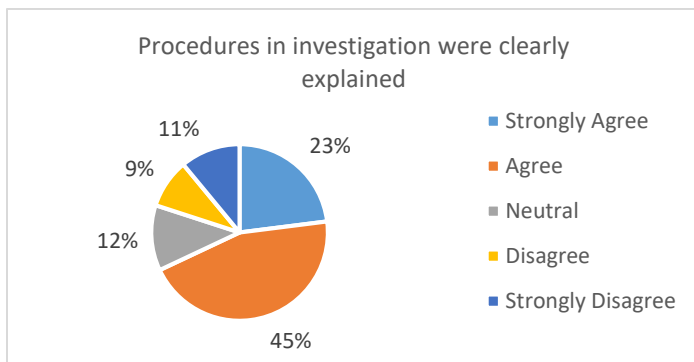
Adult Protective Services (APS) (76 surveys received; response rate of 14%-survey mailed to individual who made the APS referral) - Overall score of 3.7

I am satisfied with the overall quality of services provided by Adult Protective Services*

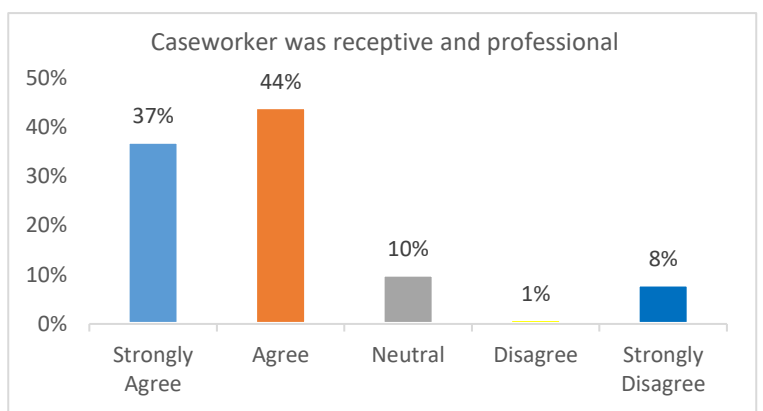
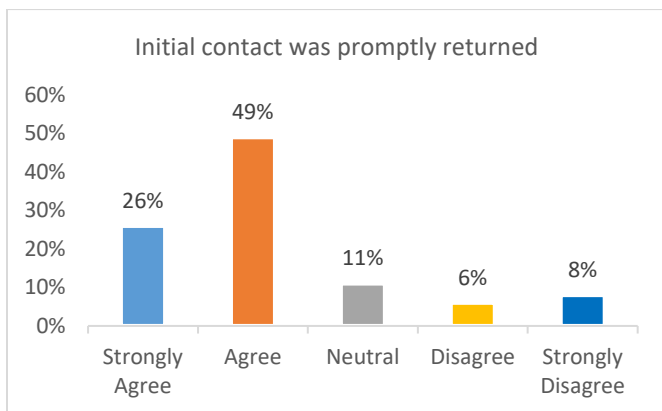


- The majority of respondents indicated they found out about APS through a professional association, 54 total responses; Family or friend was indicated by 45 responses; 11 indicated a website; respondents could indicate more than 1 response
- Relationship to client: Social worker (33); Relative (14); Friend or Neighbor (12); Medical Professional (10); Financial institution (3); Public Safety (2); Self (1)
- 37% of respondents indicated that this was their first referral to APS; 33% indicated they have made 5 or more referrals

Satisfaction with procedures and process*

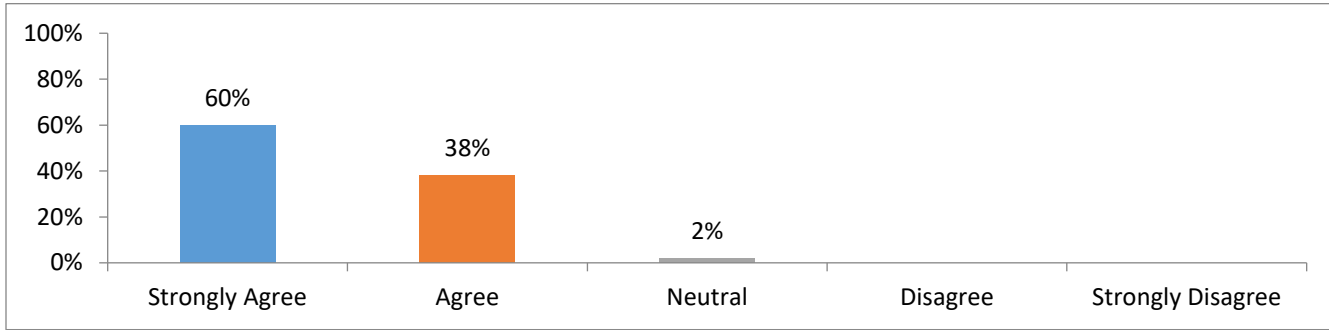


Contact with case worker*



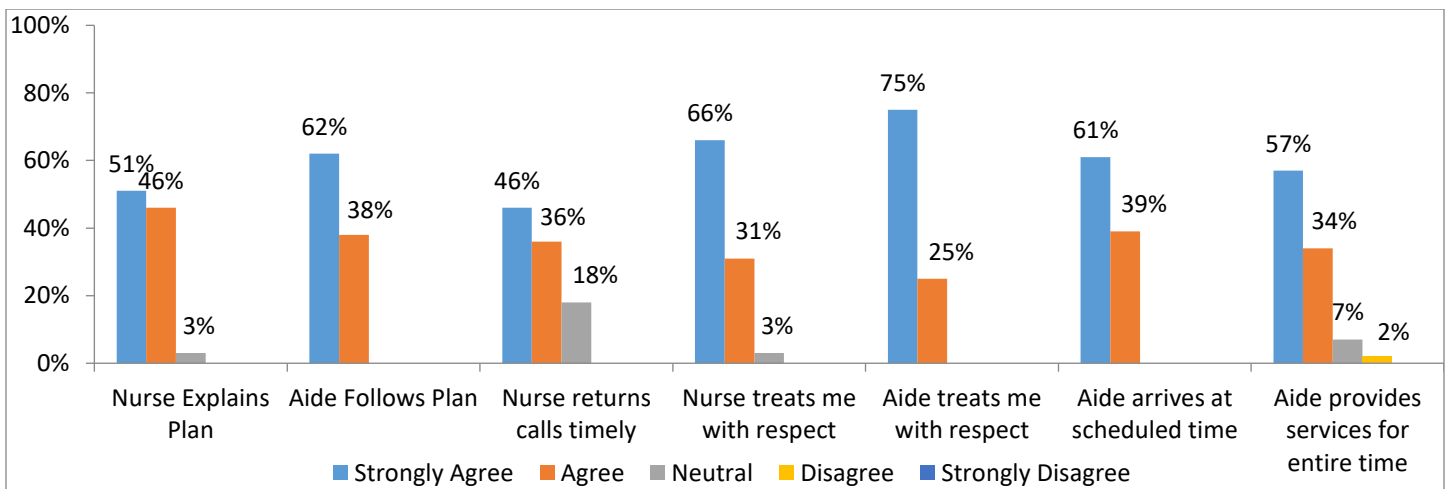
Home Support Services (63 surveys received; response rate of 41%) - Overall score of 4.5

