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Staff Survey

Regional Partnership Grants National Cross-Site Evaluation

November 5, 2013

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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 xxxxxxx@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

d ☐ Don't know

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 ☐	0 ☐	d ☐
b.	Conduct participant intake	1 ☐	0 ☐	d ☐
c.	Conduct substance abuse screening	1 ☐	0 ☐	d ☐
d.	Conduct substance abuse assessment	1 ☐	0 ☐	d ☐
e.	Conduct risk assessment for child abuse, neglect, and other risk factors	1 ☐	0 ☐	d ☐
f.	Screen children for prenatal substance exposure, developmental delays, emotional or mental health problems, or substance use disorder	1 ☐	0 ☐	d ☐
g.	Provide parenting education	1 ☐	0 ☐	d ☐
h.	Provide case management services	1 ☐	0 ☐	d ☐
i.	Develop coordinated care plans	1 ☐	0 ☐	d ☐
j.	Monitor the implementation and the quality of screening and assessment protocols	1 ☐	0 ☐	d ☐
k.	Conduct group therapy sessions	1 ☐	0 ☐	d ☐
l.	Conduct individual therapy sessions	1 ☐	0 ☐	d ☐
m.	Conduct motivational interviewing sessions (conversations to elicit and strengthen motivation for change)	1 ☐	0 ☐	d ☐
n.	Conduct parent-child therapy sessions	1 ☐	0 ☐	d ☐
o.	Coordinate services for participants with other partner agencies	1 ☐	0 ☐	d ☐
p.	Manage or supervise other individuals at your organization	1 ☐	0 ☐	d ☐
q.	Train other staff at your organization	1 ☐	0 ☐	d ☐
r.	Hold family team conferences, multidisciplinary team meetings, or joint client staffing	1 ☐	0 ☐	d ☐
s.	Work with clients to accomplish designated treatment goals (for example, job searching, housing applications)	1 ☐	0 ☐	d ☐
t.	Conduct administrative activities (for example, paperwork)	1 ☐	0 ☐	d ☐
u.	Other activities *(Specify)* _____	1 ☐	0 ☐	d ☐

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.

d ☐ 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.

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

|__|__| MONTHS OR |__|__| YEARS

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☐	1☐	2☐	3☐	4☐
b. I am willing to try new types of therapy/interventions even if I have to follow a treatment manual	0☐	1☐	2☐	3☐	4☐
c. I know better than academic researchers how to care for my clients	0☐	1☐	2☐	3☐	4☐
d. I am willing to use new and different types of therapy/interventions developed by researchers	0☐	1☐	2☐	3☐	4☐
e. Research based treatments/interventions are not clinically useful	0☐	1☐	2☐	3☐	4☐
f. Clinical experience is more important than using manualized therapy/interventions	0☐	1☐	2☐	3☐	4☐
g. I would not use manualized therapy/interventions	0☐	1☐	2☐	3☐	4☐
h. I would try a new therapy/intervention even if it were very different from what I am used to doing	0☐	1☐	2☐	3☐	4☐

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☐	1☐	2☐	3☐	4☐
b. it "made sense" to you?	0☐	1☐	2☐	3☐	4☐
c. it was required by your supervisor?	0☐	1☐	2☐	3☐	4☐
d. it was required by [ORGANIZATION]?	0☐	1☐	2☐	3☐	4☐
e. it was required by your state?	0☐	1☐	2☐	3☐	4☐
f. it was being used by colleagues who were happy with it?	0☐	1☐	2☐	3☐	4☐
g. you felt you had enough training to use it correctly?	0☐	1☐	2☐	3☐	4☐

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☐	2☐	3☐	4☐	n☐	d☐
b. Top administration strongly supports the implementation of [EBP NAME].…	1☐	2☐	3☐	4☐	n☐	d☐
c. Staff members get positive feedback and/or recognition for their efforts to implement [EBP NAME].....	1☐	2☐	3☐	4☐	n☐	d☐
d. Top administrators minimize obstacles and barriers to implementing [EBP NAME] at this organization.....	1☐	2☐	3☐	4☐	n☐	d☐
e. This organization established clear and specific goals related to the implementation of [EBP NAME].....	1☐	2☐	3☐	4☐	n☐	d☐
f. There are performance-monitoring systems in place to guide the implementation of [EBP NAME].....	1☐	2☐	3☐	4☐	n☐	d☐
g. Training and technical assistance are readily available to staff members involved in implementing [EBP NAME].....	1☐	2☐	3☐	4☐	n☐	d☐
h. Adequate resources are available to implement [EBP NAME] as prescribed.....	1☐	2☐	3☐	4☐	n☐	d☐
i. Staff members have been encouraged to express concerns that arise in the course of implementing [EBP NAME].....	1☐	2☐	3☐	4☐	n☐	d☐

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 ☐	2 ☐	3 ☐	4 ☐	5 ☐	d ☐
b. Difficulty retaining or engaging participants	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	d ☐
c. Difficulty finding adequate staff	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	d ☐
d. Lack of or limited resources (such as space or time)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	d ☐
e. Lack of time or competing demands on time	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	d ☐
f. Resistance from implementing staff	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	d ☐
g. Need for a more culturally appropriate program	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	d ☐
h. Requests for changes by participants	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	d ☐

