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Capacity Building  
 CENTER FOR STATES

## <State> Assessment and Work Planning Process Survey

The Capacity Building Collaborative is committed to continuously improving the relevance and utility of services provided and we are asking for your participation in a survey focused on the Center for States assessment and work planning process. Your feedback will help us strengthen our services to better meet your needs. Your participation is voluntary, and your responses will be reported anonymously. It should take about 20 minutes to complete the survey. If you have any questions, please contact the Center’s evaluation lead, Christine Leicht ([christine.leicht@icfi.com](mailto:christine.leicht@icfi.com)).

### Center Support

- Rate your level of agreement with each of the following statements.  
**For all statements, the “process” refers to the Center for States assessment and work planning process.**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
The Center understood and respected the environment and context in which I work.	SD	Disagree	N	A	SA	N/A
The process included all of the appropriate stakeholders with the requisite skills and areas of responsibility (from the state agency, regional office, Children’s Bureau, Center for States, or others).	SD	Disagree	N	A	SA	N/A
The communication during the process included meaningful discussions among stakeholders and Center staff.	SD	Disagree	N	A	SA	N/A
The process was an active learning experience for everyone involved.	SD	Disagree	N	A	SA	N/A
The Center staff were knowledgeable and informed about the state.	SD	Disagree	N	A	SA	N/A
The process was flexible, in terms of meeting the needs of the state agency.	SD	Disagree	N	A	SA	N/A
The Center provided necessary information before I was involved in the process to ensure I was prepared.	SD	Disagree	N	A	SA	N/A
My experience with the Center could have been improved.	SD	Disagree	N	A	SA	N/A

Please describe how your experience could have been improved.

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## Involvement

2) Rate your level of agreement with each of the following statements.

**For all statements, the “process” refers to the Center for States assessment and work planning process.**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
My agency was supportive of my participation in the process.	SD	Disagree	N	A	SA	N/A
I was actively involved in planning activities related to the process.	SD	Disagree	N	A	SA	N/A
I felt comfortable participating in the process.	SD	Disagree	N	A	SA	N/A
I felt a sense of ownership for the results of the process.	SD	Disagree	N	A	SA	N/A
I felt motivated to participate during the process.	SD	Disagree	N	A	SA	N/A
I was actively involved in making decisions about how the Center and the state agency will work together to design and implement services that meet identified needs.	SD	Disagree	N	A	SA	N/A
I was actively involved in co-facilitating activities related to the process.	SD	Disagree	N	A	SA	N/A
The Center valued and utilized my input throughout the process.	SD	Disagree	N	A	SA	N/A
I shared specific ideas or comments about possible activities and/or services during the process.	SD	Disagree	N	A	SA	N/A

## Partnership

3) Rate your level of agreement with each of the following statements.

**For all statements, the “process” refers to the Center for States assessment and work planning process.**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
The Center was a true partner during the process and trust was developed.	SD	Disagree	N	A	SA	N/A
The collaborative process resulted in greater value to participants than what could have been achieved by the Center or the state on their own.	SD	Disagree	N	A	SA	N/A
The process achieved active collaboration, rather than just attendance and passive involvement of participants.	SD	Disagree	N	A	SA	N/A
The Center facilitated opportunities for making connections among various stakeholders.	SD	Disagree	N	A	SA	N/A

## Assessment Summary, Capacity Building Plan, Work Plan

4) Rate your level of agreement with each of the following statements.

**For all statements, the “process” refers to the Center for States assessment and work planning process.**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
The process resulted in a high-quality assessment summary.	SD	Disagree	N	A	SA	N/A
The assessment summary accurately identified the state’s capacity building needs.	SD	Disagree	N	A	SA	N/A
The assessment summary was updated based on participant feedback.	SD	Disagree	N	A	SA	N/A
The assessment summary added to our understanding of the state system.	SD	Disagree	N	A	SA	N/A
The capacity building plan captured all of the TA services being provided in the state, including those not provided by the Center for States.	SD	Disagree	N	A	SA	N/A
The process resulted in a high-quality capacity building plan.	SD	Disagree	N	A	SA	N/A
The work plan was updated based on participant feedback.	SD	Disagree	N	A	SA	N/A
The work plan will be an effective tool for helping the state agency achieve desired outcomes.	SD	Disagree	N	A	SA	N/A
The process helped us develop a strong, feasible work plan.	SD	Disagree	N	A	SA	N/A

## Moving Forward

5) Rate your level of agreement with each of the following statements.

