

## **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): \_\_\_\_\_

2. 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): \_\_\_\_\_

3. 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

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

*Your best estimate is fine.*

Check here if your organization is not involved in home visitation:  → Go to Q5.

- Less than 2 years
- 2 to 5 years
- 6 to 9 years
- 10 to 19 years
- 20 years or more

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

*Your best estimate is fine.*

Check here if your organization is not involved in child abuse prevention:  → Go to Q6.

- Less than 2 years
- 2 to 5 years
- 6 to 9 years
- 10 to 19 years
- 20 years or more

6. What is your organization's annual operating budget?

*Your best estimate is fine*

\$\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_00

7. 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

8. 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

9. 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

10. 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
a. <b>Planning:</b> Strategic planning or other program development activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>Operations:</b> Outreach, intake, home visiting, or referral services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>Funding:</b> Fiscal planning or fundraising activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <b>Communication:</b> Communicating program information to program partners, stakeholders, or the public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <b>Collaboration:</b> Developing formal and informal program partnerships or collaborations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <b>Community and Political Support:</b> Building community awareness or political support for the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. <b>Workforce Development:</b> Providing training, coaching, supervision, or other technical assistance to home visitors and other staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



12. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



14. 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]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
↓	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other (specify below):</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



15. 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
a. Our collaborative effort was started because we wanted to do something about an important problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. [GRANTEE PROJECT NAME]'s top priority was having a concrete impact on the real problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Participants in [GRANTEE PROJECT NAME] included those stakeholders affected by the issue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Participation was not dominated by any one group or sector.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Our collaboration has access to credible information that supports problem solving and decision making.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Stakeholders have agreed on what decisions will be made by [GRANTEE PROJECT NAME].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Stakeholders have agreed to work together on this issue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. [GRANTEE PROJECT NAME] has set ground rules and norms about how we will work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. We have a method for communicating the activities and decisions of [GRANTEE PROJECT NAME] to all participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. There are clearly defined roles for [GRANTEE PROJECT NAME] participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Participants were more interested in getting a good decision for [GRANTEE PROJECT NAME] than improving the position of their home organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Participants were effective liaisons between their home organizations and [GRANTEE PROJECT NAME].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Participants trusted each other sufficiently to honestly and accurately share information, perceptions, and feedback.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Participants are willing to let go of an idea for one that appears to have more merit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Participants are willing to devote whatever effort is necessary to achieve the goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. 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.

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

[month dropdown]

[year dropdown]

18. 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

19. 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
a. Divergent opinions were expressed and listened to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The openness and credibility of the process helped members set aside doubts and skepticism.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Our group set aside vested interests to achieve our common goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Our group has an effective decision making process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Our group was effective in obtaining the resources it needed to accomplish its objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The time and effort of the collaboration were directed at achieving the goals rather than keeping the collaboration in business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

20. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. 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]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify below):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>