

# Performance Evaluation & Innovation (PEI)

## *2021 Customer Satisfaction Survey Results*



Division of Senior and Adult Services (DSAS)  
Department of Health and Human Services  
*December 2021*

Cuyahoga County  
**Together We Thrive**

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## Executive Summary

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

Beginning in 2018, many questions were changed to a 5-point Likert scale to get an overall score for the unit. An overall score is provided for questions asked about satisfaction on a scale of 1 to 5, with 1 being “strongly disagree” and 5 being “strongly agree”. Questions in that calculation are marked with an “\*”.

In 2021, DSAS mailed nearly 3,900 surveys; 197 were returned due to incorrect addresses and 808 were returned completed for a response rate of 22%. This year online survey completion was available for surveys sent for APS and Centralized Intake. DSAS is hoping to expand this option for all programs depending on increasing the collection of client email addresses.

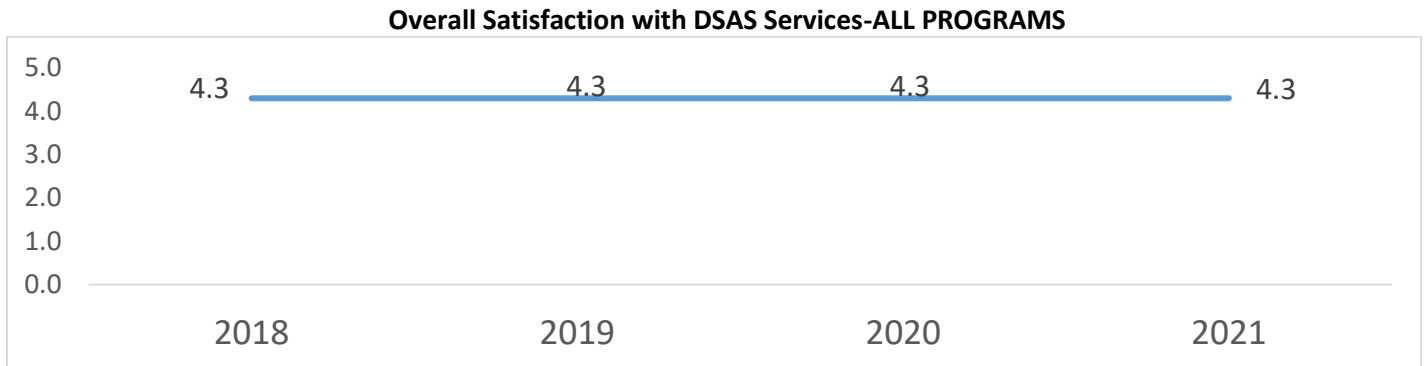
For the second year, due to the COVID-19 pandemic, numerous changes were made to the distribution of surveys in 2021. They included:

- Due to most benefit check-up events being cancelled for Information Services staff and due to changes in case management activities, all clients served by the Information and Outreach Unit received the same survey based solely on their direct interaction with the case worker.
- The surveys for the Community Social Services program were again modified due to many centers continuing to be closed or operating with limited hours and services:
  - The surveys focused on how clients adapted to their center being closed.
  - Questions were asked of respondents about their ability to access technology; how they received services that they received through their center; and their concerns about returning to the center when it reopened.
- Additional highlights:
  - Questions regarding interaction with social workers for **all programs** continue to remain strong
    - Overall scores showed no decrease in satisfaction with workers in the last two years during the pandemic.
  - For the **Community Social Services Program**, respondents indicated significant issues having adequate technology; a significant percentage indicated an increase in loneliness while their center was closed; and more than 50% received a home-delivered and/or curbside meal.
  - A key goal of **Home Support and Options for Independent Living** is to provide care that helps people avoid long out-of-home stays for medical issues. Only 8% of Home Support and 6% of Options for Independent Living respondents indicated a nursing home stay in the last year.
  - The two major areas of concern for all programs indicated in the surveys are a need for better follow-up about services requested or applications submitted, and a need for additional services (including more services offered by the DSAS program, especially the need for homemaking services, or services not offered through DSAS.) These comments have been a consistent theme for the last five years.
    - For **Adult Protective Services**, confusion about the investigative process is higher for respondents who made their first referral, compared to those who have made five or more.

## Findings

### Historical Data Comparisons

Beginning in 2018, most survey questions were asked on a 5-point Likert scale to get an overall score for the unit. The chart below shows the score for the question “I am satisfied with the overall quality of services provided by the DSAS Unit”. The chart below is the aggregate score for all DSAS units and significantly, the scores did not decrease while services were provided during the pandemic.

