

OPTIONS COUNSELING  
STANDARDS DEVELOPMENT GRANT  
EVALUATION REPORT



## **ACKNOWLEDGEMENTS**

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Four ADRCs participated in this pilot study. The Directors and staff at these four ADRCs offered their time, experience and insights, without which this study would not have been possible.

**Aging and Disability Resource Center of Barron, Rusk and Washburn Counties**

**Aging and Disability Resource Center of Brown County**

**Aging and Disability Resource Center of Northwest Wisconsin**

**Aging and Disability Resource Center of Ozaukee County**

In addition, Dr. Doreen Higgins offered consultation and guidance throughout the research process.

**TABLE OF CONTENTS**

**Executive Summary ..... 1**

**Methodology ..... 6**

**Defining Options Counseling..... 13**

**The Options Counseling Customer ..... 15**

**Agency Characteristics ..... 17**

**Customer Interactions ..... 19**

**Outcomes ..... 23**

**Tools and Documentation ..... 27**

**Impact of Options Counseling ..... 28**

**Appendix A: Evaluation Plan ..... 30**

**Appendix B: Staff and Director Interview Guide..... 42**

**Appendix C: Focus Group Screener ..... 45**

**Appendix D: Focus Group Moderator's Guide and Worksheets..... 48**

**Appendix E: Customer Survey (Pre and Post Test) ..... 57**

**Appendix F: Staff Training Survey ..... 67**

## EXECUTIVE SUMMARY

### BACKGROUND

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This study documented the process of options counseling standards development, staff training in the standards and the outcomes associated with the implementation of the resulting guidelines and tools. The study was designed to fulfill the evaluation requirements of the Administration on Aging grant to strengthen Aging and Disability Resource Centers (ADRCs) options counseling and assistance programs for community-based health and long-term care services.

The goals of this project are to:

- ◆ Establish baseline and post-test measures to track the implementation of the standards;
- ◆ Track the process of developing and implementing the standards;
- ◆ Develop key indicators for assessing progress during a roll-out of the options counseling standards;
- ◆ Refine and improve measures of quality customer service generally, and in particular those indicators related to the Federal Administration for Community Living (ACL) interests of utility and economic impact of services.

### METHODS

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The evaluation research included both process and outcome measures within the framework of a quasi-experimental design. Data collection included:

- ◆ Staff and director interviews;
- ◆ Customer Survey (pre-test);
- ◆ Focus group of customers;
- ◆ Qualitative interview of an additional customer;
- ◆ Customer Survey (post-test);
- ◆ Staff and director debriefing interviews;
- ◆ Individual ADRC results discussions.

### FINDINGS

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#### CLARIFIED DEFINITIONS OF OPTIONS COUNSELING

- ◆ Before the development of the standards, the working definitions used by staff varied considerably by individual and ADRC. Most found options counseling to be the interactive process which is their objective in most customer interactions. As the interaction with a customer proceeds, staff expand the conversation beyond the initial request and attempt to explore the circumstances that led to the customer contacting the ADRC. Staff consistently attempt this with customers, thus, some element of options counseling is almost always performed.
- ◆ Although most staff agreed during the initial interviews that options counseling was not a clearly defined concept, nine out of ten (88.9%) said that they had a better understanding of the

differences between I&A and options counseling after the training. During the final debriefing, staff also expressed a better understanding of when to "check the box" on options counseling and a more clear understanding of State definitions and expectations regarding options counseling.

- ◆ Options counseling customers, like staff, do not see, or reveal clear distinctions between services. In the customer survey data, there were no significant differences between customers who received options counseling and those who received I&A, Enrollment or Disenrollment Counseling with regard to their perception of the staff person having helped them to "understand all the choices available." This variable was developed as an indicator of options counseling.
- ◆ Other customer characteristics such as the primary issue of concern, urgency of the situation, age or disability status had no significant impact on the options counseling indicator or indicators of overall satisfaction.

#### **IMPROVEMENTS IN STAFF SKILLS AND KNOWLEDGE BETWEEN THE INITIAL AND FINAL MEASURES**

- ◆ Ratings of the skill and knowledge of the options counselors were consistently between good (3.0) and excellent (4.0), even before the training in the standards. Some increase was observed between the initial and final measures on every indicator in this area, although none was individually significant.
- ◆ Items related to the discovery process of getting to know a customer's concerns, values and preferences were rated very highly, both before and after the implementation of the options counseling standards. There were no significant differences between the initial and final measures.
- ◆ Communication strategies such as listening carefully, not trying to talk the customer into things they don't want and helping them to weigh the pros and cons were all rated between good and excellent, with no significant change between initial and final measures.
- ◆ Items related to exploring resource options were rated highly overall, and small increases were observed on avoiding jargon the customer did not understand, making sure one thing is understood before moving on to something new and making it easy for the customer to get the information they needed. None of these increases showed individual statistical significance.
- ◆ The two most impactful elements of determining "next steps" are a) understanding of a customer's timeline for making a decision and b) helping them to understand the cost impact of a decision. Customers' ratings of each of these measures improved somewhat, although neither achieved the level of individual statistical significance.

#### **NO CHANGE IN FOLLOW UP RATES**

- ◆ Previous research has revealed follow-up to be a key driver of positive customer outcomes and in particular, satisfaction with services. Staff reported that they most often tell a customer to call with any questions or concerns. In the customer survey, 92.4% of the customers surveyed said that the staff person told them to call with any questions. There were no significant differences between the pre and post test results.
- ◆ Half of customers surveyed during the initial and final measures said that the staff offered a plan listing next steps and timeline,. During the focus group customers explained that by receiving a phone number to call or application to fill out, they felt the plan was implied in the materials received. They did feel the need for an additional, more formal "plan".
- ◆ Almost two out of three survey respondents said that the staff person made plans to follow up at a specific point in the future. This did not change between initial and final measures. Among those respondents who had not received a follow up contact, one in three (32.4%) said they would have liked to have received one.

#### **OUTCOMES IMPROVED SIGNIFICANTLY**

- ◆ Usefulness of the contact with the ADRC showed statistically significant improvement between the initial and final measures. Both the ability to help customers understand their available choices and customers' overall experience increased and were on the border of statistical significance.

#### **KEY DRIVERS OF SATISFACTION OUTCOMES**

- ◆ The indicators that had the strongest impact on customers' perceptions that their contact with the ADRC helped them understand the options available to them consisted of:
  1. Helping to navigate the system
  2. Making plans to follow-up at a specific point in the future
  3. The welcoming environment overall
  4. Helping customers understand the cost of different alternatives.

#### **VARIATION AMONG ADRCs**

- ◆ The largest changes between initial and final measures took place among the customers of one ADRC. This ADRC, although high performing relative to the state averages seen in previous research, was comparably lower in average ratings relative to the other three high-performing ADRCs participating in this pilot study. Although some small changes were noted among the other three ADRCs, none were at the level of statistical significance consistently seen within this ADRC's data.

#### **TOOLS AND DOCUMENTATION**

- ◆ The vast majority of staff who participated in the training and this pilot study (96.6%) found the draft Options Counseling Pocket Guide to be both directly related to their work and clear. Similarly, the Options Counseling Checklist and Documentation Guide was found to be relevant to options counseling work (93.1%) and clear (82.8%) by most staff. The early draft Initial Discovery Tool was found to be less clear (55.2%) and revisions were made on the basis of staff comments.
- ◆ Even among a select group of highly skilled and experienced staff, the options counseling training was found to be excellent (38%) or very good (41%) by the majority of participants.
- ◆ In open-ended comments, several staff suggested that the training would be very useful for new staff. One staff person said of the training, "even as a seasoned worker, I felt today was beneficial. It reminded me of techniques I could use with clients that I had forgotten about."

#### **LONG-TERM IMPACTS OF OPTIONS COUNSELING**

- ◆ During a focus group discussion it was revealed that the thoughts of a new customer are often focused on the customer's anxiety over the technical aspects of the visit and shame around the needs that led to the visit. The answers to the question of what a customer thinks as they leave the ADRC were in sharp contrast to the anxiety preceding the meeting. Most focused on the emotions of relief and comfort of knowing they could go back if needed.
- ◆ The vast majority of respondents in the customer survey (95.5%) said that they would recommend the ADRC services to others.
- ◆ Over two out of three respondents (69.5%) to the final survey said that the ADRC helped them to make the most of their money and 61.9% said that the ADRC helped them to stay in their home in a situation where they might otherwise have gone to an assisted living or nursing facility. These issues have a tremendous personal impact on the quality of consumers' lives, as well as strong fiscal impact both to consumers and the State.

Ratings of the ADRCs' ability to help customers understand the cost of alternatives increased after

the options counseling, from 3.1 to 3.23, although this difference also lacked statistical significance. In addition, three in four customers (73.9%) said that the ADRC helped them make the most of their money. There was no significant change between survey administrations.

## LESSONS FOR STATEWIDE ROLLOUT

- ◆ **Clear Definition Key to Accurate Coding and Documentation.** The increased focus on options counseling itself requires a clear definition of what options is and, more critically, is not. As staff differentiate more clearly between the types of customer interactions that fall into the categories of options counseling and I&A, differences in the characteristics of the customers that comprise these categories may emerge in future research.
- ◆ **Focus on Impact Areas.** The most impactful areas to help customers understand the options available to them are consistent with previous research on the drivers of customer satisfaction with I&A services. These four areas: helping to navigate the system, making plans to follow-up, offering a welcoming environment, helping understand the cost of different alternatives are built into the State Standards that were developed through this pilot. Training that emphasizes them will maximize its impact on customer satisfaction.
- ◆ **High Potential Impact.** The highly significant increases seen in most positive outcomes within the ADRC that offered the most room for improvement may be indicative that among those ADRCs with average satisfaction ratings, staff training in the standards developed through this project will have a strong and significant impact on the quality of customer service and the outcomes associated with a successful options counseling experience.
- ◆ **Documentation Needs.** During feedback meetings and through training-feedback forms, staff expressed a desire for documentation tools. The potential impact of the standards and training is also evident in this need for standardizing tools even among high-performing staff.

## METHODOLOGY

This study was designed to monitor the progress of the options counseling standards development for the State of Wisconsin's participation in the Federal Administration on Aging (AoA) grant program.

A mixed methodology was utilized, starting with qualitative interviews of directors and staff at three ADRCs selected for participation in the pilot. A fourth pilot site was added to the study and pre and post-training surveys were conducted with customers at each of the four pilot sites. A single focus group of ten options counseling customers was conducted in one of the pilot areas, as well a qualitative interview with a respondent in another area. After the trainings had concluded and survey data were collected, interviews were again conducted with the staff and directors at the four participating ADRCs. In summary, the methodology included:

- ◆ Staff and director interviews;
- ◆ Customer Survey (pre-test);
- ◆ Focus group of customers;
- ◆ Qualitative interview of an additional customer;
- ◆ Customer Survey (post-test);
- ◆ Staff and director debriefing interviews;
- ◆ Individual ADRC results discussions.

## OBJECTIVES

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This project was designed to document and provide feedback for the development of Wisconsin's state standards for conducting options counseling at Aging and Disability Resource Centers. The draft standards address the following components:

- ◆ Draft Definition of Options Counseling and Draft Unit of Service;
- ◆ Organizational Components;
- ◆ Marketing and Outreach;
- ◆ Management & Staff;
- ◆ Governance;
- ◆ Service Delivery;
- ◆ Welcome – Initial Customer Experience;
- ◆ Discovery – Getting to Know the Customer;
- ◆ Resource Options and Decision Support;
- ◆ Action Plan and Determining Next Steps;
- ◆ Follow-up;
- ◆ Enrollment and Disenrollment Counseling.

## RESEARCH QUESTIONS

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The Administration on Aging provided a set of five research questions for states participating in the grant to address. These questions are:

1. Do the revised standards (including new policies, operating procedures, training and/or tools) enable ADRCs to deliver options counseling more effectively and more efficiently?
2. Are the revised standards sustainable at the organizational level and if so, how? In other words, how can ADRCs cover the cost of providing options counseling according to the new standards over the long term?
3. Does options counseling help people make well-informed decisions about their LTSS options within the framework of their individual values, needs, and preferences?
4. Does options counseling help people to remain in/return to community settings?
5. Does options counseling help people to maximize and sustain their own resources and existing supports?

The Administration on Aging (AoA) also invited participating states to establish questions specific to their individual efforts. The State of Wisconsin is seeking to measure changes associated with the implementation of the newly developed draft standards. This includes an assessment of the training itself, a measure of fidelity to the standards and a measure of changes in customer outcomes including satisfaction and perceived ability of the ADRC to help resolve the main issue they presented. Wisconsin's state-specific questions for the evaluation include:

1. What is options counseling and how does it differ from other ADRC services in customer perception?
2. What are the critical elements of options counseling that result in a successful outcome and high customer satisfaction?
3. What is the relative impact of each element or domain on customer satisfaction?
4. What is the impact of performing options counseling according to the developed standards as compared to the previous non-standardized methods of conducting options counseling?
5. What customer groups (e.g., age, disability, service need) benefit most from the standardized options counseling procedures and why?

## SAMPLE DESIGN

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Early in the project, three ADRCs were selected for participation. The ADRC selection was based on a) having highly skilled and motivated staff, b) a history of high customer satisfaction ratings and c) proximity to both State offices in Madison and each other. As the project developed, so did the concern that the selected ADRCs may not have adequate room for improvement and that this might inhibit the ability to

measure change. In order to balance the need for highly skilled staff with the need to show improvement resulting from the implementation, a fourth ADRC was added. The fourth ADRC is also among the State's high performing ADRCs, but has been positioned closer to the average in previous research. Their geographical proximity and size, which complemented the others, also contributed to the selection.

The main purpose of this research is to establish baseline and post-intervention measures of customer satisfaction at the four participating ADRCs. A random sample of customers, stratified by ADRC, was drawn before and another drawn after options counseling standards trainings were implemented. Consumers were sampled from the electronic contact registries of consumers who had contacted a participating ADRC within the previous four months.

The goal of the survey research was to complete 75 interviews per ADRC, however most of the ADRCs had too few customers within the preceding four months to achieve this target. Options counseling customers were supplemented with I&A, enrollment and disenrollment customers. Data were examined for differences between these groups and there were no significant differences between customers who received options counseling and those who received I&A, Enrollment or Disenrollment Counseling with regard to any key variables.

A total of 427 customers completed a telephone interview. The table below shows the breakdown of interviews by ADRC and by intervention status.

ADRC	Initial Survey	Final Survey	Total
Brown	75	76	151
Baron-Rusk-Washburn	64	27	91
Northwest	53	36	89
Ozaukee	56	40	96
<b>Total</b>	<b>248</b>	<b>179</b>	<b>427</b>

## **RESPONDENT CONFIDENTIALITY AND PROTECTION**

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Participation in this research is random, anonymous and confidential for customers. Respondents were randomly selected from each ADRC consumer listing. Transmission of the listings was made secure through password encryption and downloaded through the secure state system.

During the course of the research, a few consumers asked interviewers for ADRC services or follow-up. In these cases requests were forwarded to the ADRC for action. Although this action resulted in identifying a customer who had participated in the research, it did not identify the particular results or opinions of that respondent.

Staff participated in open form-style interviews and facilitated feedback meetings, most often in the presence of the ADRC Director, who is their direct supervisor. The four participating ADRCs were noted for their reflective abilities and open environments, which were part of the selection criteria. These conversations elicited direct, honest participation of staff and Directors alike.

## **SURVEY DEVELOPMENT**

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The first step in the research process consisted of group interviews of staff and Directors. The interviews covered the following topics:

- ◆ Determining the need for options counseling and when to code an interaction as "options counseling";
- ◆ Assessing needs, values and preferences;
- ◆ Understanding public and private sector resources;
- ◆ Demonstrating respect for self-direction / determination;
- ◆ Encouraging orientation toward planning for the future;
- ◆ Following up;
- ◆ Staff Training.

