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PARTICIPANT PERCEIVED SATISFACTION WITH THE JOBS AND
EMPLOYMENT SERVICES DEPARTMENT MULTI-SERVICE UNIT

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Catherine Louise Ogitani

June 2001

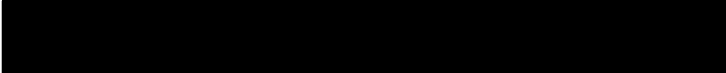
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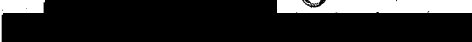
A Project
Presented to the
Faculty of
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by
Catherine Louise Ogitani

June 2001

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6/5/01
Date

ABSTRACT

This research project was an assessment of the client satisfaction with a newly developed multi-service unit (MSU) for "hard-to-serve" welfare recipients in San Bernardino, California. Statistical analysis was used to identify both the strengths and weaknesses of the client perceived satisfaction with the service of the MSU staff members, as well as qualitative data obtained from open-ended questions included in the survey. The information obtained from this study provides insight, which the author hopes will lead to an improved relationship between the MSU staff members and the MSU participants. The literature review suggests that focusing on a more client-centered approach when working with welfare recipients facing multiple difficulties, will not only improve the client/staff relationship by offering a more respectful and equal relationship, it will also encourage the client to become an active partner in deciding their own treatment.

ACKNOWLEDGMENTS

I would like to thank the Jobs and Employment Services Department who believed in me and supported me throughout my education. I am especially grateful to my supervisor, Genevieve Davidson, whose tireless encouragement and understanding made work and graduate school possible. I must also mention the constant good will and assistance from the Multi-Service Unit staff members who have never once bemoaned my intrusive questions or my many absences. I cannot thank enough the Spanish Speaking Only Unit who kindly translated my material into Spanish and then offered to interview any Spanish Speaking only participants for me. And finally, my undying gratitude to Mark Palmer who made sure I stayed healthy with good food and vitamins, whose expertise with statistics and SPSS were invaluable to me, and who put aside his own free time for the past three years to be here for me. And, my constant admiration and thanks to my daughter, Rani Ogitani, who was deeply impacted by my non-availability while I was in school but remained strong, supportive, and loveable throughout.

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CHAPTER ONE

INTRODUCTION

Problem Statement

Government agencies, as a rule, have never been particularly concerned about the concept of customer service or customer satisfaction. The general belief, at least from the client perspective, has been that when approaching a government agency one could only hope that they (the client) would meet the criteria for service and then be able to do all that was expected to further insure that they would at least receive services. Quality of treatment or quality of services was a minimal issue. During the past few years, however, government agencies have been requiring that their employees practice good customer service. For the Jobs and Employment Services Department (JESD) in San Bernardino County, those requirements have been reaching the line workers through the administrative hierarchy in the form of memos, E-mails, and a few unit or all staff meetings.

This has not been an easy transition for workers deeply entrenched in the old style of doing business. As long as government agencies have been providing services,

whether their clientele have been the poor and disenfranchised segments of society or those considered to be more desirable, the focus has rarely been to provide services specifically tailored to meet individual customer needs, let alone to provide friendly or respectful service. Even if workers are predisposed to giving a more courteous, helpful approach in working with their clientele, the increased case loads and constantly changing rules and regulations have left even these workers tired, stressed, and often short-tempered. In addition, the agencies themselves often run programs designed to fit all their clients into one general category, with unilateral mandates deciding what services will be provided. In other words, it is a "one-size fits all" program that demands participation according to a pre-designed standard. To my knowledge, no one has ever asked the welfare recipient to define exactly what his or her personal needs are. Historically, clients have been seen as passive recipients. The "experts," whether they are doctors, lawyers, social workers, or line workers, saw themselves somewhere toward the top of the organizational hierarchy, while the clients or customers were very much at the bottom (Johns Hopkins University, 1998).

Since many government agencies are now facing the possibility of being dismantled in favor of private industry or community based organizations, which are promising more effective programs with better outcomes, the focus is slowly moving away from rigid agency demands to a more customer/client-centered perspective. This will require inverting the pyramid of control with the customers or clients at the top. It will also require a complete shift in attitudes on the part of most government agency workers. Even when trying to deliver good customer service, most staff members are pretty sure they know what is best for their clients (John Hopkins University, 1998).

This study was designed to assess participant satisfaction with a CalWORKs program designed specifically to meet the needs of welfare participants who are designated as a "hard to serve" population. Many of these participants have been in the welfare system all their lives and are accustomed to dealing with workers who do not have their best interest as a priority. Having a process where clients can be encouraged to honestly evaluate services will allow this program to make beneficial changes, which will further facilitate the growth and development of the clients they serve.

Problem Focus

The new CalWORKS team, which was formed to offer better and more effective services for the "hard-core unemployed" (CalWORKS, 2000) welfare participant, has been in operation for over two years. The CalWORKS goal has always been to help welfare recipients discover their barriers to employment and then assist them in overcoming those barriers, as well as teach job search skills and provide good job leads. For many, this service has been adequate, but for others, their personal barriers were beyond simple solutions. The hard-to-serve participants include those participants, who may be difficult to get along with, may become violent when provoked, are chronically depressed, physically or mentally ill, developmentally delayed, homeless, or embroiled in domestic violence and child abuse. Substance abuse makes it difficult for some participants, while others exist in a life-style filled with chaos and constant crisis. Finally, more often than not, these participants are dealing with not one, but some combination of the aforementioned barriers. Participants with these types of life difficulties were traditionally put in an "exempt" status and told that they did not have to participate, or they

were referred to agencies believed to be more able to help them. Even with the specialized programs for drug abuse, domestic violence, and mental illness, successful completion of these programs often proved to be impossible due to layers of negative life circumstances effecting individual participants. No single agency was equipped to work with this participant and any attempt often ended in dismal failure.

This is a highly vulnerable population. Working with them requires nothing less than intensive support and sensitivity to individual needs. To further enhance the probability of program success, there is a need for ongoing therapeutic relationships, active problem solving efforts, and a staff willing to work beyond the normal parameters of their individual agency's status quo. Easily included is the notion that staff should be including services that meet the actual needs of the client. This process will serve to lay "the foundation for trusting and caring relationships that are the underpinnings of social work" (Paradis, B. A., 1987). Client-centered customer service appears to be a logical goal in providing a program destined to succeed.

The Multi-Service Unit is designed solely for the purpose of working with this hard-to-serve population. The unit is comprised of people from various agencies, working together not only to assist the participant, but the participant's family as well. This unit is referred to as "the team," or the Multi-Service Unit (MSU). CalWORKS participants are offered the team services on a voluntary basis, even though participation with CalWORKS is a mandatory requirement of TANF (Temporary Assistance for Needy Families) assistance.

The MSU consists of a masters level supervisor (masters in psychology); three social workers (level 2), all from the Department of Children's Services; a public health nurse, from the Public Health Department; three employment services specialists, from JESD; one case worker (eligibility worker), from the Transitional Assistance Department (TAD); and an office clerk (Clerk III), from the Department of Children's Services.

Although this program offers a more realistic track for many participants as opposed to the hard-line approach of "just get a job," it may be difficult to transition the rank and file workers from their traditional roles of implementing a narrowly focused program to the client-

centered approach, which looks to the client as the expert regarding their own personal circumstances and needs.

The research question was: Is the MSU providing good customer service as perceived by the clients they serve? The hope is that this unit and ultimately the department will begin to utilize this process of assessing client perceived satisfaction with services, on a continuous basis as a way of facilitating the growth of the client, the workers who serve them, and the program design. Clients will learn to become more efficient in recognizing and articulating their needs. Line workers will have the opportunity to view their clientele as individuals with diverse circumstances who need to be heard and respected. And, the program design can be altered to assure that individualized service plans result in providing appropriate services.

CHAPTER TWO

LITERATURE REVIEW

According to an article regarding integrated human service delivery system, "the present social services delivery system has been assessed as fragmented, duplicative with regard to services, uncoordinated, confusing for families, cumbersome, and structurally inflexible" (Rapp, L. A., Dulmus, C. N., Wodarski, J. S., Feit, M. D., 1998). The public welfare model presented in that article was designed to demonstrate the need for a more flexible and coordinated system of delivering services to welfare recipients. The authors stated that historically, there has been no effort to create a satisfactory system of social services designed to meet the needs of families and children. The Multi-Service Unit is designed to be such a system. However, the authors also noted that there is a problem with the lack of client involvement or participation in the service plans. This results in no attempt to individualize those plans to meet the client's needs (Rapp, L. A., et. al., 1998).

Private business, especially big business, has traditionally led the way for defining quality customer

service by using such strategies as surveying customers, becoming aware of the local demographic statistics, and training their personnel in the art of being respectful, courteous, helpful and above all, meeting the customer's needs. This was done because without customer interest and loyalty, businesses would generally not survive (Beard, F. K., 1999). With the advent of privatizing services, which were traditionally provided by government agencies through Federally funded block grants, government agencies are attempting to compete by adopting a more client centered approach to the services they provide. Measuring client satisfaction is important not only for treatment considerations but coordinators of programs that can demonstrate client satisfaction have the opportunity to use this information when negotiating the continuation or expansion of that program (Granello, D. H., Granello, P. F., & Lee, F., 1999).

The health care industry has aggressively been pursuing patient satisfaction statistics for the past few years in an attempt to keep their clientele from changing service providers. Even the provider accreditation process, under the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), includes measures of

patient perceptions of care as part of their criteria for meeting standards (Klob, S. J., Race, K. E. H., & Seibert, J. H., 2000).

There are several interesting findings to consider regarding the concept of reported "client satisfaction" as reported in recent studies. Client satisfaction may be directly influenced by client expectation. In other words, if the client's expectations are low and they are happy to be receiving any services at all, they may be satisfied with poor services (Johns Hopkins University, 1998).

