

MIECE Annual Surveys of Home Visiting Program Site Managers

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DRAFT

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## Your Home Visiting Program

This survey is about the [NAME OF PROGRAM SITE], which uses the [NAME OF NATIONAL MODEL].

To understand your home visiting program, we need copies of your written policies and procedures. We also need a list of the trainings staff members have completed.

- In the next week, please submit the documents listed in the tables below.
  - Table A asks for information on general policies and procedures.
  - Table B asks for information on staff hiring and supervision.
  - Table C asks for information on core services.
  - Table D asks for a list of the trainings completed by home visitors and supervisors.
- You can do this either all at once or separately as you locate each written document.
- You can submit each document in any of three ways:
  1. Upload the policy document to this website, OR
  2. Email the policy document to [INSERT ADDRESSEE INFORMATION], OR
  3. Fax the policy document to [INSERT ADDRESSEE INFORMATION].
- If you email or fax documents, use this sheet as a cover page. Check the documents included.

### A. YOUR PROGRAM'S GENERAL POLICIES AND PROCEDURES

- For some areas, your program site's policy might be the same as for the national model.
- For some areas, your program site's policy might be different from the national model.
- For some areas, your program site might have no formal, written policy.

*If your program doesn't have a policy for a particular topic, that is fine. Just note this on the website or in the checkbox on this page so that we will know not to expect a document from you for that policy.*

| A. YOUR PROGRAM'S GENERAL POLICIES AND PROCEDURES   | Our program has <b>no formal written</b> policy on this | Our program <b>does</b> have a written policy: |                          |                          |
|---|---|--|--------------------------|--------------------------|
|   |   | Uploaded to Website                            | Emailed as an Attachment | Faxed as an Attachment   |
| 1. Main goals of the program <sup>1</sup>   | <input type="checkbox"/>                                | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Intended outcomes <sup>2</sup> for families  | <input type="checkbox"/>                                | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Family eligibility <sup>3</sup>  | <input type="checkbox"/>                                | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Home visit frequency and duration <sup>4</sup>   | <input type="checkbox"/>                                | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Group services <sup>5</sup>  | <input type="checkbox"/>                                | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Staff - Roles and Responsibilities <sup>6</sup>  |   |  |                          |                          |
| a. Home Visitors  | <input type="checkbox"/>                                | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Supervisors  | <input type="checkbox"/>                                | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Other clinical team members  | <input type="checkbox"/>                                | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Staff - Core Competencies <sup>7</sup>   |   |  |                          |                          |
| a. Home Visitors  | <input type="checkbox"/>                                | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Supervisors  | <input type="checkbox"/>                                | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Other clinical team members  | <input type="checkbox"/>                                | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Caseload Limits <sup>8</sup>   |   |  |                          |                          |
| a. Supervisor – number of home visitors   | <input type="checkbox"/>                                | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Home Visitors – number of families   | <input type="checkbox"/>                                | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> |
| NOTES: <sup>1</sup> By this we mean broad statements of over-arching program goals, likely only 2-5. <sup>2</sup> The main outcomes or benefits your program expects family members will experience from home visiting. <sup>3</sup> The characteristics that make families eligible or ineligible for enrollment in your program. <sup>4</sup> When families should be enrolled, how long they should be offered services, expected visit frequency and length <sup>5</sup> Whether and how often group services are to be offered <sup>6</sup> Formal list of roles and responsibilities for each type of staff member <sup>7</sup> Formal statement of expected competencies including means for assessing achievement of them <sup>8</sup> Including weighting, if applicable |   |  |                          |                          |

## B. YOUR PROGRAM'S HIRING AND SUPERVISION POLICIES AND FORMS

- If your program uses written forms and rating systems, we need copies of them, regardless of who developed them.
- If your program doesn't have a formal policy or written form, that is fine. Just note this on the website or in the checkbox on this page so that we will know not to expect a copy of it from you.

| B. YOUR PROGRAM'S POLICIES AND FORMS FOR HIRING AND SUPERVISION | Our program has <b>no</b> policy or form for this | Our program <b>does</b> have a policy / form: |                          |                          |
|---|---|---|--------------------------|--------------------------|
|   |   | Uploaded to Website                           | Attachment Emailed       | Attachment Faxed         |
| 1. Home visitor recruitment procedures                          |   |   |                          |                          |
| a. Minimum qualifications for hire                              | <input type="checkbox"/>                          | <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Standard interview questions                                 | <input type="checkbox"/>                          | <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Rating system to assess answers to questions                 | <input type="checkbox"/>                          | <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Supervisor recruitment procedures                            |   |   |                          |                          |
| a. Minimum qualifications for hire                              | <input type="checkbox"/>                          | <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Standard interview questions                                 | <input type="checkbox"/>                          | <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Rating system to assess answers to questions                 | <input type="checkbox"/>                          | <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Supervision of home visitors                                 |   |   |                          |                          |
| a. <u>Policy</u> for office-based, 1-on-1 home supervision      | <input type="checkbox"/>                          | <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <u>Form</u> for office-based, one-on-one supervision         | <input type="checkbox"/>                          | <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/> |
| c. <u>Policy</u> for observation of visits for supervision      | <input type="checkbox"/>                          | <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/> |
| d. <u>Form</u> for observation of visits for supervision        | <input type="checkbox"/>                          | <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/> |

