



Holocaust Survivor Emergency Assistance Program

Client Feedback Survey Analysis

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9/23/2019

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Overview

Jewish Family & Child measures client satisfaction on an ongoing basis. Once a client's case is closed in a specific service, the Quality Assurance Coordinator will invite the client to participate in a satisfaction survey by telephone. Participating in the survey is voluntary and anonymous, unless the client chooses to self-identify. The Quality Assurance Coordinator enters the client satisfaction data into SurveyMonkey. Findings from the client satisfaction are shared with senior and middle management and staff on an ongoing basis as well as key stakeholders. Client satisfaction data is very relevant when reporting to our donors and funders. As an agency we are accountable to those that are funding our programs and services. Providing client satisfaction data to funders and donors demonstrates that we are utilizing their monies effectively. Moreover, having this type of data enhances JF&CS's ability to advocate for increased program support and funding.

Historically clients of the Holocaust Survivor Emergency Assistance Program (HSEAP) at JF&CS were not contacted to complete the survey. This was due to English not being the first language spoken by the clients of this program; the primary language of the clients of the HSEAP is Russian. In 2019 it was decided to begin collecting client satisfaction data from the HSEAP to improve our ability to advocate for increased donation and funding for this program. As we never collected client satisfaction data from this clientele before, an entire process needed to be developed for us to begin asking clients to participate in this survey. The Research and Evaluation, Development and Communications and the staff of the HSEAP collaborated to develop a survey that would be appropriate for the clients of this program. The Manager of Information and Business Solutions participated in this project to develop procedures to capture specific client information in Matrix to facilitate administering this survey. To accommodate the language spoken by the clients of HSEAP, a Russian speaking volunteer was recruited by our Volunteer Services department to administer the survey by telephone. The agency engaged in the services of a translation company to translate the survey into Russian.

As part of the procedure that was developed, service providers of HSEAP in August 2019 began indicating within their case in Matrix if their client was appropriate for contacting to complete the survey. Due to the age and health of many of these clients, it was agreed that their caregiver or power of attorney of the survivor would be asked to complete the survey when it was appropriate. In September 2019, a Russian speaking volunteer administered the survey to clients of HSEAP. The purpose of collecting Holocaust survivor feedback data is to determine if clients believe that the intended outcomes of HSEAP are being achieved.

Holocaust Survivor Emergency Assistance Program (HSEAP) Overview

Jewish Family & Child receives funding from The Conference on Jewish Material Claims against Germany (Claims Conference), UJA Federation, The Azrieli Foundation and donors in our community in order to support low income Holocaust survivors living in the Greater Toronto Area when their urgent needs are not covered by other resources. HSEAP is not an entitlement for every Holocaust survivor as the eligibility is based on financial status. The main goals of HSEAP is to provide Holocaust survivors with the financial and clinical supports needed to reduce the stress of their urgent medical health needs as well connect them with resources in the community.

HSEAP assistance includes:

- Emergency medical and dental care not paid by government programs
- Certain medical products such as wheel chairs, safety bars, hospital beds, hearing aids
- Medically-related assistance such as air conditioning for emphysema patients
- Emergency relocation and /or rent to prevent eviction (market rent)
- Funds to prevent utility shut-off
- Connection to services available in the GTA for Holocaust Survivors (Agency- Restitution/Café Europa, Circle of Care – homecare, transportation, Bernard Betel, etc.
- Connection to government Healthcare/Geriatric/Social Services Resources

Holocaust survivors or their caregiver or Power of Attorney (if client is medically unable to attend appointment) must attend an in-person verification interview where required documentation must be presented to the service provider. The required documentation includes:

- Verification of income and assets (NOA, T1General, 3 months bank statements)
- Information to verify status as a Jewish Nazi Victim (as defined by Claims Conference) and photo ID
- Documentation to validate need for emergency funds (letter from doctor, eviction notice, bill)

Clients may receive no more than a total of \$2,500 in 12 months towards eligible expenses. All requests for financial assistance are reviewed internally, approved by the Committee for Holocaust Survivors in Need and submitted to the Claims Conference. The client does not receive the money directly but a cheque is issued to the vendor or service provider. Please refer to [Appendix A](#) for details on the Holocaust Survivors Emergency Assistance Program Guidelines.