The customer survey instrument covered four areas:

- ◆ Initial Contact;
- ◆ Discovery and Exploring Options;
- ◆ Home Visit;
- ◆ Outcomes and Satisfaction.

Whenever possible, opinion and respondent perception measures were based on 4-point scales, using the following anchoring terminology:

<b>Numerical Value</b>	<b>Description</b>	<b>Alternative Description</b>
<b>4</b>	Excellent	Strongly Agree
<b>3</b>	Good	Agree
<b>2</b>	Fair	Disagree
<b>1</b>	Poor	Strongly Disagree

## **COMPARISONS BETWEEN PRE AND POST INTERVENTION SURVEYS**

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Approximately one year passed between the pretest and post intervention customer satisfaction measures. No major staffing or organizational changes were made during that period between measures and no substantial or notable local events occurred which would be likely to have intervened in the

reasonable attribution of change to the intervention. Statistically significant differences between the two samples are noted where appropriate.

## CONFIDENCE INTERVALS

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A confidence interval is a range around a measure that indicates the level of precision with which one can generalize to the larger population. A 95% confidence interval specifies the range in which one will find the true estimate 95% of the time. In this report, differences that are reported as statistically significant are those that would occur less than 5% of the time through random chance. There are two drawbacks to the reporting of significance.

First, if a variable is significant at .06, it has only a 6% chance of occurring randomly, yet is classified as not significant. Significance is not a measure of importance, and an important or meaningful result should not be dismissed for lack of statistical significance. For this reason, when a variable is close to significance but does not cross the threshold of .05, that result is reported and the lack of statistical significance noted.

The second limitation of focusing on statistical significance is that the measure contemplates one variable at a time and does not recognize meaningful patterns in the data. Several similar variables which indicate a trend may not show statistical significance individually, but when taken together the results become more meaningful. Where patterns are noted in sets of questions, statistical significance of each variable is noted, but sometimes overridden due to the meaningful pattern or trend.

## DATA LIMITATIONS AND DRAWBACKS

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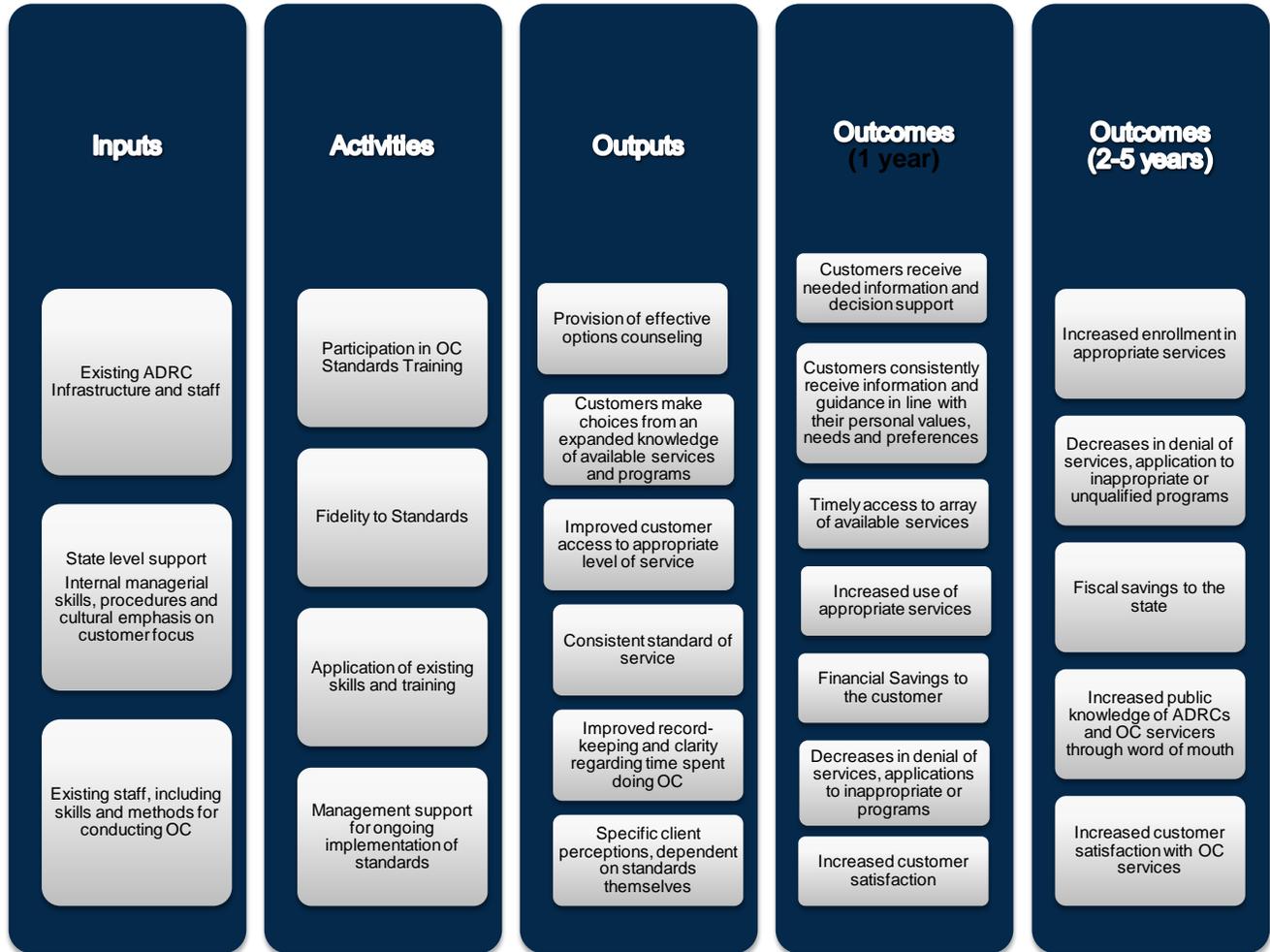
Collecting sufficient data from the customer base of each ADRC was a challenge in this project. The customer survey sample included very few customers who received the options counseling designation in the Management Information System (MIS), particularly in the initial survey. Some customers were coded as receiving more than one service. As shown below, there were not enough options counseling customers to produce statistically meaningful results. Therefore, a number of related services were included. Samples were examined for differences by type of service, and no differences between the types were observed.

Service Received	Initial Survey	Final Survey	Total
Options Counseling	27	23	50
Enrollment Counseling	7	6	13
Disenrollment Counseling	3	0	3

I&A Counseling	242	150	392
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**LOGIC MODEL**

The following logic model describes the rationale behind the data collection strategies, sampling plans and instruments.



## DEFINING OPTIONS COUNSELING

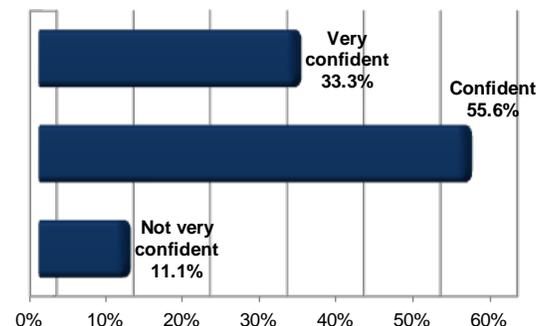
This study included customers who received options counseling, Information and Assistance, Enrollment and Disenrollment Counseling services at a participating ADRC. During the initial staff interviews, it became clear that the working definitions used by staff varied considerably by individual and ADRC. Although each staff person developed her or his own working definition, there were several important commonalities. First, options counseling is an interactive process. Second, since the goal of any customer contact is interaction, options counseling is often seen as the culmination of other services that are well-delivered. A customer may come in to the ADRC for a straightforward piece of information, for example, but as the interaction proceeds, the staff person asks relevant questions, triggering the occurrence of options counseling.

The staff at these four ADRCs said that they always try to expand the conversation to explore the circumstances that led to the request and determine if there are other needs. Thus, some element of options counseling is almost always performed. If the customer is not receptive to that attempt, I&A exclusive of options counseling, is the result. In the words of staff:

- ◆ I&A is hard to separate from options counseling, because they're both really all about giving information. If [customers] want to talk about bigger scenarios rather than having a direct question about a specific resource, that is a sign of options counseling. I&A can turn into options counseling once you start talking. A skilled person will ask questions like "what created that need?"
- ◆ Options counseling is the step that takes (a customer interaction) from I&R to information and assistance.
- ◆ I don't see it as I&A or options counseling, the I&A is what leads me to options counseling, which leads me to the assistance portion of Information and Assistance. You see? They are all related.
- ◆ Options counseling is less specific, you have to brainstorm with them, and come up with the options. Whereas Information and Assistance, those calls are more focused.
- ◆ When you start to weigh the pros and cons of one service against the other, then it becomes options counseling.
- ◆ The distinction happens when you start talking less and the customer starts talking more. I&A is about educating a consumer whereas options counseling is a facilitation of the decision making process.

During the initial interviews, most staff agreed that options counseling was not a clearly defined concept, nine out of ten (88.9%) said that they had a better understanding of the difference between I&A and options counseling after the training. During the final debriefing, staff also expressed a better understanding of when to "check the box" on options counseling and a more clear understanding of State

### I have a better understanding of the difference between Information & Assistance and Options Counseling.



Staff Training Feedback Form  
(N=29)

definitions and expectations regarding options counseling.

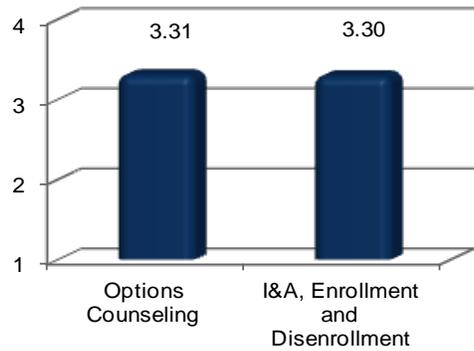
**THE OPTIONS COUNSELING CUSTOMER**

In both the customer surveys and the focus group, customers did not make distinctions between information, assistance or counseling services. In the customer survey data, there were no significant differences between customers who received options counseling and those who received I&A, Enrollment or Disenrollment Counseling with regard to their perception of the staff person having helped them to "understand all the choices available." This variable was developed as an indicator of options counseling.

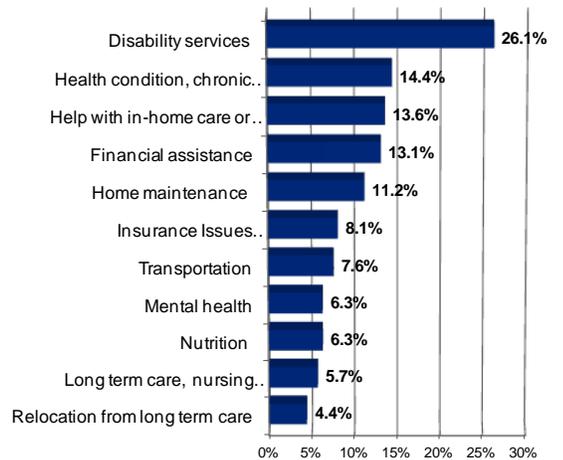
A variety of individuals should be served by the decision support provided through options counseling. Options counseling staff see a wide range of customers with a very wide range of needs. The chart to the right shows that range of issues that customers named as their primary issue of concern. One in four customers (26.1%) came in for disability-related services, the largest of the categories, following which health conditions, help with in-home services, financial assistance and home maintenance each accounted for somewhat over 10% of the customers seen. There were no significant differences in the main issue reported by customers before or after the implementation of the standards or between ADRCs.

The urgency of a customer's situation could impact their interaction with the ADRC and the objectives and methods of the options counseling that is offered. About one in three customers had a pressing concern or emergency (31.4%), whereas had several months in which to make a decision (19.7%), were planning for future needs (28.1%), or only wanted information to consider but had no timeline for a decision (21.8%). One in ten (9.8%) came to the ADRC regarding a concern for another person. The urgency of customer situations was not significantly

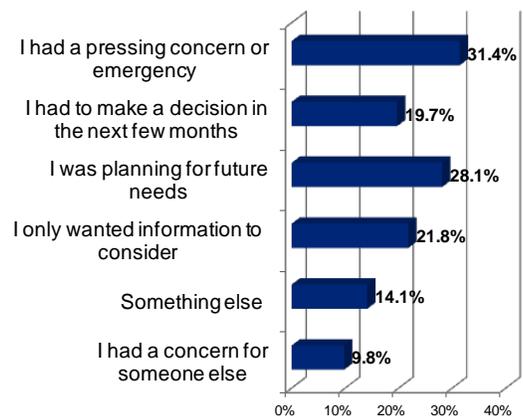
**How would you rate the Center's ability to help you understand all the choices available to you?**



**Main Issue**



**Readiness to Proceed**



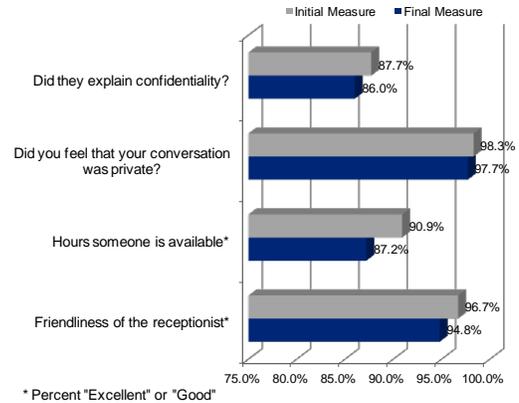
different between ADRCs or between the pre and post intervention data.

## AGENCY CHARACTERISTICS

### AGENCY POLICIES AND PROCEDURES

There were no significant changes between the pre and post measures with regard to agency policies such as respect for privacy, confidentiality and timeframes for responses to customer inquiries. Although some measures appeared to decline somewhat, this difference is not statistically significant.

Agency Policies

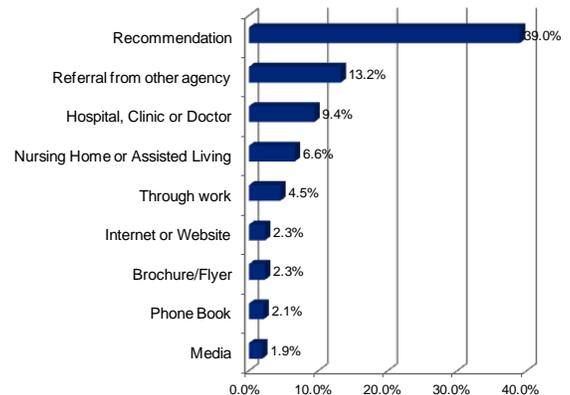


### MARKETING AND OUTREACH

Wisconsin ADRCs have a strong presence in their communities and four in ten respondents (39%) first learned about the ADRC through a recommendation or word of mouth. Although the standards include guidelines for marketing and outreach, the staff at the participating ADRCs reported that their activities before implementation of the standards were similar to those after implementation and included a strong presence at local health fairs and other events.

The methods by which customers learned of the ADRC showed no significant changes between the initial and final measures.

