

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 #: 0970-0521, Exp: 12/31/2021. 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 a total of 6 logs: New Staff Updates, Staff Departures Updates, Training, Family Group Events, Group Supervision, and One-on-One Supervision.

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.

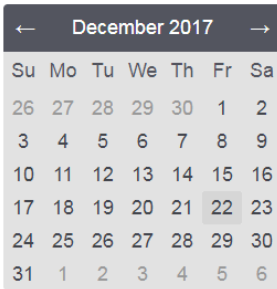
The amount of time it takes to complete the Implementation Logs varies depending on the number of staff at each program and the number of activities to report. On average, it will take programs 40 minutes to complete.

NEW STAFF UPDATES

1. What is the name or staff ID of the new staff member?
New staff member first name or Staff ID:
New staff member last name (leave blank if using Staff ID): _____
2. What is the work email address of [prefilled with staff member's name or ID as reported in Question 1]?
3. What was the position that [prefilled with staff member's name or ID as reported in Question 1] was hired into?
 - Home Visitor
 - Program Coordinator/Manager
 - Program Director
 - Data Manager
 - Local Evaluator
 - Other

If other position, please specify: _____

- 4. Please select [prefilled with staff member’s name or ID as reported in Question 1] 's start date. If reporting for an external evaluator, please select the date the evaluator’s contract began.



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

STAFF DEPARTURES UPDATES

- 1. Please select the name or staff ID of the staff member who left their position.
- 2. Please select the position that [prefilled with staff member’s name or ID selected] left:
 - Home Visitor
 - Program Coordinator/Manager
 - Program Director
 - Data Manager
 - Local Evaluator
 - Other

If other position, please specify. _____

- 3. Please select [prefilled with staff member’s name or ID selected] ‘s departure date:



4. Please select the reason for [prefilled with staff member’s name or ID selected] ‘s departure:
- Moved
 - Took a new job
 - Left for personal reasons
 - Termination
 - Other

If other reason, please specify. _____

5. Do you plan to rehire for this position?
- Yes
 - No

TRAINING LOG

1. Did any program coordinators/managers or home visitors participate in training sessions within the reporting month?
- Yes
 - No

Please complete the following questions for a single training session only. After reporting on this training session, you can report on additional training sessions attended in the reporting month.

2. Please select the date for a single training session attended in the reporting month. If the training session spanned multiple days, please only report the day the training began.

← 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

The following questions pertain to the training session held on [prefilled with date as reported in question 2].

3. Please select the names or IDs of all staff members who attended this training. CHECK ALL THAT APPLY.

[Names or IDs of staff members from local program will prefill in Question 3]

- staff member 1
- staff member 2
- staff member 3
- staff member 4
- staff member 5
- staff member 6
- Other

If other, please specify the staff member name or ID. _____

4. How many total hours was this training session? If the training session was 30 minutes, please report this as "0.5". If the training session lasted multiple days, please report the total number of hours it lasted. _____

5. What topics were covered in this training session? CHECK ALL THAT APPLY.

Topics Focusing on Supporting Caregivers:

- | | |
|--|--|
| <input type="checkbox"/> Prenatal health/prenatal care (including dental health/dental care) | <input type="checkbox"/> Social support (support from family, friends, and community) |
| <input type="checkbox"/> Postpartum health/postpartum care (including dental health/dental care) | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Breastfeeding | <input type="checkbox"/> Furthering caregivers' education or job training |
| <input type="checkbox"/> Physical health outside of pregnancy and postpartum (including dental health/dental care) | <input type="checkbox"/> Budgeting/making ends meet |
| <input type="checkbox"/> Nutrition and physical activity | <input type="checkbox"/> Basic needs like food, utilities, housing, transportation and identification |
| <input type="checkbox"/> Family planning | <input type="checkbox"/> Legal system and services |
| <input type="checkbox"/> Commercial tobacco, alcohol, and other drug use | <input type="checkbox"/> Making child care arrangements |
| <input type="checkbox"/> Caregiver emotional well-being, mental health or stress | <input type="checkbox"/> Trauma (things that happened in the past that affect caregiver today) |
| <input type="checkbox"/> Healthy adult relationships (with boyfriends/girlfriends, husbands/wives, partners, co-parents) | <input type="checkbox"/> Connecting to community and culture (attending community and/or cultural activities, learning cultural teachings, making new relationships with others in your community) |
| <input type="checkbox"/> Domestic violence | |

Topics Focusing on Parenting Behavior and Child Outcomes:

- Child health (including dental health/dental care)
- Child development
- Parent-child interaction
- Discipline/behavior management
- Feeding children (including formula and solids, and not including breastfeeding)
- Co-parenting
- Child/home safety
- Developmentally appropriate care/routines (daily routines like bedtime, mealtime, bath time)

Topics Focusing on Staff Roles and Responsibilities:

- Ensuring safety on the job
- General clinical and communication skills
- Staff stress management and emotional wellbeing
- Engaging fathers in home visiting
- Serving multi-generational families and non-traditional caregivers
- Working with referral partners
- Data collection and entry
- Interactions with the child welfare system
- Cultural sensitivity/diversity (learning about other cultures and diversity; interacting respectfully in culturally diverse spaces)
- Supervisory methods (deliberate and recognized approaches to supervision)
- Administrative tasks (agency policies and procedures, paperwork, time and leave reporting)

Other Topics:

- Other

If other, please specify. _____

6. The training session was delivered:

- In-person
- Virtually

7. The training session was delivered by:

- Program's tribe or organization
- Home Visiting Model
- State
- Federal Technical Assistance Provider (e.g. PATH, TEI)
- Other _____

FAMILY GROUP EVENTS LOG

- Did your home visiting program offer any group events for families in the reporting month?
 - Yes
 - No

Please complete the following questions for a single family group event only. After reporting on this family group event, you can report on additional family group events held in the reporting month.

