

OMB Control No: _____
Expiration Date: _____
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**ATTACHMENT 10: MIHOPE PROGRAM MANAGER SURVEY PART 2_
BASELINE**

5/29/2012

PROGRAM MANAGER SURVEY PART 2: BASELINE

The U.S. Department of Health and Human Services has contracted with MDRC to evaluate the federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program.

The Mother and Infant Home Visiting Program Evaluation (MIHOPE) is designed to build knowledge for policymakers and practitioners about the effectiveness of MIECHV.

MIHOPE gathers information from many different perspectives—state administrators, home visiting program staff, community service providers, and families.

Your answers will be kept confidential. Only the research team will have access to this information. Your answers will not be shared with anyone at your program or any other agencies. In our research reports, the information you provide will not be attributed by name to you or your individual program.

One objective of MIHOPE is to learn how implementing agencies and other organizations work together to design and implement home visiting program services.

We are requesting that you complete this survey because you are the manager of one of the home visiting programs participating in MIHOPE. Your answers will help us understand your agency's home visiting program service model and implementation system. The survey will take about 60 minutes.

If you are unsure how to answer a question, please give the best answer you can rather than leaving it blank.

If you have questions at any time during the study, please call Alexander Vazquez at MDRC toll-free at 1-877-311-6372 or email Alexander.vazquez@mdrc.org.

A. IMPLEMENTING AGENCY

1. What type of organization is your implementing agency?

- Community-based non-profit
- Local health department
- School district
- Health care organization
- Other (specify): _____

B. MIECHV AND MAJOR SOURCES OF FUNDING FOR [HV PGM SITE]

1. How much of [HV PROGRAM SITE]'s funding comes from MIECHV?

- None
- Less than 20%
- 20-49%
- 50-74%
- 75% or more

2. Aside from MIECHV, what are the top two sources of funding for [HV PGM SITE] and the percent of its funding that comes from each?

- A. _____ provides less than 20% of the program's funding
 [INSERT NAME OF SOURCE] 20-49% of the program's funding
 50-74% of the program's funding
 75% or more of the program's funding
- B. _____ provides less than 20% of the program's funding
 [INSERT NAME OF SOURCE] 20-49% of the program's funding
 50-74% of the program's funding
 75% or more of the program's funding

3. Not including funding from MIECHV, how stable would you say [HV PROGRAM SITE]'s funding is?

- Very stable
 Moderately stable
 Not too stable
 Not at all stable

4. Does your program site receive reimbursement for home visiting services from any of the following sources? SELECT ALL THAT APPLY

- No
 Medicaid
 Early Intervention
 Other (Please name)

C. NATIONAL MODEL GOALS

1. [HV PROGRAM SITE] uses the [NATIONAL MODEL]. The goals of [NATIONAL MODEL] are listed below. Rate how good a fit each of these goals is with your implementing agency's mission.

- a. [NATIONAL MODEL GOAL 1]
 Not a good fit with my agency's mission
 A good fit with my agency's mission
 An excellent fit with my agency's mission
- b. [NATIONAL MODEL GOAL 2]
 Not a good fit with my agency's mission
 A good fit with my agency's mission
 An excellent fit with my agency's mission
- c. [NATIONAL MODEL GOAL 3]
 Not a good fit with my agency's mission
 A good fit with my agency's mission
 An excellent fit with my agency's mission

- d. [NATIONAL MODEL GOAL 4]
- Not a good fit with my agency's mission
 - A good fit with my agency's mission
 - An excellent fit with my agency's mission

2. Rate how much [HV PROGRAM SITE] emphasizes each goal in staff training and supervision.

a. [NATIONAL MODEL GOAL 1]

- No emphasis
- Some emphasis
- Moderate emphasis
- Strong emphasis
- Very strong emphasis

b. [NATIONAL MODEL GOAL 2]

- No emphasis
- Some emphasis
- Moderate emphasis
- Strong emphasis
- Very strong emphasis

c. [NATIONAL MODEL GOAL 3]

- No emphasis
- Some emphasis
- Moderate emphasis
- Strong emphasis
- Very strong emphasis

d. [NATIONAL MODEL GOAL 4]

- No emphasis
- Some emphasis
- Moderate emphasis
- Strong emphasis
- Very strong emphasis

D. OUTCOMES FOR ENROLLED FAMILIES

1. Considering all of the outcomes your program aims to achieve, how much of a priority is promoting good prenatal health, such as diet, exercise, rest, and not smoking?

| | | | | | | | | | | |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not a Priority at All | | | | | Moderate Priority | | | | | Highest Priority |

2. Considering all of the outcomes your program aims to achieve, how much of a priority is preventing poor birth outcomes such as pre-term birth and low birth weight?

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not a Priority at All | | | | | Moderate Priority | | | Highest Priority | | |

3. Considering all of the outcomes your program aims to achieve, how much of a priority is promoting breastfeeding?

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not a Priority at All | | | | | Moderate Priority | | | Highest Priority | | |

4. Considering all of the outcomes your program aims to achieve, how much of a priority is promoting maternal physical health outside of pregnancy such as good nutrition, exercise, and rest?

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not a Priority at All | | | | | Moderate Priority | | | Highest Priority | | |

5. Considering all of the outcomes your program aims to achieve, how much of a priority is promoting family planning and birth spacing?

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not a Priority at All | | | | | Moderate Priority | | | Highest Priority | | |

6. Considering all of the outcomes your program aims to achieve, how much of a priority is preventing and reducing tobacco use?

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not a Priority at All | | | | | Moderate Priority | | | Highest Priority | | |

7. Considering all of the outcomes your program aims to achieve, how much of a priority is preventing and reducing mental health and substance use problems?

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not a Priority at All | | | | | Moderate Priority | | | Highest Priority | | |

8. Considering all of the outcomes your program aims to achieve, how much of a priority is preventing and reducing domestic violence?

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not a Priority at All | | | | | Moderate Priority | | | Highest Priority | | |

9. Considering all of the outcomes your program aims to achieve, how much of a priority is promoting family economic self-sufficiency such as reaching goals for employment and education?

