

DEPARTMENT OF HUMAN SERVICES

CONSUMER FEEDBACK REPORT

JANUARY 2003

-Fall 2002 feedback from DHS field offices-



CONSUMER FEEDBACK REPORT

SPECIAL THANKS TO THOSE WHO CONTRIBUTED TO THIS PROJECT

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INTRODUCTION

PURPOSE

The Consumer Feedback project was designed to aid the department in identifying the extent that services in the field are integrating from the consumer/client perspective. In keeping with the department's vision, we hoped to gain insight as to whether we are providing better outcomes through collaboration, integration and shared responsibility.

The project identifies two overlapping service populations. Those with basic benefits, meaning one, two or maybe three services such as food stamps, medical card and/or childcare. And those who receive case managed services with one or more case managers such as cash assistance, employment services, protective services or home health care.

This consumer feedback project addresses both populations in terms of design, data and interpretation.

PILOT

In April 2002, a pilot project was implemented to test the distribution process. Those who participated were;

Multnomah County - SDA 2

Benton, Lincoln & Linn Counties - SDA 4

Union County, part of SDA 13 and

Offices of Vocational Rehabilitation Services not housed within the SDA buildings

1,200 forms were distributed to clients that visited DHS office locations. Respondents included, 205 client/consumer, 10 family members, 9 caregivers (non-family member), and 4 other.

THE PROCESS

In October of 2002, based on feedback from the pilot, the following were recommended methods for Service Delivery Area's in distributing the forms to clients;

- Have reception/lobby staff hand forms to clients
- Host a focus group with the feedback form
- Have caseworkers keep forms at their desk for client staffing or home visits
- Distribute forms across all programs

Forms were distributed during the month of November 2002.

Each SDA was responsible for choosing their method of distribution and ensuring that all forms were distributed.

SDA's, depending on the population, received either 1,000 or 1,500 forms for distribution

LEARNING OPPORTUNITY

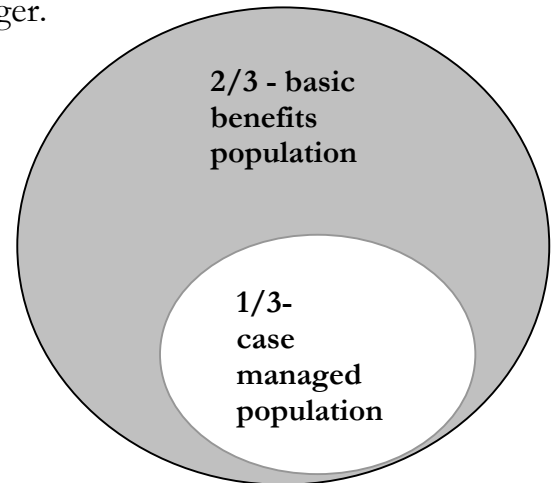
The consumer feedback process provides an opportunity for us to learn from each other in the distribution process. SDA 14 showed a 30.6% return rate. In speaking with them, we discovered they clearly communicated to staff the importance of this feedback, as distributed forms to all DHS buildings and "point of entry". In addition they had case managers keep forms at their desk and take them on home visits. We found this to be true for SDA 7 as well, who showed a 22.7% return rate.

WHO PROVIDED FEEDBACK?

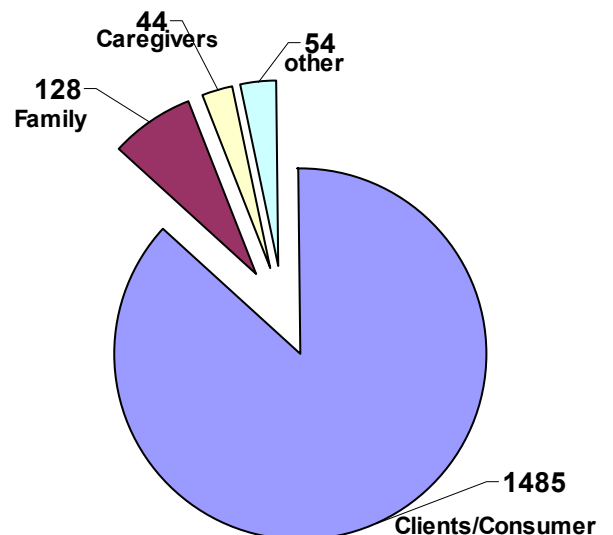
This report reflects the respondents from two overlapping service populations: the basic benefits population, where respondents generally receive one, two or three services typically including food stamps, medical cards and child-care. Co-case managed services, where respondents also receive several services such as cash assistance, employment services and protective services, and the basic benefits.

Number of services, which respondents indicated that they are receiving, is a factor in the analysis of how they respond - - for instance, an individual who receives one service (food stamps) will respond differently than an individual who is receiving multiple services with a co-case manager.

- 19,000 feedback forms were sent statewide to CHS Service Delivery Areas
- 1782 consumers responded
- 1538 respondents receive basic benefit services
- 298 respondents receive case managed services
- The case managed population is where there is more of an opportunity for integrated services



Out of the 1,782 respondents, the majority of the forms were actually completed by the consumer/client as opposed to a family member, caregiver, or other person.



KEY FINDINGS

Question #1: DHS offices are open at times that are good for me.

