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MATHEMATICA
Policy Research

Staff Survey

Regional Partnership Grants National Cross-Site Evaluation

November 5, 2013

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INTRODUCTION

The Children's Bureau within the U.S. Department of Health and Human Services, Administration for Children and Families (ACF) has contracted with Mathematica Policy Research to complete the national cross-site evaluation of the Regional Partnership Grants (RPG) program. The evaluation will describe the interventions that were implemented, the nature of the partnerships, the types of services provided, and their impacts.

You are asked to complete this survey because you were identified as a front-line staff member who works directly with RPG participants. Your participation is important to helping us understand the characteristics of the staff and organizations implementing RPG-funded programs.

The length of this survey is different for different people, but on average it should take about 25 minutes. Not all response options may apply to you or your organization. Please choose the best answer to each question. You may also choose not to answer any question.

The evaluation focuses on specific evidence-based programs (EBPs), and many questions in the survey will reference a specific EBP. Please answer the questions about the specific program that is listed and not other programs that your organization may operate.

Your responses will be kept private and used only for research purposes. They will be combined with the responses of other staff and no individual names will be reported. Participation in the survey is completely voluntary.

If you have any questions about the survey, please contact the team at Mathematica by calling 1-xxx-xxx-xxxxx (toll-free) or emailing xxxxxxxx@mathematica-mpr.com.

Before starting the survey, please read and answer the statement below.

i1. I have read the introduction and understand that the information I provide will be kept private and used only for research purposes. My responses will be combined with the responses of other staff and no individual names will be reported.

1 I agree with the above statement and will complete the survey

0 I do not agree with the above statement and will not complete the survey → END

i2. Could you please confirm whether you work for [RPG PROGRAM] at [ORGANIZATION]?

MARK ONE ONLY

1 Yes, I work for [RPG PROGRAM] at [ORGANIZATION]

0 No → END

d Don't know

A. YOUR WORK ROLE AND EXPERIENCE

A1. Which of the following is closest to your job title?

MARK ONE ONLY

- 1 Mental health counselor, therapist, or psychologist
 - 2 Early intervention or child development therapist
 - 3 Substance abuse counselor
 - 4 Family advocate
 - 5 Child welfare case manager
 - 6 Other case manager
 - 7 Social worker
 - 8 Recovery coach
 - 9 Child development specialist
 - 10 Other (*Specify*)
-

A2. How long have you been employed at [ORGANIZATION]?

Please include the total time you have been employed at the organization, not just the time you have been in your current position.

|_|_| MONTHS OR |_|_| YEARS

A3. The next questions are about your work activities at [ORGANIZATION]. Which of the following activities do you take part in on this job at least once every two weeks?

Please answer thinking about your job as a whole, not just activities related to implementing RPG.

MARK ONE PER ROW

	AT LEAST ONCE EVERY TWO WEEKS	NOT AT LEAST ONCE EVERY TWO WEEKS	DON'T KNOW
a. Screen or assess potential participants for program eligibility	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Conduct participant intake	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Conduct substance abuse screening	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. Conduct substance abuse assessment	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. Conduct risk assessment for child abuse, neglect, and other risk factors	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
f. Screen children for prenatal substance exposure, developmental delays, emotional or mental health problems, or substance use disorder	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
g. Provide parenting education	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
h. Provide case management services	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
i. Develop coordinated care plans	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
j. Monitor the implementation and the quality of screening and assessment protocols	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
k. Conduct group therapy sessions	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
l. Conduct individual therapy sessions	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
m. Conduct motivational interviewing sessions (conversations to elicit and strengthen motivation for change)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
n. Conduct parent-child therapy sessions	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
o. Coordinate services for participants with other partner agencies	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
p. Manage or supervise other individuals at your organization	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
q. Train other staff at your organization	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
r. Hold family team conferences, multidisciplinary team meetings, or joint client staffing	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
s. Work with clients to accomplish designated treatment goals (for example, job searching, housing applications)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
t. Conduct administrative activities (for example, paperwork)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
u. Other activities (<i>Specify</i>)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

A4. How long have you been providing services to child welfare involved children and families?

