



Nevada ADRC Program Evaluation Report to the Nevada Aging and Disability Services Division (ADSD) October 1, 2009 through June 30, 2010

Nevada ADRC Goals

"The aim is to provide one-stop-shop access to a seamless system of support that is consumer-driven so individuals are empowered to make informed decisions about the services and benefits they need or want."

This report describes the Nevada Aging and Disability Resource Center (ADRC) program evaluation findings and recommendations for the reporting period, October 1, 2009 through June 30, 2010. This report was made possible with funding from the Nevada Aging and Disability Services Division (ADSD).

EXECUTIVE SUMMARY

This report focuses on the two key areas of interest in the evaluation of the Nevada Aging and Disability Resource Center (ADRC) program: 1) process implementation and 2) outcomes. Evaluation of the processes and outcomes of the Nevada ADRC provides valuable information regarding efforts to attain program goals.

The process of an ADRC is evidenced by activities such as site meetings, advisory board meetings, competitive grant awards, sustainability, management information systems (MIS), site visits, trainings, and document review. The outcomes of the ADRC are evidenced by target population analysis, Semi-Annual Reporting Tool (SART) Excel Entry Tool (EET) data, Social Administration Management System (SAMS) and ADRC Data Tracking Tool (DTT) data (current/historical), consumer satisfaction surveys, website review, and eForms usage.

Significant areas of accomplishment that contribute to continuous quality improvement and development include:

1. The solicitation, identification and convening of a new ADRC Advisory Board. As discussed in previous program evaluation reports, the previous board and eight sub-committees had ceased meeting in June 2007. The new advisory board will provide the state with new ideas, fresh perspectives, guidance and expertise as the state develops their five-year strategic plan. During the reporting period, the advisory board met twice: March 30, 2010 and June 22, 2010. During the later meeting, three sub-committees were formed to work on separate components of the strategic plan: 1) Partnerships; 2) Quality Management/Program Evaluation; and 3) Sustainability. The strategic plan development of the board and sub-committees will be guided by the Administration on Aging's (AoA) *ADRC Statewide Plan Template*.
2. Initiation of the development of a new ADRC website portal which will integrate all the various web-based features and functions into a true one-stop-shop platform. An expectation is that the portal will also increase data collection, entry and reporting efficiencies.
3. Collaborative development and beta-testing of a new training module, "Options Counseling." This will improve knowledge about and the delivery of options and benefits counseling.
4. Another major accomplishment was the finalization and dissemination of four sections of the Nevada ADRC *Operations Manual*. The manual, originally drafted in the fall of 2007, is an essential reference tool for providing

the ADRC sites with the information, guidance, performance standards, service functions, policies, and framework for their day-to-day operations. ADRC site personnel completed trainings on Medicaid 101 and 102 and participated in additional Medicare trainings which further illustrated the Division's commitment to site staff development.

5. Analyses of state geographic and service area penetration were conducted by the ADRC program manager. This led to the identification and mapping of underserved areas of the state, particularly rural/frontier areas. A successful competitive grant application by Lyon County Human Services resulted in the addition of a new ADRC site. The state anticipates adding one more site in the fall as a result of a competitive FY 2011 grant solicitation for the Independent Living Grant (ILG) programs. We anticipate this site will be in a rural/frontier area of the state which brings the state closer to achieving their goal of continued program expansion into underserved areas of the state.

Of the challenges presented, the three most pressing issues that were found were:

1. Data conflicts and inconsistencies in site reporting of consumer data between the Excel Entry Tool (EET), ADRC Data Tracking Tool (DTT), and SAMS. This limits the ability for data analyses and subsequent reporting and increases concerns with regard to data integrity. Sites report an inordinate amount of time spent in data tracking and reporting endeavors which takes time away from providing assistance to consumers. Further, the DTT underwent major renovation Fall 2009 which limits, to great extent, a historical evaluation of required data elements.
2. Lack of resources available statewide to refer clients to when their needs cannot be met with in-house services; long wait lists were also reported for some services.
3. As the state endeavors to expand the ADRC project, a shift will need to occur from a provider driven model to a consumer driven model. The paradigm shift and culture change required for this to occur is underway as evidenced by the Division's commitment to this end and the existing ADRC program sites that are in tune with this service philosophy. New expansion sites, community partners, and the larger Nevada community will need to embrace this ideology.

As this report indicates, challenges remain; however, program accomplishments have far out-weighted the challenges.

Recommendations of this report include:

1. Continue to streamline and standardize data collection, entry, and reporting among sites and resolve conflicts between the various data sources. As a result of the SAMS keyboarding session that occurred in March 2010 during the ADRC site teleconference, RAGE developed procedures for entering consumers into SAMS and completing the ADRC DTT. This information has been shared with the other sites including Lyon County Human Services. Meetings with the ADRC program manager and new ADRC Technical Consultant have been encouraging. Planned system changes and improvements to SAMS will facilitate uniform data collection and reporting.
2. Invite consumers to review content and beta-test the public features of the ADRC portal prior to formal launch. One way to accomplish this given time constraints would be to partner with the Washoe County Retired and Senior Volunteer Program (RSVP) who could invite a group of senior volunteers to serve this purpose.
3. Continue to expand training curriculum offered to existing and expansion sites. The training needs assessment identified three areas of need: 1) Options and Benefits Counseling; 2) Mental Health and Wellness; and 3) Serving Private Pay Consumers. The later topic is an area that has also emerged in the qualitative data collected on the DTT.
4. Proceed with finalization of the new Options Manual, disseminate to sites, and post to the ADSD website and the ADRC website portal.

Site Reported Accomplishments:

- Being able to increase the number of clients served on a timely basis.
- Connecting individuals with necessary services although service limitations exist.
- Formation of new partnerships as a result of increased focus on marketing and outreach activities.
- Impacting client's lives - the difference the ADRC site makes in assisting clients with needs from mobile home weatherization to filing taxes to applying for public benefits.
- Learning about and using topic outcomes and follow-up dates in SAMS.
- Being able to assist consumers with higher level services, beyond information and referral.

Site Reported Challenges:

- Resource infrastructure limitations, "Finding resources continues to be a major challenge in Reno and Washoe County." Referral agencies are numerous while service providers are scarce. Economic resources continue to decline which impact service provision.
- "Housing and rental assistance continue to be very significant needs in our community."
- The struggle to serve individuals who fall within the gap between public service eligibility and being able to afford private pay services.
- Limited access to SAMS due to disparity between the number of site personnel who use SAMS and the number of licenses provided.
 - **Note:** The state is aware of this ongoing issue and is working to resolve problem.
- With regard to public benefit applications: "It continues to be a challenge for clients to gather the necessary documentation needed to submit the application. We continue to follow-up with these clients to get their documentation in so the application can be submitted."
- Lack of mental health resources to respond to the increase in call volume on this issue and wait lists when clients are able to make contact with a mental health provider.

NEVADA ADRC PROGRAM EVALUATION FINDINGS

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

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

Marketing and Outreach: State and site level marketing and outreach initiatives focus on making providers, older adults, persons with disabilities, caregivers, and the overall Nevada community more aware of the ADRC program and its role within the state's long-term support system. Over the past year, the state's Nevada ADRC branding efforts have resulted in the development of the following marketing materials:

- 1) a new logo
- 2) a tri-fold brochure
- 3) an 8 ½ x 11 *Quick Facts* flyer, that can be customized by the sites
- 4) an 8 ½ x 11 *Imminent Risk* flyer
- 5) a laminated 11 x 17 poster for placing in ADRC site and community partner organization's windows, doors, entryways, etc.

Production of these materials has assisted the ADRC sites in their efforts to promote the existence and functions of the Nevada ADRC. In January 2010, the sites were formally oriented to their role in marketing and outreach and provided with Section II, Framework for Nevada ADRC, of the *Nevada ADRC Operations Manual*. This section

of the manual provides guidance, the state's expectation that each site conduct at least three marketing and outreach activities per month, and reporting requirements.

ADRC Data Tracking Tool (DTT):

- An assessment of each site's DTT for the period, January 1, 2010 through June 30, 2010 has revealed the sites are actively engaged in a variety of marketing and outreach modalities: 1) Number of Marketing and Outreach Activities to Underserved Populations, 2) Number of PSAs; 3) Number of Community Presentations; and 4) Number of Provider Trainings. The sites were informed at a site meeting on January 14, 2010 that they were to begin conducting at least three (n=3) marketing and outreach activities per month. A table enumerating the marketing and outreach activities per site has been provided in Appendix A.
 - RAGE exceeded their marketing and outreach requirements for the period January – June 2010 by conducting eight (n=8) more activities than required.
 - NNCIL met or exceeded their marketing and outreach requirement for the period January – April 2010; then reported a total of two activities for May and June 2010.
 - WCSS either did not report all their activities or have not been conducting as many marketing and outreach activities as the sponsor required. For the period January – June 2010, WCSS reported a total of 3 marketing and outreach activities representing a shortfall of 15 activities.

Consumer Intake Survey (CIS):

- The number of CIS received by the Sanford Center for Aging (SCA) continues to increase.
 - The number of CIS surveys received during October 1, 2009 through March 31, 2010 (N=130) more than doubled the amount received (N=56) during the previous six-month period, April 1, 2009 through September 30, 2009. For comparison purposes, only 14 CIS had been received during the period, October 1, 2008 through March 31, 2009.
- The vast majority (78% or n=102) of the respondents were new clients who had not contacted an ADRC before. Twelve percent (n=15) had previous contact with an ADRC site and 10% were either unsure or did not respond to the survey question.
 - The majority of consumers reported they contacted the ADRC for themselves (76% or n=99).
 - 60% (n=75) of the respondents (self or the person they were assisting) were age 60 and older.
 - 62% (n=101) identified Physical/Chronic Illness as the primary disability; 15% (n=25) reported Sensory-Visual or Hearing as the primary disability; 13% (n=21) reported Mental/Emotional as the primary disability; and 8% (n=12) reported a Developmental Disability as the primary disability.
- Of the consumers who contacted the ADRC for "someone else," 45% (n=14) were caregivers.
 - 64% (n=9) spent over 100 hours/week caregiving.
 - The vast majority (79% or n=11) have not received respite services.
- Consumers reported learning about the ADRC site through diverse sources: family, friends, and/or neighbors (17% or n=23); physician or other healthcare provider (16% or n=21); senior centers (14% or n=19); and CHIP social workers (9% or n=12). Very few (5% or n=6) consumers learned about the ADRC via media sources such as radio, television, or print. Thirty-six percent identified other sources such as Nevada 211, 1-800-Medicare, and community partners such as the Alzheimer's Association, The Continuum, SHIP, and the Social Security Administration. The various responses to this "other" category reflect the breadth of partnership development and marketing and outreach activities at both the state and site levels.

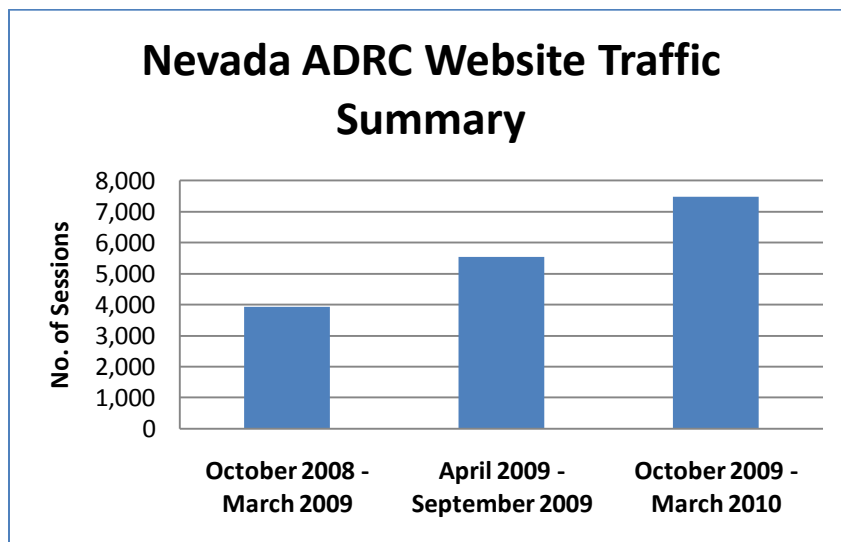
- When asked, “What could we do to improve our services?” several respondents mentioned the need for increased visibility of the ADRC so more consumers would become aware of the services and functions offered (see Appendix B for site-specific consumer responses).

