**EBHV GRANTEE-PARTNER NETWORK SURVEY**

**SECTION I: YOUR ORGANIZATION**

The first questions are about your organization, [NAME OF ORGANIZATION OR ORGANIZATIONAL UNIT].

1. Which of the following best describes your organization?

*Check one only.*

Local or state agency: Specify agency type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital

Health care organization other than a hospital

Health plan

Foundation

University

National model developer or support organization for home visiting program model

Community-based service provider

Other non-profit organization

Other (specify):

1. What are the main activities conducted by your organization?

*Check all that apply.*

Direct health care or social service delivery

Technical assistance and training

Monitoring and certification

Research and evaluation

Funding for health care or social services

Regulation of health care or social services

Program planning and policy development

Advocacy

Other (specify):

1. How many years has your organization been in operation?

*Your best estimate is fine.*

Less than 2 years

2 to 5 years

6 to 9 years

10 to 19 years

20 years or more

1. How many years has your organization been involved in home visitation?

*Your best estimate is fine.*

*Go to Q5.*

*Check here if your organization is not involved in home visitation:*

Less than 2 years

2 to 5 years

6 to 9 years

10 to 19 years

20 years or more

1. How many years has your organization been involved in child abuse prevention?

*Your best estimate is fine.*

*Go to Q6.*

*Check here if your organization is not involved in child abuse prevention:*

Less than 2 years

2 to 5 years

6 to 9 years

10 to 19 years

20 years or more

1. What is your organization’s annual operating budget?

*Your best estimate is fine*

$\_\_ \_\_ \_\_, \_\_ \_\_ \_\_, \_\_ \_\_ \_\_.00

1. How many full-time equivalent employees does your organization have?

*Your best estimate is fine*

Less than 10

10-19

20-49

50-99

100-499

500 or more

1. Organizations involved in [GRANTEE PROGRAM NAME] make contributions at different levels. Which statement below best describes the **primary** level at which your organization works in relation to the [GRANTEE PROGRAM NAME]?

*Check one only.*

The level of direct home visiting services and daily supervision of those activities

The level of home visiting agency administrative management and external collaboration with other service agencies

The community or county level with funders, administrators, or other stakeholders

The level of state agencies or other statewide organizations

The level of national program developers, federal project officers, or other federal staff

1. At what **other** levels does your organization work in relation to the [GRANTEE PROGRAM NAME]?

*Check all that apply.*

The level of direct home visiting services and daily supervision of those activities

The level of home visiting agency administrative management and external collaboration with other service agencies

The community or county level with funders, administrators, or other stakeholders

The level of state agencies or other statewide organizations

The level of national program developers, project officers, or other federal staff

1. Please tell us how involved your organization is in the [GRANTEE PROJECT NAME]’s activities for each of the areas below. Is your organization highly involved, somewhat involved, or not involved at all?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Highly Involved** | **Somewhat Involved** | **Not Involved at All** |
| 1. **Planning:** Strategic planning or other program development activities |  |  |  |
| 1. **Operations:** Outreach, intake, home visiting, or referral services |  |  |  |
| 1. **Funding:** Fiscal planning or fundraising activities |  |  |  |
| 1. **Communication:** Communicating program information to program partners, stakeholders, or the public |  |  |  |
| 1. **Collaboration:** Developing formal and informal program partnerships or collaborations |  |  |  |
| 1. **Community and Political Support:** Building community awareness or political support for the program |  |  |  |
| 1. **Workforce Development:** Providing training, coaching, supervision, or other technical assistance to home visitors and other staff |  |  |  |
| 1. **Evaluation:** Program monitoring, evaluation, or quality improvement activities |  |  |  |

**SECTION II: WORKING WITH OTHER ORGANIZATIONS ON [GRANTEE PROJECT NAME]**

The questions in this section are about the organizations that participate in [GRANTEE PROJECT NAME]. When answering these questions, please ignore the row that lists your own organization.

1. The organizations that participate in the [GRANTEE PROJECT NAME] are listed below. Which organizations had your organization worked with **before** [GRANTEE PROJECT NAME] began?

*If any organizations that participate in the [GRANTEE PROJECT NAME] are missing, please record them in the rows provided. Please include organizations that you interact with, as well as those you do not.*

|  |  |  |
| --- | --- | --- |
|  | **Worked with Organization/Units** | |
| **Organizations / Organizational Units** | **Yes** | **No** |
| [ROSTER OF ORGANIZATIONS |  |  |
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| *Other (specify below):* | | |
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1. Please list up to three organizations that you think should participate in the [GRANTEE PROJECT NAME] but are not, and describe why they should have been included.

*Check here if there are no additional organizations that you think should participate:*  *Go to Q13.*

a. Organization Name:

Organization Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason organization should have been included:

b. Organization Name:

Organization Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason organization should have been included:

c. Organization Name:

Organization Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason organization should have been included:

1. In **Column A**, please indicate how frequently people from your organization have been in contact about [GRANTEE PROJECT NAME] with the organizations listed below, in the past 12 months.

