

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

Public reporting burden for this collection of information is estimated to average 40 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.

Instructions for Completing the MUSE Implementation Logs

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 programs and the experiences of families receiving home visiting services.

The Implementation Logs collect information on your home visiting program's activities each month. There are 6 logs: Staff Hires, Staff Departures, Training, Family Group Events, Group Supervision, and One-on-One Supervision. Please enter information about these activities for the **past calendar month only**. Implementation Logs should be completed for the past calendar month before the 15th of the current month. For example, please complete the March implementation log by April 15th.

Your information will be kept private. Only the MUSE study team and your program will have access to this information. We will not report information collected in this study in a way that could identify you or your program.

The amount of time it takes to complete the Implementation Log varies depending on the number of staff at each program and the number of activities to report. On average, it will take programs 40 minutes to complete.

Each of the Implementation Logs is displayed below. Please select the log that you would like to begin with.

Table of Contents

- Staff Hires
- Staff Departures
- Training
- Family Group Events
- Group Supervision
- One-on-One Supervision

STAFF HIRES LOG

1. Did any new staff members begin working at [LOCAL PROGRAM NAME] during the past month?
 - Yes
 - No

SKIP LOGIC

If respondent, clicks 'yes': Respondent sees the following instruction and is taken to Question 2:
 Please enter information about new staff hires one at a time. You will have an opportunity to enter information about additional new staff hires once you are finished entering information about the first hire.

If respondent clicks 'no': Respondent sees the following instruction:
 Staff Hires Log complete. You indicated that you did not have any instances to enter. Please ensure that this is correct and then click "Next Page" to continue. If you have entries to report, please click, "Previous Page".

2. How many new staff members began working at [LOCAL PROGRAM NAME] during the past month? _____

SKIP LOGIC

Questions 3-6 are repeated for each new staff member reported in Question 2.

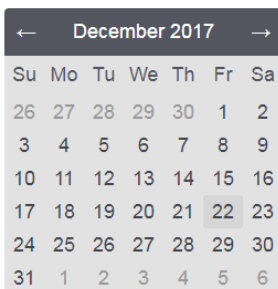
3. What is the name of the new staff member who began their position during the past month? _____

4. What was the position that they were hired into?

- Home Visitor
- Program Coordinator/Manager
- Program Director
- Data Manager
- Other: _____

5. Please enter [prefilled with staff member's name as reported in Question 3] 's start date. Please make sure you are selecting a date from the past month, not the current month.

Select a date:



6. What was the approximate length of time it took to fill this position (in weeks):

STAFF DEPARTURES LOG

1. Did any staff members leave their positions during the past month?

- Yes
- No

SKIP LOGIC

If respondent, clicks 'yes': Respondent sees the following instruction and is taken to Question 2:

Please enter information about staff departures one at a time. You will have an opportunity to enter information about additional staff departures once you are finished entering information about the first departure.

If respondent clicks 'no': Respondent sees the following instruction:

Staff Departures Log complete. You indicated that you did not have any instances to enter. Please ensure that this is correct and then click "Next Page" to continue. If you have entries to report, please click "Previous Page".

2. How many staff members left their position last month?

SKIP LOGIC

Questions 3-6 are repeated for each staff member reported in Question 2.

3. Please enter the name of the staff member who left their position during the last month:

4. Please select the position that they left:

- Home Visitor
- Program Coordinator/Manager
- Program Director
- Data Manager
- Other: _____

5. Please select the reason for the staff member's departure:

- Moved
- Took a new job
- Left for personal reasons
- Termination
- Other: _____

6. Do you plan to rehire for this position?

- Yes
- No

TRAINING LOG

1. Did you or any other staff members participate in training or education sessions within the last month?
 - Yes
 - No

SKIP LOGIC

If respondent, clicks 'yes': Respondent sees the following instruction and is taken to Question 2:

Please enter information about training sessions that happened during the past month. Complete the following questions for a single training session only. You will be given the option to enter additional training once you have entered all of the information about the first one.

If respondent clicks 'no': Respondent sees the following instruction:

Training Log complete. You indicated that you did not have any instances to enter. Please ensure that this is correct and then click "Next Page" to continue. If you have entries to report, please click "Previous Page".

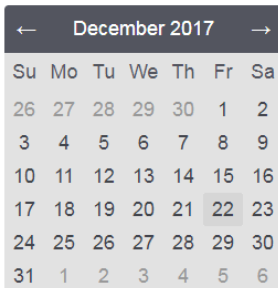
2. How many trainings did staff attend during the past month?

SKIP LOGIC

Questions 3-8 are repeated for each instance of training reported in Question 2.

3. Please select the date for a training or education session that occurred within the last month using the calendar below. Please make sure you are selecting a date from the past month, not the current month. If the training session spanned multiple days, please only report the day the training began.

