

## Training and Technical Assistance (T/TA) Activity Survey - Survey

You are logged in as Western and Pacific CW Implementation Center (WPIC)

### A. Utilization of Children's Bureau's T/TA Providers

A1. Please use the scale provided to indicate the degree to which each of the following factors influenced your agency/organization's decision to request or apply for the T/TA noted at the beginning of this survey (T/TA Activity).

| How much <b>influence</b> did each of the following factors have in your agency/organization's decision to request or apply for T/TA? |                       |                       |                       |                           |
|---|-----------------------|-----------------------|-----------------------|---------------------------|
|   | Does Not Apply        | No Influence          | Some Influence        | A great Deal of Influence |
| <b>Federal Factors</b>  |                       |                       |                       |                           |
| a. ACF Regional Office suggestion/referral  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| b. CFSR findings/PIP development  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| c. Federal law or policy change   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| d. Other Federal factors (Specify): <input type="text"/>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| <b>T/TA Network Factors</b>   |                       |                       |                       |                           |
| e. Outreach to your State/Tribe by the National Resource Center   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| f. Outreach to your State/Tribe by the Implementation Center in your ACF Region   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| g. Prior use of National Resource Center services   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| h. Prior use of Implementation Center services  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| i. Geographic proximity of the National Resource Centers  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| j. Geographic proximity of the Implementation Center in your ACF Region   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| k. Recommendation/Referral from other National Resource Centers   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| l. Recommendation/Referral from another Implementation Center (outside your ACF Region)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| m. Peer networking activities facilitated by the National Resource Centers  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| n. Peer networking activities facilitated by the Implementation Centers in your ACF Region  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| o. Other T/TA Network factors (Specify): <input type="text"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| <b>State/Tribal Factors</b>   |                       |                       |                       |                           |
| p. Recommendation from other State/Tribe  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| q. Specific State/Tribal incident (e.g., child fatality)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| r. State/Tribal quality assurance review  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| s. Agency/organization leadership   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| t. Lawsuit/legal settlement   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| u. State/local law or policy change   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |
| v. Other State/Tribal factors (Specify): <input type="text"/>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     |

### B. Experience with Children's Bureau's NRCs and ICs: Mountains and Plains CW Implementation Center (MPCWIC)

This section refers to your agency/organization's experience with seeking assistance from Mountains and Plains CW Implementation Center (MPCWIC) related to the specific T/TA activity described above. Please rate your level of agreement with the following statements using the scale provided.

These questions relate to your work with Mountains and Plains CW Implementation Center (MPCWIC)

| <i>Request for Assistance</i>   | Not Applicable        | Strongly Disagree     | Disagree              | Agree                 | Strongly Agree        |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. The process for applying for an Implementation Project (IP) was clear. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. The selection process for an IP was clear and transparent.             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

B2. If you have any **suggestions** on how the request and approval process could be improved, please note them here.

0 characters (2000 max)

B3. The section refers to your agency/organization's experience working with **MPCWIC** on the **specific T/TA activity** noted here: 02/10/2011.

Please rate your level of agreement with the following statements using the scale provided.

| <i>Knowledge and expertise of consultants that provided T/TA</i>  | Not Applicable        | Strongly Disagree     | Disagree              | Agree                 | Strongly Agree        |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. The consultants were knowledgeable about the issue(s) being addressed.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. During this activity, the consultants:   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1. Effectively utilized the knowledge and expertise of our State or Tribe   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Were able to build a positive working relationship with our staff  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Effectively facilitated conversations with our staff   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Effectively facilitated the process and work necessary to address our need or problem.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Were able to understand the State or Tribe's unique situation and tailor the T/TA to our needs.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Overall, the consultants were effective.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <i>Outcome of the T/TA activity</i>   | Not Applicable        | Strongly Disagree     | Disagree              | Agree                 | Strongly Agree        |
| d. The T/TA activity addressed our State's or Tribe's needs.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. The Mountains and Plains CW Implementation Center (MPCWIC) provided our State or Tribe with a viable plan for implementing the recommended strategies. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. The T/TA activity increased our State's or Tribe's knowledge.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. The T/TA activity increased our State's or Tribe's skills.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. The T/TA activity improved our State's or Tribe's service capacity.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. The T/TA activity improved our State's or Tribe's ability to better serve children, youth, and families.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

B3. The section refers to your agency/organization's experience working with **NRCA** on the **specific T/TA activity** noted here: .