“Get the word out! I had never heard about you.”

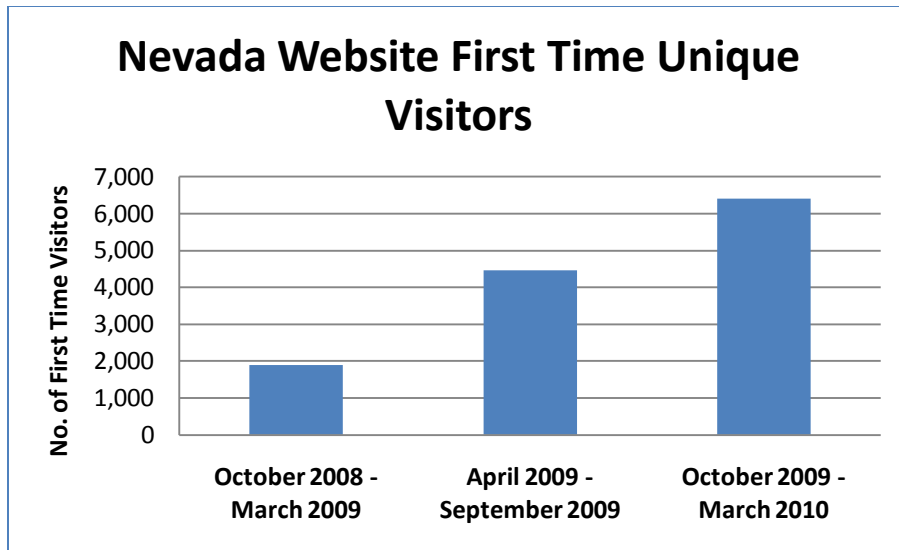
Nevada ADRC Website:

- There were 7,491 sessions during the period October 1, 2009 through March 31, 2010. This was a 35% increase over the 5,546 sessions recorded during the previous six-month period (April 1, 2009 through September 30, 2009). Comparisons between six-month reporting periods illustrate a steady increase in website sessions since October 2008.

Nevada ADRC Website (Website Traffic Summary, cont.):



- *First time unique visitors* are individuals who have not been on the website at any time before the given date range. *Returning visitors* have been on the website at least one time before the given date range. There have been **6,400 first time unique visitors** from October 1, 2009 through March 31, 2010. The average number of first time visitors per day was 35.



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

ADRC site staff should once again be congratulated for building trust and providing quality assistance and service among consumer populations. An important measure for assessing trust is whether a consumer would recommend the ADRC to a friend or loved one. Almost 80% of consumers would do so.

Consumer Intake Survey (CIS):

- A considerable proportion of CIS respondents (83% or n=108) were satisfied with the information and/or assistance they received. This is a slight decrease over the previous six-month period where 89% (n=50) of the respondents were satisfied.
- 78% (n=101) believed the information was helpful in making decisions about the services needed (slightly lower than previously reported -- 84% or 47 respondents).
- 73% (n=95) believed they were provided with enough information to make choices about the services or care they needed (slightly lower than previously reported – 77% or 43 respondents).
- When asked if there were any problems with the services provided by the ADRC, 69% (n=90) responded “no;” 5% (n=7) said “yes” and 25% (n=33) were either “unsure” or did not respond to the question.
- The vast majority (79%; n=103) of respondents reported they would recommend the ADRC to a friend or relative.
- When asked, “What could we do to improve our services?,” most consumers expressed satisfaction. However, several respondents also expressed disappointment with long waiting lists. This has been consistently reported from other consumers during previous reporting periods. Even so, consumers appear to understand that these wait times are out of the control of the site staff (see Appendix B for site-specific consumer responses).

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

- Upon follow-up, 69% (n=32) reported the information was helpful in resolving the matter of inquiry; 20% (n=9) said the information was not helpful and another 11% (n=5) were “unsure.”

Nevada ADRC Website (Usage, Visitor Trends, On-Line Website Evaluation Survey):

- *On-Line Website Evaluation Survey:* Six visitors completed the voluntary on-line survey (3 providers; 1 consumer; 1 caregiver and 1 unspecified “other”).
 - When asked, “How helpful was the site in meeting your information needs?,” five (83%) believed the website “met some of my information needs.” The remaining respondent reported, “Did not help me.”
 - While easy to navigate, the majority of respondents (67% or n=4) believed the information was not easy to understand.
 - 83% reported the website did not help them find the providers or services they needed.
 - 83% also reported the website did not help them make better decisions about the type of care they needed.
 - When asked, “How likely are you to recommend this website to others?,” only one individual reported, “very likely.” The remaining five respondents reported, “somewhat likely (n=2),” “unlikely (n=2),” or “not at all (n=1).”

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

Consumer Intake Survey (CIS):

- 63% (n =82) of the respondents reported applying for services; 25% (n=32) had not applied for services; 5% (n=7) were unsure if they had applied for services; and 9 individuals (7%) did not respond to the question.
- Of those who applied for services, 54% (n=44) of respondents believed the process or steps were “easier than expected” and 32% (n=26) believed the process or steps were “what they expected;” and another 6% (n=5) believed the process or steps “were harder than expected;” and 8% were non-responsive to the question.
- Of the consumers who needed help with their paperwork, 60% (n=49) received help; 20% (n=17) did not; 10% (n=8) were unsure if they had received help; and another 8 individuals (10%) did not respond to the question.
- When asked, “Did the person you spoke with explain the steps clearly?,” only one individual responded, “No.” The majority of the individuals (83% or n=68) responded “Yes;” 11% (n=9) were unsure if the steps had been explained clearly; and another 4 individuals (5%) did not respond to the question.

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

- Consumer satisfaction declined moderately during this reporting period when compared with the previous six-month period
 - Over fifty percent of the respondents (61% or n=28) reported being “very satisfied” or “satisfied” with the availability of assistance, amount of choice, and their ability to self-direct to the needed services [versus 67% for the previous six-month period].
 - 17% (n=8) of respondents reported being “somewhat satisfied” [versus 9% for the previous six-month period].

- 20% (n=9) reported being “very unsatisfied” or “not unsatisfied” [versus 10% for the previous six-month period].
- Of the 33 respondents who had applied for services, 55% (n=18) reported it had taken more than three months to receive services; 12% (n=4) reported taking 2-3 weeks; 6% (n=2) reported taking 1-2 months; another 6% (n=2) reported taking 2-3 months; one individual reported it took less than one week to receive assistance; 15% (n=5) said their applications were pending; and one individual was unsure how long it took to receive services.

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

Consumer Intake Survey (CIS):

- 77% (n=100) reported that their call was answered quickly (moderate decline from 84% (n=47) reported previously).
- 44% (n=57) of the respondents did not leave a message or visited the pilot site in person; 15% (n=20) reported having their telephone call returned within the hour or same day; 3% (n=4) reported their call was returned the next business day; 4% (n=5) reported having their telephone call returned the same week; 14% (n=18) reported their call was returned after one week; and 20% (n=26) did not respond to the question.
- 89% (n=116) of the respondents believed the ADRC staff person they spoke with was knowledgeable and courteous. This is a moderate improvement over the previous six-month period where 86% (n=48) of respondents believed the ADRC staff person was knowledgeable and courteous.

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

- 85% (n=39) reported they had received the information and/or assistance they were seeking. This is an increase over the previous reporting period where 71% (n=15) believed they had received the information and/or assistance they were seeking.
- 89% (n=41) of the respondents reported being “very satisfied” or “satisfied” with the way ADRC site staff handled their call or visit.

Nevada ADRC Website (Usage, Visitor Trends, On-Line Website Evaluation Survey):

- *On-Line Website Evaluation Survey:* While 67% (n=4) of the respondents found the website either “very easy” or “easy” to use, only 33% (n=2) would return to the website due to dissatisfaction with site content. Consumers did not find the information easy to understand, were unable to find the providers or services they needed, or the website was unable to assist the consumer with making informed decisions about the type of care needed. Even though survey respondents represent a small proportion of those who actually visit the website, content issues should be revisited during development of the portal.

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

Nevada ADRC Data Tracking Tool (DTT):

- Sites are becoming more familiar and proficient in the provision of level 2 (Options Counseling) and 3 (Benefits Counseling) services; however, they are under-reporting these services on the DTT when compared to that which is reported in SAMS.
- During the current reporting period, ADRC personnel assisted clients with the submission of 955 public program applications which resulted in 300 public program enrollments. This figure may be higher as WCSS reported submitting 617 applications; yet reported only one enrollment on the DTT.

Consumer Intake Survey (CIS):

- A moderate decline was noted in the number of respondents who reported that the ADRC staff person was able to provide them with appropriate information or services for their unique situation (79% versus 82% previously reported).

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

- Consumers reported a reduction in the number of telephone calls they had to make to receive the information or assistance they needed. Prior to contacting the ADRC, the average number of telephone calls a consumer placed was 2.35. After contacting the ADRC, the average number of telephone calls a consumer needed to place for information and assistance was 0.72.
- 65% (n=30) of respondents were not referred to other places for services or more information; 33% (n=15) had been referred to other agencies. This is anticipated as one core function of the ADRC is Information and Referral (I&R).
 - Of those who had been referred, 80% (n=12) of the consumers had contacted the referral agency for assistance or services.
- A higher proportion of consumers reported receiving a follow-up call when compared to the previous six-month period: 72% (versus 45%).

Nevada ADRC Website (Usage, Visitor Trends, On-Line Website Evaluation Survey, eForms):

Website / AGIS Forms CUE (eForms Technology) - The purpose of eForms is to streamline the public assistance application process and to make a more effective and efficient use of administrative time.

The Nevada ADRC Form Usage Report for the period October 1, 2009 through March 31, 2010, reported a 27% decrease in eForms usage over the previous six-month period (62 versus 79). Again, over half (69%) of the forms accessed (n=43) were for Welfare’s Nevada 2920 Application for Assistance: Med-MAABD. The second most frequently accessed/used form was the Nevada 2905: Application for Welfare Assistance (15% or n=9). The remaining 10 forms (16%) were for the Personal Assistance Services (PAS) Program (n=8) and Disability Rx (n=2). These were the only four eForms (out of a possible 9) accessed during the past six-months.

eFORMS USAGE SUMMARY			
User	October 2009 to March 2010	April 2009 to September 2009	October 2008 to March 2009
ADSD/Other	13	36	42
NNCIL	1	7	2
RAGE	48	36	30
WCSS	0	0	0
TOTAL:	62	79	74

Since 2008, the use of AGIS eForms technology has streamlined the public assistance application process for ADRC staff and consumers. However, use of AGIS eForms will be phased-out beginning the later part of 2010 when the Nevada Department of Health and Human Services, Division of Welfare and Supportive Services (DWSS) completes testing of their new web-based application tool, ACCESS Nevada. In December 2010 when the on-line tool becomes available to the public, consumers will be able to enter their information on-line and the system will determine welfare programmatic eligibility. During the initial phase, consumers will print out the application forms and either mail or hand-deliver to DWSS. Eventually, ACCESS forms will be submitted electronically to DWSS.

Public assistance program application and referral forms that do not fall under the auspice of DWSS will be made available at the websites of the specific programs. Links to these forms will be provided at the portal and documented in the Nevada ADRC Operations Manual for easy access.

