

**Summary of Satisfaction Survey Results & Lessons Learned
for Maine's Aging & Disability Resource Center (ADRC)
Project**

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Background

The Maine Aging and Disability Resource Center Project (ADRC) first began in October 2003. Maine's Office of Elder Services received a 3-year grant, October 1, 2003 - September 30, 2006, extended to November 30, 2006, from the Centers for Medicare and Medicaid Services (CMS) and the Administration on Aging (AoA).

The primary goal of Maine's ADRC Project was to improve awareness of, and access to, long term supports for elders and adults with disabilities of all incomes and their families. Maine's ADRC was originally conceived as a "No Wrong Door" strategy to include local, multi-agency coalitions with access to web-based information on resources and supports. This strategy was adopted at the recommendation of Maine's Olmstead Work Group since Maine's geography and low population density did not easily lend themselves to a model of a single, physical location for an ADRC. The project complemented the state's statewide assessment and screening program for people wanting to access publicly funded home and community services by expanding access to local information and resources for people of all incomes.

Community coalitions in Bath-Brunswick, Bangor, and Franklin County were developed to demonstrate how local agencies can coordinate, reduce duplicative efforts, and connect individuals effectively with information and resources about the range of long term supports and services available to adults of all ages and income levels.

The project convened a Statewide Steering Committee composed of representatives of the three coalitions, the statewide association partners, and other state agencies (See Appendix A for a current list of Statewide Steering Committee members). The primary role of the Statewide Steering Committee was problem analysis, planning, monitoring, design for the project, and input regarding the evaluation.

Midway through the project the funders requested a work plan revision and urged the Maine ADRC to develop a pilot site with a physical presence for ADRC activities. The Eastern Agency on Aging (EAA), based in Bangor, was identified as lead agency for this ADRC pilot site, known as the Disability and Aging Services Helpline (DASH).

Maine's Current ADRC Project

Maine received two years of funding (October 1, 2006 - September 30, 2008) from the Centers for Medicare and Medicaid Services (CMS) and the Administration on Aging (AoA) to expand the ADRC pilot site at the Eastern Agency on Aging to cover its entire program service area (PSA), and to replicate the ADRC pilot throughout the PSAs of two other area agencies on aging (SeniorsPlus and Spectrum Generations) that developed coalitions in the first ADRC effort and were ready to begin the development of an ADRC to serve their entire respective PSAs.

In order to have a common "aging and disability" connection among all three sites as well as to distinguish each site individually, the following names were selected:

- Aging and Disability Connections - DASH
- SeniorsPlus - Aging and Disability Connections
- SpectrumLink - Aging and Disability Connections

Evaluation Design

The evaluation of the ADRCs was conducted through the use of consumer satisfaction surveys and interviews with key stakeholders. The Muskie School of Public Service designed and administered the surveys, monitored the data collection protocols and analyzed the results.

The evaluation team mailed a 25 question satisfaction survey to a sample of new contacts identified by each of the ADRC sites from August 2007 through August 2008. The sample size was calculated to arrive at a statistically significant number of responses that could represent the ADRC experience across all three sites. See Appendix B for a copy of the Consumer Satisfaction Survey.

Summaries of the survey responses were provided on an ongoing basis to the three sites to facilitate formative learning, program modifications, and improvement. Satisfaction survey results of the three Maine ADRC sites combined are summarized in this report. Satisfaction survey results for individual sites have been provided to project management at the Office of Elder Services as well as the management at each respective ADRC site.

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

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

Response Rates

Final Counts September 2008				
ADRC SITE	Mailed	Non-deliverables	Completed	Percent Response
Eastern Area Agency - DASH	858	23	228	27%
Spectrum Generations	797	41	203	27%
SeniorsPlus	282	13	90	33%
TOTAL	1937	77	521	28%

The consumer satisfaction survey was mailed to individuals who had accessed the ADRCs for information or services. Staff at each ADRC sent names and addresses of “first time” contacts to the evaluation team at the Muskie School approximately every two weeks. Surveys were mailed to contacts immediately so that the interaction with the ADRCs would be fresh and accurately recalled. Over 1,900 surveys were mailed from the Muskie School along with a cover letter and a postage-paid business reply envelope to facilitate return of the completed surveys. Overall, there was a 28% response rate.

