**MULTI-SITE IMPLEMENTATION EVALUATION OF TRIBAL HOME VISITING (MUSE)**

**PROGRAM COORDINATOR/MANAGER SURVEY**

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# MUSE Program Coordinator/Manager Survey

Thank you for taking part in the Multi-Site Implementation Evaluation of Tribal Home Visiting (MUSE). The purpose of this study is to learn about tribal home visiting program implementation and the experiences of families receiving home visiting services.

We are asking you to complete this survey because you are a program coordinator/manager in one of the home visiting programs participating in MUSE. Your answers will help us understand your role in the home visiting program and your perspective on the program. Because program coordinators’ jobs are complex and involve many different tasks, this survey is also complex and a bit lengthy.

Your participation in this survey is voluntary. If you choose to participate, it will take about 1 hour to complete this survey. If you are unsure how to answer a question, please give the best answer you can instead of leaving it blank.

Your answers will be kept private. Only the MUSE study team will have access to this information. Your answers will not be shared with anyone at your program or any other agencies. We will not report information collected in this study in a way that could identify you or your program.

We would appreciate your response by MM/DD/YYYY. If you have questions about the survey or at any time during the study, please call Tess Abrahamson at James Bell Associates at ### or email \_\_\_\_.

## A. BACKGROUND AND WORK EXPERIENCE

1. What was the highest level/degree you completed in school?
	* + Some high school, no diploma
		+ High school/GED
		+ Some college/no degree
		+ Technical training or certification
		+ Associate’s degree (e.g. AA, AS, ADN)
		+ Bachelor’s degree (e.g. BA, BS, BSN)
		+ Master’s degree or higher (e.g. MA, MS, MSW, MSN, PhD)
2. Field of study: CHECK ALL THAT APPLY. (Responses not limited to highest degree completed.)
	* + Child development
		+ Early childhood education
		+ Education
		+ Psychology
		+ Social work/Social welfare
		+ Nursing
		+ Public health
		+ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Prior to your current position, did you have experience providing home visiting services to families?
	* + No 🡪 SKIP TO Question 4
		+ Yes 🡪 GO TO Question 3a

3a. [If Question 3 = Yes] Prior to your current position, how many total years of experience do you have providing home visiting services, including your current home visiting program and any other home visiting programs?

* + - Less than 1 year
		- 1-2 years
		- 3-5 years
		- 6-10 years
		- More than 10 years
1. Do you have experience working with families in any of the following settings? CHECK ALL THAT APPLY.
	* + In-home day care
		+ Daycare
		+ Preschool
		+ School, grades K-12 (non-nurse)
		+ School nurse
		+ After school program
		+ Special education program
		+ Nursing
		+ Home health care
		+ Other health care
		+ Social services
		+ Mentoring programs
		+ Mental health agencies
		+ No prior experience
		+ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How many total years of professional experience do you have working with families and young children, including home visiting jobs and other jobs doing related work (e.g., years of nursing experience plus years as a parent educator in different settings)?
	* + Less than 1 year
		+ 1-2 years
		+ 3-5 years
		+ 6-10 years
		+ More than 10 years
3. Aside from your professional work, how many years of experience do you have raising children? Please include experience you have as a primary caregiver for any child(ren) including your own and other's children. Please count experience providing regular, consistent care for a child as a primary caregiver. Do not include babysitting or infrequent assistance with children.

Years of experience: \_\_\_\_\_\_\_\_\_\_\_

## B. CURRENT POSITION

1. How many years have you worked for the home visiting program? Include years worked for the home visiting program in positions other than your current one.
	* + Less than 1 year
		+ 1-2 years
		+ 3-5 years
		+ 6-10 years
		+ More than 10 years
2. When did you begin your present job as a program coordinator/manager? Please enter the month and year in numeric format. If you cannot recall which month you began, please leave it blank.

Month \_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_

1. How many hours do you work in a typical week?

Hours: \_\_\_\_\_\_\_\_\_\_

1. Do you carry a home visiting caseload?
	* + Yes 🡪 GO TO Questions 4a & 4b
		+ No 🡪 SKIP TO Question 5

4a. [If Question 4 = Yes] How many hours per week do you spend making home visits and accomplishing the related tasks?

Hours: \_\_\_\_\_\_\_\_\_\_

4b. [If Question 4 = Yes] How many families are on your caseload?

Number of families: \_\_\_\_\_\_\_\_\_

4c. [If Question 4 = Yes] Please rate the size of your current caseload, given your other responsibilities as a program coordinator/manager:

* + - Lighter than you are able to handle effectively
		- About right
		- Heavier than you are able to handle effectively
1. In your role as the home visiting program Coordinator/Manager, how often do you interact directly with families?
* On a daily basis
* At least once a week
* At least once a month
* Less than monthly
* Never
1. How likely is it that you will be in your current position 6 months from now?
	* + Very likely 🡪 SKIP TO Section C
		+ Somewhat likely 🡪 GO TO Question 6a
		+ Somewhat unlikely 🡪 GO TO Question 6a
		+ Very unlikely 🡪 GO TO Question 6a

6a. [If Question 6 = somewhat likely, somewhat unlikely, very unlikely] What factors affect whether you will stay in your position? [CHECK ALL THAT APPLY]

* + - Salary
		- Opportunities for advancement within the organization
		- Funding for my position is uncertain
		- Caring for children or other family members
		- Pursue additional education or training
		- Retire or stop working
		- Moving out of the area
		- Challenging work environment
		- Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## C. PERCEPTIONS OF PROGRAM

**Instructions:** In this section, we would like to learn how *staff members* perceive their program’s intended outcomes. In general, a *program outcome* is a benefit to a child, parent, or family. For example, some programs might see the improvement of prenatal health as an important outcome.

