Strengthening Child Welfare Systems Grantees – Technical Assistance Feedback Survey

*PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) The purpose of this information collection is to gather feedback on capacity building products and services to better meet the needs of child welfare professionals. Public reporting burden for this collection of information is estimated to average 15 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The control number for this project is 0970-0401. The control number expires on 6/30/2024. If you have any comments on this collection of information, please contact Beth Claxon, ACF, Administration on Children, Youth and Families (ACYF), Children’s Bureau (CB) by e-mail at* *Beth.Claxon@ACF.hhs.gov**.*

Survey Introduction

The Center for States Evaluation Team is conducting collecting feedback regarding the Technical Assistance (TA) provided to the Strengthening Child Welfare Systems (SCWS) grantees. Specifically, this effort is focused on getting feedback about services provided by TA providers who support grantees with implementation. As such, references in this survey to the “TA Team” are used to indicate staff and consultants from the Center for States collectively known as the Implementation Specialists. The purpose of this evaluation to gather information that will be used to improve future services for SCWS and other CB funded grantees. This survey should take approximately 15 minutes to complete and your participation is voluntary. You may exit the survey at any time and are free to decline to answer any question. There are no foreseeable risks and no direct benefits from participating with this survey. Your responses will be private and anonymously shared with the TA provider team and the Children’s Bureau to improve service delivery. Reporting that uses these survey responses will be shared in aggregate, with combining findings across all grantees. No reporting will be provided by grantee project. If you have any questions, please contact the Evaluation Lead, Christine Leicht at Christine.Leicht@icf.com. Proceeding with the survey is an indication of your consent. Thank you for your participation!

Background Information

1. Grantee Project:
2. Kansas Strong
3. New Mexico Family Advocacy Program
4. Permanency from Day One (Washington)
5. Strong Foundations (Florida)
6. Texas Permanency Outcomes Project
7. Project Role:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Time involved with project:
9. 0-6 months
10. 7-12 months
11. 13-18 months
12. 19-24 months
13. 25-30 months
14. Since SCWS grant award

Expectations and Overall Experience

Please rate your agreement with the following statements.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Somewhat Disagree** | **Somewhat Agree** | **Agree** | **Strongly Agree** |
| 1. I understood the role of the Technical Assistance (TA) team working with my project.
 |   |   |   |   |   |   |
| 1. Members of my TA Team have the right expertise for my project.
 |  |  |  |  |  |  |
| 1. My TA Team tailored its support to meet the needs and goals of my project.
 |  |  |  |  |  |  |
| 1. The frequency of contact with my TA team was sufficient.
 |  |  |  |  |  |  |
| 1. The topics covered by TA support met my expectations.
 |  |  |  |  |  |  |
| 1. Overall, TA support has been useful for my project.
 |  |  |  |  |  |  |

1. What comments or suggestions do you have about your expectations for TA and overall experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Usefulness of TA Activities

For each type of TA activity, please rate the overall usefulness of that activity for your project.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Not Very Useful** | **Not Useful** | **Somewhat Not Useful** | **Somewhat Useful** | **Useful** | **Very Useful** |
| 1. Coaching via emails, phone calls, videoconferences with TA team  (e.g., consultation about implementation plan, solicit input about teaming structure)
 |  |  |  |  |  |  |
| 1. Handouts and tools (e.g., CQI memo, Change and Implementation materials)
 |  |  |  |  |  |  |
| 1. Peer to peer learning sessions with other grantee teams (e.g., implementation circles)
 |  |  |  |  |  |  |
| 1. Feedback on work products, project tools and deliverables (e.g., implementation plan, strategies, semi-annual progress report)
 |  |  |  |  |  |  |

