

OMB Control No: _____
Expiration Date: _____
Length of time for instrument: 1.00 hour

**ATTACHMENT 11: MIHOPE PROGRAM MANAGER SURVEY PART 3_
BASELINE**

5/29/2012

PROGRAM MANAGER SURVEY PART 3: COMMUNITY SERVICES INVENTORY

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.

Your answers will be kept confidential, except for the names of other community agencies you list in the survey and the contact information you provide for them. 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.

- o It will take about 1 hour to complete this survey.
- o The survey asks questions about the service availability and coordination with other service providers in your community.
- o If you are unsure how to answer a question, please give the best answer you can rather than leaving it blank.

We would appreciate your response by 5 p.m. on DD/MM/YYYY. 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.

SERVICE AVAILABILITY AND COORDINATION WITH SPECIFIC COMMUNITY SERVICE PROVIDERS

Instructions: We need to learn about the availability of services for expectant women and families with young children in your community. For this section, it may be helpful to consult your program's community resource guide and staff who regularly make referrals to the nine types community service providers listed below ***before starting the survey***. The survey asks questions about the names of specific service providers that your program refers to and about the availability and accessibility of those services. Service providers may include other service providers in your community and other programs within your own agency.

At the end of the survey, you will be asked to enter contact information for selected community service providers, including agency name, point of contact name, point of contact email address, telephone number, and street address. You can do this yourself or have another staff person enter the information if you prefer. We will send each of these community service providers a brief web-based survey about the services they provide.

SERVICE TYPES:

- A. Prenatal Care
- B. Family Planning and Reproductive Health Care
- C. Substance Use (Alcohol and Other Drugs) and Mental Health Treatment Services
- D. Domestic Violence Shelter
- E. Domestic Violence Counseling/Anger Management
- F. Adult Education or Employment Services (including GED, ESL, job placement, or job training)
- G. Pediatric Primary Care
- H. Child Care (including Child Care Resource & Referral Agencies)
- I. Early Intervention Services for Children with Suspected or Diagnosed Disabilities or Delays (Part C)

A. PRENATAL CARE

1. Please rate the availability of [SERVICE] in your community.

- [SERVICE] is almost always available to families who need it.
- [SERVICE] is usually available to families who need it.
- [SERVICE] is sometimes available to families who need it.
- [SERVICE] is difficult to obtain for families who need it.

2. [SERVICE] is not available in our community. Is there a service provider in the community to which you refer families for prenatal care? (The term referrals includes referrals that your program makes directly, as well as information you provide to families so that they can contact the community providers to request services.)

- Yes
- No [SKIP TO QUESTION 16]
- Don't know [SKIP TO NEXT SERVICE TYPE]

IF YES: Please provide the name of the service provider to which you refer families for prenatal care most often: _____ [NOTE: You will be asked for contact information for this service provider at the end of the survey.]

3. About how often does your program refer families to [SERVICE PROVIDER] for prenatal care?

- No referrals
- Every day or almost every day
- Every week or almost every week
- Once or twice a month
- Less than monthly
- Don't know

4. About how many families have you referred to [SERVICE PROVIDER] in the past 3 months?

- No referrals
- 1 to 3 referrals
- 4 to 10 referrals
- 11 to 20 referrals
- More than 20 referrals
- Don't know

5. Does [SERVICE PROVIDER] keep a waiting list?

- Yes
- Sometimes
- No [SKIP TO QUESTION 7]
- Don't Know [SKIP TO QUESTION 7]

6. [IF YES OR SOMETIMES] How long do families usually have to wait for services?
- Less than a week
 - Less than a month
 - 1 to 3 months
 - More than 3 months
 - Don't know
7. Do families experience difficulties accessing services from [SERVICE PROVIDER]?
- No [SKIP TO QUESTION 9]
 - Yes
 - Don't know [SKIP TO QUESTION 9]
8. [IF YES] CHECK ALL THAT APPLY:
- Cost of the service is too high
 - Service location is too far away
 - Too dangerous to get there (located in high-crime neighborhood)
 - Service location is not near public transportation
 - Lack of transportation
 - Services only offered during working hours
 - Services not offered in families' home language
 - Other eligibility rules
 - Other (specify):
 - Don't know
9. Overall, how effective do you think [SERVICE PROVIDER] has been in delivering services to meet families' needs for prenatal care?
- Very effective
 - Quite effective
 - Somewhat effective
 - Not effective at all
 - Don't know
10. Over the past three months, what types of activities were you involved in with [SERVICE PROVIDER]? Please check all that apply.
- Met for joint planning
 - Submitted a joint grant proposal
 - Participated in joint training
 - Provided training to staff from [SERVICE PROVIDER]
 - Shared costs
 - Developed joint program materials
 - Contracted for specific services
 - Shared information about specific families
 - None of the above
 - Don't know

11. In the past 3 months, how often has your program had contact with [SERVICE PROVIDER] about referred families or other issues listed above in question 10?