## C. YOUR PROGRAM'S POLICIES AND TOOLS FOR SCREENING AND ASSESSMENT

- If your program uses a specific instrument, we need a copy of it, regardless of who developed it.
- If your program doesn't use a specific instrument, that is fine. Just note this on the website or in the checkbox on this page so that we will know not to expect a copy of it from you.

| C. YOUR POLICIES AND TOOLS FOR SCREENING AND ASSESSMENT    | Our program has <b>no</b> policy or instrument for this | Our program <b>does</b> have a policy / form: |                          |                          |
|--|---|---|--------------------------|--------------------------|
|  |   | Uploaded to Website                           | Attachment Emailed       | Attachment Faxed         |
| 1. Child developmental screening                           |   |   |                          |                          |
| a. <u>Policy</u> for when to screen, how to act on results | <input type="checkbox"/>                                | <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <u>Screening instrument</u>                             | <input type="checkbox"/>                                | <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Parent-Child Interaction                                |   |   |                          |                          |
| a. <u>Policy</u> for when to assess, how to act on results | <input type="checkbox"/>                                | <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <u>Screening instrument</u>                             | <input type="checkbox"/>                                | <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Parental Stress   |   |   |                          |                          |
| a. <u>Policy</u> for when to screen, how to act on results | <input type="checkbox"/>                                | <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <u>Screening instrument</u>                             | <input type="checkbox"/>                                | <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Parental Substance Use                                  |   |   |                          |                          |
| a. <u>Policy</u> for when to screen, how to act on results | <input type="checkbox"/>                                | <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <u>Screening instrument</u>                             | <input type="checkbox"/>                                | <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Parental Depression                                     |   |   |                          |                          |
| a. <u>Policy</u> for when to screen, how to act on results | <input type="checkbox"/>                                | <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <u>Screening instrument</u>                             | <input type="checkbox"/>                                | <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Parental Anxiety  |   |   |                          |                          |
| a. <u>Policy</u> for when to screen, how to act on results | <input type="checkbox"/>                                | <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <u>Screening instrument</u>                             | <input type="checkbox"/>                                | <input type="checkbox"/>                      | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 7. Domestic Violence                                       |                          |                          |                          |                          |
| a. <u>Policy</u> for when to screen, how to act on results | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <u>Screening instrument</u>                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## D. CURRENT HOME VISITORS AND SUPERVISORS AND THEIR TRAINING

We need to identify each current supervisor and home visitor. We also need to understand what training each one has completed as a staff member in your home visiting program.

- Complete one form for each current home visitor and supervisor.
- **SECTION 1: STAFF MEMBER'S NAME AND CURRENT POSITION**
  - Enter the staff member's name and current position.
- **SECTION 2: EMPLOYMENT HISTORY AT YOUR AGENCY**
  - Start with the first date of hire.
  - Enter the start and end dates for each position held. Name each position held.
  - If there is a gap, just enter its dates and the broad reason for the gap.
- **SECTION 3: WORK-RELATED TRAININGS TRACKED BY YOUR AGENCY**
  - **Which Trainings to List**
    - List only the trainings that your agency has tracked in its records.
    - Do not ask the staff member to add to the list of trainings. (In a separate staff survey, we will ask for information on trainings beyond those that your agency has tracked.)
  - **What to List for Each Training**
    - We ask for the name of the training, when it was completed, its total length, and the teaching and evaluation methods used.
    - Enter as much information about the training as you are reasonably sure.
    - If you are unsure about some information, just check the "unsure" box.