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

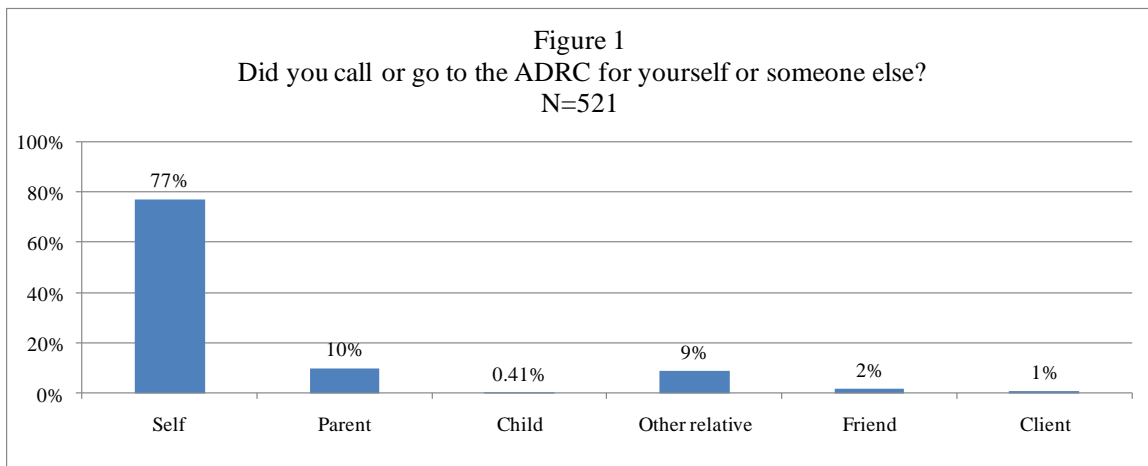
Visibility/Trust

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

Demographics

Approximately two-thirds (69%) of individuals who contacted the ADRCs and who completed the survey were female. About a quarter of respondents (26%) were under age 60. The predominance of female callers may be helpful information for future marketing or outreach activities.

As indicated in Figure 1 below, slightly more than three quarters of respondents were calling for themselves. Ten percent indicated they were calling as a parent and 9% as another relative.



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

While 26% of the callers indicated they were under age 60, only 12% of those who needed service or information were under 60 – suggesting that a number of younger callers were calling on behalf of an older relative or friend. Fifty-four percent of those needing services were over the age of 70. Getting the word out to the younger population will require on-going efforts.

Table 2
How old is the person who needs services or information? (Q20)

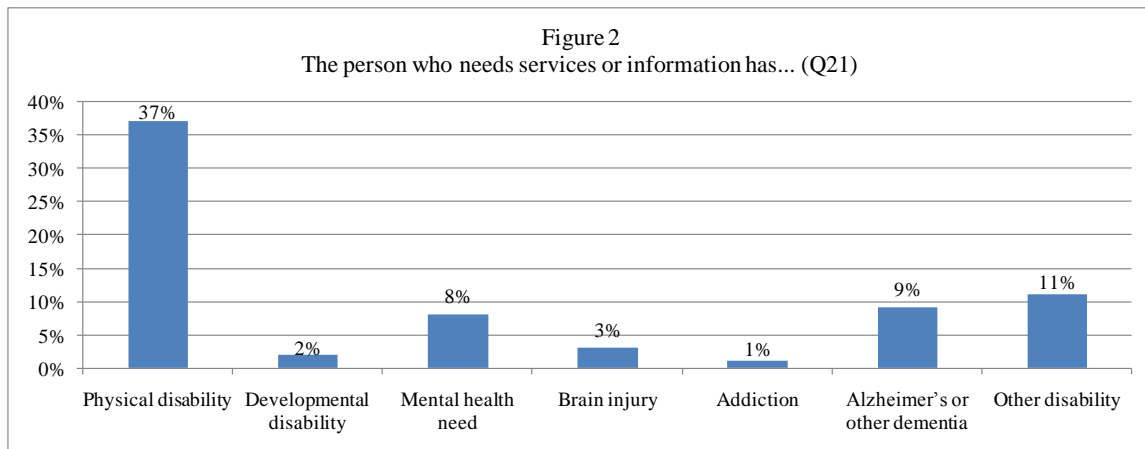
under 18 yrs. old	0%
18-59 yrs. old	12%
60-69 yrs. old	34%
70-79 yrs. old	28%
over 79 yrs. old	26%
Unsure	1%

