



DEPARTMENT OF HUMAN SERVICES
SENIOR & DISABLED SERVICES DIVISION
500 Summer Street NE
Salem, Oregon 97301-1073
Phone: (503) 945-5811

AUTHORIZED BY: _____

SDSD Administrator/Deputy/
Assistant Administrator

INFORMATION MEMORANDUM

SDSD-IM-01-048

Date: May 17, 2001

TO: SDSD District and Unit Managers
Area Agency on Aging Directors

SUBJECT: Client Satisfaction and CEP Surveys

INFORMATION:

During the months of May and June, SDSD will be mailing out four different surveys. They include two client satisfaction surveys and two CEP surveys.

Client Satisfaction with Long Term Care will allow us to measure the level of satisfaction clients have with the care they are receiving.

Client Satisfaction with Local Offices will allow us to measure the level of satisfaction clients have with the service they receive from local offices.

These two surveys will be mailed to a randomly selected group of approximately 6,000 clients for each survey. Clients will only receive one survey.

We will also be sending out surveys to current and past CEPs to help us understand what is or isn't working with the CEP program. This information can potentially help with recruitment and retention of caregivers.

Attached are copies of the four surveys for you to review in case you get any calls from clients or CEPs.

A toll free number has been established for the purpose of these surveys. It is 1-866-299-3562.

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CONTACT NUMBER: 503/945-6986

FAX NUMBER: 503/947-5044

May 31, 2001

Senior and Disabled Services Division (SDSD) is interested in finding out how well you feel your care provider is doing.

Please take a few minutes to fill out this survey and return it to us by **June 21, 2001** in the postage paid envelope provided. It is very important that we hear from you. We are interested in providing the best possible service to you. By completing this survey, you will help us to do that.

Your answers are confidential. We have no way of identifying you. Filling out this survey will not affect the care you receive. We will use your responses to ensure you receive the best services possible.

If you have any questions about this survey, contact SDSD central office in Salem toll free at 866/299-3562.

Thank you for your time.

Chad Cheriell
Assistant Administrator
Research & Finance Section

May 31, 2001

As a Client Employed Provider (CEP), you provide a very important service. Senior and Disabled Services Division (SDSD) is interested in gathering some information from you.

Please take a few minutes to fill out this survey and return it by **June 21, 2001** in the postage paid envelope provided. Your answers will be confidential. We will use your feedback to improve the CEP program.

If you have any questions about this survey, contact SDSD central office in Salem toll free at 866/299-3562.

Thank you for your time.

Chad Cheriell
Assistant Administrator
Research & Finance Section

If you are no longer employed as a CEP, and have received this by mistake, please check the box below and return it to us in the postage-paid envelope that has been provided.

“

Provider Profile

Instructions:

- * Completely fill in the bubble next to your answer
- * Use black or dark blue ink
- * Choose one answer per question, unless otherwise specified

1. How long have you been a Client Employed Provider (CEP)?

Years

<input type="radio"/>	<input type="radio"/>

Months

<input type="radio"/>	<input type="radio"/>

2. How did you hear about becoming a CEP?

- Friend or relative
- Newspaper ad
- Adult and Family Services (AFS) referral
- Another CEP
- Local SDS/AAA office
- Other

3. How many people do you currently care for as a CEP?

- None
- One
- Two
- Three or more

4. How many of the people you currently care for, as a CEP, are your relatives?

- None
- One
- Two
- Three or more

5. How many people does SDS pay you to care for?

- None
- One
- Two
- Three or more

6. Approximately how many hours do you currently work as a CEP each week?

- None
- 1 to 10 hours
- 11 to 20 hours
- 21 to 30 hours
- 31 to 40 hours
- Over 40 hours

7. What do you like best about being a CEP? (Choose one)

- A feeling of personal satisfaction from what you do
- Being told you have done a good job
- Feeling you make a contribution to others
- Feeling valued by others for the job you do
- Having training opportunities
- Having flexible hours
- Being employed

8. If we could change something about the CEP program, what would be MOST important to you? (Choose one)

- Flexible schedule
- Health insurance
- Wages
- Increase of hours worked
- Availability of training
- Frequency of training
- Opportunities for career advancement
- Formal caregiver recognition program
- Relief care for sick time and vacations

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9. What areas of training would be of interest to you? (Choose all that apply)

- Body mechanics
- Universal precautions to prevent infection
- Working with challenging behaviors
- Dementia
- Taking care of yourself as a care giver
- Diabetic care
- Nutrition and meal planning
- Dealing with grief

The following questions are for gathering some basic demographic information.

10. What is your sex?

- Male
- Female

11. What is your age?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+

12. Are you Spanish, Hispanic, or Latino?

- Yes
- No

13. What racial background do you most identify with?

- White
- Black or African American
- American Indian or Alaskan Native
- Asian or Pacific Islander
- Other

14. Are you proficient in a language other than English?

- Yes
- No

15. What is your marital status?

- Single
- Married
- Widowed
- Divorced
- Separated

16. What is the highest level of education you have completed?

- Less than 12 years
- High school diploma or GED
- Some college
- College degree
- Vocational/trade school degree

17. Do you have other related experience? (Choose all that apply)

- CNA (Certified Nurses Aid)
- LPN (Licensed Practical Nurse)
- RN (Registered Nurse)
- CPR/First Aid training
- Adult Foster Home training
- Other related education/training

Thank you for your time.