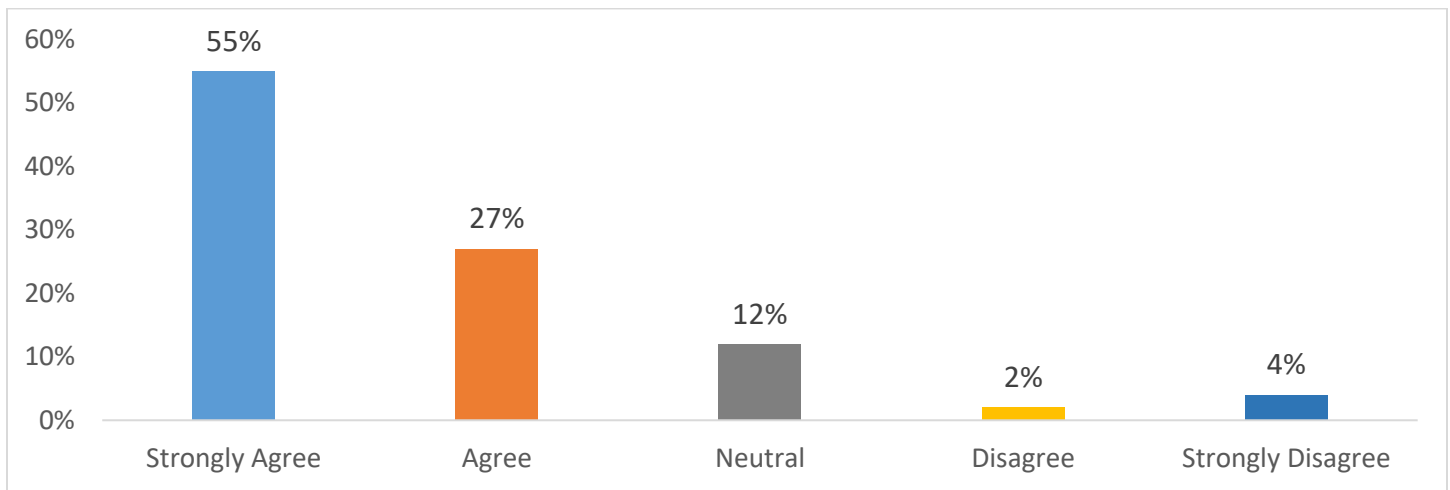


#### Data Trends for DSAS Units 2018-2021

- **Centralized Intake**
  - Composite score of all questions
    - 2018 score: 4.2    2021 score: 4.3
  - “My call was answered promptly” (percent indicating “strongly agree” or “agree”)
    - 2018: 82%    2021: 89%
  
- **Adult Protective Services**
  - Composite score of all questions
    - 2018 score: 3.6    2021 score: 3.8
  - “The caseworker was receptive and professional” (percent indicating “strongly agree” or “agree”)
    - 2018: 72%    2021: 77%
  
- **Home Support**
  - Composite score of all questions
    - 2018 score: 4.5    2021 score: 4.5
  - “The services I receive help me continue to live at home” (percent indicating “strongly agree” or “agree”)
    - 2018: 100%    2021: 94%
  
- **Options for Independent Living**
  - Composite score of all questions
    - 2018 score: 4.4    2021 score: 4.4
  - “The services I receive help me continue to live at home” (percent indicating “strongly agree” or “agree”)
    - 2018: 95%    2021: 87%
  
- **Information Services**
  - Composite score of all questions
    - 2018 score: 4.1    2021 score: 4.4
  - “I have a better idea of how to obtain benefits” (percent indicating “strongly agree” or “agree”)
    - 2018: 65%    2021: 76%

Centralized Intake Unit (124 surveys received; response rate of 13%) - Overall score of 4.3

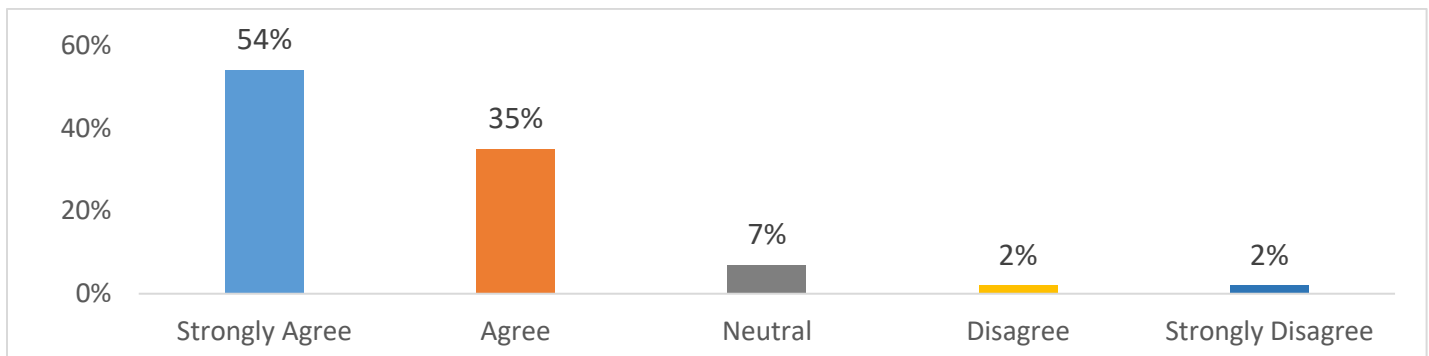
I am satisfied with the overall quality of services provided by the Centralized Intake Unit\*



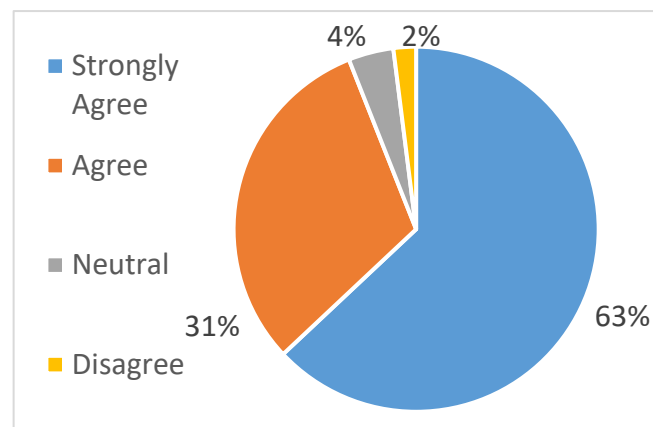
How did you find out about Centralized Intake? (most common responses)

- Social Worker-45 responses
- Word of Mouth-26 responses
- Medical Professional-19 responses
- HHS/DSAS website-7 responses