Please rate your level of agreement with the following statements using the scale provided.

| <i>Knowledge and expertise of consultants that provided T/TA</i>                                   | Not Applicable        | Strongly Disagree     | Disagree              | Agree                 | Strongly Agree        |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. The consultants were knowledgeable about the issue(s) being addressed.                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. During this activity, the consultants:  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1. Effectively utilized the knowledge and expertise of our State or Tribe                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Were able to build a positive working relationship with our staff                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Effectively facilitated conversations with our staff  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Effectively facilitated the process and work necessary to address our need or problem.          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Were able to understand the State or Tribe's unique situation and tailor the T/TA to our needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|   |                       |                          |                       |                       |                       |
|---|-----------------------|--------------------------|-----------------------|-----------------------|-----------------------|
| c. Overall, the consultants were effective.   | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>Outcome of the T/TA activity</b>   | <b>Not Applicable</b> | <b>Strongly Disagree</b> | <b>Disagree</b>       | <b>Agree</b>          | <b>Strongly Agree</b> |
| d. The T/TA activity addressed our State's or Tribe's needs.  | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. The Mountains and Plains CW Implementation Center (MPCWIC) provided our State or Tribe with a viable plan for implementing the recommended strategies. | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. The T/TA activity increased our State's or Tribe's knowledge.  | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. The T/TA activity increased our State's or Tribe's skills.   | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. The T/TA activity improved our State's or Tribe's service capacity.  | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. The T/TA activity improved our State's or Tribe's ability to better serve children, youth, and families.   | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

B4. This section does not apply to the activity

B5. This section relates to your **overall experience** with the Mountains and Plains CW Implementation Center (MPCWIC). Please rate your level of agreement with the following statements using the scale provided.

| <b>Satisfaction with communication, information sharing, relationships, and follow through</b>   | <b>Not Applicable</b> | <b>Strongly Disagree</b> | <b>Disagree</b>       | <b>Agree</b>          | <b>Strongly Agree</b> |
|--|-----------------------|--------------------------|-----------------------|-----------------------|-----------------------|
| a. Our State or Tribe was satisfied with the level of accessibility of the Mountains and Plains CW Implementation Center (MPCWIC).                                       | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. The IC's T/TA was timely in relation to the goals established in the work plan.   | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. The plan for T/TA was appropriate for achieving our State/Tribe's objectives.   | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Our State or Tribe was satisfied with the frequency of communication with the Mountains and Plains CW Implementation Center (MPCWIC).                                 | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Our State or Tribe felt comfortable disclosing our areas of concerns or weaknesses to Mountains and Plains CW Implementation Center (MPCWIC).                         | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. There was flexibility in the Memorandum of Understanding to make any necessary modifications.   | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Our State or Tribe played an active part in decision making regarding the course of action to be taken by the Mountains and Plains CW Implementation Center (MPCWIC). | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Overall, our State or Tribe was satisfied with the relationship that has been developed with Mountains and Plains CW Implementation Center (MPCWIC).                  | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

B6. If you have any **suggestions** about how this T/TA could be improved, please note them here.

0 characters (2000 max)

**C. Coordination of Multiple T/TA Providers**

C1. The T/TA your agency/organization received is part of an Implementation Project and requires multiple NRC involvement or IC/NRC involvement.

The next few statements refer to the **coordination of the T/TA** from your perspective as the recipient. Please rate your level of agreement with the following statements using the scale provided.

|  | <b>Not Applicable</b> | <b>Strongly Disagree</b> | <b>Disagree</b>       | <b>Agree</b>          | <b>Strongly Agree</b> |
|--|-----------------------|--------------------------|-----------------------|-----------------------|-----------------------|
| a. The T/TA providers (NRCs and ICs) structured their activities to avoid duplication. | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. The T/TA providers were knowledgeable of each other's efforts.                      | <input type="radio"/> | <input type="radio"/>    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| c. The T/TA providers coordinated the dates of their on-site activities (if applicable). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Overall, the T/TA providers coordinated their activities.                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

C2. If you have any **suggestions** for how coordination of T/TA could be improved, please note them here.

0 characters (2000 max)

**D. State or Tribe's Response to T/TA**

D1. The next set of statements relate to your perceptions of the **State or Tribe's response** to the T/TA provided by Mountains and Plains CW Implementation Center (MPCWIC). Please rate your level of agreement with the following statements using the scale provided.

|   | Not Applicable        | Strongly Disagree     | Disagree              | Agree                 | Strongly Agree                   |
|---|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|
| a. Most supervisors or frontline staff were receptive to the recommendations of the Mountains and Plains CW Implementation Center (MPCWIC).         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            |
| b. Most middle managers were receptive to the recommendations of the Mountains and Plains CW Implementation Center (MPCWIC).                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            |
| c. Most senior administrative/managerial staff were receptive to the recommendations of the Mountains and Plains CW Implementation Center (MPCWIC). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            |
| d. The State or Tribe has the staffing resources (both availability and expertise) to implement the recommendations.                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            |
| e. The State or Tribe has the financial resources to implement the recommendations.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |

D2. If you have any **additional comments** regarding the State or Tribe's response to T/TA, please note them here.

0 characters (2000 max)

**E. Background**

We would like to capture some information on your background.

1. Which of the following most closely describes your position in your agency?

Other Specify:

2. For what agency/organization do you work?

3. Within which division or unit in your agency/organization do you work?

4. How long have you been in this current position?  Years  Months

5. How long have you been with the agency/organization?  Years  Months

**F. Helpful Feedback**

If you have any concerns about your ability to recall the T/TA Activity that was the focus of this survey, please provide comments here:

0 characters (2000 max)

**Thank you.**

This is the end of the survey.  
We greatly appreciate your participation in this important evaluation  
of the Children Bureau's T/TA Network.

Submit Survey