Choosing to house the ADRCs at the AAAs works well for family caregivers since, in Maine, both the National Family Caregiver Program and the Maine Alzheimer’s Project that provides support for caregivers of people with Alzheimer’s or related dementia, operate from the AAAs. ADRC staffs were able to identify caregivers and directly offer the services of these two programs. As indicated in Table 3 below, 18% of those who contacted the ADRC were caregivers.

Yes	18%
No	81%
Unsure	1%

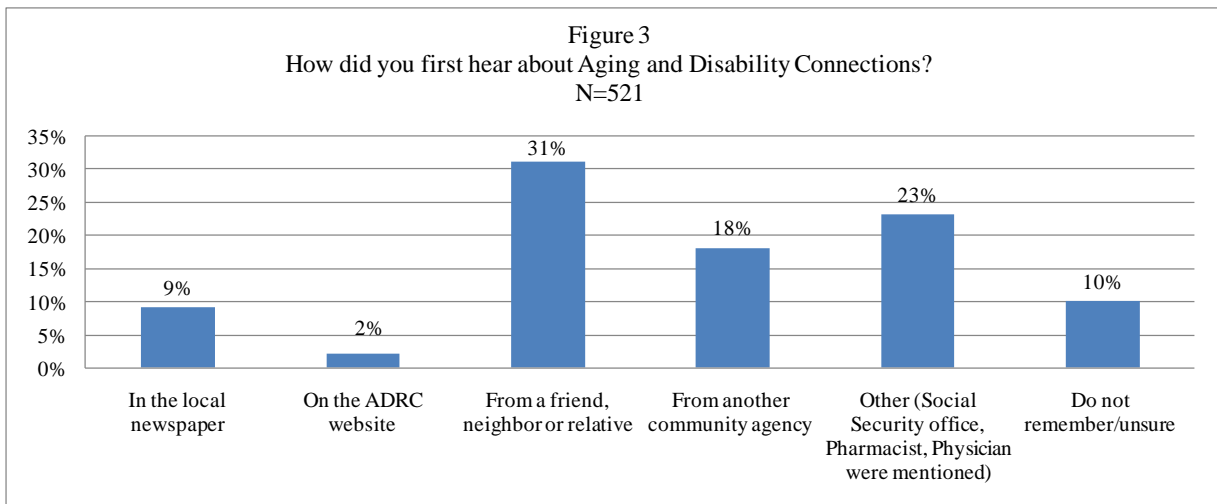
People Accessing Information and Services

We asked about types of disability in an effort to find out if the ADRCs were reaching a diverse population. Respondents could check more than one response. Figure 2 below shows more than a third of the respondents (37%) had a physical disability, 11% had another disability; while 9% had some kind of dementia and 8% had a mental health need. Those who selected “Other” most often mentioned diabetes, stroke, and sensory impairments.



Visibility

Each ADRC site planned their own marketing strategies to reach their respective communities. One site increased their visibility through a health fair. All three sites used print media (brochures, newspaper ads, newsletters) to increase awareness of their services. According to the survey results, word of mouth from friends, neighbors and relatives or from other professional sources or community agencies was the most common way that people heard about the ADRCs. Only 9% of respondents heard about the ADRCs from the local newspaper and few (2%) heard about it from a website. This suggests that much of the coalition building and partnering with other agencies was effective in producing referrals to the ADRCs. It also reinforces the importance of customer service since so many people hear about the agency from another individual, professional or organization.



Respondent: "The two times we were there she was very polite and made things easier to understand. I would go there again if we had any problems. Thank you."

Trust

Trust was captured by asking two questions on the survey. As indicated below, 91% of respondents did not have any problems with the ADRCs.

