

INSTRUMENT 4
SURVEY OF PROGRAM STAFF

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MATHEMATICA
Policy Research

Staff Survey

STREAMS Evaluation

February 2016

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INTRODUCTION

The Office of Planning, Research, and Evaluation within the U.S. Department of Health and Human Services, Administration for Children and Families (ACF) has contracted with Mathematica Policy Research to complete an evaluation of programs offered by selected Healthy Marriage/Relationship Education (HMRE) grantees funded by the Office of Family Assistance. The evaluation will describe the interventions that grantees put into place, the resources available to support them, and their impacts.

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

Participation in the survey is completely voluntary and you may choose to skip any question. 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. While there are no direct benefits to participants, your participation will help the U.S. Department of Health and Human Services learn how to better teach youth and adults healthy relationship skills. There is minimal risk related to taking part in this study. In the unlikely event of a data breach, your participation in the evaluation could become known.

The length of this survey is different for different people, but on average it should take about 30 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.

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.

Thank you for taking part in this survey. By completing the survey and submitting your responses, you are confirming that you understand the information you provide will be kept private, used only for research purposes, and that your answers will be combined with the responses of other staff so that no individuals are identified. Please print a copy of this consent screen for your future reference.

11. Could you please confirm whether you work for [HMRE PROGRAM] at [ORGANIZATION]?

MARK ONE ONLY

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

0 No → Thanks for your time, we do not need you to complete the survey.

A. YOUR WORK ROLE AND EXPERIENCE

A1. What is your current job title at [ORGANIZATION]?

Don't know

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

Don't know

A3. How long have you been providing services to participants in HMRE programs?

Please include all work you have done for current and past organizations related to providing services to participants in HMRE programs.

I have not done any work related to providing services to participants of HMRE programs

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

Don't know

A4. The next questions are about your work activities at [ORGANIZATION]. How often do you do each of the following activities as part of your job?

Please answer thinking about your job as a whole, not just activities related to the HMRE program.

SELECT ONE RESPONSE PER ROW

	MORE THAN MONTHLY	MONTHLY	LESS THAN MONTHLY	NOT AT ALL	DON'T KNOW
a. Recruit potential program participants.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. Screen potential participants to determine which services they are eligible to receive.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. Conduct participant intake, enroll participants and inform them of their program status after random assignment.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Conduct assessments of participant's needs or skills.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Provide healthy relationship education classes.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
f. Provide parenting education services.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
g. Provide case management services.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
h. Help participants find work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
i. Provide financial management or financial literacy education	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
j. Monitor how screening and assessment tools are used, and assess the quality of those tools.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
k. Monitor how healthy relationship education classes are conducted, and assess the quality of those classes.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
l. Monitor how other program services are delivered, and assess the quality of those services.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
m. Coordinate services for participants with other partner agencies.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
n. Manage or supervise other staff at your organization.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
o. Train other staff at your organization.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
p. Conduct administrative activities (for example, paperwork)....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
q. Other activities (<i>specify</i>).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

A5. Before coming to work for [ORGANIZATION], did you ever have any of the following experiences?

SELECT ONE RESPONSE PER ROW

	YES	NO	DON'T KNOW
a. Working with youth.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Working with single adults.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Working with adult couples.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. Delivering relationship education.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. Providing case management services.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
f. Providing parenting education.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
g. Helping individuals prepare for or obtain employment.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
h. Helping individuals with financial management or economic stability.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
i. Working with individuals who have experienced domestic violence.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
j. Recruiting or enrolling participants into a voluntary program.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
k. Coordinating services with staff in partner agencies.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
l. Managing or supervising staff.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
m. Any other relevant experience (<i>specify</i>)..... _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

The next question asks about your caseload. Please answer thinking about your own caseload, not the caseload of [HMRE Program] as a whole.

A6. Currently, about how many participants are on your caseload?

|_|_| PARTICIPANTS

- o I don't carry a caseload
- d Don't know

B. USING AN EVIDENCE-BASED PROGRAM

B1. The following statements give feelings someone might have about using a new intervention. By an intervention, we mean a program with specific components or guidelines that are meant to be followed in a set way. An intervention could be described in a manual and protocols or explained in a training.

How much do you agree with each statement about using new interventions?