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not a Priority at All | | | | | Moderate Priority | | | Highest Priority | | |

10. Considering all of the outcomes your program aims to achieve, how much of a priority is promoting child preventive care such as having all recommended well-child visits, being up-to-date on immunizations, and having parents baby-proof their home to prevent injuries?

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not a Priority at All | | | | | Moderate Priority | | | Highest Priority | | |

11. Considering all of the outcomes your program aims to achieve, how much of a priority is promoting positive parenting behaviors, such as nurturing, encouraging the child's learning, and using positive behavior management techniques?

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not a Priority at All | | | | | Moderate Priority | | | Highest Priority | | |

12. Considering all of the outcomes your program aims to achieve, how much of a priority is preventing and reducing child abuse and neglect?

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not a | | | | | Moderate | | | | | Highest |
| Priority | | | | | Priority | | | | | Priority |
| at All | | | | | | | | | | |

13. Considering all of the outcomes your program aims to achieve, how much of a priority is promoting child cognitive and language development and social- emotional well-being?

| | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Not a | | | | | Moderate | | | | | Highest |
| Priority | | | | | Priority | | | | | Priority |
| at All | | | | | | | | | | |

14. Check the appropriate box to show how your site's priority for each outcome compares with the priority given to the outcome by the national model.

| | <u>We give</u> this outcome <u>a much lower priority</u> than the national model does. | | <u>We give</u> this outcome <u>the same priority</u> as the national model. | | | <u>We give</u> this outcome <u>a much higher priority</u> than the national model does | | Don't Know |
|---|--|--------------------------|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Prenatal Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor birth outcomes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Breastfeeding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maternal physical health outside of pregnancy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family planning and birth spacing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tobacco use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Domestic violence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family economic self- sufficiency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child preventive care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Positive parenting behaviors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child abuse and neglect | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child development outcomes | <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. Check the appropriate box to show whether and how MIECHV funding has influenced how high a priority [HV PROGRAM SITE] now gives to each outcome.

| | <u>Because of MIECHV, we now give this outcome a lower priority than we once did.</u> | <u>MIECHV has not changed the priority we give to this outcome.</u> | <u>Because of MIECHV, we now give this outcome a higher priority than we once did.</u> |
|---|---|---|--|
| Prenatal Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor birth outcomes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Breastfeeding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maternal physical health outside of pregnancy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family planning and birth spacing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tobacco use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Domestic violence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family economic self-sufficiency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child preventive care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Positive parenting behaviors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child abuse and neglect | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Child development outcomes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

16. Aside from your state MIECHV agency, are there any other funders or other organizations that influence your agency to make any other outcome a high priority for [HV PROGRAM SITE]?

- No other funder or organization influences my agency to make any other outcome a high priority FOR [HV PROGRAM SITE]. [SKIP TO SECTION E]
- Yes

17. List up to five funders or other organizations and the outcomes they want your agency to make a high priority for [HV PROGRAM SITE].

| | Funder or Other Organization | Outcomes They Want to Be a High Priority |
|----|------------------------------|--|
| a. | | |
| b. | | |
| c. | | |
| d. | | |
| e. | | |

E. TARGETED FAMILIES

1. How does your agency consider each of the following family characteristics in relation to eligibility for enrollment in [HV Program Site]?

2. If [HV PROGRAM SITE] has more families identified as eligible than open slots at a particular time, how

| | [HV PROGRAM SITE] eligibility: | |
|----|---|---|
| a. | First time mothers | <input type="checkbox"/> Requirement for eligibility <input type="checkbox"/> A consideration for eligibility, but not required <input type="checkbox"/> Not a consideration for eligibility <input type="checkbox"/> Disqualification for eligibility |
| b. | Teenage mothers | <input type="checkbox"/> Requirement for eligibility <input type="checkbox"/> A consideration for eligibility, but not required <input type="checkbox"/> Not a consideration for eligibility <input type="checkbox"/> Disqualification for eligibility |
| c. | Unmarried mothers | <input type="checkbox"/> Requirement for eligibility <input type="checkbox"/> A consideration for eligibility, but not required <input type="checkbox"/> Not a consideration for eligibility <input type="checkbox"/> Disqualification for eligibility |
| d. | Children with special health care needs | <input type="checkbox"/> Requirement for eligibility <input type="checkbox"/> A consideration for eligibility, but not required <input type="checkbox"/> Not a consideration for eligibility <input type="checkbox"/> Disqualification for eligibility |
| e. | Substance-using mothers | <input type="checkbox"/> Requirement for eligibility <input type="checkbox"/> A consideration for eligibility, but not required <input type="checkbox"/> Not a consideration for eligibility <input type="checkbox"/> Disqualification for eligibility |
| f. | Low-income family | <input type="checkbox"/> Requirement for eligibility <input type="checkbox"/> A consideration for eligibility, but not required <input type="checkbox"/> Not a consideration for eligibility <input type="checkbox"/> Disqualification for eligibility |
| g. | Prior CPS involvement | <input type="checkbox"/> Requirement for eligibility <input type="checkbox"/> A consideration for eligibility, but not required <input type="checkbox"/> Not a consideration for eligibility <input type="checkbox"/> Disqualification for eligibility |
| h. | Expectant mother | <input type="checkbox"/> Requirement for eligibility <input type="checkbox"/> A consideration for eligibility, but not required <input type="checkbox"/> Not a consideration for eligibility <input type="checkbox"/> Disqualification for eligibility |
| i. | Other (please describe) _____ | <input type="checkbox"/> Requirement for eligibility <input type="checkbox"/> A consideration for eligibility, but not required <input type="checkbox"/> Not a consideration for eligibility <input type="checkbox"/> Disqualification for eligibility |

does the [HV PROGRAM SITE] prioritize the eligible families for enrollment?