Table 4
Did you have any problems with Aging and Disability Connections? (Q16)

Yes	7%
No	91%
Unsure	2%

The following open ended responses give a flavor for some of the problems that two callers experienced. Overall, however, only 7% of respondents indicated they had a problem.

Respondent: "It is not helpful to simply send an application with not providing help. There was no offer to set up an appointment which was what I expected."

Respondent: "I never got through on the phone, even with repeated calls, early am, etc. NEVER!! The message repeats then I am cut off after 3 minutes. INFURIATING!! I had to come into the office just to leave a message, BIG waste of gas money."

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

Yes	94%
No	2%
Unsure	4%

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

Respondent: "I appreciate the fact that we have them here in our area to help with difficult decisions and to give helpful advice. They are doing a very good job."

Respondent: "Set up and personnel extremely helpful. The lady who helped us was extremely informative and helpful. Offered us info we were not aware of and if we read this information ourselves we probably would not have understood it on our own."

Respondent: "Hesitated to go, felt like a beggar or stupid but the women who helped us put a new slant on asking for help to understand info. Very grateful to her!"

Efficiency

Improving access to information and streamlining access to services is the focus of the ADRCs. Reaching a person to talk to either over the telephone or in-person quickly is important. Almost everyone (96%) who called the ADRCs was able to speak with someone quickly.

Very Quickly	72%
Somewhat Quickly	24%
Not Quick at All	4%
I did not call	9%

Of those who left a voice mail message, 55% received a call back from the ADRC on the same day they called. Looking at the table below it seems that there is room for improvement around returning phone calls in a timely and efficient manner. Almost a third (31%) waited up to 3 days for a return call.

Within the hour	13%
In the same day	42%
Within 3 days	31%
In the same week	6%
More than a week	2%
Do not remember/unsure	6%
Did not leave a message	38%

Most (82%) who went to the ADRC office waited 10 minutes or less to meet with the appropriate staff person.

5-10 minutes	82%
11-20 minutes	14%
Over 20 minutes	1%
Do not remember/unsure	4%
Did not come to the office	53%

Responsiveness

Responsiveness of each of the ADRCs was rated very high.

Almost everyone (97%) reported that the person they talked with on the phone or in the office listened carefully (Q5), was courteous and respectful (99%) (Q7), and was knowledgeable about the services or information needed (94%) (Q6).

Information received from Aging and Disability Connections was clear 93% of the time (Q8).

Respondent: "The agent I spoke with was very pleasant and very patient. I'm positive I asked him some questions more than once and each time I received clear, concise answers without any impatience. The agent also made necessary phone calls on my behalf and graciously responded to any follow-up phone calls I made to the agency office. Thank you to all of them."

Respondent: "I was more than happy with my experience. I feel that each person I spoke with went out of their way to be kind and thoughtful. They seemed to really want to help in any way they were able. I can't say enough good things about the people I was in contact with. They never made me feel small for needing help. They were all compassionate and caring. We are all blessed to have people like this available to those in need."

Respondent: "I appreciate knowing that information I need to help ease my husband and I through the aging process is easily accessible through this agency."

Effectiveness

Eighty-six percent of the respondents indicated that the information offered by the ADRCs was helpful in dealing with their concerns. For the 48% who needed to be referred elsewhere, most (84%) found that connection to be helpful. It appears that the ADRCs are making progress in streamlining access to services and information appropriate to the individual's needs.