Below is a list of possible outcomes for home visiting programs. We know your program may care about all of these benefits, but we would like to know which is most important. We would like to get a sense of which outcomes you think **your program** believes may be more important than others. Please check the box that best represents what you think your program believes about the outcome.

**To help you decide on an outcome’s rank, think about whether it is discussed routinely in training and supervision. Think about what staff in your agency is told about its importance. Check the box that best describes your program’s ranking of this outcome.**

1. How much of a priority is each of the following outcomes for your program, on a scale of 0 to 10?

0 = Not a Priority

5 = Moderate priority

10 = Highest priority

|  |  | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **Not sure** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Supporting prenatal health and obtaining prenatal care | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting postpartum health and obtaining postpartum care | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting breastfeeding | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting physical health outside of pregnancy and postpartum health | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting good nutrition and physical activity | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting family planning | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Preventing and reducing alcohol, tobacco, and other drug use | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Preventing and reducing mental health problems or stress | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting healthy relationships | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Preventing and reducing domestic violence | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Increasing social support | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting job training and employment | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Furthering a caregiver’s education | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting caregivers in budgeting and making ends meet | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Meeting basic needs like food, utilities, health care and housing | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Ensuring appropriate child care arrangements | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Addressing unresolved issues from past trauma | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Connecting to community and culture | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting child health | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting parenting to promote child development | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting parent-child interaction | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting positive discipline and behavior management | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting caregivers in feeding children (including formula and solids) | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Helping caregivers to establish and maintain developmentally appropriate care/routines | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting effective co-parenting | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting child and home safety | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. Because of local needs, programs sometimes prioritize different outcomes than the outcomes most emphasized by national models. The next set of questions are about how the home visiting program priorities align with [NATIONAL MODEL]. For each priority, indicate how your local priority compares to the [NATIONAL MODEL] priority.

|  |  | **We give****this outcome****a much lower priority than the national model does** | **We give****this outcome****the same priority as the national model** | **We give****this outcome****a much higher priority than the national model does** | **Don’t know** |
| --- | --- | --- | --- | --- | --- |
|  | Supporting prenatal health and obtaining prenatal care | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting postpartum health and obtaining postpartum care  | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting breastfeeding | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting physical health outside of pregnancy and postpartum health | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting good nutrition and physical activity | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting family planning  | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Preventing and reducing alcohol, tobacco, and other drug use  | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Preventing and reducing mental health problems or stress  | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting healthy relationships | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Preventing and reducing domestic violence | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Increasing social support  | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting caregivers in getting a job, or getting a better job  | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Furthering a caregiver’s education and job training | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting caregivers in budgeting and making ends meet  | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Meeting basic needs like food, utilities, health care, and housing  | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Ensuring appropriate child care arrangements | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Addressing unresolved issues from past trauma | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Connecting to community and culture | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting child health | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting parenting to promote child development | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting parent-child interaction | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting positive discipline and behavior management | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting caregivers in feeding children (including formula and solids) | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Helping caregivers to establish and maintain developmentally appropriate care/routines | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting effective co-parenting | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting child and home safety  | 🞎 | 🞎 | 🞎 | 🞎 |

1. Does your program expect home visitors to develop a family goal plan with enrolled families? Your program might use a different name for this, such as an individualized family service plan or support plan. No matter what name your program gives this, below when we use the term goal plan, we are referring to a plan to guide and tailor home visiting to help families reach goals.
	* + No, my program doesn't expect home visitors to do this 🡪 SKIP TO question 4
		+ Yes, my program expects home visitors to develop family goal plans 🡪 GO TO question 3a
		+ Not Sure 🡪 SKIP TO question 4

3a. How much does your program agree with each statement?

|  |   | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** | **Not sure** |
| --- | --- | --- | --- | --- | --- | --- |
|  | **My program expects that …** |  |  |  |  |  |
| 1 | Every family should have a goal plan. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | The family should take the lead in developing the goal plan. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | Goals should align with our program's priorities. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | Goals should address family’s specific parenting needs.  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | The goal plan should guide what happens in visits.  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | The family and the home visitor should review goal progress and update the goal plan regularly.  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

How much do you agree with each statement?

|  |   | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** | **Not sure** |
| --- | --- | --- | --- | --- | --- | --- |
|  | **I think that…** |  |  |  |  |  |
| 1 | It is valuable to work with families to develop a goal plan. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | Families find it useful to develop a goal plan. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | Families feel like home visitors are being pushy when they bring up goal plans. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. Please rate your agreement with the following statement: Your program provides all of the materials home visitors need to cover the topics they want to with families in home visits. Please include materials from your home visiting model and any supplemental curricula, materials, and resources your program uses.
* Strongly agree
* Agree
* Disagree
* Strongly disagree
1. Please rate your agreement with the following statement: The materials your program provides meet the unique needs, values and priorities of the families you work with. Please include materials from your home visiting model and any supplemental curricula, materials and resources your program uses.
* Strongly agree
* Agree
* Disagree
* Strongly disagree
1. How much should home visitors focus on improving outcomes for…

|  |  |   | **Not at all** | **Very little** | **A little bit** | **Very much** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 |  | Index child | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 |  | Primary caregiver  | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 |  | Other children in the family or household | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 |  | Other adults in the family or household | 🞎 | 🞎 | 🞎 | 🞎 |