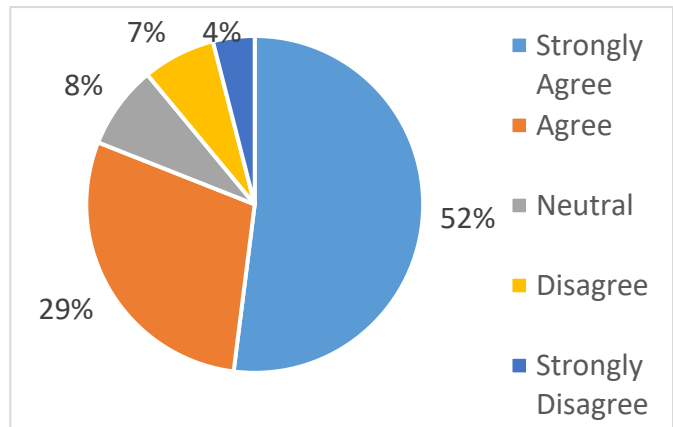
My call was answered promptly\*



Staff was professional and polite\*

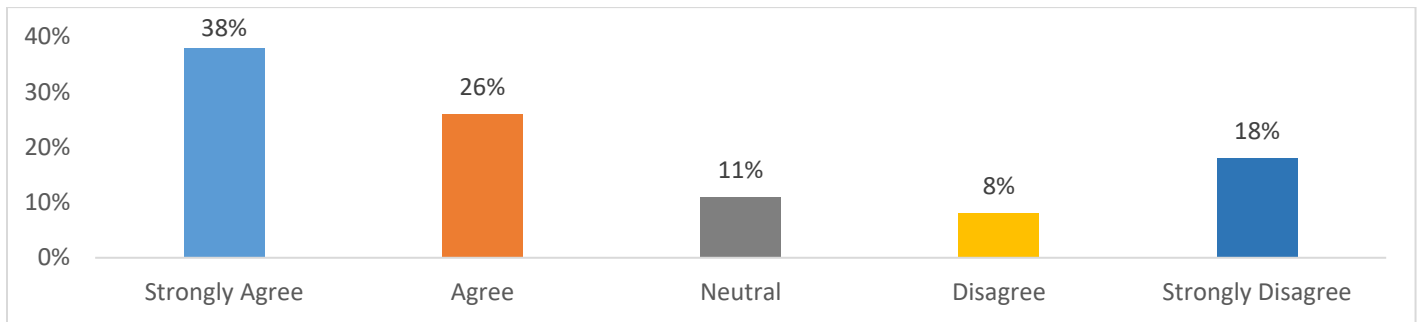


I received the assistance I needed\*



Adult Protective Services (APS) (67 surveys received; response rate of 9%-survey mailed to individual who made the APS referral) - Overall score of 3.8

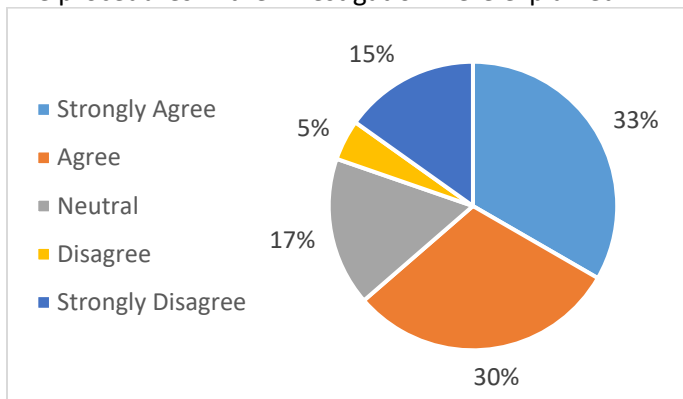
I am satisfied with the overall quality of services provided by Adult Protective Services\*



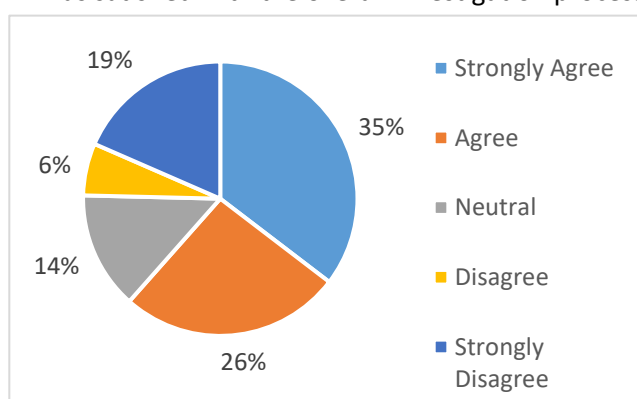
- Nearly half of all respondents indicated they found out about APS through a professional association
- More than one third of each of referrals came from social workers or friends/family members; another 20% came from medical professionals and public safety workers
- 38% of respondents indicated that this was their first referral to APS; 31% indicated they have made 5 or more

