

**MIECE Annual Surveys of Administrators of Community Resources that
Provide Services Relevant to Home Visited Families**

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This document contains web-based survey instruments for:

1. Community Service Providers Nominated by Home Visiting Program
2. Other Home Visiting Programs Nominated by Home Visiting Program

Survey of Community Service Providers Nominated by Home Visiting Program

INTRO LANGUAGE ABOUT THE STUDY

[HOME VISITING PROGRAM] nominated your program as one to which families are referred for [SERVICE]. We ask that you complete this questionnaire so that we can understand services available to families in this community.

1. Please rate the availability of [SERVICE] in your community.
 - [SERVICE] is almost always available to families who need it.
 - [SERVICE] is usually available to families who need it.
 - [SERVICE] is sometimes available to families who need it.
 - [SERVICE] is difficult to obtain for families who need it.
 - [SERVICE] is not available in our community.

The next set of questions is about your relationship with the [HOME VISITING PROGRAM].

2. Approximately how often does your agency receive referrals from [HOME VISITING PROGRAM]?
 - No referrals
 - Every day or almost every day
 - Every week or almost every week
 - Once or twice a month
 - Less than monthly
3. Approximately how many families have you referred from [HOME VISITING PROGRAM] in the past three months?
 - No referrals
 - 1 to 3 referrals
 - 4 to 10 referrals
 - 11 to 20 referrals
 - More than 20 referrals
 - Don't know
4. Does your program maintain a waiting list for [SERVICE]?
 - No
 - Yes
 - Don't Know
- 4a. [IF YES] How long do families usually have to wait for services?
 - Less than a week
 - Less than a month
 - 1 to 3 months
 - More than 3 months
5. Does your agency charge fees for [SERVICES]?
 - No
 - Yes

- 5a. [IF YES] Are fees on a sliding scale based on income?
- No
 - Yes
- 5b. [IF YES] Do you accept private insurance?
- No
 - Yes
- 5c. [IF YES] Do you accept public insurance such as Medicaid or SCHIP?
- No
 - Yes
6. Is your service location accessible to public transportation?
- No
 - Yes
7. Are services offered outside of standard working hours, such as early morning, evenings, or weekends?
- No
 - Yes
8. Are services offered in languages other than English if needed, either directly or through an interpreter?
- No
 - Yes
9. Over the past three months, what types of activities were you involved in with [HOME VISITING PROGRAM]? Please check all that apply.
- Met for joint planning
 - Participated in joint training
 - Provided training to staff from [HOME VISITING PROGRAM]
 - Shared costs
 - Developed joint program materials
 - Contracted for specific services
 - Shared information about specific families
10. Do you have a Memorandum of Understanding (MOU) or other service agreement in place with [HOME VISITING PROGRAM]?
- No
 - Yes
 - Don't Know
11. Do you have a designated point of contact at [HOME VISITING PROGRAM]?
- No
 - Yes
 - Don't Know

12. Over the past three months, how often has your program had contact with [HOME VISITING PROGRAM] about referrals or other issues?

- No contact
- Every day or almost every day
- Every week or almost every week
- Once or twice a month
- Less than monthly

13. Are there other service providers in the community that offer [SERVICE]?

- No
- Yes

13a. [IF YES] Please provide the names of up to three other service providers in the community that provide [SERVICE].

Survey of Other Home Visiting Programs Nominated by Home Visiting Program

[HOME VISITING PROGRAM] nominated your program as one to which families are referred for home visiting. We ask that you complete this questionnaire so that we can understand the home visiting services available to families in this community.

1. Does your agency provide home visiting services to families with pregnant women or children ages birth to 5?
 - No
 - Yes

2. Are families with the following characteristics eligible to enroll in your program? Please check all that apply.
 - Families with pregnant women
 - Families with children up to age 3 months
 - Families with children ages 3 to 6 months
 - Families with children ages 7 to 12 months
 - Families with children ages 13 to 24 months
 - Families with children ages 25 to 36 months
 - Families with children ages 37 to 48 months
 - Families with children ages 49 to 60 months

3. Does your program limit eligibility based on family income?

4. Does your program limit eligibility based on number or level of risk factors?

5. Until what child age are families eligible to receive services?
 - Until age 12 months
 - Until age 2
 - Until age 3
 - Until age 4
 - Until age 5 or kindergarten entry

6. How often do families typically receive home visits?
 - Weekly
 - Twice a month
 - Monthly
 - Less than monthly

7. Does your program implement a specific program model or curriculum? Please check all that apply.

- Born to Learn
- Child FIRST
- Early Head Start
- Early Intervention Program
- Even Start
- Family Check Up
- Family Connections
- Growing Great Kids
- Healthy Families America
- Healthy Start
- Healthy Steps
- HIPPY
- Nurse Family Partnership
- Nurturing Parenting Programs
- Parent-Child Home Program
- Parents As Teachers
- Resource Mothers
- SafeCare
- Triple P
- Other: specify

8. How many total families is your program funded to serve?

9. How many new families did your program enroll in the previous 12 months?

10. How long has your home visiting programs been operating in the community?