Select a date:



4. Please select the names of all staff members who attended this training. (SELECT ALL THAT APPLY)
 [Names of staff members from local program will prefill in Question 4]
 - staff member 1

- staff member 2
- staff member 3
- staff member 4
- staff member 5
- staff member 6
- _____ [Respondent can enter name of staff member not found in the data system]

5. How many total hours was this training or education session? If the training session was 30 minutes, please report this as .5 hours. If the training session lasted multiple days, please report the total number of hours it lasted. _____

6. The following questions pertain to the training session held on [prefilled with date selected in Question 3].

What topics were covered in this training session? (SELECT ALL THAT APPLY)

Topics Focusing on Supporting Caregivers:

- Prenatal health/prenatal care
- Postpartum health/postpartum care
- Breastfeeding
- Physical health (outside of pregnancy and postpartum)
- Nutrition and physical activity
- Family planning
- Alcohol, commercial tobacco, and other drug use
- Mental health or stress
- Healthy relationships
- Domestic violence
- Social support
- Employment
- Furthering caregivers' education or 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, ACEs)
- Connecting to community and culture

Topics Focusing on Parenting Behavior and Child Outcomes:

- Child health
- Child development
- Parent-child interaction
- Discipline/behavior management
- Feeding children (including formula and solids)
- Co-parenting
- Child/home safety
- Developmentally appropriate care/routines

Topics Focusing on Staff Roles and Responsibilities:

- Ensuring safety on the job
- General clinical and communication skills
- Stress management and emotional wellbeing
- Engaging fathers in home visiting
- Serving multi-generational families and non-traditional caregivers
- Interactions with the child welfare system
- Working with referral partners
- Data collection and entry
- Cultural sensitivity/diversity
- Supervisory methods
- Administrative activities
- Other (please specify):

7. The training session was delivered:

- In-person
- Virtually

8. The training session was provided by:

- Tribe/Organization
- Home Visiting Model
- State
- Federal Technical Assistance Provider (e.g. PATH, TEI)
- Other _____

FAMILY GROUP EVENTS LOG

1. Did your home visiting program offer any group events for families in the past month?

- Yes
- No

SKIP LOGIC

If respondent, clicks 'yes': Respondent sees the following instruction and is taken to Question 2:

Please enter information about family group events one at a time. You will have an opportunity to enter information about additional family group events once you are finished entering information about the first event.

If respondent clicks 'no': Respondent sees the following instruction:

Family Group Events Log complete. You indicated that you did not have any instances to enter. Please ensure that this is correct and then click "Next Page" to continue. If you have entries to report, please click "Previous Page".

2. How many Family Group Events occurred in the last month? _____

SKIP LOGIC

Questions 3-7 are repeated for each family group event reported in Question 2.

3. Please select the date of a group event offered for families in the past month. Please make sure you are selecting a date from the past month, not the current month.

Select a date:

← December 2017 →						
Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

4. The following questions pertain to the session held on [prefilled with date selected in Question 3].

How many total hours was this Family Group Event? If the event was 30 minutes, please report this as .5 hours. _____

5. Number of people who attended: _____

6. What topic(s) and activities were addressed during the family group event?

Topics Focusing on the Caregiver and Other Adult Family Members:

- | | |
|--|--|
| <input type="checkbox"/> Prenatal health/prenatal care | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Postpartum health/postpartum care | <input type="checkbox"/> Education and job training |
| <input type="checkbox"/> Breastfeeding | <input type="checkbox"/> Budgeting/making ends meet |
| <input type="checkbox"/> Physical health (outside of pregnancy and postpartum) | <input type="checkbox"/> Meeting basic needs like food, utilities, health care and housing |
| <input type="checkbox"/> Family planning | <input type="checkbox"/> Child care |
| <input type="checkbox"/> Alcohol, commercial tobacco, and other drug use | <input type="checkbox"/> Trauma (things that happened in the past that affect caregiver or family today) |
| <input type="checkbox"/> Mental health or stress | <input type="checkbox"/> Family or caregiver goals |
| <input type="checkbox"/> Healthy relationships | <input type="checkbox"/> Cultural activities |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Social support | |

Topics Focusing on Parenting Behavior and Child Outcomes:

- | | |
|--|--|
| <input type="checkbox"/> Child health | <input type="checkbox"/> Developmentally appropriate care/routines |
| <input type="checkbox"/> Child development | <input type="checkbox"/> Co-parenting |
| <input type="checkbox"/> Parent-child interaction | <input type="checkbox"/> Child/home safety |
| <input type="checkbox"/> Discipline/behavior management | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Feeding children (including formula and solids) | |

Other topics/activities

- Celebrating holidays
- Family graduations from the program
- Other celebration

7. The primary focus of the family group event was:

- Parents
- Children
- Both parents and children

GROUP SUPERVISION LOG

1. Did your home visiting program offer any group supervision sessions in the past month?
 - Yes
 - No

SKIP LOGIC

If respondent, clicks 'Yes': Respondent sees the following instruction and is taken to Question 3:

Please enter information about group supervision sessions one at a time. You will have an opportunity to enter information about additional group supervision sessions once you are finished entering information about the first session.