OBJECTIVE

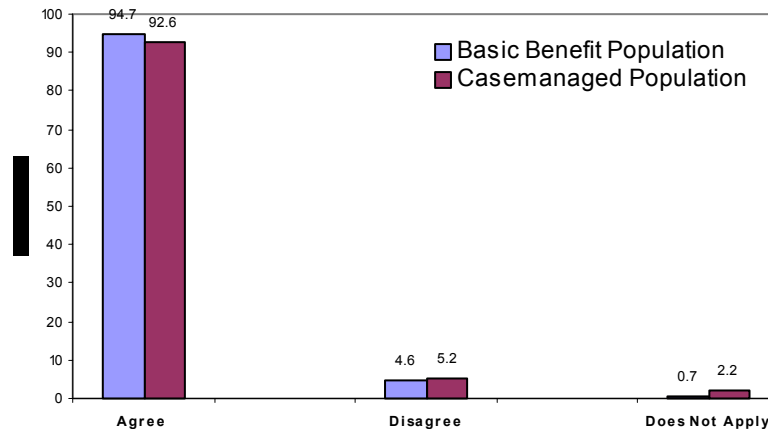
This question connects to the Point of Contact component of the Service Delivery Model (SDM). This component of the SDM focuses on access to services. The objective of this question was to assure that business hours met client's needs. It is important that offices are open at times that both service population clients need to access services.

RESULTS

The question would seem to have equal importance for those clients accessing basic benefits or those clients using case managed services.

The results from this question indicate that, whether clients are receiving benefits or case managed services, there is a positive view of when offices are open. 94.7% of clients using basic benefits services and 92.6% of clients using case managed services either strongly agree or agree that offices are open at times that are good.

1. DHS offices are open at times that are good for me.



Question #2: DHS offices are easy to find.

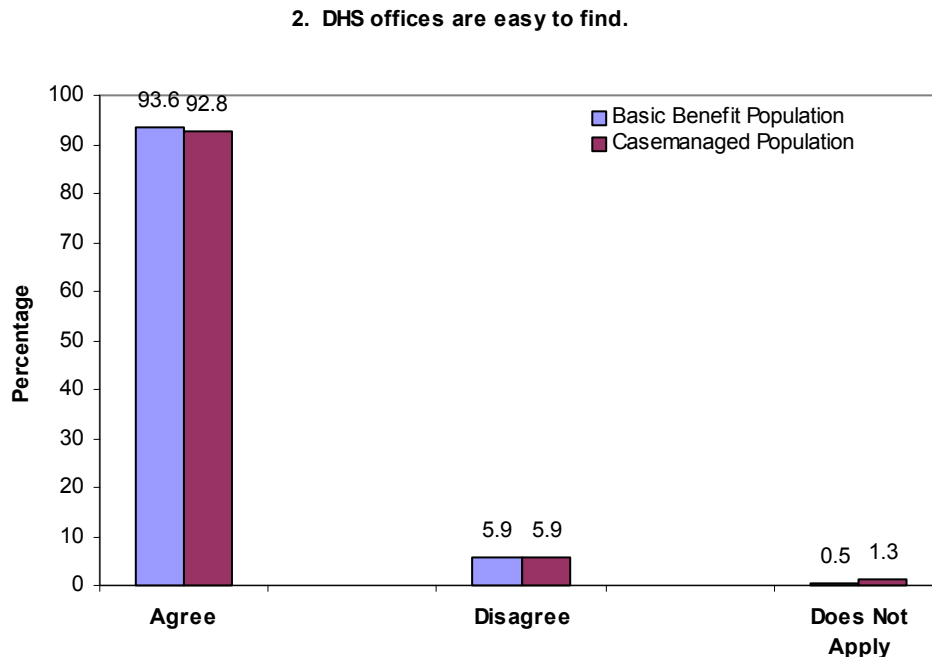
OBJECTIVE

This question connects to the Point of Contact component of the Service Delivery Model (SDM). This component of the SDM focuses on access to services. The objective of this question was to assure that clients have the ability to locate offices where services are provided.

RESULTS

The question would seem to have equal importance for those clients accessing basic benefits or those clients using case managed services.

The results from this question indicate that, whether clients are receiving benefits or case managed services, there is a positive view of the ability to find offices. 93.6% of clients accessing benefits only services and 92.8% of clients using case managed services either strongly agree or agree that offices are easy to find.



Question #3 DHS offices recognize my cultural needs

OBJECTIVE

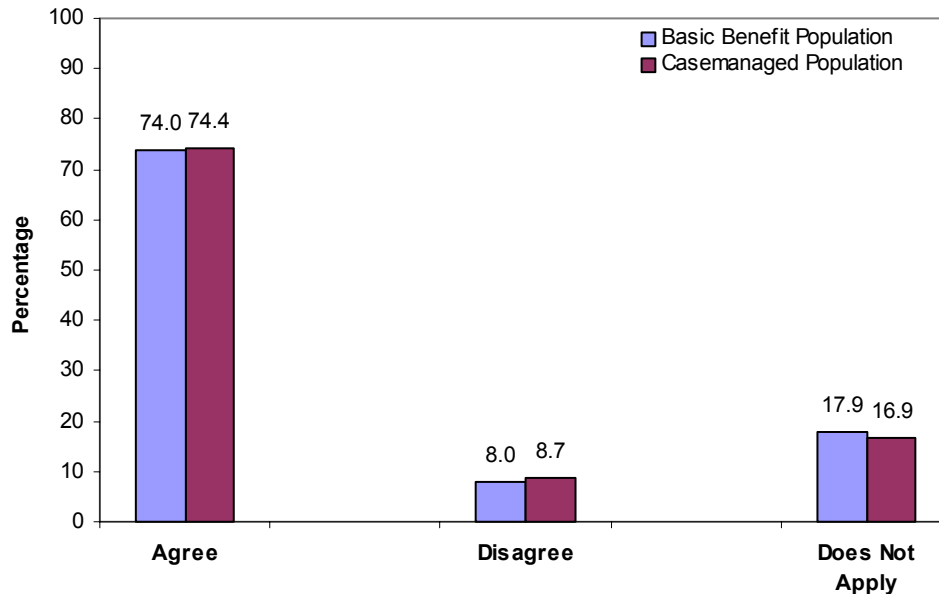
This question connects to the Point of Contact component of the Service Delivery Model (SDM). This component of the SDM focuses on access to services. The objective of this question was to assure that all clients are greeted, welcomed and treated with respect and dignity.

RESULTS

The question would seem to have equal importance for those clients accessing basic benefits or those clients using case managed services.