- Please select the date of a single family group event offered for families in the reporting month. If the group event spanned multiple days, please only report the day the event began.



The following questions pertain to the family group event held on [prefilled with date selected in Question 2].

- How many total hours was this Family Group Event? If the event was 30 minutes, please report this as "0.5". If the group event lasted multiple days, please report the total number of hours it lasted. _____
- Number of people who attended: _____
- What topic(s) and activities were addressed during the family group event? CHECK ALL THAT APPLY.

Topics Focusing on the Caregiver and Other Adult Family Members:

- | | |
|--|---|
| <input type="checkbox"/> Prenatal health/prenatal care (including dental health/dental care) | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Postpartum health/postpartum care (including dental health/dental care) | <input type="checkbox"/> Furthering caregiver's education or job training |
| | <input type="checkbox"/> Budgeting/making ends meet |

- Breastfeeding
- Physical health outside of pregnancy and postpartum (including dental health/dental care)
- Nutrition and physical activity
- Family planning
- Commercial tobacco, alcohol, and other drug use
- Caregiver emotional well-being, mental health or stress
- Healthy adult relationships (with boyfriends/girlfriends, husbands/wives, partners, co-parents)
- Domestic violence
- Social support (support from family, friends, and community)
- Basic needs like food, utilities, housing, transportation, and identification
- Legal system and services
- Making child care arrangements
- Trauma (things that happened in the past that affect caregiver today)
- Connecting to community and culture (attending community and/or cultural activities, learning cultural teachings, making new relationships with others in your community)

Topics Focusing on Parenting Behavior and Child Outcomes:

- Child health (including dental health/dental care)
- Child development
- Parent-child interaction
- Discipline/behavior management
- Feeding children (including formula and solids, and not including breastfeeding)
- Co-parenting
- Child/home safety
- Developmentally appropriate care/routines (daily routines like bedtime, mealtime, bath time)

Topics Focusing on Other Topics/Activities

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

If other, please specify

6. 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 reporting month?

Yes

No

1a. Why weren't any group supervision sessions held in the reporting month?

Please complete the following questions for a single group supervision session only. After reporting on this group supervision session, you can report on additional group supervision sessions attended in the reporting month.

2. Please select the date for a single group supervision session held in the reporting month. If the group supervision session spanned multiple days, please only report the day group supervision session began.

← 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

The following questions pertain to the group supervision session held on [prefilled with date selected in Question 2].

3. Who led the group supervision session? CHECK ALL THAT APPLY.

Tribal Home Visiting staff member

External consultant

Other (specify) _____

4. Select the home visitors that participated in the group supervision session. CHECK ALL THAT APPLY.

- Home visitor 1
- Home visitor 2
- Home visitor 3
- Home visitor 4
- Home visitor 5
- Home visitor 6
- Other staff

If other, please specify the staff member name or ID.

5. How many total hours was this Group Supervision? If the supervision was 30 minutes, please report this as "0.5". If the supervision lasted multiple days, please report the total number of hours it lasted. _____

6. Which of the following topics were addressed during this group supervision session? CHECK ALL THAT APPLY.

- Managing caseload
- 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 (specify) _____

ONE-ON-ONE SUPERVISION LOG

Answer the following questions about each one-on-one supervision session conducted with [FILL HOME VISITOR NAME OR ID] during the past month.

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

- Yes
- No

1a. Why weren't there any one-on-one supervision sessions with [FILL HOME VISITOR NAME OR ID] this past month?

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

The following questions will ask you to enter information about each one-on-one supervision session provided to [FILL HOME VISITOR NAME OR ID] by your program during the past month. Please enter information about each one-on-one supervision session provided during the past month one at a time.

[NOTE: Questions 3 and 4 are reported for each supervision session reported.]

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

← 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
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4. Which of the following topics were addressed during this supervision session? CHECK ALL THAT APPLY.

- 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 OR ID]

5. Did [FILL HOME VISITOR NAME OR ID] receive one-on-one supervision from an external consultant during the past month?

- Yes → GO TO Question 5a.
- No → SKIP TO Question 6.

5a. How many supervision sessions did [FILL HOME VISITOR NAME OR ID] receive from an external consultant? _____

Observation of Home Visits

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

- Yes → GO TO Question 6a
- No → SKIP to Supervision Log for next home visitor

6a. Was [FILL HOME VISITOR NAME OR ID] provided feedback after the home visit observation?

- Yes
- No