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

**PROGRAM DIRECTOR SURVEY**

This collection of information is voluntary. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: 0970-XXXX, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Kate Lyon, James Bell Associates; 3033 Wilson Blvd. Suite 650, Arlington, VA 22201; [MUSE.info@jbassoc.com](mailto:MUSE.info@jbassoc.com).

# MUSE Program Director 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 director 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 directors’ 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 in home visiting? This could include managing another home visiting program, working as a home visitor, or working in another position related to home visiting.
   * + No [🡪 SKIP to #4]
     + Yes [🡪 GO TO #3a & 3b]

3a. [If Question 3=Yes] How many total years of experience do you have in home visiting, 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

3b. [If Question 3=Yes] Before taking the job as the home visiting program Director, had you worked as a home visitor for this program or any other home visiting program?

* + - No [🡪 SKIP to #4]
    - Yes [🡪GO TO #3c]

3c. [If Question 3b=Yes] How many total years of experience did you work as a home visitor?

* + - Less than 1 year
    - 1-2 years
    - 3-5 years
    - 6-10 years
    - More than 10 years

1. Do you have prior 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., count years of nursing experience and 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. Before taking the job as the home visiting program Director, had you worked as a manager or director for another program?
   * + No [🡪 SKIP to #7]
     + Yes [🡪 GO TO #6a]

6a. [If Question 6=Yes] How many total years of experience do you have managing programs and staff?

* + - Less than 1 year
    - 1-2 years
    - 3-5 years
    - 6-10 years
    - More than 10 years

1. 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 vising 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 director? Please enter the month and year in numeric format. If you cannot recall which month you began, please leave it blank.

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

1. Some Tribal Home Visiting Program Directors manage multiple programs or have other responsibilities within the agency they work for. How many hours do you spend in your role as the home visiting program Director in a typical week?

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

1. In your role as the home visiting program Director, 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 continue in your current position 6 months from now?

* Very likely [🡪 SKIP to #5]
* Somewhat likely [🡪 GO TO #4a]
* Somewhat unlikely [🡪 GO TO #4a]
* Very unlikely [🡪 GO TO #4a]

4a. [If Question 4= somewhat likely, somewhat unlikely, or 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 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 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

In your role as Program Director, you likely have a good sense of how well your program prepares and supports home visitors to do their jobs well. The next two sets of questions ask about your program’s overall ability to assure that home visitors do the following parts of their jobs well. When answering these questions, please think about all aspects of your program including the curriculum, training, materials and support home visitors receive from the home visiting model. Please also think about any supplemental curriculum, material or resources developed or selected by your program. Please also consider any training home visitors receive from your program or other agencies, one-on-one and group supervision, and support they may receive from other staff (including other home visitors), evaluators and consultants.

1. Rate your program's overall ability to assure that home visitors do the following parts of their job well.

|  |  | **Could be greatly improved** | **Could be somewhat improved** | **Could be slightly improved** | **Already top notch** |
| --- | --- | --- | --- | --- | --- |
|  | **Your program's overall ability to assure that home visitors do this part of their job well** |  |  |  |  |
| 1 | Balance family preferences with program priorities | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | Communicate warmth, respect, and appreciation to the family | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | Develop and use family goal plans | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | Conduct required screenings | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | Tailor activities in response to family interests, concerns, and preferences | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | Build relationships and trust with caregivers and their families | 🞎 | 🞎 | 🞎 | 🞎 |
| 7 | Deliver home visiting curriculum the way the program and model intends | 🞎 | 🞎 | 🞎 | 🞎 |
| 8 | Model and coach parenting skills | 🞎 | 🞎 | 🞎 | 🞎 |
| 9 | Identify and communicate strengths to caregivers | 🞎 | 🞎 | 🞎 | 🞎 |
| 10 | Helping families access needed services | 🞎 | 🞎 | 🞎 | 🞎 |
| 11 | Collect data and information from caregivers | 🞎 | 🞎 | 🞎 | 🞎 |
| 12 | Enter data and document what happens during home visits | 🞎 | 🞎 | 🞎 | 🞎 |
| 13 | Plan home visits for families | 🞎 | 🞎 | 🞎 | 🞎 |
| 14 | Retain families and keep caseload slots filled | 🞎 | 🞎 | 🞎 | 🞎 |
| 15 | Deliver the expected number of home visits for each family | 🞎 | 🞎 | 🞎 | 🞎 |
| 16 | Support families in managing crises | 🞎 | 🞎 | 🞎 | 🞎 |
| 17 | Manage their time so that they can get everything done that they need to do | 🞎 | 🞎 | 🞎 | 🞎 |
| 18 | Engage an uninterested or distracted caregiver during a home visit | 🞎 | 🞎 | 🞎 | 🞎 |
| 19 | Engage an uninterested or fussy child during a home visit | 🞎 | 🞎 | 🞎 | 🞎 |
| 20 | Ensure their safety when making home visits | 🞎 | 🞎 | 🞎 | 🞎 |