**Satisfaction with procedures and process\***

The procedures in the investigation were explained

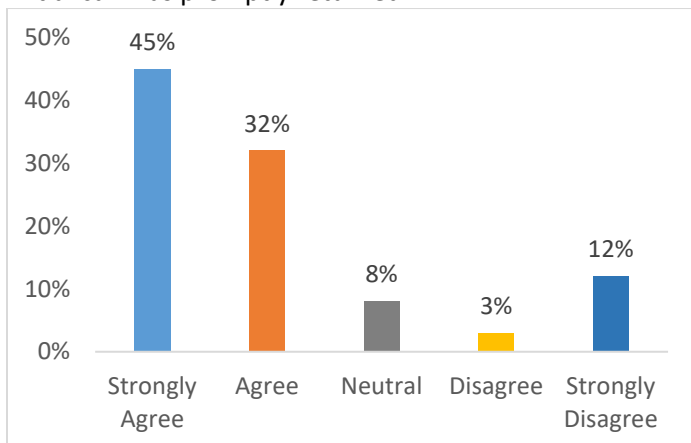


I was satisfied with the overall investigation process

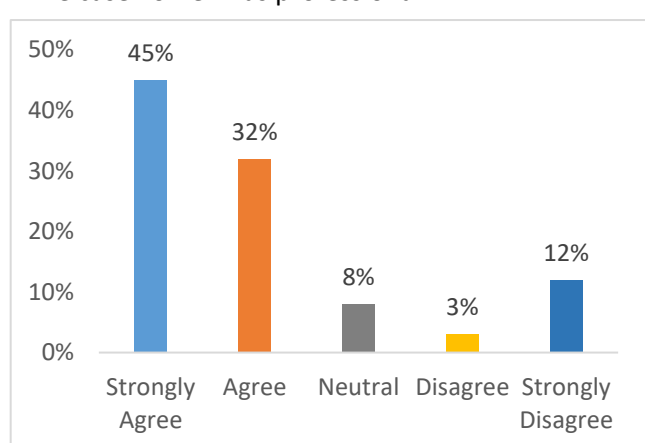


**Contact with case worker\***

Initial call was promptly returned

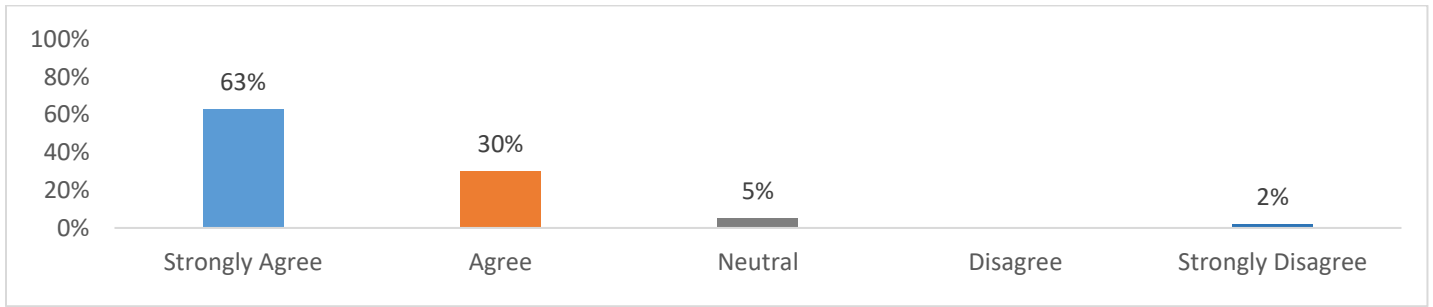


The caseworker was professional



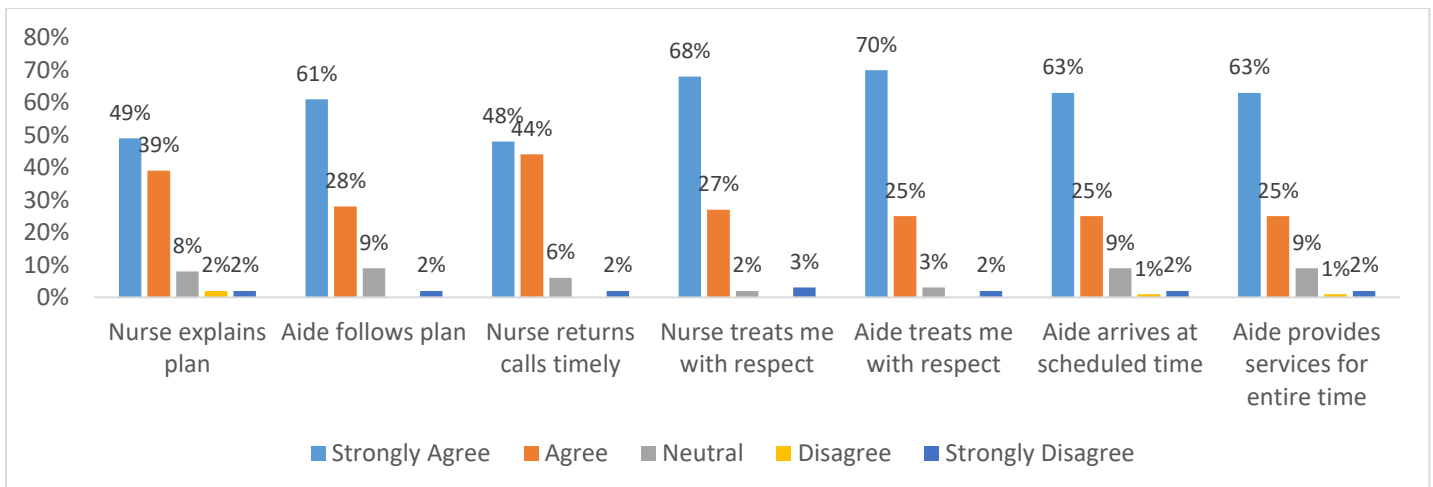
Home Support Services (66 surveys received; response rate of 42%) - Overall score of 4.5

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

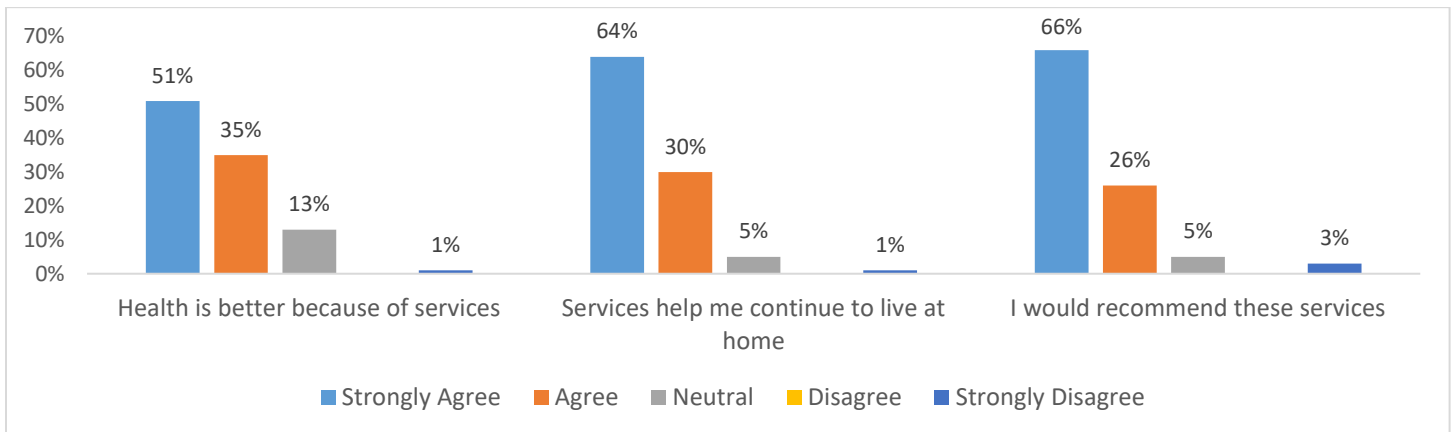


- Clients found out about Home Support through the following ways: Social worker (24); Medical professional (23); Word of mouth (13)
- In the last year, 39% of respondents indicated an emergency room visit; 25% indicated an overnight hospital stay; 8% indicated a nursing home stay
- 92% of respondents strongly agreed or agreed that a fill-in aide is offered if needed\*
- 98% of respondents strongly agreed or agreed that the scheduling staff is courteous and helpful\*