- No contact
- Every day or almost every day
- Every week or almost every week
- Once or twice a month
- Less than monthly
- Don't know

12. [SERVICE PROVIDER] a program within your own agency?

- Yes, [SERVICE PROVIDER] is part of my agency
- No, [SERVICE PROVIDER] is part of another agency in the community
- Don't know

13. Do you have a memorandum of understanding (MOU) or other service agreement in place with [SERVICE PROVIDER]?

- Yes
- No
- Don't know

14. Do you have a designated point of contact at [SERVICE PROVIDER]?

- Yes
- No
- Don't know

15. Overall, how would you rate your current coordination with this agency in making referrals?

- Poor or No Coordination
- Fair
- Good
- Excellent
- Don't know

AFTER QUESTION 15, SKIP TO QUESTION 17.

16. Why does your program not make referrals for prenatal care?

- There are no providers of this service available in the community.
- There are providers of this service in the community, but we do not make referrals because:
 - Long waiting lists
 - Services are too expensive
 - Inconvenient location
 - Inconvenient hours of operation
 - Services not offered in families' home language
 - Lower quality services than others available
 - Not a good match with the needs of our families
 - No relationship with service provider
 - Eligibility rules
 - Other (specify): _____
 - Don't know

AFTER QUESTION 16, SKIP TO NEXT SERVICE TYPE.

17. Is there a second service provider in the community to which you refer families for prenatal care? (The term referrals includes referrals that your program makes directly, as well as information you provide to families so that they can contact the community providers to request services.)

- Yes
- No [SKIP TO QUESTION 31]
- Don't know [SKIP TO NEXT SERVICE TYPE]

IF YES: Please provide the name of the service provider to which you refer families for prenatal care most often: _____ [NOTE: You will be asked for contact information for this service provider at the end of the survey.]

18. About how often does your program refer families to [SERVICE PROVIDER] for prenatal care?

- No referrals
- Every day or almost every day
- Every week or almost every week
- Once or twice a month
- Less than monthly
- Don't know

19. About how many families have you referred to [SERVICE PROVIDER] in the past 3 months?

- No referrals
- 1 to 3 referrals
- 4 to 10 referrals
- 11 to 20 referrals
- More than 20 referrals
- Don't know

20. Does [SERVICE PROVIDER] keep a waiting list?

- Yes
- Sometimes
- No [SKIP TO QUESTION 22]
- Don't know [SKIP TO QUESTION 22]

21. [IF YES OR SOMETIMES] How long do families usually have to wait for services?

- Less than a week
- Less than a month
- 1 to 3 months
- More than 3 months
- Don't know

22. Do families experience difficulties accessing services from [SERVICE PROVIDER]?

- No [SKIP TO QUESTION 24]
- Yes
- Don't know [SKIP TO QUESTION 24]

23. [IF YES] CHECK ALL THAT APPLY:

- Cost of the service is too high
- Service location is too far away
- Too dangerous to get there (located in high-crime neighborhood)
- Service location is not near public transportation
- Lack of transportation
- Services only offered during working hours
- Services not offered in families' home language
- Other eligibility rules
- Other (specify):
- Don't know

24. Overall, how effective do you think [SERVICE PROVIDER] has been in delivering services to meet families' needs for prenatal care?

- Very effective
- Quite effective
- Somewhat effective
- Not effective at all
- Don't know

25. Over the past three months, what types of activities were you involved in with [SERVICE PROVIDER]? Please check all that apply.

- Met for joint planning
- Submitted a joint grant proposal
- Participated in joint training
- Provided training to staff from [SERVICE PROVIDER]
- Shared costs
- Developed joint program materials
- Contracted for specific services
- Shared information about specific families
- None of the above
- Don't know

26. In the past 3 months, how often has your program had contact with [SERVICE PROVIDER] about referred families or other issues listed above in question 25?

