Provider Survey Draft - 5.13.20 - Group updates on 5.22.20
NOT ORDERED

Question	Choices	Notes	INTERNAL TEAM COMMENTS	4 Groups: 1. Regular Programs Admin (no Service Coordination) 2. Services Admin (Org. provides Service Coordination) 3. Direct Resident Services Coordinator/Site staff 4. Individuals who are both group 2 & 3
Name of Organization	Open Ended			1, 2, 3, 4
Name of Site	Fixed Choice - names of properties	Select multiple properties		1, 2, 3, 4
For each site, does your Organization generally provide Programs and/or Service Coordination? (Include description of services vs programs)	3 columns Site Name Programs (check) Services (check) If they check a box for services, it will continue to questions 8 & 9. If they only select programs, it will skip to question 11			1, 2, 3, 4
For service coordination at NAME OF PROPERTY, is your role an a) Supervisor/Management b) Direct Resident Services Coordinator C) Both	If Admin, continue survey If Site Staff, jump to Q19 If both(group 4), continue survey	To validate that we're hearing from the direct service person.		2, 3, 4
For each site, please provide the email of staff who can answer site specific questions. Ideally, this is the individual who is the onsite service coordinator at a specific property.	List of sites with SC, room for name/email of contact	We can provide a link for the admin to preview the questions		2
ADMINISTRATION QUESTIONS				
How has Covid-19 impacted your organization's finances and staffing?	Fixed choice: (select all that apply); we have terminated staff; we have furloughed staff; we have reduced costs; other (please specify); Covid-19 has not impacted our organization	Introductory statement: we are trying to understand the impact of Covid-19 on your organization and staffing - both now and in the future.		1, 2, 4
How has Covid-19 impacted your organization's staffing at BRIDGE sites?	Fixed choice: (select all that apply); we have terminated site staff; we have furloughed site staff; we have reduced site staff hours; other (please specify); Covid-19 has not impacted staffing at BRIDGE sites			1, 2, 4
Our organization currently has enough reserves to support operations for....	Fixed choice: (select all that apply); less than 30 days; 1-3 months; 4-6 months; 7-12 months; more than 12 months; prefer not to state; other (please specify)			1, 2, 4
We know that many of you have questions or concerns about the future of services under Covid-19. Please describe your biggest questions or concerns.	Open ended			1, 2, 4

Question	Choices	Notes	INTERNAL TEAM COMMENTS	4 Groups: 1. Regular Programs Admin (no Service Coordination) 2. Services Admin (Org. provides Service Coordination) 3. Direct Resident Services Coordinator/Site staff 4. Individuals who are both group 2 & 3
SITE STAFF/REGIONAL STAFF QUESTIONS				
Does your site provide food delivery (either food supplies or prepared meals)?	Yes - Food Supplies; Yes - Prepared Meals; No; I don't know (if no, skip to Q30)	Include introductory language: we are trying to calculate how many meals/food boxes are provided across our portfolio. This is an important accomplishment that we want to celebrate with our board, stakeholders, and donors, and could help us secure additional resources. Can select more than one; use skip logic/dependencies for ease of response		3, 4
If yes, who is the lead organizer for food distribution at your site?	(Select all that apply) Property Management; Resident Volunteers; Services Staff; Other			3, 4
Who is involved in each of the following steps?	grid with above selection and the 3 steps (checkboxes): food procurement, packaging, distribution to residents			3, 4
What safety protocols do you have in place for food packaging and distribution?	Open ended; I don't know			3, 4
If food supplies, is food delivered….	Weekly; Monthly			3, 4
If weekly, how many times per week?	Open ended; I don't know			3, 4
If monthly, how many times per month?	Open ended; I don't know			3, 4
If food supplies, how many households (estimated) access food?	Open ended; I don't know	Can calculate % of residents who access		3, 4
If prepared meals, how many meals per week are delivered (estimate)?	Open-ended; I don't know			3, 4
Who provides food to your site?	Open-ended (please list all); I don't			3, 4
Please provide additional information on food distribution at your site.				3, 4
Do you provide referrals for rental assistance?	Yes, no			3, 4
If yes, how many referrals have you made since shelter in place was enacted? (Estimates are accepted)	Open ended			3, 4
If yes, how many of these referrals yielded assistance?	Open ended; don't know	Am open to improved wording for this question		3, 4

