**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):* |
|  | [ ]  | [ ]  |
|  | [ ]  | [ ]  |
|  | [ ]  | [ ]  |
|  | [ ]  | [ ]  |
|  | [ ]  | [ ]  |
|  | [ ]  | [ ]  |

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]\* | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  | [ ]  | [ ]  | [ ]  | [ ]  |
| *Other (specify below):* |
|  |  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  | [ ]  | [ ]  | [ ]  | [ ]  |

*\* 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] | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
| *Other (specify below):* |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |

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] | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
| *Other (specify below):* |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |

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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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.

|  |  |  |  |
| --- | --- | --- | --- |
| **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]?

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