I&R Feasibility Study
Key Stakeholder Questionnaire

Date: _____
Interviewee Name: _____
Interviewee Organization _____
Interviewee Contact Info: phone _____ email _____

I			**Business Background**		
	1.		What is the purpose of your organization?		
	2.		How long have you been in operation?		
	3.		Was your organization formed in response to a federal, state, or local government mandate?		
II			**Business Operations**		
	1.		What is the geographic area that you serve?		
	2.		What are your hours of operations?		
	3.		Who are the typical users of your I&R service?	(check all that apply)	
		a.			Citizens
		b.			Social workers
		c.			United Ways and other service coordinators/providers
		d.			Other (explain)
	4.		What are the ways that a user can requests services?	(check all that apply)	
		a.			Web
		b.			Email
		c.			Local Phone
		d.			Toll-free Long Distance
		e.			Face-to-Face

		f.			Mail
		g.			Other (explain)
	5.		Are there other user-access methods that you think should be supported?		
	6.		How many calls do you process		
		a.	Per day?		
		b.	Per week?		
	7.		How many calls do per day do you think hang up because you do not get to them in time?		
	8.		If you have a web site:		
		a.	Do you track user access statistics?		
		b.	What is your estimate of the number of users who access this site weelkly?		
	9.		If a user contacts one of your staff directly, how does the staff member respond to the user's request for information? For instance:		
		a.	Address each request completely during the contact session?		
		b.	Queue requests that may take time to answer and call the requester back later with an answer?		
			Do you have specified performance goals for:		
		a.	Answering user calls?		
		b.	Addressing user requests for information?		
		c.	Other? (explain)		
	10.		How would you rate your current performance?		
	11.		Do you document your performance record?		
	12.		Do you perform case management as a follow-on to your I&R services?		

III			Service Information				
	1.		What is the total number of service providers that you provide information about?				
	2.		What types of institutional service providers do you refer to clients:	(check all that apply)			
		a.			Government services		
		b.			Non-profit services		
		c.			For-profit services		
	3.		What are the general categories of service types that you provide information about?	(check all that apply)			
		a.			Food Distribution		Psychiatric Support Services
		b.			Housing/Shelter		Legal Services
		c.			Temporary Financial Aid		Employment
		d.			Social Insurance Programs		Ongoing Financial Assistance Maintenance Programs
		e.			Household/Personal Goods		Mental Health Care Facilities
		f.			Transportation		Health Care
		g.			Other (explain)		
	4.		Do you have restrictions on which services are included and which are excluded?				
	5.		Which of these provider services are unique to your operation *Note: If quantity of services is too large then provide percentage by category of service.*				

	6.		Which of these provider services are also recommended by other I&R services? *Note: If quantity of services is too large then provide percentage by category of service.*	
	7.		Can you recommend specific institutional services to clients that address their needs?	
	8.		Do you refer other non-institutional services such as support groups, community events, etc.?	
	9.		How many referrals do you process	
		a.	Per day?	
		b.	Per week?	
	10.		Do you ask the client for feedback about the service(s) they receive?	
	11.		Do you document this feedback?	
III			**I&R Application Overview**	
	1.		Do you have an I&R computer application	
	2.		Is your application a commercial package or custom developed?	
	3.		If your application is commercial, who is the vendor?	
	4.		Have you customized the functionality of the original package?	
	5.		Does your current application meet all of your business needs?	
	6.		If your current application does not meet all of your business needs, what are its deficiencies?	

	7.		Are you aware of another commercial package that offers better functionality?		
	8.		Does your application support the following functions:	(check all that apply)	
		a.	I&R Search Mgt. – Finding, searching or filtering to locate provider records or other information		I&R Search Mgt.
		b.	Provider Profile Mgt. – Management of provider information that includes: ▫ The name of the service provider ▫ The types of services provided ▫ The basis for accounting for the service ▫ Administrative information such as where service will be provided		Provider Profile Mgt.
		c.	Provider Research Mgt. – Management of a provider's capacity and availability to provide services and resources		Provider Research Mgt.
		d.	Referral Mgt. – The management of referring services		Referral Mgt.
		e.	Provider Feedback Mgt. – Collecting client feedback about the quality of a provider's service		Provider Feedback Mgt.
		f.	I&R Report Mgt. – Generating operational reports		I&R Report Mgt.
IV			**Data Management**		
	1.		How do you obtain data about a service provider?		
	2.		Who is responsible for updating the service provider data?		
	3.		How does your data update process work?.		
	4.		How often do you update your provider information?		
	5.		How do you assess the accuracy of your data?		

	6.		Do you share your service provider data with other I&R services?	
	7.		Do you rely on other I&R services for provider data?	
IV			**Future System**	
	1.		Would a centrally administered I&R system that addresses requests for provider information statewide be a better I&R model than what exists today?	
	2.		Would it benefit you to have access to statewide provider data?	
	3.		If a statewide data repository of providers was available, who do you think should administer this repository?	
	4.		Would you be willing to replace your current system (which includes purchasing, converting and retraining) if the I&R executive committee recommended a new I&R application that is different from what you have?	
IV			**Staffing Requirements**	
	1.		What is the make up of your staff that support I&R operations?	
		a.	Management	
		b.	Administrative	
		c.	Permanent operators	
		d.	Volunteer operators	
		e.	Other (explain)	

	2.		Is current staffing adequate?	
	3.		How many additional positions do you need for operation to be fully effective?	
		a.	Management	
		b.	Administrative	
		c.	Permanent operators	
		d.	Volunteer operators	
		e.	Other	
IV			**Operating Expenses**	
	1.		What are your operating expenses for:	
		a.	Salaries (see staffing above)	
		b.	System maintenance	
		c.	Data management	
		d.	Promotion/advertising	
		e.	Other (explain)	