



Introduction:

In order to help the Office on Trafficking in Persons' National Human Trafficking Training and Technical Assistance Center (NHTTAC) better serve the field, we are reaching out to obtain your feedback. We will protect the privacy of your information in accordance with the Federal Privacy Act, and we will protect the confidentiality of your responses using procedures we have in place, including reporting all information in aggregate to avoid identifying information. Only members of the NHTTAC Evaluation Team have access to information that could identify respondents. If you have any questions about this survey or the evaluation, please contact [insert].

Name: _____
 Position/Title: _____
 Organization: _____
 City/State: _____
 Time at Organization: _____

How many months have [Insert you/your organization] been participating in the [Insert NHTTAC TTA type or workgroup or CoC]?

- € I understand the above statements and agree to continue.
- € I do not wish to continue.

To complete the survey, please refer to the following definitions of key terms related to [Insert NHTTAC TTA type].

Key Terms

- **Workgroup or Continuum of Care (CoC):** An umbrella term for the overall collaborative effort within your [Insert organization, community].
- **Partners:** An umbrella term for all the organizations and individuals participating in the workgroup or CoC. This includes those individuals who participate in the steering committee (if applicable), the organizations (and their representatives) participating in the service delivery network, and those organizations and individuals who participate in both the steering committee and the service delivery network.

Partnership Structure & Activities

LEVEL OF INVOLVEMENT	No Involvement	A Little Involvement	Moderate Involvement	Significant Involvement	Extensive Involvement
Please indicate your organization's level of involvement in [Insert NHTTAC TTA type #1-4].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For groups where applicable:

	Yes, Existed Before [Insert T/TA Type]	Yes, Newly Developed After [Insert T/TA Type]	No, Plans to Create/ Adopt this Year	No, Not Part of Current Plans for the Year	Not Applicable
Please indicate if the workgroup or CoC:					
Has workgroups or subcommittees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has formalized rules and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Has bylaws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a vision/mission statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a written strategic plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tracks progress on a strategic plan (goals, objectives).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has regularly scheduled meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a formal process for decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a designated leader(s) or leadership team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a non-hierarchical, shared power structure for decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a conflict resolution process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Includes persons with lived experience and at risk populations in membership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a funded coordinator/leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a process for soliciting insights from the workgroup or CoC members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a process for integrating feedback from service population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following section has questions about your experience participating in the [Insert NHTTAC T/TA type/ initiative]. Thinking about activities within [Insert year T/TA occurred], please rate the extent to which you agree or disagree with the statements below.

WORKGROUP or CoC	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Workgroup or CoC partners are committed to working together to enhance services for individuals who have experienced trafficking or who have increased risk factors for trafficking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project partners have adequate time to commit to the workgroup or CoC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaders of participating partner organizations are willing to commit resources, such as financial resources and staff time, to the workgroup or CoC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My [Insert organization's, communities'] policies are conducive to developing collaborative relationships with other organizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workgroup or CoC has sufficient staff to carry out its activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workgroup or CoC has sufficient knowledge resources (e.g., in-house expertise, available training resources) to carry out its activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My [Insert organization, community] has sufficient financial resources to carry out its activities for the workgroup or CoC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workgroup or CoC has the right composition of partners from different key partner groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workgroup's or CoC's composition of partners promotes diverse viewpoints.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals with lived experience assume active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



representation in the workgroup's or CoC's efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The roles and responsibilities of partner members are clear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project partners can be counted on to meet their obligations to the workgroup or CoC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workgroup or CoC has a feeling of cohesiveness and team spirit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project partners feel valued and important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a shared vision of what the workgroup or CoC should accomplish.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflicts frequently arise among workgroup or CoC partners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Differences among workgroup or CoC partners are recognized and resolved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project partners communicate effectively with each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The people in leadership positions for this workgroup or CoC have good skills for working with people and organizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workgroup or CoC has sufficient meetings/conference calls to exchange information among partners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical decisions of the workgroup or CoC are made after discussion and input from all partners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project leaders seriously consider partners' recommendations when making decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project leaders are integral to achieving workgroup or CoC goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project leaders are responsive to partners' concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project leaders provide direction and vision for the workgroup or CoC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workgroup or CoC operates efficiently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The skills and expertise of workgroup or CoC partners are utilized effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Insert building trust/psychological safety item here]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Insert building trust/psychological safety item here]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Insert building trust/psychological safety item here]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Insert building trust/psychological safety item here]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Insert collaborative factor here]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Insert collaborative factor here]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Insert collaborative factor here]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Insert collaborative factor here]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Insert collaborative factor here]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following section has questions about the future of the workgroup or CoC, including expected sustainability. For the following questions, please rate the extent to which the statements are accurate for [Insert date].