The results from this question indicate that, whether clients are receiving benefits or case managed services, there is a positive view of offices recognizing cultural needs. 74.1% of clients accessing benefits only services and 74.4% of clients using case managed services either strongly agree or agree that offices recognize cultural needs.

3. DHS offices recognize my cultural needs.



Question #4 DHS offices meet my accessibility needs

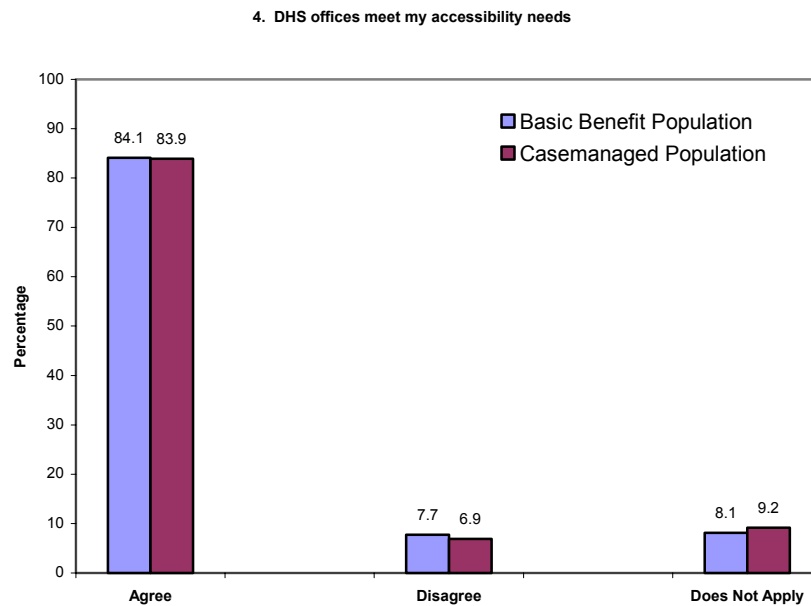
OBJECTIVE

This question connects to the Point of Contact component of the Service Delivery Model (SDM). This component of the SDM focuses on access to services. The objective of this question was to assure that clients are greeted, welcomed and treated with respect and dignity.

RESULTS

The question would seem to have equal importance for those clients accessing basic benefits or those clients using case managed services.

The results from this question indicate that, whether clients are receiving basic benefits or case managed services, there is a positive view of meeting accessibility needs. 84.2% of clients accessing benefits only services and 83.9% of clients using case managed services either strongly agree or agree that offices meet accessibility needs.



Question # 5 When I first contacted DHS, the first person I spoke to was able to help me or connect me with someone who could.

OBJECTIVE

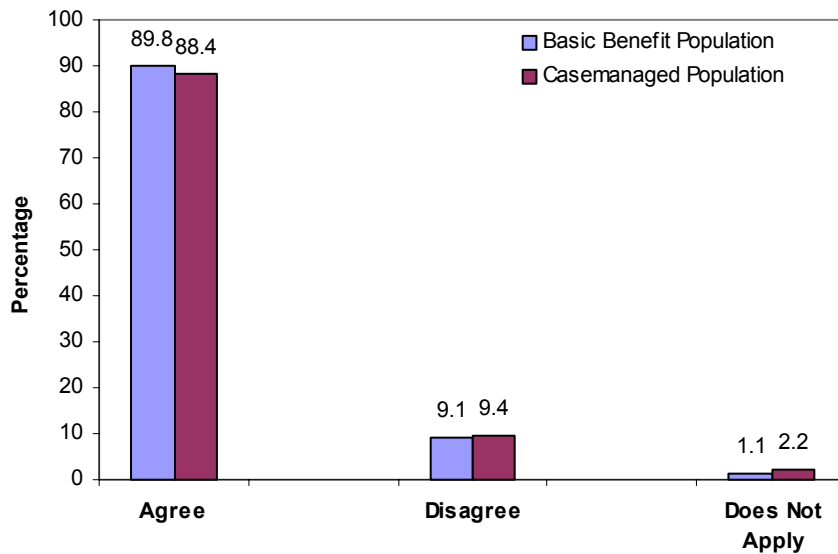
This question connects to the Point of Contact & Navigation components of the Service Delivery Model (SDM). These components of the SDM focus on helping clients access services and understand DHS services. The objective of this question was to assure that clients are easily connected to services and benefits.

RESULTS

The question would seem to have equal importance for those clients accessing basic benefits or those clients using case managed services.

The results from this question indicate that, whether clients are receiving basic benefits or case managed services, there is a positive view of the first person they saw in the system. 89.8% of clients accessing basic benefits only services and 88.4% of clients using case managed services either strongly agree or agree that the first person they spoke with was able to help or connect them with someone who could.

5. When I first contacted DHS, the first person I spoke to was able to help me or connect me with someone who could.



Question #6 If the DHS office was not able to help me, staff were helpful in making an appointment for me with someone who could.

OBJECTIVE

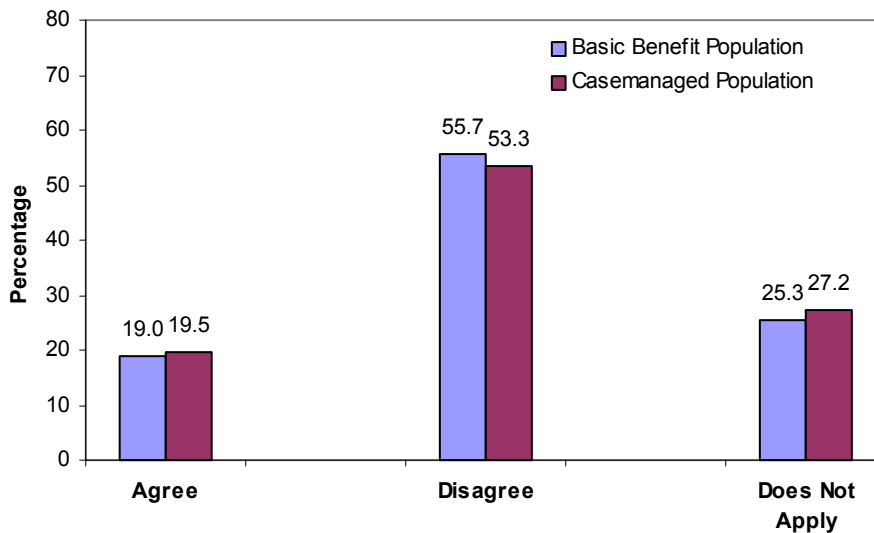
This question connects to the Enhanced Community Referral (ECR) component of the Service Delivery Model (SDM). This component of the SDM focuses on helping client access services within DHS as well as outside the system. The objective of this question was to assure that clients are connected to a wider range of services and benefits.