### EXERPT OF DRAFT OF FORM

#### 1. STAFF MEMBER NAME AND CURRENT POSITION

NAME: \_\_\_\_\_  
Last First

CURRENT POSITION \_\_\_\_\_  
Title Start Date in Current Position

#### 2. EMPLOYMENT HISTORY AT YOUR AGENCY

| POSITION TITLE<br>from first to current | FROM<br>month/year | TO<br>month/year |
|---|--------------------|------------------|
|   |                    |                  |
|   |                    |                  |

#### 3. WORK-RELATED TRAININGS TRACKED BY YOUR AGENCY

| NAME OF TRAINING | DATE(S)<br>COMPLETED | LENGTH                | TEACHING METHODS –<br>% OF TIME           | TRAINEES' SKILL<br>ACQUISITION ASSESSED?   |
|------------------|----------------------|-----------------------|---|--|
|                  |                      | ___ hours<br>___ days | ___% Didactic<br>___% Question and Answer | ___ No<br>___ Yes, no performance criteria |

|  |  |  |   |                                    |
|--|--|--|---|------------------------------------|
|  |  |  | ___ % Demonstration<br>___ % Practice<br>___ % Evaluation of trainees | ___ Yes, with performance criteria |
|--|--|--|---|------------------------------------|

## E. STAFF OTHER THAN HOME VISITORS AND SUPERVISORS

Enter the name and the position of each of your home visiting program staff member other than home visitors and supervisors. Indicate if full-time or part-time.

| Name     | Position Title | Part-Time/Full-Time  |
|----------|----------------|--|
| Write In | Write In       | <input type="checkbox"/> Full-Time (≥35 hours per week)<br><input type="checkbox"/> Part-Time (<35 hours per week) |
| etc.     |                |  |

## F. AVAILABILITY OF SERVICES IN YOUR COMMUNITY

We need to learn about the availability of services in your community for expectant women and families with young children. For this part of the survey, it may be helpful to consult your program's community resource guide and other program staff who regularly make referrals to community service providers.

- For each service area listed below, please list the top two community service providers to which you most frequently refer families.
- For each one, enter the name of your main contact at that provider and his or her contact information.

We will send each of these contacts a brief web-based survey about the services they provide.

### CANDIDATE SERVICE LIST

Prenatal care

Early Childhood Care and Education

(Note: Community service provider could be a child care resource and referral agency.)

Early Intervention Services

Pediatric Primary Care

Family Planning and Reproductive Health Care

Substance Abuse Treatment/Mental Health Services

Services for Victims of Domestic Violence

## G. OTHER EARLY CHILDHOOD HOME VISITING PROGRAMS IN THE COMMUNITY

We also need to learn about other early childhood home visiting programs in the community you serve. List up to five other home visiting programs in your community that enroll expectant women and/or families with children from birth to age 5. If there are more than five such programs in your community, list the five largest programs.

For each program, please enter the program director's name and contact information. If you do not have this information, just check the box to indicate this. We will send each of these programs a brief web-based survey to complete about the services they provide

## PROGRAM MANAGER SURVEY #2

### A. HOW WELL NATIONAL MODEL GOALS FIT WITH YOUR AGENCY'S MISSION

1. The goals of the national model are listed below. Rate how good a fit each one is with your agency's mission.

- a. [NATIONAL MODEL GOAL 1]
- Not a good fit with my agency's mission
  - A good fit with my agency's mission
  - A perfect fit with my agency's mission

- b. [NATIONAL MODEL GOAL 2]
- Not a good fit with my agency's mission
  - A good fit with my agency's mission
  - A perfect fit with my agency's mission

AND SO FOR EACH NATIONAL MODEL GOAL

2. Rate how much your program emphasizes each of these goals in training and supervision.

- a. [NATIONAL MODEL GOAL 1]
- No emphasis
  - Some emphasis
  - Strong emphasis

- b. [NATIONAL MODEL GOAL 2]
- No emphasis
  - Some emphasis
  - Strong emphasis

AND SO ON FOR EACH NATIONAL MODEL GOAL

### B. ORGANIZATIONS THAT INFLUENCE YOUR PROGRAM

Your home visiting program is likely to be influenced by many organizations. These organizations include your own agency, the national home visiting model developer, and your state's MIECHV agency. They also might include the public or private organizations that support your program financially, professional accreditation organizations, and state and local educational and advocacy organizations.

1. How much of your program's funding comes from MIECHV?
- None
  - Less than 20%
  - 20-49%
  - 50 – 74%
  - 75% or more

2. (Aside from MIECHV), what are the top two sources of funding for your home visiting program and how much of your program’s funding comes from each?

A. \_\_\_\_\_ provides  less than 20% of the program’s funding  
 20-49%  
 50-74%  
 75% or more of the program’s funding

B. \_\_\_\_\_ provides  less than 20% of the program’s funding  
 20-49%  
 50-74%  
 75% or more of the program’s funding

Aside from your implementing agency, the developer of the national model your program uses, MIECHV, and your program’s major funders, please name up to two other organizations that have influenced your program’s service model or implementation system. Give the name of the organization and indicate whether it is a public or private agency.