Services provided by Nurses and Home Health Aides\*

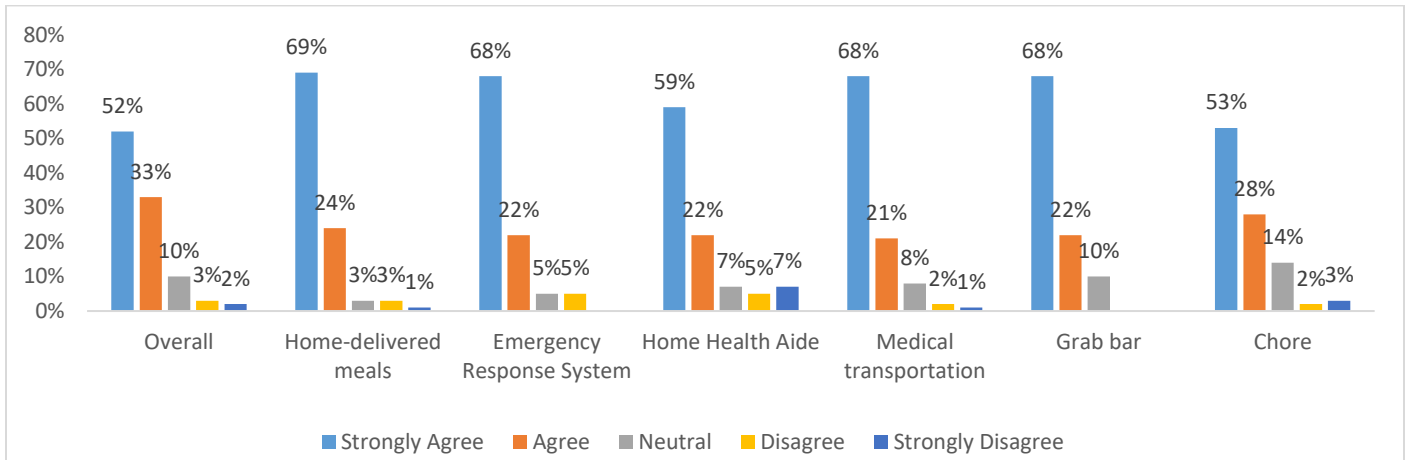


Overall Health and Well-Being\*



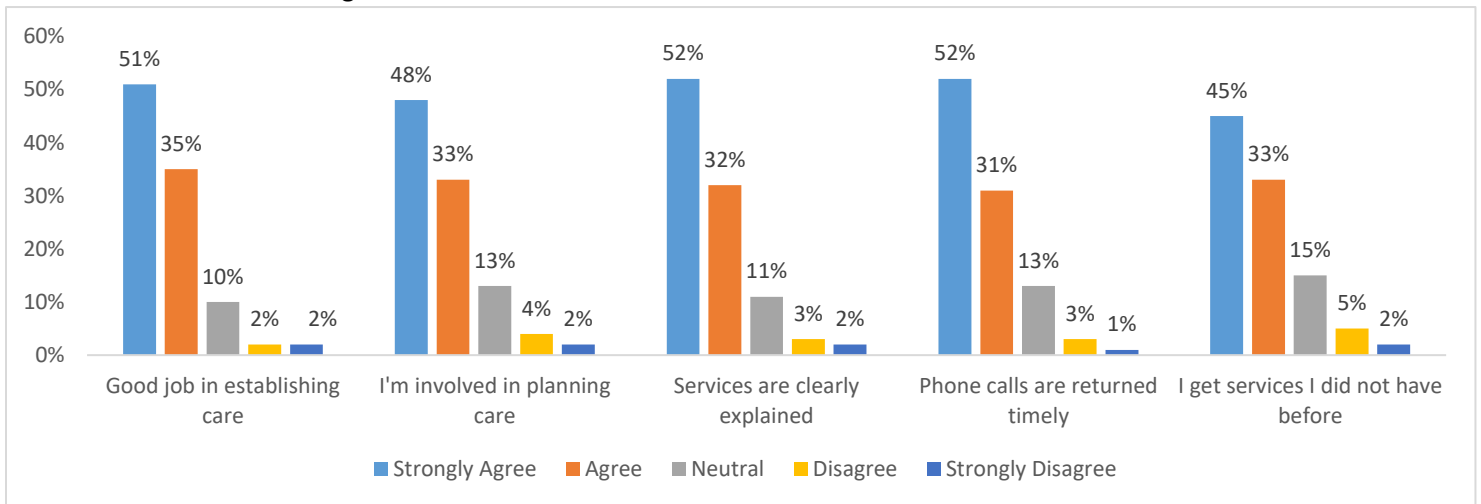
Options for Independent Living (173 surveys received; response rate of 31%) - Overall score of 4.4