- No contact
- Every day or almost every day
- Every week or almost every week
- Once or twice a month
- Less than monthly
- Don't know

27. Is [SERVICE PROVIDER] a program within your own agency?

- Yes, [SERVICE PROVIDER] is part of my agency
- No, [SERVICE PROVIDER] is part of another agency in the community
- Don't know

28. Do you have a memorandum of understanding (MOU) or other service agreement in place with [SERVICE PROVIDER]?

- Yes
- No
- Don't know

29. Do you have a designated point of contact at [SERVICE PROVIDER]?

- Yes
- No
- Don't know

30. Overall, how would you rate your current coordination with this agency in making referrals?

- Poor or No Coordination
- Fair
- Good
- Excellent
- Don't know
- Don't know

AFTER QUESTION 30, SKIP TO QUESTION 32.

31. Why does your program not make referrals to a second community service provider for prenatal care?

- There are no other providers of this service available in the community.
- There are providers of this service in the community, but we do not make referrals because:
 - One provider meets the needs of all of our families
 - Long waiting lists
 - Services are too expensive
 - Inconvenient location
 - Inconvenient hours of operation
 - Services not offered in families' home language
 - Lower quality services than others available
 - Not a good match with the needs of our families
 - No relationship with service provider
 - Eligibility rules
 - Other (specify): _____
 - Don't know

AFTER QUESTION 31, SKIP TO NEXT SERVICE TYPE.

32. Are there other service providers in the community to which you refer families for prenatal care?

[NOTE: YOU WILL NOT BE ASKED TO PROVIDE CONTACT INFORMATION OR ANSWER ADDITIONAL QUESTIONS ABOUT THESE PROVIDERS.]

- Yes
- No [SKIP TO QUESTION 34]
- Don't know [SKIP TO NEXT SERVICE TYPE]

33. IF YES: Please list up to 3 additional community service providers.

1. _____
2. _____
3. _____

SKIP TO NEXT SERVICE TYPE.

34. IF NO: Why does your program not make referrals to additional community service providers for prenatal care?

There are no other providers of this service available in the community.

There are providers of this service in the community, but we do not make referrals because:

- Two providers meet the needs of all of our families
- Long waiting lists
- Services are too expensive
- Inconvenient location
- Inconvenient hours of operation
- Services not offered in families' home language
- Lower quality services than others available
- Not a good match with the needs of our families
- No relationship with service provider
- Eligibility rules
- Other (specify): _____
- Don't know

SKIP TO NEXT SERVICE TYPE.

COMPLETE Questions 1 THRU 34 for ALL SERVICE TYPES B-I.

J. CONTACT INFORMATION FOR COMMUNITY SERVICE PROVIDERS [THE WEB-BASED VERSION WILL ONLY SHOW THE 2 PROVIDERS OF EACH SERVICE FOR WHICH THEY NEED TO PROVIDE CONTACT INFORMATION, NOT THE THREE FOR WHICH NO CONTACT INFORMATION IS REQUESTED].

We need contact information for these service providers.

LIST OF SERVICE PROVIDERS

We need contact information (point of contact name, point of contact email address, point of contact phone number, street address) for each of the above providers. We also need the names and contact information for up to 5 other early childhood home visiting and parenting programs for infants in your community. If there are more than 5, please provide names and contact information for the 5 largest programs. Please include other home visiting or parenting programs for infants offered by your own agency or a public health agency if appropriate. We will send each community service provider and home visiting/parenting program for infants a very brief web-based survey to complete about the services they provide. Surveys will be sent to them via email immediately after you finish this survey.

It is important that you enter all of the contact information at one time. Please do not proceed to the next stage of the survey until you have all contact information ready to enter. Are you ready to provide this information now?

Provide contact information for *all* providers now

Provider contact information for *all* providers later

Contact Information for [AGENCY NAME]

Point of contact name*

Point of contact email address*

Point of contact phone number*

Street Address

City and State

Zip Code

*Required fields

COMPLETE FOR ALL SERVICE TYPES B-I.

K. OTHER HOME VISITING AND PARENTING PROGRAMS FOR INFANTS IN THE COMMUNITY

Instructions: We also need to learn about other early childhood home visiting and parenting programs for infants in the community you serve. List up to five other home visiting or parenting programs for infants in your community that enroll expectant women and/or families with children from birth to age 5. Please include other home visiting programs or parenting programs for infants offered by your own agency or a public health agency if appropriate. If there are more than five such programs in your community, list the five largest programs.

For each program, please enter the program director's name and contact information.

Home visiting program name:*

Point of contact name:*

Point of contact email address:*

Point of contact phone number:*

Street address:

City and state:

Zip name:

*Required field