Our program does not set priorities within identified eligible families

- Expectant mothers are enrolled first
 - Expectant mothers who are early on in their pregnancy are enrolled first
 - Expectant mothers who are late in their pregnancy are enrolled first
 - Low income families are enrolled first
 - Families of children with special health care needs are enrolled first
 - Families with the largest number of risk factors are enrolled first
- CHECK
ALL
THAT
APPLY
- Families living in particular communities are enrolled first
 - Other [SPECIFY] _____

3. How well has the [NATIONAL MODEL] communicated its family eligibility requirements to [HV PROGRAM SITE]?

- Very well
- Moderately well
- Not well

4. How closely aligned are [HV PROGRAM SITE] family eligibility requirements with the family eligibility requirements of the [NATIONAL MODEL]?

- Perfectly aligned
- Very well aligned
- Moderately well aligned
- Not well aligned
- Unsure

5. How well has your MIECHV state agency communicated its family eligibility requirements to [HV PROGRAM SITE]?

- Very well
- Moderately well
- Not well

6. How closely aligned are [HV PROGRAM SITE] family eligibility requirements with the family eligibility requirements of your MIECHV state agency?

- Perfectly aligned
- Very well aligned
- Moderately well aligned
- Not well aligned
- Unsure

7. Are there any other agencies, funders, or models that influence what families are prioritized?

- No
 - Yes
- (Please list) _____

8. For which individuals does your program assume responsibility for improving outcomes?

| | | | | |
|--|--|-------|------|----|
| | | Major | Some | No |
|--|--|-------|------|----|

| | Individuals within Enrolled Families | Responsibility | Responsibility | Responsibility |
|----|--|--------------------------|--------------------------|--------------------------|
| a. | Child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | Mother | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | Biological father | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | Other father figure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | Child's other familial caregivers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | Mother's children older than the focal child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. | Pregnancies and children subsequent to focal child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

F. SERVICE DELIVERY

1. From your agency's perspective, when, how often, and for how long should [HV PROGRAM SITE] provide home visits?

| | What is the preference for: | |
|----|---|--|
| a. | When families should begin services | <input type="checkbox"/> It is required that services start prenatally <input type="checkbox"/> It is preferred that services start prenatally <input type="checkbox"/> No preference <input type="checkbox"/> It is preferred that services start postnatally <input type="checkbox"/> It is required that services start postnatally |
| b. | If any of first four above are selected, the following questions are asked: When during pregnancy families begin services? | <input type="checkbox"/> It is required that services start by [4-40] weeks <input type="checkbox"/> It is preferred that services start by [4-40] weeks <input type="checkbox"/> No preference |
| b. | How long families should be offered services | <input type="checkbox"/> Until child is born <input type="checkbox"/> Until child is 1 year old <input type="checkbox"/> Until child is 2 years old <input type="checkbox"/> Until child is 3 years old <input type="checkbox"/> Until child is 4 years or older <input type="checkbox"/> No preference |
| c. | How long each home visit should be | <input type="checkbox"/> At least 1 hour <input type="checkbox"/> 1 hour on average <input type="checkbox"/> 90 minutes <input type="checkbox"/> No preference |

2. The [NATIONAL MODEL] calls for prenatal visits to take place [NATIONAL MODEL POLICY]. Does your local program have the same policy about frequency of visits? (YES/NO) If not, please outline your policy about how often visits should occur.

3. The [NATIONAL MODEL] calls for visits with children ages birth to one year to take place [NATIONAL MODEL POLICY]. Does your local program have the same policy about frequency of visits? (YES/NO) If not, please outline your policy about how often visits should occur.

4. The [NATIONAL MODEL] calls for visits with children older than one year to take place [NATIONAL MODEL POLICY]. Does your local program have the same policy about frequency of visits? (YES/NO) If not, please outline your policy about how often visits should occur.

-
-
5. How well has the [NATIONAL MODEL] communicated its service delivery policies to [HV PROGRAM SITE]?
- Very well
 - Moderately well
 - Not well
6. How closely aligned are [HV PROGRAM SITE] service delivery policies with the service delivery policies of the [NATIONAL MODEL]?
- Perfectly aligned
 - Very well aligned
 - Moderately well aligned
 - Not well aligned
 - Unsure
7. How well has your MIECHV state agency communicated its service delivery policies to [HV PROGRAM SITE]?
- Very well
 - Moderately well
 - Not well
8. How closely aligned are [HV PROGRAM SITE] service delivery policies with the service delivery policies of your MIECHV state agency?
- Perfectly aligned
 - Very well aligned
 - Moderately well aligned
 - Not well aligned
 - Unsure

9. Which parent training techniques does your agency encourage home visitors to use in their work with families?

| | Agency encourages in work with families: | |
|----|--|--|
| a. | Role modeling of positive parenting practices | <input type="checkbox"/> Encourages use <input type="checkbox"/> Does neither <input type="checkbox"/> Discourages use |
| b. | Directing parent-child activities | <input type="checkbox"/> Encourages use <input type="checkbox"/> Does neither <input type="checkbox"/> Discourages use |
| c. | Observing and giving positive feedback on parent-child interaction | <input type="checkbox"/> Encourages use <input type="checkbox"/> Does neither <input type="checkbox"/> Discourages use |
| d. | Observing and giving constructive feedback on parent-child interaction (noting ways parent could improve his/her behavior) | <input type="checkbox"/> Encourages use <input type="checkbox"/> Does neither <input type="checkbox"/> Discourages use |
| e. | Playing with child/direct interaction with child | <input type="checkbox"/> Encourages use <input type="checkbox"/> Does neither <input type="checkbox"/> Discourages use |

10. How well has the [NATIONAL MODEL] communicated its policies about the use of specific parent training techniques to [HV PROGRAM SITE]?

- Very well
 Moderately well
 Not well

11. How closely aligned are [HV PROGRAM SITE] policies about the use of specific parent training techniques with the policies of the [NATIONAL MODEL]?

- Perfectly aligned
 Very well aligned
 Moderately well aligned
 Not well aligned
 Unsure

12. How well has your MIECHV state agency communicated its policies about the use of specific parent training techniques to [HV PROGRAM SITE]?