SELECT ONE RESPONSE PER ROW

	NOT AT ALL	TO A SLIGHT EXTENT	TO A MODERATE EXTENT	TO A GREAT EXTENT	TO A VERY GREAT EXTENT	DON'T KNOW
a. I like to use new 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"/>	d <input type="checkbox"/>
b. I am willing to try new types of interventions even if I have to follow a program manual.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. I know better than academic researchers how to serve my clients.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. I am willing to use new and different types of interventions developed by researchers.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Research based interventions are not practical for programs like mine.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
f. Program experience is more important than using interventions outlined in a manual.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
g. I would not use a intervention that must follow a manual and prescribed protocols.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
h. I would try a new 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"/>	d <input type="checkbox"/>

B2. If you received training in an intervention that was new to you, how likely would you be to use it if...

Aa
ror

SELECT ONE RESPONSE PER ROW

	NOT AT ALL	TO A SLIGHT EXTENT	TO A MODERATE EXTENT	TO A GREAT EXTENT	TO A VERY GREAT EXTENT	DON'T KNOW
a. it seemed right for your participants?.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <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"/>	d <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 <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"/>	d <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"/>	d <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"/>	d <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"/>	d <input type="checkbox"/>

B3. Organizations have a “personality” that is reflected in the day to day work of the organization and the way staff members view their work. These items ask about how [HMRE CURRICULUM] might be used in organizations. Thinking about [ORGANIZATION], please indicate how much you disagree or agree with each statement. Within the past six months...

SELECT ONE RESPONSE PER ROW

*Panzano – Implementation
Climate Assessment,
2014-2015*


	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	DOES NOT EXIST IN OUR ORGANIZATION	DON'T KNOW
a. Staff members were adequately trained to use [HMRE CURRICULUM] 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 supported the use of [HMRE CURRICULUM]	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 got positive feedback and/or recognition for their efforts to use [HMRE CURRICULUM]	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 minimized obstacles and barriers to using [HMRE CURRICULUM] 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 created clear and specific goals related to using [HMRE CURRICULUM]	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 were systems to track how well [HMRE CURRICULUM] was used at [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"/>
g. Training and technical assistance were readily available to staff members involved in using [HMRE CURRICULUM]	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. Staff members had the resources they needed to use [HMRE CURRICULUM] as designed	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 were encouraged to express concerns that came up in the course of using [HMRE CURRICULUM]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>	d <input type="checkbox"/>

The next questions in this section are about your experiences using [HMRE CURRICULUM].

If you do not facilitate or supervise the use of [HMRE CURRICULUM], please go to question C1.

If you facilitate or supervise the use of [HMRE CURRICULUM], please continue to question B4.

B4. When using a program, organizations often make changes to meet the needs of participants, the timeline, available resources, or some other reason. Has [ORGANIZATION] changed [HMRE CURRICULUM] for any reason?

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

B5. What kinds of changes were made to [HMRE CURRICULUM]?

MARK ALL THAT APPLY

- 1 Changed policies or 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

Adaptations scale. Moore, J., Bumbarger, B., Rhoades Cooper, B. (2013, April 19). Examining adaptations of evidence-based programs in natural contexts. *Journal of Primary Prevention*.

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 [HMRE CURRICULUM]?

SELECT ONE RESPONSE 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"/>	<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"/>	<input type="checkbox"/>	d <input type="checkbox"/>
c. Difficulty finding the right staff.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	d <input type="checkbox"/>
f. Resistance from staff.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	d <input type="checkbox"/>

C. SUPERVISION, COACHING, AND SUPPORT

The next questions ask about coaching or supervision you may receive as a staff member for [HMRE PROGRAM]. If you have more than one supervisor, please answer these questions about the supervisor you work with the most in the [HMRE 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. Please read the following statements and decide how strongly you disagree or agree with each
Dickinson **t. My supervisor...**

SELECT ONE RESPONSE 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 HMRE 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 HMRE 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"/>

C5-C7
developed
for
STREAMS

Coaching helps staff be successful in their role through supervision, teaching, assessment, reflective feedback, and emotional support.

Is there someone either at your [ORGANIZATION] or outside of your [ORGANIZATION] who provides you coaching to support your work on the HMRE program?

MARK ONE ONLY

- 1 Yes
0 No
d Don't know

GO TO C8

C6. Who provides you with coaching support?

MARK ALL THAT APPLY

- 1 My supervisor coaches me.
2 I receive coaching from a staff member at my organization that is not my supervisor.
3 I receive coaching from an individual outside of my organization.
d Don't know

C7. In the past 12 months, how often did you interact with the person providing you with coaching?