I am satisfied with the overall quality of services provided by Home Support*

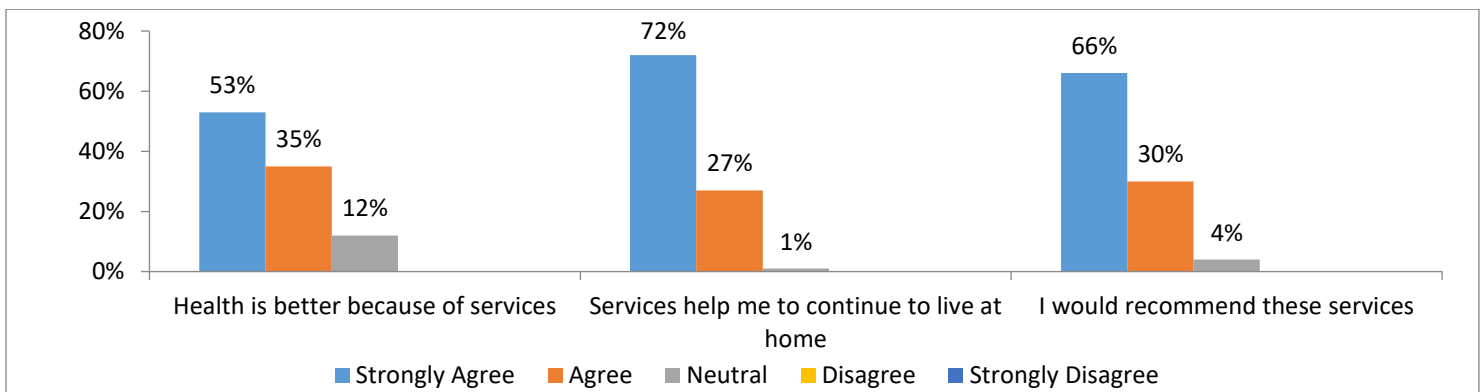


- Clients found out about Home Support through the following ways: Social worker (23); Medical professional (20); Word of mouth (17); Community Event (3); Centralized Intake (2); Advertisement (2); Website (1)
- 55% are in receipt of Social Security; Food Assistance: 15%; 11% Energy Assistance; 11% Housing Assistance; 8% Medicaid (respondents may indicate more than 1 response)
- In the last year, 38% of respondents indicated an emergency room visit; 37% indicated an overnight hospital stay; 15% indicated a nursing home stay
- 97% of respondents strongly agreed or agreed that the scheduling staff is courteous and helpful*
- 96% of respondents strongly agreed or agreed that a fill-in aide is offered if needed*

Services provided by Nurses and Home Health Aides*

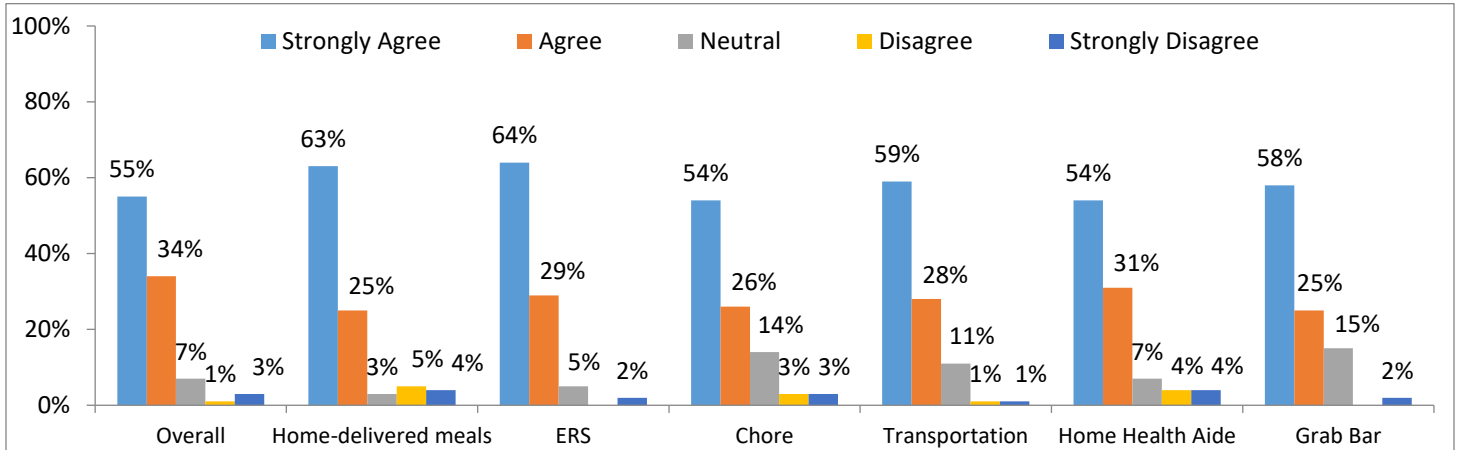


Overall Health and Well-being*



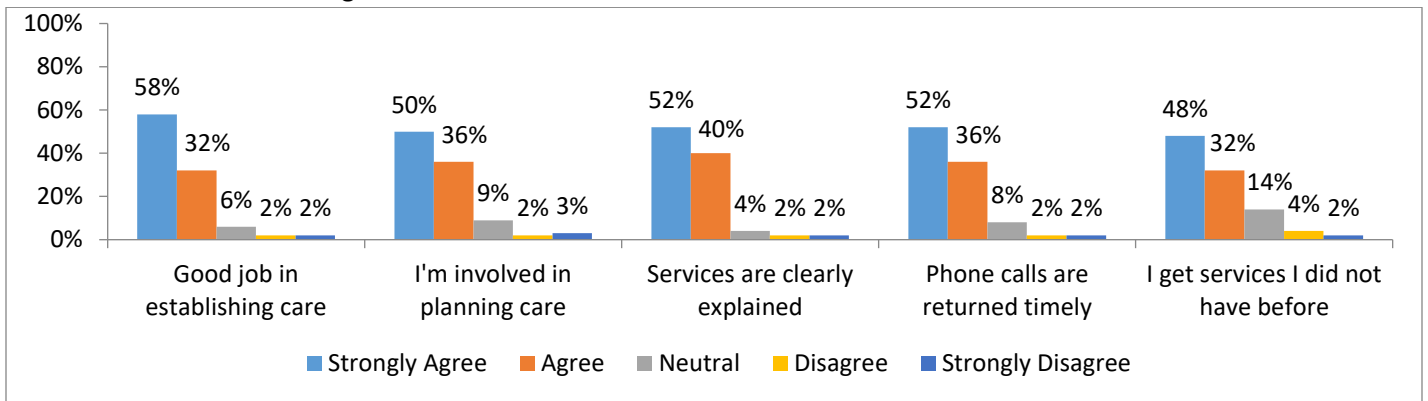
Options for Independent Living (202 surveys received; response rate of 41%) - Overall score of 4.4

I am satisfied with the overall quality of services provided by Options for Independent Living*