Therefore, making the leap from reported client satisfaction to the agency providing good customer service could be false. There is also the danger that a client's response has to do with wanting to please an interviewer or a fear that services will be withheld (1998). Since interviews are the most common method of gathering information, especially when clients are illiterate, there is the danger that satisfaction scores will be greatly inflated (Kolb, S. J., Race, K. E. H., & Seibert, J. H., 2000). There is also a problem when there are cultural norms against complaining and for some clients there is a tendency to respond positively to the word "satisfied" (John Hopkins University, 1998).

The literature review pointed out an important point regarding client perceived satisfaction. Even when the client is genuinely pleased with the level of service, this does not mean that the relationship will not fail or that outcomes will be positive (Beard, F. K., 1999 and Klob, L. J., Race, K. E. H., & Seibert J. H., 2000). Other articles emphasized, however, that satisfying clients is most important because it has an impact on their behavior and will point the way to providing quality services (Johns Hopkins University, 1998; Kolb, S. J., Race, K. E. H., & Seibert, J. H., 2000; Beard, J. K., 1999; and Granello, D. H., Granello, P. F., & Lee, F., 1999).

The theory driving this study is the client-centered model of practice. This model finds its roots in the person-centered approach developed by Carl Rogers. Anchored in this theory is the belief that the client can be trusted to move forward in a constructive manner under the right conditions (Alle-Corliss, L. & Alle-Corliss, R., 1999). Because agencies believe they know what is best for the clients they serve, they often do not encourage their clients to participate in setting their own goals and treatment plans. As a result, workers often do not learn enough about the clients' situations to advise them well

and the clients do not learn how to make appropriate decisions. The client-centered approach respects each client's knowledge of his or her own situation and combines that knowledge with professional expertise to help the client make well informed decisions. The client centered model also values the expertise of the providers, understanding that only when clients clearly understand all their choices can their safety and the technical quality of the service be maintained (Johns Hopkins University, 1998). In other words, the government agencies established to offer services to those who may find themselves on welfare have based their programs (loosely) on the task-centered model of practice. The primary interest is in changing the behavior of the client and the goal is to accomplish this in a relatively brief period of time (Fortune, 1985; Reid, 1978). The focus is on the exploration of barriers to employment, which leads to an agreement of achievable tasks and a timeline for each task. Although the client agrees to the tasks and the timeline, failure is often the result. And, in some instances, the failure leads to financial sanctions. For the client this can mean a reinforcement of his/her belief that they are incapable of growth or achievement. The Multi-Service Unit does retain an element

of this task-centered approach. There is the exploration of problems and barriers, along with tasks and timelines. However, the client's contribution to the formulation of tasks, the flexibility of timelines, and the willingness to work with the client rather than dictate to the client, make the client-centered approach in working with this population less of a dichotomy when coupled with a kind of task-centered model of practice.

Systems theory also plays a part in this study. Although the multi-service unit offers excellent opportunities for clients to receive more appropriate services for every member of their household, the "team approach" is not without its problems. According to one article the most common complaints are "too many meetings, too many missed opportunities, too much inaction and finally, too many poor solutions" (Pacanowsky, M., 1995). The challenge is to move beyond information sharing and exercises in communication to finding solutions to the really difficult problems. Even now, the team struggles with the clients whose particular brand of life problems force them to work "outside the box." It has become apparent that even the MSU, with all its good intentions, has clients it simply cannot serve.

Obviously, there is plenty of room for growth and much to learn about operating as a team of individuals wanting desperately to be the answer for every welfare recipient who risks losing funding because of severe life circumstances and at the same time, failing to include the client when searching for the answers. Forgetting that the client is the most important member of the team has the potential to move an innovative program right back to the same system of care it was created to replace.

This study builds on the foundations of previous studies by understanding what made their studies valid, and why their studies failed to provide the answers to their questions. As mentioned earlier in this paper, evaluating client satisfaction is more complicated than it first appears. One article cautions that it is important to measure the clients', or in their case the "patients'" attitudes about the specific treatment received from the program being assessed and not their attitudes about mental health treatment in general or treatment that they might have experienced in the past" (Granello, D. H., Granello, P. F., & Lee, F., 1999). This was equally important to the MSU. It was essential that our clients who were represented in this study understand that they are only

evaluating their experiences with the MSU, and not their overall opinion of welfare services. The instrument used in this study was designed with this precaution in mind.

There have not been any published client satisfaction studies done using welfare recipients. This component of the research makes it quite different from previous studies. Although, there is every reason to believe that welfare recipients have been included in previous studies using the general population, nothing was found to indicate that a component of the welfare program, which is used only by welfare recipients, has been studied for the purposes of discovering their perceived satisfaction with that program.

CHAPTER THREE

METHODS

Study Design

The purpose of this study was to evaluate participant satisfaction with a newly developed Jobs and Employment Services Department (JESD) unit designed to meet the needs of welfare recipients facing particularly difficult barriers to employment. This study is primarily quantitative with a few qualitative questions allowing participants to provide additional information.

Since most, if not all, welfare programs were designed for the purpose of moving people off welfare rather than assisting people with their personal life problems, there was an element of exploration connected with this research. Input from participants has the potential to provide insight into needed services or needed information for reshaping the services already provided.

The research design was a survey consisting of simple closed-ended questions with a standard, four-point answer scale ranging from (1) very dissatisfied to (4) very satisfied (see APPENDIX A). This format was used in order to make responding easier. Although the survey was

translated into Spanish that document was never utilized. The survey covered several satisfaction areas beginning with the referral to the Multi-Service Unit (MSU), their experience with the various team professionals, and finally their overall experience with the MSU.

The limits of this study included the fact that it did not go far enough in exploring the needs of the individuals. Also, since this population is unaccustomed to being asked to evaluate the services directly connected to their welfare checks, they may have been inclined to rank the MSU far higher in service than it deserves.

Sampling

The study population included all the MSU participants who responded to a mass mailing of the questionnaire/survey mailed to their homes beginning in January 2001. The mailing included all the current and past MSU participants whose case files originated with the Multi-Service Unit located in San Bernardino, California. Since there is a high incident of transient behavior among this population, as well as a generally low response rate, this attempt to reach the total population increased the likelihood of, at least, a moderately valid sampling.

Since the survey questions concerned services provided by four separate departments within the MSU, supervisors were contacted and given the opportunity to go over the questions. All department supervisors responded favorably with two supervisors requesting minor changes, which were subsequently made (see APPENDIX B). All the MSU supervisors endorsed the proposed study and offered to lend further support if needed. See appendix.

Data Collection and Instrument

Survey questions included participant demographics, which was used in ascertaining correlations between those factors and perceived satisfaction (see APPENDIX C). Independent variables were: gender, age, education, ethnicity, employment (if they have or have not worked before), single or two parent household, and status in the welfare system at the time of the referral (exempt, active, sanctioned, good cause), and number and ages of children.

For gender, the choice was male or female and the level of measurement was nominal. Age was asked directly with a continuous level of measurement. For education, the question was "last grade completed" with a continuous level of measurement. Ethnicity included choices such as African

American, Latino, Asian, White (not of Hispanic origins), and other. The measurement for this category was nominal. Whether the participant is functioning as a single parent or two parent household was asked directly with the level of measurement being nominal. Status in the JESD system was determined by data provided by the JESD computer data collection program because most participants are unaware of the JESD criteria for this designation. The measurement for this category was nominal. How many children the participant has and their ages was asked as a direct question with a continuous level of measurement.

The dependent variables were the perceived satisfaction rating with the various team professionals, activities, general treatment and referral to the MSU. These variables were measured using a Likert-type scale of 1 to 4 with 1 representing very dissatisfied/no, definitely not (--), 2 represents not satisfied/not really (-), 3 represents satisfied/generally (+), 4 represents very satisfied/yes definitely (++). The level of measurement was ordinal.

Space was provided at the end of each section for additional comments. Also included were two open-ended questions at the end of the survey. The last two

qualitative questions were, "The things I like best about the MSU were." and "If I could make changes to the MSU they would be."

The instrument itself is a compilation of several instruments provided by Ms. Toni Calhoon RN, Community Health Nurse, from the Jerry L. Pettis Memorial V.A. Medical Center in Loma Linda, California. Questionnaires came from various medical centers and departments within those medical centers. Each question was re-worded to more appropriately fit the participants and services provided by the MSU. Before this survey was finalized, a pilot survey was conducted with staff members and participants, in order to obtain feedback regarding the clarity and content of the survey as well as the instructions.

Procedure

To merely hand participants the survey with the hope of an adequate return would be foolish. It is often difficult to get participants to return required county forms necessary for the continuation of their cash grant. Imagine the importance one would place on completing yet another form that is not required. Other barriers associated with participant reluctance to complete the

questionnaire may be illiteracy and difficulty understanding the questions. For many participants, an interview would be the best method of gathering data. MSU team meetings and meetings with the supervisors of the representative departments that make up the MSU have verified that members of the MSU team would be made available for interviewing. However, in order to diminish the effects of "needing to please the interviewer," and to strengthen the possibility that participants do not feel intimidated by the interviewers, it was considered best if no one from the MSU do the actual interviewing. Their services would have been utilized as a last resort only.

It was suggested by Roy Copple, the program developer for the MSU, that the supervisor for Quality Systems Services (QSS) be contacted to see if that group would be willing to conduct the interviews. Since QSS staff does this type of work their assistance would not only expedite the process but it would also enhance the possibility that no participant felt intimidation from the MSU staff members they were being asked to evaluate. Fortunately, Kathy Watkins, the manager of the Legislation and Research Unit for the San Bernardino County Human Services System

Administration, along with Kevin Darr, the supervisor of the QSS unit, agreed that QSS would gather the data.

Under the direction of Kevin Darr, it was decided that the surveys would be mailed out to all the MSU past and present participants associated with the San Bernardino MSU. Phone calls would also be made by the unit staff to all participants that did not returned surveys and the staff of QSS would be available to conduct fact-to-face interviews during the month of March. These interviews were initiated when a staff member of the MSU or a collateral unit called QSS requested the interview in behalf of the participant.