RESULTS

The application appears to have equal importance for those clients accessing basic benefits or those clients using case managed services.

The results from this question indicate that, whether clients are receiving basic benefits or case managed services, there is a negative view of ECR. 55.7% of clients accessing basic benefit services and 55.3% of clients using case managed services either strongly disagree or disagree that if the DHS office was not able to help them, staff were helpful in making an appointment for them with someone who could.

6. If the DHS office was not able to help me, staff were helpful in making an appointment for me with someone who could.



Question #7 I only had to talk to a few staff people to get my needs met.

OBJECTIVE

This question connects to the Point of Contact, Lead Services Manager (LSM) and Navigation components of the Service Delivery Model (SDM). This component of the SDM focuses on helping clients access services and understand DHS services. The objective of this question was to evaluate the number of staff that clients needed to talk to in order to access services.

The SDM focuses on limiting the number of staff that clients need to talk to in order to access services, so as not to create barriers. In defining the two populations addressed in this feedback process, there is a philosophical difference in benefit delivery practices. Clients receiving basic benefits, are now encouraged to talk to multiple staff as to ensure the quality of their services. Whereas, clients receiving case managed services need coordinated supports.

RESULTS

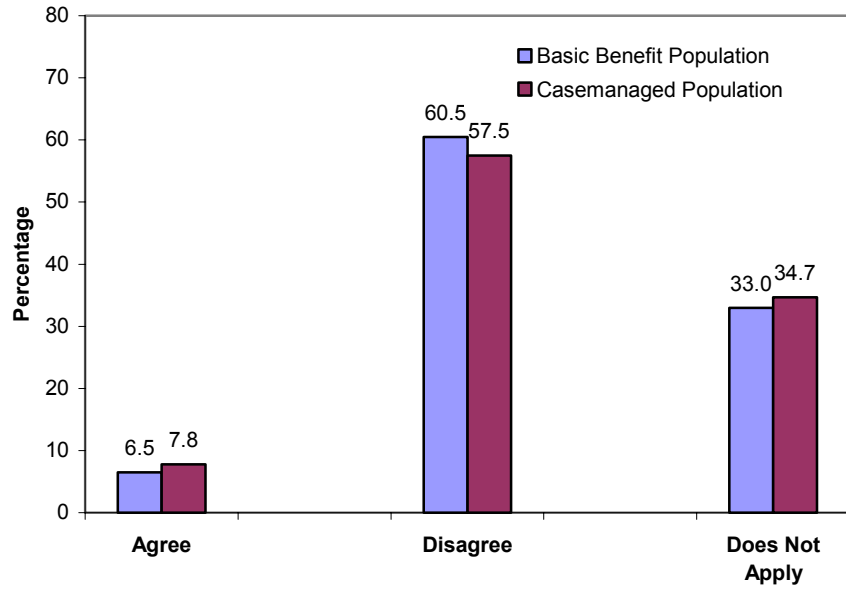
The results from this question indicate that, whether clients are receiving benefits or case managed services, there is the opinion that clients talk with multiple staff. 60.6% of clients accessing benefits only services and 57.5% of clients using case managed services disagree that they only had to talk to a few staff people to get their needs met. The results show that 33.0% of clients accessing benefits only services and 34.7% of clients using case managed services indicated 'does not apply.'

For basic benefits clients, this could be viewed as positive in that the new system requires clients to talk to multiple staff for a more thorough review of eligibility requirements prior to receiving benefits.

For clients using case managed services, the results are viewed as negative in that the SDM suggests limiting the number of staff that clients need to talk to in order to access services so as not to create barriers. *This may indicate that some SDA's are further along in implementing the SDM than others.*

SDA's have expressed challenges with implementing the LSM component of the SDM. SDA managers report that a lead person is naturally selected as the client moves through the system as opposed to designating the individual during admission. This process would seem to require clients to talk to more staff.

7. I only had to talk to a few staff people to get my needs met.



Question #8 I had to repeat the same information (i.e. SS # to several staff)

OBJECTIVE

This question connects to the Point of Contact and Navigation component of the Service Delivery Model (SDM). This component of the SDM focuses on helping clients access services and understand DHS services. The objective of this question was to assess the number of times that clients repeated the same information.

The SDM focuses on limiting the number of staff that clients need to talk to in order to access services, so as not to create barriers. In defining the two populations addressed in this feedback process, there is a philosophical difference in benefit delivery practices. Clients receiving basic benefits, are now encouraged to talk to multiple staff as to ensure the quality of their services. Whereas, clients receiving case managed services need coordinated supports.

