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| **NY Provider Survey**The purpose of this survey is to seek broad public input about coordinating services for older adults and individuals of all ages with disabilities with the goal of improving service delivery and program outcomes. This survey seeks your opinion about your experiences in providing services in order to help others live independently in the community.  Before you choose to participate, there are few things you should know:**Your responses are confidential and anonymous. You can choose not to answer any question. You will not be penalized in any way if you choose not participate. Even if you get many copies of the survey, please respond to the survey once.** Thank you for taking the time out of your busy schedules to answer this survey. We are asking you to complete this as we know you may have the best understanding of how services are working for consumers in your communities. Your opinions and ideas are important to us!  If you have any questions about the survey, please contact Abbey Lavazzo at NYSOFA (Phone: 518-391-4553; email: abbey.lavazzo@aging.ny.gov). Thank you! |

**1. Can you describe the type of agency where you work?**

* Aging
* Disability
* Combine aging/disability
* Other

Please describe your agency in the space provided.

**2. What percent of your job involves working with or for older adults (that is, persons 60 years of age or older) and their families?**

* 25% or less
* 26 to 50%
* 51 to 75%
* 76% or more

**3. What percent of your job involves working with or for people with disabilities of all ages and their families?**

* 25% or less
* 26 to 50%
* 51 to 75%
* 76% or more

4. What long-term living services and support do you (or your organization) provide?

**5. Overall, how much duplication in services is there across state and/or local agencies serving your consumers? Would you say?**

* Yes, there is a lot of duplication across service delivery
* Yes, there is some duplication across service delivery
* No, there is not very much duplication across service delivery
* No, there is no duplication at all

If **YES**, please describe the duplication in service delivery in as much detail as you can.

**6. Overall, how well do you think services are working for your consumers now?  Would you say:**

* Very well
* Somewhat well
* Not very well
* Not at all well

Please explain in the space provided.

7. Please identify best practices in service quality and delivery that you know of (these do not have to be from your agency or in your part of the state).

**8. How strongly do you agree that there are gaps in services for consumers now?**

* Strongly agree
* Somewhat agree
* Somewhat disagree
* Strongly disagree

Please explain in the space provided.

**9. Do you know of any policies, regulations or any other issues that create barriers in providing quality services?**

* Yes
* No

Please explain in the space provided.

**10. Overall, how concerned are your consumers about accessing or obtaining services? Would you say they are:**

* Very concerned
* Somewhat concerned
* Not very concerned
* Not at all concerned

Please explain in the space provided

**11. Would there be any advantages if aging and disability services were more coordinated in the state of New York?**

* Yes
* No
* Don't know

Please explain in the space provided.

**12. Would there be any disadvantages if aging and disability services were more coordinated in the state of New York?**

* Yes
* No
* Don't know

Please explain in the space provided.

**13. How confident are you that a state level coordination of aging and disability services could improve access or quality of services to consumers? Would you say you are:**

* Very confident
* Somewhat confident
* Not very confident
* Not confident at all

Please explain in the space provided.

**14. Do you think state level coordination of aging and disability services would have an impact on your work or the work of your agency? Would you say:**

* Yes, a great deal
* Yes, somewhat
* No, not very much
* No, none at all
* Don't know

Please explain in the space provided.

Just a few more questions. These questions will help us understand a little more about you.

**15. What age group are you in? Please check one.**

* 18-35
* 36-50
* 51-59
* 60-74
* 75-84
* 85+

**16. What is your gender?**

* Male
* Female
* Transgender

**17. I identify my race as: (You may check more than one)**

* American Indian or Alaska Native
* Black or African American
* Asian
* Native American or Pacific Islander
* White
* Prefer not to answer

**18. Do you consider yourself Latino/Hispanic?**

* Yes
* No
* Prefer not to answer

19. What city/county do you work in?

20. Other comments: