

Maternal, Infant, and Early Childhood Home Visiting Program  
Local Implementing Agencies  
Satisfaction Survey

Health Resources and Services Administration  
Maternal and Child Health Bureau

**Survey to be administered via the Web. Instructions and headings in BOLD and question numbers will not be seen by the respondents.**

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Survey Introduction

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For quality improvement purposes, we are requesting feedback on **your agency's experiences with the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program.**

Under the MIECHV program, the Maternal and Child Health Bureau (MCHB) at Health Resources and Services Administration (HRSA) provides grant funds to states\* for the purpose of implementing evidence-based home visiting programs in at risk communities. **Your agency was selected to participate in this survey because you receive funds as part of a statewide MIECHV program.**

**MCHB/HRSA is conducting this survey in order to learn more about the local implementing agency application, family enrollment, technical assistance, communication and data reporting processes in addition to understanding needs of agencies that are providing home visiting services to families. Feedback obtained from your agency will be used for quality improvement purposes. Please provide one response per agency. It is recommended that the respondent be someone who has broad knowledge of issues affecting implementation at the local level.**

***Please note that throughout the survey when we refer to "state", we are referring to the state (including the District of Columbia) or U.S. territory in which your agency provides MIECHV services.***

This survey is hosted on a secure server and your responses will remain **anonymous**. This survey is authorized by Office of Management and Budget Control No. 1090-0007 (expires March 31, 2015).

The survey will take approximately 30 minutes to complete. Thank you in advance for your participation. Questions about this survey can be directed to [surveyhelp@cfigroup.com](mailto:surveyhelp@cfigroup.com)

Please click on the "Next" button below to begin.

\*non-profit organizations receive MIECHV funding in Florida, North Dakota and Wyoming

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## Introduction

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- Q1. Which of the following best describes your position at your agency? **(Select all that apply)**
- a. Agency Administrator (for example, Executive Director, Chief Operating Officer, Chief Financial Officer)
  - b. Other Program Administrator (for example, Project Director or Program Coordinator)
  - c. Home Visitor Supervisor
  - d. Home Visitor
  - e. Other: Please describe: \_\_\_\_\_ **[Text Box]**
- Q2. Which of the following best describe the location(s) of your MIECHV service population(s)? **(Select all that apply)**
- a. Urbanized Area of 50,000 or more people
  - b. Urban Cluster of at least 2,500 and less than 50,000 people
  - c. Rural area, not frontier (any county with greater than 6 people per square mile)
  - d. Rural area, frontier (any county with 6 or fewer people per square mile)
- Q3. From the drop-down box, please select the state in which your agency provides MIECHV home visiting services.
- Q4. Has your agency signed an agreement to be included in the Mother and Infant Home Visiting Program Evaluation (MIHOPE)?
- a. Yes
  - b. No
- Q5. Which of the following home visiting models is your agency implementing with MIECHV funding? **(Select all that apply)**
- a. Child First
  - b. Early Head Start - Home Based Option
  - c. Early Intervention Program for Adolescent Mothers
  - d. Healthy Families America
  - e. Healthy Steps
  - f. Home Instruction for Parents of Preschool Youngsters
  - g. Nurse-Family Partnership
  - h. Parents as Teachers
  - i. SafeCare (Augmented)
  - j. Promising Approach (Please name: \_\_\_\_\_) **[Text Box]**

- Q6. For how long has your agency been implementing any evidence-based home visiting program?
- a. Less than 3 years
  - b. 3-5 years
  - c. More than 5 years
- Q7. Are you aware that the MIECHV program is funded by the Patient Protection and Affordable Care Act?
- a. Yes
  - b. No
- Q8. How does your agency view your home visiting program in relation to an early childhood system that provides a coordinated network of comprehensive services and supports that meet the overall health and developmental needs of young children?
- a. not part of a coordinated network of comprehensive services
  - b. minimally contributes to a coordinated network of comprehensive services
  - c. somewhat contributes to a coordinated network of comprehensive services
  - d. greatly contributes to a coordinated network of comprehensive services

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#### Application Process

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Thinking about the process your agency went through in order to receive the MIECHV funding, use a scale from 1 to 10, where 1 is "Poor" and 10 is "Excellent" and N/A means "Not Applicable," to rate the following:

- Q9. Ease of completing the application or community plan submitted by your agency to the state MIECHV program
- Q10. After completing the application or other process to become a recipient of MIECHV funding, how long did it take to receive a notice of funding award or approval to implement the MIECHV program?
- a. Less than 1 month
  - a. 1-3 months
  - b. 4-6 months
  - c. 7-12 months
  - d. Greater than 12 months
  - e. N/A