	No Extent	Little Extent	Some Extent	Moderate Extent	Great Extent
Champions—internal and/or external leaders—actively advocated for the workgroup or CoC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workgroup or CoC was supported by policies designed to help ensure sustained funding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workgroup or CoC contributed/reviewed adoption of [Insert outcome] at my organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workgroup or CoC contributed/reviewed adoption of [Insert outcome] at partner organizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workgroup or CoC contributed/reviewed adoption of [insert outcome] withing the community/non-partner organizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project partners were invested in the development and sustainability of the workgroup or CoC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workgroup or CoC was well integrated into the operations of the workgroup or CoC partners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workgroup or CoC uses data to inform the strategic plan and priority areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workgroup or CoC review helped to adapt and adopt new strategies as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workgroup or CoC review provided decision-making about which components are ineffective and how to discontinue them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workgroup or CoC integrated communication strategies to secure and maintain external awareness and support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workgroup or CoC included plans for future resource needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The workgroup or CoC has a sustainability plan in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Connection to Partners

For closed networks:

How frequently do(es) [Insert you/your organization] work with this [Insert individual/organization] on issues related to [Insert focal area or action plan goal]?	INDIVIDUAL/ORGANIZATION A	INDIVIDUAL/ORGANIZATION B	INDIVIDUAL/ORGANIZATION C	INDIVIDUAL/ORGANIZATION D	INDIVIDUAL/ORGANIZATION E	INDIVIDUAL/ORGANIZATION F	INDIVIDUAL/ORGANIZATION G	INDIVIDUAL/ORGANIZATION H	INDIVIDUAL/ORGANIZATION I
	Not once in the last 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Once in the last 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple times in the last 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple times in the last month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple times a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know this <i>[Insert individual/organization]</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mark which organization is yours on this line.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For open network this is asked individually:

How frequently do(es) *[Insert you/your organization]* work with this *[Insert individual/organization]* on issues related to *[Insert focal area or action plan goal]*?

1	2	3	4	5	6
<i>Never</i>	<i>Once a year or less</i>	<i>About once a quarter</i>	<i>About once a month</i>	<i>Every week</i>	<i>Every day</i>

Who do you rely on for learning about the topics listed below? (Check all that apply.)	INDIVIDUAL/ORGANIZATION								
	A	B	C	D	E	F	G	H	I
<i>[Insert topic associated with T/TA]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>[Insert topic associated with T/TA]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>[Insert topic associated with T/TA]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>[Insert topic associated with T/TA]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>[Insert topic associated with T/TA]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>[Insert topic associated with T/TA]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>[Insert topic associated with T/TA]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Services Coordination Activities

For the following questions, please rate the extent of coordination between *[Insert yourself, your organization]* and **each workgroup or CoC partner** on a 5-point scale from 1=Not at all to 5=Very Much. **Skip the column with *[Insert your, your own organization's]* name in the heading.** If the activity listed in any of the questions below does not apply to your organization, please select 1 ("Not at all/Not Applicable").