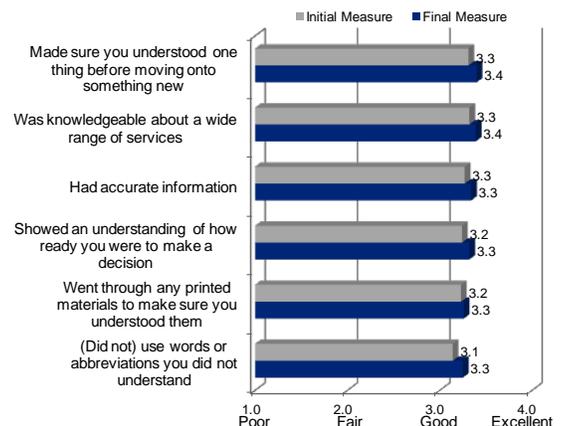
First Learned of ADRC



### SKILLED AND KNOWLEDGEABLE STAFF

Ratings of the skill and knowledge of the options counselors were consistently between good (3.0) and excellent (4.0). Although small increases were observed between the initial and final measures on every indicator in this area, none were statistically significant.

Skilled and Knowledgeable Staff





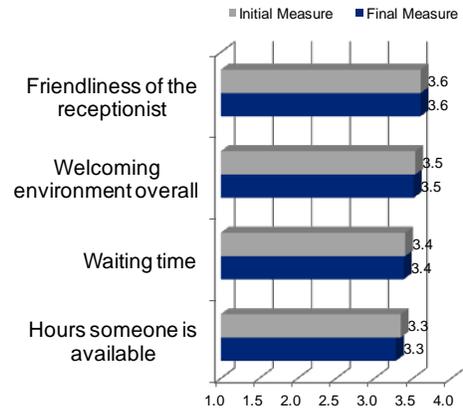
## CUSTOMER INTERACTIONS

### WELCOMING THE CUSTOMER

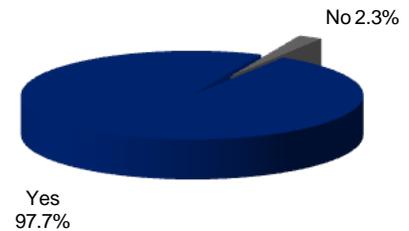
The initial customer experience includes a clearly defined, accessible and welcoming reception area where customers are greeted by an individual who is ready to assist. For the participating ADRCs, the initial measures indicated that almost all customers agreed or strongly agreed that the reception environment were warm and welcoming. The friendliness of the receptionist (3.6) and the welcoming environment (3.5) were rated very highly. No significant changes were observed between the initial and final measures.

The initial customer experience also includes the assurance of need for privacy and confidentiality. Nearly all customers (97.7% in the final measure) said that they felt their conversation was private. Just over one in three (36%) said that confidentiality was explained to them, however some customers included in the survey were "information only" customers, who may have never shared information that would call for an explanation of confidentiality.

#### Welcoming Environment



#### Did you feel your conversation was private?

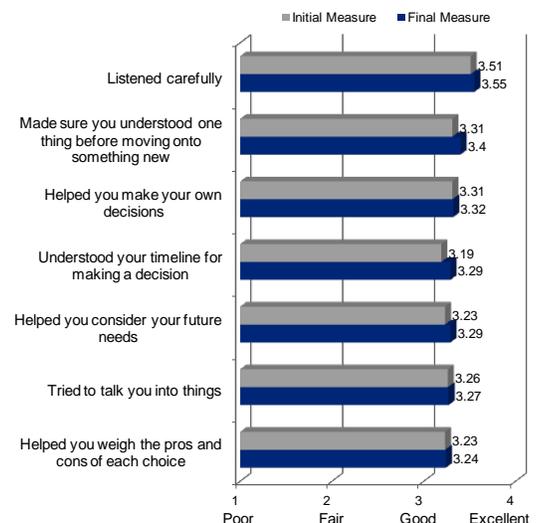


### GETTING TO KNOW THE CUSTOMER

Items related to the discovery process of getting to know a customer's concerns, values and preferences were rated very highly, both before and after the implementation of the options counseling standards. There were no significant differences between the initial and final measures.

Communication strategies such as listening carefully, (not) trying to talk the customer into things they don't want and helping them to weigh the pros and cons were all rated between good and excellent.

#### Getting to Know the Customer

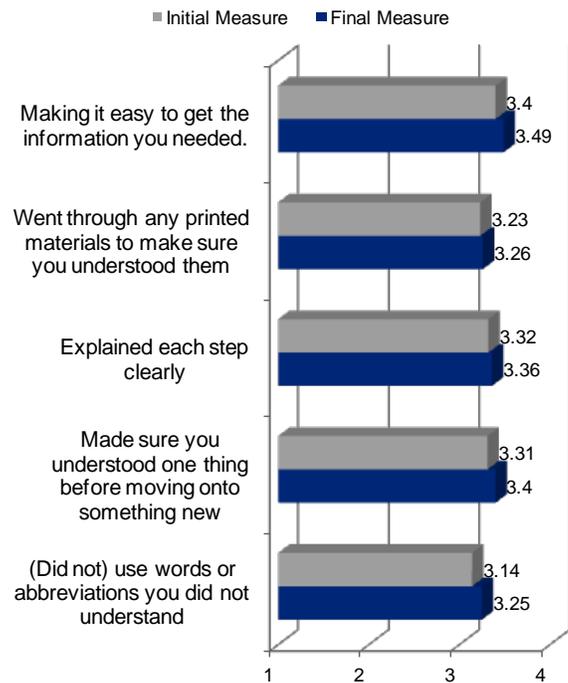


## EXPLORING RESOURCE OPTIONS

Ratings of the options counseling staff on items related to helping customers explore their resource options were rated highly, with small increases between the initial and final measures on avoiding jargon the customer did not understand, making sure one thing is understood before moving on to something new and making it easy for the customer to get the information they needed. None of these increases were statistically significant.

All of these measures were rated between good and excellent, with the highest rated among them, "making it easy to get the information you needed" rated halfway between good and excellent (3.49) during the final measure.

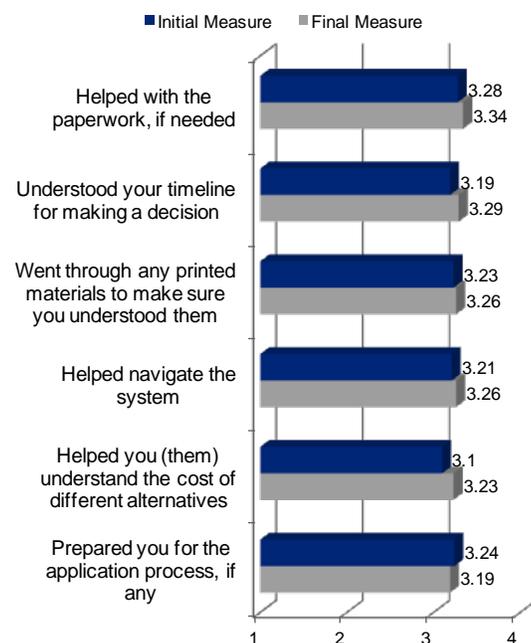
### Exploring Options



## ACTION PLAN: DETERMINING NEXT STEPS

Options counseling includes a process whereby adults are supported to identify, prioritize, and articulate next steps based on their desire to proceed. The Options Counselor's understanding of the customers' timeline for making a decision is key to this process, especially given the wide range of customers' levels of readiness to proceed. Understanding of the customers' timelines for making a decision improved somewhat, from 3.19 to 3.29, although this difference was not statistically significant. Helping customers understand the cost of alternatives also increased after the options counseling, from 3.1 to 3.23, although this difference also lacked statistical significance. Understanding customers' timelines and helping them understand the cost implications of their alternatives shows the greatest improvements of the indicators in this

### Determining Next Steps



section.

## FOLLOW-UP

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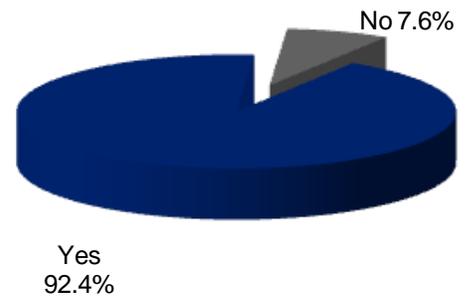
In previous research, we have found that follow-up is a key driver of positive customer outcomes and in particular, satisfaction with services. In the options counseling customer surveys we examined several indicators of follow-up.

Many staff said that the need for follow up is determined by the types of services offered. "Information only" discussions, for example, are often considered inappropriate for follow up. In these situations, staff said they often told the customer to call with any questions or concerns. In the customer survey, 92.4% of the customers surveyed said that the staff person told them to call with any questions. There were no significant differences between the pre and post test results.

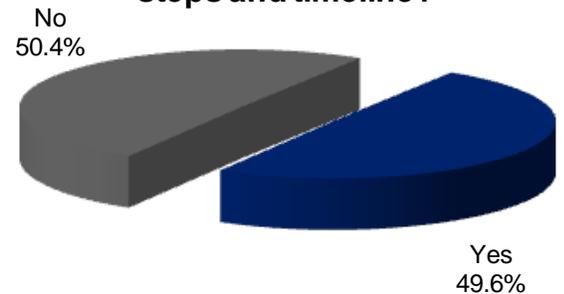
The options counseling standards include offering the customer a plan, listing next steps and timeline. Just half of the customers surveyed during the initial and final measures said that the staff offered a plan. During the focus group however, customers explained that they received a phone number to call, an application to fill out or a the addresses of several potential apartments to visit. These items were the plan, although they did not call them a "plan", "next steps" or "timeline". The focus group respondents said that no additional planning documents were necessary or desired beyond the information sought.

Almost two out of three survey respondents said that the staff person made plans to follow up at a specific point in the future. When asked if the staff person did

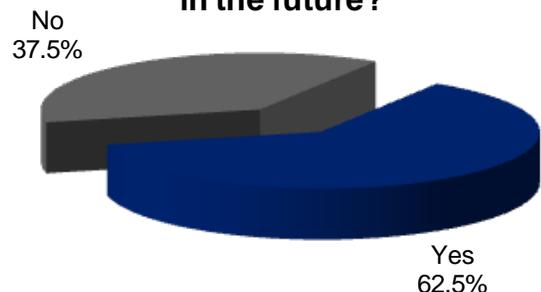
**Did the staff person tell you to call if you have any concerns or questions?**



**Did the staff offer to write a plan listing your goals, next steps and timeline?**



**Did the staff make plans to follow-up at specific points in the future?**



follow up with them, slightly fewer (56.6%) said that they staff person followed up with them. (Some respondents may have not had enough time pass to have received the promised follow-up call.) Among those respondents who had not received a follow up, on in three (32.4%) said they would have like to have received a follow up.

**OUTCOMES**

Each of the four ADRC that participated in this pilot study was known to be among the high performing Wisconsin ADRCs through previous customer satisfaction research. Not surprisingly, the initial measure revealed overall satisfaction indicators that were very strong. Each of the three indicators, ability to help a customer understand the available choices, overall experience and usefulness of the contact, were rated between good and excellent.

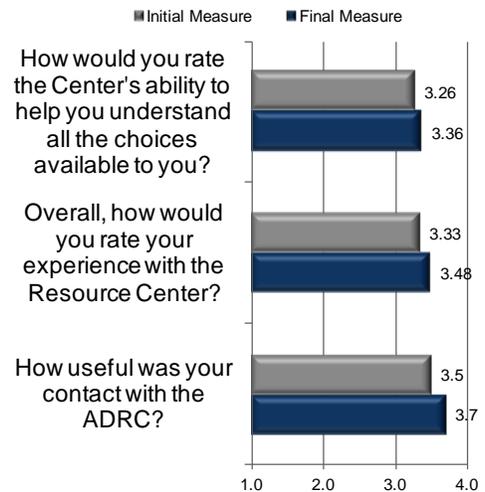
Usefulness was the only outcome measure to achieve statistical significance with regard to the change from initial to final measures, although both the ability to help customers understand the available choices and overall experience increased and were on the border of statistical significance.

Several outcome measures were tested in this study that have not been included in previous studies. Rather than focusing on the short-term outcomes related to customer satisfaction, these indicators examine longer term results of the ADRC options counseling experience.

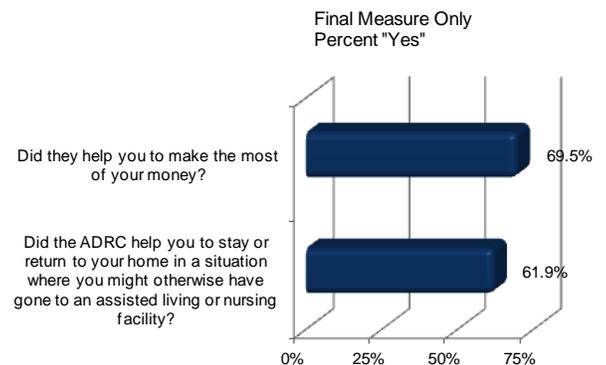
Over two out of three respondents (69.5%) to the final survey said that the ADRC helped them to make the most of their money and 61.9% said that the ADRC helped them to stay in their home in a situation where they might otherwise have gone to an assisted living or nursing facility. These issues have a tremendous impact on the lives of consumers, as well as strong fiscal impact both to consumers and the State.

Willingness to recommend is another indicator of satisfaction with the experience. There was no change from initial to final measure on this indicator. The vast majority of respondents (95.5%) said that

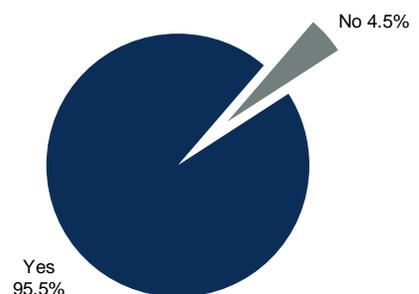
**Outcome Indicators**



**Additional Outcomes**



Would you recommend the ADRC to someone else?



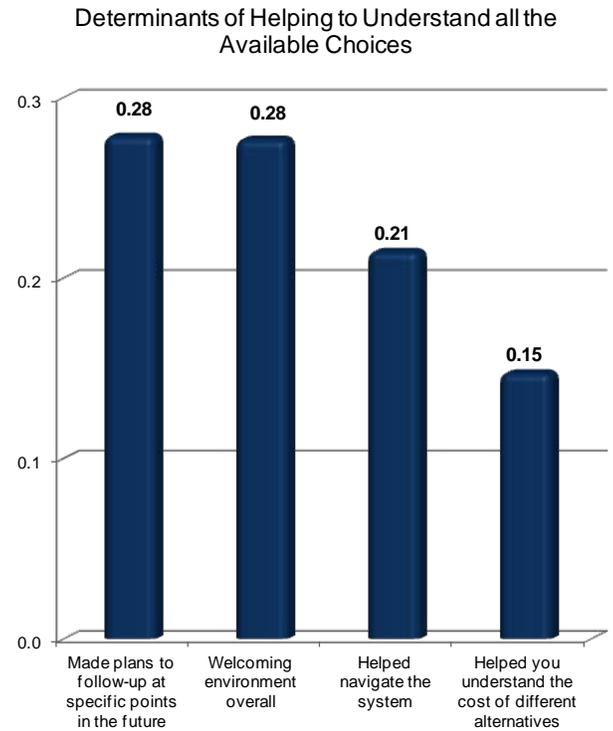
they would recommend the ADRC services.

## KEY DRIVERS OF SATISFACTION OUTCOMES

In order to better understand the drivers of customer satisfaction in the options counseling process, we performed a multiple regression on the outcome of customers ratings of the ADRC's ability to help them understand all the choices available.