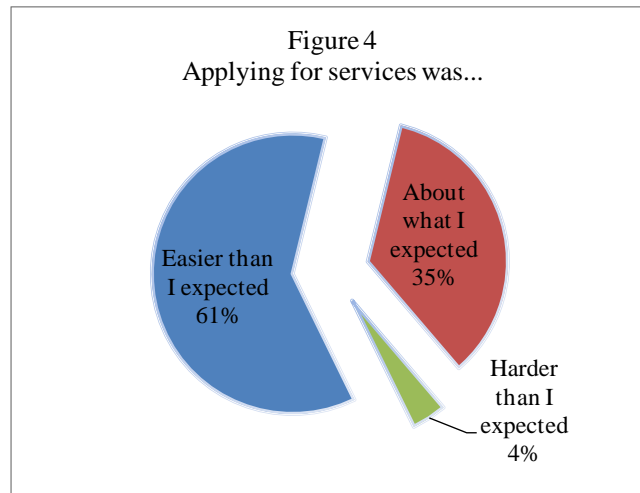
Table 9	YES	NO	UNSURE
Will the information you received from Aging and Disability Connections be helpful in dealing with the concern you called or went to the AAA office to talk about? (Q9)	86%	5%	9%
Were you directed to other places for a service or more information? (Q10)	48%	47%	5%
Was this a helpful connection or referral? (Q11a)	84%	6%	10%

Respondent: "A very wonderful service. They took care of everything for me on the phone."

Respondent: "The lady I talked to knew immediately what help I needed and explained the program to me in detail. She mailed me the material the very next day and I got the help I needed."

Table 10 For those who applied for services after contacting the ADRC:	YES	NO	UNSURE
As a result of your call or visit to Aging and Disability Connections did you apply for services? (Q12)	54%	42%	4%
<i>If you said YES, you applied for services, did the person you spoke with explain the steps clearly? (Q13)</i>	97%	1%	2%
<i>If you said YES, you applied for services, if you needed help, did the people who work at Aging and Disability Connections help you with your paperwork? (Q14)</i>	91%	5%	4%
Thirty-three percent of the respondents applying for services reported that they did not need help.			

Of the 264 respondents who applied for services as a result of their contact with the ADRC, 61% said the steps to apply for services were easier than expected. Three percent reported that the steps to apply were harder than expected while the remaining 35% found the steps to apply about what they expected.



Additional Feedback

What could we do differently to make Aging and Disability Connections (Maine's ADRCs) better?

All programs and services have room for improvement. Below is a sampling of respondents' suggestions for improving the Maine ADRCs. A number of comments made reference to housing and transportation needs as well as Medicare D and MaineCare (Medicaid). Also mentioned frequently was the need for additional marketing so more people would know about the ADRCs.

- *Care about callers concerns. Listen to customer. Send appropriate information. Volunteer information because we don't always know what to ask for. Act like you're interested.*
- *When someone says they will call you back someone should call back. They did not.*
- *Listen more.*
- *I don't think there is enough public awareness about the disability connection. Seven people that I've spoken to didn't realize that you could be any age and don't have to be profoundly disabled to receive help and access to resources at [ADRC].*
- *Keep an updated list as to which landlords and/or programs help our aging veterans.*
- *Have a better insight on housing for low income and disabled individuals.*
- *Provide help with completion of applications to state or federal agencies.*
- *Help younger candidates.*
- *Have access to DHHS records.*
- *Call back sooner! I waited 4 days to find out I could not get help on my financial problems.*
- *More funding for the different programs would be helpful but I also understand that for the amount of people you are helping you are doing the best you can.*
- *Continue to make your services known in the community.*
- *Tell the recipient what to bring in when applying (SS#, DOB, etc.)*