Evaluation Methods

Holocaust Survivor Survey

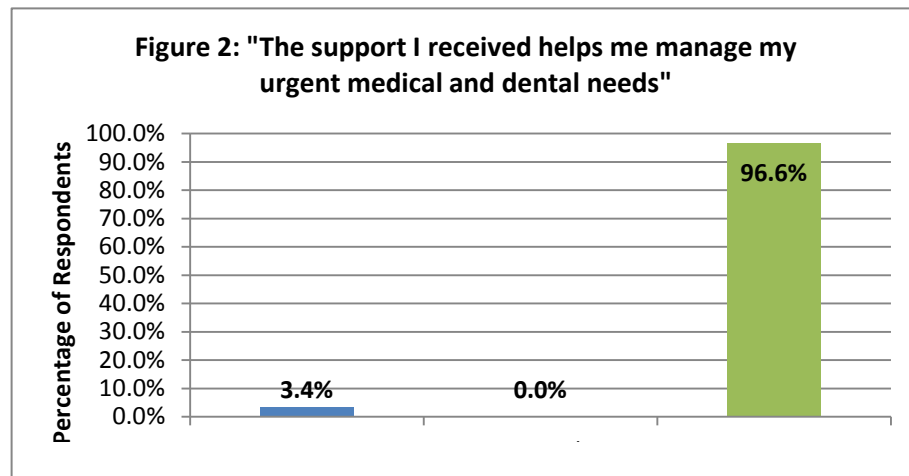
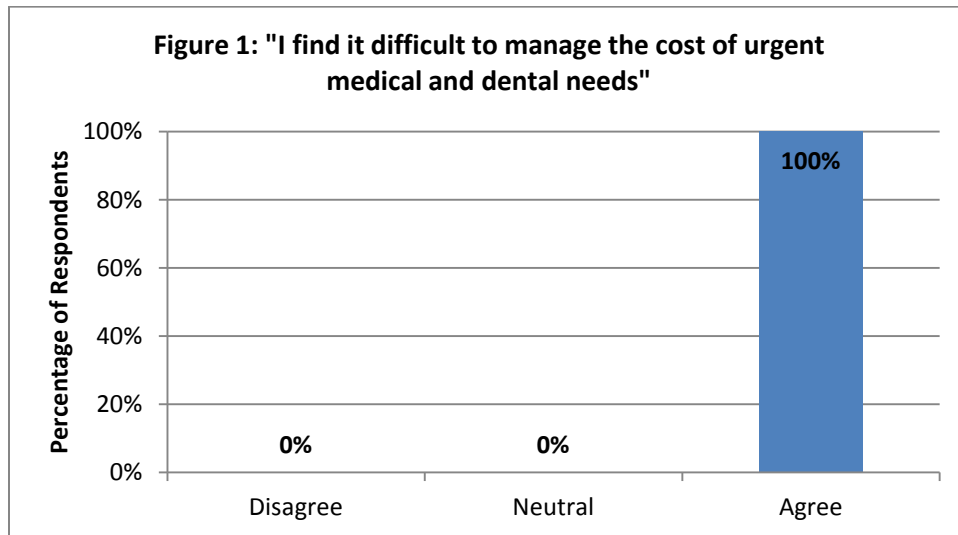
The feedback survey ([Appendix B](#)) was administered by the volunteer in two days. The survey was only administered to open Holocaust Emergency Fund cases. These are cases where a requisition has been processed and the vendor paid. The volunteer contacted the clients of the program by telephone to invite them to participate in the survey. For additional details on the process for administering the survey, please refer to [Appendix C](#). It was communicated to the client that if they did not want to answer the questions it would not impact the services they receive. The volunteer was able to administer the survey in Russian when needed. The volunteer contacted 51 survivors with a response rate of 59%. The survey consisted of six items which were based on the previously mentioned objective of the program, and was scored on a three-point Likert scale with options with 1 (*Disagree*), 2 (*Neutral*), 3 (*Agree*). The survey also asked the client if JF&CS helped them connect with community resources as well as giving them the opportunity to provide feedback on improving the service. The completed surveys were provided to the Quality Assurance Coordinator where the data was entered into SurveyMonkey.

The purpose of this evaluation is to determine from the client’s perspective if the goals of the program are being achieved. Moreover, the findings will improve JF&CS’s ability to report to our funders on the outcomes of the HSEAP.