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

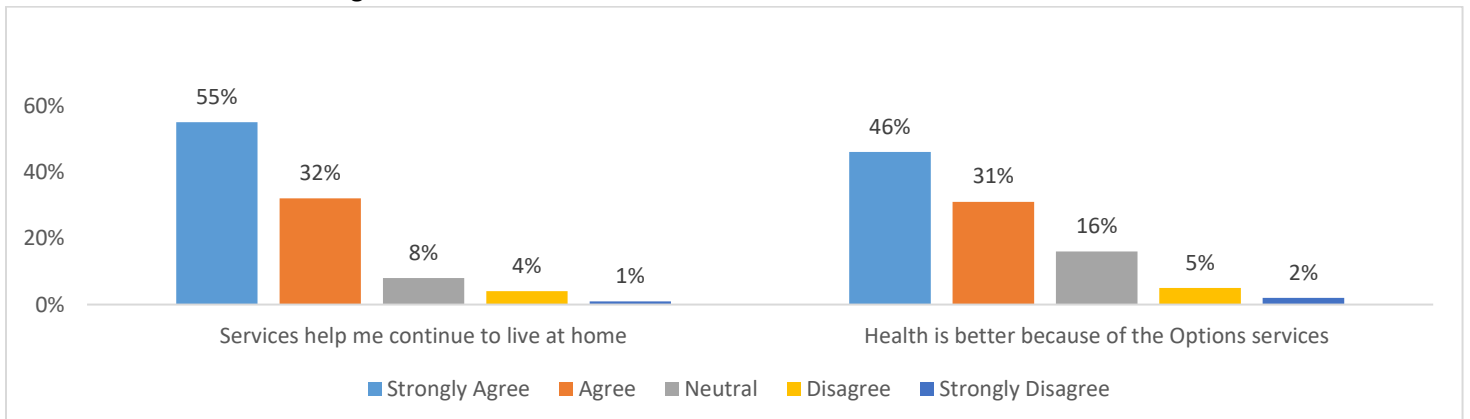


- Clients found out about Options for Independent Living through the following ways: Social worker (75); Word of mouth (50); Medical professional (15)
- In the last year, 52% of respondents indicated an emergency room visit; 42% indicated an overnight hospital stay; 6% indicated a nursing home stay

Satisfaction with Case Manager\*



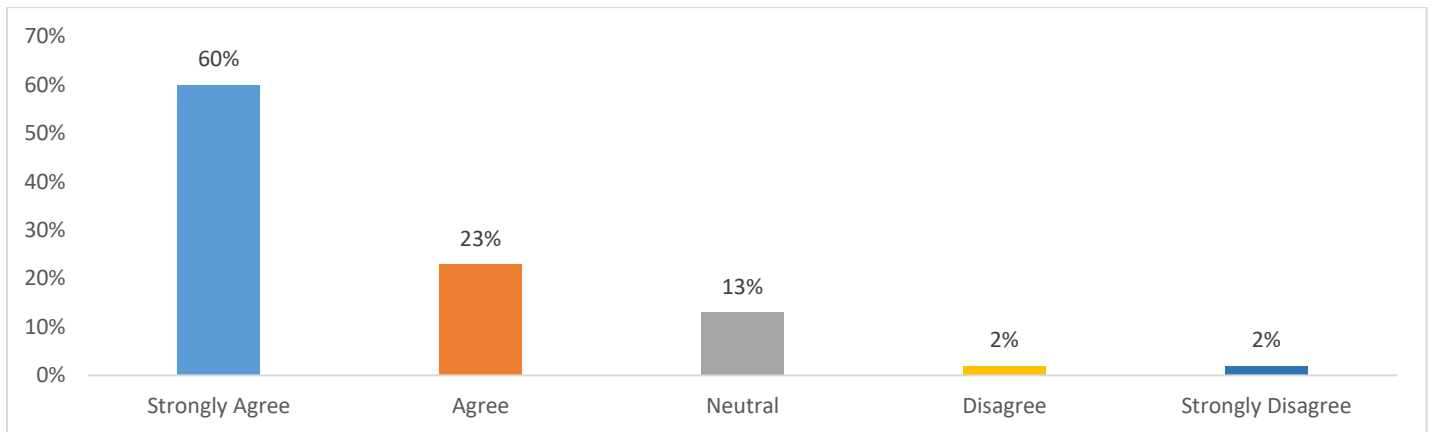
Overall Health and Well-Being\*





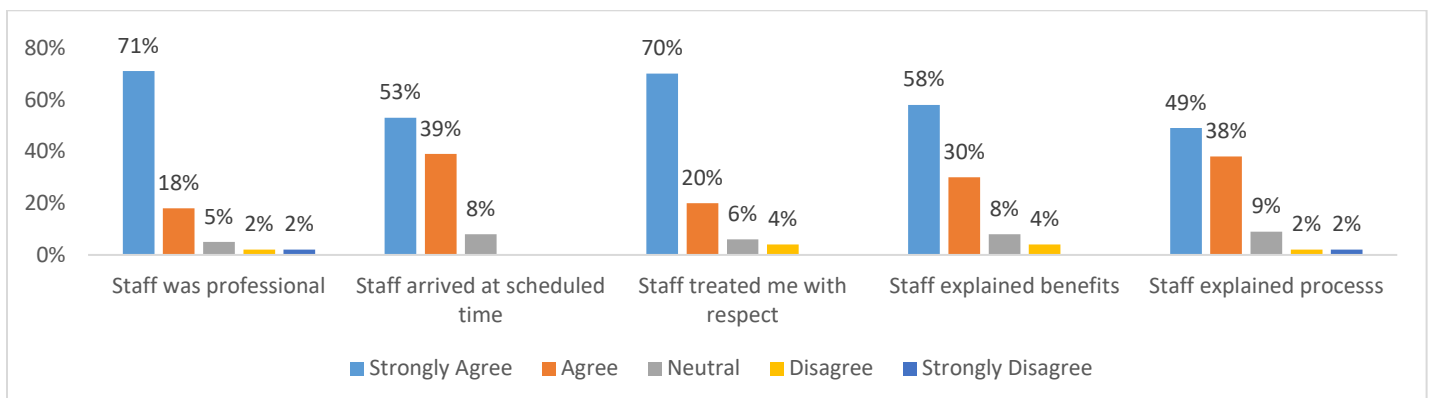
Information Services Unit Aging and Disability Resource Center (ADRC)- 58 surveys received; response rate of 17%) - Overall score of 4.4