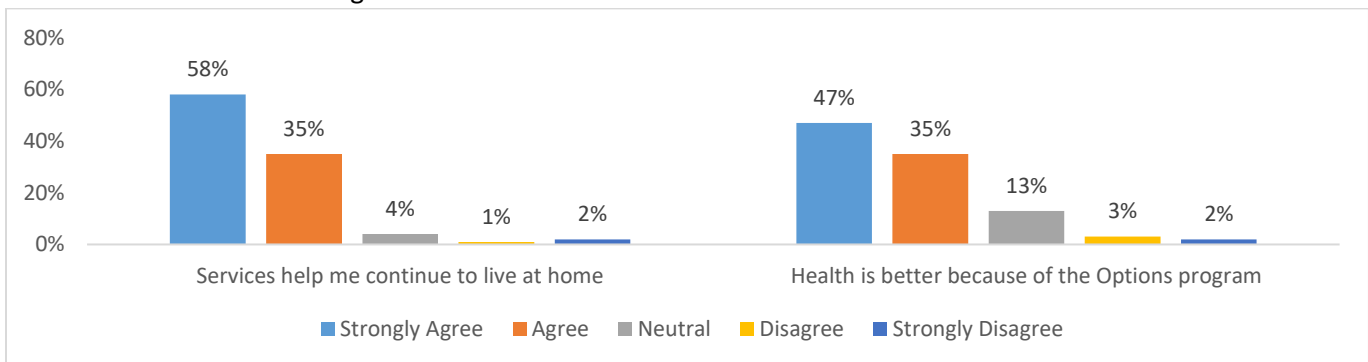


- Clients found out about Options for Independent Living through the following ways: Social worker (100); Word of mouth (52); Medical professional (23); Advertisement (8); Centralized Intake (7); Brochure (5); Community Event (3); Website (2)
- 37% of respondents are in receipt of Social Security; 19% Food Assistance; 17% Medicaid; 14% Housing Assistance; 12% Energy Assistance (respondents may indicate more than 1 response)
- In the last year, 48% of respondents indicated an emergency room visit; 35% indicated an overnight hospital stay; 13% indicated a nursing home stay

Satisfaction with Case Manager*

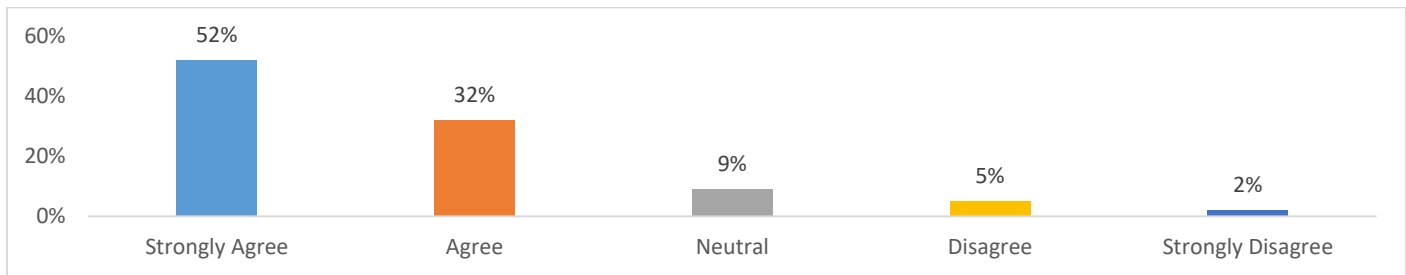


Overall Health and Well-Being*



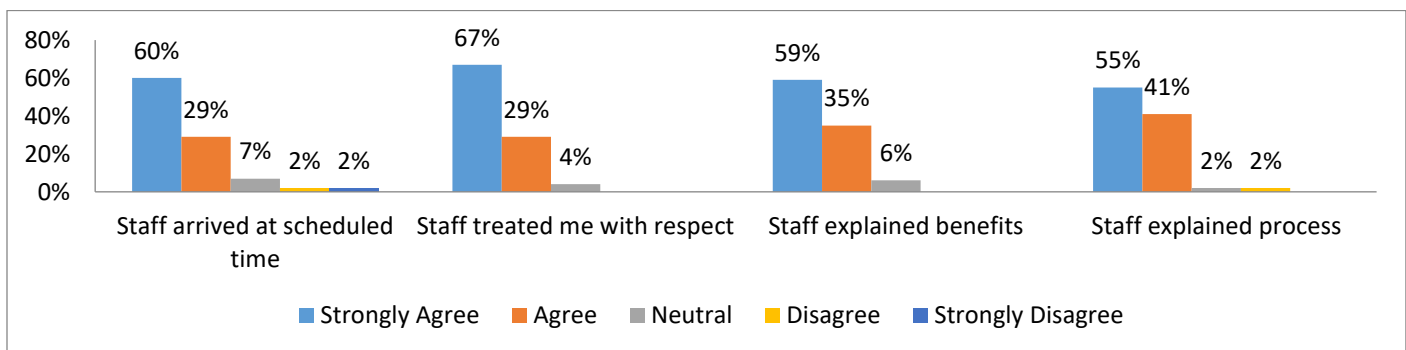
Information Services Unit Aging and Disability Resource Center (ADRC)-Clients attending Benefit Check-up Events-(47 surveys received; response rate of 21%) - Overall score of 4.5

I am satisfied with the overall quality of services provided by the Information Services Unit*

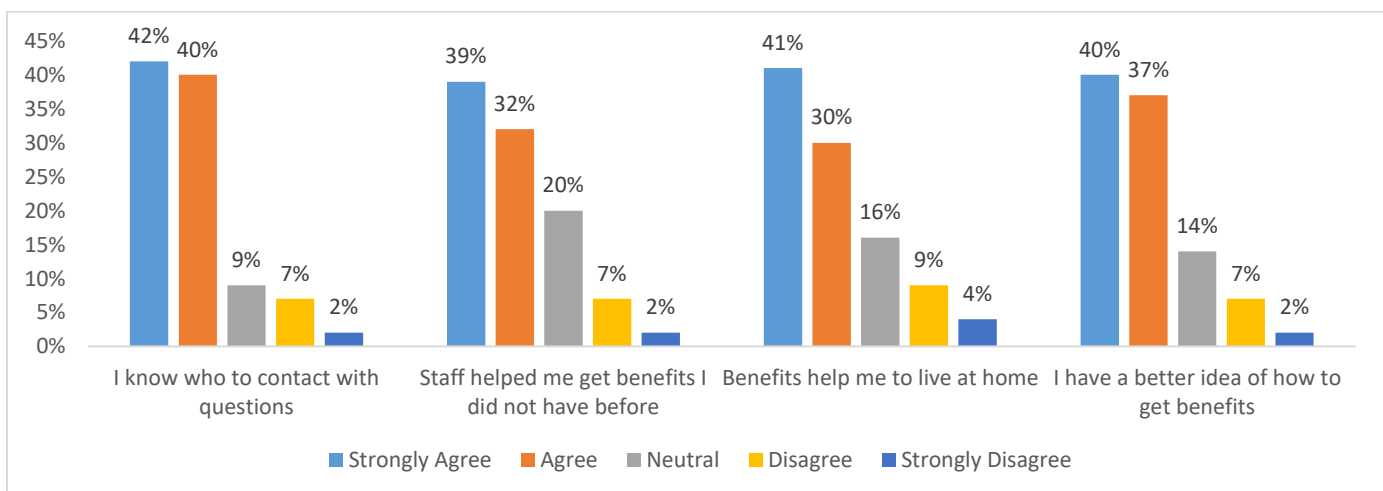


- Clients found out about the Benefits Check-up Event through the following ways: Community organization (25); Social worker (8); Friend/neighbor (7); Advertisement (4); Family (3)
- 57% of respondents indicated they qualified for the benefit for which they applied; 30% did not qualify; and 13% had their application pending

Satisfaction with Staff*

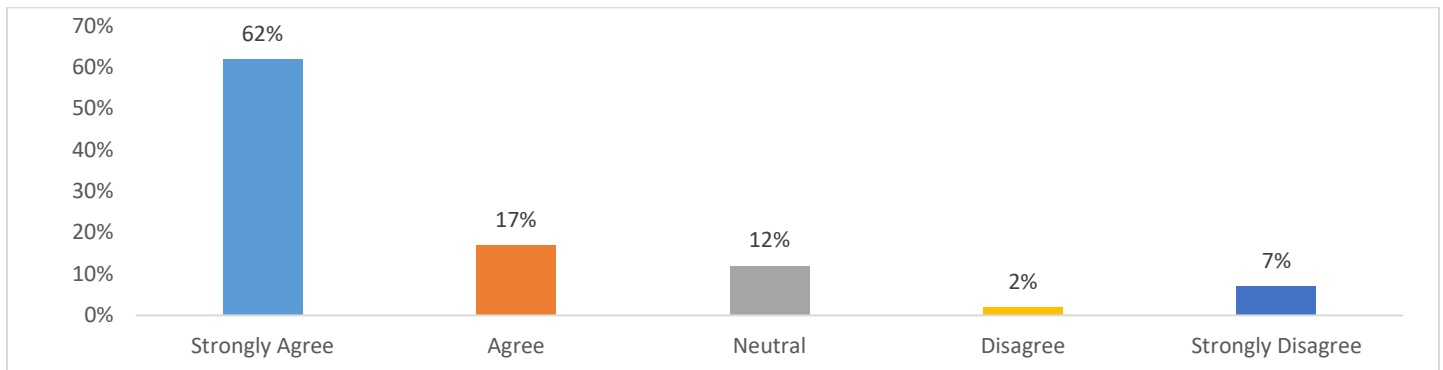


Knowledge and Satisfaction with Benefits*



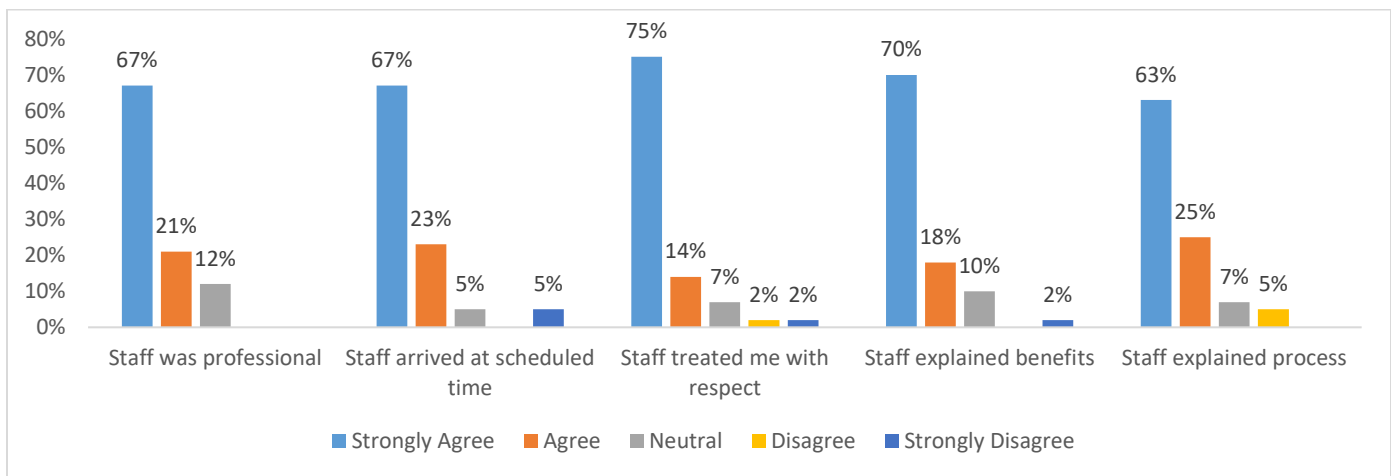
Information Services Unit Aging and Disability Resource Center (ADRC)-Clients with an assigned social worker-(43 surveys received; response rate of 12%) - Overall score of 4.4

I am satisfied with the overall quality of services provided by the Information Services Unit*

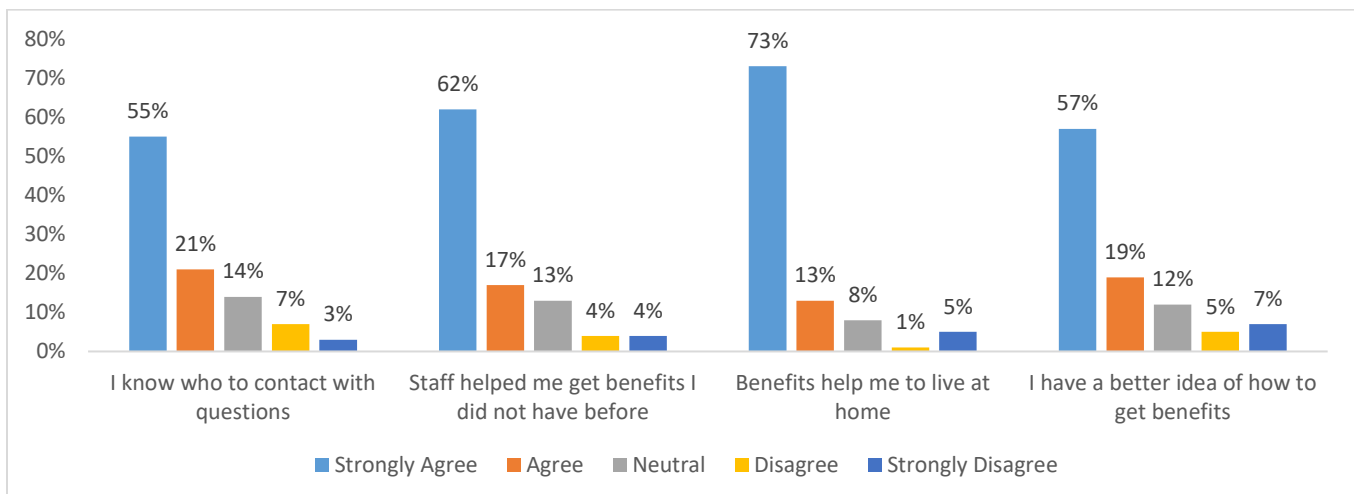


- Clients found out about services provided through the Information Services Unit: Community organization (17); Friend/neighbor (10); Advertisement (3); Family (3); Social worker (2)
- 77% of respondents indicated they qualified for the benefit for which they applied; 21% did not qualify; and 2% had their application pending

Satisfaction with Staff*

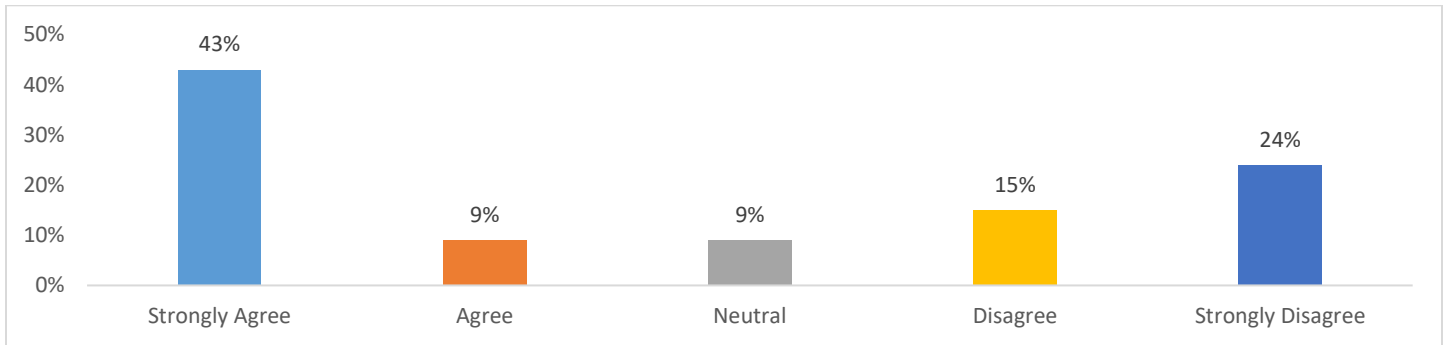


Knowledge and Satisfaction with Benefits*



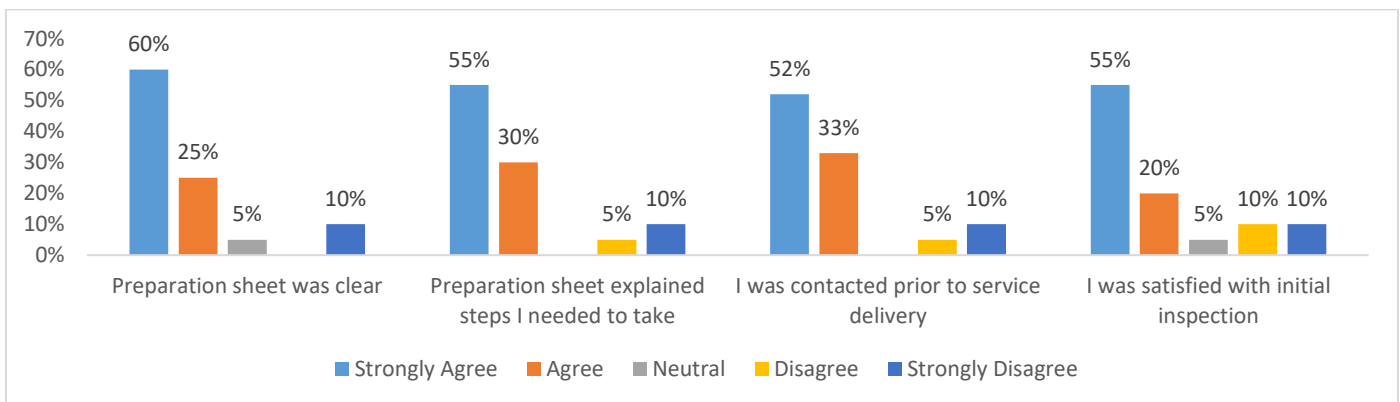
Information Services Unit (Bed Bug Extermination Program)- (21 surveys received; response rate of 30%) - Overall score of 4.0

I am satisfied with the overall quality of services provided by Terminix*

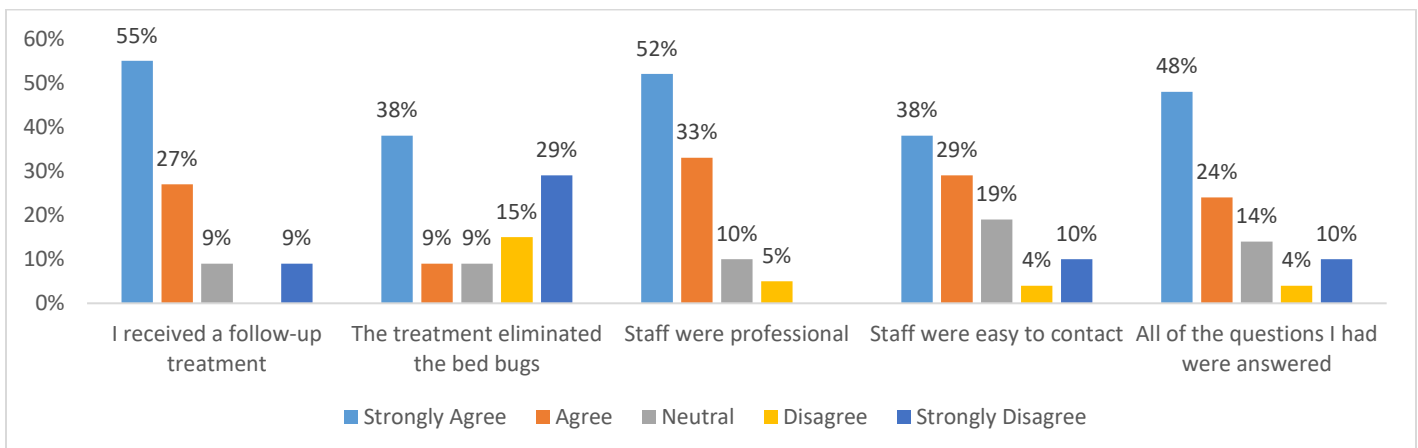


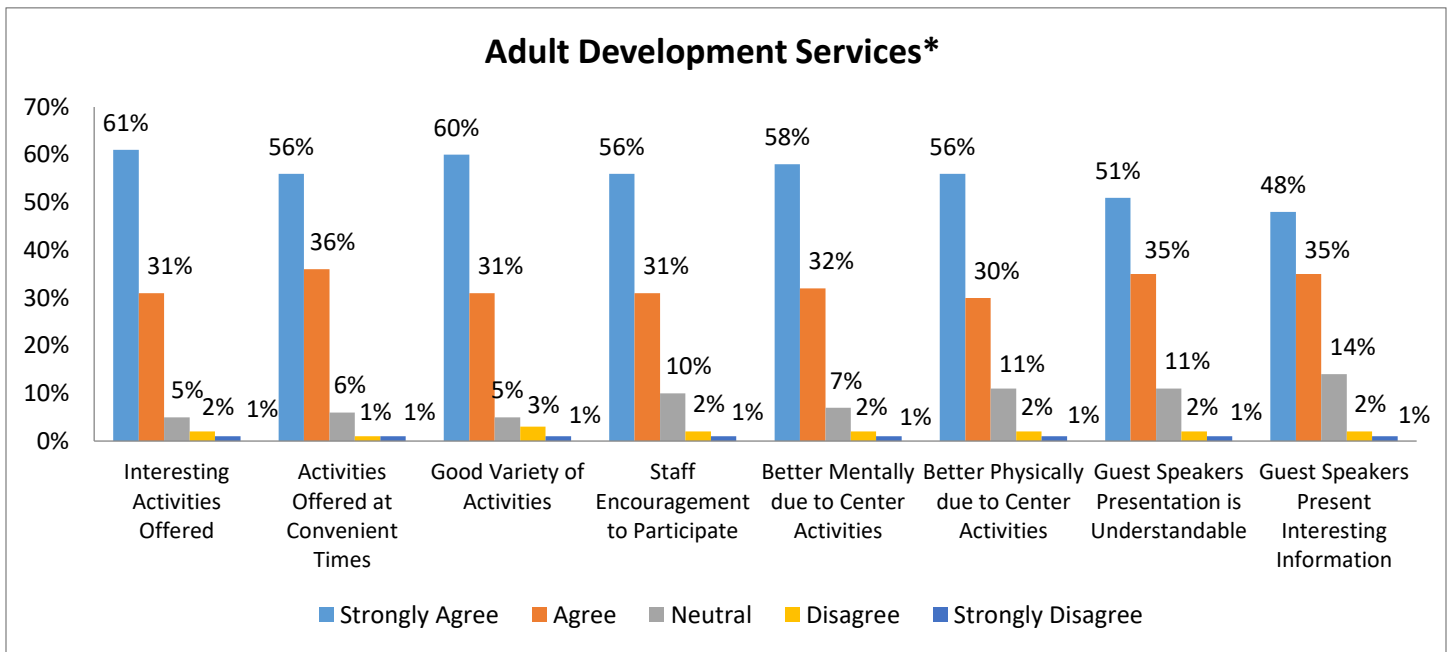
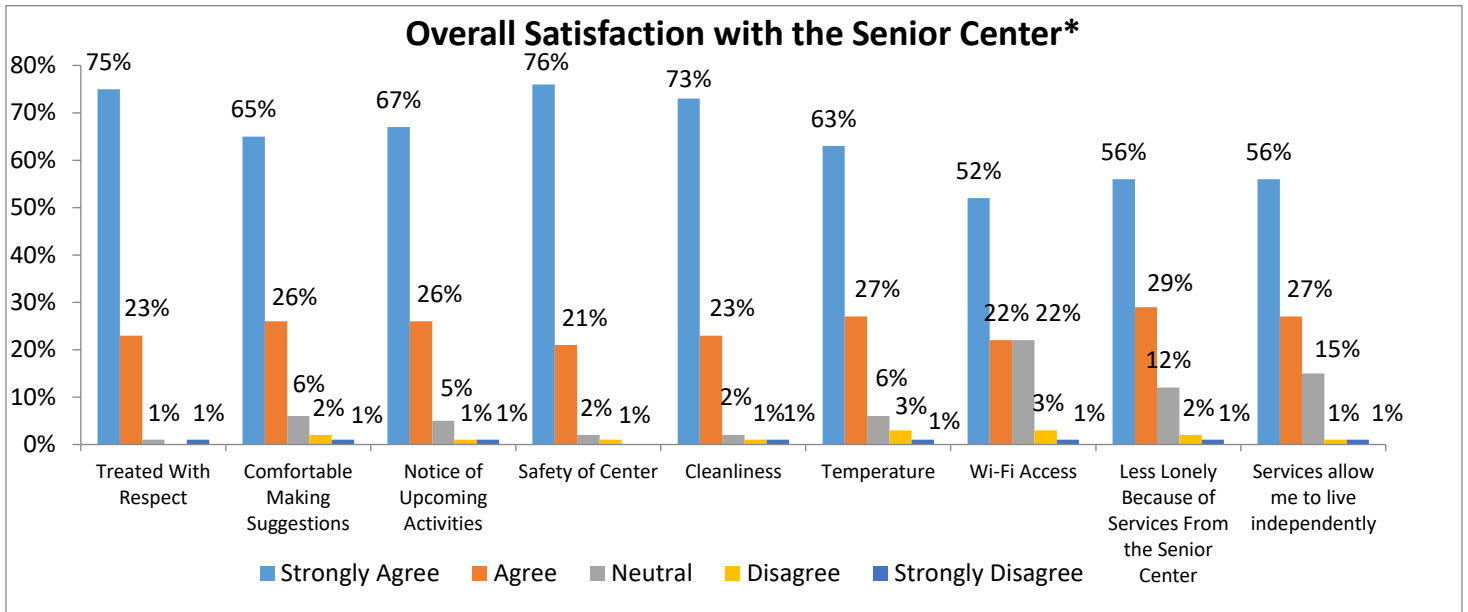
- Respondents discovered the Bed Bug Extermination program through the following ways: Social worker (6); Word of Mouth (6); Centralized Intake Line (3); Medical Professional (3); Website (1); Brochure (1)
- 85% of respondents indicated “strongly agree” or “agree” that the Information Services social worker assisted them with the application process*
- 80% of respondents indicated “strongly agree” or “agree” that the Information Services social worker provided a clear expectation of services*

