



Dane County Aging and Disability Resource Center (ADRC) 2021 Improvement Survey

DANE COUNTY EXECUTIVE – Joe Parisi
DEPARTMENT DIRECTOR – Shawn Tessmann
DIVISION ADMINISTRATOR – Todd Campbell
ADRC MANAGER – Jennifer Fischer

Thank you for filling out this voluntary survey for the Dane County Aging and Disability Resource Center (ADRC). Your responses are confidential. They will be reported in aggregate, meaning they are grouped together with other people's responses. How you respond will not impact your services in any way. Your response helps ADRC know how well our service is meeting your needs as well as identify opportunities to improve services for adults with disabilities, older adults, and their caretakers.

Please return your completed survey in the enclosed, postage paid envelope no later than **June 13, 2021**.

Call (608)-xxx-xxxx to request a copy of the survey in Spanish.

Call (608)-xxx-xxxx to request a copy of the survey in Hmong.

Q1. Since the beginning of October 2020, have you called Dane County ADRC?

- ☐¹ Yes
- ☐² No
- ☐⁹ Do not remember → **GO TO Q16**

Q2. Overall, how satisfied are you with your contact with Dane County ADRC?

- ☐¹ Very satisfied
- ☐² Satisfied
- ☐³ Neutral
- ☐⁴ Dissatisfied
- ☐⁵ Very dissatisfied

Q3. When you contacted Dane County ADRC, were you seeking services for yourself or someone in your care?

- ☐¹ Myself
- ☐² Someone in my care

Q4. Did the ADRC staff member you talked to offer to set up a video call/talk through the computer (this may also be called a “virtual home visit”)?

- ☐¹ Yes → **Did you set up a video call?** ☐¹ Yes ☐² No
☐² No → **Would you have wanted a video call?** ☐¹ Yes ☐² No
☐³ Don't remember

Q5. How long did you wait for a video call/to talk through the computer?

- ☐¹ Did not set up or was not offered a video call
☐² 1-3 days
☐³ 4-6 days
☐⁴ 7-10 days
☐⁵ More than 10 days
☐⁶ Don't remember

Q6. Overall, how satisfied are you with the amount of time you waited to speak with an ADRC staff member about your needs?

- ☐¹ Very satisfied
☐² Satisfied
☐³ Neutral
☐⁴ Dissatisfied
☐⁵ Very dissatisfied

| Q7. Did the person you talked with...? | Definitely Yes | Yes | No | Definitely No |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Listen carefully to what you wanted | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| Understand what you wanted | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| Explain things in a way you could understand | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |

| Q8. Was the person you talked with...? | Definitely Yes | Yes | No | Definitely No |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Courteous and respectful | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| Knowledgeable about the services and information you asked about | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |

| Q9. Overall, was the information you received...? | Definitely Yes | Yes | No | Definitely No |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Clear | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |
| Helpful | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ |

Q10. Were you directed to other places for service or more information?

- ☐¹ Yes, including Long Term Care → **CONTINUE**
☐² Yes, but not to Long Term Care → **ANSWER Q14 AND Q15**
☐³ No → **GO TO Q16**

Q11. Which, if any, Long Term Care program are you (or the person you care for) enrolled in?
Check only one.

- ☐¹ Not enrolled → **GO TO Q15**
☐² Community Care – Family Care
☐³ *i-Care* – Partnership
☐⁴ IRIS - Connections
☐⁵ IRIS – First Person
☐⁶ IRIS – Progressive Community Services (PCS)
☐⁷ IRIS – TMG
☐⁸ My Choice Wisconsin – Family Care
☐⁹ My Choice Wisconsin – Partnership
☐¹⁰ Enrolled, but not sure which program

Q12. How satisfied are you with the Long Term Care provider?

- ☐¹ Very satisfied
☐² Satisfied
☐³ Neutral
☐⁴ Dissatisfied
☐⁵ Very dissatisfied

Q13. What can the Long Term Care provider do better?
Explain in the box below and then GO TO Q15.

Q14. Did you receive a follow-up call from ADRC after your initial phone call or video call?

- ☐¹ Yes
☐² No

Q15. As a result of talking to ADRC staff, did you pursue any services?

- ☐¹ Yes
☐² No

EVERYONE ANSWER

Q16. For each of the statements, please check if this is a service you need and if you received information about this service from ADRC.

If you did not contact ADRC, please only check which services you need.

| | Need this service | Got information from ADRC |
|---|--|--|
| Support for caregivers | <input type="checkbox"/> ⁰¹ | <input type="checkbox"/> ⁰¹ |
| Options for staying in my home | <input type="checkbox"/> ⁰² | <input type="checkbox"/> ⁰² |
| Long Term Care options | <input type="checkbox"/> ⁰³ | <input type="checkbox"/> ⁰³ |
| Help finding housing with services | <input type="checkbox"/> ⁰⁴ | <input type="checkbox"/> ⁰⁴ |
| Help with a disability | <input type="checkbox"/> ⁰⁵ | <input type="checkbox"/> ⁰⁵ |
| Resources for getting in-home personal care | <input type="checkbox"/> ⁰⁶ | <input type="checkbox"/> ⁰⁶ |
| Help paying for services | <input type="checkbox"/> ⁰⁷ | <input type="checkbox"/> ⁰⁷ |
| Discuss concerns about memory loss | <input type="checkbox"/> ⁰⁸ | <input type="checkbox"/> ⁰⁸ |
| Resources for getting food | <input type="checkbox"/> ⁰⁹ | <input type="checkbox"/> ⁰⁹ |
| Help applying for public benefits such as Medicare, Medicaid, and FoodShare | <input type="checkbox"/> ¹⁰ | <input type="checkbox"/> ¹⁰ |

Q17. What future or ongoing needs of aging adults or adults with disabilities are not currently being met in Dane County?

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Q18. What are some of the biggest challenges facing aging adults or adults with disabilities to stay in their own home?

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THANK YOU FOR COMPLETING THIS SURVEY.

Please return it in the enclosed postage paid envelope to:

Dane County Department of Human Services
1202 Northport Drive/4th FL
Madison, WI 53791