Question	Choices	Notes	INTERNAL TEAM COMMENTS	4 Groups: 1. Regular Programs Admin (no Service Coordination) 2. Services Admin (Org. provides Service Coordination) 3. Direct Resident Services Coordinator/Site staff 4. Individuals who are both group 2 & 3
Do you provide general financial assistance (such as financial literacy resources, assistance with becoming banked, budgeting advice)?	Yes, no			3, 4
If yes, what kinds of support do residents seek?	help with budgeting; assistance with entitlements such as utility assistance; assistance with banking; assistance filing unemployment; general financial literacy; other (please describe)			3, 4
If yes, how many referrals/supports have you offered since shelter in place?		I need help with this - trying to get a sense of frequency		3, 4
Do you support families or seniors with digital resources?	Yes, no			3, 4
If yes, what kinds of support do residents seek?	assistance finding free or low cost internet; assistance finding free or low cost digital equipment (laptop, computer, tablet); guidance on how to get online; guidance on how to use webinar programs such as Zoom or Facebook Live; other (please specify)	Am open to suggestions: for seniors, the goals are different than families, but I'm curious to know how residents seek to interact with digital resources		3, 4
Does your organization provide online programming that is accessible to residents at this property?	Yes, No If no, jump to 41			3, 4
What type of program?	Open ended			3, 4
How are you informing residents about these activities?	Email, phone calls, newsletters/flyers, social media, texting, other (please specify)			3, 4
Do you provide k-12 learning resources to families?	Yes, no, not applicable (at a senior property)			3, 4
If yes, what kinds of support do residents seek?	resources for tutoring, academic support, or homework assistance; interactive educational resources; online books; other…			3, 4

Question	Choices	Notes	INTERNAL TEAM COMMENTS	4 Groups: 1. Regular Programs Admin (no Service Coordination) 2. Services Admin (Org. provides Service Coordination) 3. Direct Resident Services Coordinator/Site staff 4. Individuals who are both group 2 & 3
Based on service requests/contacts with residents and property management, what are residents' top three needs? These are typically the things that you are asked about the most.	Fixed Choice: personal hygiene resources (such as infant or adult diapers, formula, cleaning supplies), food resources, rental assistance, transportation assistance, employment training/referrals, health referrals, mental health referrals, assistance with school/learning resources, assistance with internet access/technology, applying for benefits (such as unemployment, Covered California, etc.), in home health support, other			3, 4
How many hours of the week do you work at this site?	Open ended			3, 4
What safety protocols does your Organization have in place while onsite?	Open ended; I don't know;			3, 4
On a scale of 1-5, how safe are you feeling about returning to work?				3, 4
How much of your total weekly hours do you spend on these needs?	Populate top three needs with % allocation	We can calculate the # of hours based on their hours work; include statement: it's okay if these top three needs do not equal 100%	Is this too confusing or hard? Is there an easier way to do this?	3, 4
During a typical week, how many different residents contact you for assistance?	Open ended - number			3, 4
Since "shelter in place/safer at home" began, how do residents typically contact you?	Fixed Choice: (select all that apply) email, telephone call, text, other (please	They may select all that apply		3, 4
Of these, what is the primary way residents seek your assistance?	Fixed Choice: (select one) email, telephone call, text, other (please			3, 4
Please estimate the percentage of residents at your property for whom you have contact information (phone and/or email)	Open ended %	Will provide an example		3, 4
How did you acquire residents contact information?	Fixed Choice: (select all that apply) rent/tenant roll from property management, resident contacted me and provided, resident signed a release of information form, other (please specify)	Need to provide a "safety" statement: We know that it has been challenging to get resident contact information and honor resident privacy. Your honest responses to these questions will help us develop clear guidelines for services and property management.		3, 4

Question	Choices	Notes	INTERNAL TEAM COMMENTS	4 Groups: 1. Regular Programs Admin (no Service Coordination) 2. Services Admin (Org. provides Service Coordination) 3. Direct Resident Services Coordinator/Site staff 4. Individuals who are both group 2 & 3
Please estimate the percentage of residents at your property who have signed "release of information" forms	Open ended %	Need to provide a "safety" statement: BRIDGE is writing a protocol for securing release of information forms. To help us, please provide the following		3, 4

Closing Remark:

For Admin only: BRIDGE will combine results into two reports: one report that combines all providers across the BRIDGE portfolio and one that combines results for each provider across multiple sites. Would you like a copy of these reports? Yes, No