No other influential organizations [SKIP TO Q5]

C. \_\_\_\_\_, which is a  public  private agency.  
Name of organization

D. \_\_\_\_\_, which is a  public  private agency.  
Name of organization

### C. INFLUENTIAL ORGANIZATIONS’ TOP PRIORITY OUTCOMES

1. FOR FAMILIES RECEIVING SERVICES PRENATALLY: Influential organizations vary in how high a priority they give to specific outcomes. In your opinion, how high a priority is each outcome to your own agency, to the developer of the national home visiting model that you use, to your state MIECHV agency, and to the organizations that provide financial support for your home visiting program?

|   | How high a priority is this outcome to:                 |                |                    |            |            |            |            |
|---|---|----------------|--------------------|------------|------------|------------|------------|
|   | Your own agency?  | Your HV model? | Your state MIECHV? | SOURCE B2A | SOURCE B2B | SOURCE B2C | SOURCE B2D |
| Expectant mothers do not smoke            | 1 - Top priority<br>2 - Secondary<br>3 - Not a priority |                |                    |            |            |            |            |
| Expectant mothers have good mental health |   |                |                    |            |            |            |            |
| Expectant mothers have low stress         |   |                |                    |            |            |            |            |
| AND SO ON FROM LOGIC MODELS               |   |                |                    |            |            |            |            |

2. FOR FAMILIES WITH CHILDREN BIRTH TO 1 YEAR OLD: In your opinion, how high a priority is each outcome listed below to your own agency, to the developer of the national home visiting model that you use, and to the organizations provide financial support for your program?

|                                 | How high a priority is this outcome to:                 |                |                    |            |            |            |            |
|---------------------------------|---|----------------|--------------------|------------|------------|------------|------------|
|                                 | Your own agency?  | Your HV model? | Your state MIECHV? | SOURCE B2A | SOURCE B2B | SOURCE B2C | SOURCE B2D |
| Mothers do not smoke            | 1 - Top priority<br>2 - Secondary<br>3 - Not a priority |                |                    |            |            |            |            |
| Mothers breastfeed              |   |                |                    |            |            |            |            |
| Mothers have good mental health |   |                |                    |            |            |            |            |
| AND SO ON FROM LOGIC MODELS     |   |                |                    |            |            |            |            |

#### D. INFLUENTIAL ORGANIZATIONS' TOP PRIORITY FAMILIES

1. Influential organizations can differ in whether and how strongly they want your program to target specific families for services. In your opinion, how strongly does each influential organization advocate for enrollment of each of these types of families?

|   | How high a priority is it to enroll these families for:   |                |                    |              |              |              |              |
|---|---|----------------|--------------------|--------------|--------------|--------------|--------------|
|   | Your own agency?  | Your HV model? | Your state MIECHV? | SOURCE in 3A | SOURCE in 3B | SOURCE in 4A | SOURCE in 4B |
| First time mothers  | 1 – Requirement for enrollment<br>2 – Preferred but not required<br>3 – Not a consideration<br>4 – Not eligible for program |                |                    |              |              |              |              |
| AND SO ON FOR NATIONAL ELIGIBILITY CRITERIA AND FOR POPULATION SUBGROUPS NAMED IN ACA |   |                |                    |              |              |              |              |

2. Which statement more accurately reflects how your agency sees your home visiting program's scope of responsibility?

- Our program's responsibility is to improve outcomes for the mother
- Our program's responsibility is to improve outcomes for the mother and also the father, if he is involved in child-rearing.

3. If there are more eligible families than the number of available slots at a particular time, how does your program prioritize the eligible families?

- Our program does not set priorities within identified eligible families

- Expectant mothers are enrolled first
- Low income families are enrolled first
- Families living in a particular community are enrolled first
- Other [SPECIFY] \_\_\_\_\_

} CHECK ALL THAT APPLY

## E. INFLUENTIAL ORGANIZATIONS' PREFERENCES FOR SERVICE DELIVERY

1. Influential organizations can differ in when they want your program to provide home visiting to families. In your opinion, how strongly does each influential organization advocate for the timing, intensity and duration of home visiting services?