If respondent clicks '0': Respondent is taken to question no. 2:

2. Why weren't any group supervision sessions held this month?

3. How many group supervisions were held last month with home visitors? _____

SKIP LOGIC

Questions 4-8 are repeated for each group supervision session reported in Question 3.

4. Please select the date of the first group supervision session below. Please make sure you are selecting a date from the past month, not the current month.

Select a date:

← December 2017 →						
Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

5. Who led the group supervision session? Select all that apply.
- Myself
 - Other supervisor
 - Outside consultant
 - Other (specify) _____
6. Select all of the home visitors that participated in the group supervision session.
- Home visitor 1
 - Home visitor 2
 - Home visitor 3
 - Home visitor 4
 - Home visitor 5
 - Home visitor 6
 - _____ [Respondent can enter name of home visitor not found in the data system]
7. How many total hours was this Group Supervision? If the supervision was 30 minutes, please report this as .5 hours. If the supervision lasted multiple days, please report the total number of hours it lasted. _____
8. Which of the following topics were addressed during this group supervision session? Select all that apply.
- Training provided during supervision session (learning skills, techniques and information)
 - Case presentations and discussion
 - Home visitors' thoughts, feelings, actions and reactions when working with families
 - Home visitors' emotional wellbeing
 - Professional development goals
 - Team building and team dynamics
 - Data collection and entry
 - Policies and procedures and other administrative topics
 - Other _____

ONE-ON-ONE SUPERVISION LOG

Please complete the one-on-one supervision log for each home visitor that you supervise.

[Respondents will be prompted to select the name of each home visitor they supervise from a prepopulated list in the web-based data system.]

Answer the following questions about each one-on-one supervision session conducted with [FILL HOME VISITOR NAME] during the past month. Enter information about all one-on-one sessions held with a single home visitor first, before moving on to report supervision sessions with another home visitor.

1. During the past month, did your home visiting program provide any one-on-one supervision sessions with [FILL HOME VISITOR NAME]? Please exclude supervision provided by an external consultant.

- Yes
- No

SKIP LOGIC

If respondent, clicks 'yes': Respondent sees the following instruction and is taken to Question 3:

Please enter information about one-on-one supervision sessions provided by your program one at a time. You will have an opportunity to enter information about additional one-on-one supervision sessions once you are finished entering information about the first session.

If respondent clicks 'no': Respondent is taken to Question 2, then SKIPS to Question 6.

2. Why weren't there any one-on-one supervision sessions with [FILL HOME VISITOR NAME] this past month?

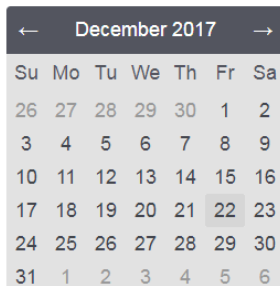
3. How many one-on-one sessions did [FILL HOME VISITOR NAME] receive this past month? Please exclude sessions provided by an external consultant. _____

SKIP LOGIC

Questions 4-5 are repeated for each one-on-one supervision session reported in Question 3.

4. When did the [first/next] one-on-one supervision session for [FILL HOME VISITOR NAME] take place? Please make sure you are selecting a date from the past month, not the current month.

Select a date:



5. Which of the following topics were addressed during this supervision session? Select all that apply. Please see the definitions and examples that accompany the following supervision topics.

- Family topic 1: Discussing progress of a particular family
- Family topic 2: Problem-solving for a particular family
- Home visitor topic 1: Managing caseload
- Home visitor topic 2: Building skills to provide information and support to families
- Home visitor topic 3: Home visitor’s thoughts, feelings, actions and reactions when working with families
- Home visitor topic 4: Home visitor’s general emotional wellbeing
- Home visitor topic 5: Home visitor’s professional development
- Program topic 1: Home visiting team dynamics
- Program topic 2: Data collection and entry
- Program topic 3: Policies and procedures and other administrative topics

Additional Supervision provided to [FILL HOME VISITOR NAME]

6. Did [FILL HOME VISITOR NAME] receive one-on-one supervision from a consultant or someone else besides their direct supervisors during the past month?

- Yes → GO TO Question 7
- No → SKIP TO Question 8

7. How many supervision sessions did they receive from a consultant? (Please leave blank if no additional supervision was provided from a consultant) _____

Observation of Home Visits

8. Did you or someone else from your home visiting program observe [FILL HOME VISITOR NAME] during a home visit this past month?

- Yes → GO TO Question 9
- No → SKIP to Supervision Log for next home visitor

9. Was [FILL HOME VISITOR NAME] provided feedback after the home visit observation?
- Yes
 - No
 - N/A-no observations conducted