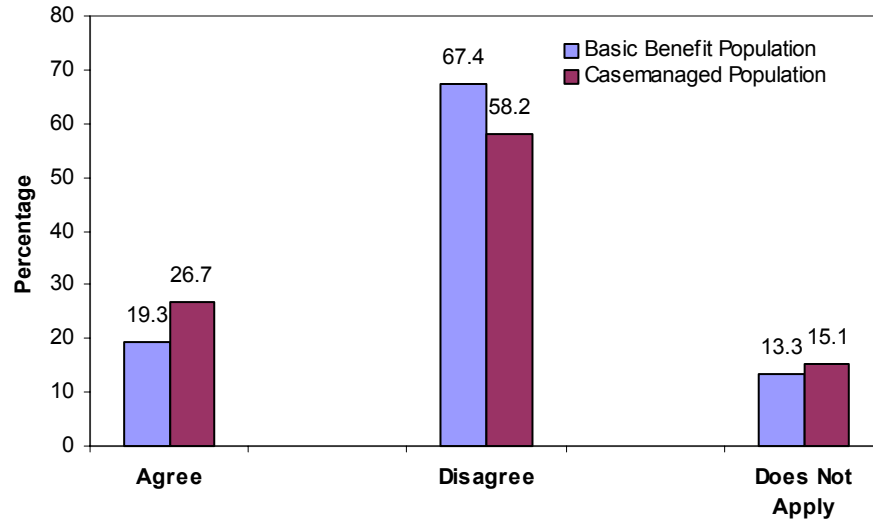
RESULTS

The results from this question indicate that, whether clients are receiving benefits or case managed services, there is the opinion that clients do not repeat information. 67.4% of clients accessing basic benefits services and 58.2% of clients using case managed services disagree that they had to repeat information to several staff.

For benefits only clients, this could be viewed as positive in that the system encourages clients to talk to multiple staff.

For clients using case managed services, the results could be viewed as negative in that the SDM suggests limiting the number of staff that clients need to talk to in order to access services so as not to create barriers

8. I had to repeat that same information (i.e., SS#, etc.) to several staff.



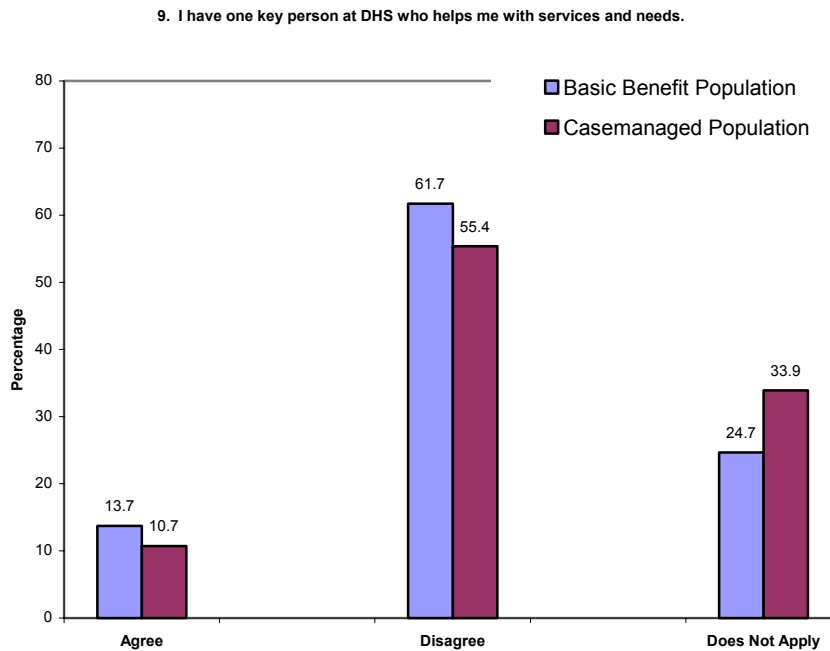
Question #9 I have only one key person at DHS who helps me with services and needs.

OBJECTIVE

This question connects to the Lead Services Manager (LSM) component of the Service Delivery Model (SDM). The concept was that the LSM act as the client’s primary contact within the DHS system. This concept was to apply to both service populations. The LSM was to make contact, provide basic benefits, and be responsible for plan implementation.

RESULTS

It is no longer the objective of DHS to have one key person in all cases. So therefore the LSM positions do not exist. The need to support a different model involving multiple points of contact has become necessary in some realms such as Food Stamps Quality Control. With that in mind, it supports the high percentages of both populations that disagree with the question.



Question #10 I was offered other services I might use.

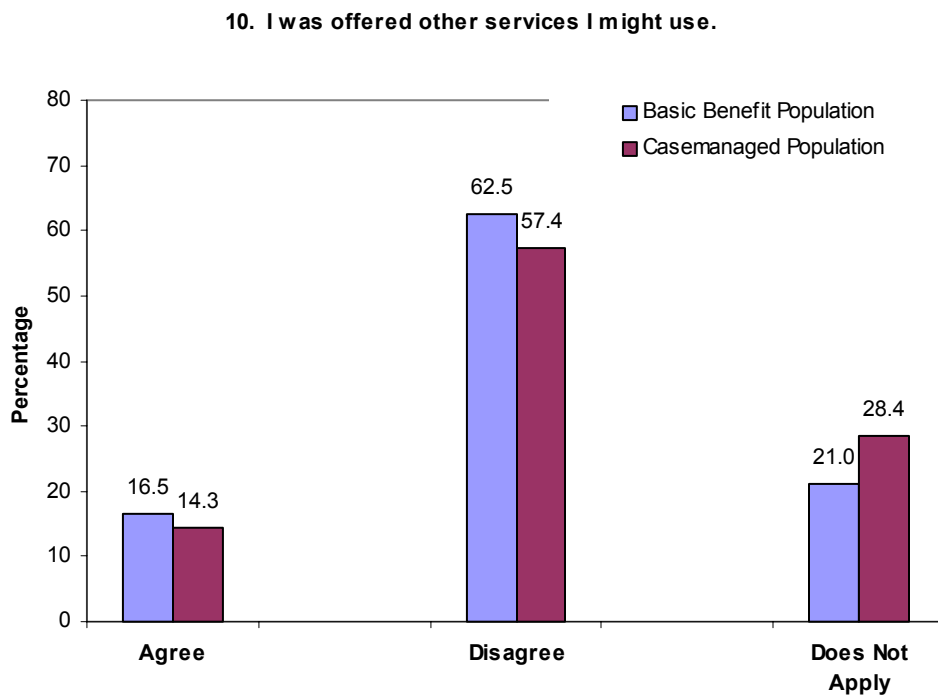
OBJECTIVE

This question connects to the Enhanced Community referral (ECR) component of the Service Delivery Model (SDM). This component of the SDM states that all staff and partners will be expected to provide ECR where applicable as clients move through the system.