|  | What is preferred with regard to:  |                |                    |              |              |              |              |
|--|--|----------------|--------------------|--------------|--------------|--------------|--------------|
|  | Your own agency?   | Your HV model? | Your state MIECHV? | SOURCE in 3A | SOURCE in 3B | SOURCE in 4A | SOURCE in 4B |
| When families should begin services                  | <input type="checkbox"/> Services must start prenatally<br><input type="checkbox"/> No preference<br><input type="checkbox"/> Services must start postnatally  |                |                    |              |              |              |              |
| How long families should be offered services         | <input type="checkbox"/> Until child is born<br><input type="checkbox"/> Until child is 1 year old<br><input type="checkbox"/> Until child is 2 years old<br><input type="checkbox"/> Until child is 3 years old<br><input type="checkbox"/> Until child is 4 years or older<br><input type="checkbox"/> No preference |                |                    |              |              |              |              |
| How long each home visit should be                   | <input type="checkbox"/> At least 1 hour<br><input type="checkbox"/> 1 hour on average<br><input type="checkbox"/> No preference   |                |                    |              |              |              |              |
| How often visits should take place <u>prenatally</u> | <input type="checkbox"/> Weekly<br><input type="checkbox"/> About every 2 weeks<br><input type="checkbox"/> Monthly or less often<br><input type="checkbox"/> Depends on 'level' of service<br><input type="checkbox"/> No preference  |                |                    |              |              |              |              |
| How often visits should take place birth – 1 year    | <input type="checkbox"/> Weekly<br><input type="checkbox"/> About every 2 weeks<br><input type="checkbox"/> Monthly or less often<br><input type="checkbox"/> Depends on 'level' of service<br><input type="checkbox"/> No preference  |                |                    |              |              |              |              |

2. Influential organizations can differ in the parenting education techniques they prefer home visitor use. In your opinion, how strongly does each influential organization advocate for the use of each technique?

|  | Is this technique encouraged or discouraged by:  |                |                    |              |              |              |              |
|--|--|----------------|--------------------|--------------|--------------|--------------|--------------|
|  | Your own agency?   | Your HV model? | Your state MIECHV? | SOURCE in 3A | SOURCE in 3B | SOURCE in 4A | SOURCE in 4B |
| Role modeling of positive parenting practices  | <input type="checkbox"/> Encourages use<br><input type="checkbox"/> Discourages use<br><input type="checkbox"/> Does neither |                |                    |              |              |              |              |
| Directing caregiver-child activities   | <input type="checkbox"/> Encourages use<br><input type="checkbox"/> Discourages use<br><input type="checkbox"/> Does neither |                |                    |              |              |              |              |
| Observing and giving positive feedback on caregiver-child interaction  | <input type="checkbox"/> Encourages use<br><input type="checkbox"/> Discourages use<br><input type="checkbox"/> Does neither |                |                    |              |              |              |              |
| Observing and giving constructive feedback on caregiver-child interaction (noting ways caregiver could improve his/her behavior) | <input type="checkbox"/> Encourages use<br><input type="checkbox"/> Discourages use<br><input type="checkbox"/> Does neither |                |                    |              |              |              |              |
| AND SO ON FOR OTHER PARENTING EDUCATION TECHNIQUES   |  |                |                    |              |              |              |              |

3. Influential organizations can differ in the other activities they prefer home visitor to carry out. In your opinion, how strongly does each influential organization advocate for the use of each technique?

|                                | How high a priority is it to enroll these families for:  |                |                    |              |              |              |              |
|--------------------------------|--|----------------|--------------------|--------------|--------------|--------------|--------------|
|                                | Your own agency?   | Your HV model? | Your state MIECHV? | SOURCE in 3A | SOURCE in 3B | SOURCE in 4A | SOURCE in 4B |
| Caregiver goal setting         | <input type="checkbox"/> Encourages use<br><input type="checkbox"/> Discourages use<br><input type="checkbox"/> Does neither |                |                    |              |              |              |              |
| Problem solving                | <input type="checkbox"/> Encourages use<br><input type="checkbox"/> Discourages use<br><input type="checkbox"/> Does neither |                |                    |              |              |              |              |
| Crisis intervention            | <input type="checkbox"/> Encourages use<br><input type="checkbox"/> Discourages use<br><input type="checkbox"/> Does neither |                |                    |              |              |              |              |
| Emotionally supportive therapy | <input type="checkbox"/> Encourages use<br><input type="checkbox"/> Discourages use<br><input type="checkbox"/> Does neither |                |                    |              |              |              |              |
| AND SO ON FOR OTHER ACTIVITIES |  |                |                    |              |              |              |              |

## F. ROLES, RESPONSIBILITIES AND REQUIRED COMPETENCIES

- Do home visitors get a written copy of their roles and responsibilities?
  - No
  - Yes
- Do supervisors get a written copy of their roles and responsibilities?
  - No
  - Yes
- Do home visitors get a written description of required competencies?
  - No
  - Yes
- Do supervisors get a written of required competencies?
  - No
  - Yes

## G. STAFFING LEVELS AND CASELOADS

1. Are all of your supervisor and home visitor positions currently filled?
  - No
  - Yes
  
2. In the past 12 months, how often has your program been fully staffed, that is, with all supervisor and home visitor positions fully filled?
  - 100% of the time
  - 75-99% of the time
  - 50-74% of the time
  - 25-49% of the time
  - less than 25% of the time
  
3. Do any of your home visitors currently have caseloads greater than the maximum called for in your program site's policies?
  - Our site does not have a policy for caseload limit.
  - No, all home visitors have caseloads within the maximum allowed by our program policy.
  - Yes, one or more home visitors currently have caseloads above the maximum allowed by our program policy.
  