The Multi-Service Unit supplied the names, addresses, and phone numbers of all current and past participants, which resulted in six hundred and thirty-eight surveys being mailed out. These mailings included along with the survey, the letter of explanation, the debriefing information, the informed consent form, and a pre-stamped, addressed envelope. The QSS supervisor declined the offer to have his staff receive in-service training regarding interviewing due to the fact that this was their job and they were accustomed to interviewing participants for various departments and projects.

Protection of Human Subjects

In the informational letter sent to the participants along with the survey, it was stated that only members of the QSS unit would have knowledge of who answered the survey questions. However, due to a staffing problem, this was altered. All participants who responded to the questionnaire were assigned a number by the QSS staff. Only the MSU clerk was allowed to identify which participant went with which number. This was done only to facilitate the identification of the participants' status at the time of referral. This was accomplished by utilizing the information in the JESD computer system. Once this data was gathered, the identifying list was destroyed.

Participants, who were interviewed either on the phone or in person, were read and given (if in person) the informational letter (see APPENDIX D) and the informed consent form (see APPENDIX E). This provided each interviewee with a thorough explanation of the fact that participation in the survey is voluntary and will in no way affect their TANF (Temporary Assistance for Needy Families) grant, or MSU participation. Subjects were informed that although the information gathered would be used by the MSU

to improve services to the participants, the primary function of the survey was to facilitate the author's graduation from Cal State San Bernardino. Once the interview was completed, the debriefing statement was given to the participant (see APPENDIX F). This statement concluded with encouragement to call the author's supervisors should there be any future questions concerning their participation in the survey and included the business phone numbers of the author's faculty supervisor, Dr. Rosemary McCaslin, and agency supervisor, Ms. Genevieve Davidson.

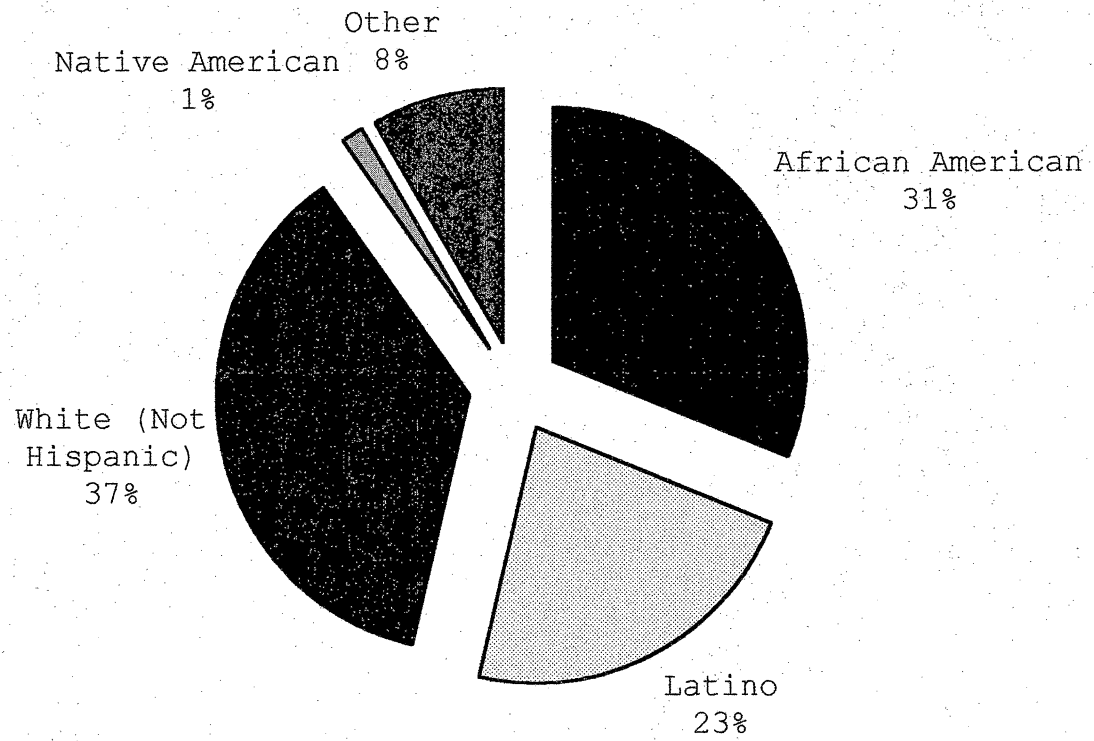
CHAPTER FOUR

RESULTS

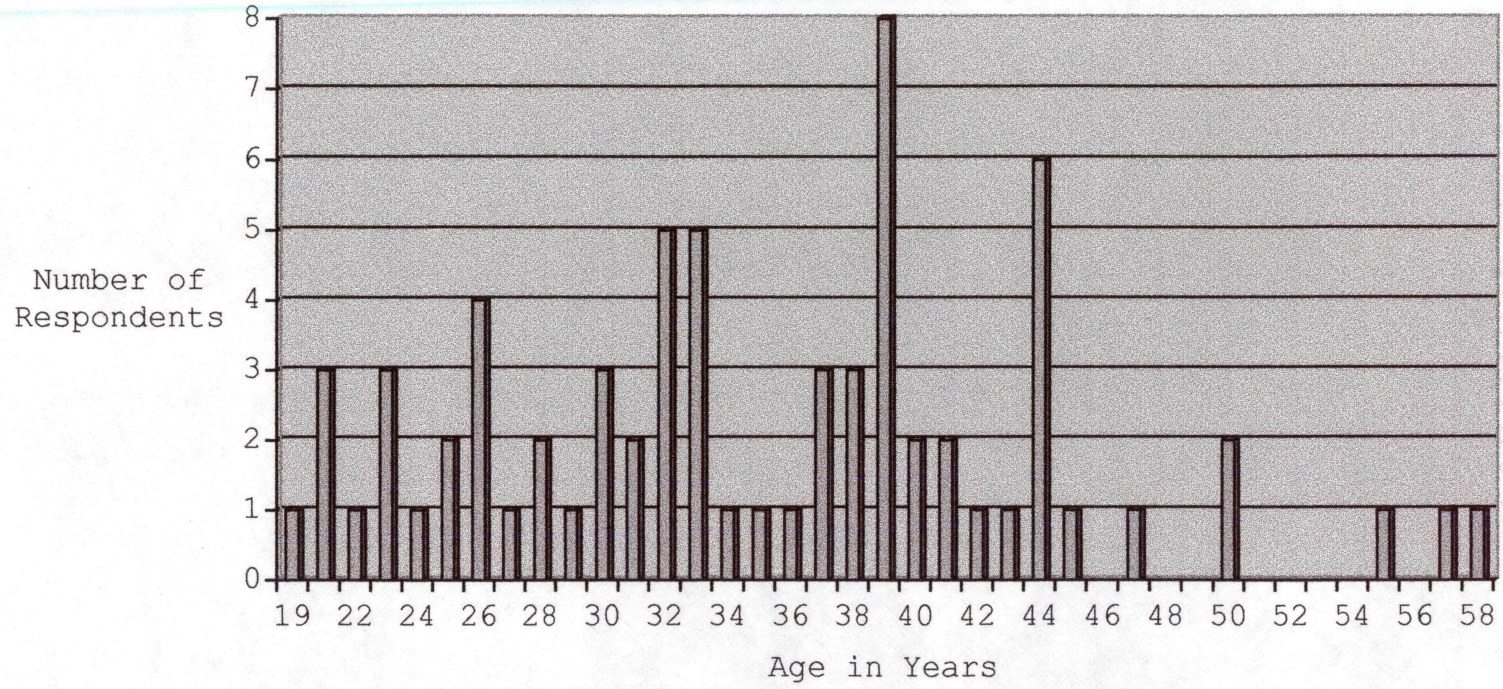
Of the 638 surveys mailed out to the Multi-Service Unit's past and present participants, 124 (19.4%) were returned as undeliverable, 442 (69.1%) were delivered without a return response, 50 (8.0%) responded by mailing back the completed survey, 11 (1.7%) were interviewed face to face, and 11 (1.7%) were interviewed over the phone. The total number of respondents was $N = 72$ (11.4%).

Of the 72 respondents, 26 were white (not of Hispanic Origin) (36.1%), 22 were African American (30.6%), 16 were Latino (22.2%), 1 was Native American (1.4%), 6 were designated as Other (8.3%) and 1 did not report (1.4%) (Graph 1). Sixty-nine of the respondents were female (95.8%), with only 2 respondents being male (2.8%), and 1 not reported (1.4%). Reported ages ranged from 19 years to 58 years with a mean age of 35.07, standard deviation was 8.89 (Graph 2). Sixty (83.3%) said that they were in a single parent household, while 11 (15.3%) reported they were in a two-parent household. One (1.4%) respondent did not respond to this question (Graph 3). Nineteen (26.4%) respondents reported that they are currently employed while