APPENDIX A

Table 2: ADRC SITE DATA from EET for SART REPORTING

Worksheet	Question	NNCIL 10/1/2009 - 03/31/2010	RAGE 10/1/2009- 03/31/2010	WCSS 10/1/2009- 03/31/2010
1. Program Site	How many operating organizations are involved in the day-to-day operations of this Site, performing some or all ADRC functions?	1	1	1
2. Program Site Staffing	Total # Full-Time Equivalent Staff (FTEs)	1	8	23.5
3. Budget	Total Annual ADRC Pilot Site Operating Budget	\$35,556	\$71,000	\$1,399,160
Budget and Operating Organizations				
4. Contacts	Total No. Contacts made to ADRC during this period (Calls or walk-ins)	1,498	1,943	9,216
a. Total Contacts to the ADRC				
b. Contacts by Type	Consumers	500	1,225	9,162
	Caregivers	259	295	5
	Professionals	107	105	0
	Other or Unknown	632	318	49
5. Clients				
a. Total Clients	Total No. of ADRC Clients	64	528	1,746
b. Contacts by Age	No. Contacts made by or on behalf of a Consumer Aged 60 and Over	21	276	1,440
	No. Contacts made by or on behalf of a Consumer Under Age 60	42	249	16
	Clients Age Unknown	1	3	290
c. Clients by Disability Type	No. ADRC Clients with Disabilities	64	306	105
	No. ADRC Clients with No Disability	0	43	0
	Unknown	0	179	1,641
d. Clients by Income	No. ADRC Clients – Low Income	58	224	643
6. Type of Assistance Provided	Options Counseling	64	258	749
a. Benefits	Benefits Counseling	34	196	553

Table 2: ADRC SITE DATA from EET for SART REPORTING (cont.)

Worksheet	Question	NNCIL 10/1/2009 - 03/31/2010	RAGE 10/1/2009- 03/31/2010	WCSS 10/1/2009- 03/31/2010
	Long Term Care Futures Planning	0	0	85
7. Referrals to Public and Private Services		64	441	1,746
8. Program Enrollments	No. Medicaid Financial Eligibility Determinations (assisted w/applications)	14	16	4
	Total New Public LTC Enrollments for ADRC clients	19	104	0
9. Partnerships	No. of Formal Partnerships	6	5	Not Specified

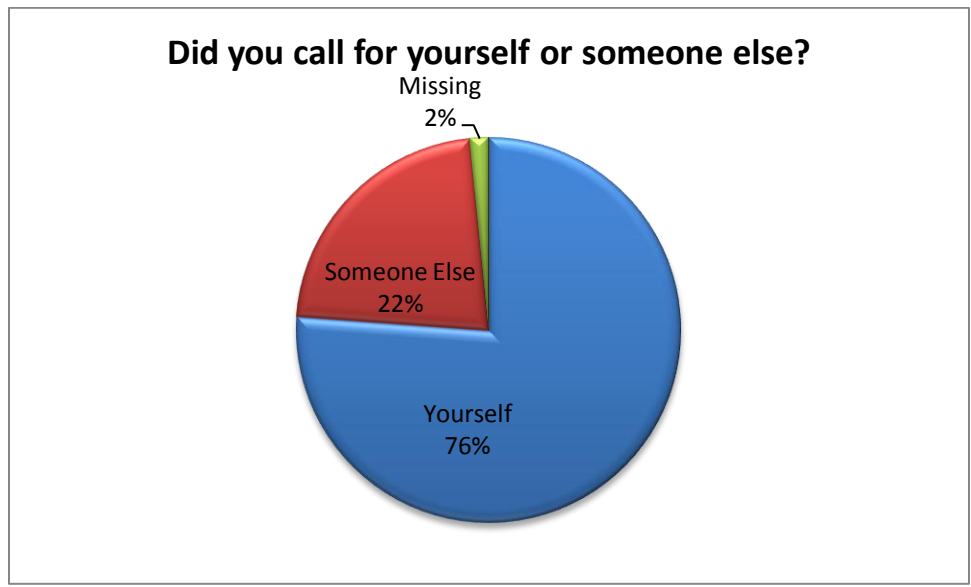
ADRC DATA TRACKING TOOL (DTT) – VISIBILITY and AWARENESS			
Marketing and Outreach Activities			
JANUARY 2010	NNCIL	RAGE	WCSS
# Activities to Underserved Populations	3	1	0
# PSA'S	0	0	0
# Community Presentations	2	1	0
# Provider Trainings	0	2	0
TOTAL:	5	4	0
FEBRUARY 2010			
# Activities to Underserved Populations	3	1	0
# PSA'S	0	0	0
# Community Presentations	0	0	0
# Provider Trainings	0	2	0
TOTAL:	3	3	0
MARCH 2010			
# Activities to Underserved Populations	3	1	0
# PSA'S	0	0	0
# Community Presentations	0	1	0
# Provider Trainings	0	1	0
TOTAL:	3	3	0
APRIL 2010			
# Activities to Underserved Populations	1	2	0
# PSA'S	0	0	2
# Community Presentations	3	2	0
# Provider Trainings	0	4	0
TOTAL:	4	8	2
MAY 2010			
# Activities to Underserved Populations	0	3	0
# PSA'S	0	0	0
# Community Presentations	1	0	1
# Provider Trainings	0	2	0
TOTAL:	1	5	1
JUNE 2010			
# Activities to Underserved Populations	0	0	0
# PSA'S	0	0	0
# Community Presentations	1	0	0
# Provider Trainings	0	3	0
TOTAL:	1	3	0
GRAND TOTAL (1/2010 – 6/2010):	17	26	3

APPENDIX B

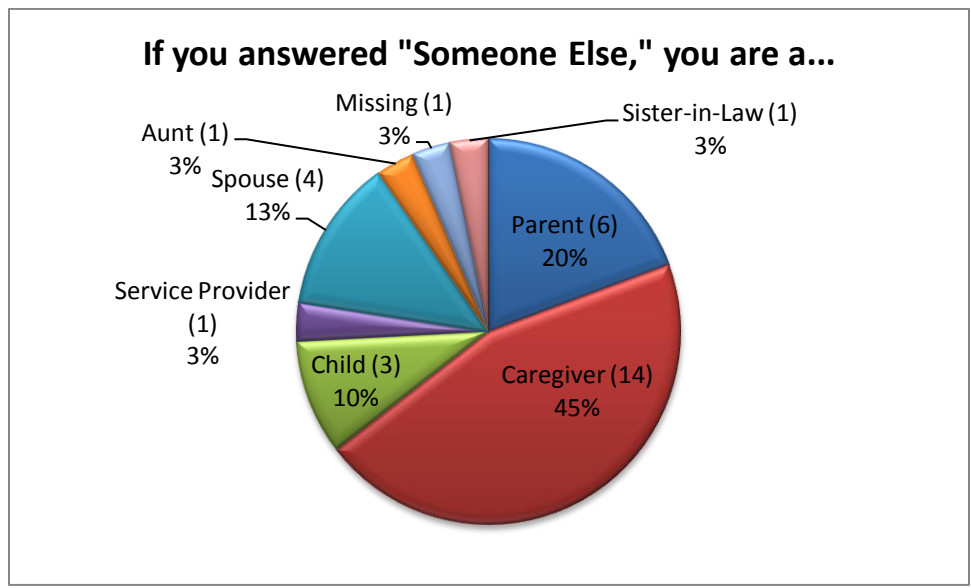
ADRC Site Distribution of Received Consumer Intake Surveys (CIS)

Northern Nevada Center for Independent Living (NNCIL):	18
Rebuilding All Goals Efficiently (RAGE):	97
Washoe County Senior Services (WCSS):	<u>15</u>
Total CIS Received:	130

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



2. If you answered "Someone Else," you are a:



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

- Eleven (79%) caregivers reported caring for one person age 60 and older
- One (7%) caregiver reported caring for two people age 60 and older
- Four (29%) caregivers reported caring for one person under age 60

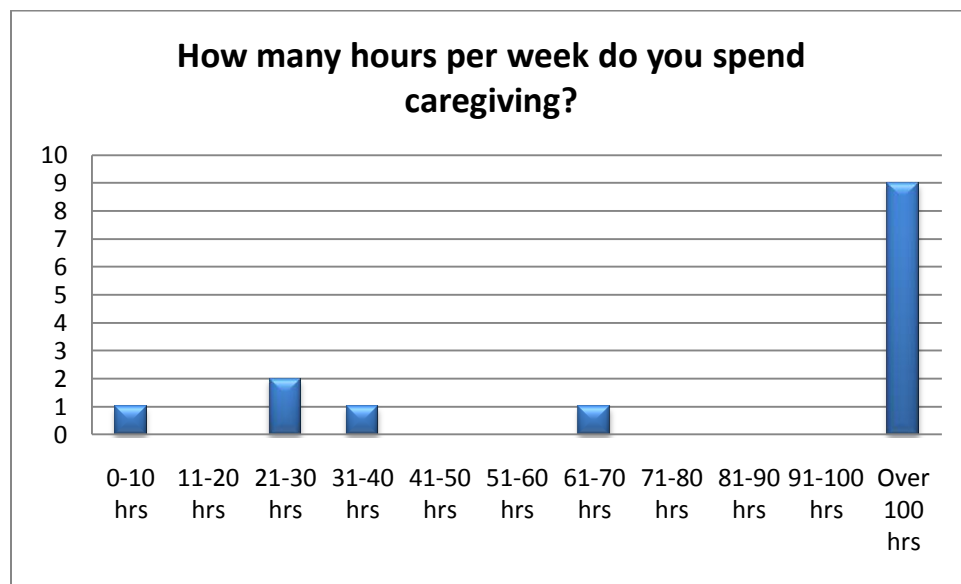
4. Are you the primary caregiver?

- All fourteen respondents (100%) reported themselves as the primary caregiver

5. How long have you been the primary caregiver?

- The length of time the caregivers had been providing care ranged from 2 months to 50 years with a mean length of time of 11 years.

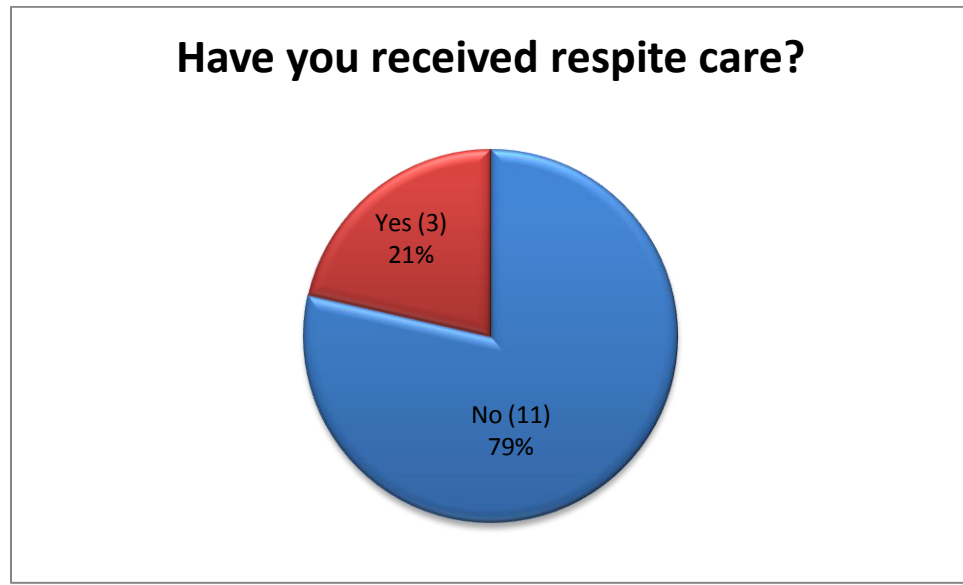
6. Overall, approximately how many hours do you spend caregiving in a typical week?



7. What concerns do you have involving your caregiving responsibilities?

- Assisting with mobility and transferring, transportation.
- Needing assistance in walking, getting up out of chairs and getting in and out of vehicle.
- How much longer I will be able to keep my husband in the home who seems to be getting worse.
- I have become ill and unable to care for my father.
- I work and cannot be home to attend to (recipient's) needs on a full time basis.
- I'm new at caregiving, have received tips from Home Instead staff, but have no real hands on experience.
- Making sure my dad eats and takes his medications. He has dementia.
- My husband's mobility, unable to enter the bathroom, clothes himself, feed himself.
- I am not able to pick my mom up.