4. In the past 12 months, how often has one or more of your home visitors had a caseload greater than the maximum called for in your program site's policy?
  - 100% of the time
  - 75-99% of the time
  - 50-74% of the time
  - 25-49% of the time
  - 1-25% of the time
  - Not at all

## H. YOUR OWN WORK EXPERIENCE

1. How many hours a week do you work as manager of [PROGRAM NAME]?
  - less than 10 hours
  - 10-19 hours
  - 20-34 hours
  - 35 hours or more
  
2. How long have you been in your current position as program manager/administrator?
  - Less than 1 year
  - 1-2 years
  - 3-5 years
  - 6 years or more
  
3. Have you ever been a [NAME OF NATIONAL MODEL] home visitor?
  - No
  - Yes
  
4. Have you ever been a [NAME OF NATIONAL MODEL] supervisor?
  - No
  - Yes

## I. HOME VISITOR RECRUITMENT AND HIRING

1. Did your program have to hire any new home visitors in the past 24 months?  
 No [SKIP TO NEXT SECTION]  
 Yes
2. About how many home visitor positions did you need to fill in the past 24 months?  
  
\_\_\_\_\_ NUMBER OF POSITIONS
3. How would you rate your experience recruiting qualified home visitor candidates?  
 Very hard  
 Somewhat hard  
 Somewhat easy  
 Very easy
4. Do all candidates have to undergo criminal background checks before they are hired?  
 No  
 Yes
5. Do you check the applicants' references before they are hired?  
 No  
 Yes
6. When the candidates are brought in to be interviewed, who interviews them? Check all that apply.  
 Program director  
 Program manager  
 Supervisor  
 Home visitor  
 Clinical Specialist  
 Other [SPECIFY] \_\_\_\_\_
7. Are candidates always interviewed one-on-one, always by a group, or in both ways?  
 ONE-ON-ONE ONLY  
 AT THE SAME TIME ONLY  
 BOTH ONE-ON-ONE AND AT THE SAME TIME
8. Do candidates observe any home visitor prior to hire?  
 NO  
 YES
9. Does a single person have the final say on hiring decisions or are hiring decisions made collectively?  
 SINGLE PERSON  
 COLLECTIVELY [SKIP TO 14]
10. Who is this person, in terms of their position?  
\_\_\_\_\_ POSITION

## J. SUPERVISOR RECRUITMENT AND HIRING

3. Did your program have to hire any new supervisors in the past 24 months?  
 No [SKIP TO NEXT SECTION]  
 Yes
4. About how many supervisor positions did you need to fill in the past 24 months?  
  
\_\_\_\_\_ NUMBER OF POSITIONS
3. How would you rate your experience recruiting qualified supervisor candidates?  
 Very hard  
 Somewhat hard  
 Somewhat easy  
 Very easy
9. Do all candidates have to undergo criminal background checks before they are hired?  
 No  
 Yes
10. Do you check the applicants' references before they are hired?  
 No  
 Yes
11. When the candidates are brought in to be interviewed, who interviews them? Check all that apply.  
 Program director  
 Program manager  
 Supervisor  
 Home visitor  
 Clinical Specialist  
 Other [SPECIFY] \_\_\_\_\_
12. Are candidates always interviewed one-on-one, always by a group, or in both ways?  
 ONE-ON-ONE ONLY  
 AT THE SAME TIME ONLY  
 BOTH ONE-ON-ONE AND AT THE SAME TIME
13. Do candidates observe any home visitor prior to hire?  
 NO  
 YES
11. Does a single person have the final say on hiring decisions or are hiring decisions made collectively?  
 SINGLE PERSON  
 COLLECTIVELY [SKIP TO 14]
12. Who is this person, in terms of their position?  
\_\_\_\_\_ POSITION

## K. SUPERVISION OF HOME VISITORS

1. How do supervisors give home visitors feedback on observed visits?
  - Supervisors do not observe visits
  - Supervisors do observe visits, but they do not give feedback to home visitors
  - In person
  - In writing
  - Over the phone
2. Do supervisors use a form to guide one-on-one supervision? If so, how often do supervisors use this form?
  - all of the time (100%)
  - nearly all (85%-99%)
  - most of the time (61%-84%)
  - about half of the time (40%-60%)
  - some of the time (15%-39%)
  - nearly none (1-14%)
  - none (0%)?