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

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

- *It's nice to know there is someone you can call to get answers and help. Thank you.*
- *They were very helpful. They checked further for answers also.*
- *I was not aware of [the ADRC] per se. Just found out through a friend that [it] works with people on disability regardless of age.*
- *I called for advice on several occasions from SS, Part D, to personal care advice for parents. Invaluable service!*
- *They were quite helpful. Everything was quite easy.*
- *I appreciate knowing that information I need to help ease my husband and I through the aging process is easily accessible through this agency.*
- *They were helpful and respectful. Couldn't be better. Thank you for so much help.*
- *Very knowledgeable people. Very caring and understanding. Keep up the good work!*
- *I think this should be a statewide service and not county limited especially in this day and age.*
- *They were very polite, helpful and I didn't feel like I was dumb because I couldn't figure all I am supposed to do to survive.*
- *Quick, efficient, very timely service.*
- *The lady that helped me was so pleasant and helpful. I will definitely go back if I ever need to. Excellent service.*
- *Get the word out on this program by speaking at AARP chapter meetings. You are doing a good job now, keep it up. Thank you.*
- *Website could be more informative, e.g. FAQ.*
- *I would call again if I needed info. Back in the 1980's you helped me with my parents. I hope I don't have to use your services but I would if necessary. Thank you.*
- *They were knowledgeable, helpful and very patient. They gave me a sense of relief and peace.*
- *The agent I spoke with was very pleasant and very patient. I'm positive I asked him some questions more than once and each time I received clear, concise answers without any impatience. The agent also made necessary phone calls on my behalf and graciously responded to any follow-up phone calls I made to the agency office. Thank you to all of them.*
- *I have been very happy with the guidance I have received from the [ADRC]. They are pleasant and kind and knowledgeable. I trust them.*
- *Very helpful. I could not complete the paperwork without the help. Excellent staff. Give them a raise or more recognition. Were very helpful and understanding, polite and kind.*
- *I am grateful for the information and I will try to share it with church members and other folks in the community who may be eligible for your services.*
- *I have often urged family members/caregivers to utilize [the ADRC] and they are hesitant due to never hearing about it. I have also found that elderly people do not like to make phone calls due to hearing difficulty. I think it is a wonderful service for the community.*

Summary of Lessons Learned

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

Significant Accomplishments

What do you consider the Aging and Disability Connections most significant accomplishments?

- Community coalition development
- Increased visibility in the community
- Beginning to connect to the disability community
- Development of strong partners
- Streamlining processes

Significant Challenges That Were Overcome

What are the most significant challenges the Aging and Disability Connections had to overcome?

- Training/educating existing staff around working with people with disabilities
- For staff, understanding the philosophical difference between Information and Referral (I & R) and the ADRC concept
- Making the ADRC part of our core services
- Program knowledge and conceptual understanding of the ADRC at Maine DHHS

Challenges Looking Ahead

What are the greatest challenges for which Aging and Disability Connections has yet to find solutions?

- Transportation
- Adequate information system technology that is user friendly and contains necessary resource information
- Consistency of ADRC programs across the AAA's
- Integrating state services with the ADRCs
- Marketing and outreach
- Identifying/providing adequate community resources/services such as homecare in rural areas
- Becoming a "fully functioning" ADRC without enough financial resources to hire appropriate staff
- Funding to maintain the sustainability of the program over time at both a regional and state level
- Funding for statewide ADRC

Visibility

Is it your sense that the Aging and Disability Connections has a high profile in the community?

- Locally, our AAA has a high profile but in rural areas it is not as high
- High visibility in the community is due to increased partnerships

- More work with the coalitions needs to happen to raise visibility
- Education and marketing needs to happen to raise visibility
- Need a track record of positive outcomes for this (increased visibility) to happen

Effective Outreach Strategies

What have been the most effective outreach strategies for increasing visibility/awareness of Aging and Disability Connections in your community?

- Coalitions and the coalition building process
- Forums for agencies serving individuals with disabilities
- Taking the ADRC/AAA out to the rural areas - taking staff out to these areas in a van
- Face-to-face presentations at the community level
- Partnering with churches and faith-based groups
- Annual outreach fair
- Customer service awards
- Articles in free newspapers
- Using our ADRC logo on joint documents and outreach materials with partners

Streamlined Access

Please give an example of successful solutions that helped streamline access to services for consumers that would not have happened without Aging and Disability Connections.

- Individuals receive assistance directly with their applications and Medicare decisions
- Not too much progress in the state-wide system
- Locally, we streamlined the process between the home care coordinating agency (EIM) and our ADRC
- A lot of work needs to happen around streamlining
- Our ADRC staff was key in the successful resolution of an individual's current serious mental health crisis and long term care issues

ADRC Key Informant Satisfaction

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

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

Stakeholder Satisfaction

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

- There is stakeholder satisfaction with providers, Office of Elder Services (OES), and advocates. Providers are impressed that we are able to assist consumers with referrals and advocates call us for information. OES has directly referred consumers to us. There is a need to increase the awareness of ADRC within other state agencies.