The Results

a. Managing the Cost of Urgent Medical & Dental Needs and Financial Stress

As depicted in Figure 1, 100% of the Holocaust survivors agreed that it is difficult for them to manage the cost of their urgent medical and dental needs. This was reinforced as Figure 2 shows; that the majority of Holocaust survivors agreed that the support they received from HSEAP helped them manage their urgent medical or dental needs. The stress that comes from not being able to pay for health expenses is felt by the Holocaust survivors and the support from HSEAP has been able to alleviate some of the burden. As Figure 3 demonstrates, 100% of the Holocaust survivors surveyed agree that the support they received helped them feel less financially stressed.



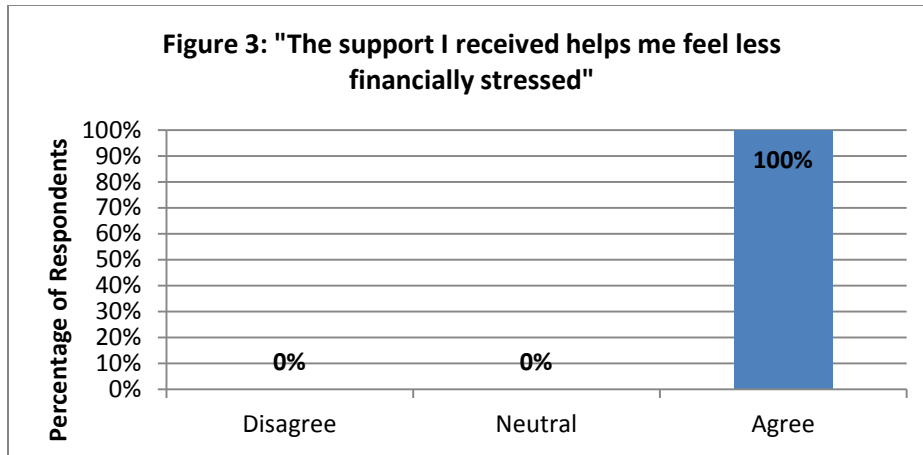


Figure 1

b. Type of Urgent Need

Holocaust survivors were asked to identify from a list what they needed the financial support for. Survivors could choose multiple items as they may have had more than one expense. As Figure 4 shows, the majority of the urgent needs came from dental work. Holocaust survivors also had an “other” option where they could identify another expense. Table 1 below shows the “other” expenses that were identified. The majority of the “other” expenses was for purchasing eye glasses and hearing aids.

