

THV CQICs Process Study Survey

Qualtrics Survey Introduction (*Introductory email will include more specifics about who is leading the study, its purpose, and how information will be used*)

As a member of the Continuous Quality Improvement Collaborative (CQIC) Team within your Tribal Home Visiting (THV) program, we invite you to complete this survey to provide feedback on your team's experience participating in the CQIC since the January 2021 re-launch. This survey will take up to 10 minutes to complete and all responses will remain private.

Your participation in the survey is voluntary. You may decline to answer any question you do not wish to answer. There are no risks involved in participating in the survey. While you will not receive any direct benefits from participating in this survey, your responses will be used to help us learn more about your experience participating in the CQIC.

Your survey responses will be stored in a password-protected electronic database. Only select study team members will be able to access survey data. Your name or any other personally identifying information will not appear in any report. Your responses to this survey will remain private to the extent permitted by law.

Please select your choice below. Clicking on the "Agree" button indicates that:

- You have read the above information
- You voluntarily agree to participate

Agree

Disagree

[Next]

Instructions:

1. While completing the survey, please reflect on the CQIC and think about specific ways in which your team applied what you learned from the experience.
2. Please take your time as you provide responses. Accurate and complete responses are critical. Your responses will help determine the outcomes of the CQIC and inform future collaboratives. By completing this survey, you ensure your input is included with responses of other respondents.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13): 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 OMB # is 0970-0531 and the expiration date is 7/31/2022. If you have any comments on this collection of information, please contact Julie Morales at morales@jbassoc.com.

- Please be objective in providing your responses. Your name will not be linked to your survey. Your responses will be consolidated with others. All survey responses will be kept with the Tribal Evaluation Institute (TEI) Study Team and only aggregated data will be shared.

Thank you for your time and valuable feedback.

START OF THE SURVEY

As a result of participating in the CQIC, please rate your team's capability in completing the following activities:

- **Very capable (e.g., guidance is not needed to complete this task; able to teach peers)**
- **Capable (e.g., only occasional guidance is needed to complete this task)**
- **Somewhat capable (e.g., frequent guidance is needed to complete this task)**
- **Not capable (e.g., not able to complete this task even with guidance)**
- **Not sure/don't know (e.g., unable to speak to the team's experience in this area)**

	Not Capable	Somewh at Capable	Capable	Very Capable	Not sure/ don't know
1. Developing an Improvement Theory within a PDSA cycle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Conducting small-scale, rapid tests of change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Using CQI in your day-to-day operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Establishing simple measures for each test of change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Knowing when it is time to scale up a change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Knowing when it is time to adopt a change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Collecting data to better understand a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Developing a plan to execute the change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13): 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 OMB # is 0970-0531 and the expiration date is 7/31/2022. If you have any comments on this collection of information, please contact Julie Morales at morales@jbassoc.com.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13): 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 OMB # is 0970-0531 and the expiration date is 7/31/2022. If you have any comments on this collection of information, please contact Julie Morales at morales@jbassoc.com.

Please rate the extent to which you agree with the following statements...

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not sure/ don't know
9. The level of TA and support provided to me prior to the start of the collaborative sufficiently prepared me for our first PDSA cycle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The roles of federal team members, faculty, and TA providers were clear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Participating in the collaborative helped our program make changes that improved our ability to serve families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Participating in the collaborative improved our program processes related to the [Collaborative topic area: Early Language and Literacy (ELL)/Family Engagement (FE)].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I gained skills and capacities through participation in the collaborative that are relevant to my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The data collected and reported from the Family of Measures was useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The collaborative aim was important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I was motivated to achieve the collaborative aim.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Testing a new strategy on a small scale and then adopting it for the program fits within our organizational practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Using data to make informed decisions aligns with the practices of our organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Working collaboratively with other tribal communities towards a common aim is valued at our organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate the extent to which you agree with the following statements. During my participation in the CQIC...

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not sure/ don't know
20. I was able to network and build relationships with other Tribal MIECHV teams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Our team was able to share successful change strategies with other teams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I was able to learn from what other tribal grantees are doing in [ELL/FE].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Our team was able to make improvements more efficiently by learning from the changes that other grantee teams tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate the extent to which each of these collaborative activities was a challenge for your participation in the CQIC:

	Not a Challenge	Somewhat of a Challenge	Definitely a Challenge	Not sure/ don't know
24. Understanding the purpose of the CQIC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Attending monthly collaborative Action Period calls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Meeting ACF's expectation for all team members to be involved in the collaborative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Accessing collaborative resources and materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate the extent to which each of these collaborative activities was a challenge for your team's participation in the CQIC:

	Not a Challenge	Somewhat of a Challenge	Definitely a Challenge	Not sure/don't know
28. Running rapid cycle PDSAs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Completing PDSA Planning Tools.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Utilizing the examples from the change package.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Collecting monthly Family of Measures data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Achieving the collaborative aim.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Managing staffing changes/turnover within your CQI team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Training all staff in CQI fundamentals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Conducting CQIC activities during the COVID-19 pandemic.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the degree to which you found each of the following CQIC resources or forms of support helpful: [Will include brief description/definition of each resource and form of support in hover text within Qualtrics]

	Not Helpful	Somewhat Helpful	Helpful	Very Helpful	Not sure/don't know
36. One-on-one coaching on PDSA cycles (including feedback and support provided to the team through email, telephone, and virtual means)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. TA provided during Action Period calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Group training provided during in-person and virtual learning sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Change Package	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Collaborative Charter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Key Driver Diagram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Expert faculty support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Family of Measures guidance and FAQ documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Monthly Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Would you recommend that the CQIC be implemented again in Tribal Home Visiting or other federally funded grant programs?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

46. What are your recommendations for improving the CQIC, if used again with tribal programs?

Click or tap here to enter text.

Program Experience Questions

Which Tribal Home Visiting Program are you a part of? [Drop down menu]

Which of the following best describes your role in your Tribal Home Visiting Program?

- Program leadership (Project Director, Project Manager, Project Coordinator)
- Home Visitor
- Evaluator or data team staff
- Other: _____

How long have you been involved in the [ELL/FE] CQIC? (*For reference, the CQIC re-launch was initiated in January 2021*)

- [Drop down menu of 1-16 and >16 months]

Based on your length of time involved in this Collaborative, how confident did you feel in your ability to respond to the questions in this survey?

- Very Confident
- Mostly confident
- Somewhat confident
- Not at all confident

Thank you for your time and participation in this survey.