## L. SUPERVISION OF SUPERVISORS

1. In your site, who provides supervision to the supervisor(s)?
  - No one
  - Program manager
  - Program director
  - Other [SPECIFY] \_\_\_\_\_
2. How often is one-on-one supervision of supervisors conducted?
  - Weekly
  - Every 2 weeks
  - Every month
  - Every 3 months
  - Less than quarterly
3. How is one-on-one supervision of supervisors documented?
  - No documentation
  - Notes are taken but not on a specific form
  - Specific form is used

## M. STAFF MEETINGS AND CASE CONFERENCE

1. Does your program site conduct staff meetings? If so, how often?
  - No team meetings
  - Annually
  - Quarterly
  - Twice a month
  - Monthly
  - Weekly

2. What are the main purposes of these meetings? Check the top two.
  - To build team cohesion
  - To share administrative information
  - To review program performance
  - Continuing education
  
3. What is the position of the person who sets the meeting agenda?
  - Program director
  - Program manager
  - Supervisor
  - Clinical specialist
  - Other [SPECIFY] \_\_\_\_\_
  
4. Do the meetings ever include presentations by outside experts? If so, how often?
  - No outside speakers, or very rarely
  - We have outside speakers about a quarter of the time
  - We have outside speakers about half the time
  - We have outside speakers about three-quarters of the time
  - We always have an outside speaker

## N. STAFF MEETINGS AND CASE CONFERENCE

1. Does your program site conduct case conferences? If so, how often?
  - No case conferences
  - Annually
  - Quarterly
  - Twice a month
  - Monthly
  - Weekly
  
2. What is the position of the person who selects the case to be discussed?
  - Program director
  - Program manager
  - Supervisor
  - Clinical specialist
  - Home visitor
  - Other [SPECIFY] \_\_\_\_\_
  
3. Do the case conferences ever include outside experts? If so, how often?
  - No outside experts, or very rarely
  - We have outside experts about a quarter of the time
  - We have outside experts about half the time
  - We have outside experts about three-quarters of the time
  - We always have an outside expert
  
4. Do home visitors take part in case conferences?
  - No
  - Yes

## O. STAFF DISCIPLINE

- Does your site have explicit guidelines for determining disciplinary action or deciding if a home visitor needs to be terminated due to performance?
  - NO
  - YES
- Has your program site ever had to discipline or terminate a home visitor?
  - NO, never to my knowledge
  - NO, not in the past 24 months to my knowledge
  - YES

## P. PEER SUPPORT

- Does your program site schedule formal opportunities for staff to share their experiences and learn from one another?
  - NO
  - YES
- Describe the opportunities that your staff has to build/sustain staff skill.

## Q. FACILITATIVE CLINICAL SUPPORTS – PARENTING CURRICULA

- Identify the major parenting curricula used most often by program staff. If staff use more than five different curricula, check here . List the curricula used by staff most often. List up to five parenting curricula. Indicate how often each parenting curriculum is used.

| NAME OF CURRICULUM | HOW OFTEN USED   |
|--------------------|--|
|                    | <input type="checkbox"/> Every Family<br><input type="checkbox"/> About three quarters of families<br><input type="checkbox"/> About half of Families<br><input type="checkbox"/> About a quarter of Families<br><input type="checkbox"/> No families, or very few |
|                    | SAME AS ABOVE  |

## R. ACCESS TO PROFESSIONAL CONSULTATION AND EXPERTS

- Besides the supervisor, are there any professionals within [AGENCY] or outside of [AGENCY] who help home visitors in dealing with unique or difficult families? Typically, consultants would be people that the home visitor talks with in-person or by phone if s/he has a client with needs in a specific area. Consultants may also go with the home visitor to meet with a client in the client's home.
  - NO [SKIP TO NEXT SECTION]
  - YES
- What are the titles of the people with whom your staff consults?
- What are the agencies/organizations of the people with which your staff consults?

| 2.                           | 3.                                 | 4.   |
|------------------------------|------------------------------------|--|
| TITLES OF EXPERT CONSULTANTS | AGENCY HOMES OF EXPERT CONSULTANTS | TYPES OF SUPPORT PROVIDED  |
|                              |                                    | <input type="checkbox"/> Advice to home visitor<br><input type="checkbox"/> Direct service to client<br><input type="checkbox"/> Both of above |
|                              |                                    | SAME AS ABOVE  |
|                              |                                    | SAME AS ABOVE  |