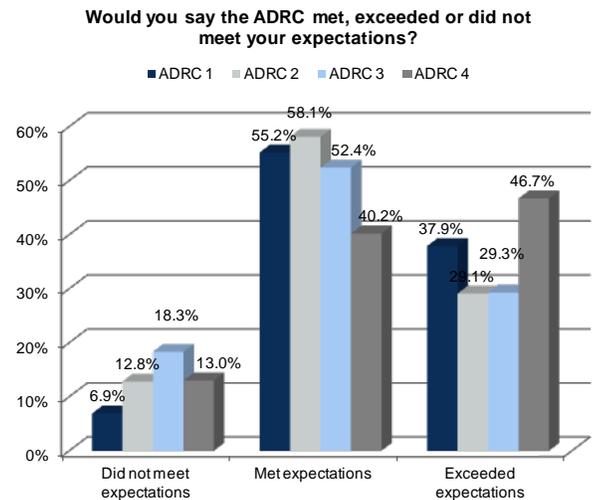
The indicators that had the strongest impact on customers' perceptions that their contact with the ADRC helped them understand the options available to them consisted of helping to navigate the system, making plans to follow-up at a specific point in the future, the welcoming environment overall, and helping customers understand the cost of different alternatives.

The chart to the right shows the "standardized betas" association with the regression. Making plans to follow up at a specific point in the future and the welcoming environment overall each had the greatest impact on a customer's perception that the ADRC helped them understand their available choices (.28, respectively). This means that if an ADRC increased their average rating of the welcoming environment or their rate of follow-up by 1 point (e.g. average of 3.0 to 4.0), they might expect their ratings on helping customers to understand their choices by .28 (e.g., from 3.0 to 3.28).



## VARIATION AMONG ADRCs

Four ADRCs participated in this pilot project. The first three ADRCs were initially selected for both location and a record of high performance with regard to customer satisfaction, and a strong track record of



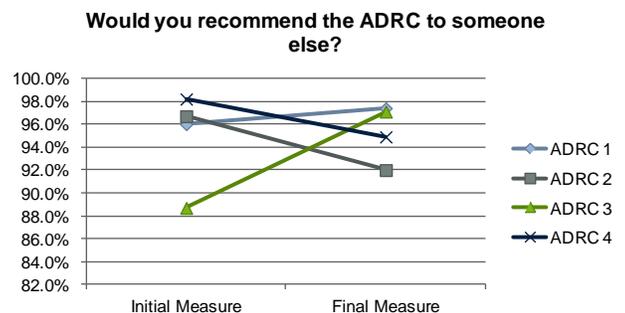
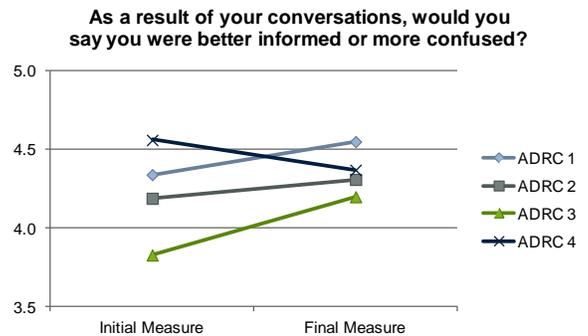
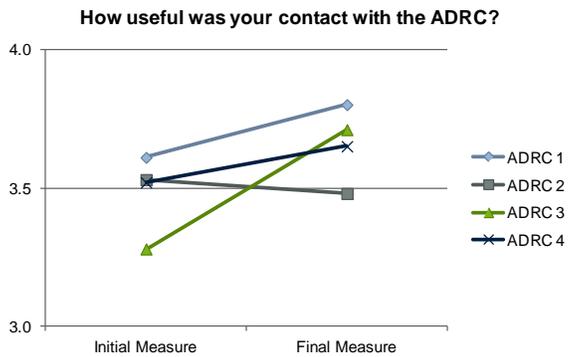
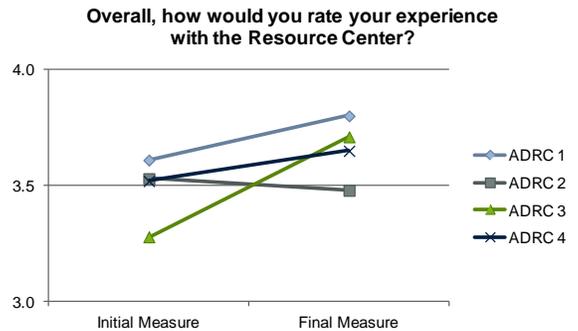
adaptability and innovation. The fourth ADRC was added partially for the purpose of increasing variability. Although a high performing ADRC, their history of customer satisfaction ratings was closer to the Wisconsin average than the other three.

The three highest performing pilot ADRCs clustered in the results of the initial measure at about 3.5 in their ratings of overall satisfaction with the ADRC experience, whereas the fourth was rated somewhat lower, at 3.28. Although 3.28 is also rated between good and excellent, it is below the very high ratings of the other three.

The only statistically significant change between initial and final measures took place with the one ADRC that began closer to average, shown as "ADRC 3" in the charts to the right. Although some small changes were noted among the other three ADRCs, none were at the level of statistical significance seen within ADRC 3. The overall significance of the increase in customers' ratings of the usefulness of the experience was driven primarily by the increase attributed to ADRC 3. Although ADRCs 1 and 4 also showed increases, neither was statistically significant.

The percentage of customers who would recommend the ADRC to someone else did not show significant change overall between initial and final measures, however within ADRC 3, customers' willingness to recommend the services they received increased significantly from 88.7% to 97.1%.

The dramatic and significant increases seen in most positive outcomes within the ADRC that offered to most room for improvement indicates that among those ADRCs with average satisfaction ratings, staff training in the standards developed through this project may have a strong and significant impact on



the quality of customer service and the outcomes associated with a successful options counseling experience.

## TOOLS AND DOCUMENTATION

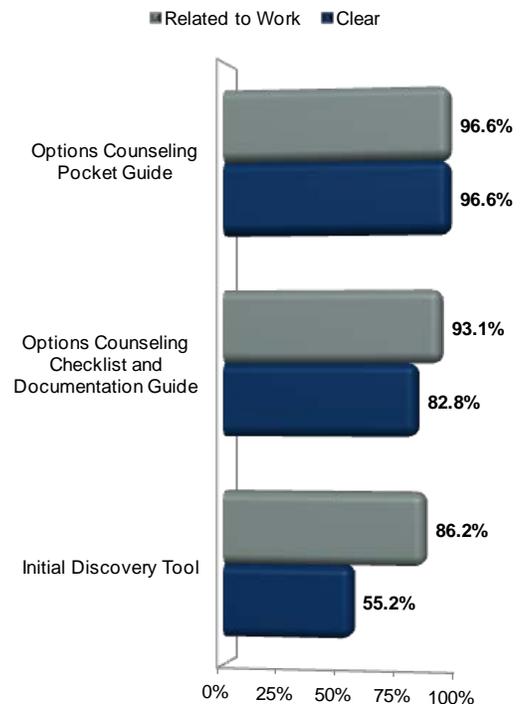
During feedback meetings and through staff training feedback forms, staff expressed a desire for documentation tools. The potential impact of the standards and training is also evident in this need for standardizing tools even among high-performing staff.

In response to the need for tools and documentation, the State developed three tools and trained staff in their use. After the training, staff rated the tools. The vast majority (96.6%) found the Options Counseling Pocket Guide to be both directly related to their work and clear. Similarly, the Options Counseling Checklist and Documentation Guide was found to be related to options counseling (93.1%) and clear (82.8%) by most staff. The Initial Discovery Tool was found to be less clear (55.2%) and revisions were made on the basis of staff comments.

The staff who participated in this pilot study were highly experienced and skilled. Even among this select group, the options counseling training overall was found to be excellent (38%) or very good (41%) by the majority of participants. No one rated the training as being "poor".

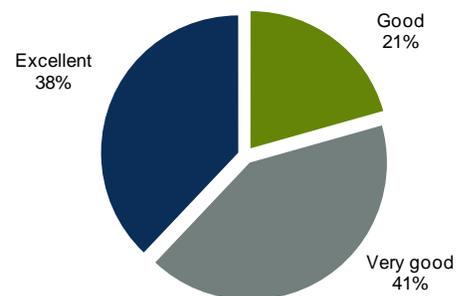
In open-ended comments, several staff suggested that the training would be very useful for new staff, and one person wrote "even as a 'seasoned' worker, I felt today was beneficial. I reminded me of techniques I could use with clients that I had forgotten about."

**Staff Ratings of Documentation and Tools**



Staff Training Feedback Form  
(N=29)

**Overall, how would you rate the effectiveness of this training?**



## IMPACT OF OPTIONS COUNSELING

As they first arrived at the focus group, participants filled out a brief description of the thoughts of a new customer as they approach the ADRC. At the conclusion of the group, participants again filled a thought bubble, this time describing the thoughts of the customer as they prepare to leave their first meeting.

Virtually all of the thoughts of a new customer focused on the customer's anxiety and shame around the needs that led to the visit. Comments included two distinct themes:

- (1) Concerns and anxiety about the process itself and what to expect at the ADRC
  - ◆ Are they going to help?
  - ◆ Will they turn me down?
- (2) Concerns and anxiety about the customer's own situation/issue/problem
  - ◆ Am I going to be homeless?
  - ◆ Can I survive on just Social Security?

The answers to the question of what a customer thinks as they leave the ADRC were a contrast to the anxiety preceding the meeting. Most focused on the emotions of relief and comfort of knowing they could go back if needed. Comments included:

- ◆ That was easy and not so scary. They listened.
- ◆ Peace of mind, listened to me, directed me to which way I had to direct my energies.
- ◆ That there are options and resources to apply to my problems.
- ◆ My counselor listened and cared and called to see how I was doing.
- ◆ She listened to me and advised me well.
- ◆ Wow, they were helpful!
- ◆ I can go back to them later.
- ◆ I will refer others to them.

Several of the comments refer to comfort of knowing that the customer can return to the ADRC if a future need arises. Willingness to refer other to the service and the intention to return to options counseling services if needed are two highly positive outcomes of options counseling documented in this pilot.



What is the customer thinking as he or she leaves?



## LESSONS LEARNED FOR THE STATEWIDE ROLLOUT

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One of the objectives this pilot study was to understand the factors impacting a statewide rollout of the options counseling standards. Four key areas have emerged that will impact the implementation of the standards and staff training.

- ◆ **Clear Definition Key to Accurate Coding and Documentation.** The increased focus on options counseling calls for a clear definition of what options is and, more critically, is not. As staff differentiate more clearly between the types of customer interactions that fall into the categories of options counseling and I&A, differences in the characteristics of the customers that comprise these categories may emerge in future research.
- ◆ **Focus on Impact Areas.** The most impactful areas to help customers understand the options available to them are consistent with previous research on the drivers of customer satisfaction with I&A services. Helping to navigate the system (Guidance), Making plans to follow-up (Personalization), Welcoming environment (Culture of Hospitality), Helping understand the cost of different alternatives (Empowerment). These elements exist in the State Standards that were developed through this pilot, and training that emphasizes them will maximize its impact on customer satisfaction.
- ◆ **High Potential Impact.** The highly significant increases seen in most positive outcomes within the ADRC that offered to most room for improvement may be indicative that among those ADRCs with average satisfaction ratings, staff training in the standards developed through this project will have a strong and significant impact on the quality of customer service and the outcomes associated with a successful options counseling experience.
- ◆ **Documentation Needs.** During feedback meetings and through staff training feedback forms, staff expressed a desire for documentation tools. The potential impact of the standards and training is also evident in this need for standardizing tools even among high-performing staff.

## APPENDIX A: EVALUATION PLAN

### EVALUATION PLAN TABLE OF CONTENTS:

OBJECTIVES.....	31
DEFINITION OF OPTIONS COUNSELING.....	31
RESEARCH QUESTIONS .....	31
EVALUATOR .....	32
INTERVENTION DETAIL .....	32
EVALUATION METHODOLOGY .....	35
ANTICIPATED CHALLENGES.....	36
STATE-SPECIFIC LOGIC MODEL .....	37
DATA SOURCES TABLE .....	40

## OBJECTIVES

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Wisconsin has been involved in the development of the ADRC model and is pleased to participate in the development of options counseling standards. Much of the state's previous work regarding customer service satisfaction with ADRC services, including options counseling, information and assistance as well as other functions, has prepared the state with data and information that may be useful in the development of these standards.

The state has created a team approach to the standards development that is designed to optimize previous work in customer service and quality assurance. This team includes Doreen Higgins, who offers expertise in aging and health care policy, as well as social work practice methods. The diversity of the team enables it to address the development of standards, training and implementation phases and the evaluation.

The goals of the Wisconsin Options Standards Grant activities are:

1. Identify any inconsistencies in practices related to options counseling or information and assistance.
2. Develop a set of formalized standards for conducting options counseling and related activities, including many information and assistance activities.
3. Train current staff to the standards and implement them in three pilot ADRCs.
4. Assess the impact of implementing the standards on the customer experience.
5. Gather staff feedback on the opportunities and challenges they encountered during training and implementation.
6. Assess and ensure staff adherence to the standards.
7. Develop tools to help staff provide options counseling that is congruent with the state's goals of consistency and excellence.
8. Evaluate the effectiveness of the standards in terms of the customer experience, sustainability and fit with existing ADRC culture, practices and procedures.

## DEFINITION OF OPTIONS COUNSELING

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The consumers of ADRC services are a diverse group, including the elderly (aged 60 and older), younger adults with developmental or physical disabilities and caregivers. Wisconsin's ADRC pilot working group and advisory council's draft definition of options counseling is:

ADRC options counseling is a person-centered, decision support service that empowers older adults, adults with disabilities and their families/caregivers to make informed decisions about current or future long-term care choices.

## RESEARCH QUESTIONS

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This research is part of a larger effort, and the Administration on Aging has provided a set of five research

questions for participating states to address. These questions are:

1. Do the revised standards (including new policies, operating procedures, training and/or tools) enable ADRCs to deliver options counseling more effectively and more efficiently?
2. Are the revised standards sustainable at the organizational level and if so, how? In other words, how can ADRCs cover the cost of providing options counseling according to the new standards over the long term?
3. Does options counseling help people make well-informed decisions about their LTSS options within the framework of their individual values, needs, and preferences?
4. Does options counseling help people to remain in/return to community settings?
5. Does options counseling help people to maximize and sustain their own resources and existing supports?

In addition, AoA invited participating states to establish questions specific to their individual efforts. The State of Wisconsin seeks to measure changes associated with the implementation of the newly developed standards. This includes an assessment of the training itself, a measure of fidelity to the standards and a measure of changes in customer outcomes including satisfaction and perceived ability of the ADRC to help resolve the main issue they presented. State-specific questions for the evaluation include:

6. What is options counseling and how does it differ from other ADRC services in customer perception?
7. What are the critical elements of options counseling that result in a successful outcome and high customer satisfaction?
8. What is the relative impact of each element or domain on customer satisfaction?
9. What is the impact of performing options counseling according to the developed standards as compared to the previous non-standardized methods of conducting options counseling?
10. What customer groups (e.g. age, disability, service need) benefit most from the standardized options counseling procedures and why?

## EVALUATOR

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This evaluation is being conducted by Amy Flowers of Analytic Insight. She can be contacted at [amy@analyticinsight.org](mailto:amy@analyticinsight.org).

## INTERVENTION DETAIL

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Three ADRCs were originally selected for participation in this pilot project. In addition, in order to secure adequate sample for a pre and post test customer survey, a fourth ADRC was asked to participate in training staff and the customer surveys. The three participating ADRCs include the ADRC of Northwest Wisconsin, which serves Polk and Burnett Counties and the St. Croix Tribe. Northwest is a multi-county ADRC which has a physical office in each county, though staff is unified under a single management. The ADRC of Brown County serves the Green Bay area and Ozaukee County ADRC serves a rural area outside of Milwaukee. Although all three ADRCs have a strong customer-focus and a history of high customer satisfaction, they each serve very different populations.