- Locally there is stakeholder satisfaction. We feel there is a lot of work to be done in building bridges and changing understanding with MaineCare (Maine's Medicaid program) and Goold Health Systems, the agency in Maine that determines medical eligibility for all long term care programs, etc.
- We believe there is a high level of satisfaction with our regional ADRC project as noted by positive comments from partners and colleagues but are unsure what the level of satisfaction is statewide.

Recommendations for Others Developing an ADRC

What recommendations or suggestions do you have for others planning to develop an Aging and Disability Resource Center similar to Aging and Disability Connections?

- Provide up front staff education re: disability related resources
- Visit an existing ADRC program with staff for "hands on" understanding of expectations/process
- Staffing should include a variety of expertise areas - community outreach, Information & Referral (I & R), case management, and database maintenance
- Strengthen the knowledge about consumer-directed approaches
- Focus on access and service delivery
- Develop an ongoing plan for sustainability
- Use existing resources for development, such as the Lewin model (guidance) for ADRC development
- Ensure that technology is used and updated appropriately for the size of the ADRC project
- Network with other ADRC projects nationally and work with a mentor site that works and feels like the ADRC which fits the region best

Suggestions for Improved Access

If you could change anything, anywhere in the system (policy, program, or people at any level) that would improve access, what do you think would be the most important change to make?

- Consistent marketing message statewide
- More integration of state and ADRC programs
- When Goold Health Systems determines a client is not eligible for any publicly-funded services, they should then be automatically referred to the local ADRC
- Increase the portability of financial and medical information

Suggestions for ADRC Success

If you could change anything, anywhere in the system (policy, program, or people at any level) that would improve the success of Aging and Disability Connections, what do you think would be the most important change to make?

- Blending and braiding of state processes and programs with the ADRC
- Money for staffing so we can be a "fully functioning" one-stop shop
- Legislative support of the ADRC

Appendix A

ADRC State-level Steering Committee (Alphabetical by agency)

- I. Alpha One
 - A. Zahira DuVal - Benefits Specialist
- II. Aging and Disability Connections – DASH
 - A. Tom Boyd - Technology
 - B. Noëlle Merrill – Director, Eastern AA
 - C. Ted Perrin – Associate, Aging and Disability Connections - DASH
 - D. Val Sauda – Director, Aging and Disability Connections - DASH
- III. Maine Department of Health and Human Services
 - A. Ron Bansmer Office of Integrated Access & Support
 - B. Bill Hughes Office of Adults with Cognitive & Physical Disability Services
 - C. Cheryl Ring Commissioner’s Office
 - D. Diana Scully Office of Elder Services
 - E. Sharon Sprague Regional Director
 - F. Holly Stover Regional Director
 - G. Mary Walsh Office of Elder Services
 - H. Ron Welch Director, Office of Adult Mental Health Services
- IV. Seniors Plus – Aging and Disability Connections
 - A. Pam Allen – Director, SeniorsPlus
 - B. Connie Jones – Director, SeniorsPlus - Aging and Disability Connections
 - C. Mike Stair – Director, Information Services
- V. SpectrumLink - Aging and Disability Connections
 - A. Martha Cushing – ADRC Coordinator, SpectrumLink- Aging and Disability Connections
 - B. Muriel Scott, President/CEO, Senior Spectrum
 - C. Toby Simon – VP Community Services, Senior Spectrum

Appendix B

Maine Aging and Disability Connections Consumer Satisfaction Survey

The Muskie School of Public Service at the University of Southern Maine has been asked to evaluate *Aging and Disability Connections*. The evaluation will measure progress toward reaching the goal of improving awareness of and access to long term supports for adults of all ages and incomes and their families.

It is important that you know...

- **The records of this study will be kept private.**
- **In order to maintain anonymity and help keep your responses confidential, please do not put your name on the survey or the business reply envelope.**
- **If you complete this survey or choose not to, it will not affect your present or future relations with the AAA or *Aging and Disability Connections* or any services you may receive.**
- **There is no foreseeable direct risk to taking part in this survey.**
- **There is no direct benefit to taking part in this survey.**
- **Your participation is voluntary.**
- **In any sort of report we may publish, we will not include any information that will make it possible to identify you.**

The researchers conducting this study are Mark Richards and Louise Olsen. For questions or more information concerning this research you may contact Mark Richards at 780-4527 or markr@usm.maine.edu or Louise Olsen at 780-4935 or louiseo@usm.maine.edu.