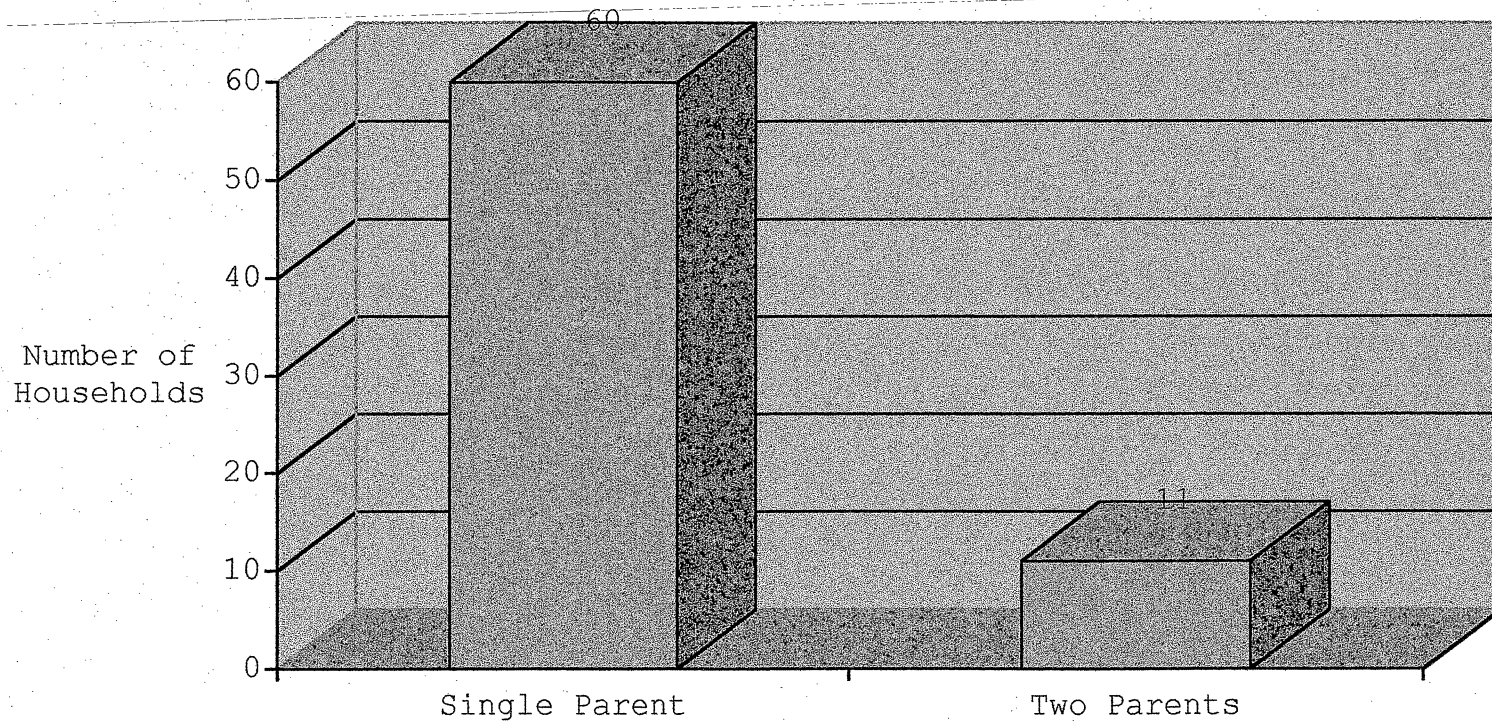
Graph 1. Ethnicity Distribution



Graph 2. Age Distribution of Respondents



Graph 3. Single or Two Parent Household

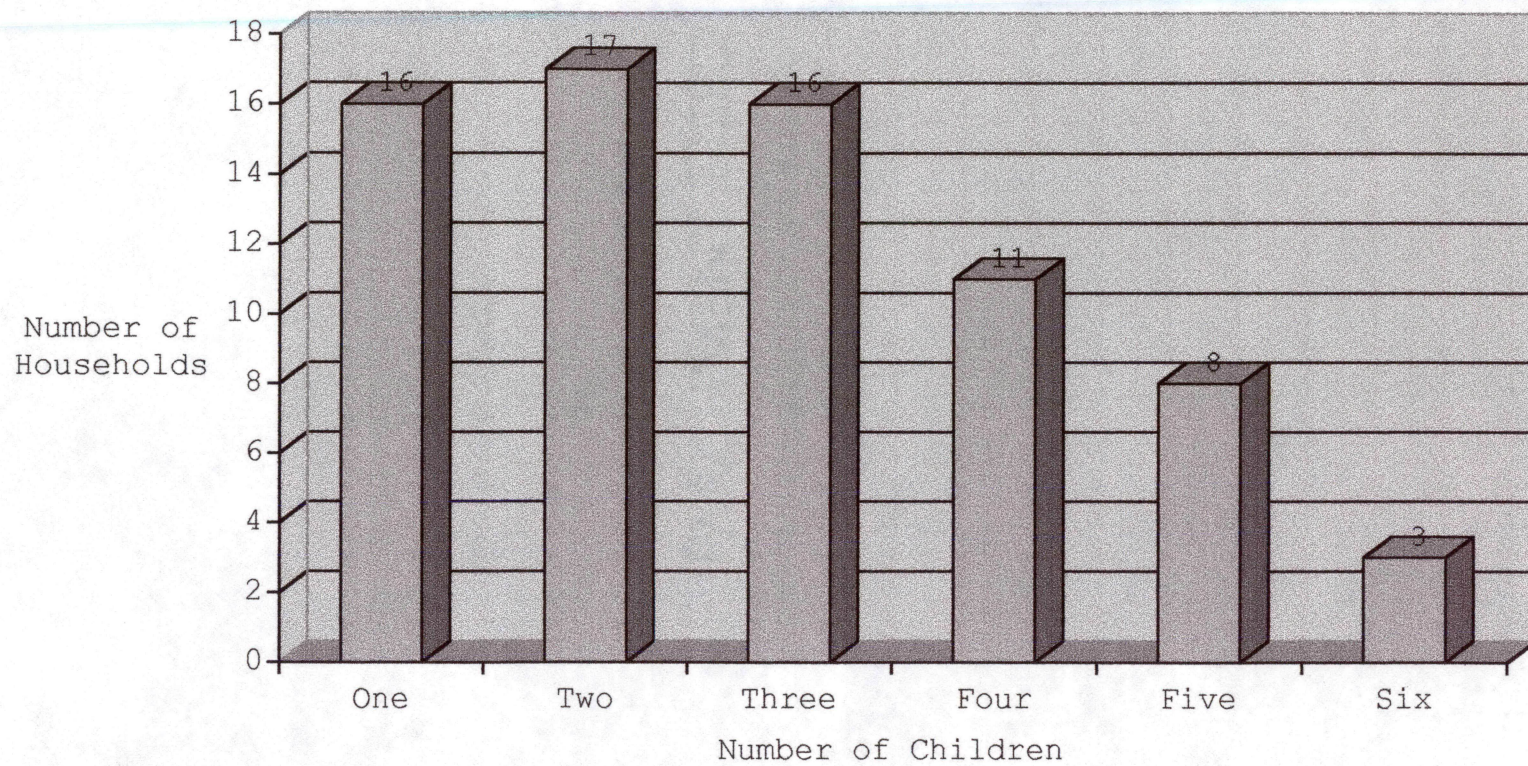


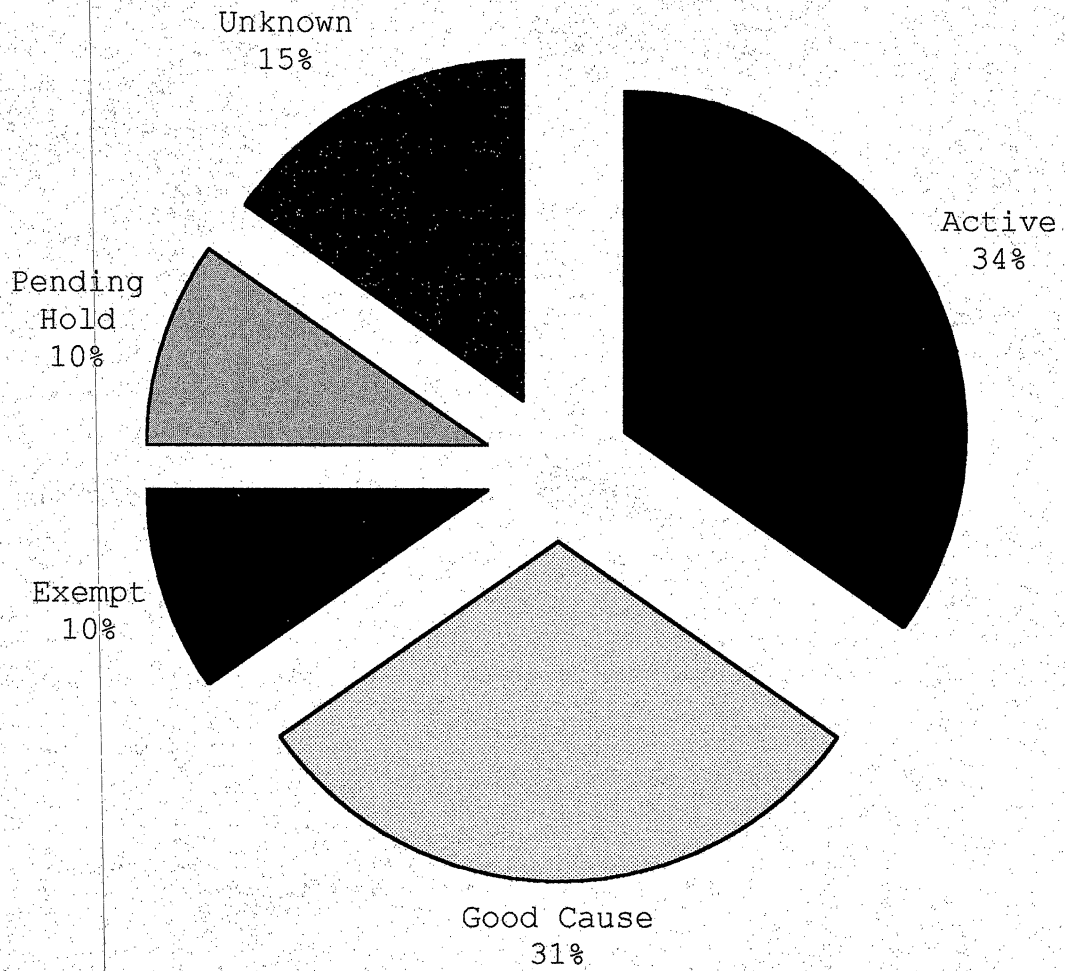
50 (69.4%) reported that they are not now employed. Sixty-five (90.3%) reported that at one time they had been employed while 6 (8.3%) reported that they have never been employed. The reported number of children ranged between 1 and 6 children. Sixteen of the respondents had 1 child (22.2%), 17 had 2 children (23.6%), 16 had 3 children (22.2%), 11 had 4 children (15.3%), 8 had 5 children (11.1%), 3 had 6 children (4.2%), with 1 respondent not reporting (1.4%). The mean was 2.8 with a standard deviation of 1.46 (Graph 4). The reported last educational grade completed, the mean was 10.94 with a standard deviation of 2.30.