To supplement the high-performing ADRCs that were selected, Barron Rusk Washburn (BRW) is also participating in the training and customer satisfaction surveys. BRW participated in both the 2008 and 2010 customer satisfaction surveys and therefore offers valuable tracking data. In general, BRW has been a mid to low performing ADRC, particularly with regard to customer ratings on the domains most relevant to Options Counseling, as well as the outcome measure resulting from the survey responses to the agree/disagree question “The ADRC made it easy to access the information I needed.”

In previous customer satisfaction research, differences in satisfaction outcomes have emerged between elderly and younger adult disabled populations. In order to track the differences that are due to the ADRCs’ population, this section examines the different populations served by each of the selected ADRCs. Unfortunately, the Census Bureau introduced a new set of disability questions in 2008, resulting in disability data being unavailable at the county level for the three or five year composites which are required for county-level comparisons. For the purpose of comparing demographics between counties, social security data are used in the table below to approximate the relative percentages of younger (16-64 years) and older (65 years and older) adults who are disabled.

The percentage of social security recipients who are adults of working age with a disability is used as an indicator of the disabled under-65 adult population relative to the elderly population of the county served. Ozaukee County has the lowest percentage of workers with a disability (7.93%) and the highest percentage of beneficiaries over age 65 (79.28%)<sup>1</sup>. In general, older adults have reported higher levels of satisfaction with ADRC I&A services when compared with those under 65 who have a physical disability.

2000 Census data shows a similar profile, with Ozaukee County having a lower percentage of disabled persons aged 16 to 64 (9.5%) or 65 and over (28.7%). Burnett and Polk counties, which are combined as the service area for the ADRC of Northwest Wisconsin, are the smallest of the pilot ADRCs by population size<sup>2</sup>. In addition to having a customer base that is more concentrated in the elderly than the adult disabled, Ozaukee is also notable for having the smallest percentage of its over-65 population living

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<sup>1</sup> Source: Social Security Administration, Master Beneficiary Record, 100 percent data. File available from: Social Security Administration, Office of Retirement and Disability Policy *OASDI Beneficiaries by State and County, 2009*

[http://www.socialsecurity.gov/policy/docs/statcomps/oasdi\\_sc/2009/](http://www.socialsecurity.gov/policy/docs/statcomps/oasdi_sc/2009/)

<sup>2</sup> Source: U.S. Census Bureau, Census 2000 Summary File 3, Matrices P42, PCT26, PCT27, PCT28, PCT29, PCT30, PCT31, PCT32, and PCT33.

in poverty (3.6%)<sup>3</sup>.

The selected ADRCs represent both rural (Northwest and Ozaukee) and urban (Brown, BRW) areas of the county and vary by size, proportions of elderly and disabled persons in their coverage area, percent of person living in poverty and ethnic diversity. Ozaukee appears to have a somewhat older and more economically secure population than either Brown or Polk/Burnett Counties. These differences will be observed throughout the evaluation for any impact on training, implementation of the standards or their outcomes.

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## EVALUATION TIMEFRAME

ACTIVITY	Anticipated Date of Completion
Interviews with staff at 3 to 6 pilot ADRCs	Completed December 2010
Pre-test Consumer survey of 50 customers at each of the pilot ADRCs	August 2011
Training in Standards	September 2011
Post-test Survey of 50 customers at each of the pilot ADRCs	March-April 2012
Post-test focus groups of customers to discuss emergent issues regarding standards implementation	May 2012
Post test facilitated discussion of results and standards with staff from the pilot ADRCs	July 2012
Comprehensive Evaluation Report	August 2012

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## TARGET POPULATION

The target population being sampled and surveyed is all customers of option counseling at the four specified ADRCs who have had contact with the ADRC in the six months previous to the survey administration.

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## INTERVENTIONS TO BE EXAMINED

The intervention will consist of staff training in Wisconsin's Options Counseling Standards at each of the participating ADRCs. This training will take place in September of 2011. Some activities fall into each of the following categories:

- Training program

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<sup>3</sup> Source: U.S. Census Bureau, 2007-2009 American Community Survey; Burnett County uses 2005-2009 due to the small population size of the county.

- Staffing requirements
- Service mode or setting of options counseling delivery
- Service protocols or tools
- Target populations
- Outreach strategies
- Partnerships
- Documentation, tracking strategies

## EVALUATION METHODOLOGY

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This evaluation makes use of both qualitative and quantitative research techniques in order to assess the effectiveness of the standards developed by the Wisconsin team. The methodology includes:

- Qualitative interviews with staff at each of the pilot ADRCs
- Participant survey of staff at training
- Pre-test consumer survey of 300 customers at each of the pilot ADRCs, stratified by ADRC
- Post-test Survey of 300 customers at each of the pilot ADRCs, stratified by ADRC
- Post-test focus groups of customers to discuss emergent issues regarding standards implementation
- Post test facilitated discussion of results and standards with staff from the pilot ADRCs

## RESEARCH METHODS

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The evaluation began with a series of in-person interviews with directors and staff at the three selected ADRCs. A total of 22 interviews were conducted in December of 2010 among staff and directors of the pilot ADRCs. The purpose of these interviews was to provide a baseline understanding of the perceptions, procedures (both official and unofficial) and perceived challenges regarding options counseling among the three ADRCs selected for the study. Information gained through the interviews will also contribute to the development of the Wisconsin draft standards and the analysis of survey results.

A consumer survey will be conducted previous to the training in the newly developed draft standards. This survey will focus on developing baseline measures of:

- ✚ Overall customer satisfaction
- ✚ Customer perceptions of procedures related to the standards elements
- ✚ Existing customer outcomes

After the standards are developed and training has taken place, the team will allow several months to pass to before administering the second, follow-up survey. This will enable us to collect a consumer database of customers who have experienced options counseling post training and standards implementation. The goals of the second survey will to:

- ✚ Assess changes from the initial baseline levels of satisfaction
- ✚ Provide an understanding of the impact of changed procedures
- ✚ Assess the overall level of staff fidelity to the standards and identify any areas of needed revision;
- ✚ Identify customer perceptions related to the goals of standards and their implementation.

Customer focus groups may be conducted after the survey results have been analyzed in order to clarify

questions raised by the results, further explore outcomes related to the standards development and to obtain qualitative data on customer perceptions related to the standards.

At the conclusion of the research activities, a group session is planned with staff and directors of the pilot ADRCs in order to debrief them in terms of the survey and focus group results and to gather additional input on their perceptions of the training and implementation of the standards and the customer outcomes now associated with them.

In addition to collecting data on the process and outcomes associated with this pilot project, the Wisconsin Department of Health Services has previously collected extensive customer satisfaction data over the past three years. These data include customer satisfaction data for information and assistance services for 2007 and 2009, as well as a study of enrollment counseling consumers that is currently underway. The surveys for this project will be designed to maximize comparability to those data for additional baseline references.

The evaluation will address each of the elements outlined in the Draft Options Counseling Standards. These include:

Domain	Staff Interview	Staff Training Survey	Surveys (Pre and Post test)	Focus Groups	Staff Discussion	Secondary Data Comparison
1. Organizational Components	✓	✓			✓	✓
2. Marketing and Outreach	✓		✓	✓	✓	
3. Management and Staff	✓	✓	✓	✓	✓	
4. Governance	✓	✓			✓	
5. Service Delivery	✓	✓	✓	✓	✓	✓
6. Discovery	✓	✓	✓	✓	✓	✓
7. Exploring Resource Options	✓	✓	✓	✓	✓	✓
8. Action Plan: Determining next Steps	✓	✓	✓	✓	✓	✓
9. Enrollment Counseling*	✓	✓	✓	✓	✓	✓
10. Disenrollment Counseling*	✓	✓	✓	✓	✓	
11. Follow-up	✓	✓	✓	✓	✓	✓

\* The ADRC of Brown County does not have enrollment or disenrollment counseling.

## ANTICIPATED CHALLENGES

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Although each of the four selected ADRCs each have a distinct culture, each has a strong customer focus and managerial structure. This is part of what motivates them to participate in this pilot project. All are currently staffed with experienced personnel. Demonstrating a marked improvement for these ADRCs may be a challenge, even if the standards are strong enough to show marked improvement for new or less organizationally strong ADRCs.

In addition, it may be a challenge to show change within the short time frame of the grant period. A change in customer outcomes may be difficult to show within a single year, and techniques from the standards training may be refined and perfected by staff over time. Fidelity to the standards developed and skill with which the principles are applied may grow over time, resulting in small initial changes that increase in scope and impact outcomes only after 1 year or longer.

The post test, coming just four months after training may not reflect the full impact of implementation of the standards.

Sample size is also a challenge for the evaluation. The number of options counseling customers at each ADRC varies. The selected ADRCs are anticipated to have enough customers to provide a list that will result in a total of 75 interviews each, however given the time frame for the post-test sample in particular, adequate sample may be a limitation in achieving statistically significant results.

## **STATE-SPECIFIC LOGIC MODEL**

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In the logic model that follows, inputs include existing ADRC infrastructure and staff, such as the policies and procedures currently in place, staff experience, management style and other factors shaping the current provision of options counseling services. This is anticipated to include variance between ADRCs. The evaluation will attempt to assess the degree of this variance through the initial staff interviews and customer pre-test survey. Training in the standards should result in a decrease in variance for this input.

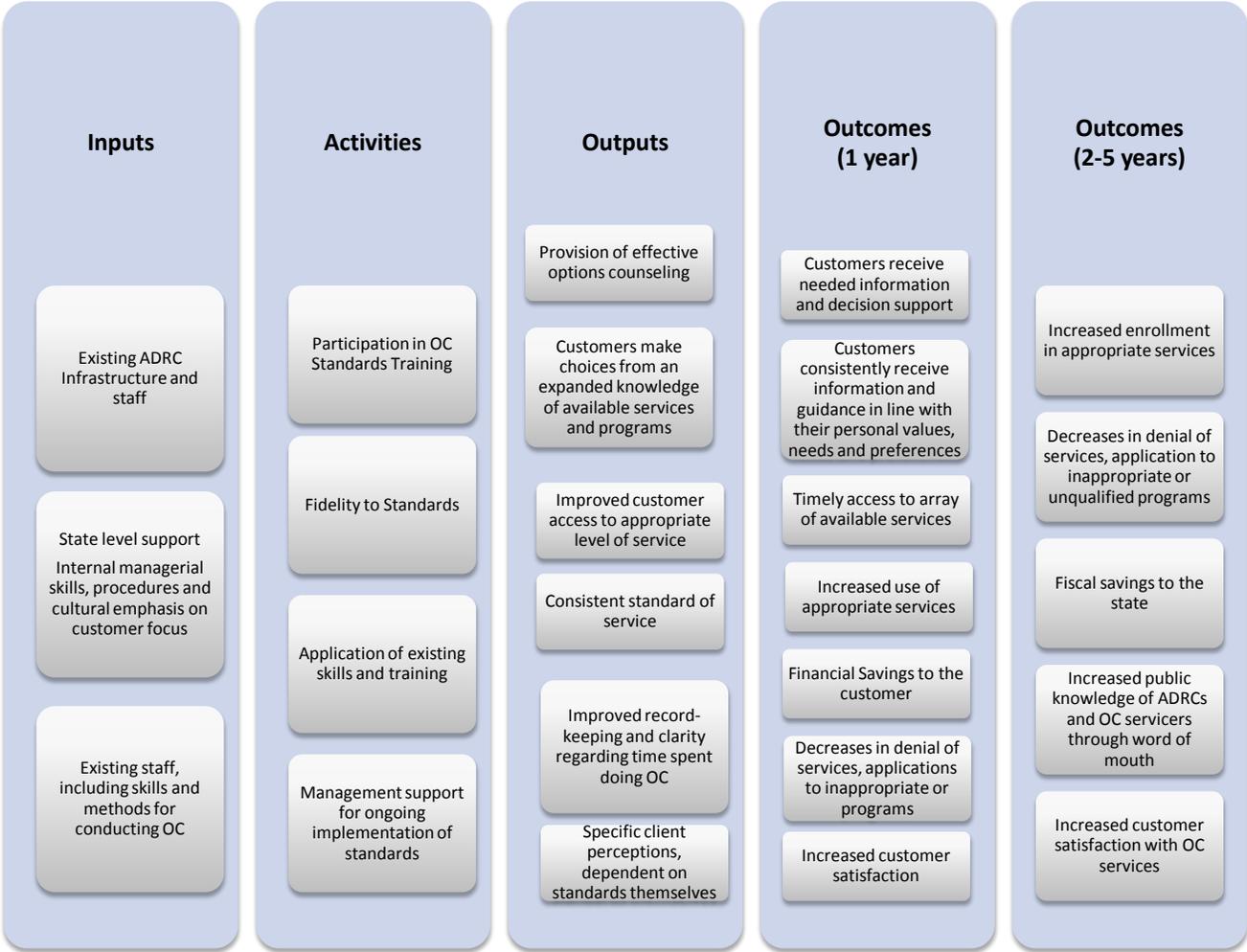
ADRC activities when conducting options counseling include the participation in the standards training and fidelity to the standards. Given variations in management style, fidelity may vary among ADRCs, as well as among individual staff providing the options counseling. This variation will also be monitored by the evaluation.

The outputs consist of the benefits of effective options counseling. The change in outcomes from the current, baseline level to the second measure after training and implementation will be a main focus of the evaluation research.

Survey measures will be developed based on each element or domain of the standards and their content. Improved access and a consistent standard of service in particular, should lead to the outcomes of increased customer perception that they were able to make an informed decision from all options, including some options about which they were previously unaware.

Some longer-term outcomes are anticipated, but beyond the scope of measurement for this evaluation. These include fiscal savings to the state through reductions in processing applications to programs that are eventually found ineligible, increased use of services that result in people staying in their own homes longer and more productively and reduced requirements for long-term care and nursing home facilities. In addition, individual consumers may see long-term savings as a result of a more efficient use of their funds. Enhanced customer satisfaction and efficiency of standardized service also may affect the ADRC staff, increasing engagement in their work, job satisfaction, retention and the consumer focus within the ADRC.

Logic Model for the Options Counseling Standards Development Evaluation



## DATA SOURCES TABLE

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The following table shows the sources of data to be used in this evaluation.