If you have any questions about your rights as a research subject, you may contact: Director, Office of Research Compliance, USM at 780-4517 or usmirb@usm.maine.edu, or TTY (207)780-5646.

Please answer the questions below and return this survey in the business reply envelope provided.

How did you first hear about *Aging and Disability Connections*?

- On the radio
- In a local free daily newspaper
- In the Bangor Daily News
- On television
- At a DASH health fair
- At a DASH presentation
- In a monthly community newsletter
- From the list of caregiver resources
- At a support group meeting
- From an *Aging and Disability Connections* brochure
- At a presentation put on by Spectrum Generations
- In the newspaper or other local print media
- From the *SpectrumLink - Aging and Disability Connections* informational packet
- From a *SpectrumLink - Aging and Disability Connections* bookmark
- At the Lifestyles Expo at the Augusta Civic Center in September
- On the AAA website
- From a friend, neighbor or relative
- From another community agency
- Other (Please specify) _____
- Do not remember/unsure

Customer Service

2. If you called *Aging and Disability Connections*, how quickly were you able to speak to someone about your needs?
 - Very Quickly
 - Somewhat Quickly
 - Not Quick at All
 - I did not call (Skip to #4)

3. If you left a message, when did the person call you back?
 - Did not leave a message
 - Within the hour
 - In the same day
 - Within 3 days
 - In the same week
 - More than a week
 - Do not remember/unsure

4. If you came to the AAA office, how long did you wait to see someone?
 - Did not come to your office
 - 5-10 minutes
 - 11-20 minutes
 - Over 20 minutes
 - Do not remember/unsure

5. Overall, did the person you talked with on the phone or in the office listen carefully to what you wanted?
 - Yes
 - No
 - Unsure

6. Was the person you talked with knowledgeable about the services or information you asked about?
 - Yes
 - No
 - Unsure

7. Was the person you talked with courteous and respectful?
 Yes No Unsure
8. Was the information you received from *Aging and Disability Connections* clear?
 Yes No Unsure
9. Will the information you received from *Aging and Disability Connections* be helpful in dealing with the concern you called or went to the AAA office to talk about?
 Yes No Unsure
10. Were you directed to other places for a service or more information?
 Yes No (Skip to #12) Unsure (Skip to #12)
11. Was this a helpful connection or referral?
 Yes No Unsure

Application for Services

12. As a result of your call or visit to *Aging and Disability Connections*, did you apply for services?
 Yes No Unsure

If you said YES, you applied for services, please complete this section, otherwise skip to General Experience, Question 16.

13. Did the person you spoke with explain the steps clearly?
 Yes No Unsure
14. If you needed help, did the people who work at *Aging and Disability Connections* help you with your paperwork?
 Yes No I did not need help Unsure
15. The steps to apply for services were...
 Easier than I expected About what I expected
 Harder than I expected

General Experience

16. Did you have any problems with *Aging and Disability Connections*?
 Yes No Unsure
17. What could we do differently to make it better?

18. Would you tell a friend or relative to call *Aging and Disability Connections*?
 Yes No Unsure

Information About You

19. Did you call or go to the AAA office for yourself or someone else?
 Self Other relative
 Parent Friend
 Child Client
20. How old is the person who needs services or information?
 under 18 yrs. old 18-59 yrs. old 60-69 yrs. old
 70-79 yrs. old over 79 yrs. old Unsure
21. Does the person who needs services or information have a (n)...
- | | | |
|--|------------------------------|-----------------------------|
| a. Physical disability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Developmental disability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Mental health need | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Brain injury | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Addiction | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Alzheimer's or other dementia | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Other disability (<i>please list</i>) _____ | | |
22. Are you male or female?
 Male Female
23. What is your age? _____ (years)
24. Are you caring for a person who because of an illness or disability can not care for themselves?
 Yes No Unsure

Do you have any comments you would like to make about *Aging and Disability Connections*?