Out of the 72 respondents, the unit clerk was able to identify the incoming status of 61 respondents. Of the 61 respondents 25 (41.0%) were active, 22 (36.1%) were good cause, 7 (11.5%), were exempt, and 7 (11.5) were pending hold/special circumstances (Graph 5).

Fifty-five (76.4%) of the 72 respondents reported that they were in some kind of counseling activity. Out of that group, 36 (50%) reported that they were receiving counseling exclusively from Behavioral Health, 3 (4.2%) reported that they are exclusively in a substance abuse

Graph 4. Distribution of Children in Households



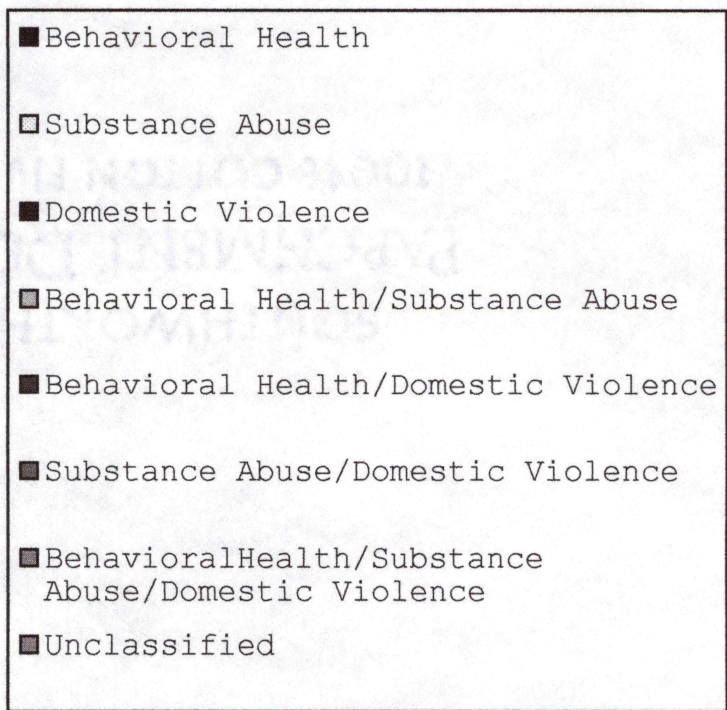
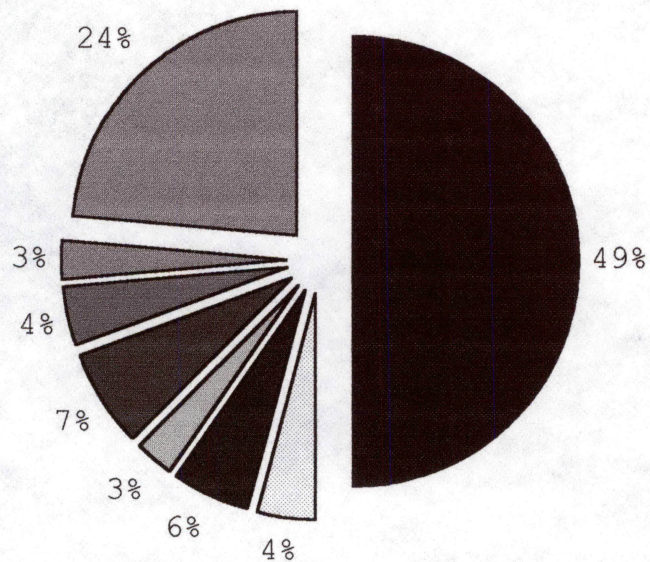


Graph 5. Distribution of Jobs and Employment Services Department Status

program, 4 (5.6%) are exclusively in a domestic violence program, while 2 (2.8%) reported that they are receiving counseling from both Behavioral Health and a substance abuse program, 5 (6.9%) reported counseling from a substance abuse program and a domestic violence program, and 2 (2.8%) reported counseling from Behavioral Health, a substance abuse program and a domestic violence program (Graph 6).

The overall response to the survey questions showed a high degree of satisfaction with services offered by the MSU. When the responses from all the questions were tabulated together 61.2% answered Very satisfied/Yes, definitely; 24.3% answered Satisfied/Generally; 8.1% answered Not satisfied/Not really; and 6.5% answered Very dissatisfied/No, definitely not (see APPENDIX G).

Initially, a correlation matrix was run using all the demographic information as well as the responses to the survey questions. This was used to identify the areas of significant correlations. In general the survey questions showed significant positive correlations with each other, reflecting overall high satisfaction responses with the services of the Multi-Service Unit. Otherwise, significant



Graph 6. Respondents Counseling Activity(ies)

correlations were minimal among demographics and survey questions.

Seven of the survey questions were significantly correlated with single parent households. There was a significant positive correlation between age of participants and number of children ($r=.268$, $p=.025$). Also, there was a significant negative correlation between last grade completed and number of children ($r=-.255$, $p=.032$).

In order to determine if there were any significant differences among survey questions, the responses were re-tabulated into two broad categories. The original categories, Very dissatisfied/ No, definitely not and Not satisfied/Not really, were re-categorized as Not satisfied. The categories of Satisfied/Generally and Very satisfied/Yes, definitely, were re-categorized as Satisfied. Ethnicity was re-tabulated to include only the three major ethnic groups, African American, Latino, and White (not of Hispanic origin).

Crosstabs with chi square tests were run for the single and two-parent household variable versus all the survey questions to determine if there were any significant differences in their responses. This resulted in

identifying two questions that showed significant difference using the Pearson chi square value.

The first question was, "You clearly understood and agreed with your referral to MSU." Of the 10 two-parent household responses, 70% agreed with their referral to the MSU. Of the 58 single-parent household responses, 95% agreed with their referral to the MSU ($\chi^2=6.535$, $df=1$, $p=.011$).

The second question was, "Were your privacy and dignity respected while in counseling?" Of the 7 two-parent household responses, 57% felt their privacy and dignity was respected. Of the 51 single-parent household responses, 92% felt their privacy and dignity was respected ($\chi^2=7.111$, $df=1$, $p=.008$) (see APPENDIX H).

A second correlation matrix was run using only the re-tabulated results of the survey questions. Crosstabs and chi squares were run for all correlations that were not significant between survey questions. Of these, only one crosstab chi square test showed a significant difference and that was for the questions, "Did your counselor give you as much individual attention during treatment as you would have liked?" and "When you asked questions (of the ESS), did you get answers you could understand?" ($\chi^2=3.859$,

df=1, $p=.049$) (see APPENDIX H). Of the 9 respondents who said they were dissatisfied (did not get answers they could understand from the ESS), 56% were satisfied with the individual attention from the counselor. Of the 45 respondents who reported that they were satisfied (did get answers they could understand from the ESS), 84% were satisfied with the individual attention from the counselor.

Crosstab and chi square tests were run using the re-tabulated ethnicity with all the re-tabulated survey questions. There was no significant difference found among the three major ethnic group responses.

CHAPTER FIVE

QUALITATIVE INFORMATION

Fifty-two of the 72 respondents made comments in at least some of the sections provided for individual statements. Five of those sections came at the end of the Likert-type questions addressing each section of the Multi-Service Unit, beginning with the referral process and telephone courteousness and responsiveness. The other sections where general comments could be expressed dealt with the employment services specialists, the social workers, the counseling activity, and the public health nurse.

Comments About the Referral and Access to the Service

Many of the comments in this section had nothing to do with the question. Most comments were a complimentary statement about the MSU. For example, "Everyone is friendly and nice. Made you feel welcome." Only one comment addressed the participant's concern about the referral. That participant stated, "Before someone is referred to this program they should be asked if they want to be." One of the requirements included in the MSU

referral process is that the participant is asked if he/she would be willing to participate in this program. It is, after all, a voluntary program. Some referring workers do forget that part of the referral and so during on-going staff training provided by the MSU, this issue is always addressed. One respondent used this section to praise their case worker (eligibility worker) who was probably also the referring worker.

Comments About the Employment Services Specialist

There were 19 responses in this section. Fifteen of those comments had positive things to say about the ESS. Mostly that they were kind, understanding, helpful, or really listened to me. One noteworthy response was, "I was very satisfied." The previous response was made by a respondent who had giving the ESS three not satisfied and only two "satisfied" rankings in the Likert-type questions regarding the ESS.

Two respondents used this section to make other comments. One stated, "Good program, very helpful, organized my life." The other said, "Being able to get gas passes." That is actually all she said and since the Employment Services Specialists give either gas vouchers or

bus passes, it is uncertain exactly which one she was referring to.

One respondent tended to be extreme in her comments. She stated, the ESS had "no human relation skills! I would feel as if the 'ESS' was not human, but I was some nobody, and she was 'stepping' down to my level; like a 'god'! This respondent went on to praise other workers in this section including a few who do not work for the Multi-Service Unit. All of the comments from this particular respondent were in the extreme, but obviously, not all of her comments were negative.

One respondent went into a story about how she had been treated prior to coming to the MSU. Her comment was, "Depending on what Employment Services Specialist was dealing with me. While in GAIN voted most likely to be leader - something like that. I had gone on my lunch break to get sick at my bro's. Apt. never made it back that day because ex had slashed my vehicle's tires and broke lights out. Next more (morning) I'd already been dropped papers already processed."

Comments About the Social Worker

Eleven respondents had good things to say. Most comments said that the social worker was very helpful. One said simply "Did not like the social worker."

One respondent went on about not being sure who their social worker was but the 3 before this one "were rude, nasty people." It would not be unusual for a participant to be connecting the term, social worker, with their case worker or their employment services specialist. It is even possible that before coming to the MSU, a participant may have had several case workers or employment services specialists. However, no social worker is assigned to a participant unless they come to the MSU and there is almost no chance their social worker would be reassigned. An exception to this would be if they had an open Children's Services case. But, those social workers are not connected with their JESD participation. In this case, it is highly likely this participant is not referring to past social workers.

The one respondent whose answers are tending to the extreme gave high praise to the social worker in the section concerning Employment Services Specialists. She

said, my social worker "was 'outstanding'. Her "human relations' skills were a 'godsend.'"