1. What comments or suggestions do you have about the usefulness of TA activities?

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

Support for Capacity Building

Please rate your agreement with the following statements about the extent in which TA support contributed to building capacity.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Somewhat Disagree** | **Somewhat Agree** | **Agree** | **Strongly Agree** |
| 1. TA support has improved my ability to address requirements of the funding opportunity announcement.
 |   |   |   |   |   |   |
| 1. TA support has improved my ability to address ongoing CB questions or concerns about my project.
 |  |  |  |  |  |  |
| 1. TA support has improved my ability to develop an effective teaming structure.
 |  |  |  |  |  |  |
| 1. TA support has improved my ability to use data for problem exploration (e.g., root cause analysis)
 |   |   |   |   |   |   |
| 1. TA support has improved my ability to develop a theory of change for project strategies.
 |   |   |   |   |   |   |
| 1. TA support has improved my ability to select or develop strategies aligned with my project’s theory of change.
 |  |  |  |  |  |  |
| 1. TA support has increased my organization’s readiness for implementation project strategies.
 |  |  |  |  |  |  |
| 1. TA support has improved my ability develop a CQI plan for my project.
 |  |  |  |  |  |  |
| 1. TA support has improved my ability develop a plan to measure CFSR outcomes for my project.
 |  |  |  |  |  |  |

1. What comments or suggestions do you have related to how TA support contributed to improvements with your project’s capacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contributions of Capacity Building to Project Goals and Outcomes

The following statements that are designed to assess the extent to which capacities developed with TA support contributed to the completion of key project tasks or deliverables. For each item, consider the contribution of capacities developed to your project’s achievement of the respective task, with “1” indicating “not at all” and “6” indicating “contributed significantly.” If you feel like capacity was not developed with TA support in that area, select “N/A.”

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **1 (Not at All)** | **2** | **3** | **4** | **5** | **6 (Contributed Significantly)** | **N/A – I do not feel like capacity was developed in this area.** |
| 1. Capacities developed around **teaming** contributed to my project having the right teams to complete the work.
 |   |   |   |   |   |   |  |
| 1. Capacities developed around **problem exploration** (e.g., root cause analysis) contributed to my project’s understanding of underlying issues and target populations.
 |  |  |  |  |  |  |  |
| 1. Capacities developed around **theory of change**, contributed to my project’s identification of a clear pathway for how outcomes could be achieved with the right strategies.
 |  |  |  |  |  |  |  |
| 1. Capacities developed around **selecting strategies** contributed to my project’s identification of interventions that will improve permanency outcomes.
 |   |   |   |   |   |   |  |
| 1. Capacities developed around **readiness** contributed to my organization’s preparation for implementation.
 |   |   |   |   |   |   |  |
| 1. Capacities developed around **CQI** contributed to my project’s ability to use data to track progress towards achievement of project outcomes.
 |  |  |  |  |  |  |  |
| 1. Capacities developed around **CQI** contributed to my project’s ability to track and use CFSR data indicators and case review data to monitor progress towards achievement of project outcomes.
 |  |  |  |  |  |  |  |

1. What comments or suggestions do you have related to how capacity increases contributed to the achievement of project goals and outcomes.

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Knowledge Transfer

Please rate your agreement with the following statements.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Somewhat Disagree** | **Somewhat Agree** | **Agree** | **Strongly Agree** |
| 1. TA support has helped me develop a better understanding of Federal requirements including CFSR-PIP.
 |  |  |  |  |  |  |
| 1. TA support has taught me skills that can be applied to other areas of my organization’s work.
 |  |  |  |  |  |  |
| 1. I feel motivated to apply the skills learned through TA support to other areas of my organization’s work.
 |  |  |  |  |  |  |
| 1. My organization has already begun to identify ways to apply the skills learned through TA support to other areas of my organization’s work.
 |  |  |  |  |  |  |

1. What comments or suggestions do you have related to project’s ability to apply skills learned through TA support with other areas of work?

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Miscellaneous

1. What does effective TA support look like to you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you think the TA support that your project has received so far has been effective?
	1. Yes. Please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. No. Please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How could TA support for your project be improved?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_