1. What does your program expect home visitors to do DURING THE VISIT if something comes up that they haven't been prepared/trained to address?
* My program expects home visitors just to explain that they can only work on things covered in the program
* My program expects home visitors to direct the mother to a resource that CAN address this issue
* My program expects home visitors to try to work on this issue even though they are not trained to address it
* My program has no stated expectation for what home visitors do
* Not sure
1. What does your program expect home visitors to do DURING THE VISIT if a caregiver wants to do things differently than in the program curricula or protocols?
* My program expects home visitors to explain that I must follow the program curricula and protocols
* My program expects home visitors to modify visit activities to align with the caregiver’s preferences while still being true to the 'spirit' of the curriculum or protocol
* My program expects home visitors to do things the way the caregiver prefers, even if this is very different from program curricula and protocols
* My program has no stated expectation for what home visitors do in this situation
* Not sure

# How effective is your program overall at MAKING A DIFFERENCE for families in the following areas?

|  | **Not at all effective** | **Somewhat effective** | **Mostly effective** | **Extremely effective** |
| --- | --- | --- | --- | --- |
| 1. Prenatal health/prenatal care
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Postpartum health/postpartum care
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Breastfeeding
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Physical health (outside of pregnancy and postpartum health)
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Nutrition and physical activity
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Family planning
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Alcohol, tobacco, and other drug use
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Mental health or stress
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Healthy relationships
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Domestic violence
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Social support
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Job training and employment
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Furthering a caregiver’s education
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Budgeting/making ends meet
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Meeting basic needs like food, utilities, health care and housing
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Child care
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Trauma (things that happened in the past that affect caregiver or family today)
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Connecting to community and culture
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Child health
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Child development
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Parent-child interaction
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Discipline/behavior management
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Feeding children (including formula and solids)
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Developmentally appropriate care/routines
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Co-parenting
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Child/home safety
 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. School readiness/early learning
 | 🞎 | 🞎 | 🞎 | 🞎 |

## E. SELF-EFFICACY

The next set of questions asks you to consider your own knowledge, skills and abilities needed to accomplish tasks related to supporting home visitors. Please do not consider external barriers like lack of funding or staff time, agency policies, or geography.

1. Please rate your agreement with the following statement: Overall, I am able to support home visitors to do their jobs well.

* Strongly agree
* Agree
* Disagree
* Strongly disagree

2. How confident are you that you can support home visitors to DO the following things in most situations?

|  |  | **Not at all confident** | **Slightly confident** | **Somewhat confident** | **Mostly confident** | **Very confident** |
| --- | --- | --- | --- | --- | --- | --- |
|  | Balance family preferences with program priorities  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Communicate warmth, respect and appreciation to the family  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Develop and use family goal plans  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Conduct required screenings  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Tailor activities in response to family interests, concerns, and preferences | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Build relationships and trust with caregivers and their families | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Deliver home visiting curriculum the way the program and model intends | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Model and coach parenting skills | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Identify and communicate strengths to caregivers | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Help families access needed services | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Collect data and information from caregivers | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Enter data and document what happens during home visits | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Plan home visits for families | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Retain families and keep caseload slots filled | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Deliver the expected number of home visits for each family | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Support families in managing crises | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Manage their time so that they can get everything done that they need to do | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Engage an uninterested or distracted caregiver during a home visit | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Engage an uninterested or fussy child during a home visit | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Ensure their safety when making home visits | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Engage fathers in home visits | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Work with multigenerational families and non-traditional caregivers | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

The next set of questions asks about supporting home visitors in their work with caregivers around different topics or issues.

3. How confident are you that you can support home visitors to address the following topics with caregivers?

|  |  | **Not at all confident** | **Slightly confident** | **Somewhat confident** | **Mostly confident** | **Very confident** |
| --- | --- | --- | --- | --- | --- | --- |
|  | Prenatal health/prenatal care | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Postpartum health/postpartum care  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Breastfeeding | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Physical health (outside of pregnancy and postpartum health) | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Nutrition and physical activity | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Family planning  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Alcohol, tobacco, and other drug use  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Mental health or stress  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Healthy relationships | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Domestic violence | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Social support  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Job training and employment  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Furthering a caregiver’s education  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Budgeting/making ends meet  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Meeting basic needs like food, utilities, health care and housing  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Child care  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Trauma (things that happened in the past that affect caregiver or family today) | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Connecting to community and culture | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Child health | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Child development | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Parent-child interaction | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Discipline/behavior management | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Feeding children (including formula and solids) | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Developmentally appropriate care/routines | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Co-parenting | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Child/home safety  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | School readiness/early learning | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

4. Tribal Home Visiting Program Coordinators/Managers take on many tasks in order to manage home visiting staff and successfully meet the Tribal MIECHV grant requirements. The next set of questions asks you to consider your own knowledge, skills and abilities needed to accomplish tasks related to managing a Tribal Home Visiting program. If you are not responsible for some of the tasks below, please mark “Not part of my job.” Please do not consider external barriers like lack of funding or staff time, agency policies, or geography. How confident are you that you can DO the following tasks related to directing the home visiting program?