The same respondent whose answers did not seem to fit the category or the MSU responded with this statement, "1st Social Worker, Mrs..., she'd never have anything to say unless I'd really be broke down emotionally and have to tell her supervisor she needed to fix her papers or answer questions she should have known answers to but didn't yet never took anishitive (sic) to inform me of her inexperience making my paper funds aid close - and CHANGE EVERYTHING IN MY NEW LIFE AS A SINGLE MOM. Didn't enjoy being a total..." The last word was unreadable.

Comments About Counseling

This section included the Department of Behavioral Health, substance abuse programs and Option House, a domestic violence program. Some of the participants were involved in only one counseling program while others were involved in several. Sixteen comments were very positive about the respondents' counseling experience. Some of the comments were as follows: "The Domestic Violence counselor is a very neat person. I loved meeting with her. She really made me feel like she cared, she helped me a lot."

"They were very concerned that I not deal with any male figures knowing that my dislike for them was deep."

"Without having someone to talk to I would feel down and out. After talking, a load is taken off me. I feel free."

"It's really helping me." One comment stated, "Did listen and try to address problem although sometimes I feel person couldn't identify with circumstances."

There was one extremely negative comment, which came from the one respondent whose answers tended to be extreme. She stated, "Another self-righteous judgmental stumbling block, the only serious thing to the counselor was being bothered by myself and the 'sickness.'"

The comment from the respondent who wanted to really address other issues stated, "All counselors different - (no name) was good - but (no name) was great. I wish however that I'd been told that had I enrolled in school before I was trying to do the right thing and start GAIN I should have enrolled so my schooling would be paid for. That goes for all the social services staff I've dealt with."

Comments About the Public Health Nurse

There were 12 very positive responses regarding the services from the public health nurse. Most of the comments talked about how caring and understanding she was. Here are some examples of the comments: "The public health nurse showed she really cared." She was caring and understanding and helped me make some appts. That I really needed to make." "She was outstanding and put the ball in motion to help with major areas that would help me through life." "She was wonderfully educated and caring."

There was only one comment where advice was given to the public health nurse. That respondent stated, "Felt that maybe she should be more aggressive to needs such as disability program."

If I Could Make Changes to the Multi-Service Unit, They Would Be

Thirty-four respondents answered this question.

Thirteen of those respondents stated that they would not change a thing. The other responses to this question were as follows:

- 1) "Empathy - need to feel what the client is feeling."
- 2) "More respect for you and listen."

- 3) "They did not respect him - gave him a lot of trouble."
- 4) "Would like a new social worker so I could continue group and therapy."
- 5) "A little longer sessions, more answers if possible."
Would like to be able to complete it. Mother had cancer - did not attend as requested to be with her."
- 6) "Open early like 7:00 a.m. - 5:00 p.m. 9:00 a.m. - 3:00 p.m. was too late."
- 7) "They did not know how to counsel me on my husbands passing away. They also need to answer their phone or return calls."
- 8) "Nice program - not a lot of people that deal with chemical imbalance problems."
- 9) "More areas where help could be accessed. More different resources."
- 10) "I would have liked to keep seeing my domestic violence counselor for a longer period of time."
- 11) "The MSU is a great service for people who need help from them, but the only thing I suggest is informing the participant when they will come over to visit."
- 12) "More assistance with job referrals - employment related."
- 13) "Work related referrals."

- 14) "Return phone calls. I get yelled at for not calling to change appointments, but when I call they don't call back."
- 15) "Help friend (boyfriend) said not to be eligible in program - in job search, etc."
- 16) "Not necessarily changes but I'd like to be added to the mentoring program/team."
- 17) "That their services would be made available to more TANF/GAIN clients."
- 18) "The payment of my mileage reimbursement. I still have not got paid."
- 19) "The 'urgent' need for all 'Social Services' in San Bernardino County and elsewhere in the U.S., to remember 'Human Services,' 'Social Services,' directly associated with "caring' for and about the 'client' and their family, stepping into this 'downtrodden' low-self-esteem, feelings of 'worthlessness' shoes, feeling what they are feeling, and 'target' some kind of strategy to make a '360.' From the clerk at the front desk of 'MSU' to the social workers, ESS's, Employment Finders, Kim, Kevin, Beverly, Carmen, Valerie, and many more. I thank god for 'MSU.' If they could just start a 'Specialist' for hard-to-hire clients, i.e. criminal record - 'extensive' no-hire!" This last

comment was from the respondent who appears to be responding with a great deal of emotion.

The Things I Liked Best About
the Multi-Service Unit Are

There were 42 responses to this statement. Two of the responses stated that they liked nothing best about the MSU. The other 40 responses are reported as follows: 1) "The ESS helped me see the light at the end of tunnel." 2) "They try their best to help teenage parents out." 3) Their services being available to me/others." 4) "The schools and employment opportunity." 5) "I guess they are doing their best for us helping us in any kind of way they can." 6) "Everybody is always ready to listen and try to help me so much." 7) "They take the time to help others when they could be helping themselves." 8) "The people." 9) "They tried to help as much as they could." 10) "I like everything overall. They treat me good." 11) "Being able to get gas passes to complete much needed tasks." 12) "mentoring/intervention." 13) "They are there for you when needed." 14) "Everything was fine for me. Thank you." 15) "I enjoyed going to the MSU. It made me feel good from the inside like I was getting somewhere in life." 16) "The ESS - her kind and understanding attitude - very worthy

employee!" 17) "The counseling." 18) Counselors have helped me learn to control my anger and be assertive." 19)

"Opportunity to talk to a counselor." 20) "I like that you all won't talk about me badly. You're teaching me to stand up for myself and to better understand people. And I'm getting job ready so I can stay employed. I'm goal

setting, attitude changing." 21) Always someone there to listen. The MSU saved my life." 22) "They are not nose

but check on me to make sure I am okay." 23) It's helping me deal with my problems and overcome them at my pace." 24)

"I was so impressed with the MSU unit. They always called and checked up on me and my boys. They were very willing to help me. It is incredible the way they are willing to work with you. They gave me their business cards so it was easy to always make contact with them. They always

returned my calls promptly. I thank you very much for your services in a time they were really needed." 25) "I could

get help in one place." 26) "The fact that it was so very hard watching my mother become so ill so fast and having to care for her as she was dying. The counselors were very helpful. My ESS, and everyone at GAIN have been so helpful and kind. I feel like when I finish school in May I'll

really have real job skills, so I can be human again and

have a life." 27) "They seem to care about the people they've helped. The way they make sure to understand your problems and find a way to help you solve it one way or another. How my concerns in some areas of importance and very sympathetic." 28) "Everything. Gave help and supportive. Met my needs." 29) "Everybody was very caring and made me feel like part of their family." 30) "They all assist you in any area you may need, which I needed at the time and appreciate it very much and gave me good advice." 31) "I could be open and honest with problems and gave me all that I need. They pulled it all together and helped me so much. I love them. 32) "That they motivate me to keep going and seek employment. They gave me a lot of support." 33) "The way everyone worked together." 34) I think they understand my problems better than my doctor or other staffs." 35) "People very friendly and open." 36) "The caring staff." 37) "The supportiveness." 38) "Everything - how they cared so much." 39) "That they cared about me and were sincere." 40) "They are very reliable."

CHAPTER SIX

DISCUSSION

Overwhelmingly respondents reported satisfaction with the services they received from the MSU. Not only was this demonstrated statistically, but the majority of written responses confirmed that most of the respondents were not only satisfied, but appreciative. Unfortunately, the sample represents only about 11% of the total population, while a whopping 87% were either unreachable or refused to respond. Out of that 87%, however, are participants who were actually never served by the MSU. As it turns out, the mailing list provided to the QSS unit was a complete list of all those who had been referred to and accepted by the MSU. Some of the participants on that list were unaware of the referral and when they found out, refused to participate. Others were under the impression that the referral to the MSU meant they did not have to participate and so they too refused services. It is unknown exactly what percentage of that group was never served.

There is also some difficulty determining whether the 11% who did respond is representative of the general population of the MSU. Although the various departments

represented within the MSU keep ethnic data regarding their general populations, the MSU, as a whole, does not. The MSU also does not keep information regarding the sex of their population, however, an informal look at the current MSU participants revealed a total population of 150 with 8 (05%) males and 142 (95%) females. This comes very close to the study group, which had 2 (03%) males and 70 (97%) females (n = 72). The reported average number of children (mean = 2.8) is consistent with a 1999 study in which MSU participants were studied against a control group not participating in the MSU. The average number of children for the experimental group was 2.1 and the average number of children for the comparison group was 2.8. This makes the current study population a little more likely to be representative of the MSU population as a whole.

The status of the participant is a JESD description of the requirement level of the participant. A participant who is "active" is involved in an approved activity and has a signed agreement in the case file. "Good cause" is a very temporary status. This means the participant is excused from activities for a short period of time. This is also a usual status when a case is being transferred. "Exempt" status means something is going on with the

participant, which may keep them from participating in any activity for quite a while. "Pending hold" means the participant has been having problems with their required activity. All four status designations imply that the participant is required to participate in the JESD program. The exception is the exempt status. Although the MSU is a voluntary unit, participation in JESD is mandatory. Because the status of the participant is some measure of their involvement in the JESD program, it was looked at as a possible correlation with satisfaction or dissatisfaction with MSU services. In this study, no correlation was found.

Although seven survey questions significantly correlated with single parent households (N = 60), the size of that group compared with the size of the two-parent household (N = 11) did not allow for any serious consideration.

The positive correlation between age and number of children is not too surprising. Simply put, older participants tend to have more children than younger participants. The negative correlation between last grade completed and number of children reports that in this study group, participants with less education tended to have more

children than the participants with more education.

Neither of these findings are germane to this study.