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



9. If you have received training, what type of training have you received?

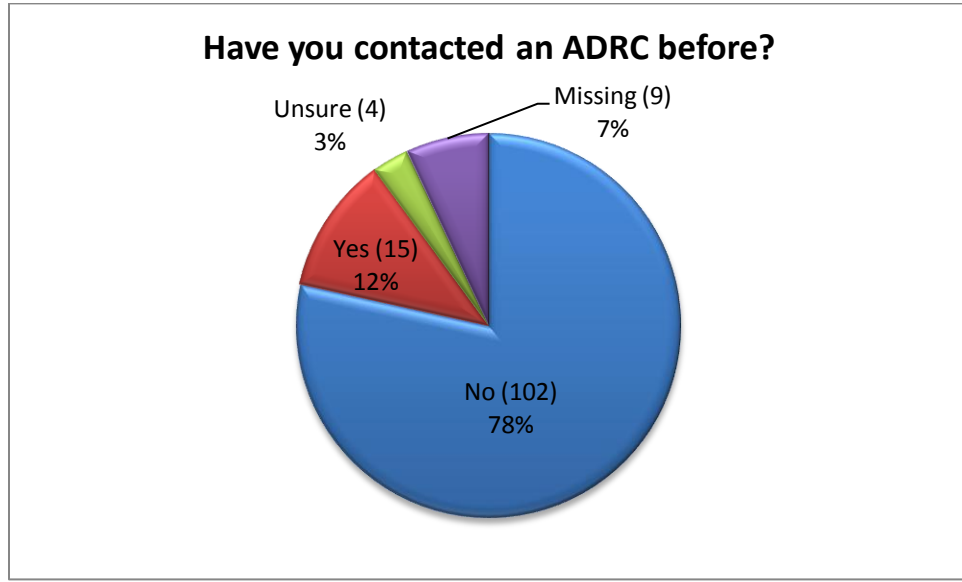
- CPR
- CPR, feeding, clothing and cleaning.
- I do learn from my parents to be nice, helpful with anybody-very Christian.
- Taking care of father and uncle.

Note: the majority (71%) had not received caregiver training.

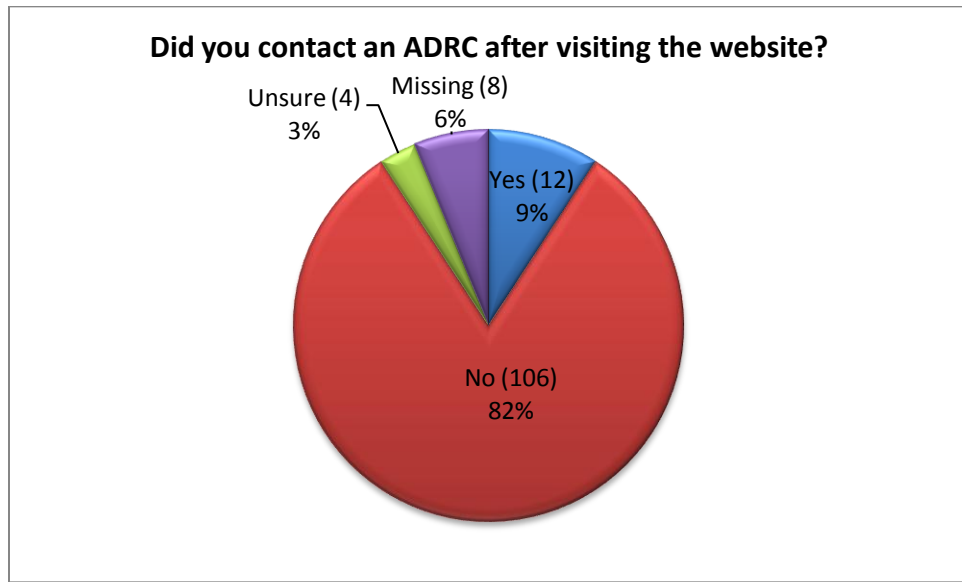
10. If you would like to have caregiver training or education, what type would you like to receive?

- CPR, I can't lift more than 8 pounds and if I do – it causes muscle pain.
- Dealing with patient's depression and cognitive disorientation.
- Don't know.
- How to deal with a Parkinson's patient; have read up on the disease somewhat.
- Pressure sore prevention/care and safe transfers.
- Yes, need to talk to you about it.

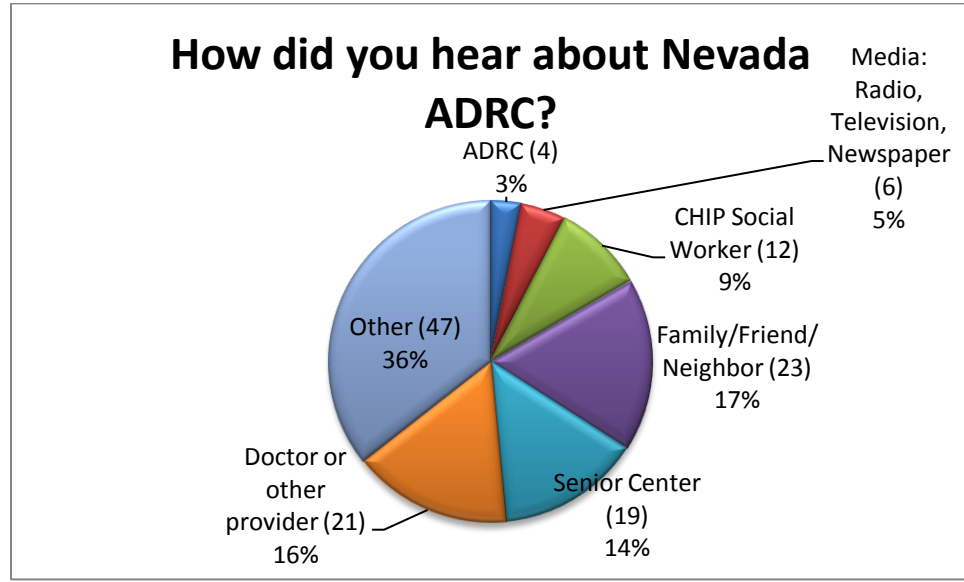
11. Have you contacted [site] before?



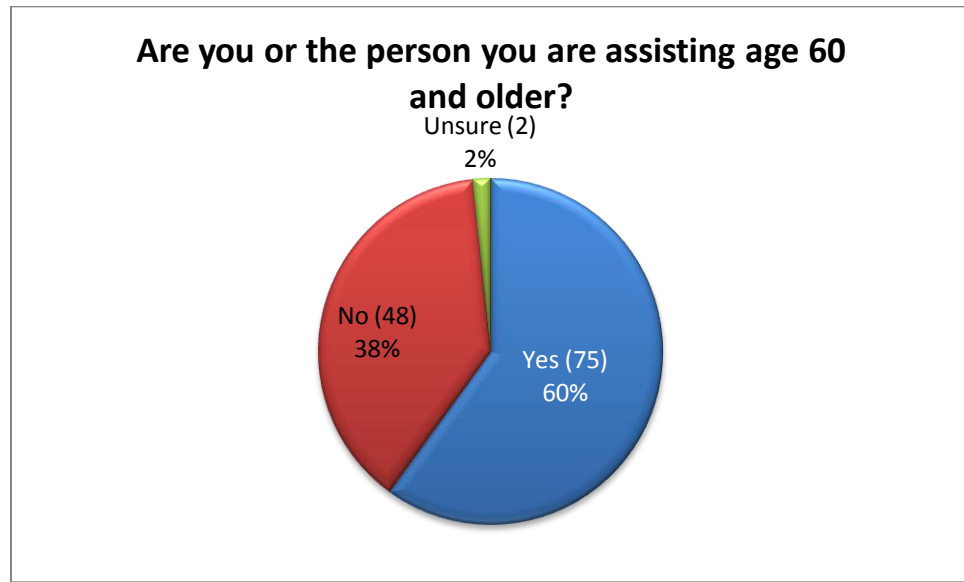
12. Did you contact us AFTER visiting the www.NevadaADRC.com website?



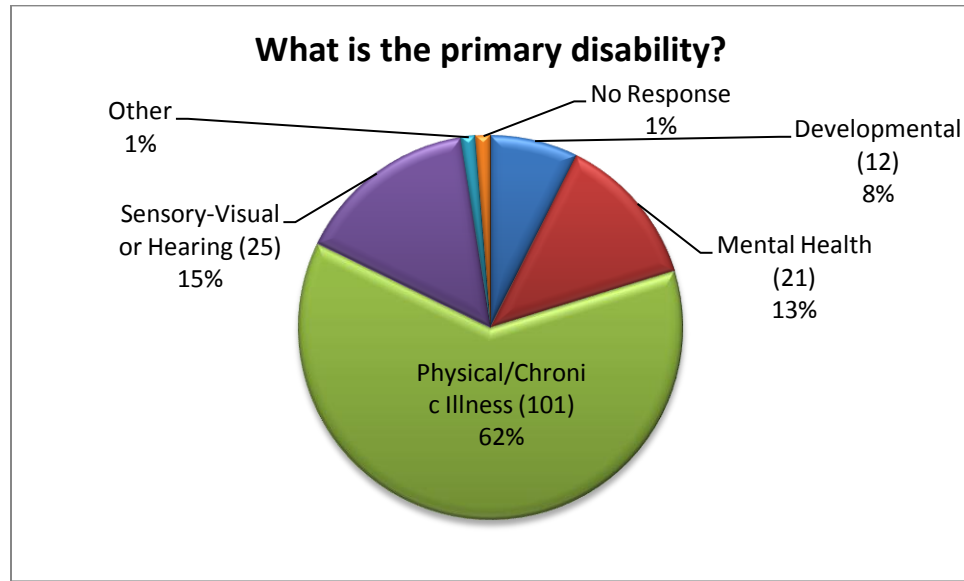
13. How did you hear about us? [please check all that apply]:



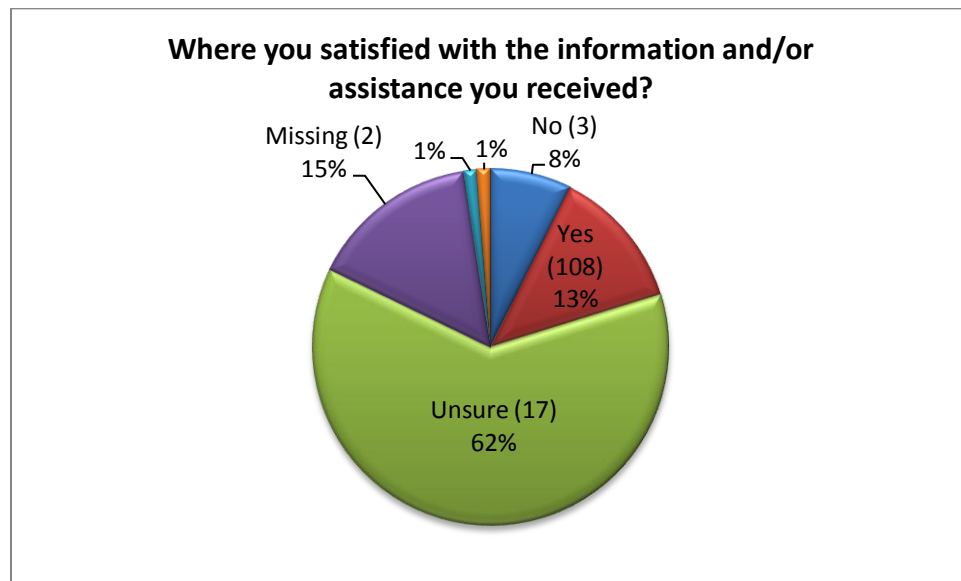
14. Are you (or the person you're assisting) age 60 and older?