|  |  | **Not at all confident** | **Slightly confident** | **Somewhat confident** | **Mostly confident** | **Very confident** | **Not part of my job** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Develop and maintain program policies and procedures  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | Monitor program performance | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | Support staff to enroll enough families to keep caseload slots filled | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | Recruit job candidates that have the right skills and experience to be effective home visiting program staff | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | Successfully hire home visitors and other program staff  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | Provide adequate training for program staff  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 7 | Retain home visiting staff | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 8 | Adequately compensate staff | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 9 | Support staff through the challenging aspects of their work | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 10 | Build and maintain relationships with other service providers in the community | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 11 | Implement our program the way we intend to, as described in our implementation plan | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 12 | Balance model requirements with local priorities | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 13 | Ensure high quality data collection | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 14 | Use data to make decisions guiding program implementation | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 15 | Sustain program funding | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 16 | Provide a supportive work environment for program staff | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 17 | Convene a local advisory board for your program | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 18 | Help program staff work together as a team | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 19 | Appropriately monitor fidelity of program implementation | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 20 | Tailor our program to be relevant to our local community and culture | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 21 | Cultivate community support for the program | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 22 | Monitor fiscal planning and oversight | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Cultivate tribal/agency leadership support for the program | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Manage subcontractors (e.g., contracted evaluators, clinical supervisors, data consultants, etc.) | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Effectively disseminate information about our program to professional audiences | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Effectively disseminate information about our program to tribal/ organizational leadership | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Effectively disseminate information about our program to community audiences | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Monitor employee performance and communicate with them about improvement plans, if needed | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Balance multiple requirements across different funders | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Utilize technical assistance to achieve program goals | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Submit required reports in a timely manner (to funders, tribe, agency, model, etc.) | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Communicate effectively with funders | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Meet Tribal MIECHV grant requirements without putting in unreasonable time and effort | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. The following questions ask about your approach to being the home visiting program’s team leader. Please state whether you agree or disagree with the following statements.

|  |  | **Strongly agree** | **Agree** | **Neutral** | **Disagree** | **Strongly disagree** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | I initiate meetings to discuss the team's progress. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | I am available for consultation on problems. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | I am engaged in our team’s day-to-day work. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | I manage crises in a calm and dependable way. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | I help the team get through challenges they face in their work. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | I handle personnel issues thoughtfully. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 7 | I would go to bat for the team. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 8 | I have enough training and experience to be an effective leader. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 9 | I treat all team members fairly. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 10 | I don’t really know what the team needs to do its job well. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

## F. JOB SATISFACTION

1. The following questions ask how you feel about your job overall. Please state how often you feel this way.

|  |   | **None of the time** | **A little of the time** | **Some of the time** | **Most of the time** | **All of the time** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | The work I do is satisfying. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | My job is boring. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | My job allows me to be creative. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | I feel respected at work. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | My job is frustrating. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | My work gives me a sense of accomplishment. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 7 | My job is interesting.  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 8 | The work I do is important. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 9 | My job is overwhelming. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. Think about your pay from this job. How much do you agree or disagree with the following about your pay?

|  |   | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** | **Not sure** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | I can depend on my paycheck to be regular and on time. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | The pay I get from this job is less than I deserve for the work that I do. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | The pay I get from this job is fair for my qualifications. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. The pay I get from this job is:
* Barely enough to live on
* Enough to cover my normal expenses
* Enough to live comfortably
1. For each job characteristic listed below, indicate how satisfied or dissatisfied you are with your current job at the home visiting program in this regard.

|  |   | **Completely satisfied** | **Somewhat satisfied** | **Somewhat dissatisfied** | **Completely dissatisfied** |
| --- | --- | --- | --- | --- | --- |
| 1 | My job security | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | The amount of vacation time I receive  | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | The amount of on-the-job stress  | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | My chances for promotion  | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | The number of home visitors I supervise | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | The amount of time required of me to get the job done  | 🞎 | 🞎 | 🞎 | 🞎 |
| 7 | The amount of time I spend travelling for my day-to-day job | 🞎 | 🞎 | 🞎 | 🞎 |
| 8 | The flexibility of my schedule | 🞎 | 🞎 | 🞎 | 🞎 |
| 9 | The health insurance benefits my employer offers | 🞎 | 🞎 | 🞎 | 🞎 |
| 10 | The retirement plan my employer offers | 🞎 | 🞎 | 🞎 | 🞎 |
| 11 | The amount of leave or schedule flexibility available for family and community obligations | 🞎 | 🞎 | 🞎 | 🞎 |
| 12 | The control I have over my daily work schedule | 🞎 | 🞎 | 🞎 | 🞎 |
| 13 | The physical workspace | 🞎 | 🞎 | 🞎 | 🞎 |
| 14 | Balancing the different tasks that are required of me | 🞎 | 🞎 | 🞎 | 🞎 |
| 15 | Being able to get my work done with the amount of interruptions I experience | 🞎 | 🞎 | 🞎 | 🞎 |
| 16 | The recognition I receive at work for my accomplishments | 🞎 | 🞎 | 🞎 | 🞎 |
| 17 | The amount of money I earn | 🞎 | 🞎 | 🞎 | 🞎 |
| 18 | My relationship with my immediate supervisor | 🞎 | 🞎 | 🞎 | 🞎 |
| 19 | My physical safety while doing my job | 🞎 | 🞎 | 🞎 | 🞎 |
| 20 | My relationships with coworkers | 🞎 | 🞎 | 🞎 | 🞎 |
| 21 | The training and professional development opportunities available to me | 🞎 | 🞎 | 🞎 | 🞎 |
| 22 | How interesting the work is | 🞎 | 🞎 | 🞎 | 🞎 |
| 23 | My work-life balance | 🞎 | 🞎 | 🞎 | 🞎 |
| 24 | The mentoring and support I receive | 🞎 | 🞎 | 🞎 | 🞎 |
| 25 | My ability to contribute to others in a meaningful way | 🞎 | 🞎 | 🞎 | 🞎 |
| 26 | My job overall | 🞎 | 🞎 | 🞎 | 🞎 |