	1 Not at all/Not Applicable	2 A Little	3 Somewhat	4 Considerable	5 Very Much					
<i>Please rate the extent to which your organization does the following with each workgroup or CoC partner:</i>										
	INDIVIDUAL/ORGANIZATION A	INDIVIDUAL/ORGANIZATION B	INDIVIDUAL/ORGANIZATION C	INDIVIDUAL/ORGANIZATION D	INDIVIDUAL/ORGANIZATION E	INDIVIDUAL/ORGANIZATION F	INDIVIDUAL/ORGANIZATION G	INDIVIDUAL/ORGANIZATION H	INDIVIDUAL/ORGANIZATION I	
Has formal written agreements, contracts, or memorandum of understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares materials, tools, or other resources (e.g., pamphlets, procedure manuals, centralized databases)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides/receives training with this organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides/receives referrals with this organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses common intake forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares client information as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares record keeping and management information systems data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develops client service plans together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in joint case conferences or case reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaborates with workgroup or CoC partners on changes to policies and procedures at their organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaborate on policy level work with this organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works together on fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works together on <i>other</i> collaborations or committees (does not have to be related to trafficking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual Network Functioning Beyond NHTTAC Established Networks



CLOSED NETWORK Only: From the list, select the [Insert up to 10 individuals/organizations] with which you have an established relationship (either formal or informal). In subsequent questions you will be asked about your relationship with these organizations in the context of [Insert NHTTAC T/TA type] peer network.

- Note: A list of [Insert individuals/organizations] in the [Insert NHTTAC T/TA type] peer network will be provided in the survey.

OPEN NETWORK Only: Please identify [Insert up to 10 individuals/organizations] [that were not included in the list above] with which you have an established relationship (either formal or informal) for [Insert focal area or action plan goal]. In subsequent questions you will be asked about your relationship with these individuals/organizations in the context of [Insert focal area or action plan goal].

In this section, you will answer questions for each partner/individual/organization you selected or identified in the prior question.

Select the appropriate response for each [Insert individual/organization] with whom you are interacting.

How valuable is [Insert individual's/organization's] POWER AND INFLUENCE in achieving the overall vision of the [Insert NHTTAC TTA peer network, focal area or action plan goal]?

*Power/Influence: The [Insert individual/organization] holds a prominent position in the [Insert network/community/cohort] being powerful, having influence, success as a change agent, and showing leadership.

1		8
<i>Not at all</i>		<i>A great deal</i>

How valuable is [Insert individual's/organization's] LEVEL OF INVOLVEMENT in achieving the overall vision of the [Insert NHTTAC TTA peer network, focal area or action plan goal]?

*Level of Involvement: The [Insert individual/organization] is strongly committed and active in the partnership and gets things done.

1		8
<i>Not at all</i>		<i>A great deal</i>

How valuable is [Insert individual's/organization's] RESOURCE CONTRIBUTION to achieving the overall vision of the [Insert NHTTAC TTA peer network, focal area or action plan goal]?

*Contributing Resources: The [Insert individual/organization] brings resources to the partnership like funding, information, or other resources.

1		8
<i>Not at all</i>		<i>A great deal</i>

How RELIABLE is [Insert individual/organization]?

*Reliable: This [Insert individual/organization] is reliable in terms of following through on commitments.

1		8
<i>Not at all</i>		<i>A great deal</i>



To what extent does [Insert individual/organization] SHARE A VISION with the [Insert NHTTAC TTA peer network's/cohort's] vision and goals?

*Vision Congruence: This [Insert individual/organization] shares a common vision of the end goal of what working together should accomplish.

1

Not at all

8

A great deal

How OPEN TO DISCUSSION is [Insert individual/organization]?

*Open to Discussion: This [Insert individual/organization] is willing to engage in frank, open, and civil discussion (especially when disagreement exists). The [Insert individual/organization] is willing to consider a variety of viewpoints and talk together (rather than at each other). You are able to communicate with this [Insert individual/organization] in an open, trusting manner.

1

Not at all

8

A great deal

How TRUST AND PSYCHOLOGICAL SAFETY was achieved with [Insert individual/organization]?

*Trust and Psychological Safety: This [Insert individual/organization] is [Insert definition and example for how trust and psychological safety was built for a specific T/TA type].

1

Not at all

8

A great deal

Do you rely on [Insert individual/organization] to learn about the topics listed below? (check all that apply).