**For all statements, the “process” refers to the Center for States assessment and work planning process.**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I will be able to apply my learnings from the process to other initiatives.	SD	Disagree	N	A	SA	N/A
The Center helped participants connect assessment recommendations to potential capacity building services.	SD	Disagree	N	A	SA	N/A
The process made it possible to create new ideas, strategies, services, solutions, and/or opportunities.	SD	Disagree	N	A	SA	N/A
The process helped me to think critically about the	SD	Disagree	N	A	SA	N/A

state's capacity building needs and resources.						
The state agency had ownership of the process as it took place.	SD	Disagree	N	A	SA	N/A
The Center staff helped us assess readiness and identify possible barriers that must be addressed.	SD	Disagree	N	A	SA	N/A
The state agency is more capable of conducting a similar process in the future as a result of working with the Center.	SD	Disagree	N	A	SA	N/A
I will share what I learned during my experience with the Center with others.	SD	Disagree	N	A	SA	N/A

You indicated that you do not intend to share this information with others. Why not?

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You indicated that you intend to share this information with others. How and with what groups of colleagues will you share what you learned?

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6) What made this process successful?

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7) What served as barriers to the process, and how did you work through them?

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8) What aspects of the process were most useful for your work?

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9) The Center is just beginning to collect feedback from agencies involved in tailored services and we are always interested in continuous improvement. Please provide any comments you have that would help us improve this survey or other evaluation-related activities you have participated in.

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10) Which of the following best describes your employer/organization?

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|--|---|
| <input type="checkbox"/> State Child Welfare Agency                      | <input type="checkbox"/> Local Government/Tribal Council            |
| <input type="checkbox"/> County Child Welfare Agency                     | <input type="checkbox"/> Law Enforcement Organization               |
| <input type="checkbox"/> Territorial Child Welfare Agency                | <input type="checkbox"/> Primary Care/Health Care Services Provider |
| <input type="checkbox"/> Tribal Child Welfare Agency                     | <input type="checkbox"/> Behavioral/Mental Health Services Provider |
| <input type="checkbox"/> State or County Court/Legal System              | <input type="checkbox"/> Substance Abuse Services Provider          |
| <input type="checkbox"/> Tribal Court/Legal System                       | <input type="checkbox"/> Domestic Violence Services Provider        |
| <input type="checkbox"/> Private or Community-based Child Welfare Agency | <input type="checkbox"/> Juvenile Justice Organization              |

- Primary/Secondary Education
- College/University
- Technical Assistance Provider

- Federal Government
- Other

What is your primary role in the agency?

- Agency Director/Deputy Director
- Program/Middle Manager
- Supervisor
- Caseworker/Direct Practice Worker/Frontline staff
- Parent Partner
- Other

Which of the following best describes your primary work responsibilities in the agency? (Select up to three)

- Administration
- Workforce Development/Training
- Continuous Quality Improvement/Evaluation
- Information Technology/SACWIS/Data Systems
- Indian Child Welfare Act
- Primary or Secondary Prevention
- Child Protective Services
- In-home Services/Promoting Safe and Stable Families
- Foster Care/Placement/Licensing/Reunification
- Adoption/Guardianship
- Youth in Transition/Chafee/Independent Living Programs
- Other

Which of the following best describes your primary role?

- CIP or TCIP Director/Coordinator
- CIP or TCIP Staff
- Judge
- Attorney for Child Welfare Agency
- Attorney for Parent
- Attorney for Child
- Attorney Guardian Ad Litem
- Court Administrative Officer
- Court/Attorney Data Manager/IT Staff

- Court Appointed Special Advocate/Non-attorney GAL/Advocate
- Court Case Worker/Social Worker
- Other

Which of the following best describes your primary role?

- Dean/Director/Administrator
- Teaching Faculty
- Training Academy Leadership/Staff
- Research Faculty/Staff (non-teaching role)
- Student
- Other

You selected other, please provide your type of organization and the role you currently serve.

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