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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).

	Does Not Apply	No Influence	Some Influence	A great Deal of Influence
Federal Factors				
a. ACF Regional Office suggestion/referral	0	0	0	0
b. CFSR findings/PIP development	0	0	0	0
c. Federal law or policy change	0	0	0	0
d. Other Federal factors (Specify):	0	0	0	0
T/TA Network Factors				
e. Outreach to your State/Tribe by the National Resource Center	0	0	0	0
f. Outreach to your State/Tribe by the Implementation Center in your ACF Region	0		$\circ$	$\circ$
g. Prior use of National Resource Center services	0	0	0	0
h. Prior use of Implementation Center services	0	0	0	0
i. Geographic proximity of the National Resource Centers	0	0	0	0
j. Geographic proximity of the Implementation Center in your ACF Region	0	0	0	0
k. Recommendation/Referral from other National Resource Centers	0	0	0	0
I. Recommendation/Referral from another Implementation Center (outside your ACF Region)	0	0		0
m. Peer networking activities facilitated by the National Resource Centers	0	0	0	0
n. Peer networking activities facilitated by the Implementation Centers in your ACF Region	0			0
o. Other T/TA Network factors (Specify):	0	0	0	0
State/Tribal Factors				
p. Recommendation from other State/Tribe	0	0	0	C
q. Specific State/Tribal incident (e.g., child fatality)				0
r. State/Tribal quality assurance review	0	0	0	0
s. Agency/organization leadership	0		0	0
t. Lawsuit/legal settlement	0	0	0	0
u. State/local law or policy change	0		0	0
v. Other State/Tribal factors (Specify):	0	0	0	0

# 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 B1. 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)

Request for Assistance	Not Applicable	Strongly Disagree	Disagree	Agree	Strongly Agree
a. The process for applying for an Implementation Project (IP) was clear.	0	0	0	0	0
b. The selection process for an IP was clear and transparent.	0	0	0	0	0

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.

Knowledge and expertise of consultants that provided T/TA	Not Applicable	Strongly Disagree	Disagree	Agree	Strongly Agree
a. The consultants were knowledgeable about the issue(s) being addressed.	0	0	0	0	0
<ul><li>b. During this activity, the consultants:</li><li>1. Effectively utilized the knowledge and expertise of our State or Tribe</li></ul>	0	0	0	0	0
2. Were able to build a positive working relationship with our staff	0	0	0	0	0
3. Effectively facilitated conversations with our staff	0	0	0	0	0
4. Effectively facilitated the process and work necessary to address our need or problem.	0	0	0	0	0
5. Were able to understand the State or Tribe's unique situation and tailor the T/TA to our needs.	0			0	
c. Overall, the consultants were effective.	0	0	0	0	0
Outcome of the T/TA activity	Not Applicable	Strongly Disagree	Disagree	Agree	Strongly Agree
d. The T/TA activity addressed our State's or Tribe's needs.	0	0	0	0	0
e. The Mountains and Plains CW Implementation Center (MPCWIC) provided our State or Tribe with a viable plan for implementing the recommended strategies.	0			0	0
f. The T/TA activity increased our State's or Tribe's knowledge.	0	0	0	0	0
g. The T/TA activity increased our State's or Tribe's skills.	0	0	0	0	0
h. The T/TA activity improved our State's or Tribe's service capacity.	0	0	0	C	0
i. The T/TA activity improved our State's or Tribe's ability to better serve children, youth, and families.	0	0	0	0	0

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

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.

Knowledge and expertise of consultants that provided T/TA	Not Applicable	Strongly Disagree	Disagree	Agree	Strongly Agree
a. The consultants were knowledgeable about the issue(s) being addressed.	0	0	0	0	0
<ul> <li>b. During this activity, the consultants:</li> <li>1. Effectively utilized the knowledge and expertise of our State or Tribe</li> </ul>	0	0	0	0	0
2. Were able to build a positive working relationship with our staff	0	0	0	0	0
3. Effectively facilitated conversations with our staff		0	0	0	0
4. Effectively facilitated the process and work necessary to address our need or problem.	0	0	0	0	0
5. Were able to understand the State or Tribe's unique situation and tailor the T/TA to our needs.		0	0	0	0

c. Overall, the consultants were effective.	0	0	0	0	0
Outcome of the T/TA activity	Not Applicable	Strongly Disagree	Disagree	Agree	Strongly Agree
d. The T/TA activity addressed our State's or Tribe's needs.	0	0	0	0	0
e. The Mountains and Plains CW Implementation Center (MPCWIC) provided our State or Tribe with a viable plan for implementing the recommended strategies.	0	0	0	0	0
f. The T/TA activity increased our State's or Tribe's knowledge.	0	0	0	0	0
g. The T/TA activity increased our State's or Tribe's skills.	0	0	0	0	0
h. The T/TA activity improved our State's or Tribe's service capacity.	0	0	0	0	0
i. The T/TA activity improved our State's or Tribe's ability to better serve children, youth, and families.					

### 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.

Satisfaction with communication, information sharing, relationships, and follow through	Not Applicable	Strongly Disagree	Disagree	Agree	Strongly Agree
a. Our State or Tribe was satisfied with the level of accessibility of the Mountains and Plains CW Implementation Center (MPCWIC).	0	0	0	0	0
b. The IC's T/TA was timely in relation to the goals established in the work plan.	0	0	0	0	0
c. The plan for T/TA was appropriate for achieving our State/Tribe's objectives.	0	0	0	0	0
d. Our State or Tribe was satisfied with the frequency of communication with the Mountains and Plains CW Implementation Center (MPCWIC).		0	0	0	0
e. Our State or Tribe felt comfortable disclosing our areas of concerns or weaknesses to Mountains and Plains CW Implementation Center (MPCWIC).	0	0	0	0	0
f. There was flexibility in the Memorandum of Understanding to make any necessary modifications.	0	0	0	0	0
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).	0	0	0	0	0
h. Overall, our State or Tribe was satisfied with the relationship that has been developed with Mountains and Plains CW Implementation Center (MPCWIC).		0	0	0	0

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.

	Not Applicable	Strongly Disagree	Disagree	Agree	Strongly Agree
a. The T/TA providers (NRCs and ICs) structured their activities to avoid duplication.	0	0	0	0	0
b. The T/TA providers were knowledgeable of each other's efforts.		0	0	0	0

c. The T/TA providers coordinated the dates of their on-site activities (if applicable).	0	0	0	0	0
d. Overall, the T/TA providers coordinated their activities.	0	0	0	0	0

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).	0	0	0	0	0
b. Most middle managers were receptive to the recommendations of the Mountains and Plains CW Implementation Center (MPCWIC).	0	0	0	0	0
c. Most senior administrative/managerial staff were receptive to the recommendations of the Mountains and Plains CW Implementation Center (MPCWIC).	0	0	0	0	0
d. The State or Tribe has the staffing resources (both availability and expertise) to implement the recommendations.				0	
e. The State or Tribe has the financial resources to implement the recommendations.	0	0	0	0	0

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)
Е.	Background
	We would like to capture some information on your background.
	1. Which of the following most closely describes your position in your agency? Select One
	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