

## Training and Technical Assistance (T/TA) Activity Survey <sup>1</sup>

Welcome to the Child Welfare Training and Technical Assistance Evaluation (T/TA) weblink for completing a survey on your experience with providers of the Children's Bureau's T/TA Network.

Based on your participation in T/TA from the [NAME of IC/NRC], you have been randomly selected to assist in an **independent** cross-site evaluation of the Children's Bureau's National Resource Centers (NRCs) and Implementation Centers (ICs). <sup>2</sup> Your participation is a critical component of this evaluation and is vital to providing important information to the Children's Bureau about the effectiveness of T/TA.

This cross-site evaluation addresses the role of T/TA services in helping states and tribes improve their child welfare systems. We are interested in learning more about your experiences with a particular T/TA activity that was provided to [STATE/TRIBE]. *The questions in this survey will focus on this selected activity.*

For purposes of this evaluation, we define the *child welfare system* to include the child welfare agency, the courts and legal system, social service agencies, and other child-serving providers.

Some respondents to this survey may be counties, territories, or local jurisdictions, but for the purposes of a common language, we use the generic term of "State or Tribe" in this survey.

It takes about **15** minutes to answer the questions. Your privacy is very important to us. Your responses will be combined with the answers from agencies across the country and individual answers will not be associated with organizations or respondents. If you should have any questions about the survey, please contact Dr. James DeSantis at JBA via email at [desantis@jbassoc.com](mailto:desantis@jbassoc.com) or via phone at 800-546-3230.

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<sup>1</sup> Text in brackets will be prefilled.

<sup>2</sup> This evaluation is being conducted by James Bell Associates and its subcontractor, ICF International, and is funded by the Children's Bureau, Administration on Children and Families, U.S. Department of Health and Human Services.

The questions for this survey pertain to the following T/TA activity:

**State/Tribe:** [State/Tribe Receiving T/TA]

**T/TA Recipient Lead:** [T/TA Recipient Lead Name]

**Lead T/TA Provider:** [Lead T/TA Provider]

**Other T/TA Providers involved in T/TA, if applicable:** [NRC/IC Name(s)]

**Primary Mode of Contact:** [Mode of contact to which most time was devoted]

**Primary Type of T/TA:** [Type of T/TA most important to primary mode of delivery]

**Date(s) of T/TA Activity:** [Start Date] - [End Date]

**Targeted Practice Area(s):** [Practice Area]

**Organizational/Systems process(es) addressed by T/TA:**

[Organizational/Systemic Area(s)]

This survey should be completed by the State/Tribal T/TA Liaison or the person most knowledgeable of the aforementioned T/TA activity. Are you the appropriate person to respond to this T/TA survey?

Yes → **Begin survey**

No → **Stop.** You do not need to continue with this survey. Please indicate the name, title, and email of the person in your agency/organization most knowledgeable of this T/TA Activity:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**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>				
ACF Regional Office suggestion/referral				
CFSR findings/PIP development				
Federal law or policy change				
Other Federal factors (Specify):				
<b>T/TA Network Factors</b>				
Outreach to your State/Tribe by the National Resource Center				
Outreach to your State/Tribe by the Implementation Center in your ACF Region				
Prior use of National Resource Center services				
Prior use of Implementation Center services				
Geographic proximity of the National Resource Centers				
Geographic proximity of the Implementation Center in your ACF Region				
Recommendation/Referral from other National Resource Centers				
Recommendation/Referral from another Implementation Center (outside your ACF Region)				
Peer networking activities facilitated by the National Resource Centers				
Peer networking activities facilitated by the Implementation Centers in your ACF Region				
Other T/TA Network factors (Specify):				
<b>State/Tribal Factors</b>				
Recommendation from other State/Tribe				
Specific State/Tribal incident (e.g., child fatality)				
State/Tribal quality assurance review				
Agency/organization leadership				
Lawsuit/legal settlement				
State/local law or policy change				
Other State/Tribal factors (Specify):				

