Instrument 1. Toolkit Feedback and Reflection (TFAR) Questionnaire

Introduction

This questionnaire is part of a project funded by the Administration for Children and Families at the U.S. Department of Health and Human Services (HHS). The goal of this project is to improve the experience of families served by multiple benefit programs through coordination across programs/agencies. To support your [agency's/jurisdiction's] coordination goals, we are developing and piloting a Toolkit of materials to support your agency in coordinating programs and services. This interview is not part of any HHS monitoring or auditing activities. All individual responses will be kept private and will be used for project purposes only. They will be reviewed by pilot leadership to inform our approach to providing coaching and technical assistance and by the project team members supporting the development of the Toolkit as part of the project. This feedback will not be shared with your coaches directly.

It will take approximately 15 minutes to respond to this questionnaire; this includes the time it will take to read instructions, gather resources, and search existing data sources, as needed. We will ask you to complete this questionnaire up to twice per month during the pilot period.

Your participation completion of this questionnaire is extremely valuable and will help the project team understand how best support your organization throughout the pilot and to improve the Toolkit based on your team's efforts to advance coordination efforts to improve the experiences of families. Your participation in this questionnaire is voluntary. Please feel free to skip any questions or stop the questionnaire at any time. You can skip the question by scrolling past it without selecting an answer. You can submit your questionnaire early by using the next arrow to skip sections.

We will incorporate findings from this study into public documents, based on information collected through this questionnaire and other data collection activities. In these documents, we may identify your program as a contributor to the study, but we will not include the names of individual respondents in any reporting. Personally identifiable information will not be used to retrieve questionnaire data and will not be disclosed publicly.

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 #: 0970-0531, Exp: 9/30/2025.

Do you consent to completing the questionnaire?

- Yes [questionnaire begins]
- No [questionnaire ends]

For more information

If you have any questions or concerns about the questionnaire, please contact the project lead, Kate Stepleton at kate.stepleton@mefassociates.com or the ACF project officer, Victoria Kabak at Victoria.Kabak@acf.hhs.gov.

Questions

[*[Asked during first administration only:]*

0. In a few sentences, please describe your role on the pilot. Include your title, the agency you work for, and your core responsibilities in the implementation of the pilot. *[open text response]*]

Please respond to the questions that follow based on your experiences during the pilot period **since the last time you completed the questionnaire**.

1. *Please select the pilot site you are from: [dropdown menu of pilot sites]*

Coordination effort information

2. Please select the response that best reflects your team's focus since the last time you completed the questionnaire. *[select one]*
    - Identifying service needs of families engaging with program(s) and readiness to address them
    - Identifying target areas to improve family experiences
    - Identifying strategies to address identified target areas to improve family experiences
    - Developing plans for implementing strategies
    - Implementing strategies
    - Monitoring and tracking progress of strategies
3. Who has been involved in your team's work since the last time you completed the questionnaire? *[open text response]*

Materials used to support coordination effort

4. Did you use the Toolkit or other materials provided by your coaching team since the last time you completed the questionnaire?
    - Yes [Instrument skips to Q6]
    - No [Instrument continues to Q5)
5. [If answered No to Q7] Why did you not use the Toolkit or other materials provided by your coaching since the last time you completed the questionnaire? *[open text response]*
    - [Instrument skips to Q11]
6. Which sections of the Toolkit or other materials did you use since the last time you completed the questionnaire? *[select all that apply]*
    - Module 1: Clarifying the Opportunity to Improve Family Experiences and Assessing Readiness for Implementing a Coordination Solution
    - Module 2: Foundational Strategies to Advance Coordination
    - Module 3: Program Knowledge Strategies
    - Module 4: Program Access Strategies
    - Module 5: Program Administration and Delivery Strategies
    - Module 6: Implementing Coordination Strategies
    - Module 7: Continuous Improvement and Increasing Impact of Coordination
    - Other materials (please describe): [Open text field]
7. For each of the sections of the Toolkit and other materials you identified having been used, how did your team use these materials? *[choices from Q6 piped in with open text fields for each].*
8. For each of the sections of the Toolkit and other materials you identified having been used, what components felt most helpful and usable? *[choices from Q6 piped in with open text fields for each].*
9. For each of the sections of the Toolkit and other materials you identified having been used, what components felt least helpful and usable? *[choices from Q6 piped in with open text fields for each].*
10. Did you use any other materials or supports outside of those provided by the coaching team, including technical support or existing agency resources, to

support planning and implementation of your coordination efforts? Please describe them. *[open text response]*

Reflection on coaching and coordination effort progress

11. What, if any, successes have you achieved in advancing your goals for improving the experiences of families across programs? *[open text response]*
12. What, if any, challenges have you encountered? *[open text response]*
13. What is one thing that your coaches can do to support your team right now? *[open text response]*