1. We are interested in learning about how your job relates to the community where your program provides home visiting services. Indicate your agreement or disagreement with each statement below.

|  |   | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** | **Not sure** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | The local community is very involved in shaping the home visiting services the home visiting program provides. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | My job makes me feel more connected to my community. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | I worry that my job has negatively impacted how I'm perceived in the local community. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | My job is meaningful to the local community. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | My job makes a positive difference in the local community. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | My job is contributing to a brighter future for the local community. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

## G. PROFESSIONAL QUALITY OF LIFE

When you provide home visiting services to people you have direct contact with their lives. As you may have found, your compassion for those you serve can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a home visiting program coordinator/manager. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

|  |   | **Never** | **Rarely** | **Sometimes** | **Often** | **Very often** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | I am happy. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | I am preoccupied with more than one person our program serves. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | I get satisfaction from being able to make home visiting services available to people. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | I feel connected to others. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | I jump or am startled by unexpected sounds. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | I feel invigorated after working with those our program serves. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 7 | I find it difficult to separate my personal life from my life as a home visiting program coordinator/manager. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 8 | I am not as productive at work because I am losing sleep over the traumatic experiences of a person our program serves. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 9 | I think that I might have been affected by the traumatic stress of those our program serves. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 10 | I feel trapped by my job as a home visiting program coordinator/manager. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 11 | Because of my role with the home visiting program, I have felt "on edge" about various things. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 12 | I like my work as a program coordinator/manager. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 13 | I feel depressed because of the traumatic experiences of the people our program serves. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 14 | I feel as though I am experiencing the trauma of someone our program has served. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 15 | I have beliefs that sustain me. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 16 | I am pleased with how I am able to keep up with home visiting techniques and protocols. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 17 | I am the person I always wanted to be. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 18 | My work makes me feel satisfied. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 19 | I feel worn out because of my work as a program coordinator. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 20 | I have happy thoughts and feelings about those our program serves and how I could help them. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 21 | I feel overwhelmed because my case load seems endless. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 22 | I believe I can make a difference through my work. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 23 | I avoid certain activities or situations because they remind me of frightening experiences of the people our program serves. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 24 | I am proud of what I can do as a home visiting program coordinator/manager. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 25 | As a result of home visiting, I have intrusive, frightening thoughts. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 26 | I feel "bogged down" by the system. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 27 | I have thoughts that I am a "success" as a program coordinator/manager. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 28 | I can't recall important parts of my work with trauma victims. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 29 | I am a very caring person. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 30 | I am happy that I chose to do this work. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 31 | The chronic stresses in the lives of people our program serves make me depressed. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 32 | I take the stress of people our program serves home with me. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 33 | I get overwhelmed by the ongoing challenges faced by the people our program serves. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

## H. TRAINING

We would like to know whether Tribal Home Visiting Program Coordinators/Managers receive the training and supervisory support they need to do their jobs well. Please tell us whether you would like additional training and support in order to successfully accomplish the tasks related to being the home visiting program Program Coordinator/Manager.

1. How much additional training and supervisory support do you need to do the following parts of your job well:

|  |  | **None** | **A little bit** | **A good amount** | **A lot** | **Not part of my job** |
| --- | --- | --- | --- | --- | --- | --- |
|  | Develop and maintain program policies and procedures  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Monitor program performance | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Support staff to enroll enough families to keep caseload slots filled | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Recruit job candidates that have the right skills and experience to be effective home visiting program staff | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Successfully hire home visitors and other program staff  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Provide adequate training for program staff  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Retain home visiting staff | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Adequately compensate staff | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Support staff through the challenging aspects of their work | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Build and maintain relationships with other service providers in the community | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Implement our program the way we intend to, as described in our implementation plan | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Balance model requirements with local priorities | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Ensure high quality data collection | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Use data to make decisions guiding program implementation | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Sustain program funding | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Provide a supportive work environment for program staff | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Convene a local advisory board for your program | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Help program staff work together as a team | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Appropriately monitor fidelity of program implementation | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Tailor our program to be relevant to our local community and culture | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Cultivate community support for the program | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Monitor fiscal planning and oversight | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Cultivate tribal/agency leadership support for the program | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Manage subcontractors (e.g., contracted evaluators, clinical supervisors, data consultants, etc.) | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Effectively disseminate information about our program to professional audiences | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Effectively disseminate information about our program to tribal/ organizational leadership | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Effectively disseminate information about our program to community audiences | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Monitor employee performance and communicate with them about improvement plans, if needed | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Balance multiple requirements across different funders | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Utilize technical assistance to achieve program goals | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Submit required reports in a timely manner (to funders, tribe, agency, model, etc.) | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Communicate effectively with funders | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Meet Tribal MIECHV grant requirements without putting in unreasonable time and effort | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

2. Please rate your agreement with the following statement: Overall, the training I receive provides me with everything I need to manage the Home Visiting Program.