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

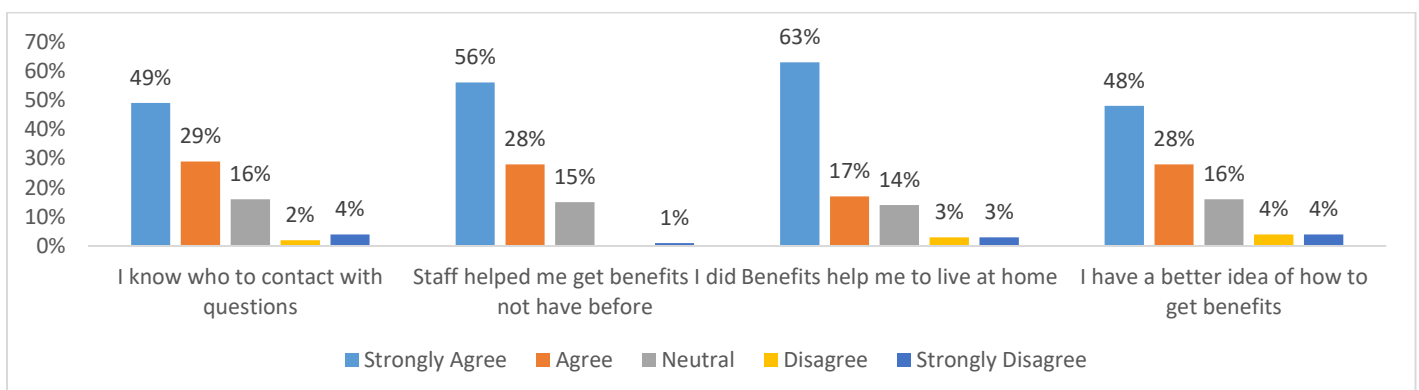


- Clients found out about services provided through the Information Services Unit: Community organization (36); word of mouth (16)
- 59% of respondents indicated they qualified for the benefit for which they applied; 31% did not qualify; and 10% had their application pending at the time of survey response

#### Satisfaction with Staff\*

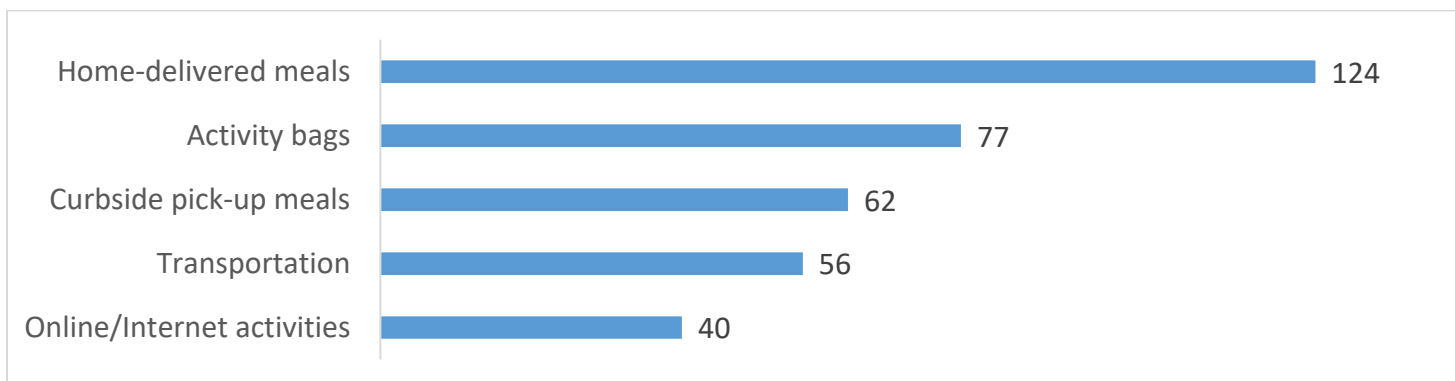


#### Knowledge and Satisfaction with Benefits\*



Community Social Services Program-(320 surveys received; response rate of 33%)

Services received during the pandemic:



While the center was closed, clients indicated the following ways services were received (in order of most responses):

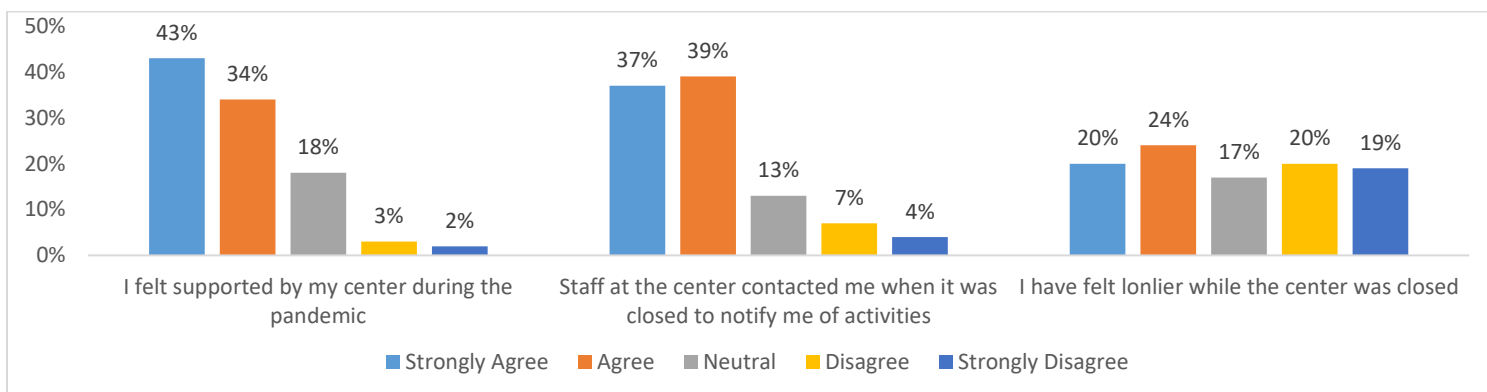
**Meals:** Home-delivered through center; Curbside from center; Cooked on their own; (minimal use of food pantries)