- Very well
 Moderately well
 Not well

13. How closely aligned are [HV PROGRAM SITE] policies about the use of specific parent training techniques with the policies of your MIECHV state agency?

- Perfectly aligned
 Very well aligned
 Moderately well aligned
 Not well aligned
 Unsure

14. Which of the following supportive strategies for working with families does your agency encourage home visitors to use?

| Agency encourages in work with families: | |
|--|---|
| a. | Caregiver goal setting <input type="checkbox"/> Encourages use <input type="checkbox"/> Discourages use <input type="checkbox"/> Does neither |
| b. | Caregiver problem solving <input type="checkbox"/> Encourages use <input type="checkbox"/> Discourages use <input type="checkbox"/> Does neither |
| c. | Crisis intervention <input type="checkbox"/> Encourages use <input type="checkbox"/> Discourages use <input type="checkbox"/> Does neither |
| d. | Emotional support <input type="checkbox"/> Encourages use <input type="checkbox"/> Discourages use <input type="checkbox"/> Does neither |

15. How well has the [NATIONAL MODEL] communicated its policies about the use of specific supportive strategies for working with families to [HV PROGRAM SITE]?

- Very well
 Moderately well
 Not well

16. How closely aligned are [HV PROGRAM SITE] policies about the use of specific supportive strategies for working with families with the policies of the [NATIONAL MODEL]?

- Perfectly aligned
 Very well aligned
 Moderately well aligned
 Not well aligned
 Unsure

17. How well has your MIECHV state agency communicated its policies about the use of specific supportive strategies for working with families to [HV PROGRAM SITE]?

- Very well
 Moderately well
 Not well

18. How closely aligned are [HV PROGRAM SITE] policies about the use of specific supportive strategies for working with families with the policies of your MIECHV state agency?

- Perfectly aligned
 Very well aligned
 Moderately well aligned
 Not well aligned
 Unsure

19. Does the [HV PROGRAM SITE] provide incentives or gifts to families for participating in the program? If so, what kind of incentives?

- Does not provide incentives/gifts [GO TO Q21]
- Provides cash incentives/gifts
- Provides gift card incentives
- Provides child gifts or incentives
- Provides coupons redeemable for items
- Other type of incentive (specify): _____
- Unsure [GO TO Q21]

20. If yes, what are the circumstances for providing gifts or incentives? [CHECK ALL THAT APPLY]

- Give to all families
- Completing visits
- Participating in group meetings
- Following through on recommended activities
- Birth of child or subsequent birthdays
- Reengaging in program
- Other circumstance (specify): _____
- Unsure

21. Does your program site offer group or center-based services for families enrolled in home visiting?

- Yes
- No [GO TO SECTION G]

22. If Yes, about how often a year are activities offered? _____ times a year

G. STAFFING LEVELS AND CASELOADS

1. Are all of your home visitor positions currently filled? If no, how many are currently vacant?

- No, Number of vacant positions: _____
- Yes

2. In the past 12 months, how often has your program been fully staffed, that is, with home visitor positions fully filled?

- 100% of the time
- 75-99% of the time
- 50-74% of the time
- 25-49% of the time
- less than 25% of the time

3. When a home visitor position becomes vacant, what strategies does your program use to provide services to the families that were in that home visitor's caseload? CHECK ALL THAT APPLY.
- Close intake
 - Graduate those families early
 - Suspend visits for those families
 - Reduce the expected visit frequency for those families
 - Shift responsibility for those families to other home visitors
 - Shift responsibility for those families to supervisor
 - Other (specify): _____
4. On average, how long does it take from the time a new home visitor is hired for him/her to be fully trained and ready to be assigned families?
- 1 week
 - 1 month
 - 2 months
 - 3 months
 - 4-6 months
 - More than six months
 - Other (specify): _____
5. Do any of your home visitors currently have caseloads greater than the maximum called for in [HV PROGRAM SITE]'s policies?
- Our site does not have a policy for caseload limit.
 - No, all home visitors have caseloads within the maximum allowed by our policy.
 - Yes, one or more home visitors currently have caseloads above the maximum allowed by our policy.
6. In the past 12 months, how often has one or more of your home visitors had a caseload greater than the maximum called for in your program site's policy?
- 100% of the time
 - 75-99% of the time
 - 50-74% of the time
 - 25-49% of the time
 - 1-25% of the time
 - Not at all
7. What is your program's policy on the maximum number of home visitors per supervisor?
- No policy
 - I don't know
 - Our policy is no more than ____ full-time Home Visitors per full-time Supervisor

H. CURRENT STAFF

1. How many full-time home visitors are currently on staff?

_____ NUMBER OF HOME VISITORS

2. How many part-time home visitors are currently on staff?

_____ NUMBER OF HOME VISITORS

3. How many full-time supervisors are currently on staff?

_____ NUMBER OF SUPERVISORS

4. How many part-time supervisors are currently on staff?

_____ NUMBER OF SUPERVISORS

5. How many of your current home visitors are up-to-date on trainings?

- All
- Most
- Some
- None
- Don't know

6. How many of your current supervisors are up-to-date on trainings?

- All
- Most
- Some
- None
- Don't know

7. **OTHER CLINICAL STAFF:** Some home visiting programs have service providers who work as part of a team with home visitors (such as nurses, social workers, or mental health therapists). Please indicate whether there are clinical staff members who regularly (three or more times a year) work as part of a team with home visitors.

| Type of Service Provider: | |
|---------------------------|---|
| a. | Health care worker <input type="checkbox"/> No <input type="checkbox"/> Yes part-time <input type="checkbox"/> Yes full-time |
| b. | Social worker <input type="checkbox"/> No <input type="checkbox"/> Yes part-time <input type="checkbox"/> Yes full-time |
| c. | Substance use (Alcohol and other drugs) treatment worker <input type="checkbox"/> No <input type="checkbox"/> Yes part-time <input type="checkbox"/> Yes full-time |
| d. | Mental health therapist <input type="checkbox"/> No <input type="checkbox"/> Yes part-time <input type="checkbox"/> Yes full-time |
| e. | Early Intervention/ Developmental services provider <input type="checkbox"/> No <input type="checkbox"/> Yes part-time <input type="checkbox"/> Yes full-time |
| f. | Other staff <input type="checkbox"/> No <input type="checkbox"/> Yes part-time <input type="checkbox"/> Yes full-time |

8. **DATA ENTRY:** Does your program have any administrative staff who help home visitors enter information on service delivery into a management information system?