- [Insert topic]
- [Insert topic]
- [Insert topic]
- [Insert topic]
- [Insert topic]
- [Insert topic]

Which of the following NHTTAC roles is important for the success of [Insert NHTTAC TTA peer network, focal area or action plan goal]? (Choose all that apply)

- Convening and connecting everyone in the [Insert NHTTAC TTA peer network/cohort]
- Communication tools
- Data resources and evidence based practices
- [Insert specific type of technical assistance]
- Evaluation
- Trust building and group dynamics

Which of the following [Insert NHTTAC TTA type] peer network results are critical to improving [Insert goal(s) or intended outcomes]? (Choose all that apply)

- Improved resource sharing
- Increased knowledge sharing
- Coordinated communication



- Networking with organizations that do similar things
- Networking with organizations that do different things
- Data and information available through the NHTTAC website
- Coordinated assessments
- Increased access to services
- Improved client outcomes
- Reduction of health disparities
- Public awareness
- Creating healthier environments (e.g., schools, worksites, community)
- Policy, law, and/or regulation

How successful has [Insert entity] been at implementing a coordinated effort to impact the [Insert cohort, goal(s), or intended outcome(s)]?

1		8
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Not successful

*Very
Successful*

What aspects of [Insert NHTTAC TTA type] contribute to this success? (Choose all that apply)

- Bringing together diverse stakeholders
- Meeting regularly
- Exchanging information/knowledge
- Coordinated communication
- Sharing resources
- Informal relationships created
- Collective decision-making
- Having a shared vision and goals
- Collective synergy
- Creation of trust
- Establishing psychological safety
- Not sure

Networking and Community Building

Please rate your level of agreement with the following items related to your beliefs about networking and community building.

Through engagement in [Insert NHTTAC TTA peer network, focal area or action plan goal], I...	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
Made connections with colleagues around shared goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enhanced psychological safety across the network.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gained access to professional relationships that changed my perspective or understanding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaged regularly with [Insert NHTTAC TTA type recipients].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participated in [Insert NHTTAC TTA type] activities that were meaningful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Please describe a meaningful activity or connection you experienced (e.g., a conversation, a working session, a project, etc.) as a result of [Insert NHTTAC TTA peer network, focal area or action plan goal].

Gaining Knowledge

Please rate your level of agreement with the following items related to your beliefs about gaining new knowledge outside of the NHTTAC TTA. This section captures new knowledge within your [Insert NHTTAC TTA peer network, focal area or action plan goal].

Through engagement in the [Insert NHTTAC TTA peer network, focal area or action plan goal], I...	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
Acquired a new skill or new knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gained insight about a person or group I can turn to for information or support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gained access to new tools, information, or processes I would not otherwise have access to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saw opportunities for learning that I did not see before.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received peer support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided peer support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received peer coaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided peer coaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shared resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received job assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided job assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received introduction to others within or outside this network.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided an introduction to others within or outside this network.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaborated around shared issues and common problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applied Learning and Practices

Please rate your level of agreement with the following items related to areas where you further applied learning and practices.

As a result of the [Insert NHTTAC TTA type network], I ...	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
[Insert applied skill or practice] learned from a [Insert NHTTAC TTA type] peer to accomplish a goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Insert applied skill or practice] learned from a [Insert NHTTAC TTA type] peer to accomplish a goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Insert applied skill or practice] learned from a [Insert NHTTAC TTA type] peer to accomplish a goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Insert applied skill or practice] learned from a [Insert NHTTAC TTA type] peer to accomplish a goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Leveraged a [Insert NHTTAC TTA type] peer connection to accomplish [insert a task]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leveraged a [Insert NHTTAC TTA type] peer connection to accomplish [Insert a task]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a result of the [Insert NHTTAC TTA type network], my organization/network/community ...	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
[Insert applied skill, practice, policy, etc.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Insert applied skill, practice, policy, etc.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Insert applied skill, practice, policy, etc.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[Insert applied skill, practice, policy, etc.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leveraged a [Insert NHTTAC TTA type] peer connection/policy/procedure to accomplish [Insert a task]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leveraged a [Insert NHTTAC TTA type] peer connection/policy/procedure to accomplish [Insert a task]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sometimes participation in a collaborative effort changes your perspective, direction, strategy, or understanding of what success is. If this has taken place through your connection to a [Insert NHTTAC TTA type] peer, please describe it.

Do you have any additional comments regarding this survey or partnerships related to [Insert NHTTAC TTA type] initiative?

Thank you for taking the time to complete this form and helping to improve NHTTAC activities.