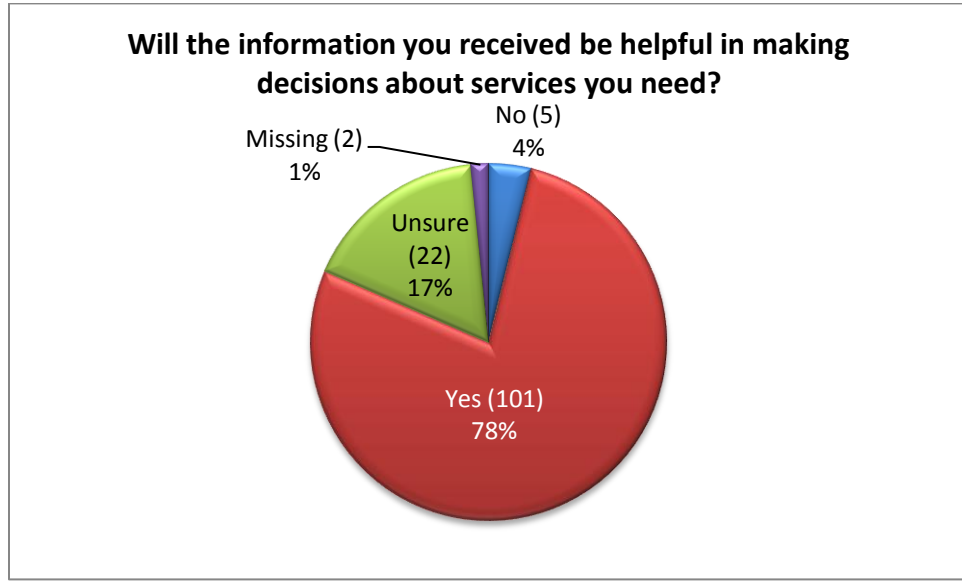
15. What is the primary disability for you (or the person you're assisting)? [please check all that apply]:



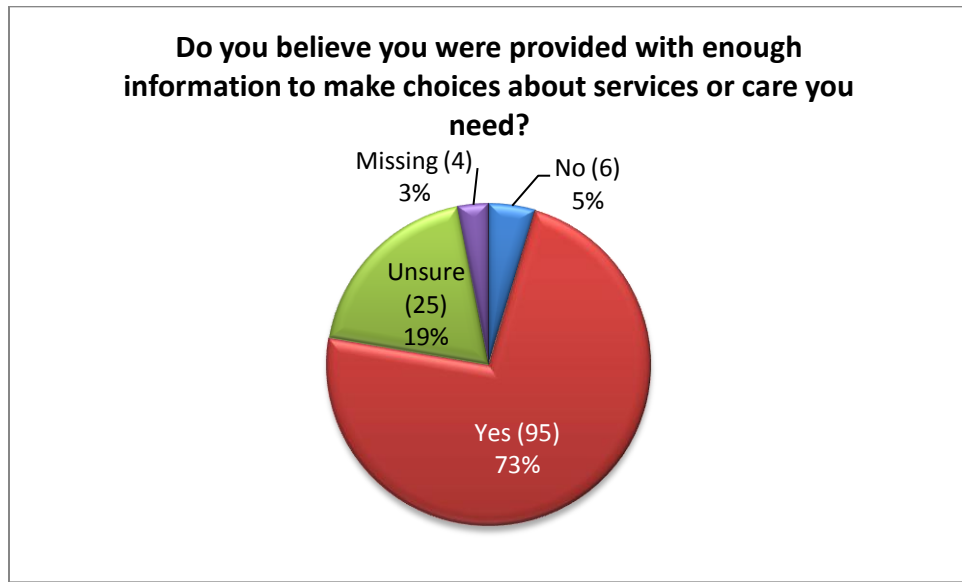
16. Were you satisfied with the information and/or assistance you received from [site]?



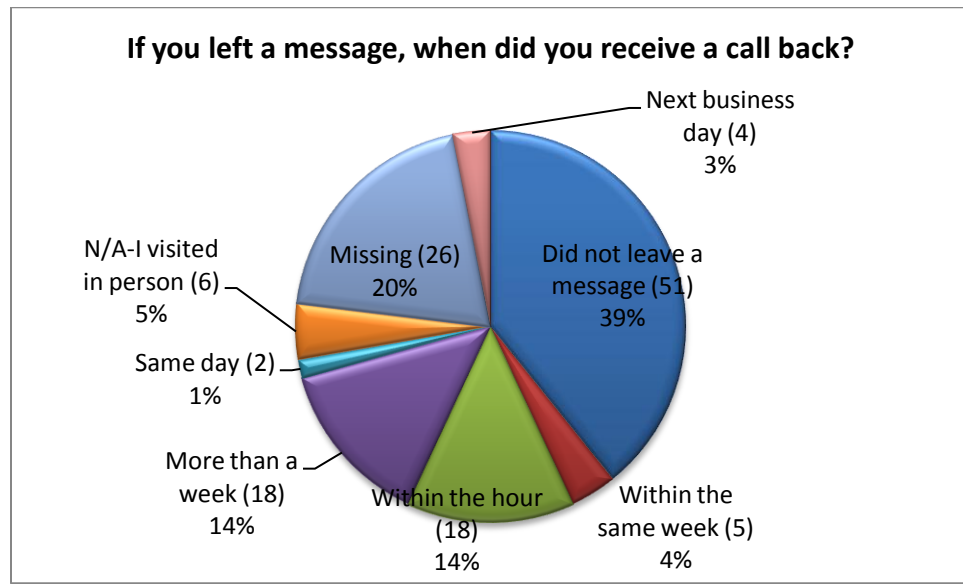
17. Will the information you received from [site] be helpful in making decisions about the services you need?



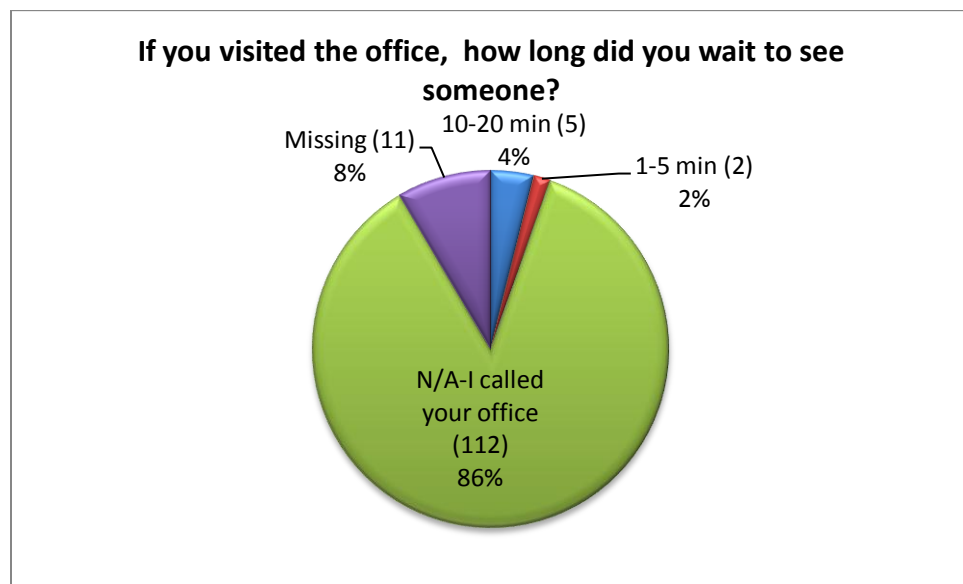
18. Do you believe you were provided with enough information to make choices about the services or care you need?



- 19. Were you told to go or call any other places for a service or more information? [this question has been deleted from the evaluation as referrals are a level one service function].
- 20. If you called [site] how quickly was your call answered? [this question has also been deleted from the evaluation as consumers have historically reported their call was answered quickly, less than 5 rings].
- 21. If you left a message, when did you receive a call back?



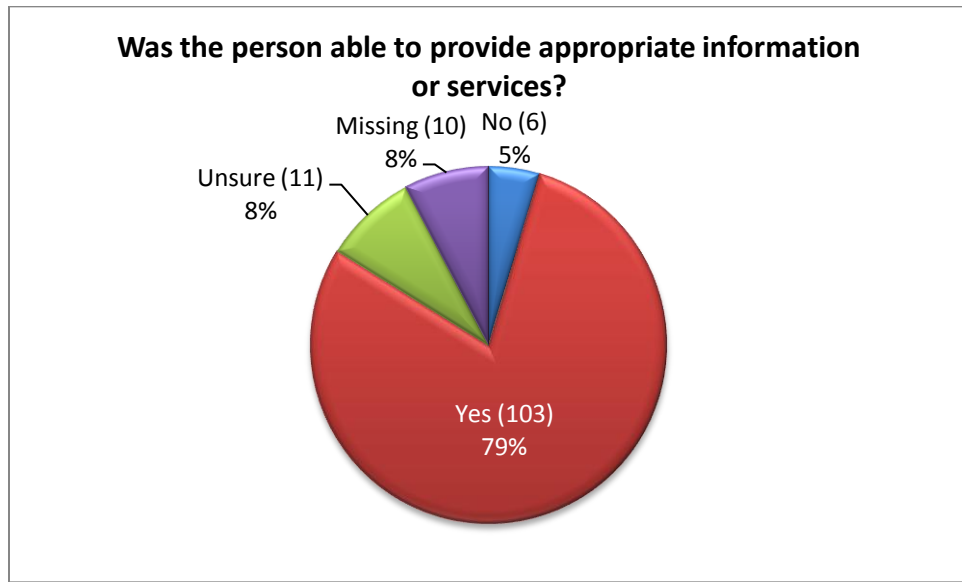
- 22. If you visited the [site] office, how long did you wait to see someone?



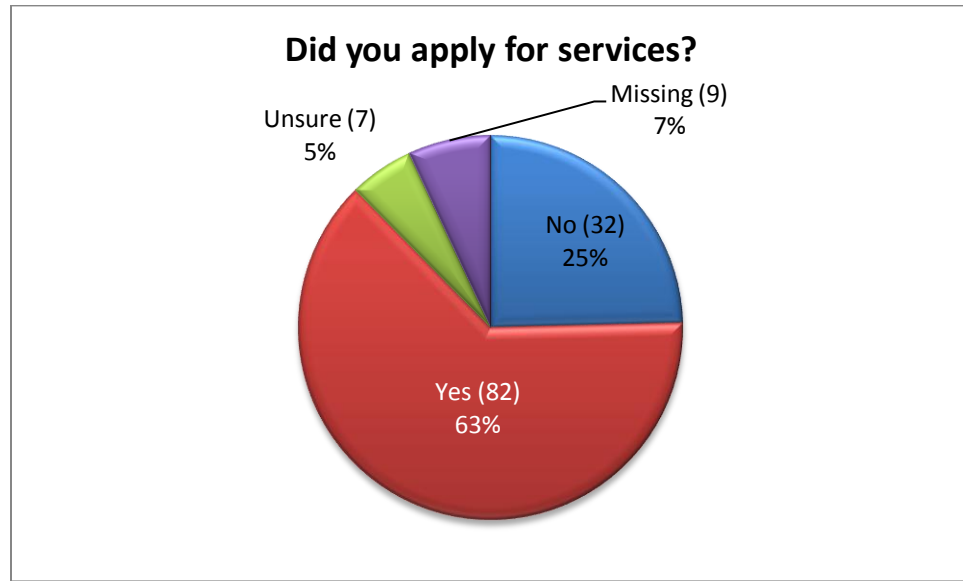
23. Was the person you talked with knowledgeable and courteous?