RESULTS

The question appears to have equal results for those clients accessing basic benefits or those clients using case managed services.

The results from this question indicate that, 62.5% of basic benefit clients and 57.4% of case managed clients feel other services were not offered. This could also result in the data “not” indicating that the clients did need to be offered other services.



Question #11 Getting services was more difficult than I thought it would be.

OBJECTIVE

The intent of this question was to measure the effectiveness of receiving services for all DHS populations. At the time, we were interested in knowing if acquiring services was becoming easier, or more difficult, as a result of integration. This question is not specific to the Service Delivery Model (SDM).

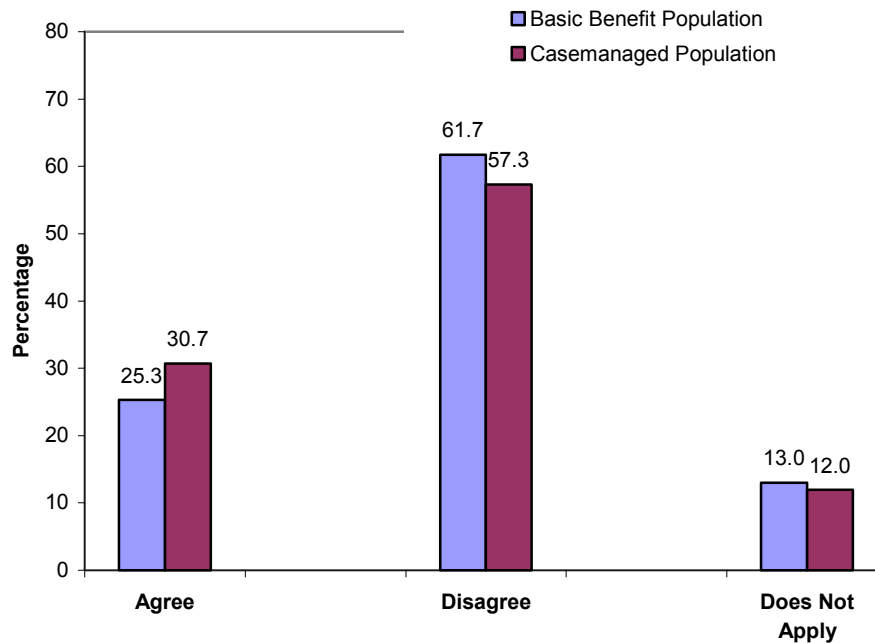
RESULTS

The question would seem to have equal importance for those clients accessing basic benefits or those clients using case managed services.

For this question, a “disagree” response indicates that is “not” difficult to access DHS services.

The results from this question show that 61.7% of clients receiving basic benefits and 57.3% of clients receiving case managed services was relatively easily accessible. This is a positive outcome. As DHS continues to build on the SDM concept and services continue to integrate, we may see the 30.7% of those respondents who chose “does not apply” go down.

11. Getting services was more difficult than I thought it would be.



Question #12 I only had to go to one office to receive my DHS services.

OBJECTIVE

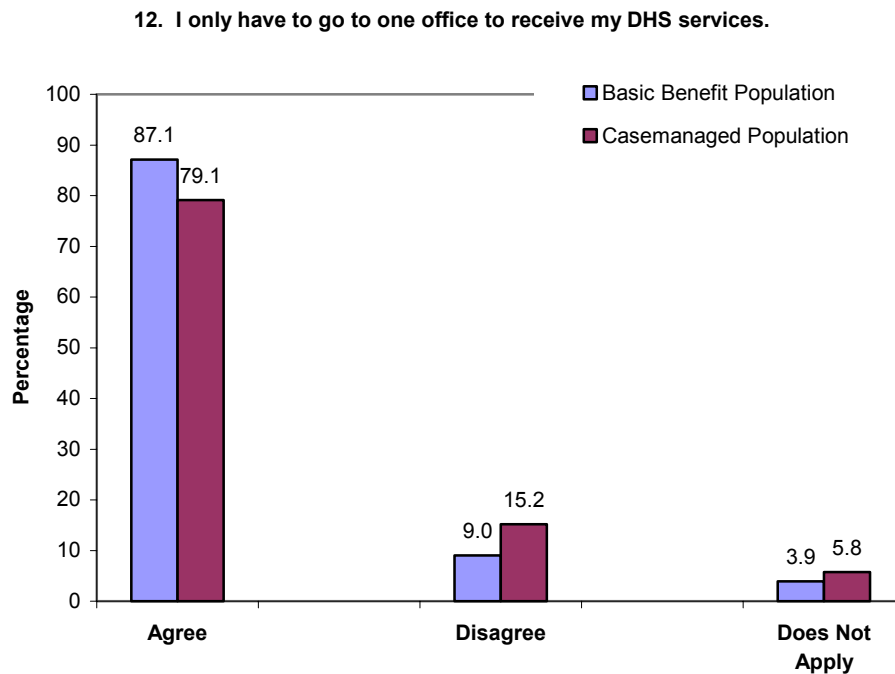
This question was connected to the Point of Contact, No-Wrong Door component of the Service Delivery Model (SDM). This speaks to an array of services being offered at one site through DHS, and community or partner referrals.

RESULTS

The question would seem to have equal importance for those clients accessing basic benefits or those clients using case managed services.

