

# Caregiver Support Service Assessment

## Metropolitan Caregiver Service Collaborative - Caregiver Support Service As...

Dear Caregiver Service Provider,

This survey is being conducted by the Metropolitan Caregiver Service Collaborative, which is an informal collaboration of caregiver service providers who come together to share knowledge, promote caregiver services, and strengthen public policies for family caregivers.

As part of an initiative funded by the United Way, we are conducting this survey to document all existing support services available in the 9-county metropolitan area\* for informal caregivers across the lifespan. Caregivers are defined as unpaid family, friends and community members caring for a frail, disabled, or chronically ill individual or a child with special needs.

This information will assist the Metropolitan Caregiver Service Collaborative in offering resources, networking and training to organizations supporting caregivers. The survey results will also assist local funding organizations in identifying organizations who should receive request for proposals for caregiver support services.

If you are interested in receiving a copy of the survey results in order to learn more about the caregiver services available in your community, be sure to include your contact information at the conclusion of the survey.

The survey takes approximately 10 minutes to complete.

Please be sure that the survey is completed by the key caregiver services contact in your organization. You will be asked to provide some service statistics (i.e. an estimate of the number of caregivers your organization served in the past year), and you may want to gather that information before beginning the survey.

We thank you for your time,  
Metropolitan Caregiver Services Collaborative

\*9-county metropolitan area includes: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott and Washington.

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## Organization Information

**\*1. Name of your organization:**

**\*2. Is your organization a non-profit or for-profit organization?**

Non-profit

For-profit

Other (please specify)

**\*3. Geographic Area Served:**

**Select the county or counties in which your organization provides services.**

Anoka County

Carver County

Chisago County

Dakota County

Hennepin County

Isanti County

Ramsey County

Scott County

Washington County

Other (please specify)

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## Caregiver Support Services

**\*4. What population(s) of caregivers does your organization serve? Please check all that apply.**

- Caregivers of Older Adults (age 60 and over)
- Caregivers of Adults with Disabilities, i.e. physical, developmental, mental health
- Caregivers of Adults with Chronic Illness, i.e. epilepsy, Parkinson's, multiple sclerosis, dementia
- Caregivers of Children with Disabilities, i.e. physical, developmental, mental health
- Caregivers of Children with Chronic Illness, i.e. epilepsy, Parkinson's, multiple sclerosis

Other (please specify)

**\*5. Does your organization provide culturally specific support services to caregivers? If yes, please list the specific communities your organization serves.**

- Yes
- No

If yes, list communities served

**\*6. Estimate the number of caregivers who received caregiver support services from your organization last year.**

**\*7. Does your organization provide a formal assessment of caregiver needs?**

- Yes
- No
- Other (please specify)

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**\*8. What types of caregiver support services does your organization provide? For each item you check, please provide more information in the space provided.**

- Caregiver Education
- Care Management
- Coaching/Consultation
- Caregiver Support Groups
- Caregiver Celebrations, Conferences or Retreats
- Family Meeting Facilitation
- Health and Wellness Programs
- Information and Assistance
- Professional Counseling or Therapy
- Respite Services
- Social Media or Online Resources

Please provide more information about the services checked above and list any additional services:

**9. Does your organization provide these caregiver support services to caregivers in the general population OR just to caregivers of adults/children receiving other services from your organization?**

- Provide services to caregivers even if the care receiver is not also being served by my organization
- Provide services only to caregivers of people my organization serves
- Other (please specify)

**10. If your organization provides Caregiver Support Groups, please specify the frequency and number of groups provided:**

	Weekly	Monthly	Quarterly
1-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## 11. If your organization provides caregiver support groups, please indicate who these support groups serve:

- Caregivers only
- Caregivers with their care receiver
- Other (please specify)

## 12. If your organization provides respite services, please specify all types of respite offered:

- Adult Day Services
- Emergency or crisis respite
- Consumer directed
- Faith-based
- Volunteer
- Overnight, weekend, or extended
- In-home
- Out-of-home

Other (please specify)

## 13. What is the average length of caregiver respite services provided by your organization?

- Less than 1 day
- 1 day
- 2 days
- 3 or more days
- Other (please specify)

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## 14. Is the average length of time of your organization's respite services sufficient for most family/friend caregivers?