Service Preparation/Initial Inspection*

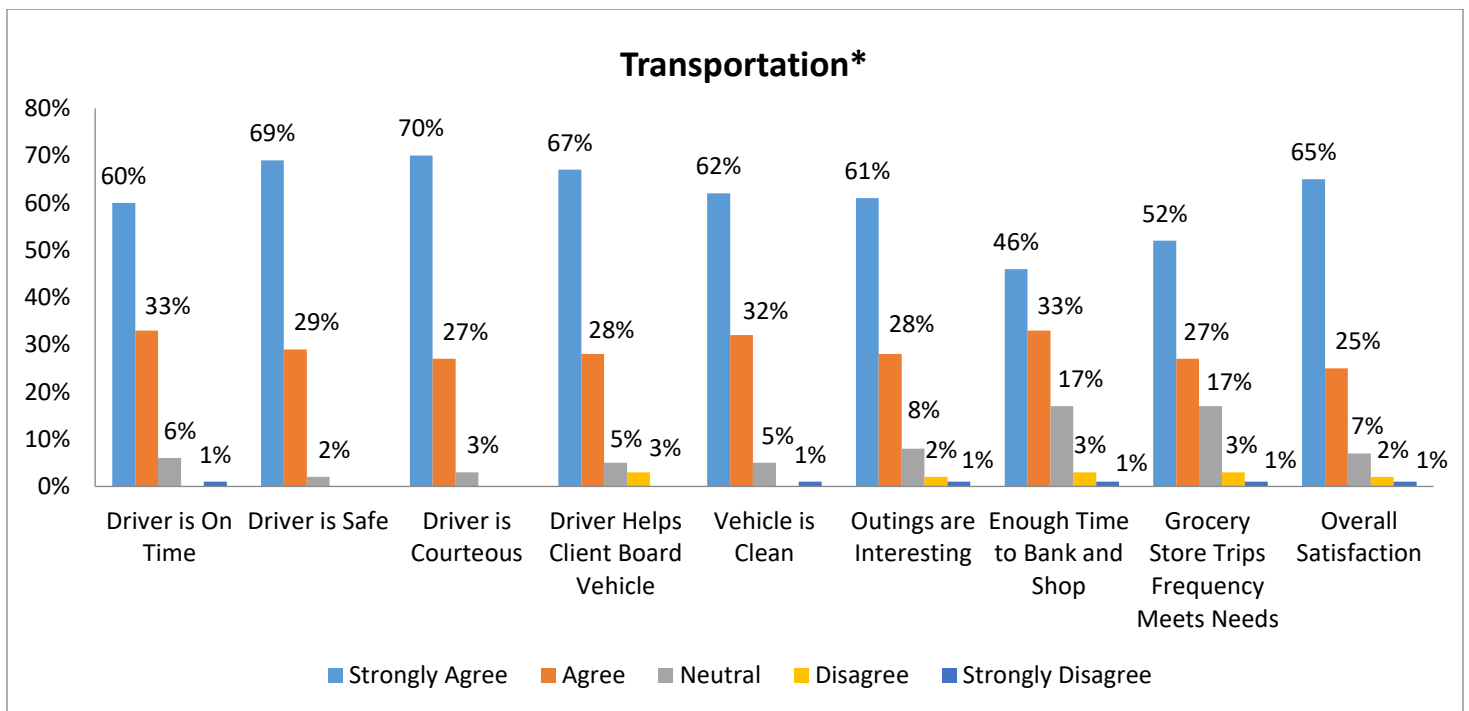
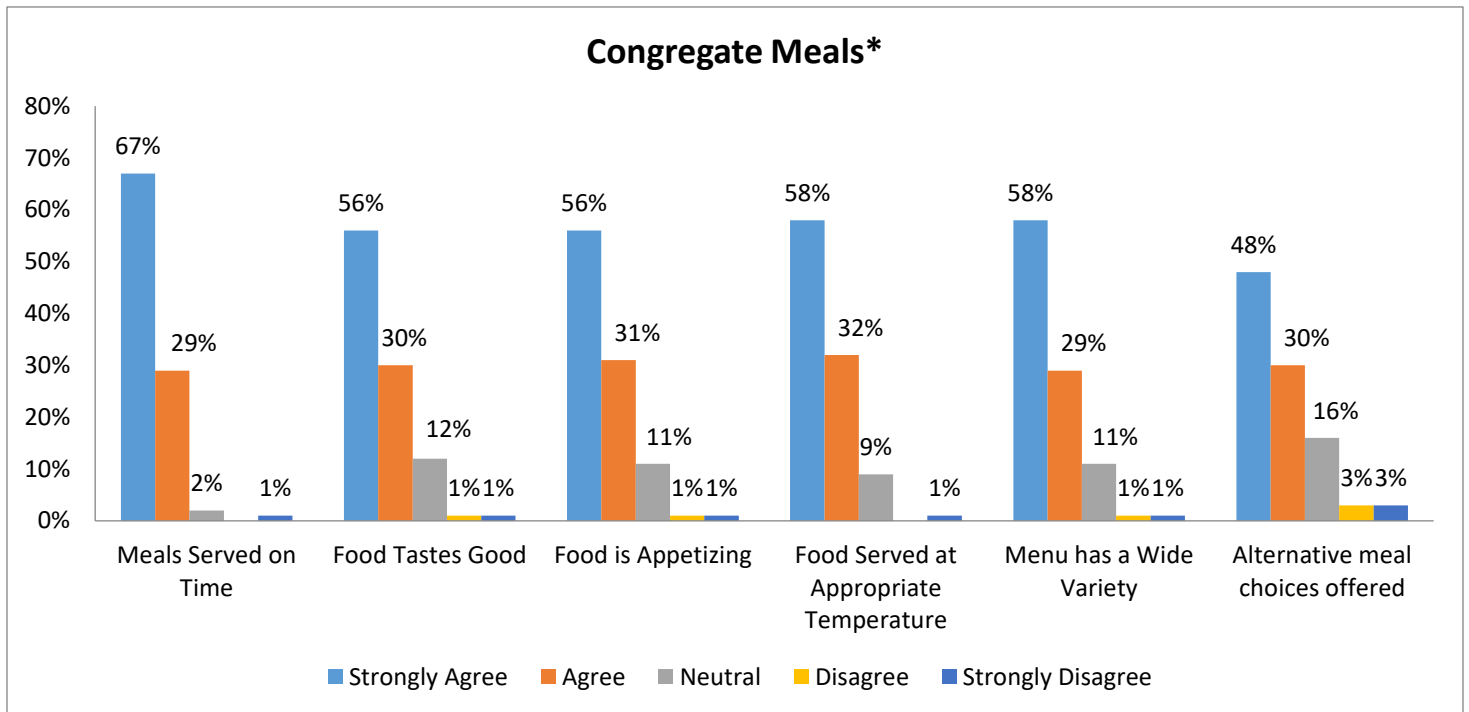