* Strongly agree
* Agree
* Disagree
* Strongly disagree

3. Have you ever attended the [NATIONAL MODEL] training for home visitors?

* Yes
* No
1. Have you ever attended the [NATIONAL MODEL] training for supervisors?
* Yes
* No
1. Have you ever received training in how to manage staff?
* Yes
* No
1. Please rate your agreement with the following statement: Overall, the training I receive provides me with everything I need to support the home visitors I supervise.
* Strongly agree
* Agree
* Disagree
* Strongly disagree
1. The following questions ask about the training you receive to help you supervise and support home visitors. Please rate your agreement with the following statements. The training I receive provides me with everything I need to support the home visitors I supervise in the following areas:

|  |  | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** |
| --- | --- | --- | --- | --- | --- |
| 1 | **Monitoring progress of particular caregivers,** including general updates and celebrating successes. | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | **Problem-solving for particular caregivers.** This includes getting families connected to services, addressing challenging topics with families, strategies for motivating families, and supporting families through crises. | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | **Managing caseloads.** This includes the number of families on their caseloads, enrolling new families into home visiting, scheduling home visits, and making the number of expected home visits. | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | **Building home visitor skills to provide information and support to families**. This includes planning home visits, delivering the curriculum, learning how to model positive parenting and facilitate parent-child interaction, and accessing training and professional development. | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | **Home visitors’ thoughts, feelings, actions and reactions when working with families,** including any past trauma home visiting might bring up for them.  | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | **Home visitor emotional wellbeing,** including managing stress and exhaustion, things happening in their personal life, and community events influencing morale. | 🞎 | 🞎 | 🞎 | 🞎 |
| 7 | **Home visitor’s professional development,** including discussing their professional development goals and actions that can be taken to achieve those goals. | 🞎 | 🞎 | 🞎 | 🞎 |
| 8 | **Working effectively with other team members,** including collaborating on activities, and roles and responsibilities of team members. | 🞎 | 🞎 | 🞎 | 🞎 |
| 9 | **Data collection and entry,** including tracking what data to collect and when, questions about forms or assessments, data entry, explaining data collection to families, completing forms in a timely manner. | 🞎 | 🞎 | 🞎 | 🞎 |
| 10 | **Policies and procedures and other administrative topics.** This includes following agency or program policies and procedures, changes to policies and procedures, completing administrative trainings and forms, time and leave reporting. | 🞎 | 🞎 | 🞎 | 🞎 |
| 11 | **Monitoring home visitor performance and providing feedback.** This includes conducting both formal and informal performance reviews and supporting improvement when needed. | 🞎 | 🞎 | 🞎 | 🞎 |

*[In Question 5 above, for areas that received disagree and strongly disagree ratings, GO TO Question 5a below. For areas that received agree or strongly agree ratings, SKIP TO next area in Question 5.]*

7a. [If Question 5 = disagree or strongly disagree] Why do you think the training you received on \_\_\_\_\_\_\_\_\_\_\_\_ [*fill area text in bold*] hasn’t fully prepared you to support home visitors in this area? CHECK ALL THAT APPLY

* I didn’t get enough training in this area
* I didn’t fully understand the training I received in this area
* The training I received wasn’t useful
* I need something other than to training to be able to support home visitors in this area
1. If you ask, can you attend trainings in specific areas relevant to your needs or professional goals?
* No
* Yes, I can once in a while when I ask
* Yes, I can about half the time I ask
* Yes, I can most of the times I ask
* Yes, I can every time I ask
* Not sure
* Always
1. How often do the trainings you attend directly relate to your day-to-day work with families?
* Always
* Often
* Sometimes
* Rarely
* Never
1. How often do the trainings you attend use training techniques that are helpful and engaging?
* Always
* Often
* Sometimes
* Rarely
* Never
1. How often are the trainings you attend individualized to meet your needs?
* Always
* Often
* Sometimes
* Rarely
* Never
1. How often do the trainings you attend offer techniques or materials that are relevant for your community and the families you serve?
* Always
* Often
* Sometimes
* Rarely
* Never
1. Please rate how important each of the following are for preparing and supporting home visitors…

|  |   | **Not at all important** | **Minimally important** | **Somewhat important** | **Very important** | **Unsure**  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Shadowing another home visitor | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | One-on-one time with his/her direct supervisor | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | [Model] training sessions | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | Receiving reflective supervision | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | Talking with other home visitors | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | Case conferencing | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 7 | Watching videos of other home visitors | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 8 | Debriefing with co-workers | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 9 | Coursework/education in early childhood development or a related field | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 10 | Continuing education opportunities | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

## I. SUPERVISION

1. Please rate the size of your current supervisor to home visitor ratio:
* Lighter than you are able to handle effectively
* About right
* Heavier than you are able to handle effectively
1. In the past 6 months, how often have you had a supervisor to home visitor ratio that was more than what you could handle effectively?
* None of the time
* Nearly none of the time
* Some of the time
* About half of the time
* Most of the time
* Nearly all of the time
* All of the time
1. Given your program’s resources and the training and support you’ve received, how confident are you that you can support home visitors in the following areas during one-on-one or group supervision?