- No
 Yes

9. **CONTINUOUS QUALITY IMPROVEMENT:** Does your program have any staff with dedicated time to support continuous quality improvement activities? Continuous Quality Improvement is using data and information to inform performance and practice.

- No staff with dedicated time for continuous quality improvement (CQI) activities
- Yes, staff to design and direct CQI activities
 Yes, staff to collect information for CQI activities
 Yes, staff to analyze information for CQI activities

CHECK ALL
THAT APPLY.

I. YOUR OWN WORK EXPERIENCE

1. How many hours a week do you work as manager of [HV PROGRAM SITE]?
- less than 10 hours
 10-19 hours
 20-34 hours
 35 hours or more

2. How long have you been in your current position as program manager/administrator?

- Less than 1 year
- 1-2 years
- 3-5 years
- 6 years or more

3. Have you ever been a [NATIONAL MODEL] home visitor?

- No
- Yes

4. Have you ever been a [NATIONAL MODEL] supervisor?

- No
- Yes

5. Have you ever sat through the [NATIONAL MODEL] training for home visitors?

- No
- Yes

6. Have you ever sat through the [NATIONAL MODEL] training for supervisors?

- No
- Yes

7. Do you supervise any other home visiting program?

- No [SKIP TO SECTION D]
- Yes

8. What model do these other home visiting programs use? [SELECT ALL THAT APPLY]

- Nurse Family Partnership
- Parents as Teachers
- Healthy Families America
- Early Head Start
- Other (specify): _____

J. HOME VISITOR RECRUITMENT AND HIRING

1. Did [HV PROGRAM SITE] hire any new home visitors in the past 12 months?

- No [SKIP TO NEXT SECTION]
- Yes

2. How many home visitor positions did you need to fill in the past 12 months?

_____ NUMBER OF POSITIONS

3. How would you rate your experience recruiting qualified home visitor candidates?
- Very hard
 - Somewhat hard
 - Somewhat easy
 - Very easy
4. Did you have difficulty recruiting home visitors with any of the following particular qualifications? CHECK ALL THAT APPLY.
- Interest in home visiting
 - Required education/degree
 - Bilingual in English and Spanish
 - Own transportation
 - Other (specify): _____
5. When the candidates are brought in to be interviewed, who interviews them? CHECK ALL THAT APPLY.
- Implementing agency program director
 - Home visiting program manager
 - Supervisor
 - Home visitor
 - Clinical Specialist
 - Families
 - Other (specify): _____
6. Are candidates always interviewed one-on-one, always by a group, or in both ways?
- One-on-one only
 - By a group only
 - Both one-on-one and by a group
7. Do candidates observe any home visits prior to hire?
- No
 - Yes
8. Does a single person have the final say on hiring decisions or are hiring decisions made collectively?
- Single person
 - Collectively [SKIP TO 10]
9. Who is this person, in terms of their position?
_____ POSITION
10. Once they begin work, do newly hired home visitors get a written copy of their specific roles and responsibilities?
- No
 - Yes

11. Do home visitors get a written description of required competencies?

- No
 Yes

K. SUPERVISOR RECRUITMENT AND HIRING

1. Did [HV PROGRAM SITE] hire any new supervisors in the past 12 months?

- No [SKIP TO NEXT SECTION]
 Yes

2. About how many supervisor positions did you need to fill in the past 12 months?

_____ NUMBER OF POSITIONS

3. How would you rate your experience recruiting qualified supervisor candidates?

- Very hard
 Somewhat hard
 Somewhat easy
 Very easy

4. Did you have difficulty recruiting supervisors with any of the following particular qualifications?
CHECK ALL THAT APPLY.

- Interest in home visiting
 Required education/degree
 Bilingual in English and Spanish
 Own transportation
 Other (specify): _____

5. When the candidates are brought in to be interviewed, who interviews them? CHECK ALL THAT APPLY.

- Implementing agency program director
 Home visiting program manager
 Supervisor
 Home visitor
 Clinical Specialist
 Families
 Other (specify): _____

6. Are candidates always interviewed one-on-one, always by a group, or in both ways?

- One-on-one only
 By a group only
 Both one-on-one and by a group

7. Do candidates observe any home visits prior to hire?

- No
 Yes

8. Does a single person have the final say on hiring decisions or are hiring decisions made collectively?
- Single person
 - Collectively [SKIP TO 10]
9. Who is this person, in terms of their position?
_____ POSITION
10. Once they begin work, do newly hired supervisors get a written copy of their specific roles and responsibilities?
- No
 - Yes
11. Do supervisors get a written description of required competencies?
- No
 - Yes

L. SUPERVISION OF SUPERVISORS

1. In [HV PROGRAM SITE], who provides supervision to the supervisor(s)?
- No one
 - Home visiting program manager
 - Implementing agency program director
 - Other (specify): _____
2. How often is one-on-one supervision of supervisor(s) conducted?
- Weekly
 - Every 2 weeks
 - Every month
 - Every 3 months
 - Less than quarterly
3. How is one-on-one supervision of supervisor(s) documented?
- No documentation
 - Notes are taken but not on a specific form
 - Specific form is used
4. Does [HV PROGRAM SITE] have any group supervision of supervisors? If so, how often?
- No group supervision
 - Annually
 - Quarterly
 - Twice a month
 - Monthly
 - Weekly

M. HOME VISITOR GROUP SUPERVISION, CASE CONFERENCE, AND PEER SUPPORT

1. Does [HV PROGRAM SITE] have any group supervision of home visitors? If so, how often?
 - No group supervision [SKIP TO 3]
 - Annually
 - Quarterly
 - Twice a month
 - Monthly
 - Weekly

2. Do supervisors use a form to guide group supervision? If so, how often do supervisors use this form?
 - All of the time (100%)
 - Nearly all (85%-99%)
 - Most of the time (61%-84%)
 - About half of the time (40%-60%)
 - Some of the time (15%-39%)
 - Nearly none (1-14%)
 - None (0%)?