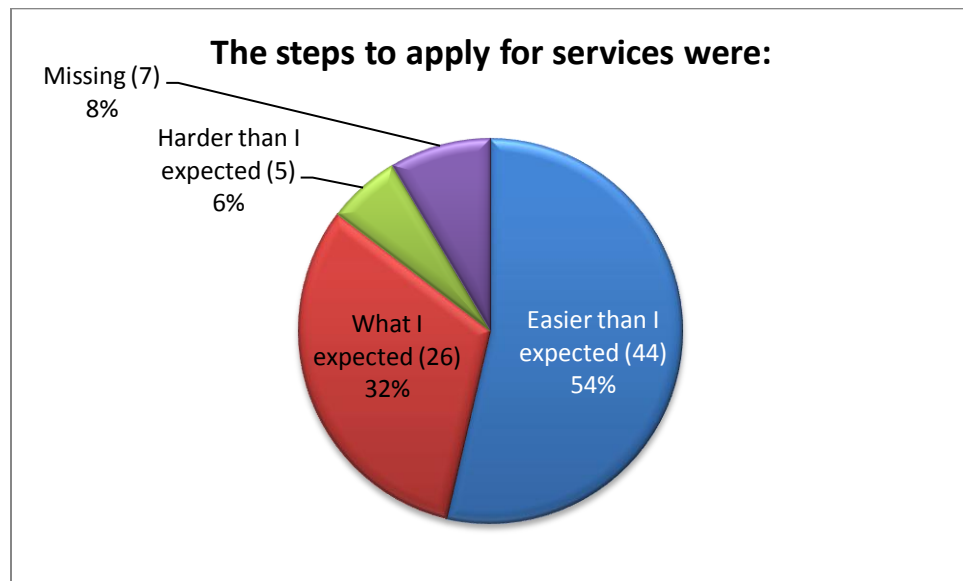
24. Was the person able to provide you with appropriate information or services?



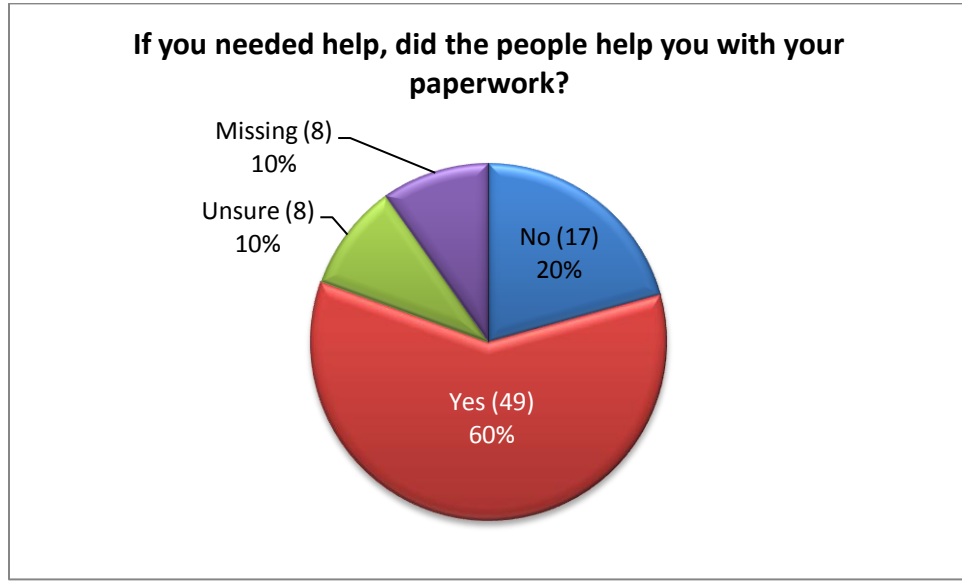
25. Did you apply for services?



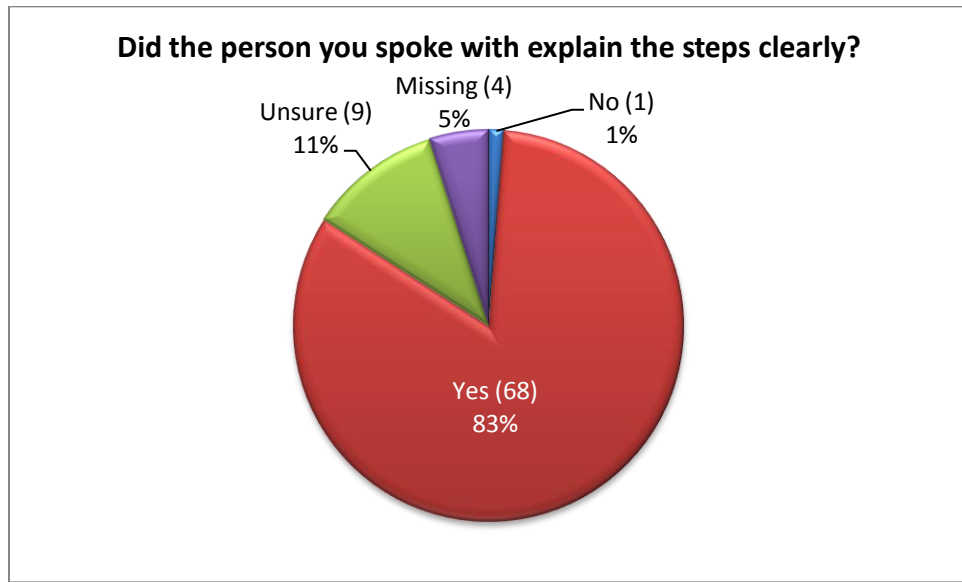
26. The steps to apply for services were:



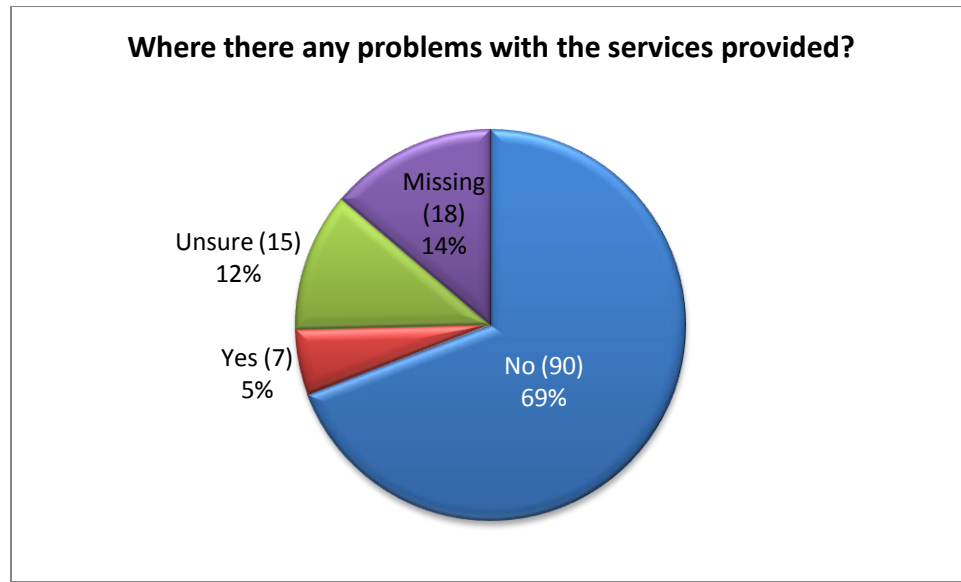
27. If you needed help, did the people who work at [site] help you with your paperwork?



28. Did the person you spoke with explain the steps clearly?



29. Were there any problems with the services provided by [site]?



30. What could we do to improve our services?

ADRC site-specific responses follow:

- **NNCIL**

- Find me a single lady who would run my two-bedroom apartment as a live-in for free room and board +\$. I'm a 94 year old self-supporting man who needs someone around all the time.
- I was very satisfied with services. The staff was congenial and helpful. Made me feel I was not alone in my struggles. Smiles go a long way!
- It's okay with me, I am a life time member of NNCL.
- Do more surveys.
- Keep me with one counselor (consistency), had three, and seems we go to the past and start again and again. Client needs to go forward with the (unreadable).
- Nothing, Richard is a very helpful person.
- Excellent services.
- Services received on 12/16/09 were fine.

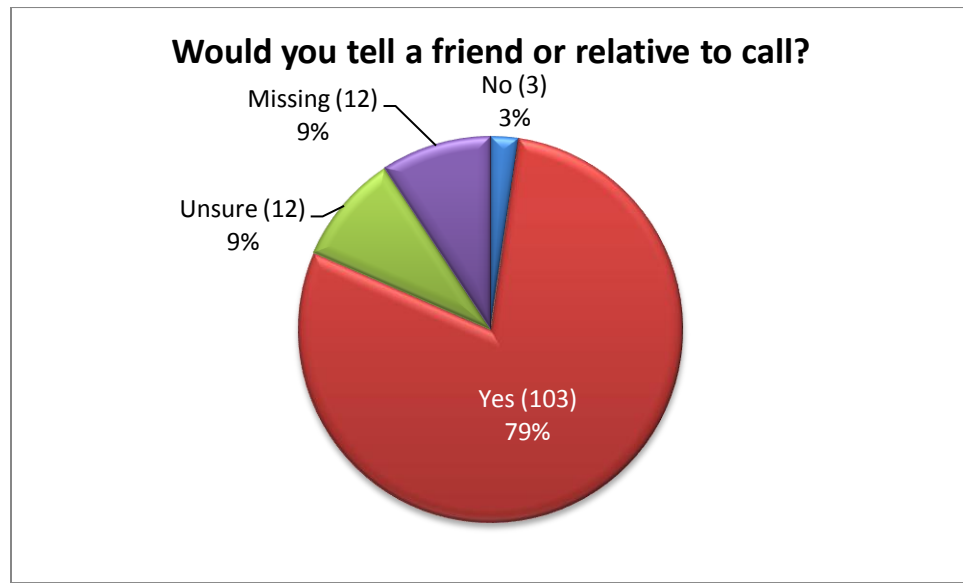
- **RAGE**

- Nothing. Very good.
- Nothing comes to mind, thank you.
- I do not know.
- We have to wait for service so I don't know yet.
- Nothing, just keep doing what you do.
- We are getting a ramp and help with ankle braces company, but it might take up to 6 months.
- Please give me what I desperately need for my husband and I. We can't bring groceries up 16 steps with our medical problems-also we need handles in bathtubs.

- More outreach rather than improving services.
- Just keep up the good work.
- I have just applied, I have not received anything yet.
- To get a declaration of your disability may slow down process, until this information is confirmed. However, the service is excellent.
- Nothing that I can think of.
- Can't think of anything.
- This survey is premature!
- I think I am getting the help I need.
- I'm satisfied with all services provided to me at this time. Thank you for this opportunity to participate. Contact me at anytime. Thank you.
- You are doing just fine.
- Have shorter waiting list.
- Excellent!
- The only discouraging thing for me is the 10-12 month waiting period and I know you don't have control over that.
- Expedite service to help me obtain hearing aid.
- Shorter time on waiting list.
- Speak with person who takes care of patient as well as the patient herself.
- I did not know about RAGE, they should put their number in the telephone book.
- Services are satisfactory.
- I really don't know.
- Get more money from our government. The waiting period is too long. Brittney was the most pleasant and courteous out of all the so called help of other agencies.
- (Client very unsatisfied with member of staff, for more information see client file.)
- Don't know.
- Because of the person I spoke to I can honestly say-just continue using people as polite and courteous as she was.
- Come to our apartment and measure our car for a lift.
- I think everything your organization does has really helped me tremendously and I'm sure for everyone else.
- Very courteous-helpful.
- Nothing to improve your services. I was satisfied with all the information that was given to me.
- At this point in time nothing.
- My husband needs the right Medicare prescription drugs. I misunderstand too many rules regardless, health plan or Medicare.
- Extremely helpful and courteous. Very informative.
- Nothing, process seems to be very good.
- Help me with the hand control, thank you!!!
- Nothing.
- Nothing, everyone I spoke with was very helpful.
- Find more services for disabled people.
- Get grab bar earlier than 2 months.
- Get the word out! I had never heard about you.