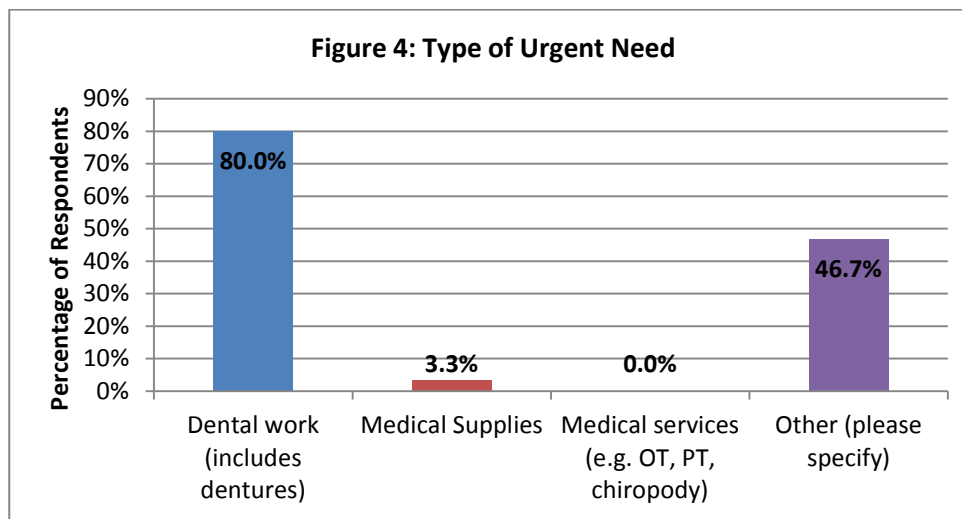
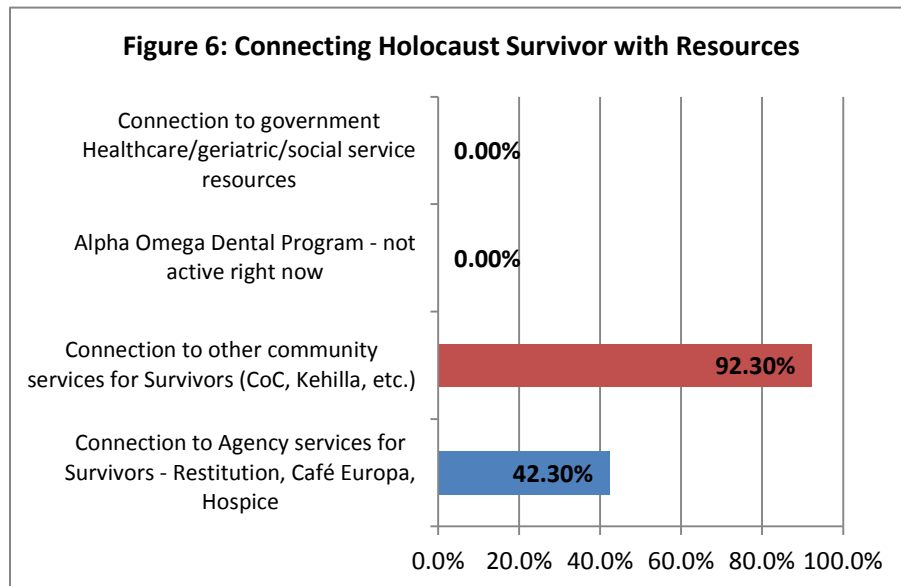
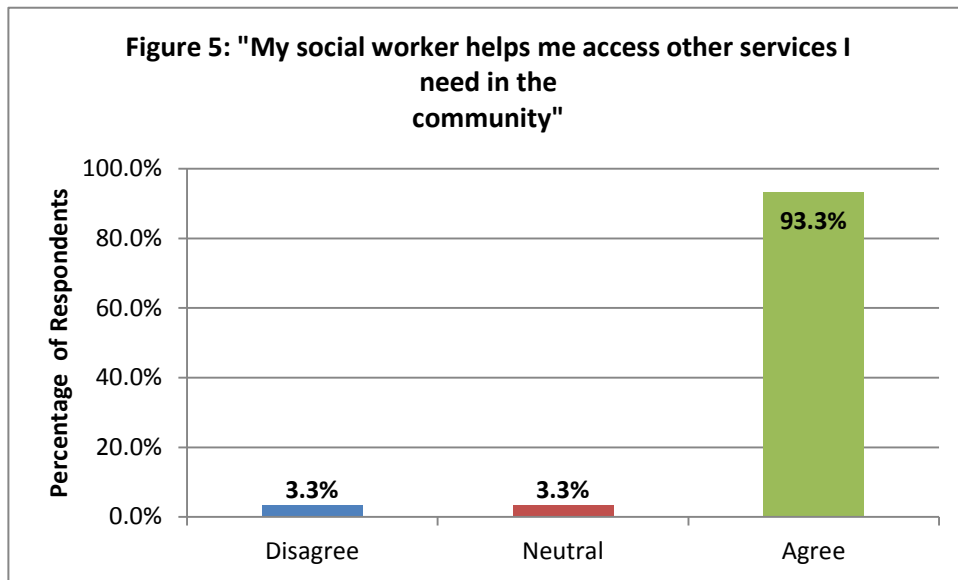


Table 1 Other Urgent Needs

Eye Glasses	Hearing Aid	Orthopedic Shoes	Special Medication (not covered by OHIP)
33%	33%	28%	6%