The results from this question indicate that 87.1% of clients receiving basic benefits and 79.1% of case managed clients receiving services are agreeing that they had to only go to one office to receive services.

This is viewed as very positive in relation to the Point of Contact component of the SDM.



Question #13 When my needs change, I don't have to fill out all new forms, staff just need some updated information.

OBJECTIVE

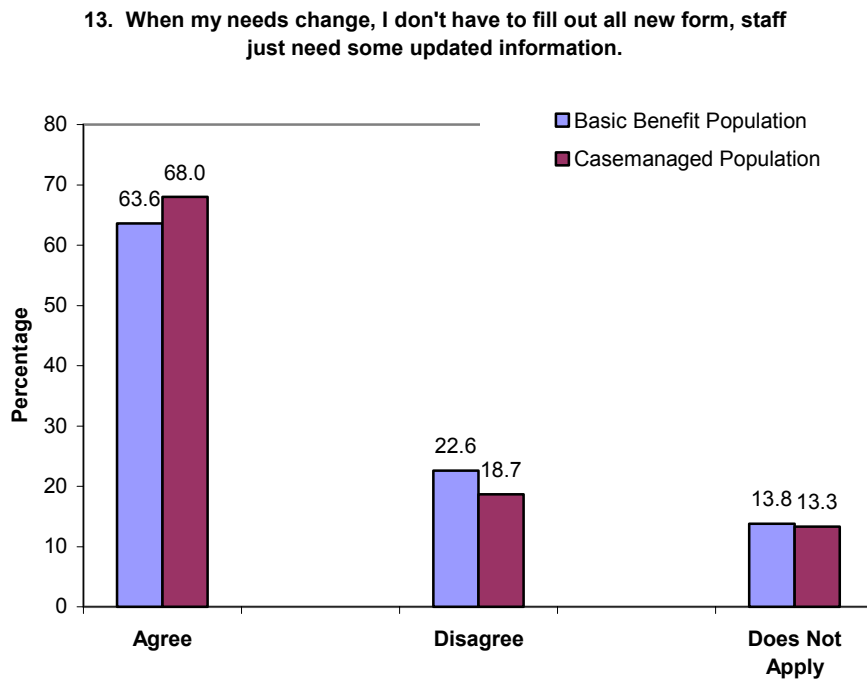
This question was connected to the Point of Contact, No-Wrong Door component of the Service Delivery Model (SDM). This speaks to an array of services being offered at one site through DHS, community or partner referrals. The concept was to have the ability to provide basic updates on current services.

RESULTS

The question would seem to have equal importance for those clients accessing basic benefits or those clients using case managed services.

The results from this question indicate that 63.6% of clients receiving basic benefits and 68.0% of case managed clients receiving services are agreeing that they did not have to fill out all new forms when needs change.

When compared to question #8, where clients were asked if they had to repeat the same basic information to several staff, the results are similar.



Question #14 DHS staff and I develop my services plan/goals.

OBJECTIVE

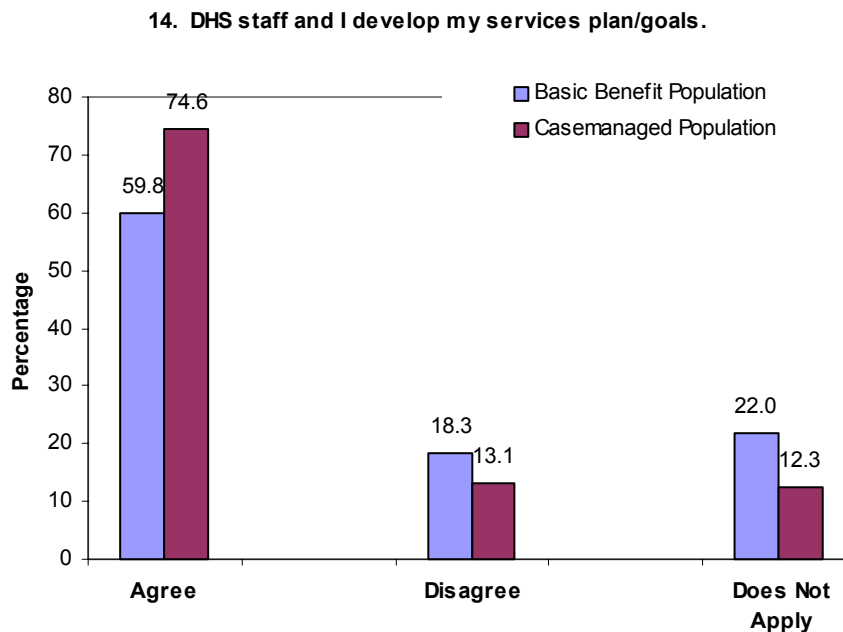
This question connects to the Integrated Service Plan (ISP) of the Service Delivery Model (SDM). Development of the ISP was planned to take place with active client participation and informed consent.

For the purpose of this question, “plan” and “goal” have the same meaning. There was strong advocacy at the time this feedback process was designed to identify with all DHS program terminology.

RESULTS

The results from this question indicate that 59.8% of clients receiving basic benefits and 74.6% of case managed clients receiving services are agreeing that they participate in the development of their plan/goal.

Although the basic benefit population responded positively, in actual practice, this service population generally does not have a plan/goal. This could speak to why 22.0% indicated, “does not apply”.



Question #15 I know what to do if I disagree with my service plan/goals.