## S. FACILITATIVE ADMINISTRATIVE SUPPORTS

- Does your program site use a management information system to document service delivery? If so, who developed the management information system that your site uses?
  - No management information system to document service delivery
  - We use a system that our own agency developed
  - We use a system developed by the national home visiting model
  - We use a system developed by a state agency
  - We use a system developed by another organizations [SPECIFY] \_\_\_\_\_
- What is the name of your management information system? (e.g., PIMS, FAMSYS, ETO, Visit Tracker)?
- Who enters visit data into your management information system?
  - Home visitor
  - Data entry clerk
  - Other [SPECIFY] \_\_\_\_\_
- How does your program site use the management information system? CHECK ALL THAT APPLY.
  - Routine reports for our own program-level performance monitoring
  - Routine program performance reports for MIECHV
  - Program performance reports for other funders
  - Monitoring of performance of specific staff members
  - To remind staff of activities to be carried out

## T. PROGRAM MONITORING

1. About how often does your program conduct self-assessments of performance?
  - Never [SKIP TO NEXT SECTION]
  - Every two years or less frequently
  - Annually
  - Every six months
  - Quarterly or more often
2. With whom do you share results? (CHECK ALL THAT APPLY.)
  - Home visitors
  - Supervisors
  - Agency executive(s)
  - Advisory Board/Board of Trustees
  - Funders
  - National Model Developer
  - Other accrediting organization [SPECIFY] \_\_\_\_\_

## U. SYSTEMS INTERVENTIONS – REFERRAL ARRANGEMENTS

1. From which organizations do you receive referrals? [CHECK ALL THAT APPLY]?
  - HOSPITALS
  - HEALTH DEPARTMENTS
  - PRENATAL CLINICS
  - OTHER (PLEASE SPECIFY) \_\_\_\_\_
2. Do you have formal referral agreements with these organizations?
  - NO [SKIP TO 4]
  - YES, with some but not all referring organizations
  - YES, with all of the referring organizations

## V. SERVICE AVAILABILITY AND COORDINATION

{In this section, Question 1 is asked for each broad service type. Questions 2-10 are asked for each specific community service provided identified in Section G of Program Manager Survey #1. Questions 11 and 12 are asked for specific community service providers that were not named by the Program Manager in Survey #1 but that were identified by the providers that s/he did name in Survey #1.}

1. 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 questions are about your program's relationship with the community service providers to which you most often refer families for [SERVICE.]

2. About how often does your program refer families to [SERVICE PROVIDER] FOR [SERVICE]?

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

3. About how many families have you referred to [SERVICE PROVIDER] in the past 3 months?

- No referrals
- 1 to 3 referrals
- 4 to 10 referrals
- 11 to 20 referrals
- More than 20 referrals

4. Does [SERVICE PROVIDER] keep a waiting list?

- Yes
- No
- 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
- Don't know

5. Do families experience difficulties accessing services from [SERVICE PROVIDER] such as:

- Cost of the service is too high
- Service location is too far away
- Service location is not near public transportation
- Services only offered during working hours
- Services not offered in families' home language
- Other eligibility rules
- Other: specify
- Don't know

6. Overall, how effective do you think [SERVICE PROVIDER] has been in delivering services to meet families' needs for [SERVICE]?

- Very effective
- Quite effective
- Somewhat effective
- Not effective at all

7. Over the past three months, what types of activities were you involved in with [SERVICE PROVIDER]? Please check all that apply.

- Met for joint planning
- Participated in joint training
- Provided training to staff from [SERVICE PROVIDER]
- Shared costs
- Developed joint program materials
- Contracted for specific services
- Shared information about specific families

8. Do you have a Memorandum of Understanding (MOU) or other service agreement in place with [SERVICE PROVIDER]?

- Yes
- No
- Don't Know

9. Do you have a designated point of contact at [SERVICE PROVIDER]?

10. In the past 3 months, how often has your program had contact with [SERVICE PROVIDER] 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

The next questions are about other community service providers of [SERVICE IN YOUR COMMUNITY] that you did not list as the providers to which you frequently make referrals.

11. Do you ever refer families to [SERVICE PROVIDER]?

12. Do you make fewer referrals to [SERVICE PROVIDER] for any of the following reasons? Please check all that apply.

- Not familiar with this provider
- Long waiting lists
- Services are too expensive
- Inconvenient location
- Inconvenient hours of operation
- Services not offered in families' home language
- Lower quality services than others available
- Not a good match with the needs of our families
- No prior relationship with service provider
- Eligibility rules
- Other: specify