Please account for all work you have done for current and past organizations related to providing services to child welfare involved children and families.

I have not done any work related to providing services to child welfare involved children and families

|_|_| MONTHS OR |_|_| YEARS

A5. How long have you been providing substance abuse assessment or treatment services?

Please account for all work you have done for current and past organizations related to substance abuse assessment or treatment services.

I have not done any work related to substance abuse assessment or treatment services

|_|_| MONTHS OR |_|_| YEARS

B. IMPLEMENTING AN EVIDENCE-BASED PROGRAM

B1. The following statements are about feelings someone might have about using new types of therapy, interventions, or treatments. To what extent do you agree with each statement?

Manualized therapy, intervention, or treatment refers to any intervention that has specific guidelines and/or components that are outlined in a manual and/or that are to be followed in a structured or predetermined way.

MARK ONE PER ROW

	NOT AT ALL	TO A SLIGHT EXTENT	TO A MODERATE EXTENT	TO A GREAT EXTENT	TO A VERY GREAT EXTENT
a. I like to use new types of therapy/interventions to help my clients	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. I am willing to try new types of therapy/interventions even if I have to follow a treatment manual	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I know better than academic researchers how to care for my clients	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. I am willing to use new and different types of therapy/interventions developed by researchers	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Research based treatments/interventions are not clinically useful	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Clinical experience is more important than using manualized therapy/interventions	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. I would not use manualized therapy/interventions	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. I would try a new therapy/intervention even if it were very different from what I am used to doing	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

B2. If you received training in a therapy or intervention that was new to you, how likely would you be to adopt it if...

MARK ONE PER ROW

	NOT AT ALL	TO A SLIGHT EXTENT	TO A MODERATE EXTENT	TO A GREAT EXTENT	TO A VERY GREAT EXTENT
a. it was intuitively appealing?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. it "made sense" to you?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. it was required by your supervisor?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. it was required by [ORGANIZATION]?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. it was required by your state?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. it was being used by colleagues who were happy with it?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. you felt you had enough training to use it correctly?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

B3. Organizations have a “personality” that is reflected in the day to day operations of the organization and the way staff members view their work. These items ask about some dimensions that relate to the use of [EBP NAME] in organizations. For each item, please indicate the extent to which you disagree or agree the statement is true for [ORGANIZATION]. Within the past six months...

MARK ONE PER ROW

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	DOES NOT EXIST IN OUR ORGANIZATION	DON'T KNOW
a. Staff members are adequately trained to implement [EBP NAME] at this organization.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>	d <input type="checkbox"/>
b. Top administration strongly supports the implementation of [EBP NAME]....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>	d <input type="checkbox"/>
c. Staff members get positive feedback and/or recognition for their efforts to implement [EBP NAME]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>	d <input type="checkbox"/>
d. Top administrators minimize obstacles and barriers to implementing [EBP NAME] at this organization.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>	d <input type="checkbox"/>
e. This organization established clear and specific goals related to the implementation of [EBP NAME].....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>	d <input type="checkbox"/>
f. There are performance-monitoring systems in place to guide the implementation of [EBP NAME].....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>	d <input type="checkbox"/>
g. Training and technical assistance are readily available to staff members involved in implementing [EBP NAME].....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>	d <input type="checkbox"/>
h. Adequate resources are available to implement [EBP NAME] as prescribed.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>	d <input type="checkbox"/>
i. Staff members have been encouraged to express concerns that arise in the course of implementing [EBP NAME].....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>	d <input type="checkbox"/>

If you are not a supervisor, please go to question C1.

If you are a supervisor, please continue to question B4. The next questions in this section are about your experiences implementing [EBP NAME].

B4. When implementing a program, it often happens that changes get made to meet the needs of participants, the timeline, organizational resources, or some other factor. Has [ORGANIZATION] adapted [EBP NAME] for any reason?

- 1 Yes
- 0 No → **GO TO C1**
- d Don't know → **GO TO C1**

B5. What kinds of adaptations to [EBP NAME] were made?