Thinking about the process your agency has to go through to receive payment for MIECHV services, use a scale from 1 to 10, where 1 is "Poor" and 10 is "Excellent" and N/A means "Not Applicable," to rate the following: **[Randomize]**

- Q11. Ease of submitting claims, deliverables or invoicing for the purpose of receiving payment

Q12. Timeliness of payment

Q13. Accuracy of payment

Q14. What, if any, barriers has your agency experienced in its ability to spend all of the MIECHV funding awarded to your agency? **[Capture Verbatim Response]**

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#### Family Enrollment Process

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Q15. After entering into the MIECHV agreement (i.e., signing the contract or otherwise receiving MIECHV funding to implement the MIECHV program) how long did it take your agency to begin enrolling MIECHV families?

- a. Less than 1 month
- f. 1-3 months
- g. 4-6 months
- h. 7-12 months
- i. Greater than 12 months
- j. N/A

Q16. If there was a delay enrolling families after being awarded MIECHV funding, what were the reasons for the delay? **CAPTURE VERBATIM RESPONSE**

Q17. How many families does your agency intend to serve with the MIECHV funds available to your agency?

- a. 0-10
- b. 10-25
- c. 26-50
- d. 51-100
- e. 101-500
- f. 501 or more

Thinking about your agency's experience enrolling and retaining eligible MIECHV families, use a scale from 1 to 10, where 1 is "Poor" and 10 is "Excellent" and N/A means "Not Applicable," to rate the following: **[Randomize]**

Q18. Ease of finding families to participate in the MIECHV program

Q19. Ease of retaining families in the MIECHV program

Q20. Helpfulness of your MIECHV state lead agency in the family recruitment and retention process

Q21. Helpfulness of the model developer(s) in the MIECHV family recruitment and retention process

Q22. What are the greatest challenges to your agency or your home visitors in achieving MIECHV goal caseload? **[Capture Verbatim Response]**

Q23. What additional resources would help your agency with the MIECHV family recruitment, enrollment and retention process? **[CAPTURE VERBATIM RESPONSE]**

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## Workforce

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Q24. Has your agency experienced any difficulties recruiting staff to provide MIECHV program services?

- a. Yes
- b. No

Q25. Has your agency experienced any difficulties retaining staff to provide MIECHV program services?

- a. Yes
- b. No

Q26. Which of the following professionals does your agency have difficulty recruiting or retaining as staff for the MIECHV program? (Select all that apply)

- a. Nurses with Associate degree
- b. Nurses with Bachelor degrees
- c. Nurses with Masters degrees
- d. Social workers with bachelor degrees
- e. Social workers with masters degrees
- f. Home Visitors with other Associate degrees
- g. Home visitors with other Bachelor degrees
- h. Home Visitors with other Masters degrees
- i. Home visitors with high school degrees
- j. Other (please be specific)
- k. None

Q27. If your MIECHV program were to expand (or enroll more families), does your agency anticipate that this would cause future challenges with recruiting or retaining any of the following professionals? (Select all that apply)

- a. Nurses with Associate degree
- b. Nurses with Bachelor degrees
- c. Nurses with Masters degrees
- d. Social workers with bachelor degrees
- e. Social workers with masters degrees
- f. Home Visitors with other Associate degrees
- g. Home visitors with other Bachelor degrees
- h. Home Visitors with other Masters degrees
- i. Home visitors with high school degrees
- j. Other, please specify
- k. None

Q28. In the space provided below please elaborate further on the difficulties your agency has experienced recruiting, hiring and/or retaining staff for the MIECHV program. Please be as specific as possible, describing the model(s), community(ies), staff position(s) and the specific issue(s). **[Capture verbatim response]**

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### MIECHV Training and Program Implementation

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Thinking about the training of MIECHV home visitors at your agency, use a scale from 1 to 10, where 1 means "Poor" and 10 means "Excellent" and N/A means "Not Applicable", to rate the adequacy of all training provided by model developers to do the following:

- Q29. Address safety concerns of the home visitors during home visits
- Q30. Address cultural competence of the home visitors

Rate your agency's experience in implementing the MIECHV program model(s), using a scale from 1 to 10, where 1 is "Poor" and 10 is "Excellent": **[Randomize]**

- Q31. Quality of the training available to implement the model(s)
- Q32. Timeliness of the training to implement the model(s)
- Q33. Responsiveness of the model developer(s) to address implementation issues as they arise
- Q34. Extent to which your agency has knowledge of the requirements of the model(s)
- Q35. Extent to which your agency is able to comply with the requirements of the model(s)

Q36. Has your agency worked directly with the model developer(s) to become accredited or certified by them?