In **Column B**, for each organization that people from your organization has been in contact with, please indicate the type of contact you have had. Check all that apply.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organizations** | **Column A**  **Frequency of Contact** | **Column B**  **Type of Contact** | | | |
| **Committee or workgroup meetings** | **One-on-one meetings** | **Phone calls** | **Email** |
| [ROSTER OF ORGANIZATIONS | [Dropdown]\* |  |  |  |  |
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| *Other (specify below):* | | | | | |
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*\* Response choices in dropdown menu will be:*

*Every day or almost every day*

*Every week or almost every week*

*Every month or almost every month*

*A few times over the past twelve months*

*No contact*

*Don’t know*

1. Organizations involved in the [GRANTEE PROJECT NAME] work together on different kinds of activities. For each organization listed, please indicate which activities you have worked with them on in relation to the [GRANTEE PROJECT NAME], **in the past 12 months**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * **Organization** | **ACTIVITY** | | | |
| **Strategic planning or other program development activities** | **Program outreach, intake, home visiting, or referral services** | **Fiscal planning or fundraising activities** | **Communicating program information to program partners, stakeholders or the public** |
| [ROSTER OF ORGANIZATIONS] |  |  |  |  |
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| *Other (specify below):* | | | | |
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14. (continued) Organizations involved in the [GRANTEE PROJECT NAME] work together on different kinds of activities. For each organization listed, please indicate which activities you have worked with them on in relation to the [GRANTEE PROJECT NAME], **in the past 12 months**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * **Organization** | **ACTIVITY** | | | |
| **Developing formal and informal program partnership or collaborations** | **Building community awareness or political support for the program** | **Providing training, coaching, supervision, or other technical assistance to home visitors and other staff** | **Program monitoring, evaluation, or quality improvement activities** |
| [ROSTER OF ORGANIZATIONS] |  |  |  |  |
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| *Other (specify below):* | | | | |
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1. To what extent do you agree with each of the following statements about the collaboration among organizations working on the [GRANTEE PROJECT NAME]? For each, please indicate if you strongly agree, agree, disagree, or strongly disagree.

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| --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 1. Our collaborative effort was started because we wanted to do something about an important problem. |  |  |  |  |
| 1. [GRANTEE PROJECT NAMES’s] top priority was having a concrete impact on the real problem. |  |  |  |  |
| 1. Participants in [GRANTEE PROJECT NAME] included those stakeholders affected by the issue. |  |  |  |  |
| 1. Participation was not dominated by any one group or sector. |  |  |  |  |
| 1. Our collaboration has access to credible information that supports problem solving and decision making. |  |  |  |  |
| 1. Stakeholders have agreed on what decisions will be made by [GRANTEE PROJECT NAME]. |  |  |  |  |
| 1. Stakeholders have agreed to work together on this issue. |  |  |  |  |
| 1. [GRANTEE PROJECT NAME] has set ground rules and norms about how we will work. |  |  |  |  |
| 1. We have a method for communicating the activities and decisions of [GRANTEE PROJECT NAME] to all participants. |  |  |  |  |
| 1. There are clearly defined roles for [GRANTEE PROJECT NAME] participants. |  |  |  |  |
| 1. Participants were more interested in getting a good decision for [GRANTEE PROJECT NAME] than improving the position of their home organization. |  |  |  |  |
| 1. Participants were effective liaisons between their home organizations and [GRANTEE PROJECT NAME]. |  |  |  |  |
| 1. Participants trusted each other sufficiently to honestly and accurately share information, perceptions, and feedback. |  |  |  |  |
| 1. Participants are willing to let go of an idea for one that appears to have more merit. |  |  |  |  |
| 1. Participants are willing to devote whatever effort is necessary to achieve the goals. |  |  |  |  |

1. Which of the following best describes the organizations you work with on the [GRANTEE PROJECT NAME]?

*Check one only.*

We interact primarily for the purpose of exchanging information and communication

We provide helpful resources to support each others’ interests and goals--there is some joint planning and activity but resources are separate

We work together on goals that are complementary--there is coordination and some sharing of resources

We share (or are working toward) a common vision that links diverse interests-- actions are jointly created and resources, and authority and decision making are controlled in the group.

1. When did your organization first begin participating with [GRANTEE PROJECT NAME]?

[month dropdown] [year dropdown]

1. What kind of roles has your organization played in the **past 12 months** on the [GRANTEE PROJECT NAME]?

*Check all that apply.*

Attended meetings regularly  
 Talked at meetings (make comments, express ideas, etc.)  
 Served as member of a committee or task force  
 Worked on [GRANTEE PROJECT NAME] outside of meetings  
 Helped organize activities (other than meetings)  
 Directed the implementation of a particular program  
 Chaired/led a committee or sub-group  
 Served as an officer other than chair (e.g., treasurer, secretary)  
 Chaired/co-chaired the entire group

1. To what extent do you agree with each of the following statements about the nature and content of the relationships among organizations participating in [GRANTEE PROJECT NAME]? For each, please indicate if strongly agree, agree, disagree, or strongly disagree.

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| --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 1. Divergent opinions were expressed and listened to. |  |  |  |  |
| 1. The openness and credibility of the process helped members set aside doubts and skepticism. |  |  |  |  |
| 1. Our group set aside vested interests to achieve our common goal. |  |  |  |  |
| 1. Our group has an effective decision making process. |  |  |  |  |
| 1. Our group was effective in obtaining the resources it needed to accomplish its objectives. |  |  |  |  |
| 1. The time and effort of the collaboration were directed at achieving the goals rather than keeping the collaboration in business. |  |  |  |  |

**SECTION III: YOUR ORGANIZATION’S GOALS FOR THE [GRANTEE PROJECT NAME]**

1. Please list your organization’s three main goals for the [GRANTEE PROJECT NAME] in their order of importance and, for each goal, indicate how effective you think [GRANTEE PROJECT NAME] has been in working toward the goal in the past 12 months.

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| --- | --- | --- | --- |
| **Main Goals (in order of importance)** | **Not effective** | **Somewhat effective** | **Very effective** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |

1. To what extent do the other organizations share your organization’s goals for the [GRANTEE PROJECT NAME]?

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| --- | --- | --- | --- | --- |
| **Organization** | **Not**  **at all** | **To some extent** | **To a great extent** | **Can’t assess** |
| [ROSTER OF ORGANIZATIONS] |  |  |  |  |
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| *Other (specify below):* | | | | |
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