

Caregiver Services

Dear Provider,

This survey is being conducted by the Minnesota Lifespan Respite project on behalf of the Minnesota Board on Aging. The purpose of the survey is to learn more about the availability and capacity of caregiver support services in Minnesota for serving informal and unpaid caregivers.

Any provider that serves family, friends or community members caring for a frail, disabled, or chronically ill adult or child with special needs is considered eligible and appropriate for the survey. The survey takes about 10-15 minutes and should be completed by the person in your organization who manages or supervises services for caregivers.

Results of this survey will be used to inform the work the Minnesota's Lifespan Respite project including efforts to develop and strengthen services and support professional and volunteer trainings.

Thank you,

Emily Farah-Miller, Project Coordinator, Minnesota Lifespan Respite Project, efmiller@tcaging.org or
Kari Benson, Policy Coordinator, Minnesota Board on Aging, kari.benson@state.mn.us

***1. What is the name of your organization?**

***2. In case we need to clarify any of your answers, what is your email address?**

3. What is your job title?

- Program coordinator or supervisor
- Client or family case manager
- Counselor or social worker
- Therapist (Occupational, Physical, etc.)
- Agency Director/Administrator

Other (please specify)

***4. Which of the following best describes your organization?**

- Non-profit
- For-profit
- Government

Other (please specify)

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5. In which county(ies) does your organization offer caregiver support services?

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Aitkin | <input type="checkbox"/> Isanti | <input type="checkbox"/> Pipestone |
| <input type="checkbox"/> Anoka | <input type="checkbox"/> Itasca | <input type="checkbox"/> Polk |
| <input type="checkbox"/> Becker | <input type="checkbox"/> Jackson | <input type="checkbox"/> Pope |
| <input type="checkbox"/> Beltrami | <input type="checkbox"/> Kanabec | <input type="checkbox"/> Ramsey |
| <input type="checkbox"/> Benton | <input type="checkbox"/> Kandiyohi | <input type="checkbox"/> Red Lake |
| <input type="checkbox"/> Big Stone | <input type="checkbox"/> Kittson | <input type="checkbox"/> Redwood |
| <input type="checkbox"/> Blue Earth | <input type="checkbox"/> Koochiching | <input type="checkbox"/> Renville |
| <input type="checkbox"/> Brown | <input type="checkbox"/> Lac qui Parle | <input type="checkbox"/> Rice |
| <input type="checkbox"/> Carlton | <input type="checkbox"/> Lake | <input type="checkbox"/> Rock |
| <input type="checkbox"/> Carver | <input type="checkbox"/> Lake of the Woods | <input type="checkbox"/> Roseau |
| <input type="checkbox"/> Cass | <input type="checkbox"/> Le Sueur | <input type="checkbox"/> Scott |
| <input type="checkbox"/> Chippewa | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Sherburne |
| <input type="checkbox"/> Chisago | <input type="checkbox"/> Lyon | <input type="checkbox"/> Sibley |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Mahnommen | <input type="checkbox"/> St. Louis |
| <input type="checkbox"/> Clearwater | <input type="checkbox"/> Marshall | <input type="checkbox"/> Stearns |
| <input type="checkbox"/> Cook | <input type="checkbox"/> Martin | <input type="checkbox"/> Steele |
| <input type="checkbox"/> Cottonwood | <input type="checkbox"/> McLeod | <input type="checkbox"/> Stevens |
| <input type="checkbox"/> Crow Wing | <input type="checkbox"/> Meeker | <input type="checkbox"/> Swift |
| <input type="checkbox"/> Dakota | <input type="checkbox"/> Mille Lacs | <input type="checkbox"/> Todd |
| <input type="checkbox"/> Dodge | <input type="checkbox"/> Morrison | <input type="checkbox"/> Traverse |
| <input type="checkbox"/> Douglas | <input type="checkbox"/> Mower | <input type="checkbox"/> Wabasha |
| <input type="checkbox"/> Faribault | <input type="checkbox"/> Murray | <input type="checkbox"/> Wadena |
| <input type="checkbox"/> Fillmore | <input type="checkbox"/> Nicollet | <input type="checkbox"/> Waseca |
| <input type="checkbox"/> Freeborn | <input type="checkbox"/> Nobles | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Goodhue | <input type="checkbox"/> Norman | <input type="checkbox"/> Watonwan |
| <input type="checkbox"/> Grant | <input type="checkbox"/> Olmsted | <input type="checkbox"/> Wilkin |
| <input type="checkbox"/> Hennepin | <input type="checkbox"/> Otter Tail | <input type="checkbox"/> Winona |
| <input type="checkbox"/> Houston | <input type="checkbox"/> Pennington | <input type="checkbox"/> Wright |
| <input type="checkbox"/> Hubbard | <input type="checkbox"/> Pine | <input type="checkbox"/> Yellow Medicine |

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6. What population(s) of informal caregivers of OLDER ADULTS (age 60 and older) does your organization serve? Select all that apply.

- Older Adults
- Older Adults with Life Limiting (Terminal) Illness
- Older Adults with Disabilities (physical, developmental, mental illness, etc.)
- Older Adults with Chronic Illness (epilepsy, Parkinson's, multiple sclerosis, dementia, etc.)

Other (please specify)

7. What population(s) of informal caregivers of ADULTS WITH DISABILITIES (ages 22-59) does your organization serve? Select all that apply.

- Adults with Life Limiting (Terminal) Illness
- Adults with Disabilities (physical, developmental, mental illness, etc.)
- Adults with Chronic Illness (epilepsy, Parkinson's, multiple sclerosis, dementia, etc.)

Other (please specify)

8. What population(s) of informal caregivers of YOUTH WITH DISABILITIES (ages birth - 21) does your organization serve? Select all that apply.