All of the survey questions were positively correlated and most were significant. This means that participants who were satisfied with one aspect of the MSU were likely to be satisfied with the other aspects as well. This was demonstrated with the initial correlation matrix where the great majority of questions were significantly and positively correlated with each other. The survey questions were then re-tabulated into only two categories, Satisfied and Dissatisfied, which allowed better numbers for crosstabs and chi square determinations. Two questions showed significant difference and although they are interesting to this study, the numbers are too low to draw any real conclusions. A fewer number (N = 9) of respondents who said they were dissatisfied or did not get answers they could understand from their ESS were satisfied with the individual attention from their counselor (56%) than the group who was satisfied (N = 45) or did get answers they could understand from their ESS (84% of that group). This might be worth looking at for future studies and might also indicate the need for more uniformity among

the survey questions in order to more accurately assess the numbers of clients who show a pattern of dissatisfaction.

It is important to note, however, that here is a county program that not only adheres to State rules and regulations while working with participants who are mandated to a program of self-sufficiency, but that also appears to be meeting the needs of the clients they serve.

CHAPTER SEVEN

CONCLUSION

Some professionals are trained to concern themselves with the emotional well being of their clients. Social workers are a good example of this. At least in recent years, graduate programs include and focus on the strength perspective, starting where the client is, civil rights, engaging the client, to name a few of the subjects designed to make the client and his/her needs of primary concern. And yet, even for this fore armed sentinel of good will, working within the parameters of a mandated, government program can test any resolve to put the client first. The major dichotomy is that the services offered are often not the services wanted. For the Multi-Service Unit the attempt to deliver satisfactory service is important, but often challenging, not only because of the restrictive rules and regulations overshadowing the MSU, but also because some participants have issues and problems far beyond the expertise and ability of this unit. However, it is vitally important that the clientele of this unit experience only positive regard while they are participating in this program. It not only models and sets

the standard for appropriateness; it also facilitates the healing process. As noted from many of the written responses, the perceived care and concern from the staff members had a powerful impact on many of the participants.

The instrument itself needs to be improved and simplified. For instance, there should be more identical questions for each of the departments in order to better measure correlation. Also, it appeared that some of the participants were possibly confused regarding who was the social worker and who was the Employment Services Specialist or even the caseworker (not included in the survey). How to remedy that problem is not known at this time, but it is an ongoing problem and needs to be addressed.

Participants need to have a forum for saying how they feel and they need to know that someone is going to actually listen. This study appeared to give that forum to some who had been wanting to tell their story and thought this would be an excellent opportunity. One participant even wrote a long letter, which included her name and address. This letter had nothing to do with the survey or the MSU, but she said what she wanted to say and the letter will be passed on to supervision.

Since the study began it also appears that MSU staff are more aware of their interactions with participants, especially those participants most difficult to serve. It seems reasonable to assume that this awareness might translate into positive action or perhaps a less negative reaction to a difficult participant. This of course allows the participant to relax and become more honest with the staff member, thus allowing services to be offered and hopefully taken.

It is hoped that the Multi-Service Unit will find a way to continue investigating perceived client satisfaction with the services they offer, that they will listen to all their clients with an open ear and heart. It is through them and what they have to say that we learn what we need to do.

APPENDIX A:

PARTICIPANT SATISFACTION SURVEY

Participant Satisfaction Questionnaire

KEY:

--	-	+	++	
Very dissatisfied/ No, definitely not	Not satisfied/ Not really	Satisfied/ Generally	Very satisfied/ Yes, definitely	
1	2	3	4	

	--	-	+	++	
1. You clearly understood and agreed with your referral to MSU.	1	2	3	4	
2. My phone calls to the MSU are always answered promptly during regular working hours.	1	2	3	4	NA
3. The person answering the phone is always courteous.	1	2	3	4	NA
4. When I leave a message, I always get a call back.	1	2	3	4	NA

Comments regarding the referral and access to the service:

EMPLOYMENT SERVICES SPECIALIST	--	-	+	++	
1. Did the ESS listen to what you had to say?	1	2	3	4	
2. When you asked questions, did you get answers you could understand?	1	2	3	4	
3. Were you involved in decisions about your CalWORKs activities as much as you wanted?	1	2	3	4	
4. After the special needs assessment, did the ESS explain the results in a way that you could understand?	1	2	3	4	NA
5. Overall, how would you rate the services provided by the employment specialist.	1	2	3	4	

Comments regarding the employment services specialist:

THE SOCIAL WORKERS

	--	-	+	++	
1. Did the social worker listen to your concerns?	1	2	3	4	
2. You were able to understand the social worker?	1	2	3	4	
3. If the social worker did not speak your language, did they bring an interpreter you could understand?	1	2	3	4	NA
4. Did the social worker treat you and your family with respect?	1	2	3	4	
5. Overall, how would you rate the services provided by the social work service.	1	2	3	4	

Comments regarding the social worker:

Before responding to the questions regarding the counseling activity, please check the activity or activities that apply to you.

Behavioral Health Substance Abuse Domestic Violence

THE COUNSELING ACTIVITY

	--	-	+	++
1. Did you feel your counseling activity was appropriate?	1	2	3	4
2. In your opinion was the frequency of your counseling and group activities adequate to assist you with your problem?	1	2	3	4
3. Did your counselor give you as much individual attention during treatment as you would have liked?	1	2	3	4
4. Were your privacy and dignity respected while in counseling?	1	2	3	4
5. Were you confident that the information you shared with your counselor would be treated as confidential?	1	2	3	4
6. Did you feel that your counselor showed interest and understanding?	1	2	3	4
7. Were you confident in the knowledge and abilities of your counselor?	1	2	3	4

8. Overall, how would you rate the services provided by the counselor. 1 2 3 4

Comments regarding counseling:

THE PUBLIC HEALTH NURSE -- - + ++

1. Did the nurse have a caring attitude? 1 2 3 4

2. When you had medical questions, did you get answers you could understand? 1 2 3 4

3. Did you have confidence in the public health nurse? 1 2 3 4

4. Did the public health nurse treat you with respect and dignity? 1 2 3 4

5. Overall, how would you rate the services provided by the public health nurse. 1 2 3 4

Comments regarding the public health nurse:

ADDITIONAL COMMENTS

1. If I could make changes to the MSU, they would be:

2. The things I liked best about the MSU are:

APPENDIX B:

DEPARTMENTAL ENDORCEMENTS

**JOBS AND EMPLOYMENT
SERVICES DEPARTMENT**



**COUNTY OF SAN BERNARDINO
SOCIAL SERVICES GROUP**

GREATER AVENUES FOR INDEPENDENCE – GAIN DIVISION

**KEITH LEE, Director
J. EISENBEISZ, Deputy Director**

May 17, 2000

Genevieve Davidson, SESS I
494 North "E" Street, Lower Level
San Bernardino, CA 92415-0080

Reply to:

- 990 Via Lata, Suite 100
Colton, CA 92324
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- 10803 Trabernia Pkwy, North, Suite 800
Rancho Cucamonga, CA 91730-8924
(909) 846-4640
- 851 West Foothill, 2nd Floor
Pomona, CA 92376
(909) 359-3840
- 97407 29 Palms Highway
Yucca Valley, CA 92384
(619) 228-5453
- 488 West Elm Street, Suite 110
San Bernardino, CA 92415-0505
(909) 287-8383
- 14751 7th Street, Suite D
Victorville, CA 92392
(951) 243-3450
- 170 North Yucca Avenue, Suite D
Earsow, CA 92311
(619) 259-4950
- 769 East Stuart Avenue
Redlands, CA 92374
(909) 799-8400
- 1300 Bailey Avenue
Westley, CA 92385
(619) 326-9287
- 600 North Sierra Way
San Bernardino, CA 92415-0039
(909) 386-0800

Re: Catherine L. Ogitani/MSW Program

I am Cathy's supervisor. Although I have not seen the final proposal, Cathy has shared preliminary information with our District Manager, David Alder, with various supervisors associated with the Service Unit and me. We are all excited with the prospect of this research and look forward to reviewing the results.

Sincerely,

Genevieve Davidson
Genevieve Davidson, SESS I

TRANSITIONAL ASSISTANCE DEPARTMENT



**COUNTY OF SAN BERNARDINO
SOCIAL SERVICES GROUP**

**CAROL L. ANSELM
Director**

REPLY TO:

- 1300 East 44th View Street
Burbank, CA 92311
- 2040 Woodbine Avenue
Colton, CA 92324
- 7977 Sierra Avenue
Fontana, CA 92338
- 6955 69th Avenue
Hesperia, CA 92345
- DPSS MCH-Unit
Mail: 494 North "E" Street
San Bernardino, CA 92415
Location: 780 East Gilbert Street
San Bernardino, CA
- 1500 Bailey Avenue
Needles, CA 92363
- 1627 East Holt Boulevard
Ontario, CA 91764
- 10825 Arrow Route
Rancho Cucamonga, CA 91730
- 651 West Peckham Boulevard
Redlands, CA 92373-6009
- 444 North "E" Street
San Bernardino, CA 92415-0080
- 3250 Massachusetts Avenue
San Bernardino, CA 92415-0085
- 19219 Second Avenue
Victorville, CA 92392-4771
- 56357 Pine Trail
Yucaipa Valley, CA 92284

**TDD --- TELEPHONE SERVICES FOR THE HEARING IMPAIRED
(909) 387-6036**

May 23, 2000

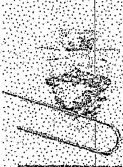
To Whom It May Concern:

I have reviewed the draft proposal, which has been submitted by Cathy Ogitani, Master of Social Work candidate at California State University, San Bernardino. It is a well-written document that appears to assess our client population adequately.

I look forward to Ms. Ogitani's continuing research regarding this subject group and will be available to lend further support in this endeavor.

Sincerely yours,

**Gene Norton, B.S., M.A.
Cal-WORKS Multi-Service Unit TEAM Supervisor, SSSP
Department of Children's Services**



DEPARTMENT OF
CHILDREN'S SERVICES

GENE NORTON
Supervising Social Services Practitioner
CALWORKS Multi-Service Unit

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494 N. E. St., Lower Level
San Bernardino, CA 92415-0260

DEPARTMENT OF BEHAVIORAL HEALTH



**COUNTY OF SAN BERNARDINO
HUMAN SERVICES SYSTEM**

700 East Gilbert Street • San Bernardino, CA 92415-0920 • (909) 387-7853

RUDY G. LOPEZ
Director of Behavioral Health

May 23, 2000

To Whom It May Concern:

I have reviewed the proposed instrument. Pending the Institutional Review Board of California State University, San Bernardino, I do not see any problems with the instrument designed by Cathy Ogitani.