Data Source/Data Collection Instrument	Relevant Data Included/Collected	Collection Intervals
<p>Primary Data Source: <b>Program Director and Staff Interviews</b></p> <ul style="list-style-type: none"> <li>In-depth qualitative interviews were conducted before demonstration period with 1) ADRC directors, 2) options counselors, 3) other ADRC staff</li> </ul>	<p><b>Independent variables:</b> (e.g. job title, procedures, policies, staff hiring qualifications, special challenges associated with population (e.g. language, culture) tenure at ADRC, education, prior training, service area)</p> <p><b>Outcome variables:</b> (e.g. level of satisfaction with OC standards, assessment of efficiency and effectiveness of standards, sense of competency and professionalism, visibility of OC in the community)</p>	<p>1 year before implementation (early planning stages)</p>
<p>Primary Data Source: <b>ADRC Customer Satisfaction Survey</b></p> <ul style="list-style-type: none"> <li>Rolling randomly generated sample of all ADRC clients who received options counseling within 6 months previous to survey</li> <li>Surveys conducted by telephone by independent contractors</li> </ul>	<p><b>Independent variables:</b> (e.g. age of clients, ethnicity, zip code, setting of OC delivery, term of service, number of individual contacts )</p> <p><b>Outcome variables:</b> (e.g. satisfaction with living situation, satisfaction with services, quality of life, ability to live in the community, resources available)</p>	<p>Follow-up calls made up to 4 months after last contact with ADRC</p>
<p>Primary Data Source: <b>Options Counseling Customer Focus Groups</b></p> <ul style="list-style-type: none"> <li>Rolling randomly generated sample of individuals who receive options counseling, participants recruited by telephone and offered incentive for participation (\$25)</li> </ul>	<p><b>Independent variables:</b> (e.g. age of clients, ethnicity, zip code, living situation, assessed risk of institutionalization, setting of OC delivery)</p> <p><b>Outcome variables:</b> (e.g. satisfaction with options counseling, quality of decision-support, sense of empowerment)</p>	<p>Follow-up calls made up to 4 months after last contact with ADRC</p>
<p>Primary Data Source: <b>Program Director and Staff Focus Group/Group Discussion</b></p> <ul style="list-style-type: none"> <li>Meeting of all staff involved in training and implementation effort</li> </ul>	<p><b>Independent variables:</b> (e.g. job title, tenure at ADRC, education, prior training, service area)</p> <p><b>Outcome variables:</b> (e.g. level of satisfaction with OC standards, assessment of efficiency and effectiveness of standards, sense of</p>	<p>Four months after implementation</p>

competency and professionalism,  
visibility of OC in the community)

**Secondary Data Source: ADRC Customer Satisfaction Survey**

- Rolling randomly generated sample of all ADRC clients who received options counseling within 4 months previous to survey
- Surveys conducted by telephone by independent contractors
- Includes OC and I&A clients

**Secondary Data: ADRC Client Tracking system**

- Staff notes related to individuals who received OC in demonstration period

**Independent variables:** (e.g. age of clients, ethnicity, zip code, setting of OC delivery, term of service, number of individual contacts )

**Outcome variables:** (e.g. satisfaction with living situation, satisfaction with services, quality of life, ability to live in the community, resources available)

**Variables:** (e.g. age of recipients ethnicity, zip code, living situation, assessed risk of institutionalization, setting of OC delivery, term of service, number of individual contacts )

Follow-up calls made up to 4 months after last contact with ADRC

At start of training and at 3 months after completion.

## APPENDIX B: STAFF AND DIRECTOR INTERVIEW GUIDE

### 1. DETERMINING THE NEED FOR OPTIONS COUNSELING

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#### ALL INTERVIEWS:

Who receives options counseling and how is that determination made? Are there any populations that you think are underserved when it comes to options counseling?

Are there any circumstances where OC is triggered automatically (e.g. anyone seeking Medicaid reimbursement, a 'fork in the road', major change, etc.)?

Are they different for private pay/public funding?

#### STAFF ONLY:

About what percentage of your time is spent doing OC?

Is that typical in your ADRC? Does anyone specialize, or do more or less than others?

#### DIRECTORS ONLY:

What protocols do you have in place?

How much is left to the discretion of the person providing the initial I&A services?

### 2. ASSESSING NEEDS, VALUES AND PREFERENCES

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#### STAFF ONLY:

How do you get a feel for a person's preferences beyond the eligibility and basic requirements?

What kinds of questions do you ask related to their personal preferences?

Are there questions you typically ask about values, religion, spirituality, sexual orientation, or other lifestyle type issues that might influence a person's preferences?

If you had a check list of 'needs, values and preferences' to check on, what would be on it?

What kinds of techniques do you use for recognizing and appropriately responding to cultural, ethnic, aging, disability, and other demographic differences? How do you start that conversation?

#### DIRECTORS ONLY:

Do you have any formal protocols for learning about customers' values, religion, spirituality, sexual orientation, or other lifestyle type issues that might influence a person's preferences?

How do staff go about assessing a person's preferences beyond the eligibility and basic requirements?

What kinds of questions do they typically ask related to their personal preferences?

### 3. UNDERSTANDING PUBLIC AND PRIVATE SECTOR RESOURCES

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**STAFF ONLY:**

When you began doing OC how did you learn the nuances of working with public and private sector resources?  
How long does this take? At what point did you become proficient?  
What do you think is challenging about this for new hires to learn?  
What skills have you developed in working with public sector resources? Private sector resources?  
How do you keep your knowledge up-to-date? What are your thoughts about the IT and databases used for this?  
How do you prioritize or filter resources to show the customer which are relevant without overwhelming them?

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**DIRECTORS ONLY:**

What are the challenges involved in keeping staff up to date with public and private sector resources?  
What are your thoughts about face-to-face training vs. on-line or other types?

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**4. DEMONSTRATING RESPECT FOR SELF-DIRECTION / DETERMINATION**

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**STAFF ONLY:**

I'd like to talk about how you demonstrate respect for a customer's self-direction. How do you strike the balance between offering information and guidance, and encouraging them to make their own decisions?  
Tell me how you go about helping consumers weigh the pros and cons relative to their needs and preferences in deciding a course of action (decision support)?  
What are some of the techniques you use to respond to clients' emotional states (e.g., empathy, de-escalation, reassurance, support)?

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**5. ENCOURAGING ORIENTATION TOWARD PLANNING FOR THE FUTURE**

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**STAFF ONLY:**

How do encourage customers to plan for their future needs? Is that a conversation you typically have during OC?  
How does it come about?  
Do you develop an action plan for the customer? How is this done? Is it written out?

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**DIRECTORS ONLY:**

Do you encourage staff to develop an action plan with the customer for their next steps? If so, what is the policy/protocol?

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**6. FOLLOWING UP**

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**STAFF ONLY:**

What follow-up do you do? How do you determine when it is needed?

How is it useful to you? What impact does it have on the consumer? Are there changes in consumer outcomes have happened only after following up?

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**DIRECTORS ONLY:**

What are the challenges involved in maintaining a high rate of follow-up? How do you ensure follow-ups are made?

What outcomes do you look for to measure success in OC?

How does the follow up affect those outcomes?

How do you prioritize follow-ups given the pressures on staff time?

## **7. STAFF TRAINING**

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**DIRECTORS ONLY:**

During Staff meetings, what kinds of communication exercises, systems do you use (if any)?

Do you do any role play or discussion of individual scenarios?

Discuss community resources?

Review policies and procedures?

How do you foster a team approach and atmosphere?

What kinds of monitoring or evaluation activities do you do to ensure OC is being conducted according to protocols and standards and is of high quality?

Call listening?

Secret Shopping?

Documentation review?

Peer Review?

**APPENDIX C: FOCUS GROUP SCREENER**

Name:	_____
Phone #:	_____
Address:	_____
City and Zip:	_____
Date/Recruiter:	_____

Hello, may I speak to \_\_\_\_\_?

(If not available) When is a better time to reach him/her?

This is \_\_\_\_\_, I'm calling on behalf of the State of Wisconsin to invite you take part in a paid discussion group about the services offered by the Aging and Disability Resource Center of Brown County.

We're interested in learning what people think about these services and how they can be improved. Participation is completely voluntary, and if you participate in this group you will receive \$50 in cash for attending an informal, 2 hour discussion with approximately 8 to 10 people like yourself. You will not be asked to discuss or reveal any personal information and you will not be asked to purchase anything. Is this something you would like to hear more about?

IF YES: Before I can confirm your place, I need to ask you a few questions to be sure we invite a range of different people.

**1. Are you familiar with the Brown County Aging and Disability Resource Center?**

- |        |                          |                   |
|--------|--------------------------|-------------------|
| Yes    | <input type="checkbox"/> | <b>RECRUIT 10</b> |
| No     | <input type="checkbox"/> | THANK & TERMINATE |
| DK/REF | <input type="checkbox"/> | THANK & TERMINATE |

**2. Have you had any contact with the Aging and Disability Resource Center?**

- |        |                          |                   |
|--------|--------------------------|-------------------|
| Yes    | <input type="checkbox"/> | <b>RECRUIT 10</b> |
| No     | <input type="checkbox"/> | THANK & TERMINATE |
| DK/REF | <input type="checkbox"/> | THANK & TERMINATE |

**3. Which of the following categories includes your age? (READ LIST)**

- |          |                          |                             |
|----------|--------------------------|-----------------------------|
| UNDER 18 | <input type="checkbox"/> | THANK & TERMINATE           |
| 18 - 45  | <input type="checkbox"/> | <b>RECRUIT MAXIMUM OF 2</b> |

46 - 59	<input type="checkbox"/>	<u>RECRUIT MAXIMUM OF 3</u>
60 to 75	<input type="checkbox"/>	<u>RECRUIT MAXIMUM OF 4</u>
75 or older	<input type="checkbox"/>	<u>RECRUIT MINIMUM OF 1</u>
DK/REF	<input type="checkbox"/>	<u>THANK &amp; TERMINATE</u>

4. Since participants in discussion groups are asked to express their thoughts and opinions freely in an informal group setting, we'd like to know how comfortable you are with such an exercise. Would you say you are...?

Very comfortable	<input type="checkbox"/>	<u>CONTINUE TO INVITATION</u>
Fairly comfortable	<input type="checkbox"/>	
Comfortable	<input type="checkbox"/>	
Not very comfortable	<input type="checkbox"/>	THANK & TERMINATE
Not at all comfortable	<input type="checkbox"/>	

5. Are there any special accommodations we can arrange to make your participation more comfortable?

If "yes": I will check to see if that is available and get back to you to let you know. (DO NOT PROMISE AVAILABILITY!)

**NOTE ON COVER and check one of the following.**

Amplifier /Hearing Aid	<input type="checkbox"/>	<u>CONTINUE TO INVITATION</u>
Interpreter (Note Language)	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

## FOCUS GROUP INVITATION

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Thank you for answering my questions. I would like to invite you to participate in a paid discussion group about the Brown County Aging and Disability Resource Center. You will not be asked to discuss or reveal any personal health information and you will not be asked to purchase anything. A moderator will lead the discussion and there will be 8-10 other people just like yourself attending the group. No preparation is required – we just want to hear your opinions. There are no "right" or "wrong" answers.

**\*\* WHO IS SPONSORING THE FOCUS GROUP?:**

The sponsor of this study is the State of Wisconsin, Department of Health Services. They would like to gather people's opinions about the quality of information and services available at the Aging and Disability Resource Centers and the other kinds of services they may need.

**\*\* WHO IS INVITED?:**

Since the group is about the information and services offered by the Aging and Disability Resource Centers, only people who have had contact with the Centers will be attending.

**\*\* CAN I BRING MY FRIEND?:**

No, since this is for a research project, only people who were selected at random from our list are being invited. (Note: If the person needs to bring someone who helps them for mobility or other reasons, they are welcome to come, but may be asked to wait outside.)

The group will last for 2 hours and will be held in the afternoon on Friday, July 27<sup>th</sup> at the Hyatt on Main, in Green Bay. The address is 333 Main Street. We will be in the conference center Board Room, and parking will be available directly adjacent to the meeting location, off Madison Street. The group will be from 5 to 7 o'clock. Light refreshments will be served.

You will receive **\$50 in cash** at the end of the session and your name will not be used in any way. The discussion will be audio taped– but this is just for research purposes and will only be used by the research team.

Will you be able to take part in this research discussion?

- NO – Not available
- NO – Not interested
- YES – **READ BELOW**

As this is a small group, it is important that once you have decided to attend that you make every effort. If for any reason you are unable to attend, please give us a call and let us know. This will enable us to find a replacement. If anything comes up and you will not be able to come, please call Andrea Libby, at 1-800-261-2793.

Please arrive 15 minutes early so that we can sign you in and so you can enjoy some food. And if you wear glasses, please bring them if you need them for reading or for viewing distances. So we can send you a confirmation letter and directions to the group, may I please get your name and address? Or, if you prefer, the information can be sent via email as well. **RECORD ON FRONT PAGE.**

We look forward to you coming. Again my name is \_\_\_\_\_. Thank you, Good evening.

## APPENDIX D: FOCUS GROUP MODERATOR'S GUIDE AND WORKSHEETS

### DRAFT Focus Group Moderators Guide

July 5, 2012

#### INTRODUCTION

Hello, my name is Amy Flowers **and I really appreciate** your taking the time to come out for this group tonight. **I'm the Moderator** for today's discussion, we're going to be talking for **the next two hours about the services that are provided by the ADRC** here in \_\_\_\_\_.

First thing, I want to tell you **I'm not here to sell you** anything, this is a research project that is being conducted on behalf of the State of Wisconsin to learn about people's opinions of the ADRC services.

This research exercise is called a **focus group, and usually there would be people watching us, but since this subject is somewhat sensitive, there are no people watching us. The group is being video-taped, but the** reason for that is because it's hard for me to take notes and listen to the conversation at the same time, so later, when I need to write a report I can review the tapes and remember what people said.

**Your name will not be used** in any report, and we won't identify you personally in any way. Only **what** was said will go into the report, not who said it. You won't see yourself on TV, or read about the group discussion in the newspaper.

The thing I love about doing focus groups is that it's so interesting when a conversation starts and people interact with each other. You don't have to just talk to me, you can also talk to each other. To make it work as a research exercise though, and not just a conversation, there are **a few things we all need to keep in mind.**

Please talk **one at a time**, and **in a voice at least as loud as mine** is now.

Avoid **side conversations** with your neighbors. Sometimes those whispered comments are the juiciest best information of all. Feel free to make those comments, just make them out loud to the whole group.

If a couple of **people talk at once** its hard to hear later on the tape, so I might ask someone to repeat or go back if that happens.

I need **to hear from everyone** in the room at some point, so if possible let's try to get in about equal air time to everyone.

We **are not looking for a consensus.** We don't all have to agree, and we probably all don't agree on everything. What we want to get here is the full range of opinions. **If you do agree** with what someone says, feel free to let us know that too.

At any time during the group, **feel free to excuse yourself to use the restroom** or get more food or beverages. The restrooms are located .....

The purpose of this group is to understand your experience with the Aging and Disability Resource Center. In particular, we're interested in how customers explore and understand all the resources and information that are available and make decisions about what they want.

### **Introductions**

*Purpose: To make individuals feel comfortable speaking in the group setting and establish rapport.*

In order to get to know each other a bit before we jump right in to the subject at hand, I'd like to get you all to introduce yourselves. **Because we're here to talk about Options Counseling, or the help you received in making decisions, I thought we could start out by talking about why we decided to come to this group. Tell us your first name, and why you decided to come to the focus group today. I'll start...**

### **Awareness (Marketing and Outreach)**

*Purpose: Establish baseline of where participants started when first visiting the ADRC.*

How did you first hear about the ADRC?

Have you seen any posters, fliers or advertisements? If so, did you think they were sensitive to your or others' cultural needs and interests?

Did you visit the website? What were your impressions of the website?

Thinking back to before your first visit or conversation with the ADRC, how much did you know about the programs and services available to you?

Did you have specific questions in mind?

What was your state of mind before you called or went in?

How did you start the conversation? (Did you tell your story, or did you ask questions?)

### **Initial Customer Experience**

*Purpose: Understand initial emotional response and perceptions of ADRC staff and environment.*

**EXERCISE 1:** Pass out drawing of client/staff conversation with client "thought-bubble". Ask participants to fill in clients' thoughts as staff is explaining options. Discuss.

**EXERCISE 2:** Now tell me what the staff person is thinking. Discuss.

Now let's talk about **your** experience. What did you expect your initial experience to be like? Tell me about that... What was different? What surprised you?

What was it like telling the staff about your reasons for contacting them? Tell me about that experience... Did they understand where you were in terms of how quickly you needed or wanted to make a decision?

How did they show they understood what your needs/questions/timelines were?

Were they listening to you?

How well did they understand?

Did they understand what solutions you'd already tried?

The special circumstances involved?

Did you feel like you came in at the right time?

(If wished they'd come earlier:) What would have brought you in sooner?

### **Resource Options and Decision Support**

*Purpose: Explore elements of satisfaction with the amount, range, clarity and quality of information received.*

Did you get the information you were looking for? Was it useful? Did you act on it?

Did you get information you were NOT looking for? What extra information did you get? Was that verbally, as a pamphlet or in some other form? Was it useful to you? Did you ever feel overwhelmed by the amount of information you received? How did the specialist from the ADRC help you sort through that?