3. Does [HV PROGRAM SITE] conduct group case conferences for discussion of cases? If so, how often?
 - No case conferences [SKIP TO 7]
 - Annually
 - Quarterly
 - Twice a month
 - Monthly
 - Weekly

4. What is the position of the person who selects the case to be discussed?
 - Implementing agency program director
 - Home visiting program manager
 - Supervisor
 - Clinical specialist
 - Home visitor
 - Other (specify): _____

5. Who usually attends the case conferences? CHECK ALL THAT APPLY.
 - Implementing agency program director
 - Home visiting program manager
 - Supervisor
 - Clinical specialist
 - Home visitor
 - Other (specify): _____

OMB Control No: _____

Expiration Date: _____

6. Do the case conferences ever include outside experts? If so, how often?
- No outside experts, or very rarely
 - We have outside experts about a quarter of the time
 - We have outside experts about half the time
 - We have outside experts about three-quarters of the time
 - We always have an outside expert
7. Does your [HV PROGRAM SITE] provide formal opportunities for peer support such as time for staff to share their experiences and learn from one another?
- No
 - Yes
8. Describe the peer support opportunities for your staff to share their experiences and learn from one another.

N. STAFF MEETINGS

1. Does [HV PROGRAM SITE] conduct staff meetings with supervisors, home visitors, and other program staff? If so, how often?
- No team meetings
 - Annually
 - Quarterly
 - Twice a month
 - Monthly
 - Weekly
2. What are the main purposes of these meetings? CHECK THE TOP TWO.
- To build team cohesion
 - To share administrative information
 - To review program performance
 - To provide continuing education
 - Other (specify): _____
3. What is the position of the person who sets the meeting agenda?
- Implementing agency program director
 - Home visiting program manager
 - Supervisor
 - Clinical specialist
 - Other (specify): _____

4. Do the meetings ever include presentations by outside speakers? If so, how often?

- No outside speakers, or very rarely
 We have outside speakers about a quarter of the time
 We have outside speakers about half the time
 We have outside speakers about three-quarters of the time
 We always have an outside speaker

O. PARENTING CURRICULA AND OTHER CURRICULA

Instructions: Listed by below are some of the major parenting curricula used by home visiting program staff. Please indicate if each parenting curricula is used by your program staff and if so, how often each parenting curriculum is used with families.

| | NAME OF CURRICULUM | 1. USED | 2. HOW OFTEN USED |
|----|---|---|--|
| a. | Parents as Teachers/Born to Learn | <input type="checkbox"/> Used by program staff <input type="checkbox"/> Require staff to use <input type="checkbox"/> Recommend staff to use <input type="checkbox"/> Staff choice <input type="checkbox"/> Not used by program staff | <input type="checkbox"/> Every family <input type="checkbox"/> About three quarters of families <input type="checkbox"/> About half of families <input type="checkbox"/> About a quarter of families <input type="checkbox"/> No families, or very few |
| b. | Parents as Teachers/Foundational Training | <input type="checkbox"/> Used by program staff <input type="checkbox"/> Require staff to use <input type="checkbox"/> Recommend staff to use <input type="checkbox"/> Staff choice <input type="checkbox"/> Not used by program staff | <input type="checkbox"/> Every family <input type="checkbox"/> About three quarters of families <input type="checkbox"/> About half of families <input type="checkbox"/> About a quarter of families <input type="checkbox"/> No families, or very few |
| c. | PIPE | <input type="checkbox"/> Used by program staff <input type="checkbox"/> Require staff to use <input type="checkbox"/> Recommend staff to use <input type="checkbox"/> Staff choice <input type="checkbox"/> Not used by program staff | <input type="checkbox"/> Every family <input type="checkbox"/> About three quarters of families <input type="checkbox"/> About half of families <input type="checkbox"/> About a quarter of families <input type="checkbox"/> No families, or very few |
| d. | Great Beginnings Start Before Birth | <input type="checkbox"/> Used by program staff <input type="checkbox"/> Require staff to use <input type="checkbox"/> Recommend staff to use <input type="checkbox"/> Staff choice <input type="checkbox"/> Not used by program staff | <input type="checkbox"/> Every family <input type="checkbox"/> About three quarters of families <input type="checkbox"/> About half of families <input type="checkbox"/> About a quarter of families <input type="checkbox"/> No families, or very few |
| e. | Partners for a Healthy Baby | <input type="checkbox"/> Used by program staff <input type="checkbox"/> Require staff to use <input type="checkbox"/> Recommend staff to use <input type="checkbox"/> Staff choice <input type="checkbox"/> Not used by program staff | <input type="checkbox"/> Every family <input type="checkbox"/> About three quarters of families <input type="checkbox"/> About half of families <input type="checkbox"/> About a quarter of families <input type="checkbox"/> No families, or very few |
| f. | Learning Games | <input type="checkbox"/> Used by program staff <input type="checkbox"/> Require staff to use <input type="checkbox"/> Recommend staff to use <input type="checkbox"/> Staff choice <input type="checkbox"/> Not used by program staff | <input type="checkbox"/> Every family <input type="checkbox"/> About three quarters of families <input type="checkbox"/> About half of families <input type="checkbox"/> About a quarter of families <input type="checkbox"/> No families, or very few |