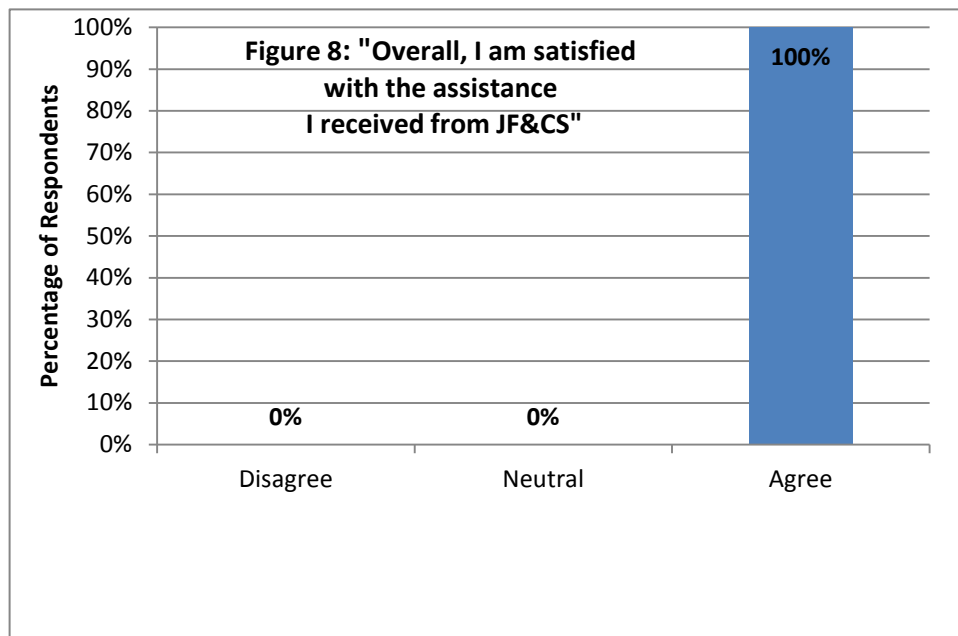
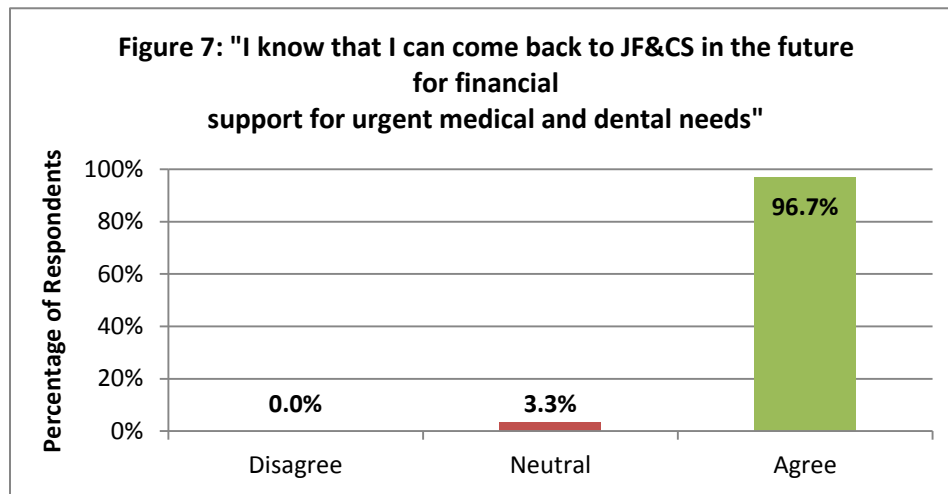
c. Connection to other Services

As Figure 5 illustrates, the majority of Holocaust survivors agree that their social worker helped them access other services in the community. We followed up with this item by asking the Holocaust survivors to identify what service(s) they were connected to. There was an option to choose more than one from the list. The majority of Holocaust survivors (as Figure 6 shows) received help from their worker in connecting with community services for survivors such as Circle of Care and Kehilla. In fact, the volunteer that conducted the survey indicated when taking the responses for this question that the connection was specifically with Circle of Care. The only other resource that survivors indicated that they were connected with was to other services offered by JF&CS such as Restitution, Café Europa and Hospice.



d. Satisfaction

Holocaust survivors were asked if they knew whether they could come back to JF&CS for support in the future for urgent medical and dental needs. The majority of survivors (as Figure 7 shows) agree that they know they can come back to JF&CS. It is evident that the Holocaust survivors surveyed were, overall satisfied with the assistance (see Figure 8).



Open-ended responses

Holocaust survivors were given the opportunity to provide their feedback on how JF&CS could improve HSEAP. The majority of survivors (62%) were thankful for the service and expressed their appreciation for the program. A survivor commented, "Very good service. Complete satisfaction." At the same time 19% of the survivors commented that they would like better meals from Circle of Care's Meals on Wheels program. A survivor remarked, "...asking for better meals (no pizza) – Circle of Care." 5% of survivors did communicate that they needed support to purchase over the counter medication and transportation.