- a. Yes
- b. No
- c. Not Applicable

Thinking about the training of MIECHV home visitors at your agency, use a scale from 1 to 10, where 1 means "Poor" and 10 means "Excellent," to rate the adequacy of all training provided by the state MIECHV program to do the following:

Q37. Ensure collection of data on demographics and program benchmarks

Q38. Enable home visitors to assess and deal with serious issues for which there are few resources for referral or reluctance of family to seek support (e.g., mental health, substance abuse, domestic violence)

Q39. **[Ask if Q39 < 7]** In what ways does your agency experience challenges in meeting model requirements? Be specific **[Capture verbatim response]**

Q40. Rank the top three issues in terms of how they present challenges to your agency's MIECHV program.

- a. Child abuse/Neglect within a family enrolled in the MIECHV program
- b. Mental Health of a MIECHV program participant
- c. Domestic Violence of a MIECHV program participant
- d. Drug and/or alcohol use of a MIECHV program participant
- e. Tobacco use of a MIECHV program participant
- f. Prenatal Care of a MIECHV program participant
- g. Well Child Visits for a family member of a MIECHV program participant
- h. Housing issue of a MIECHV program participant
- i. Food Security of a MIECHV program participant
- j. Transportation of a MIECHV program participant to receive other community services
- k. Engagement of families (including no shows or drop outs)
- l. Reflective Supervision of a MIECHV home visitor
- m. Difficulty with care coordination or connecting families to community resources
- n. Other: Please Describe: \_\_\_\_\_

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Technical Assistance

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- Q41. Has your agency received any technical assistance (information or support) related to implementing the MIECHV program in the past 12 months?
- a. Yes
  - b. No **[Skip to Q53]**
- Q42. From where has your agency received technical assistance for your MIECHV program? **(Select all that apply)**
- a. State MIECHV program
  - b. An agency or individual contracted by the state MIECHV program
  - c. HRSA
  - d. Technical Assistance Coordinating Center at Zero to Three
  - e. Model developer(s)
  - f. Other (name here): \_\_\_\_\_
- Q43. Which of the following method(s) of accessing technical assistance has your agency used? **(Select all that apply)**
- a. Live Webinar
  - b. Recorded Webinar
  - c. Phone call or conference call
  - d. Email
  - e. Interactive online portal
  - f. In-person
  - g. Other, please specify
- Q44. What are your agency's top three preferred methods for accessing technical assistance resources? **(Choose no more than three)**
- a. Webinar
  - b. Phone call or conference call
  - c. Email
  - d. Interactive online portal
  - e. In-person
  - f. Other, please specify



Thinking about your agency's experiences with the technical assistance you have received during the past year, use a scale from 1 to 10, where 1 means "Poor" and 10 means "Excellent" and N/A means "Not Applicable," to rate the following: **[Randomize]**

- Q45. Support in helping you meet program requirements
- Q46. Organization of the information provided
- Q47. Effectiveness of the information/training provided
- Q48. Ease of understanding the information provided
- Q49. Sufficiency of detail to meet your needs
- Q50. Time it takes to connect with a technical expert

Q51. What percentage of your agency's technical assistance needs do you feel are being met?

- a. None
- b. 1-10%
- c. 11-20%
- d. 21-30%
- e. 31-40%
- f. 41-50%
- g. 51-60%
- h. 61-70%
- i. 71-80%
- j. 81-90%
- k. 91-99%
- l. 100%

Q52. Does your agency have unmet technical assistance needs? If so, please list the topics or describe the types of technical assistance your agency needs. **CAPTURE VERBATIM RESPONSE**

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### Customer Service

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**The following questions are to understand the contact you have had for purposes other than technical assistance.** If your program is not funded directly by the state MIECHV program, you may indicate your experience with the agency from which you receive MIECHV funding.

- Q53. During the past 3 months, have you had contact with the state MIECHV staff for purposes other than technical assistance?
- a. Yes
  - b. No **(Skip to 63)**

- Q54. Thinking about your most recent interaction with the state MIECHV staff, what contact method did you use?
- a. Phone
  - b. Email
  - c. In person
  - d. Website
  - e. Other, please specify

Thinking about your most recent interaction with state MIECHV staff, use a scale from 1 to 10, where 1 means "Poor" and 10 means "Excellent", to rate the following: **[Randomize]**

- Q55. Ease of reaching a representative
- Q56. Courteousness of the representative
- Q57. Knowledge of the representative
- Q58. Timeliness of the representative's response to your inquiry or concern
- Q59. Relevance of the information provided by the representative