Quality of Services*

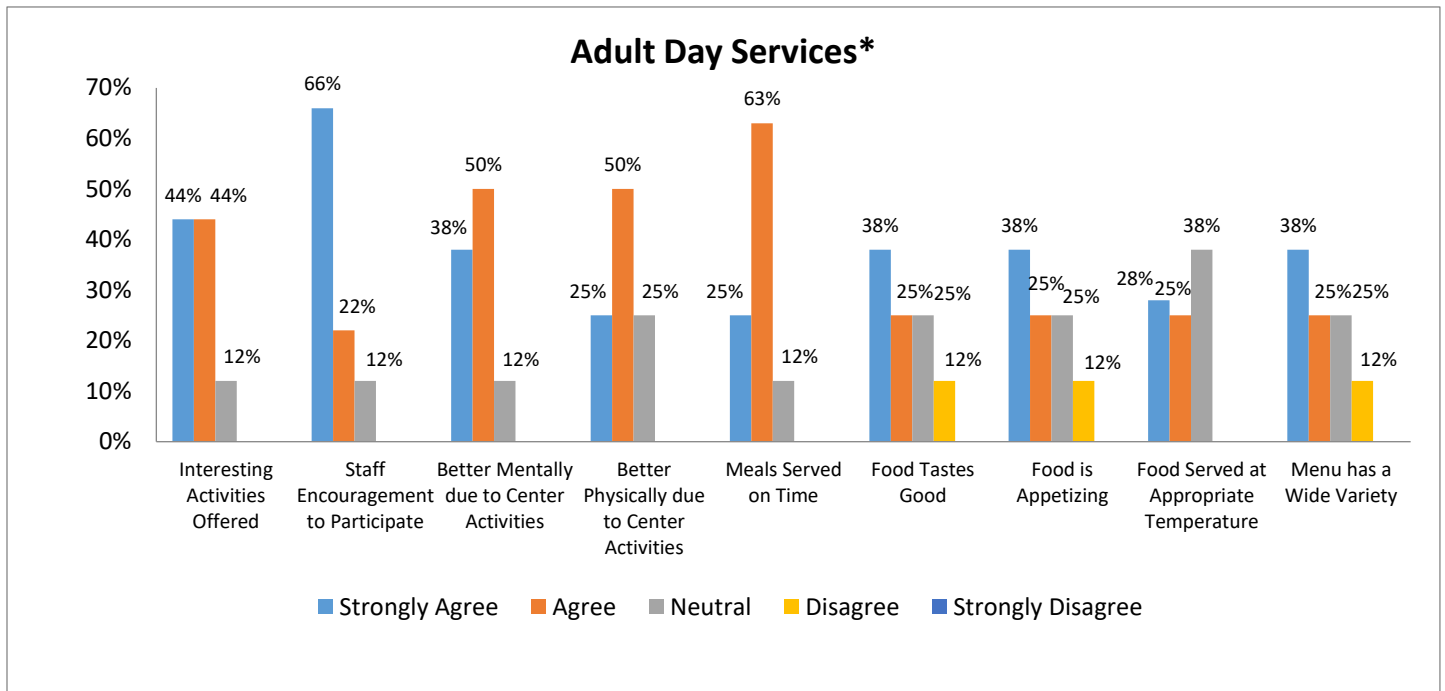




CSSP (continued)

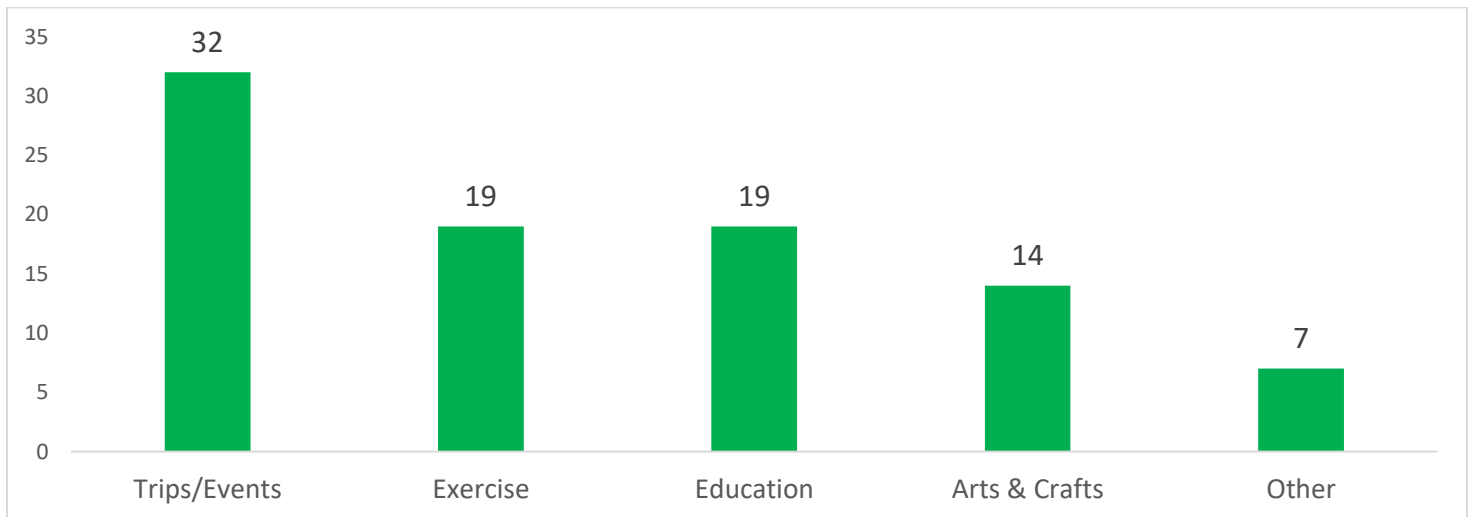


CSSP (continued)