1. Rate your program's overall ability to assure that home visitors can address the following topics with caregivers.

|  |  | **Could be greatly improved** | **Could be somewhat improved** | **Could be slightly improved** | **Already top notch** | **Program doesn’t focus on this** |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Your program's overall ability to assure that home visitors can address the following topics with families** |  |  |  |  |  |
| 1 | Prenatal health/prenatal care | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | Postpartum health/postpartum care | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | Breastfeeding | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | Physical health (outside of pregnancy and postpartum health) | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | Nutrition and physical activity | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | Family planning | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 7 | Alcohol, tobacco, and other drug use | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 8 | Mental health or stress | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 9 | Healthy relationships | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 10 | Domestic violence | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 11 | Social support | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 12 | Getting a job, or getting a better job | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 13 | Furthering a caregiver’s education and job training | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 14 | Budgeting/making ends meet | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 15 | Meeting basic needs like food, utilities, health care, and housing | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 16 | Child care | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 17 | Trauma (things that happened in the past that affect caregiver or family today) | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 18 | Connecting to community and culture | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 19 | Child health | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 20 | Child development | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 21 | Parent-child interaction | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 22 | Discipline/behavior management | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 23 | Feeding children (including formula and solids) | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 24 | Developmentally appropriate care/routines | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 25 | Co-parenting | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 26 | Child/home safety | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. How much should home visitors focus on improving outcomes for…

|  |  |  | **Not at all** | **Very little** | **Somewhat** | **A lot** |
| --- | --- | --- | --- | --- | --- | --- |
| 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

1. 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** |
| --- | --- | --- | --- | --- | --- |
|  | 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 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Getting a job, or getting a better job | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Furthering a caregiver’s education and job training | 🞎 | 🞎 | 🞎 | 🞎 |
|  | 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 | 🞎 | 🞎 | 🞎 | 🞎 |

## D. SELF-EFFICACY

1. Tribal Home Visiting Program Directors take on many tasks in order to administer and monitor the program, support and 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 being a Program Director. 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** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Develop and maintain program policies and procedures | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Monitor program performance | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Support staff to enroll enough families to keep caseload slots filled | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. T | 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 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

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. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

## E. 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. As you think about the pay you get from this job, which statement best describes your thoughts? 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 people 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 down 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. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

## F. 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 director. 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 director. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 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 director. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 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 director. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 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 director. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 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 director. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 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 director. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 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. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

## G. TRAINING

We would like to know whether Tribal Home Visiting Program Directors 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 Director.

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 direct the home visiting program.

* Strongly agree
* Agree
* Disagree
* Strongly disagree

3. 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 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

## H. ORGANIZATIONAL CULTURE AND CLIMATE

The following questions ask 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. 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. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

## I. CONNECTION TO COMMUNITY SERVED

1. Do you live in the community or neighborhoods your program provides services to?

* Yes [🡪 GO TO #1a]
* No [🡪 GO TO #1b]

1a. [If Question 1 = Yes] In total, how many years have you lived in the community or neighborhoods you provide 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 you provide 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

## J. 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 #2a]
* Asian [🡪 SKIP to #3]
* Black or African American [🡪 SKIP to #3]
* Native Hawaiian or Other Pacific Islander [🡪 SKIP to #3]
* White [🡪 SKIP to #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.**