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

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 activites 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☐	2☐	3☐	4☐	5☐	6☐	d☐
b. encourages staff to help each other with work problems?	1☐	2☐	3☐	4☐	5☐	6☐	d☐
c. cares about me as a person?	1☐	2☐	3☐	4☐	5☐	6☐	d☐
d. provides emotional support to me in difficult situations with RPG program participants?	1☐	2☐	3☐	4☐	5☐	6☐	d☐
e. is appropriately flexible when it comes to applying rules?	1☐	2☐	3☐	4☐	5☐	6☐	d☐
f. has an attitude that helps me be enthusiastic about working in social services?	1☐	2☐	3☐	4☐	5☐	6☐	d☐
g. supports me in balancing the demands of my job with my personal life?	1☐	2☐	3☐	4☐	5☐	6☐	d☐
h. provides the help I need to do my job?	1☐	2☐	3☐	4☐	5☐	6☐	d☐
i. knows effective ways to work with RPG program participants?	1☐	2☐	3☐	4☐	5☐	6☐	d☐
j. is willing to help me complete difficult tasks?	1☐	2☐	3☐	4☐	5☐	6☐	d☐
k. encourages creative solutions?	1☐	2☐	3☐	4☐	5☐	6☐	d☐
l. reinforces the training I receive?	1☐	2☐	3☐	4☐	5☐	6☐	d☐
m. helps me learn and improve?	1☐	2☐	3☐	4☐	5☐	6☐	d☐
n. is available when I ask for help?	1☐	2☐	3☐	4☐	5☐	6☐	d☐
o. has expectations for my work that are challenging but reasonable?	1☐	2☐	3☐	4☐	5☐	6☐	d☐
p. gives me clear feedback on my job performance?	1☐	2☐	3☐	4☐	5☐	6☐	d☐
q. has helped staff develop into an effective team?	1☐	2☐	3☐	4☐	5☐	6☐	d☐

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☐	2☐	3☐	4☐	5☐
b. the training you are receiving is preparing you to work effectively with families and children?	1☐	2☐	3☐	4☐	5☐
c. the coaching you are receiving is improving your skills and abilities to work effectively with families and children?	1☐	2☐	3☐	4☐	5☐
d. the challenges you encounter in providing effective services are understood in your organization?	1☐	2☐	3☐	4☐	5☐
e. the challenges you encounter in providing effective services are being actively addressed by your organization?	1☐	2☐	3☐	4☐	5☐
f. the challenges you encounter in providing effective services are understood by the RPG program leadership?	1☐	2☐	3☐	4☐	5☐
g. the challenges you encounter in providing effective services are being actively addressed?	1☐	2☐	3☐	4☐	5☐
h. your immediate supervisor helps you develop your [EBP NAME] skillset?	1☐	2☐	3☐	4☐	5☐
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☐	2☐	3☐	4☐	5☐

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☐	2☐	3☐	4☐	5☐	6☐	d☐
b. My work reflects the organization's purpose	1☐	2☐	3☐	4☐	5☐	6☐	d☐
c. I feel good about what this organization does for RPG participants	1☐	2☐	3☐	4☐	5☐	6☐	d☐
d. In this organization, there is more emphasis on the quality of services than on the number of participants served	1☐	2☐	3☐	4☐	5☐	6☐	d☐
e. I am satisfied with the salary I receive from this organization	1☐	2☐	3☐	4☐	5☐	6☐	d☐
f. I am paid fairly considering my education and training	1☐	2☐	3☐	4☐	5☐	6☐	d☐
g. I am paid fairly considering the responsibilities I have	1☐	2☐	3☐	4☐	5☐	6☐	d☐
h. I am satisfied with the physical work environment at this organization	1☐	2☐	3☐	4☐	5☐	6☐	d☐
i. I am proud to tell others that I am part of this organization	1☐	2☐	3☐	4☐	5☐	6☐	d☐
j. The administration shows concern for staff	1☐	2☐	3☐	4☐	5☐	6☐	d☐
k. Employees of this organization are respected by other community professionals	1☐	2☐	3☐	4☐	5☐	6☐	d☐
l. This organization is committed to my personal safety in the office	1☐	2☐	3☐	4☐	5☐	6☐	d☐
m. This organization is committed to my personal safety when working off-site	1☐	2☐	3☐	4☐	5☐	6☐	d☐
n. My professional opinions are respected in this organization	1☐	2☐	3☐	4☐	5☐	6☐	d☐
o. I have sufficient input in formulating policies that govern my work	1☐	2☐	3☐	4☐	5☐	6☐	d☐
p. There are strong, positive relationships between this organization and other community resource providers	1☐	2☐	3☐	4☐	5☐	6☐	d☐
q. I have the support to make work-related decisions when appropriate	1☐	2☐	3☐	4☐	5☐	6☐	d☐
r. Organizational management shares leadership roles with staff	1☐	2☐	3☐	4☐	5☐	6☐	d☐
s. This organization effectively responds to public criticism when it occurs	1☐	2☐	3☐	4☐	5☐	6☐	d☐

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.