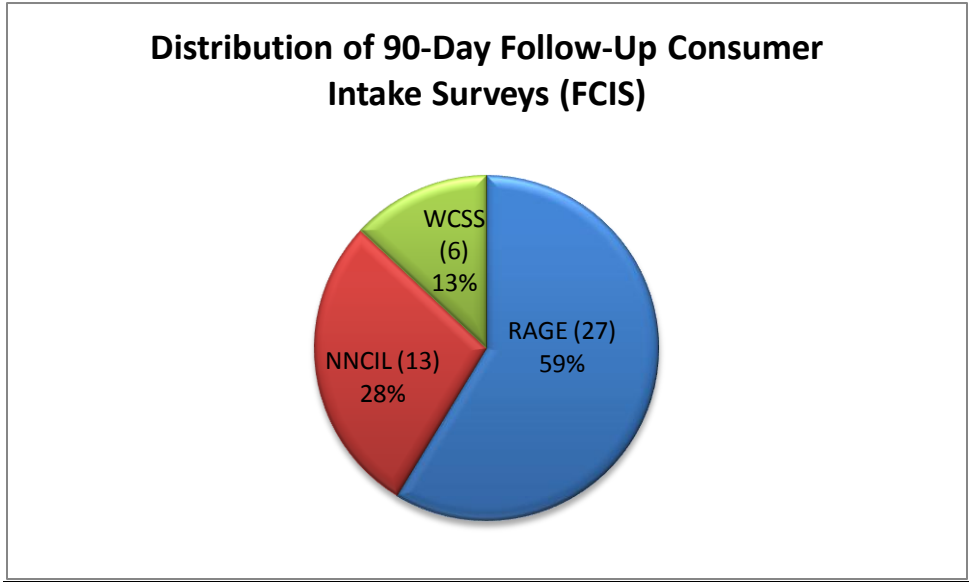
- Services are good.
- I'm not sure, keep friendly, helpful and knowledgeable people working for you/us!! That just help keep a complicated process go a little bit smoother :)
- **WCSS**
 - Blanca Leon was very helpful.
 - My husband receives social security and I do not have a job. We need help with income aid. We have applied for food stamps. Please give us some advice or resources how we can receive more help.
 - I'm not sure. There are things I can do now that only I must do. WCSS gave me a place to start and the confidence to do so! Thank you WCSS!
 - Won't know until I have more contact.
 - I have lung cancer and I take care of my wife who is disabled and legally blind, we need info on two people who are disabled.
 - **I am not sure what services you provide.** Apparently they were not discussed with me on my initial phone call. I have no idea where you're located at just the senior center directed me to phone number to call about dental.
 - Our service experience was excellent in all respects.
 - Nothing-very friendly staff. Thank you.

31. Would you tell a friend or relative to call [site]?

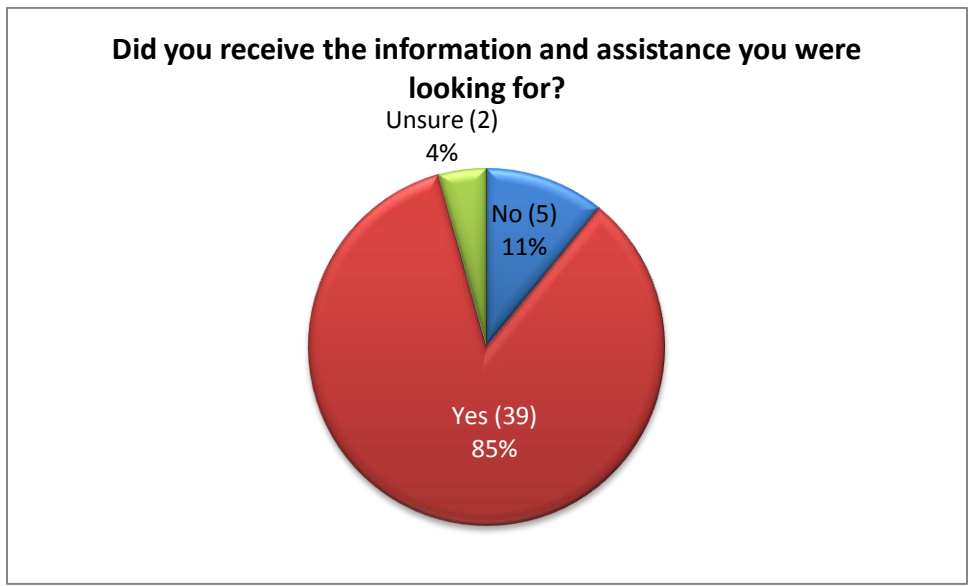


ADRC Site Distribution of Administered Follow-up Consumer Intake Surveys (FCIS)

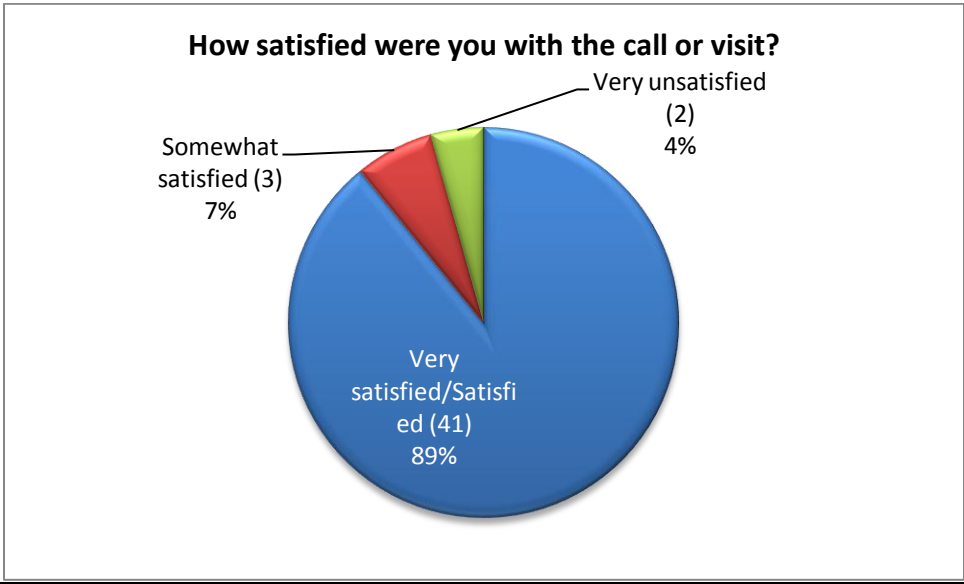
- 72 FCIS were eligible for administration based on date of signed consent.
- Of the 72 eligible, 46 or 64% were completed.
 - 19 (26%) telephone numbers did not work *or* the consumer could not be reached after 4 attempts (with voicemail messages left).
 - 1 consumer declined the FCIS.
 - 6 (8%) consumers did not remember contacting an ADRC site.



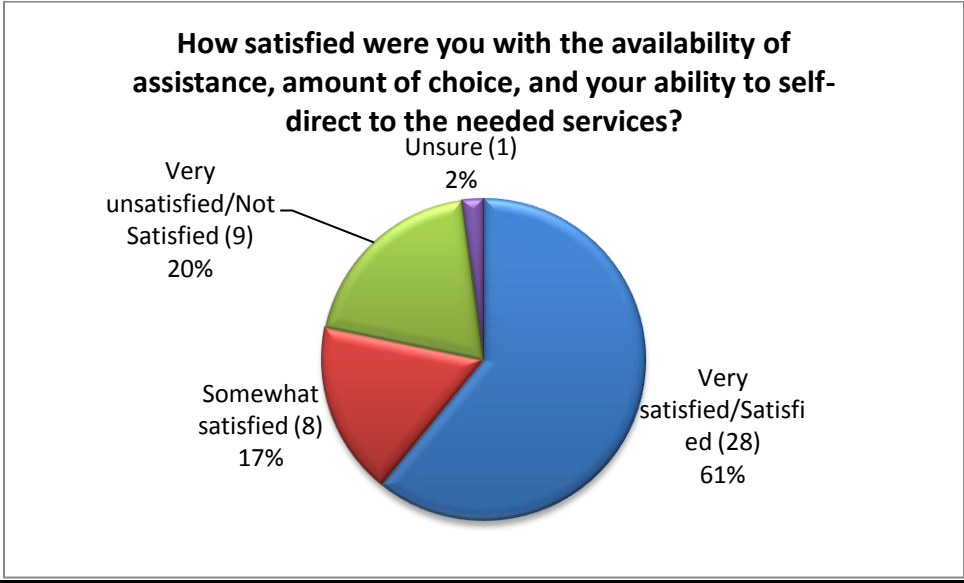
1. Did you receive the information and assistance from [site] that you were looking for?



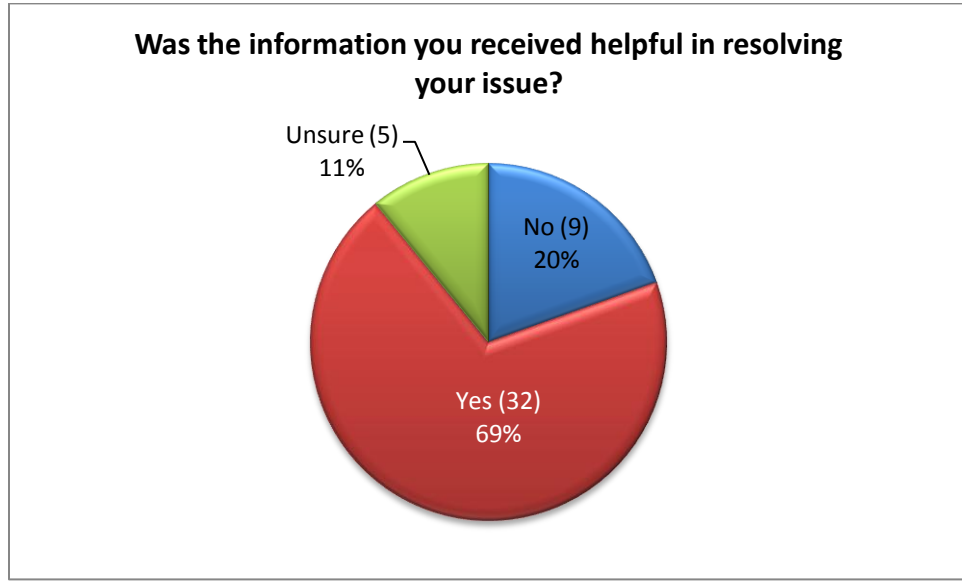
2. How satisfied were you with the way your call / visit was handled?



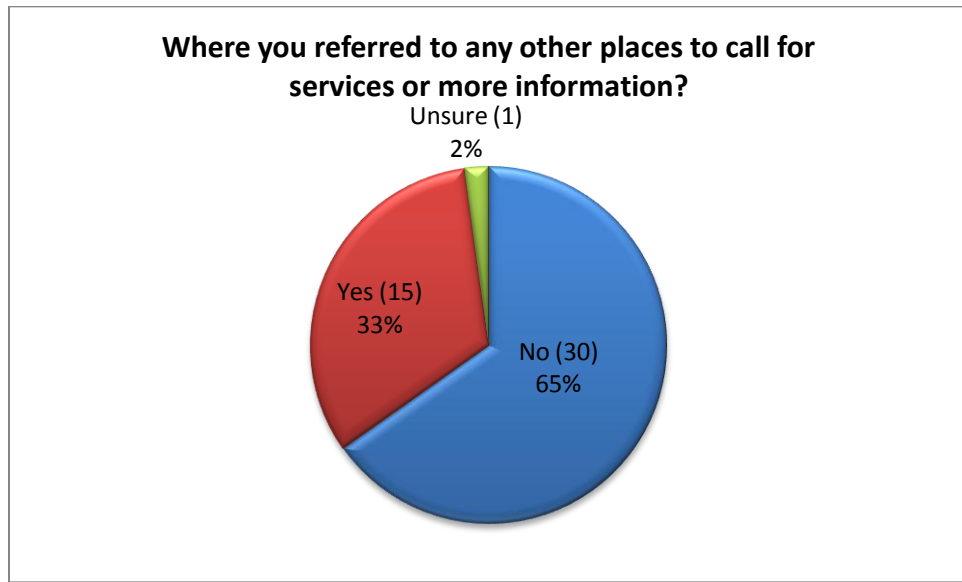
3. How satisfied were you with the availability of assistance, amount of choice, and your ability to self-direct to the needed services?