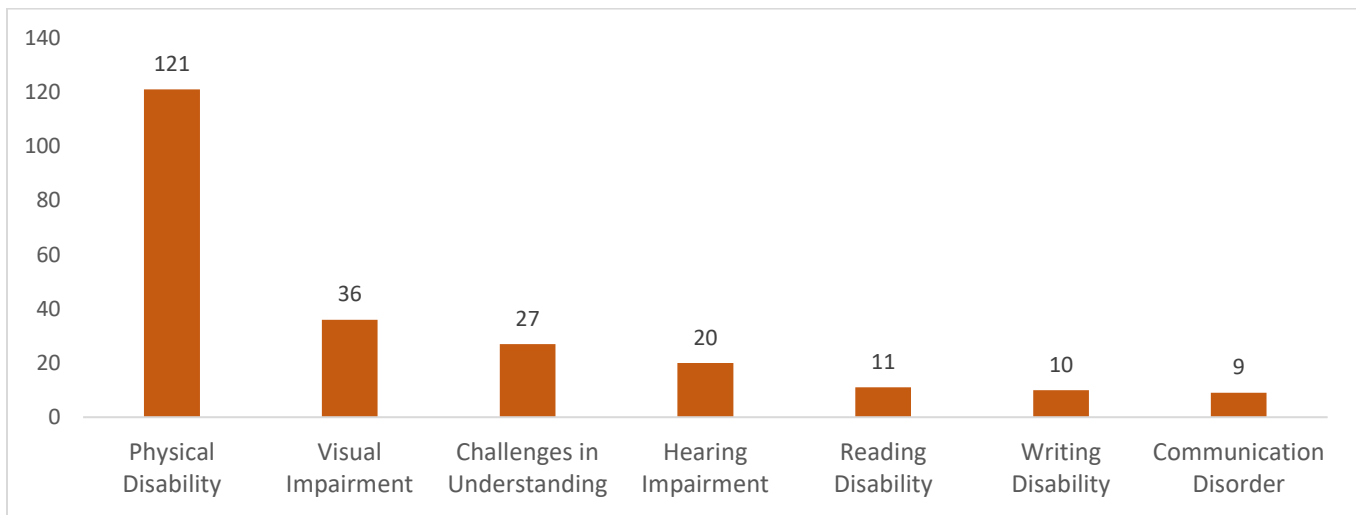
Other Activities Requested by respondents attending Senior Centers

Respondents were given the opportunity to list if they would like to see additional activities provided by their Senior Center. Responses provided were analyzed and fell into one of the categories listed below: “Other” included religious events, caregiver support and adult day care.



Clients indicating Special Needs

158 clients indicated a special need to receive services. 12 respondents indicated that no accommodation was provided for their need. This question was asked in the surveys sent to Home Support, Options for Independent Living, Information Services (Benefit Check-Up Events and Social Workers), and the Community Social Services Program. Respondents could select more than one special need.



Comments Received

Clients receiving surveys may provide comments about their services and DSAS staff member or senior center employees. In some instances, clients indicated a specific issue or complaint that was forwarded to the appropriate DSAS manager for immediate assistance. In 2018, 449 respondents (38% of all returned surveys) indicated a comment. Comments received range from positive statements about the program or DSAS staff member to negative comments or problems with their services. In some instances, respondents indicated an issue getting a response to their question or concerns, or also reported needing additional services.

Examples of *positive comments* included: “Home support services have been professional, dependable and very supportive.” (Home Support); “This has been a life-saver for me to have transportation and to mingle with other people and hear excellent speakers for improvement of life.” (CSSP); “My Home Health Aide deserves a raise for all she adds to my life. She not only fulfills her duties, but gives me helpful suggestions about safe ways to accomplish my daily tasks. She is irreplaceable.” (Home Support); “I truly appreciate the bus drivers. Their services are irreplaceable.” (CSSP); “My case manager is wonderful. She listens to me and she always calls and checks on my needs. I can go to her for anything. She is perfect. The program is great.” (Options for Independent Living); “The caseworker was very friendly and professional and followed up twice as new info occurred. Very good experience with APS!” (APS); “Thanks for the professionalism in handling these difficult cases.” (Centralized Intake Unit); and “I would like to thank you for this service. It helped me at a time when I had nowhere to turn.” (Information Services).

Examples of *negative comments* included: “We need better security in and around the building. Need more accessible parking areas with security and lighting.” (CSSP); “No one called back to help.” (Centralized Intake Unit); “Too many changes in aides. They never stay the same.” (Options for Independent Living); and “It's unfortunate that APS cannot help a person who refuses assistance. The clients end up homeless/evicted because they refuse assistance from any/all agencies offering assistance.” (APS).

Examples of *poor follow-up or clients needing additional services* “I did not receive a second bed bug treatment nor did I receive a follow-up phone call.” (Bed Bug Assistance); “After placing my initial call, I never heard anything back from APS.”; (APS); “It would be helpful if Options assisted with respite care. This would provide help for the caregiver.” (Options for Independent Living); “I get services only 1.5 hours a week. Please assign another health aide for one hour in a week for laundry.” (Home Support); “More senior sponsored day trips would be nice”; (CSSP); and “I have to have a safer dwelling to feel safe in my home. I need help to fix or repair broken places.” (Information Services).

Recommendations

Overall, the scores and comments from the surveys show a general appreciation and positive impression of the services provided by DSAS. However, some scores and comments indicated areas for improvement, additional monitoring and ongoing research.

A common comment received about Adult Protective Services is that people making referrals expect to receive regular updates about the status of the case. There were 18 comments for Adult Protective Services surveys that indicated “poor follow-up” and 11 of these were from people who were making their first APS referral. Ohio Revised Code (ORC) requirements about the type of information that can be shared during the case could be better clarified to people making APS referrals, specifically indicating ORC guidelines.

Regarding comments about the CSSP program, many clients attending senior centers want additional and different types of activities. Studies from AARP, and the Administration for Community Living indicate that Senior Centers should offer programming focusing on improving health-related outcomes. The National Coalition of Older Americans recommends utilizing evidence-based practices for senior center programming. Also, the Health and Human Services Department of Alaska specifically measures health-related outcomes in their survey to program recipients. The DSAS PEI department will continue to examine research on effective senior center programming and collaborate with the Health and Human Services contracting division on any enhancements for future senior center programming.

In 2019, customer satisfaction surveys will be sent to clients receiving services through a partnership between DSAS and the Cleveland Clergy Alliance. This partnership will provide information about benefits assistance programs for which clients may be eligible and other services offered by DSAS.

Lastly, DSAS PEI staff will continue to conduct research on national studies regarding satisfaction for programs serving seniors and disabled adults. Ongoing meetings will be held in 2019 with all DSAS units to review results from previous satisfaction reports and potential modifications to future surveys.

Conclusion

While understanding that the customer satisfaction survey only provides a point-in-time snapshot of current customer issues and is not sent to all clients, the surveys remain an effective way to track current satisfaction with DSAS programs. The response rate for surveys is nearly 30% and more than 1,000 surveys were received and analyzed. Clients may use these surveys as an anonymous venue to express an immediate need or issue that they may not feel comfortable discussing with their social worker. They also provide an opportunity to look at client-based outcomes (such as hospitalization and ER visits, and ability to receive additional benefits). Reviewing feedback on a semi-annual basis allows each program to determine if any modifications to existing services or service-delivery models should be explored.

The DSAS PEI Unit is committed to constant quality control of these surveys and regularly examines new ways to receive client feedback.