Conclusions

The findings from the implementation of the HSEAP Feedback Survey demonstrate that the objectives of the program are being achieved. By providing Holocaust survivors with financial supports the program is able to alleviate some of the financial stress that Holocaust survivors are experiencing due to their urgent medical and dental needs. Moreover, the clinical support that the program offers connects the survivors to resources and services that they may be eligible for. HSEAP is a wrap-around service that assesses all of the needs of the survivor. Connecting survivors to other services such as Café Europa which is a monthly social and cultural get-together for survivors is a way to reduce the feeling of isolation that many of the Holocaust survivors may be experiencing. Furthermore, connecting them with Circle of Care for their Meals on Wheels program ensures that the survivors are able to eat regular nutritious meals. The Holocaust survivors find it difficult to manage their urgent health needs but they know that they can come to Jewish Family & Child for support. The findings clearly demonstrate that Holocaust survivors in our community see HSEAP as a vital program.

The Research and Evaluation department will continue to collect feedback data from Holocaust survivors of HSEAP. The ongoing collection of this data will allow JF&CS to monitor the program to ensure that its objectives are being achieved and necessary improvements are made. Lastly, JF&CS must be accountable to our funders and donors. By providing donors and funders with client outcome data, it positions JFC&S to demonstrate increased need for this program. JF&CS must be able to financially sustain HSEAP if it hopes to meet the increased level of urgent health needs of the aging Holocaust survivor population.

Appendix A – Holocaust Survivors Emergency Assistance Program Guidelines



Holocaust Survivors Emergency Assistance Program Guidelines (HSEAP) 2019

Income Eligibility (includes all sources of income):

	1 Person	Couple
Income Level	\$29,138	\$36,276
Assets not to exceed	\$29,138	\$36,276

Purpose - To support low income Holocaust survivors to meet the following urgent needs if not covered by other resources:

- a) Emergency medical and dental care not paid by government programs
- b) Certain medical products such as wheel chairs, safety bars, hospital beds, hearing aids
- c) Medically-related assistance such as air conditioning for emphysema patient
- d) Emergency relocation and /or rent to prevent eviction (market rent)
- e) Funds to prevent utility shut-off
- f) Other

Required Documentation:

- Verification of income and assets (NOA, T1 General, 3 months bank statements)
- Information to verify status as a Jewish Nazi Victim (as defined by Claims Conference) and photo ID
- Documentation to validate need for emergency funds (letter from doctor, eviction notice, bill)

Procedure:

1. An in-person verification appointment is required once in 12 months to access the program
2. If the client is medically unable to attend the appointment, the client's representative should have a valid Power of Attorney and present ID
3. Need must be of significance and present a hardship to the Survivor
4. Clients who are ineligible for the program due to income/asset overages may be reassessed after 12 months with a significant change in circumstances
5. A client may receive no more than a total of \$2,500*** in 12 months towards eligible expenses
6. Expense must not be covered by other government program(s) or resources
7. All applications are reviewed internally, approved by the Committee for Holocaust Survivors in Need and submitted to Claims Conference
8. Medical products and services must be prescribed by a physician, fall within our program guidelines and limitations and any eligible services must be provided by a registered healthcare professional
9. In exceptional circumstances and at the discretion of the Agency, an additional request may be reviewed by the Committee for Holocaust Survivors in Need
10. Prior approval from Claims Conference must be obtained for any clients living out of our catchment area
11. Grant cheques should be payable to a vendor or service provider

12. Notification should be sent to the Survivor that the funds granted were made available by the Claims Conference
13. Applicants are to provide the Agency with receipts provided by the vendor. Agency shall have right to verify purchase (including home visit) as per conditions of the grant

Medical Expenses eligible for this program (if not covered by other resources):

- Urgent Dental Procedures and Dentures
- Glasses
- Hearing Aids
- Incontinence supplies
- Lift Chairs
- Medication not covered by OHIP
- Mobility Devices
- Orthopedic mattress and basic orthopedic needs (shoes, stockings)
- Safety Devices and hospital beds
- Significant reoccurring medical services- OT, PT, lab, chiropody (medical need)
- Urgent medical supplies (ostomy, CPAP, prostheses)
- Urgent medical transport