Please do not hesitate to contact me at (909) 387-4914 if you have any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "Rosa E. Gomez".

Rosa E. Gomez, L.C.S.W.
Clinic Supervisor
San Bernardino DBH CalWORKs

DEPARTMENT OF PUBLIC HEALTH



COUNTY OF SAN BERNARDINO

351 North Mt. View Avenue • San Bernardino, CA 92415-0010 • (909) 387-6280

THOMAS J. PRENDERGAST, JR., MD, MPH
Director of Public Health

January 26, 1999

Cathy Ogitani, ES
494 N. E Street, Lower Level
San Bernardino, CA 92415

Dear Ms. Ogitani,

I have reviewed the information that you submitted and pending Institutional Review Board approval. I have no objection to the section pertaining to Public Health Nursing in your research project.

I would, however, like to see a separation between confidence and trust in question number 4, "Did you have confidence and trust in the Public Health Nurse?". Having confidence in the nurse's knowledge and trusting the nurse are two different issues.

Sincerely,

Janet Grinyer
Janet Grinyer
Supervising Public Health Nurse

HEALTH SERVICES DIVISION BOARD OF SUPERVISORS PUBLIC HEALTH
JOHN R. WICKS COUNTY CLERK THOMAS J. PRENDERGAST, JR., MD, MPH COUNTY CLERK
JERRY L. COSS COUNTY CLERK THOMAS J. PRENDERGAST, JR., MD, MPH COUNTY CLERK

APPENDIX C:
DEMOGRAPHIC QUESTIONS

DEMOGRAPHIC QUESTIONS

1. What is your gender? Male ___ Female ___
2. How old are you? _____
3. What is the last grade you completed in school? _____
4. Are you currently employed? Yes ___ No ___
5. Have you ever been employed? Yes ___ No ___
6. Are you a single parent household? Yes ___ No ___
7. How many children do you have? _____
8. What are the ages of your children? _____
9. Which ethnicity do you identify yourself with?
 - African American ___
 - Latino ___
 - Asian ___
 - White (not of Hispanic origin) ___
 - Pacific Islander ___
 - Native American ___
 - Other ___
10. GAIN status: Active ___ Good Cause ___ Exempt ___ Sanctioned ___

APPENDIX D:

INFORMATIONAL LETTER

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As a participant in the Multi-Service Unit (MSU) of CalWORKs, you have been selected to participate in a survey designed to measure client satisfaction with the services offered by Multi-Service Staff. This research is being conducted by Cathy Ogitani, a student in the Masters of Social Work Program at Cal State University, San Bernardino to fulfill a requirement of graduation, and by the Quality Services Systems Unit (QSS), to assist the Multi-Service Unit in offering better service to the clients they serve.

Beginning January 8, 2001 QSS staff members, will be inviting you to answer questions regarding the services and treatment you have received during the time you were with the MSU. Although the results of the survey will be shared with the MSU, your answers to the survey questions will be confidential and no one will be allowed to view the individual questionnaires outside of the QSS Unit. Participants will be invited to answer questions in one of three ways. 1) While at the TAD 01 office during a regular visit 2) Over the phone 3) Through the mail. Staff members from the QSS Unit will be prepared to answer questions regarding the survey and will assist you in completing that form. You may also decide that you do not wish to participate in the survey, which is not a problem. Participation in this survey is strictly voluntary.

If you have questions or concerns in the meantime you may call Mr. Kevin Darr, Supervisor of the QSS Unit at (909) 387-, between 7:30 a.m. and 5:00 p.m., Monday through Friday.

APPENDIX E:
INFORMED CONSENT

INFORMED CONSENT

The study in which you are about to participate is designed to measure participant satisfaction with the Multi-Service Unit. This study is being conducted by Cathy Ogitani, MSW student, under the supervision of Dr. Rosemary McCaslin, Professor of Social Work at CSUSB. This study has been approved by the Institutional Review Board of California State University San Bernardino.

In this study, you will be asked a series of questions regarding the services you have received. You will also be given a choice of four answers that have been designed to measure your satisfaction. You will be given the opportunity to add any comments not covered in the survey. If you would rather complete the survey on your own and return it in a stamped/pre-addressed envelope, you may do that as well. Feel free to have the interviewer go over any questions you may have. This survey can take from about 15 minutes to an hour.

Please be assured that any information you provide will be held in strict confidence by the researchers. At no time will your name be reported along with your responses. All data will be reported in group form only. At the conclusion of this study, a report will be available to you.

Please understand that your participation in this research is totally voluntary and you are free to withdraw at any time during this study without penalty, and to remove any data at any time during this study. Whether you participate or not and regardless of your responses, neither your cash grant nor your treatment by the MSU staff will be affected.

I acknowledge that I have been informed of, and understand, the nature and purpose of this study, and I freely consent to participate. I acknowledge that I am at least 18 years of age.

Participant's Signature

Date

APPENDIX F:

DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

Thank you for taking the time to complete the satisfaction survey. The information you provided will be used by Cathy Ogitani, MSW student, in order to complete her research project as part of her graduation requirement for Cal State University San Bernardino. The final report, which will not include any individual scores or names, will be presented to the Multi-Service Unit as a tool for evaluating client satisfaction with the services offered by that unit.

Any identifying information will be held in strictest confidence, and once the data gathering is complete, that information will be destroyed. Your participation and your responses will have no affect on your grant and will not affect your participation with the Multi-Service Unit. Should you decide at a later date to withdraw your answers from this research, you will be allowed to do that. Keep in mind that all identifying information will eventually be destroyed.

If you have any questions regarding this research project you may call Dr. Rosemary McCaslin, Professor of the School of Social Work at (909) 880-5507 or Ms. Genevieve Davidson, Supervising Employment Services Specialist I at (909) 387-5023.

The results of this survey will be available in June of 2001. Please contact the Multi-Service Unit if you would like to receive a copy of those results.

APPENDIX G:

SURVEY QUESTION RESPONSES

Survey Question/Statement	Very dissatisfied/ No, definitely not	Not satisfied/ Not really	Satisfied/ Generally	Very satisfied/ Yes, definitely	N/A	Missing	Total
You clearly understood and agreed with your referral to MSU.	1	5	24	39	3	0	72
My phone calls to the MSU are always answered promptly during regular working hours.	4	5	25	35	1	2	72
The person answering the phone is always courteous.	2	4	16	47	1	2	72
When I leave a message, I always get a call back.	9	7	16	33	1	6	72
Did the ESS listen to what you had to say?	3	2	21	38	4	4	72
When you asked a question, did you get answers you could understand?	4	7	16	37	4	4	72
Were you involved in decisions about your CalWORKS activities as much as you wanted?	8	7	19	30	3	5	72
After the special needs assessment, did the ESS explain the results in a way that you could understand?	6	7	15	33	4	7	72
Overall, how would you rate the services provided by the employment specialist?	6	2	10	45	5	4	72
Did the social worker listen to your concerns?	3	7	16	39	4	3	72

Survey Question/Statement	Very dissatisfied/ No, definitely not	Not satisfied/ Not really	Satisfied/ Generally	Very satisfied/ Yes, definitely	N/A	Missing	Total
You were able to understand the social worker?	2	6	17	40	4	3	72
If the social worker did not speak your language, did they bring an interpreter you could understand?	1	0	6	10	5	55	72
Did the social worker treat you and your family with respect?	3	4	17	41	4	3	72
Overall, how would you rate the services provided by the social work services	2	6	14	42	5	3	72
Did you feel your counseling activity was appropriate?	4	4	14	38	2	10	72
In your opinion was the frequency of your counseling and group activities adequate to assist you with your problems?	5	7	17	30	3	10	72
Did your counselor give you as much individual attention during treatment as you would have liked?	6	7	10	36	3	10	72
Were your privacy and dignity respected while in counseling?	3	4	12	40	3	10	72

Survey Question/Statement	Very dissatisfied/ No, definitely not	Not satisfied/ Not really	Satisfied/ Generally	Very satisfied/ Yes, definitely	N/A	Missing	Total
Were you confident that the information you shared with your counselor would be treated as confidential?	3	5	11	40	3	10	72
Did you feel that your counselor showed interest and understanding?	5	2	11	40	5	9	72
Were you confident in the knowledge and abilities of your counselor?	5	6	14	33	5	9	72
Overall, how would you rate the services provided by the counselor.	4	5	12	37	5	9	72
Did the nurse have a caring attitude?	1	2	9	27	10	23	72
When you had medical questions, did you get answers you could understand?	2	4	9	24	10	23	72
Did you have confidence in the public health nurse?	2	4	8	25	10	23	72
Did the public health nurse treat you with respect and dignity?	3	2	5	29	10	23	72
Overall, how would you rate the services provided by the public health nurse.	2	3	7	27	10	23	72

APPENDIX H:

CROSTAB TABLES

100% COTTON FIBER
BATCHMENT DEED
SOUTH WORTH

Crosstab Tables

Crosstab Table 1

Clearly = You clearly understood and agreed with your referral to MSU.

AND

Single = Are you a single parent?

Clearly > Single V	Dissatisfied/ No	Satisfied/ Yes	Total
Yes	3	55	58
No	3	7	10
Total	6	62	68

Crosstab Table 2

Respect = Were your privacy and dignity respected while in counseling?

AND

Single = Are you a single parent?

Respect > Single V	Dissatisfied/ No	Satisfied/ Yes	Total
Yes	4	47	51
No	3	4	7
Total	7	51	58

Crosstab Table 3

Answers = When asked a question, did you get answers you could understand?

AND

Treatment = Did your counselor give you as much individual attention during treatment as you would have liked?

Answers >	Dissatisfied/ No	Satisfied/ Yes	Total
Treatment V			
Dissatisfied/ No	4	7	11
Satisfied/ Yes	5	38	43
Total	9	45	54

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