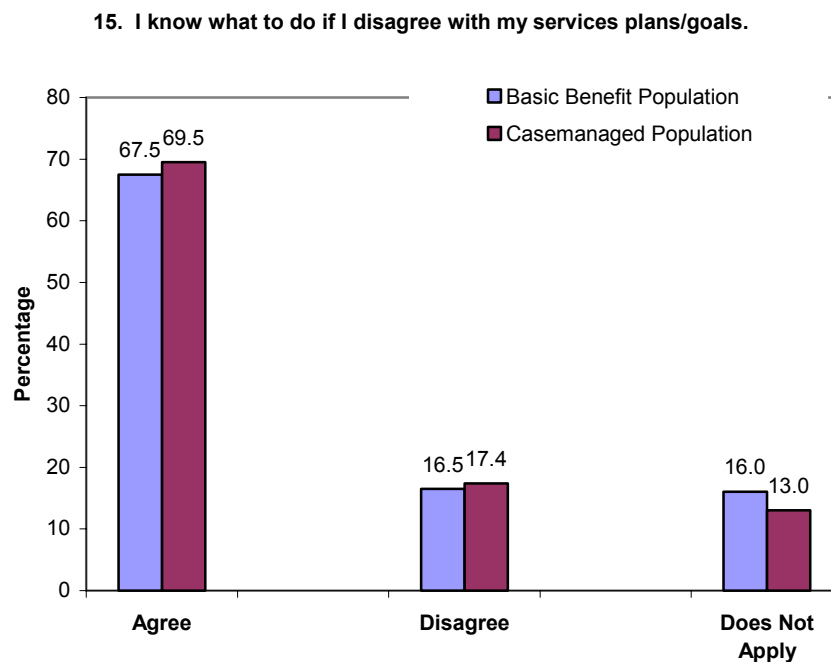
OBJECTIVE

In the overall concept of the Service Delivery Model (SDM), it was the intent to provide clients with the option of accepting or rejecting the services that we may offer, as well as assuring that clients have access to individuals who may help them protect their rights and get responses to grievances.

For the purpose of this question, “plan” and “goal” have the same meaning. There was strong advocacy at the time this feedback process was designed to identify with all DHS program terminology.

RESULTS

The results from this question indicate that 67.5% of clients receiving basic benefits and 69.5% of case managed clients receiving services are agreeing that they know what to do if they disagree with their plan/goal.



Question #16 I have multiple service plans/goals.

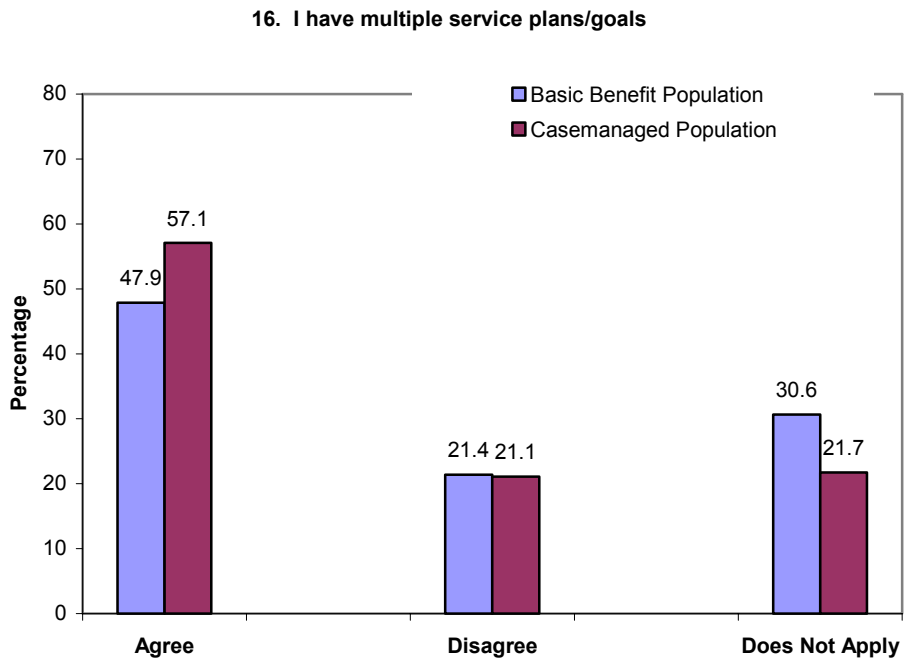
OBJECTIVE

This question connects to the Integrated Service Plan (ISP) component of the Service Delivery Model (SDM). Development of the ISP was designed to take place with active participation and informed consent. The ISP is to provide clients with clear and customized plan to achieve their goals.

For the purpose of this question, “plan” and “goal” have the same meaning. There was strong advocacy at the time this feedback process was designed to identify with all DHS program terminology.

RESULTS

In the original design of this question, “plan” and “goal” were intended to have the same meaning. This was based on input that defined goal and plan as synonymous. However, retrospectively, it appears that these terms have different meaning to clients. Therefore the results and data could have been interpreted in contradictory ways. This invalidates the findings.



“WHAT CAN WE DO TO SERVE YOU BETTER?”

720 respondents chose to comment to the above question. The results were;

- Nearly ¼ of the respondents complimented the Service Delivery Area staff and the Department for their good work.
- Respondents repeatedly commented on the “up-front” area, in relation to the need for better coordination, timeliness of staff contact, and customer service training for reception area staff.
- Other suggestions included better signage, development of Peer Support Groups, 1-800 numbers for information, extended operating hours and the need for a Grievance/Client complaint process

NEXT STEPS. . . FEEDBACK FOR THE FUTURE

This report provides a department-wide first time opportunity for our consumers to tell us how services are being offered since reorganization.

The project itself was originally designed to continue quarterly for one year, with the next distribution of forms to take place in the Spring/Summer of 2003.

JANUARY 2003

- Distribute the January 2003 report
- Learn from our findings – and project results.

FEBRUARY 2003

- Coordinate with CHS/CAF on purpose (objectives) for the next distribution. What is the purpose of the feedback form? – has that changed, and if so what would a new purpose look like for the Spring?
- Would the feedback process be distributed periodically, or on a continuous basis?
- What methods would be best for the gathering of feedback, such as a series of quarterly focus groups with clients across the state, or a feedback form distributed to consumers – or a combination of both.
- Expand or target DHS populations for feedback - i.e.: those receiving multiple CHS case managed services, Developmental Disabilities services, or Mental Health services?