|  |   | **More** | **About the same** | **Less** | **Unsure** |
| --- | --- | --- | --- | --- | --- |
| 1 | **Monitoring progress of particular caregivers,** including general updates and celebrating successes. | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | **Problem-solving for particular caregivers.** This includes getting families connected to services, addressing challenging topics with families, strategies for motivating families, and supporting families through crises. | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | **Managing caseloads.** This includes the number of families on their caseloads, enrolling new families into home visiting, scheduling home visits, and making the number of expected home visits. | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | **Building home visitor skills to provide information and support to families**. This includes planning home visits, delivering the curriculum, learning how to model positive parenting and facilitate parent-child interaction, and accessing training and professional development. | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | **Home visitors’ thoughts, feelings, actions and reactions when working with families,** including any past trauma home visiting might bring up for them.  | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | **Home visitor emotional wellbeing,** including managing stress and exhaustion, things happening in their personal life, and community events influencing morale. | 🞎 | 🞎 | 🞎 | 🞎 |
| 7 | **Home visitor’s professional development,** including discussing their professional development goals and actions that can be taken to achieve those goals. | 🞎 | 🞎 | 🞎 | 🞎 |
| 8 | **Working effectively with other team members,** including collaborating on activities, and roles and responsibilities of team members. | 🞎 | 🞎 | 🞎 | 🞎 |
| 9 | **Data collection and entry,** including tracking what data to collect and when, questions about forms or assessments, data entry, explaining data collection to families, completing forms in a timely manner. | 🞎 | 🞎 | 🞎 | 🞎 |
| 10 | **Policies and procedures and other administrative topics.** This includes following agency or program policies and procedures, changes to policies and procedures, completing administrative trainings and forms, time and leave reporting, and performance reviews. | 🞎 | 🞎 | 🞎 | 🞎 |
| 11 | **Monitoring home visitor performance and providing feedback.** This includes conducting both formal and informal performance reviews and supporting home visitors where they need to improve. | 🞎 | 🞎 | 🞎 | 🞎 |

1. In the past year, has there been a time when you did not have a supervisor or someone in a leadership position that you could go to for support in your job?
* Yes
* No
* Unsure
1. In the past year, has there been a time when you were unable to go to your supervisor or other provider to explore your thoughts, feelings, actions and reactions when working with home visitors and families?
* Yes
* No
* Unsure
1. In the past year, has there been a time when you were unable to go to anyone in your program that you had a trusting relationship with to explore your thoughts, feelings, actions and reactions when working with home visitors and families?
* Yes
* No
* Unsure
1. Since you began your position as a supervisor at your agency, how many direct supervisors have you had?

 Enter Number: \_\_\_\_\_\_\_

## J. OBSERVATION OF HOME VISITS

1. Do you ever observe home visitors during actual visits or by reviewing video-recordings of their visits as part of supervision?

* No 🡪 SKIP TO Section K
* View video recordings only 🡪 GO TO question 2
* Observe in person only 🡪 GO TO question 2
* View video recordings and observe in person 🡪 GO TO question 2

2. Do you observe all home visitors or only under certain conditions? CHECK ALL THAT APPLY.

* Observe all home visitors
* Observe home visitors who are newly hired
* Observe home visitors who request to be observed
* Observe home visitors who need extra help
* Observe home visitors under other conditions (specify): \_\_\_\_\_\_\_\_\_

3. About how many times per year do you observe each home visitor?

* Less than 1 time per year
* 1 time per year
* 2 times per year
* 3-10 times per year
* Eleven or more times per year

4. Do you use any specific tool(s) or form(s) for observing home visits?

* Yes, what is the name of the tool(s) or form(s)? \_\_\_\_\_\_\_\_\_ 🡪 GO TO Question 4a
* No 🡪 SKIP TO question 5

4a. [If Question 4 = Yes] Did you receive training on using this tool(s) from the tool developers?

* Yes, in-person training 🡪 GO TO Question 4b
* Yes, virtual training 🡪 GO TO Question 4b
* No 🡪 SKIP TO Question 4c

4b. [If Question 4a = Yes] How long ago did you receive this training?

* + - * Within the last 12 months
			* Within the last 2 years
			* Within the last 3 years
			* More than 3 year ago

4c. [If Question 4 = Yes] Please rate your agreement with the following statement: I feel I could use additional training in using this tool(s).

* + - Strongly agree
		- Agree
		- Disagree
		- Strongly disagree

4d. [If Question 4 = Yes] How satisfied are you with the rating areas this tool(s) includes?

* + - Extremely satisfied
		- Somewhat satisfied
		- Neither satisfied nor dissatisfied
		- Somewhat dissatisfied
		- Extremely dissatisfied

4e. [If Question 4 = Yes] How useful do you find this tool(s) for guiding your home visit observations?