Limitations:

1. Over the counter medications, cosmetic procedures or supplies, holistic treatments are not covered by this program
2. Medical devices, aids and services that meet program guidelines and are partially paid for by ADP, ODSF, OHIP or other resources- only patient portion will be eligible for HSEAP. These items are generally covered at the same funding intervals as the government programs.
3. Grant funding for this program has been provided to meet urgent needs of Survivors living in community. The urgent needs of Survivors living in Long Term Care may be addressed if additional sources of funding are available.
4. Specific limitations:
 - a) Dentures once in 5 years
 - b) Glasses - \$300, 1 pair once in 2 years, unless there are special circumstances
 - c) Hearing aids once in 5 years
 - d) Incontinence products – approved in 3-6 months intervals
 - e) Lenses for (cataracts) are covered by OHIP and therefore not eligible for this program. Vision correction is not covered by this program.
 - f) Lift chair – up to \$2,500 – to be purchased from large healthcare vendors such as Shoppers Home Health, Therapist's Choice – once in 5 years
 - g) Medical supplies (urgent- CPAP, ostomy) eligible for this program are generally covered in 6 month intervals unless the cost for 6 months of supplies is equivalent or exceeds program cap
 - h) Occupational Therapy or Physiotherapy not covered by OHIP or inaccessible to the client - up to \$500 in 12 months
 - i) Orthopedic mattress -\$1, 000 limit once in 10 years; to be purchased only from large department/furniture stores such as The Brick, Sleep Country, Bad Boy.
 - j) Orthopedic Needs (basic)- up to \$250 in 12 months includes shoes/orthotics, stockings
 - k) Podiatry/Chiropody not covered by OHIP or inaccessible it to the client- \$500 in 12 months

***Depends on availability of funds – may be reduced

Appendix B - Holocaust Emergency Assistance Program – Survivor Survey

My name is “ _____ ” I’m a volunteer at Jewish Family and Child. I’m calling you today to ask you about the services you received and how we can make it better for you. I’m going to ask you a few questions and it will not take long. If you do not want to answer these questions, that’s ok. It will not impact the services you receive from us. There are no right or wrong answers. We just would like to hear from you.

1. Do you agree to participate in this survey? Yes No

2. Please tell me if you agree or disagree with each of the following statements:

	Disagree	Neutral	Agree
a. The support I received helps me feel less financially stressed			
b. The support I received helps me manage my urgent medical and dental needs			
c. My social worker helps me access other services I need in the community			
d. I find it difficult to manage the cost of urgent medical and dental needs			
e. I know that I can come back to JF&CS in the future for financial support for urgent medical and dental needs			
f. Overall, I am satisfied with the assistance			

I received from JF&CS			
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3. Did you receive financial support for any of the following?
 - a. Dental work (includes dentures)
 - b. Medical supplies
 - c. Medical services (e.g. OT, PT, chiropody)
 - d. Other (please specify)(may include emergency relocation, etc.)

4. Did JF&CS provide you help with any of the following?
 - a. Connection to Agency services for Survivors – Restitution, Café Europa, Hospice
 - b. Connection to other community services for Survivors (Circle of Care, Kehilla, etc.)
 - c. (Alpha Omega Dental Program) ** not active right now
 - d. Connection to government Healthcare/geriatric/social services resources
 - e. Other

5. Is there anything you'd like to tell us that would help us improve this service?

Thank you for your time!

Appendix C – Holocaust Survivor Emergency Assistance Program Survey Process

HSEAP Survey Process

Criteria/Eligibility for Holocaust Survivors to be contacted to complete the survey:

- Eligible for Holocaust Survivor Emergency Assistance Program (those cases closed at Assessment will **not** be contacted)
- Able to participate in service delivery
- No clinical/safety or cognitive contra-indications
- POA may be contacted when client is not capable
- Caregiver to be contacted only with documented consent of client
- Worker will communicate to the client during their face-to-face meeting that they will receive a follow-up a phone call in order that JF&CS can provide better service.