- Yes
- No
- Don't know

Other (please specify)

## 15. For each of the Caregiver Support Services offered by your organization, please specify the payment options available for caregivers:

	Free of Charge	Reimbursable by 3rd Party	Sliding Fee Scale	Private Pay
Caregiver Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coaching/Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Support Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Celebrations, Conferences or Retreats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Meeting Facilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and Wellness Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information and Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Counseling and Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Media or Online Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your organization has other payment options, please list those here:

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## Caregiver Service Capacity

**16. If your organization serves multiple populations of caregivers, how integrated\* would you say these various caregiver support services are?**

**\*Integrated could mean services to different populations are provided by the same staff, department or unit OR it could mean that different staff, departments or units work together across your organization to provide service.**

- Do not serve multiple populations of caregivers
- Not at all integrated
- Somewhat integrated
- Mostly integrated
- Completely integrated

**\*17. How often have caregivers requested caregiver support services that are not provided by your organization?**

- Never
- At least once per month
- At least once per week
- Daily
- Other

What services have been requested?

**\*18. How often have caregivers requested caregiver support services that are not available in your community?**

- Never
- At least once per month
- At least once per week
- Daily
- Other

What services have been requested?

# Caregiver Support Service Assessment

## 19. If you were able to expand your organization's services to offer more support to caregivers, what services would you add?

	New Service	Increase Number Served
Caregiver Education	<input type="checkbox"/>	<input type="checkbox"/>
Care Management	<input type="checkbox"/>	<input type="checkbox"/>
Coaching/Consultation	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Support Groups	<input type="checkbox"/>	<input type="checkbox"/>
Caregiver Celebrations, Conferences or Retreats	<input type="checkbox"/>	<input type="checkbox"/>
Family Meeting Facilitation	<input type="checkbox"/>	<input type="checkbox"/>
Health and Wellness Programs	<input type="checkbox"/>	<input type="checkbox"/>
Information and Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Professional Counseling or Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Respite Services	<input type="checkbox"/>	<input type="checkbox"/>
Social Media or Online Resources	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

## 20. What sources of funding does your organization receive to provide caregiver support services? Please check all that apply.

- Individual Donor Contributions
- Private or Corporate Foundation
- United Way
- Waiver Fee for Service, i.e. Elderly Waiver, CADI, AC, etc.
- Older Americans Act Title III
- Veterans Administration Funding
- Other County Funding
- Other State Funding
- Other Federal Funding
- Private Pay
- Other (please specify)



# Caregiver Support Service Assessment

## Metropolitan Caregiver Service Collaborative

The Metropolitan Caregiver Service Collaborative (MCSC) is a voluntary organization made up of member agencies committed to supporting informal caregivers.

The purpose of the Metropolitan Caregiver Service Collaborative is for caregiver service providers to come together to share knowledge, promote caregiver services, and strengthen public policies for family caregivers.

Together MCSC members engage in the following activities:

- Promoting caregiver services through outreach
- Increasing public awareness of the issue caregiving
- Advocating for public policies that support informal caregivers
- Increasing members' knowledge through educational opportunities

Our membership currently consists primarily of organizations supporting caregivers of older adults, but we are seeking to expand our membership to include organizations supporting caregivers across the lifespan.

### **21. If your organization is not currently a member of Metropolitan Caregiver Service Collaborative, what would make joining the collaborative most beneficial?**

- Training and Education
- Policy Advocacy
- Joint Outreach Efforts
- Networking Opportunities

Other (please specify)

# Caregiver Support Service Assessment

## Sharing Our Survey Results

Thank you for taking the time to complete this survey. If you are interested in receiving a copy of our survey results please enter an email address below.

Thank you,  
Metropolitan Caregiver Service Collaborative

**22. I would like to receive a copy of the survey results, please email me at the following address:**

**23. What is your job title?**

- Program coordinator or supervisor
- Client or family case manager
- Counselor or social worker
- Therapist (OT, PT, etc.)
- Agency director/administrator
- Other (please specify)