**B. Experience with Children’s Bureau’s NRCs and ICs:** [NRC/IC Name]

B1. This section refers to your agency/organization’s experience with **seeking assistance** from [NRC/IC Name] 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 [NRC/IC Name]

Request for Assistance	Not Applicable	Strongly Disagree	Disagree	Agree	Strongly Agree
<b><i>For National Resource Centers only:</i></b>					
a. The process for requesting T/TA was clear.					
b. Our State/Tribe received a timely response to our request for T/TA.					
c. Our State/Tribe knew whom to contact for T/TA.					
<b><i>For Implementation Centers only:</i></b>					
a. The process for applying for an Implementation Project (IP) was clear.					
b. The selection process for an IP was clear and transparent.					

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

B3. The section refers to your agency/organization’s experience working with [NRC/IC Name] on the **specific T/TA activity** noted here: [T/TA Activity]\_\_\_\_\_ .<sup>3</sup>

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

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

<sup>3</sup> Question B3 will be asked for each of the ICs and/or NRCs involved with the activity.

B4. This section relates to your **overall experience** with the **[NRC name]**. 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>	Not Applicable	Strongly Disagree	Disagree	Agree	Strongly Agree
a. Our State or Tribe was satisfied with the level of accessibility of the [NRC Name].					
b. The plan for T/TA was appropriate for achieving our State/Tribe's objectives.					
c. Our State or Tribe was satisfied with the frequency of communication with the [NRC Name].					
d. Our State or Tribe felt comfortable disclosing our areas of concerns or weaknesses to [NRC Name].					
e. Our State or Tribe played an active part in decision making regarding the course of action to be taken by the [NRC Name].					
f. Overall, our State or Tribe was satisfied with the relationship that has been developed with [NRC Name].					

B5. This section relates to your **overall experience** with the **[IC name]**. 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>	Not Applicable	Strongly Disagree	Disagree	Agree	Strongly Agree
a. Our State or Tribe was satisfied with the level of accessibility of the [IC Name].					
b. The IC's T/TA was timely in relation to the goals established in the work plan.					
c. The plan for T/TA was appropriate for achieving our State/Tribe's objectives.					
d. Our State or Tribe was satisfied with the frequency of communication with the [IC Name].					
e. Our State or Tribe felt comfortable disclosing our areas of concerns or weaknesses to [IC Name].					
f. There was flexibility in the Memorandum of Understanding to make any necessary modifications.					
g. Our State or Tribe played an active part in decision making regarding the course of action to be taken by the [IC Name].					
h. Overall, our State or Tribe was satisfied with the relationship that has been developed with [IC Name].					

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

Section C will be completed only for T/TA that involves multiple providers and is part of a plan [matrix] or part of an Implementation Project. These questions will appear only if multiple providers were involved in the T/TA activity .

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

C1. The T/TA your agency/organization received is part of a(n) **[Implementation Project/Coordinated T/TA Effort]** 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.

	Not Applicable	Strongly Disagree	Disagree	Agree	Strongly Agree
a. The T/TA providers (NRCs and ICs) structured their activities to avoid duplication.					
b. The T/TA providers were knowledgeable of each other’s efforts.					
c. The T/TA providers coordinated the dates of their on-site activities (if applicable).					
d. Overall, the T/TA providers coordinated their activities.					

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

**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 [NRC/IC Name]. 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 [NRC/IC Name].					
b. Most middle managers were receptive to the recommendations of the [NRC/IC Name].					
c. Most senior administrative/managerial staff were receptive to the recommendations of the [NRC/IC Name].					
d. The State or Tribe has the staffing resources (both availability and expertise) to implement the recommendations.					
e. The State or Tribe has the financial resources to implement the recommendations.					

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



## E. Background

1. We would like to first capture some information on your background.
2. Which title most closely describes your position?
3. For what agency/organization do you work? \_\_\_\_\_
4. Within which division or unit in your agency/organization do you work? \_\_\_\_\_
5. How long have you been in this current position? \_\_\_\_\_[years] \_\_\_\_\_[ months]
6. 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:

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**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.