Did the Staff use jargon or initials to explain services? Was it difficult to avoid? What did they do to make sure you were understanding?

Did you feel that the staff person was paying attention to you as an individual, or were they repeating some of the same lines they use for all their customers?

Did you ever feel as if the staff preferred a program or service, or that you were being influenced by their views?

### **Options Counseling and Decision-Making/Empowerment**

*Purpose: Better understand relationship between individuals and ADRC specialist, level of empowerment, best balance between help and empowerment and resolution of conflict.*

Do you feel you were informed of the full range of options that were available to you? Did you (or the person who needed services) make their own decisions? Did the ADRC help with that process?

What was it like hearing about the options available to you? Tell me about that experience... How did you feel as they explained? Did they check in enough and slow down or clarify if needed? How well did the options they explained fit with your situation? Did you feel able to ask questions (both in terms of asking the staff, and in terms of being relaxed enough to be thinking of questions)?

Were any recommendations ever different from your own choices or preferences? How were those issues resolved?

### **Referrals/Other Agencies**

*Purpose: What impacts customer follow through with referrals and next steps?*

How many of your were referred to another agency or organization?

For those who were referred to another agency, was there information you wish you'd known (but didn't) in advance of that experience?

Do you think the ADRC could have prepared you better for that experience?

Did the referral fit in with your preferences?

What (if anything) would make that an easier experience?

### **Next Steps and Action Planning**

*Purpose: Understand reaction to planning process and next steps.*

Did the staff offer you a plan for how to move forward?

Did anyone write it down?

How did that work? (eg Was it decided formally, written on the resource directory, etc.)

What were the most important elements of the next steps?

Did they encourage you to come back with any questions or concerns?

Did you know what to do if an issue or question came up? What kinds of things would you follow-up with your staff person about?

Did the staff check in to see how you were doing, whether anything had changed or how far along you were in your steps toward the goal(s) you'd set?

Did you turn to anyone other than the ADRC for questions or planning advice? Who, how and why?

### **Making Connections and Next Steps**

*Purpose: To understand the impact of the customers' subjective experiences on their attitudes towards Options Counseling.*

At what point did you start making a decision? Tell me about that experience... If you weren't ready, did the staff

person understand that? Did the staff person or anyone else try to influence you while you were trying to make your decision? What was it like trying to decide between options?

Did the staff ask about your "pros and cons"? Did they help you narrow the choices based on what you wanted?

Did you understand why the choice you made was the best for you?

What were the deciding factors for you?

Did the staff person understand why you made the choice you did?

How much did your timeline for making a decision affect your experience? Did the staff person help you follow that timeline? Did waiting lists affect your own timeline? Did the amount of information affect it?

How many of you felt a LOT better informed as a result of your experience? Just a LITTLE bit more informed? What was missing that could have made you feel a LOT more informed?

How did your decision impact your life? Your ability to stay in your own home? Financially?

Were there additional issues going on that impacted your experience with the ADRC and the staff that the staff may not have understood or known about?

### **Future Needs and Follow Up**

*Purpose: Explore thoughts regarding importance of follow-up, likelihood of customer-initiated follow-ups and reasons for following up.*

Now that you've had some time to think about your experience with the ADRC staff person that you worked with, do you feel better equipped to deal with issues that may come up in the future?

Would you go back to that person with an issue in the future? Would you go back to the ADRC without asking for that specific person?

Have you discussed your experience with the ADRC with friends or family?

Would you recommend the ADRC to someone you know? For what kinds of situations? If not, what would have needed to change for you to recommend the program to others?

**EXERCISE 3:** Pass out drawing of client/staff conversation with client "thought-bubble". Ask participants to fill in clients' thoughts as customer is leaving ADRC. Discuss.

### **Close**

Now, looking back on your experience, what do you think the ADRC could do to help people understand their choices better, especially when the choices are complicated?

What more can be done to help people who need to make decisions?

What kinds of things would make it easier for people to feel comfortable discussing their own special circumstances?

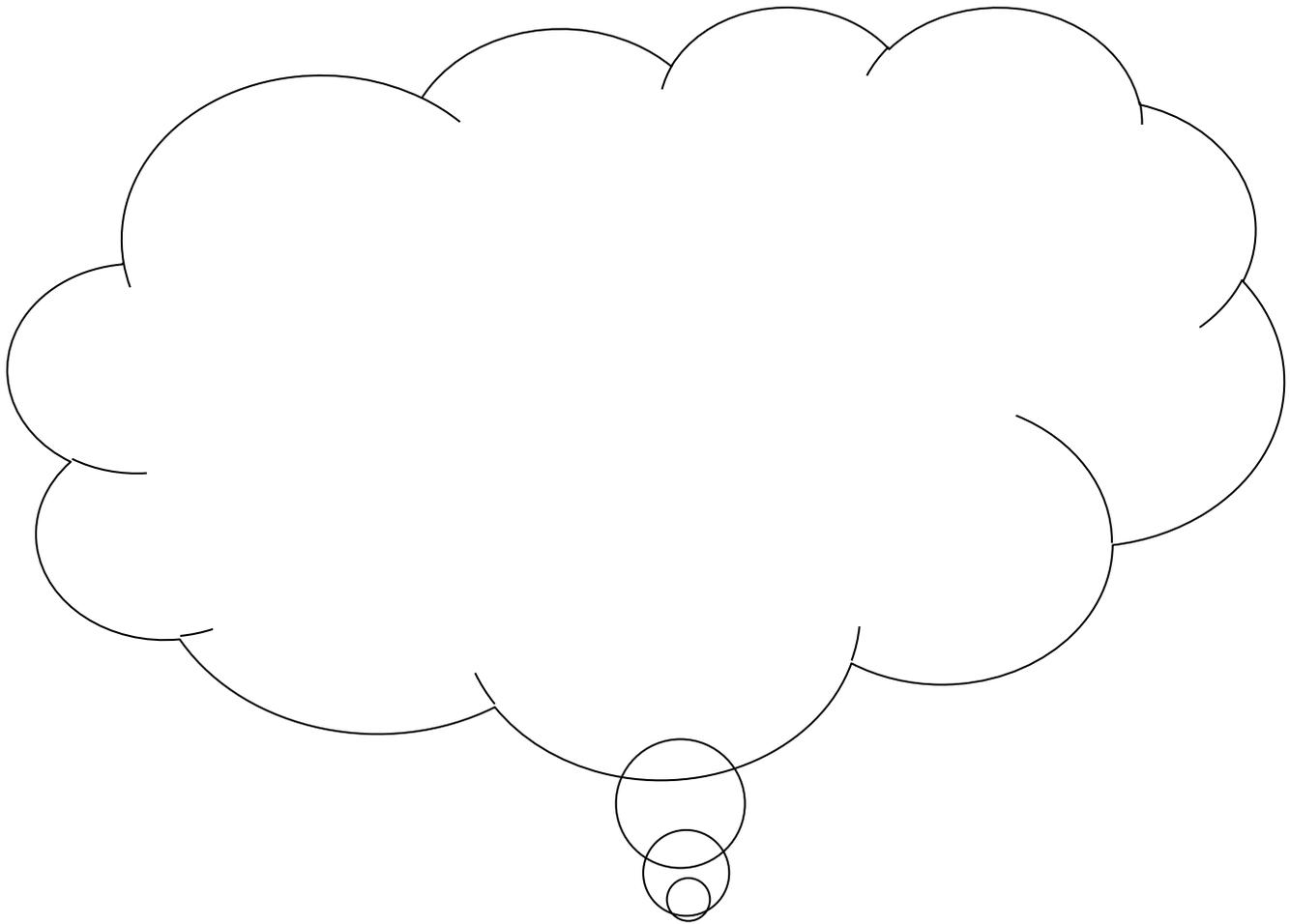
**AS TIME ALLOWS –**

In a perfect world, what kind of help would you have chosen? How is that different from the kind of assistance you received? What would you like to have been done differently?

Is there anything else you'd like to share today?

That's the conclusion of our discussion group. Thanks for your hard work in getting us through the agenda. I really appreciate your sharing your perspective and your insight with us today, and this will be very helpful to the ADRC staff and others as they try to offer better customer service. I have an envelope with the cash incentive you were promised, and I'll stand by the door and give you each of you your envelope and get your signature that you've received it before you go. Thank you again for coming.

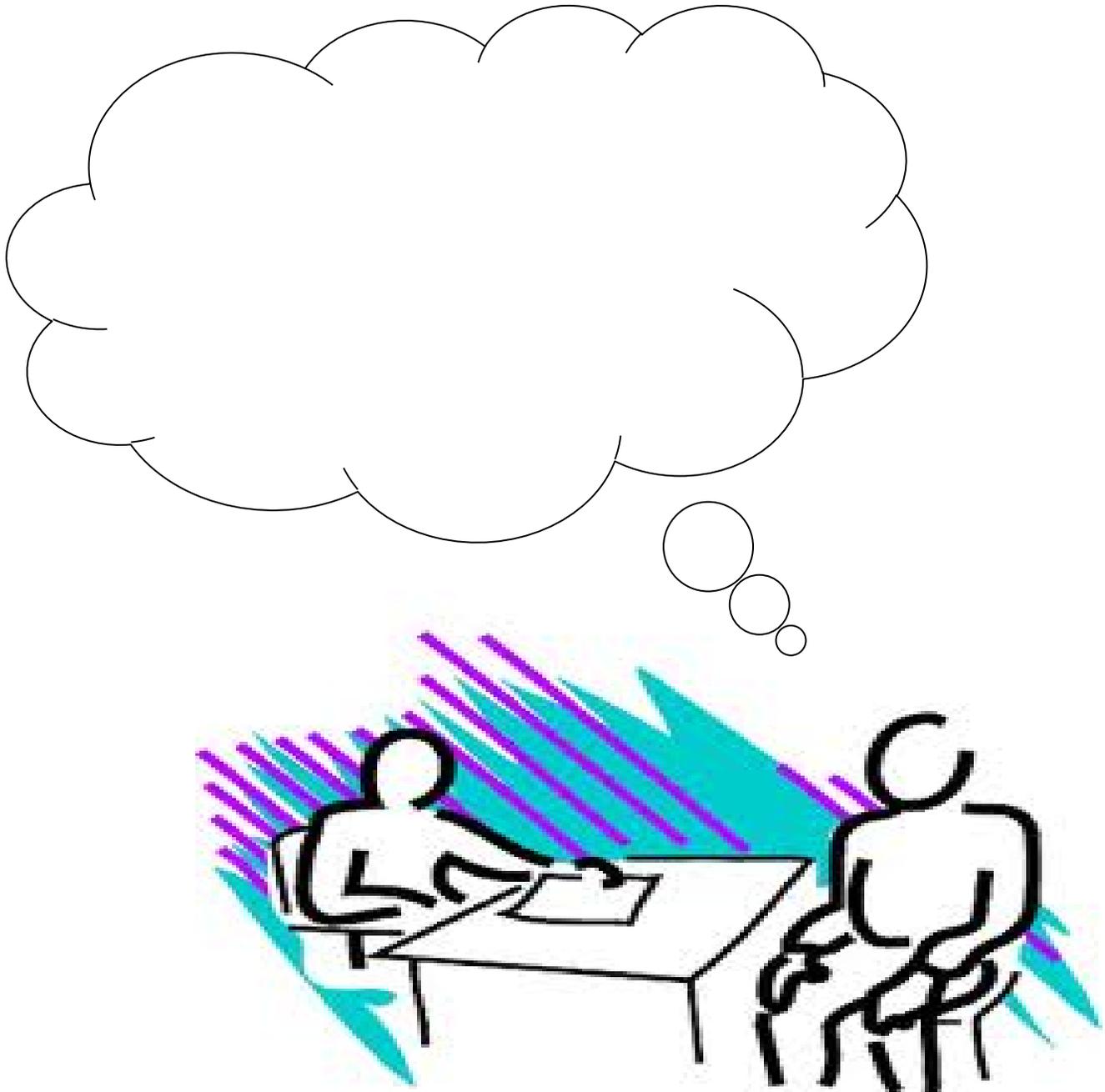
# Exercise 1: What is this new ADRC customer thinking when he or she first arrives or calls?



## Exercise 2: What is the ADRC STAFF PERSON thinking?



### Exercise 3: What is the customer thinking as he or she leaves?



## APPENDIX E: CUSTOMER SURVEY (PRE AND POST TEST)

Hello, may I please speak to \_\_\_\_\_.

Hi, my name is \_\_\_\_\_ and I'm calling on behalf of the Wisconsin Department of Health Services. I'm calling about your recent experience with the Aging and Disability Resource Center.

The ADRC runs a several programs and services. For this survey we want to focus on the ADRC staff who talked to you about your options and the resources and programs available. We are not going to be talking about any programs or benefits you may actually receive.

I work for an independent research company that is conducting the survey. The survey does not impact the care you or the person you were helping is receiving in any way.

All of the information you provide will be kept strictly confidential and your participation will help improve services for others in the future.

Do you have a few minutes to answer some questions for me?

**AS NEEDED:** Aging and Disability Resource Centers are County agencies that help people with services for seniors or adults with a disability. You might have spoken with the ADRC staff over the phone or in your home.

**(IF DOES NOT RECOGNIZE RESOURCE CENTER, ASK Q3 AND CHECK SAMPLE LISTING FOR GUARDIAN.)**

### ANSWERS TO RESPONDENT QUESTIONS, AS NEEDED:

*How long will it take?*

The survey should take about 15 to 20 minutes.

*How did you get my number?*

Your telephone number was selected at random from those who have had some contact or experience with the ADRC.

*Did the ADRC give out my number?*

The state of Wisconsin required each ADRC to provide contact information for their customers so that they could evaluate the quality of customer service being provided.

*How do I know this is a legitimate survey?*

If you would like to check on the legitimacy of the survey, please call Maurine Strickland of the Wisconsin Department of Health Services at (608) 266-4448.

*I would like to know more about the purpose of the survey or specific survey questions.*

If you have questions about the purpose of the survey or the survey itself, please call Dr. Amy Flowers of Analytic Insight at 1- 800-996-2545.

*Are you changing my care? Will this impact my care/program/services?*

No. We are just a survey company trying to learn about people's experience with the ADRC. We do not have the ability to make any changes, and whether or not you decide to take the survey will have no impact on the program or services you receive.

## INITIAL CONTACT

---

Purpose: Establish rapport, get customer experience of organizational components, marketing outreach and service delivery

Q1. How did you first learn about the Aging and Disability Resource Center?

- 1) Recommendation/Word of Mouth
- 2) Hospital/Clinic/Doctor
- 3) Nursing Home/Assisted Living
- 4) Phone Book
- 5) Brochure/Flyer
- 6) Referral from other agency
- 7) Through work
- 8) Internet / Website
- 9) Media/Newspaper/TV/Radio
- 10) Other \_\_\_\_\_

Q2. Did you contact the ADRC on behalf of:

- 1) Self
- 2) Parent
- 3) Child
- 4) Other relative
- 5) Friend
- 6) Neighbor
- 7) Client/Patient
- 8) Other \_\_\_\_\_

**<PROGRAMMING NOTE: IF OTHER THAN SELF (Q2#1), CHANGE “YOU” TO “THE PERSON YOU WERE HELPING” WHERE NOTED >**

Q3. What were the main issues that lead you to contact the ADRC? **(DO NOT READ, NOTE ALL THAT APPLY.)**

- 1) Nutrition (home delivered meals, counseling)
- 2) Home maintenance (chores, yard work, home safety)
- 3) Transportation
- 4) Insurance Issues, such as Medicaid, Family Care, Community Options Program or Medicaid Waiver program
- 5) Help with in-home care or services
- 6) Relocation from long term care, nursing home or assisted living facility
- 7) Long term care, nursing home or assisted living facility information
- 8) Disability services
- 9) Health condition, chronic disease
- 10) Mental health (dementia, Alzheimer's', depression, behavioral health information)
- 11) Alcohol and other drug abuse services and supports
- 12) Financial assistance (housing, food, and basic living expenses)
- 13) Employment, training and vocational rehabilitation
- 14) Legal issues
- 15) Volunteer
- 16) Abuse, neglect, violence, exploitation
- 17) Other \_\_\_\_\_
- 98) DK
- 99) REF

Q4. Which of the following best describes your motivation for contacting the ADRC: (READ LIST, SELECT ALL THAT APPLY).