MARK ALL THAT APPLY

- 1 Changed procedures
- 2 Changed the sequence of sessions
- 3 Increased the number of sessions
- 4 Decreased the number of sessions
- 5 Changed the length of sessions
- 6 Changed the target population
- 7 Changed program content
- 8 Changed for cultural relevance
- 9 Other (*Specify*)

- d Don't know

B6. There are several possible reasons why an organization might choose to make changes to a program. To what extent did the following factors contribute to any changes being made to [EBP NAME]?

MARK ONE PER ROW

	NOT AT ALL	←————→				PRIMARY REASON FOR CHANGE	DON'T KNOW
a. Difficulty recruiting participants	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>	
b. Difficulty retaining or engaging participants	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>	
c. Difficulty finding adequate staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>	
d. Lack of or limited resources (such as space or time)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>	
e. Lack of time or competing demands on time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>	
f. Resistance from implementing staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>	
g. Need for a more culturally appropriate program	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>	
h. Requests for changes by participants	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>	

C. SUPERVISION AND SUPPORT

The next questions ask about supervision you may receive as a staff member for [RPG PROGRAM]. If you have more than one supervisor, please answer these questions about the supervisor you work with the most in the [RPG PROGRAM].

C1. Is there at least one person at [ORGANIZATION] whom you regard as your supervisor?

MARK ONE ONLY

1 Yes

0 No

d Don't know

→ GO TO C5

C2. In the past 12 months, how often did you have formal, one-on-one supervision meetings?

MARK ONE ONLY

1 Never

2 Daily

3 Weekly

4 Twice per month

5 Monthly

6 Once every few months

7 Yearly

d Don't know

C3. In the past 12 months, how often did you have group supervision meetings with other staff members?

MARK ONE ONLY

1 Never

2 Daily

3 Weekly

4 Twice per month

5 Monthly

6 Once every few months

7 Yearly

d Don't know

C4. In the past 12 months, how often did you participate in meetings, trainings, or other joint activities with staff from RPG partner agencies?

MARK ONE ONLY

- 1 Never
- 2 Daily
- 3 Weekly
- 4 Twice per month
- 5 Monthly
- 6 Once every few months
- 7 Yearly
- d Don't know

C5. Please read the following statements and decide how strongly you disagree or agree with each statement. My supervisor...

MARK ONE PER ROW

	STRONGLY DISAGREE	DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	AGREE	STRONGLY AGREE	DON'T KNOW
a. encourages staff to spend time mentoring new employees?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
b. encourages staff to help each other with work problems?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
c. cares about me as a person?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
d. provides emotional support to me in difficult situations with RPG program participants?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
e. is appropriately flexible when it comes to applying rules?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
f. has an attitude that helps me be enthusiastic about working in social services?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
g. supports me in balancing the demands of my job with my personal life?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
h. provides the help I need to do my job?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
i. knows effective ways to work with RPG program participants?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
j. is willing to help me complete difficult tasks?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
k. encourages creative solutions?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
l. reinforces the training I receive?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
m. helps me learn and improve?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
n. is available when I ask for help?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
o. has expectations for my work that are challenging but reasonable?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
p. gives me clear feedback on my job performance?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
q. has helped staff develop into an effective team?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>

C6. Overall, how supported do you feel by the other staff working at [ORGANIZATION]?

MARK ONE ONLY

- 1 Very supported
- 2 Somewhat supported
- 3 Not very supported
- d Don't know

C7. How strongly do you agree or disagree that overall, the staff at [ORGANIZATION] works as a team?

MARK ONE ONLY

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- d Don't know

C8. How strongly do you agree or disagree that overall, the your organization's RPG program and its partners work as a team?

MARK ONE ONLY

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- d Don't know

C9. Please read the following statements and rate how dissatisfied or satisfied you are with each with regard to [EBP NAME]. Overall, how satisfied are you that...