Please return your completed survey in the postage-paid envelope provided.

May 31, 2001

Senior and Disabled Services Division (SDSD) is interested in information about past Client Employed Providers (CEP).

Please take a few minutes to fill out this survey and return it by **June 21, 2001** in the postage paid envelope provided. Your answers will be confidential.

If you have any questions about this survey, contact SDSD central office in Salem toll free at 866/299-3562.

Thank you for your time.

Chad Cheriell
Assistant Administrator
Research & Finance Section

If you are still employed as a CEP, and have received this by mistake, please check the box below and return it to us in the postage-paid envelope that has been provided.

“

Past Client Employed Provider (CEP) Survey

Instructions:

- * Completely fill in the bubble next to your answer
- * Use black or dark blue ink
- * Choose one answer per question, unless otherwise specified.

1. How long did you work as a CEP?

Years

<input type="text"/>	<input type="text"/>

Months

<input type="text"/>	<input type="text"/>

2. Who were you providing care for? (Choose all that apply)

- Relative
- Friend
- Client referred by a case worker

3. What did you like best about providing care? (Choose one)

- A feeling of personal satisfaction from what you did
- Being told you had done a good job
- Feeling you made a contribution to others
- Feeling valued by others for the job you did
- Having training opportunities
- Having flexible hours
- Being employed

4. Why are you no longer a CEP? (Choose all that apply)

- Client passed away
- Lack of health insurance benefits
- Hours not flexible enough
- Change in family circumstances
- Lack of training opportunities
- Too many hours
- Not enough hours
- Low hourly pay
- Too many clients
- Not enough clients
- Too demanding
- Other job
- Moved
- Just not interested
- Lack of support
- Not paid on time

5. Do you think you would be a CEP again in the future?

- Yes
- No
- Don't know

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The following questions are for gathering some basic information.

6. What is your sex?

- Male
- Female

7. What is your age?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+

8. Are you Spanish, Hispanic, or Latino

- Yes
- No

9. What racial background do you most identify with?

- White
- Black or African American
- American Indian or Alaskan Native
- Asian or Pacific Islander
- Other

10. What is your marital status?

- Single
- Married
- Widowed
- Divorced
- Separated

11. What is the highest level of education you have completed?

- Less than 12 years
- High school diploma or GED
- Some college
- College degree
- Vocational/trade school degree

12. Do you have other related experience?
(Choose all that apply)

- CNA (Certified Nurses Aid)
- LPN (Licensed Practical Nurse)
- RN (Registered Nurse)
- CPR/First Aid training
- Adult Foster Home training
- Other related education/training

Thank you for your time.

Please return your completed survey in the postage-paid envelope provided.

May 31, 2001

Senior and Disabled Services Division (SDSD) is interested in your experience working with the local office that provides your case management, food stamps and/or medical card.

Please take a few minutes to fill out this survey and return it to us by **June 21, 2001** in the postage paid envelope provided. It is very important that we hear from you. We are interested in providing the best possible service to you. By completing this survey, you will help us to do that.

Your answers are confidential. We have no way of identifying you. Responding to this survey will not affect the benefits you receive. We will use your responses to improve services.

If you have any questions about this survey, contact SDSD central office in Salem toll free at 866/299-3562.

Thank you for your time.

Chad Cheriell
Assistant Administrator
Research & Finance Section

Client Satisfaction with Local Office Survey

- * Completely fill in the bubble next to your answer
- * Choose one answer for each question, unless otherwise specified
- * Use black or dark blue ink

1. When was the last time you called, visited, or were contacted by the local office?

- Within the last week
- Within the last two to four weeks
- More than a month ago
- Don't remember

2. When you call or visit the office, how soon are you usually able to talk to your worker?

- The same day
- The next day
- Two or three days later
- More than three days
- Does not apply (go to question #4)

3. Is this an acceptable amount of time to you?

- Yes
- No
- Don't know

4. Have you ever had any of the following difficulties with the local office? Choose all that apply.

- Difficulty getting into or around the office
- Interpretive services not available or inadequate
- TTY not available
- Being put on hold for a long time
- Not being able to talk to an actual person on the phone
- None of the above

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5. How often are the following statements true for you?

Always

Usually

Sometimes

Never

Doesn't
apply

a. Local office staff treats you
with respect

b. Information you are given is
easy to understand

c. Your worker involves you in
decisions that affect you

d. You feel comfortable with
your worker

6. How would you rate your overall satisfaction with the local office?

Excellent

Good

Fair

Poor

7. Who is completing this survey?

Person receiving services

Other

Thank you for taking the time to let us know how we are doing. Your answers are very important to us.

Please return your completed survey in the postage-paid envelope provided.

Office Use Only:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	1	1	1	1
	2	2	2	2
	3	3	3	3
	4	4	4	4
	5	5	5	5
	6	6	6	6
	7	7	7	7
	8	8	8	8
	9	9	9	9