- a. I had a pressing concern or emergency

- b. I knew I would have to make a decision in the next few months
- c. I only wanted information to consider before making any decisions
- d. I was planning for future needs
- e. I had a concern for someone else
- f. Other \_\_\_\_\_

Q5. Have you had experience with more than one ADRC?

- a. Yes
- b. No
- c. DK

Q6. (IF YES ABOVE) Which ones?

- a. Specify: \_\_\_\_\_
- b. DK

Q7. How did you *first* contact the ADRC?

- 1) By telephone
- 2) Went to office/In person
- 3) They called me
- 4) They came to my home
- 5) Neighbor/Family member/Other called for me
- 6) Email
- 7) Other \_\_\_\_\_

**BY TELEPHONE ABOVE ONLY**

Q8. How quickly was your call answered? (IF NEEDED, WE ARE TALKING ABOUT THE FIRST TIME YOU CALLED.)

- 1) Quickly (Less than 3 rings)
- 2) Slowly (3 or more rings)
- 3) DK/NA

Q9. Was the call answered by a person or an answering machine or an automated message system.

- 1) Person
- 2) Answering Machine
- 3) Automated Message system
- 4) DK/NA

**IN PERSON VISIT ONLY (Q5=3)**

Q10. Did you have any trouble getting into the ADRC office or office? "IF YES: What kind of trouble?" [ALLOW MULTIPLE RESPONSES]

- 1) Door too heavy
- 2) Couldn't find door/office
- 3) Parking lot
- 4) Stairs/No access
- 5) Interior signs inadequate
- 6) Other (Specify) \_\_\_\_\_
- 7) None/No trouble
- 8) DK/NA

**(ALL RESPONDENTS:)**

Q11. When speaking to the ADRC staff, did you overhear other people talking?

- 1) Yes
- 2) No
- 9) DK/NA

Q12. Were there any interruptions during your conversation?

- 1) Yes

- 2) No  
 9) DK/NA
- Q13. Did you feel that your conversation was private?  
 1) Yes  
 2) No  
 9) DK/NA
- Q14. <IF NO ABOVE (Q11=2)> What caused your concern?  
 1) Overheard other people talking  
 2) Interruptions during conversation  
 3) Other Please Specify: \_\_\_\_\_  
 9) DK/NA

**(ALL RESPONDENTS:)**

It is important to us that consumers can reach the ADRC and its services easily. I'm going to read you a brief list of features, and thinking about your experience with the ADRC overall, please tell me if you found the Resource Center to be Excellent, Good, Fair or Poor in each one, or if you have DK/NA or did not use the service. Here's the first item...

	Excellent	Good	Fair	Poor	NA
Q15. Ease of finding the phone number	4	3	2	1	9
Q16. Friendliness of the receptionist	4	3	2	1	9
Q17. Privacy when talking to the specialist/staff	4	3	2	1	9
Q18. Welcoming environment overall	4	3	2	1	9
Q19. Waiting time (AS NEEDED: when calling or visiting in person)	4	3	2	1	9
Q20. Hours someone is available	4	3	2	1	9

**DISCOVERY AND EXPLORING OPTIONS**

Purpose: Understand customer perception of information gathering, rapport and OC process.)

Next I'm going to read you a list of statements about the person you worked with most at the ADRC. Please tell me if you strongly agree or disagree. (THAN PROBE FOR STRONGLY OR SOMEWHAT). Here is the first one... The ADRC person I worked with...

**(IF CONTACT IS ON BEHALF OF SOMEONE ELSE (Q2#1), CHANGE "MY" to "THEIR")**

	Strongly Agree	Agree	Disagree	Strongly Disagree	DK/NA
Q21. Listened carefully	4	3	2	1	9
Q22. Returned calls or messages promptly	4	3	2	1	9
Q23. Was hard to get hold of.	4	3	2	1	9

Q24. Treated you with respect and courtesy	4	3	2	1	9
Q25. Cared about your (their) needs.	4	3	2	1	9
Q26. (IF Q2=2 THRU 6) Considered your needs as a caregiver	4	3	2	1	9

These next statements are about the process of discussing your options with the staff person. Would you agree or disagree that they...

	Strongly Agree	Agree	Disagree	Strongly Disagree	DK/NA
Q27. Overwhelmed you with too much information	4	3	2	1	9
Q28. Helped you evaluate the available choices.	4	3	2	1	9
Q29. Helped you make your own decisions.	4	3	2	1	9
Q30. Tried to talk you into things.	4	3	2	1	9
Q31. Considered your family, where appropriate, and their needs.	4	3	2	1	9
Q32. Was knowledgeable about a wide range of services.	4	3	2	1	9
Q33. Helped you weigh the pros and cons of each choice.	4	3	2	1	9
Q34. Used words or abbreviations you did not understand.	4	3	2	1	9
Q35. Had accurate information.	4	3	2	1	9
Q36. Made sure you understood one thing before moving onto something new.	4	3	2	1	9
Q37. Went through any printed materials to make sure you understood them.	4	3	2	1	9
Q38. Showed an understanding of how ready you were to make a decision.	4	3	2	1	9
Q39. Explained each step clearly.	4	3	2	1	9
Q40. Helped with the paperwork, if needed.	4	3	2	1	9
Q41. Helped navigate the system.	4	3	2	1	9
Q42. Helped you (them) understand the cost of different alternatives.	4	3	2	1	9

I just have a few more statements about the person you spoke with. Do you agree or disagree that they...

Strongly Agree	Agree	Disagree	Strongly Disagree	DK/NA
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Q43. Helped you consider your future needs	4	3	2	1	9
Q44. Understood your timeline for making a decision.	4	3	2	1	9
Q45. Considered your opinions, likes and dislikes before recommending services or programs	4	3	2	1	9
Q46. Prepared you for the application process, if any	4	3	2	1	9

Did the person you worked with...

	Yes	No	DK/NA
Q47. Offer to write a plan listing your goals, next steps and timeline?	1	2	9
Q48. Make plans to follow-up at specific points in the future?	1	2	9
Q49. Explain confidentiality?	1	2	9

Q50. Thinking about the key issue or challenge you were concerned about, would you say the ADRC was very, somewhat or not at all helpful?

- 1) Very helpful
- 2) Somewhat helpful
- 3) Not at all helpful

Q51. Were you referred to another agency or organization by the ADRC? (DO NOT READ LIST, check all that apply")

- 1) Yes
- 2) No (**SKIP TO HOME VISITS**)
- 3) DK/NA (**SKIP TO HOME VISITS**)

**(ASK ONLY IF YES TO REFERRAL ABOVE)**

Q52. What was the result of the referral?

1. Received services
2. Too soon to tell
3. Services not what was wanted/needed
4. Service/Program not accepting applications
5. Too expensive
6. No transportation
7. Service or program not available at times needed
8. Not eligible
9. Waiting list
10. Tried to contact the service or program that was referred, but was busy, unavailable

**Q63A. Please specify:**

- a. Line was busy/could not contact
- b. Wait time too long
- c. Other \_\_\_\_\_
11. Have not contacted yet, but plan to
12. Have no plans to contact the service or program
  - a. **Please specify reason:** \_\_\_\_\_

## HOME VISIT

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Purpose: Track important component of OC. Note: Home visits are not specifically mentioned in standards.

Q53. Did an ADRC staff person visit you in your home?

- 1) Yes
- 2) No **(SKIP TO Q\_)**
- 3) DK/NA **(SKIP TO Q\_)**

Q54. How many times did they visit you in your home?

- 1) 1
- 2) 2
- 3) 3
- 4) 4 or more
- 5) DK/NA

Q55. Was the time it took to arrange the visit appropriate to your situation?

- 1) Yes
- 2) No
- 3) DK/NA

Q56. Do you think they were able to help you better for having been to your home?

- 1) Yes
- 2) No
- 3) DK/NA

Q57. Overall, were you satisfied with the home visit?

- 1) Very satisfied
- 2) Somewhat satisfied
- 3) Somewhat dissatisfied
- 4) Very dissatisfied
- 5) DK/NA

## OUTCOMES AND SATISFACTION

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Purpose: Evaluate experiences with impact on satisfaction and other outcomes.

### (ALL RESPONDENTS)

Next I'll be asking about your experience with the ADRC overall.

Q58. As a result of your conversations, did the ADRC staff person notice a need or concern that you did not realize you had before you spoke?

- 1) Yes
- 2) No
- 3) DK/NA

Q59. As a result of your conversations, did YOU realize you had a need or concern that you did not know about before?

- 1) Yes
- 2) No
- 3) DK/NA

Q60. As a result of your conversations, would you say you were....

- 1) Much better informed about the options available
- 2) A little better informed

- 3) No change
- 4) A little more confused
- 5) Much more confused
- 6) DK/NA

Q61. Did the ADRC help you to stay in your own home or return to your home in a situation where you might otherwise have needed to go to an assisted living or nursing facility?

- 1) Yes
- 2) No
- 3) Other \_\_\_\_\_
- 4) DK/NA
- 5)

Q62. Did they help you to make the most of your available resources?

- 1) Yes
- 2) No
- 3) DK/NA

Q63. Did the staff person tell you to call if you have any concerns or questions?

- 4) Yes
- 5) No
- 6) DK/NA

Q64. Did they follow up with you to see how useful the information was?

- 1) Yes
- 2) No
- 3) DK/NA

Q65. (IF YES ABOVE) Did they review what happened since your last contact, including any changes in your situation?

- 1) Yes
- 2) No
- 3) DK/NA

Q66. Overall, how would you rate your experience with the Resource Center?

- 1) Excellent
- 2) Good
- 3) Fair
- 4) Poor
- 5) DK/NA

Q67. How would you rate the Center's ability to help you understand all the choices available to you?

- 1) Excellent
- 2) Good
- 3) Fair
- 4) Poor
- 5) DK/NA

Q68. How useful was your contact with the ADRC?

- 1) Very useful
- 2) Somewhat useful
- 3) Not very useful
- 4) Not useful at all
- 5) DK/NA

Q69. Please tell me if you strongly agree, agree, disagree or strongly disagree.... The ADRC made it easy to get the information I needed.

- 1) Strongly Agree
- 2) Agree
- 3) Disagree
- 4) Strongly Disagree
- 5) DK/NA

Q70. Would you say the ADRC met, exceeded or did not meet your expectations?

- 1) Exceeded expectations
- 2) Met expectations
- 3) Did not meet expectations

Q71. Would you recommend the ADRC to someone else?

- 1) Yes
- 2) No (Probe for why not?) \_\_\_\_\_
- 3) DK/NA

Q72. If you had not participated in options counseling, how likely is it that you would have gone into a nursing home?

- 1) Very likely
- 2) Somewhat likely
- 3) Not very likely
- 4) Not at all likely
- 5) DK/NA

Lastly, I would like to ask a little about you. (IF RESPONDENT IS ANSWERING ON BEHALF OF SOMEONE ELSE: These last questions refer to the person you were helping.)

Q73. Which of the following apply to you (or the person you called or came to our offices about) (read list, note all that apply.)

- 1) 60 years of age or older
- 2) Have a physical disability
- 3) Have a developmental disability
- 4) Have Alzheimer's disease or other dementia
- 5) Have a mental illness (Other than Alzheimer's or dementia)
- 6) Have a concern regarding alcohol or other drug dependency
- 7) Other (please list) \_\_\_\_\_

IF ANSWERING ON BEHALF OF SOMEONE ELSE, SAY: MY LAST QUESTIONS ARE ABOUT YOU.

Q74. What is your age (years?) \_\_\_\_\_ (999=refused)

Q75. How much education have you completed?

- 1) Less than high school diploma
- 2) High school diploma
- 3) Some college, including associate degree
- 4) Bachelor's degree
- 5) Post-graduate work or advanced degree
- 6) (refused)

IF ANSWERING ON BEHALF OF SOMEONE ELSE: Thinking of the person you were helping, what was THEIR combined income from all sources for all the people in their household?

Q76. What was your (their) household income last year?

- 1) Less than \$10,000
- 2) \$10,000 to \$20,000
- 3) \$20,000 to \$30,000
- 4) \$30,000 to \$50,000
- 5) \$50,000 to \$75,000
- 6) \$75,000 to \$100,000
- 7) More than \$100,000
- 8) Do not know/unsure

Q77. What is your (their) race/ethnicity? (Do not read list, mark all mentions.)

- 1) White or Caucasian
- 2) Black or African American
- 3) Asian
- 4) American Indian or Alaska Native
- 5) Native Hawaiian or Other Pacific Islander
- 6) Other (please list) \_\_\_\_\_
- 7) Hispanic or Latino
- 8) (refused)

Q78. Gender (DO NOT ASK)

- 1) Male
- 2) Female

Thank you so much for taking the time to complete this survey. Your responses will help improve and strengthen the services offered by the Aging and Disability Resource Center.

APPENDIX F: STAFF TRAINING SURVEY

Options Counseling Pilot Training Program

Feedback Form

This survey has been designed to gather your thoughts and opinions about the training you received for the Options Counseling Standards Pilot Program.

**Do you agree or disagree with the following statements about the training?**

	Don't Know/Not Applicable				
	Strongly Disagree				
	Disagree				
	Agree				
	Strongly Agree				
1. The goals and objectives were clearly stated.	1	2	3	4	9
2. The training improved my knowledge of core components of options counseling.	1	2	3	4	9
3. I have a better understanding of how to document Options Counseling.	1	2	3	4	9
4. This training will make a positive impact on the way I perform options counseling.	1	2	3	4	9

**did you feel these guides/tools were clear and understandable?**

	No, not clear	
	Yes, clear	
5. initial discovery tool	1	2
6. options counseling checklist and documentation guide	1	2
7. options counseling pocket guide	1	2

**did these guides/tools relate directly to your work?**

	No, did not relate to my work	
	Yes, did relate to my work	
8. initial discovery tool	1	2
9. options counseling checklist and documentation guide	1	2
10. options counseling pocket guide	1	2

**After today's training, how confident do you feel about the following?**

	Don't Know/Not Applicable				
	Not at all Confident				
	Not very confident				
	Confident				
	Very Confident				
11. I feel confident with my ability to engage in Options Counseling using the new Standards and tools.	1	2	3	4	9
12. I have a better understanding of the Options Counseling decision-support process from today's training.	1	2	3	4	9
13. I have a better understanding of the differences between Information & Assistance and Options Counseling.	1	2	3	4	9
14. Did you have an opportunity to share your thoughts and opinions?					
1. yes					
2. No					
15. Did you feel your opinions and experiences were heard and respected?					
1. yes					
2. No					
16. Overall, how would you rate the effectiveness of this training?					
1. Excellent					
2. Very Good					
3. Good					
4. Average					

5. Poor

CONTINUES ON OTHER SIDE

17. Please list additional training needs that you may have related to this the Options Counseling Standards and decision support process.

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18. Please share any ideas about Options Counseling related resources/tools that would be helpful for you.

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19. Please share any additional comments about this project that you have.

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*You have completed the survey.*

*Thank you for your participation!*