Part A: Capturing the data to determine the correct individual to contact

1. Holocaust workers on July 2, 2019 will begin entering the following information related to the Holocaust Survey in the **open case** within the “Collaterals” tab in Matrix:
 - i. Collateral Name – Worker will indicate the name of the individual to contact for the survey
 - ii. Relationship – If this is an appropriate case to contact for a survey the worker will choose “Contact for JFCS Survey” from the drop-down menu.
 - iii. Relationship Details – Workers indicates the relationship the individual is to survivor – if it is the client, worker may say “self.” All other individuals (excluding) survivor must provide consent in order for them to be contacted to complete the survey. If consent is not provided, worker does not complete this type of collateral on the case. Worker must only provide the names of individuals where consent has been provided. If an individual is not appropriate for survey, worker will make a note in Matrix to this affect.
 - iv. Telephone – Worker provides the number the individual may be reached

**Holocaust workers are expected to also complete the Person Profile within Matrix along with information in the Collaterals tab.

Part B: Holocaust Report to Administer the Survey

1. A report in Matrix will be generated on a monthly basis by the Quality Assurance Coordinator. This report includes the following parameters:
 - Ability to choose the spectrum code(s) to be included in the report
 - Ability to include open cases, closed cases or both
 - Ability to indicate a date range to capture all open and/or closed cases (as indicated above) which fall within the date range

The report will also include a row for each case which falls into the parameters selected above. The data for each case will include:

- Case number, case id, worker, supervisor, open date, closed date, spectrum code, department
 - A column for each of the 7 fields for the “Contact for JFCS Survey” Collateral from the collateral tab – these columns will be blank if worker has not created a collateral of this ‘relationship’
 - Two columns (date, amount) for each payment made to this client on this case – if no payments have been made these columns will be blank
2. The feedback survey will be administered to open Holocaust Emergency Fund cases only. These will be cases where a requisition has been processed and the vendor paid.
 3. As Holocaust cases are open for a calendar year there may be multiple payments. To avoid contacting the survivor more than once in a calendar year, the Quality Assurance Coordinator will review the report to determine if more than one payment has been made. Those cases where there has been more than one payment will only be contacted once to complete the survey.

Part C: Recruiting/Orientation/Training of Volunteer

1. A Volunteer Position Description to be created that provides information regarding responsibilities, skills, time commitment and accountability.
2. A volunteer will be recruited by the Coordinator of Volunteer Services that is Russian speaking. The Coordinator of Volunteer Services will first review the agency’s current volunteers to determine if anyone may be appropriate. If a volunteer cannot be selected from the current volunteer roster, the Coordinator of Volunteer Services will reach out to our community partner, the Betel Centre for the purpose of selecting an appropriate volunteer.
3. The volunteer will engage in the appropriate screening and background checks as per the policy of JF&CS.
4. Upon selection of the volunteer by the Coordinator of Volunteer Services, a meeting will be arranged to further discuss responsibilities and suitability. The Quality Assurance Coordinator and Manager of Holocaust Services will be present at this meeting.
5. As Holocaust survivors are aged and have experienced trauma, we need to be sensitive and ensure that whoever contacts them does not unintentionally trigger them. To decrease this risk, the Manager of Holocaust Services will provide an orientation/training to the volunteer(s) that will be administering the survey.

6. A script will be developed in consultation with Research & Evaluation and Holocaust Services to provide to the volunteer(s). This script will be used by the volunteer(s) to assist them in introducing themselves and the purpose of the survey.

Part D: Administering the Survey

1. The survey will be translated into Russian using an interpretative service. The services of “All languages” and “MCIS” have been contacted to request a quote.
2. Once the survey has been translated and there is a sufficient amount of data entered into Matrix, the selected volunteer will be asked to come to Central branch to begin calling clients.
3. The volunteer will need access to a work station and a computer
4. The Quality Assurance Coordinator will generate a report from Matrix on a monthly basis that lists the survivors that have received payment. This list will detail the appropriate person to contact along with their contact information. This information will be inputted into Matrix by the worker in the Collaterals tab.
5. The Quality Assurance will review the reports to ensure that there is not duplication in calling a survivor as they may have received funds more than once in a calendar year.
6. Holocaust Survivors and/or designate will be contacted within one month of receipt of Holocaust Survivor Emergency Assistance Program funds.
7. On a monthly basis a volunteer will come to the agency to receive the report from the Quality Assurance Coordinator and contact the client (or designated person) to complete the survey.
8. The volunteer will deliver the survey in Russian and/or English
9. The volunteer will enter the client’s responses to the survey into Survey Monkey.