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

C8. Please read the following statements and rate how dissatisfied or satisfied you are with each with regard to [HMRE CURRICULUM]. Overall, how satisfied are you that...

Developed in consultation with Allison Metz from NIRN, adapted from RPG

SELECT ONE RESPONSE PER ROW

	VERY DISSATISFIED	SLIGHTLY DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SLIGHTLY SATISFIED	VERY SATISFIED	DON'T KNOW
a. the information you received when being hired 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"/>	d <input type="checkbox"/>
b. the training you received prepared you to work effectively with 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. the coaching you receive is improving your skills and abilities to work effectively with 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"/>
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"/>	d <input type="checkbox"/>
e. the challenges you encounter in providing effective services are understood by the HMRE program leadership?.....	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. 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"/>	d <input type="checkbox"/>
g. your immediate supervisor helps you develop your [HMRE curriculum] skillset?.....	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. your organization's administrators provide the support you need to work effectively with 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"/>

D. TRAINING OPPORTUNITIES

The next questions ask about training activities you have attended as a staff member at [ORGANIZATION]. These training may have been held at [ORGANIZATION] or outside of [ORGANIZATION].

D1. During the past 12 months, have you attended any training activities related to your work, either at your workplace or somewhere else?

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

GO TO E1

D2. Why did you attend these training activities?

SELECT ONE RESPONSE PER ROW

	YES	NO	DON'T KNOW
a. Required by your employer, specifically because of the [HMRE program] program.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Required by your employer, not specifically because of the [HMRE program] program.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Interest in topics.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. To work towards additional credentials, certificates, or degrees.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. To update my skills.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
f. Other (<i>specify</i>).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

D3. Thinking about the content of the training activities you have attended during the past 12 months, how helpful was this training in guiding how you do your work?

MARK ONE ONLY

- 1 Not at all helpful
- 2 A little helpful
- 3 Somewhat helpful
- 4 Very helpful
- 5 Extremely helpful
- d Don't know

D4. During the past 12 months, did you attend training activities about the following topics?

SELECT ONE RESPONSE PER ROW

	YES	NO	DON'T KNOW
a. Policy and procedures for the [HMRE PROGRAM] program.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Healthy relationship education curriculum.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Workforce development.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. Parenting or child development.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. Youth development.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
f. Child support.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
g. Domestic violence.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

D5. Please think about the training you have received on each of the following topics during the past 12 months at [ORGANIZATION]. How much has the training in each area helped you in your staff role?

SELECT ONE RESPONSE PER ROW

	NOT AT ALL HELPFUL	A LITTLE HELPFUL	SOMEWHAT HELPFUL	VERY HELPFUL	EXTREMELY HELPFUL	DON'T KNOW	DID NOT RECEIVE TRAINING ON THIS TOPIC
a. Policy and procedures for the [HMRE PROGRAM] program.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	9 <input type="checkbox"/>
b. Healthy relationship education curriculum.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	9 <input type="checkbox"/>
c. Workforce development.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	9 <input type="checkbox"/>
d. Parenting or child development.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	9 <input type="checkbox"/>
e. Youth development.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	9 <input type="checkbox"/>
f. Child support.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	9 <input type="checkbox"/>
g. Domestic violence.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	9 <input type="checkbox"/>

E. ORGANIZATIONAL CLIMATE

E1. Please read the following statements and decide how strongly you disagree or agree with each statement with regard to [ORGANIZATION].

Dickinson

SELECT ONE RESPONSE 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 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 am able to give my input on the policies that effect how I 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"/>
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	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"/>

SELECT ONE RESPONSE PER ROW

	STRONGLY DISAGREE	DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	AGREE	STRONGLY AGREE	DON'T KNOW
occurs.....							

F. DEMOGRAPHICS

These next questions ask about your background.

F1. Are you Hispanic or Latino?

MARK ONE ONLY

- 0 No
1 Yes
d Don't know

F2. 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

F3. 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

F4. What is your profession or area of work?

MARK ALL THAT APPLY

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

- 11 None of these
- d Don't know

F5. Are you male or female?

- 1 Male
- 2 Female

F6. Is there anything else about your experiences implementing your HMRE program that you would like to add?

Thank you for completing the STREAMS Staff Survey!