- Children with Life Limiting (Terminal) Illness
- Children with Disabilities (physical, developmental, mental illness, etc.)
- Children with Chronic Illness (epilepsy, multiple sclerosis, etc.)

Other (please specify)

9. Does your organization serve grandparents who are raising grandchildren?

- Yes
- No

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10. Does your organization offer specific programming for informal caregivers of the following groups?

- Racial and/or ethnic minorities
- Limited English proficient
- LGBT (lesbian, gay, bisexual or transgender)

Other (please specify)

11. Please describe programming.

12. Estimate the number of informal caregivers who received caregiver support services from your organization during the past year.

13. Which of the following caregiver support services does your organization provide?

- | | |
|---|--|
| <input type="checkbox"/> Bereavement/Grief Counseling | <input type="checkbox"/> Family Meeting Facilitation |
| <input type="checkbox"/> Care Management | <input type="checkbox"/> Health and Wellness Programs |
| <input type="checkbox"/> Caregiver Assessment | <input type="checkbox"/> Information and Assistance |
| <input type="checkbox"/> Caregiver Education and Training | <input type="checkbox"/> Professional Counseling and Therapy |
| <input type="checkbox"/> Caregiver Support Groups | <input type="checkbox"/> Respite Services |
| <input type="checkbox"/> Coaching/Consultation | |

Other (please specify)

14. Please identify in which settings and by whom Respite Care is provided.

| | Paid Staff | Volunteers |
|---|--------------------------|--------------------------|
| In person's own home | <input type="checkbox"/> | <input type="checkbox"/> |
| Child or adult day care setting | <input type="checkbox"/> | <input type="checkbox"/> |
| Church, community or senior center | <input type="checkbox"/> | <input type="checkbox"/> |
| Summer or weekend camps | <input type="checkbox"/> | <input type="checkbox"/> |
| Residential or group home programs with designated respite beds | <input type="checkbox"/> | <input type="checkbox"/> |
| Licensed foster care homes | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospital based programs | <input type="checkbox"/> | <input type="checkbox"/> |
| Assisted living or nursing home based programs | <input type="checkbox"/> | <input type="checkbox"/> |

15. Does your organization offer any of the following?

- Emergency or crisis respite (temporary respite care available at any time when families are facing crisis or no other options are available)
- Consumer directed (person providing care is identified or selected by the family and trained by a respite program or the family)
- Weekend respite
- Evening respite

Other (please specify)

16. What is the total number of caregivers that received RESPITE CARE from your organization in 2012?

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17. Which of the following lengths of continuous time for RESPITE CARE do you offer?

- Under 4 hours
- 4-12 hours
- 13-23 hours
- 24 hours
- 25-48 hours
- More than 48 hours

Other (please specify)

18. What event(s) most commonly lead informal caregivers to seek RESPITE SERVICES from your organization?

- Caregiver concerns about harm or violence
- Caregiver illness
- Caregiver need to seek or maintain employment
- Change in family home situation
- Desire to participate in a support group or service
- Family alcohol or drug problems
- Family legal issues
- Health problem of a family member with a disability or chronic illness
- Needing time for him/her self
- Run errands
- Spend time with family or friends
- Stressful family relationship
- To attend church, synagogue or mosque

Other (please specify)

19. What are the three most important training or educational needs among employees or volunteers of your organization who provide RESPITE SERVICES?

- Need 1:
- Need 2:
- Need 3:

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20. Which of the following methods of payment or reimbursement do you receive for your caregiver support services?

| | Free/No Cost to Everyone | Free/No Cost to Eligible Clients | Reimbursable by 3rd Party (health plan, etc.) | Sliding Fee Scale | Private Pay | Do not provide this service |
|-------------------------------------|--------------------------|----------------------------------|---|--------------------------|--------------------------|-----------------------------|
| Bereavement/Grief Counseling | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Caregiver Assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Caregiver Education and Training | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Coaching/Consultation | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health and Wellness Programs | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional Counseling and Therapy | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> |

21. Please estimate the percentage of funding your organization received to provide caregiver services from the following sources in 2012:

| | |
|--|----------------------|
| Individual Donor Contributions | <input type="text"/> |
| Private or Corporate Foundation | <input type="text"/> |
| United Way | <input type="text"/> |
| Medicaid Waiver Programs (EW, CADI, etc.) and AC | <input type="text"/> |
| Older American Act Title III | <input type="text"/> |
| Veterans Administration Funding | <input type="text"/> |
| Other County Funding | <input type="text"/> |
| Other State Funding | <input type="text"/> |
| Other Federal Funding | <input type="text"/> |
| Private Pay | <input type="text"/> |
| Other Sources | <input type="text"/> |

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***22. Please list two challenges facing YOUR ORGANIZATION in providing services to informal caregivers.**

1.
2.

23. What instruments or assessment tools does your organization utilize to evaluate your caregiver support program's impact/success with caregivers?

24. Is there anything else you would like to add about caregiver services?

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Thank you for taking the time to complete this survey.

Are you listed in www.MinnesotaHelp.info?

MinnesotaHelp.info is the online resource directory of community services used by the Senior LinkAge Line®, Disability Linkage Line®, and the Veterans Linkage Line™ to connect people with local services.

Review your agency's records by following these steps:

1. Go to www.MinnesotaHelp.info
2. Click on the big blue Start a Search button
3. Click on the Names tab
4. On the Search page, enter your agency name in the Enter a Name search box, click on the big blue Start a Search button
5. On the Search Results page, look over the entry(s) in the Provider Name column. Are the listings accurate?
6. To see individual service records, click on the hyperlinks in the Service Name column to get to the Service Details page. Is the record accurate?

If edits need to be made, contact mnhelpdata@tcaging.org