| | | | |
|----|--|---|--|
| g. | San Angelo | <input type="checkbox"/> Used by program staff <input type="checkbox"/> Require staff to use <input type="checkbox"/> Recommend staff to use <input type="checkbox"/> Staff choice <input type="checkbox"/> Not used by program staff | <input type="checkbox"/> Every family <input type="checkbox"/> About three quarters of families <input type="checkbox"/> About half of families <input type="checkbox"/> About a quarter of families <input type="checkbox"/> No families, or very few |
| h. | Growing Great Kids | <input type="checkbox"/> Used by program staff <input type="checkbox"/> Require staff to use <input type="checkbox"/> Recommend staff to use <input type="checkbox"/> Staff choice <input type="checkbox"/> Not used by program staff | <input type="checkbox"/> Every family <input type="checkbox"/> About three quarters of families <input type="checkbox"/> About half of families <input type="checkbox"/> About a quarter of families <input type="checkbox"/> No families, or very few |
| i. | Nurturing Program | <input type="checkbox"/> Used by program staff <input type="checkbox"/> Require staff to use <input type="checkbox"/> Recommend staff to use <input type="checkbox"/> Staff choice <input type="checkbox"/> Not used by program staff | <input type="checkbox"/> Every family <input type="checkbox"/> About three quarters of families <input type="checkbox"/> About half of families <input type="checkbox"/> About a quarter of families <input type="checkbox"/> No families, or very few |
| i. | Promoting First Relationships | <input type="checkbox"/> Used by program staff <input type="checkbox"/> Require staff to use <input type="checkbox"/> Recommend staff to use <input type="checkbox"/> Staff choice <input type="checkbox"/> Not used by program staff | <input type="checkbox"/> Every family <input type="checkbox"/> About three quarters of families <input type="checkbox"/> About half of families <input type="checkbox"/> About a quarter of families <input type="checkbox"/> No families, or very few |
| k. | Emotional Availability | <input type="checkbox"/> Used by program staff <input type="checkbox"/> Require staff to use <input type="checkbox"/> Recommend staff to use <input type="checkbox"/> Staff choice <input type="checkbox"/> Not used by program staff | <input type="checkbox"/> Every family <input type="checkbox"/> About three quarters of families <input type="checkbox"/> About half of families <input type="checkbox"/> About a quarter of families <input type="checkbox"/> No families, or very few |
| l. | Creative Curriculum | <input type="checkbox"/> Used by program staff <input type="checkbox"/> Require staff to use <input type="checkbox"/> Recommend staff to use <input type="checkbox"/> Staff choice <input type="checkbox"/> Not used by program staff | <input type="checkbox"/> Every family <input type="checkbox"/> About three quarters of families <input type="checkbox"/> About half of families <input type="checkbox"/> About a quarter of families <input type="checkbox"/> No families, or very few |
| m. | Agency-created curriculum [Please describe_____] | <input type="checkbox"/> Used by program staff <input type="checkbox"/> Require staff to use <input type="checkbox"/> Recommend staff to use <input type="checkbox"/> Staff choice <input type="checkbox"/> Not used by program staff | <input type="checkbox"/> Every family <input type="checkbox"/> About three quarters of families <input type="checkbox"/> About half of families <input type="checkbox"/> About a quarter of families <input type="checkbox"/> No families, or very few |
| n. | Other [Please describe_____] | <input type="checkbox"/> Used by program staff <input type="checkbox"/> Require staff to use <input type="checkbox"/> Recommend staff to use <input type="checkbox"/> Staff choice <input type="checkbox"/> Not used by program staff | <input type="checkbox"/> Every family <input type="checkbox"/> About three quarters of families <input type="checkbox"/> About half of families <input type="checkbox"/> About a quarter of families <input type="checkbox"/> No families, or very few |

3. Are staff encouraged or discouraged to supplement model curriculum?
- Strongly encouraged
 - Encouraged
 - Neither encouraged nor discouraged
 - Discouraged
 - Strongly discouraged
4. How often are the topics or lessons discussed in a particular home visit driven by the family's choice or interest in a topic?
- Always
 - Often
 - Sometimes
 - Rarely
 - Never
 - Unsure
5. How often are the topics or lessons discussed in a particular home visit the home visitor's choice?
- Always
 - Often
 - Sometimes
 - Rarely
 - Never
 - Unsure
6. How often are the topics or lessons discussed in a particular home visit chosen due to program requirements?
- Always
 - Often
 - Sometimes
 - Rarely
 - Never
 - Unsure
7. Are there any other curricula used by program staff that address other important topics such as adult development, domestic violence, mental health, and substance use? If so, please specify the topic(s) and name(s) of the curricula that are used most often by home visitors.
- No
 - Yes
 - [SPECIFY]: _____

P. ACCESS TO PROFESSIONAL CONSULTATION AND EXPERTS

1. Besides the supervisor, are there any professionals within [AGENCY] or outside [AGENCY] who help home visitors in dealing with unique or challenging situations? Typically, consultants would be people that the home visitor talks with in-person or by phone if s/he has a client with needs in a specific area. Consultants may also go with the home visitor to meet with a client in the client's home.

- No [SKIP TO SECTION Q.]
 Yes - [FILL IN THE TABLE.]