- Q60. Thinking about your most recent interaction with state MIECHV staff, how long did it take the state MIECHV staff to respond?
- a. Less than 24 hours
  - b. 1 to 2 days
  - c. 3 to 4 days
  - d. 5 to 7 days
  - e. 8 days to 1 month

- Q61. Thinking about your most recent interaction with state MIECHV staff, was your issue resolved or question answered to your satisfaction?
- a. Yes
  - b. No

- Q62. Ideally, how long should it take state MIECHV staff to respond to your initial contact?
- a. Less than 24 hours
  - b. 1- 2 days
  - c. 3 to 4 days
  - d. 5 to 7 days
  - e. 8 days to 1 month

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Communication

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Thinking about any communications your agency has received from the state MIECHV program in the last 12 months, use a scale from 1 to 10, where 1 means “Poor” and 10 means “Excellent”, to rate the following: **[Randomize]**

- Q63. Timeliness of the communications
- Q64. Relevance of the information provided
- Q65. Sufficiency of details to meet your needs
- Q66. Your understanding of the information
- Q67. Frequency of communications

Q68. Ideally, how would you like to receive future communications from the state MIECHV program?  
**[Select all that apply]**

- a. Electronic Newsletters
- b. Interactive online portal
- c. Email
- d. Postal Mail
- e. Website
- f. Text Message (SMS)
- g. Group Conference Calls
- h. Webinars
- i. Social Media (such as Facebook or Twitter)
- j. In-person training, meeting or summit
- k. Other, please specify

Q69. How often would you like to receive communications from the state MIECHV program?

- a. Weekly
- b. Monthly
- c. Quarterly
- d. Twice per year
- e. Yearly
- f. Other, please specify

Q70. What types of information would you like to be included in the state MIECHV program communications? **[Capture verbatim response]**

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## Data Systems and Reporting

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Where we refer to data reporting in the following questions we mean reporting of demographic, service utilization and benchmark area/performance measure data.

Q71. What do you think of the required data reporting for the MIECHV program?

- a. Too difficult
- b. About right
- c. Too easy

Q72. Are there specific demographic, service delivery or benchmark area/performance measure data that you feel are unnecessary or too difficult to collect? **[CAPTURE VERBATIM RESPONSE]**

Q73. What system or method best describes the way in which your agency reports MIECHV data to the state MIECHV program (or other agency if your MIECHV program is not funded directly by the state MIECHV program)? (Check all that apply)

- a. Paper data forms
- b. Electronic spreadsheets
- c. Web based data system
- d. Other/Please specify

Rate your agency's experience with data systems and data reporting for the MIECHV program, on a scale from 1 to 10, where 1 means "Poor" and 10 means "Excellent" and N/A means "Not Applicable":

**[Randomize]**

Q74. Ease of submitting your agency's MIECHV data

Q75. Ability to meet data reporting deadline(s)

Q76. Usefulness of the data system in carrying out quality improvement activities

Q77. Please use the space below to provide any additional recommendations for improving the system you use to report MIECHV data to the state MIECHV program (or other agency if your MIECHV program is not funded directly by the state MIECHV program). **[Capture Verbatim Response]**

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### American Customer Satisfaction Index Benchmark Questions

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- Q78. Please consider all of the experiences you have had as an agency funded to provide MIECHV services. Using a 10-point scale on which 1 means “Very Dissatisfied” and 10 means “Very Satisfied”, how satisfied are you with participation in the MIECHV program?
- Q79. Using a 10-point scale on which 1 means “Below Expectations” and 10 means “Exceeds Expectations”, to what extent has the MIECHV program fallen short of or exceeded your agency’s expectations?
- Q80. Imagine an ideal home visiting program. How well do you think the MIECHV program compares with that ideal program? Please use a 10-point scale on which 1 means “Not Very Close to Ideal” and 10 means “Very Close to Ideal”.

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### Future Behaviors

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- Q81. On a scale from 1 to 10 where 1 means “Not at All Likely” and 10 means “Very Likely”, how likely is your agency to continue to provide MIECHV services in the future assuming continued availability of MIECHV funding?
- Q82. On a scale from 1 to 10 where 1 means “Not at All Likely” and 10 means “Very Likely”, how likely are you to recommend the MIECHV grant funding to another agency?

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### Additional Questions

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- Q83. What do you need from the state MIECHV program or from the federal government, in order to ensure the success of your agency’s MIECHV program? **[Capture Verbatim Response]**
- Q84. Please use this space to provide any recommendations you have to improve the MIECHV program? **[Capture Verbatim Response]**

*Thank you for your time. The Health Resources and Services Administration’s Maternal and Child Health Bureau appreciates your input!*