MARK ONE PER ROW

	VERY DISSATISFIED	SLIGHTLY DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SLIGHTLY SATISFIED	VERY SATISFIED
a. the information you received during your hiring process reflects the work you are being asked to do?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. the training you are receiving is preparing you to work effectively with families and children?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. the coaching you are receiving is improving your skills and abilities to work effectively with families and children?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. the challenges you encounter in providing effective services are understood in your organization?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. the challenges you encounter in providing effective services are being actively addressed by your organization?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. the challenges you encounter in providing effective services are understood by the RPG program leadership?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. the challenges you encounter in providing effective services are being actively addressed?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. your immediate supervisor helps you develop your [EBP NAME] skillset?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. your organization's administrators effectively develop the supports and conditions that make it possible for you to work effectively with children and families?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

D. ORGANIZATIONAL CLIMATE

D1. Please read the following statements and decide how strongly you disagree or agree with each statement with regard to [ORGANIZATION].

MARK ONE PER ROW

	STRONGLY DISAGREE	DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	AGREE	STRONGLY AGREE	DON'T KNOW
a. The mission of this organization is clear to me.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
b. My work reflects the organization's purpose	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
c. I feel good about what this organization does for RPG participants	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
d. In this organization, there is more emphasis on the quality of services than on the number of participants served.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
e. I am satisfied with the salary I receive from this organization.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
f. I am paid fairly considering my education and training	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
g. I am paid fairly considering the responsibilities I have	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
h. I am satisfied with the physical work environment at this organization.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
i. I am proud to tell others that I am part of this organization	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
j. The administration shows concern for staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
k. Employees of this organization are respected by other community professionals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
l. This organization is committed to my personal safety in the office	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
m. This organization is committed to my personal safety when working off-site.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
n. My professional opinions are respected in this organization.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
o. I have sufficient input in formulating policies that govern my work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
p. There are strong, positive relationships between this organization and other community resource providers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
q. I have the support to make work-related decisions when appropriate.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
r. Organizational management shares leadership roles with staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>
s. This organization effectively responds to public criticism when it occurs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	d <input type="checkbox"/>

E. DEMOGRAPHICS

These next questions ask about your background.

E1. Are you Hispanic or Latino?

MARK ONE ONLY

- 0 No
- 1 Yes
- d Don't know

E2. What is your race?

MARK ALL THAT APPLY

- 1 American Indian or Alaska Native
- 2 Asian
- 3 Black or African American
- 4 Native Hawaiian or other Pacific Islander
- 5 White
- 6 Other (*Specify*)

- d Don't know

E3. What is the highest level of education you have completed?

MARK ONE ONLY

- 1 Did not complete high school or General Educational Development
- 2 High school diploma
- 3 General Educational Development
- 4 Some college/some postsecondary vocational courses
- 5 2-year or 3-year college degree (Associate's degree)
- 6 Vocational school diploma
- 7 4-year college degree (Bachelor's degree)
- 8 Some graduate work/no graduate degree
- 9 Graduate or professional degree (for example, MA, MBA, Ph.D., JD, or MD)
- d Don't know

E4. What is your profession or area of work?

MARK ALL THAT APPLY

- 1 Substance abuse counseling
- 2 Other counseling
- 3 Education
- 4 Vocational rehabilitation
- 5 Juvenile justice
- 6 Psychology
- 7 Social work/human services
- 8 Medicine
- 9 Administration
- 10 Student
- 11 Other (*Specify*)

- 12 None of these
- d Don't know

E5. Are you male or female?

- 1 Male
- 2 Female

E6. Is there anything else about your experiences implementing RPG that you would like to add?

(End of survey for those who opt out in the first screen)

Thank you for considering participation in this survey. Please click the "Submit survey" button in the lower right hand corner so that we have a record of your desire NOT to participate. This will result in your removal from our contact list.

(End of survey for those who are ineligible in the first screen)

Thank you for considering participation in this survey. Please click the "Submit survey" button in the lower right hand corner and we will remove you from our contact list.

(End of survey for respondents)

Thank you for completing the Regional Partnership Grant Staff Survey! Please click the "Submit survey" button in the lower right hand corner to submit your completed survey.