**Transportation:** Own car; family/friends; through center

**Activities:** At home games and crafts; outdoor exercise; activity bags provided by center; interacting with friends

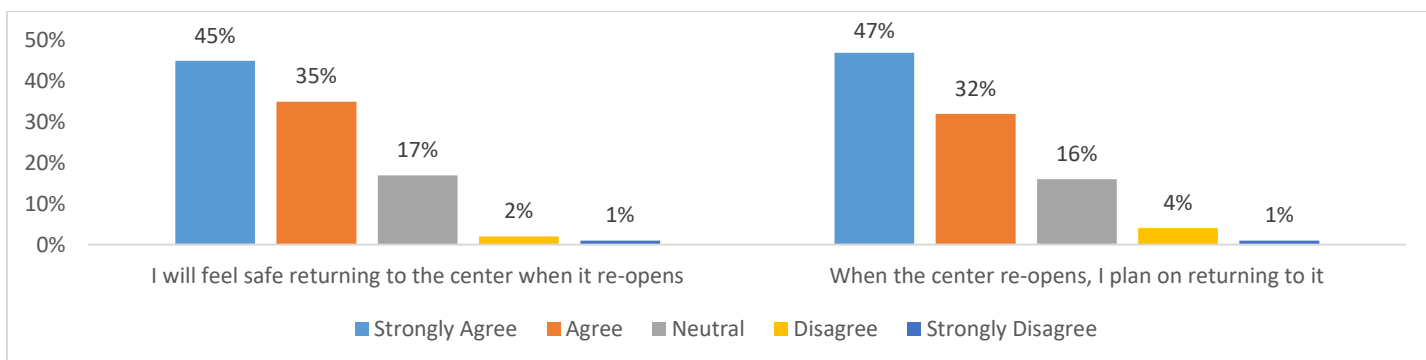
**Interaction with friends:** Phone; face-to-face in small groups; internet

Dealing with the Pandemic



**39% of respondents indicated they “strongly disagreed or disagreed” with the statement, “I have enough and sufficient technology to participate in online/internet activities; 44% indicated “strongly agree” or “agree”**

Returning to the Center



**61% of respondents indicated their center is open and they have returned to it; 26% said they have not returned; and 12% said their center was still closed at the time of the survey**

## Comments Received

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

### **Examples of *positive comments* included:**

- “The caseworker I dealt with was the best worker ever. She developed a clear plan to ensure the clients safety and made sure it was enacted. This senior is in a safe placement. If I could offer her a commendation I would.” (APS)
- “I felt that my recent calls have been handled better than ever before.” (Centralized Intake)
- “I’m a social worker at WRAAA. Our agency has frequent contact and collaboration with DSAS and APS. DSAS has an excellent, reliable, and professional workforce.” (APS)
- “The worker was very responsible and provided professional services. She also respected my visual needs.” (Information Services)
- I call Options frequently and have to say that the people that have assisted me were extremely helpful-Great with the members that I work with and compassionate about their work. I appreciate knowing your agency is out there for those that need us most. Thank you.” (Options)
- “I am very happy with my home health aides. I would not be able to stay in my apartment without them. They give me the best care possible.” (Home Support)

### **Examples of *negative comments* included:**

- “At times, I get resistance when making a referral. This may be improving but it can be frustrating when it happens.” (Centralized Intake)
- “The social worker gave me a difficult time. She was not helpful or sympathetic.” (APS)

### **Examples of *poor follow-up or clients needing additional services* included:**

- “I was never provided any guidance or provided any relevant information.” (APS)
- “I need my cleaning services increased and also need home improvement services.” (Options)
- “Nobody visited my home. I need help badly” (Information Services)

### **Comments about how clients handled the closure of community/senior centers included:**

- “My senior center called to check on me and I appreciated that they were able to do that.”
- “I have the vaccines but still do not feel comfortable going back until the virus is better controlled. I have other medical conditions.”
- “The Parma Hts. Senior Center has been a god send to me. I have many days where I would not be able to eat without it.”
- “My center taught me how to use the internet. I’m very grateful to staff and center.”
- “Thank God for the staff during covid. All of them are wonderful and caring people. Meals were always great. Cards and treats were provided with them which made me smile. You make my day.”

## Recommendations and Conclusion

### **Recommendation/Conclusion 1: Addressing declining survey response rates**

The response rate for 2021 of 22% is the lowest response rate since 2014. While the COVID-19 pandemic may be partially responsible, other factors have impacted response rates. At least 50% of Options for Independent Living and Home Support clients have been receiving services for two years or more, so it is likely that they received a survey in consecutive years. There are also repeat clients who contact the DSAS Centralized Intake Line and make multiple referrals to Adult Protective Services, also making it likely that they have previously received a survey.

In 2022, for Adult Protective Services and Centralized Intake, surveys will be sent within two months of the APS case closure and two months within the call to Centralized Intake. Also, no more than one survey will be sent each year to these respondents and we will continue to allow for online survey completion. For Options for Independent Living and Home Support, the focus will be on new clients. However, surveys will still be sent to longer-term clients to ensure they are still satisfied with existing services.

Also, in 2022, surveys for all programs will be streamlined and simplified, focusing on key client outcomes and services, allowing for a timelier survey completion.

### **Recommendation/Conclusion 2: Client's requesting follow-up is just as important as their survey responses**

Approximately 25% of all surveys received indicated a concern that required follow-up with a case manager. These concerns included needing additional services, requesting a general follow-up call from a social worker, needing assistance with different types of issues, stating a complaint or issue that needed resolution or complimenting their social worker. These types of responses have been reported consistently throughout the years and these surveys allow our clients another avenue to report feedback and concerns.

### **Recommendation/Conclusion 3: Clients rely on senior/community centers for basic needs, social interaction, and technology**

Several questions indicated how reliant some clients are on the services provided by senior and community centers. More than 40% of CSSP respondents indicated they felt lonelier while their center was closed and nearly 40% indicated they did not have sufficient technology. More than half of all respondents indicated that they received a home-delivered or curbside meal from their center while the center was closed. Nearly 80% of respondents indicated they plan to return to their center or have returned.

### **Recommendation/Conclusion 4: Researching national data and using survey data as performance indicators**

DSAS uses the "overall satisfaction" question as a yearly performance indicator for all programs. DSAS PEI staff will continue to research national survey data to determine if any changes need to be made for future surveys. Existing questions focusing on loneliness, technology, and nursing home and hospital usage are based on national research. Questions focused on the Social Determinants of Health will also be explored for potential use.