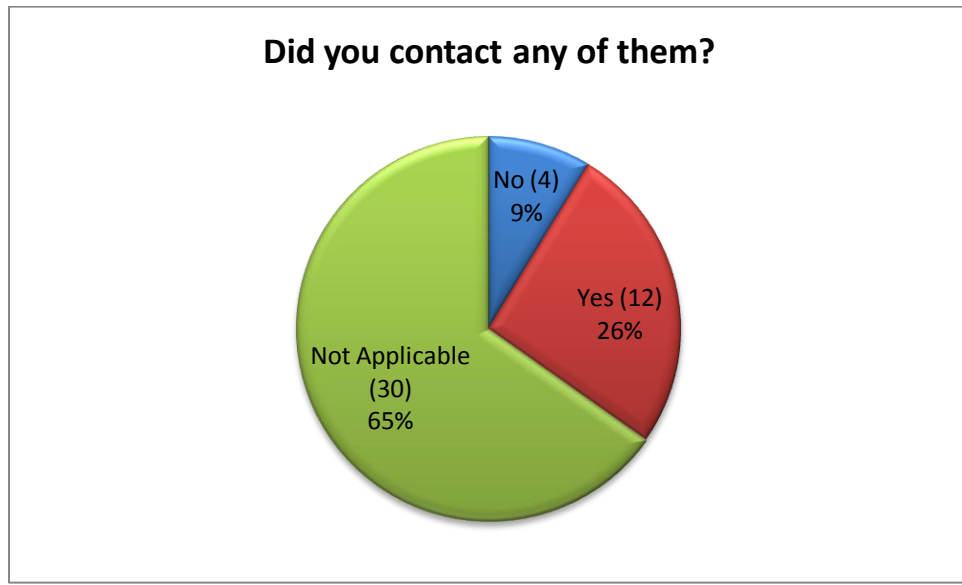
4. Was the information you received helpful in resolving the issue you called / visited about?



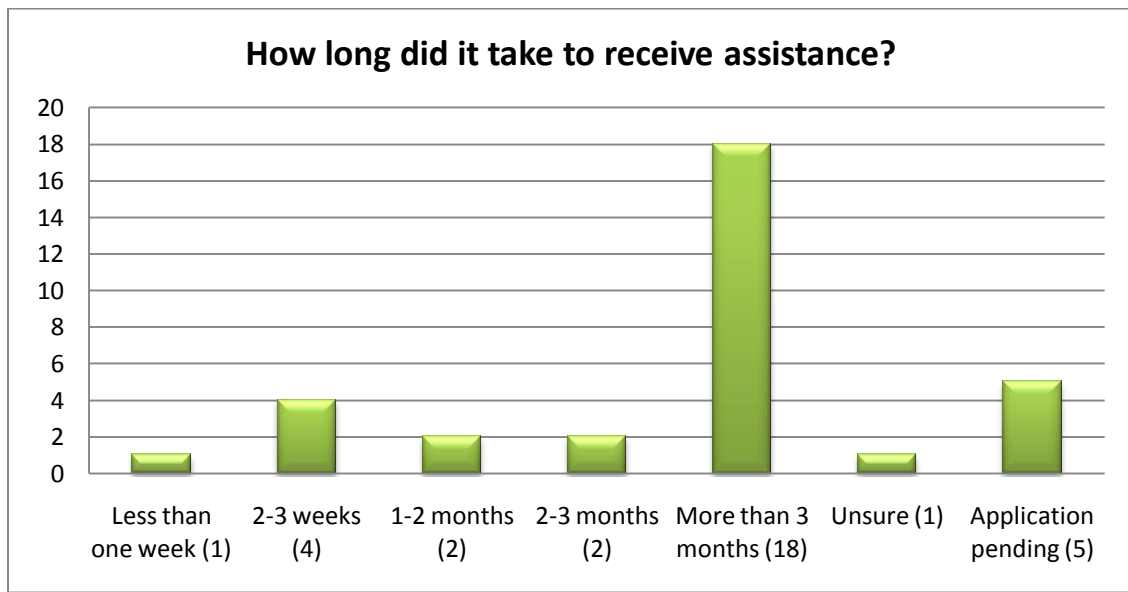
5. Were you referred to any other places to call for services or more information?



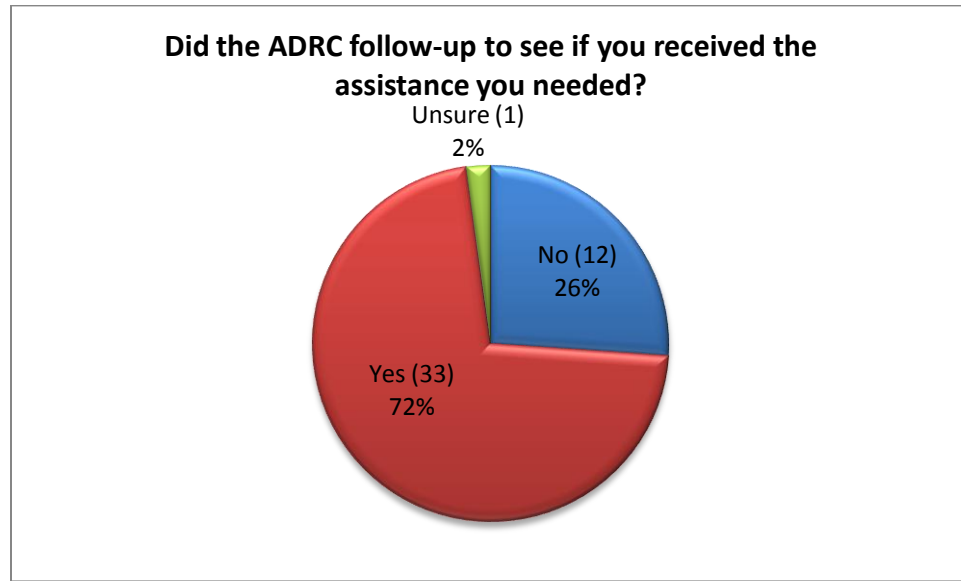
6. Did you contact any of them?



7. If you were approved for services, how long did it take to receive services from when you first contacted [site]?



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



9. Before contacting the ADRC, how many telephone calls did you have to make to get the information or help you needed?

Mean	2.35
------	------

10. After contacting the ADRC, how many telephone calls did you have to make to get the information or help you needed?

Mean	.72
------	-----

ADRC Site-Specific FCIS Notes and Comments

- **NNCIL**
 - Just wonderful, I have called frequently since 1987
 - I would like to keep my same advocate and not have to change anymore.
 - They were very helpful, I am new to this so I am always seeking more information for myself and to pass on to the support group I lead.
 - Calls frequently-board member for a number of years and very involved in disability issues
 - I know I can always call when I need them.
 - Virtually unhelpful, referral also very unhelpful, felt criticized by office for being disabled and not being able to do certain things (i.e. remember dates, appointments)
 - NNCIL was a lot of help, food stamps came quite fast.
 - Truly happy with them, they call and check up on me periodically.
 - Very thorough, my current case manager is the best I have had so far, I would like to keep them.
 - I was told they would send applications out, they haven't sent anything and I have not spoken to anyone since.

- **RAGE**

- I am very happy and I realize it just takes time.
- Give RAGE more funding, never been so pleased!
- Thankful they are there.
- They were wonderful.
- Waiting until funding comes in a couple of months-around Jan 2011. I have called 211 and left messages. I have received no call back.
- They were helpful and they tried, but there just aren't available services.
- Very informative.
- They advertize they help people, but waiting a year and a half is not helping anyone. I was told there was no assistance for prosthetics until Feb 2011
- Everyone was helpful and nice, just waiting for home modifications at this point, told it could be another 6 months.
- I have not heard from anyone for a while, still waiting to be approved for services. I would be happy to comment further once this has happened.
- If budgets were better they could help people, but they are unable to help me at this time.
- I wish I knew about them a long time ago.
- Very pleased; they have a very professional attitude.
- Approved for services but still waiting; I was told it could be 6 months to 1 year.
- Excellent program, I have been working with RAGE for years.
- They have built a bathroom for me before; it took two years.
- Just waiting for home modifications.
- I am just waiting eight months or so for a bathroom modification.
- Never heard back from anyone, still need help with Medicaid and wheelchair. I would like them to contact me (information forwarded to RAGE by SCA staff).
- Waiting 1 to 1.5 years for homemaker services. Worried about new health care plan-it will take my benefits.
- Waiting for funding, was told it would be available Sept/Oct 2010.
- Very helpful.
- I need a ramp or a lift. Everyone there was very courteous and informative about services and the length of time it would take. I am just being patient.
- It's a work in progress. I did receive my walker and cane but still waiting for bath/shower modification. I am very happy with their demeanor and I know they work within budget constraints and they are honest about what they cannot do.
- I have applied and was accepted for services but am on a wait list until July of this year.
- I haven't heard from anyone since filling out paperwork.

- **WCSS**

- Very happy-receiving services from Food Bank of Northern Nevada
- I was thinking about moving to the Reno area, but have since decided on somewhere else.
- We didn't see any services available for being blind, going to look more into services at a later date
- Great job!
- Everyone was very nice. Thank you.

APPENDIX C

WEBSITE SUMMARY via URCHIN

The image cannot be displayed. Your computer may not have enough memory to open the image, or the image may have been corrupted. Restart your computer, and then open the file again. If the red x still appears, you may have to delete the image and then insert it again.

Report: Summary - www.nevadaadrc.com	
Date Range: 10/01/2009 - 03/31/2010	
First Time Unique Visitors	6,400.00
Prior Unique Visitors	102.00
Total Visitors	6,502.00
Average First Time Unique Visitors Per Day	35.16
Average Prior Unique Visitors Per Day	0.56
Average Visitors Per Day	35.73
Initial Sessions	6,502.00
Repeat Sessions	989.00
Total Sessions	7,491.00
Average Initial Session Per Day	35.73
Average Repeat Sessions Per Day	5.43
Average Sessions Per Day	41.16

Urchin 5 ©2005 Urchin Software Corporation

Website Traffic Summary			
	October 2009 – March 2010	April 2009 - September 2009	October 2008 - March 2009
Average sessions/day	35	30	21
Total number of sessions	7,491	5,546	3,928

The image cannot be displayed. Your computer may not have enough memory to open the image, or the image may have been corrupted. Restart your computer, and then open the file again. If the red x still appears, you may have to delete the image and then insert it again.



Top 3 Downloaded Pages			
	October 2009 to March 2010	April 2009 to September 2009	October 2008 to March 2009
1	Nevada ADRC Site Feedback Worksheet (Professional User Edition)	Nevada ADRC Site Feedback Worksheet (Professional User Edition)	Nevada ADRC Site Feedback Worksheet (Professional User Edition)
2	WCSS Spanish Newsletter	WCSS 'Senior news and events' August 2009 edition	WCSS Spanish Newsletter
3	WCSS Senior Lunch Menu	WCSS Senior Lunch Menu	Southern Nevada Support Groups

URCHIN TERMS

First Time Unique Visitors: Individuals who have not been on the website at any time prior to the given date range.

Prior Visitors: Individuals who have been on the website at least once before the given date range.

Session: A series of pageviews by an individual visitor.

Click Path: Path by which visitors travel a website (excluding homepage in this summary).

The image cannot be displayed. Your computer may not have enough memory to open the image, or the image may have been corrupted. Restart your computer, and then open the file again. If the red x still appears, you may have to delete the image and then insert it again.

TOP 3 REFERRING WEBSITES		
Report: Domains - www.nevadaadrc.com		
Date Range: 10/01/2009 - 03/31/2010		
Domains (1-10) / 242	Sessions	Percent
1. msn.net	4,111	54.88%
2. (no entry)	629	8.40%
3. cox.net	394	5.26%
4. hotmail.com	287	3.83%
5. state.nv.us	285	3.80%
6. charter.com	182	2.43%
7. zone.com	180	2.40%
8. sbcglobal.net	171	2.28%
9. atgi.net	138	1.84%
10. embarqhsd.net	105	1.40%
View Total:	6,482	86.53%
Total:	7,491	100.00%

Domains

This report shows you **what networks your site visitors came from, ranked by Sessions.**