2. What are the titles of the people with whom your staff consults?

3. What are the agencies/organizations of the people with which your staff consults?

| | CONTENT AREA | AGENCY AFFILIATION | TYPES OF SUPPORT |
|----|---|--|--|
| | | Check the box to indicate whether the consultants are internal (from the same agency as [HV PROGRAM SITE]), external, or whether there are both internal and external consultants. | Check the box to indicate what types of support the consultant provides. |
| a. | Prenatal health | <input type="checkbox"/> Internal only <input type="checkbox"/> External only <input type="checkbox"/> Both of above | <input type="checkbox"/> Advice to home visitor <input type="checkbox"/> Direct service to client <input type="checkbox"/> Both of above |
| b. | Maternal post-natal health | <input type="checkbox"/> Internal only <input type="checkbox"/> External only <input type="checkbox"/> Both of above | <input type="checkbox"/> Advice to home visitor <input type="checkbox"/> Direct service to client <input type="checkbox"/> Both of above |
| c. | Substance use | <input type="checkbox"/> Internal only <input type="checkbox"/> External only <input type="checkbox"/> Both of above | <input type="checkbox"/> Advice to home visitor <input type="checkbox"/> Direct service to client <input type="checkbox"/> Both of above |
| d. | Mental health | <input type="checkbox"/> Internal only <input type="checkbox"/> External only <input type="checkbox"/> Both of above | <input type="checkbox"/> Advice to home visitor <input type="checkbox"/> Direct service to client <input type="checkbox"/> Both of above |
| e. | Healthy adult relationships/ domestic violence | <input type="checkbox"/> Internal only <input type="checkbox"/> External only <input type="checkbox"/> Both of above | <input type="checkbox"/> Advice to home visitor <input type="checkbox"/> Direct service to client <input type="checkbox"/> Both of above |
| f. | Family economic self-sufficiency | <input type="checkbox"/> Internal only <input type="checkbox"/> External only <input type="checkbox"/> Both of above | <input type="checkbox"/> Advice to home visitor <input type="checkbox"/> Direct service to client <input type="checkbox"/> Both of above |
| g. | Parenting to support child development | <input type="checkbox"/> Internal only <input type="checkbox"/> External only <input type="checkbox"/> Both of above | <input type="checkbox"/> Advice to home visitor <input type="checkbox"/> Direct service to client <input type="checkbox"/> Both of above |
| h. | Parenting to support child health | <input type="checkbox"/> Internal only <input type="checkbox"/> External only <input type="checkbox"/> Both of above | <input type="checkbox"/> Advice to home visitor <input type="checkbox"/> Direct service to client <input type="checkbox"/> Both of above |

Q. MANAGEMENT INFORMATION SYSTEM

1. Does [HV PROGRAM SITE] use a management information system to document service delivery? If so, who developed the management information system that your site uses? CHECK ALL THAT APPLY.
 - No management information system to document service delivery [SKIP TO NEXT SECTION]
 - We use a system that our own agency developed
 - We use a system developed by the national home visiting model
 - We use a system developed by a state agency
 - We use a system developed by another organization
[SPECIFY] _____

2. What is the name of your management information system? (e.g., PIMS, FAMSYS, ETO, Visit Tracker)?

3. Who enters visit data into your management information system? CHECK ALL THAT APPLY.
 - Home visitor
 - Data entry clerk
 - Other [SPECIFY] _____

4. How does [HV PROGRAM SITE] use the management information system? CHECK ALL THAT APPLY.
 - Reports for our own program-level performance monitoring and quality improvement
 - Program performance reports for MIECHV
 - Program performance reports for other funders
 - Program performance reports for national model developer
 - Monitoring performance of specific staff members
 - To remind staff of activities to be carried out
 - Other [SPECIFY] _____

R. HOME VISITING PROGRAM MONITORING

1. ANNUAL OR BI-ANNUAL HOME VISITING PROGRAM REPORT
 - a. Do you prepare formal annual or bi-annual reports of [HV PGM SITE]'S performance?
 - No [SKIP TO 2]
 - Yes

b. With whom do you share results? CHECK ALL THAT APPLY.

- Home visitors
- Supervisors
- Agency executive(s)
- Advisory Board/Board of Trustees
- Funders
- National Model Developer
- State MIECHV Agency
- Broader community (e.g. posted on website)
- Accrediting organization [SPECIFY] _____
- Other accrediting organization [SPECIFY] _____

2. PROGRAM MONITORING OF MIECHV BENCHMARK INDICATORS

a. In your opinion, how high is the quality of the data collected by your [HV PGM SITE] to monitor performance for your state's MIECHV indicators?

- Very high quality
- Moderate quality
- Poor quality

b. How does [HV PGM SITE] document activities and outcomes to monitor its achievement of MIECHV benchmark indicators?

- Through the management information system
- Through manual review of program records
- Through both the MIS and manual review of program records

3. MONITORING OF SPECIFIC ASPECTS OF PROGRAM OPERATIONS

a. Which of the following does [HV PGM SITE] routinely monitor?

REFERRALS INTO PROGRAM

- Number of referrals into program
- Appropriateness of referrals into program

FAMILY ENROLLMENT AND DISENROLLMENT

- Family acceptance rates
- Family retention rates at specific points (for example, at 12 months post-enrollment or when the focus child turns one year old)
- Reasons for family dropout

VISITS

- Visit frequency rates
- Visit length
- No show rates

SCREENING OF ENROLLED FAMILIES (NOT TO DETERMINE ELIGIBILITY FOR PROGRAM)

- Screening rates for maternal depression
- Screening rates for maternal substance use
- Screening rates for domestic violence
- Child developmental screening rates
- Others (please describe) _____

4. CONTINUOUS QUALITY IMPROVEMENT

a. Has [HV PGM SITE] carried out any continuous quality improvement activities in the past 12 months from today's date? Continuous Quality Improvement is using data and information to inform performance and practice.

No [SKIP TO SECTION 5]

Yes

b. Check up to three topics addressed in quality improvement activities in the past 12 months.

Referrals to program

Family enrollment into program

Family retention in program

Frequency or length of visits

Topics or activities during visits

Screening, services or referral for maternal depression

Screening, services or referral for maternal substance use

Screening, services or referral for domestic violence

Screening, services or referral for poor parent-child interaction

Screening, services or referral for child developmental delay

Others (please describe) _____

S. REFERRAL SOURCES FOR [HV PROGRAM SITE]

1. From what sources are your families referred? Please also provide the percentage of families that you get from each source.

Self-referral ____%

Centralized intake ____%

Hospitals ____%

Health departments ____%

Prenatal clinics ____%

Pediatric clinics ____%

Child welfare services ____%

WIC ____%

Schools ____%

Other [SPECIFY]: _____ ____%

2. Do you have formal referral agreements with these organizations?

- No
- Yes [SELECT ALL THAT APPLY]
 - Centralized intake
 - Hospitals
 - Health departments
 - Prenatal clinics
 - Pediatric clinics
 - Child welfare services
 - WIC
 - Schools
 - Other [SPECIFY]

3. How frequently does staff contact women directly at these organizations?

- Very frequently
- Somewhat frequently
- Rarely
- Never