* + - Extremely useful
		- Somewhat useful
		- Not at all useful
1. How important is observation in your overall supervision and evaluation of home visitors?
* Observation is the most important tool for evaluating home visitors
* Observation is one of several essential tools for evaluating home visitors
* Observation can be useful for evaluating home visitors, but it is not essential
* Observation is not a very useful way to evaluate home visitors
* Observation is not at all useful for evaluating home visitors
1. When you observe a home visit, what types of feedback do you give to the home visitor? CHECK ALL THAT APPPLY
* Written feedback on a standard form
* Written feedback not on a standard form
* Verbal feedback with explicit areas for improvement
* Verbal feedback with little specific instruction
* I do not give feedback
1. Please rate your agreement with each of the following statements:

|  |  | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** | **Unsure** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Home visitors behave differently when they are being observed than when they are doing a visit on their own. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | The way families act in a home visit is pretty much the same whether the visit is being observed or they are just with their home visitor. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | Most families don’t seem to mind when I go along on home visits to observe. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | Being videotaped is more uncomfortable for families than having someone there in person observing a home visit. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | I do not have the time I need to conduct home visit observations and provide feedback. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | Home visitors find it helpful to receive feedback from observations of their visits. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

## K. ORGANIZATIONAL CULTURE AND CLIMATE

The following set of questions asks you to think about how your home visiting team does its work. We want to know how your team works together, takes in information, and makes decisions about the team’s approach to home visiting. When answering questions about your team, please think about the staff that make up your home visiting program. This would include other home visitors, program managers, supervisors, evaluators, data managers and anyone else that might work closely with your program.

1. Please state whether you agree or disagree with the following statements.

|  |  | **Strongly agree** | **Agree** | **Neutral** | **Disagree** | **Strongly disagree** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | This team gets all the information it needs to do our work and plan our schedules. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | It is easy for this team to obtain expert assistance when something comes up that we don't know how to handle. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | This team is kept in the dark about decisions that impact day-to-day work and what may happen with the program and its staff in the future. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | This team lacks access to useful training on the job. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | Excellent work pays off in this organization. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | It is clear what this team is supposed to accomplish. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 7 | This team spends time making sure every team member understands their role and responsibilities. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 8 | The team has invested plenty of time to clarify our goals. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 9 | If you make a mistake on this team, it is often held against you. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 10 | Members of this team are able to bring up problems and tough issues. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 11 | People on this team are expected to conform to the group. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 12 | It is safe to try something new on this team.  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 13 | It is difficult to ask other members of this team for help. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 14 | No one on this team would deliberately act in a way that undermines my efforts. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 15 | Working with members of this team, my unique skills and talents are valued and utilized. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 16 | Achieving this team's goals is well within our reach. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 17 | This team can complete work as assigned without being required to put in unreasonable time or effort. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 18 | With focus and effort, this team can do anything we set out to accomplish. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 19 | Most people in this team have the ability to solve the problems that come up in our work. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 20 | All members of this team have more than enough training and experience for the kind of work they have to do. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 21 | Certain individuals in this team lack the special skills needed for good team work. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 22 | We regularly take time to figure out ways to improve our team's work processes. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 23 | This team tends to handle differences of opinion privately, rather than addressing them directly as a group. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 24 | Team members go out and get all the information they possibly can from others-such as families, community members, and other program partners. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 25 | This team frequently uses information and data that lead~~s~~ us to make important changes. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 26 | In this team, someone always makes sure that we stop to reflect on the team's work process. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 27 | People on this team often speak up to test assumptions we might have. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 28 | People on this team are encouraged to think outside the box. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 29 | We invite people from outside the team to present information or have discussions with us. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 30 | This team uses data to see if our processes are leading to the results we want. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 31 | Members of this team are encouraged to try new strategies to see if they will work. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 32 | Members of this team support each other as we work to master new skills. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 33 | The quality of work provided by this team is improving over time. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

## L. CONNECTION TO COMMUNITY SERVED

1. Do you live in the community or neighborhoods your program provides services to?
	* Yes 🡪 GO TO Question 1a
	* No 🡪 SKIP TO Question 1b

1a. [If Question 1 = Yes] In total, how many years have you lived in the community or neighborhoods your program provides services to?

* + Less than 1 year
	+ 1-2 years
	+ 3-5 years
	+ 5-10 years
	+ More than 10 years

1b. [If Question 1 = No] If you ever previously lived in the community or neighborhoods your program provides services to, how long did you live there?

* + I never lived there
	+ Less than 1 year
	+ 1-2 years
	+ 3-5 years
	+ 5-10 years
	+ More than 10 years
1. Do you consider yourself a member of the tribal or urban Indian community your program provides services to?
* Yes
* No
* Somewhat
1. In general, do you feel as though you and the families your program serves share a similar cultural background?
* Yes, with most families
* Yes, with some families
* Yes, with a few families
* No

## M. DEMOGRAPHICS

1. What is your Ethnicity?
* Hispanic or Latino
* Not Hispanic or Latino
1. What is your Race? (Select one or more)
	* American Indian or Alaska Native 🡪 GO TO Question 2a
	* Asian 🡪 SKIP TO Question 3
	* Black or African American 🡪 SKIP TO Question 3
	* Native Hawaiian or Other Pacific Islander 🡪 SKIP TO Question 3
	* White 🡪 SKIP TO Question 3

2a. [If Question 2 = American Indian or Alaska Native] What is your tribal affiliation and/or identity?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your age?
* 25 and under
* 26-29
* 30-39
* 40-49
* 50-59
* 60 or older

**[NEXT SCREEN]**

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY.**

**Please click NEXT to exit the survey.**