



## General

Instructions.

Your participation in this Annual Assessment is invaluable as the SHSPP TA & Support Center continues to improve its delivery of high-quality technical assistance and identifies future priority areas.

More specifically, the survey seeks to understand projects' organizational structures, satisfaction with TA & Support Center, programmatic needs, progress toward benchmarks and key objectives, knowledge of the four Healthy Start approaches, data capacity, strength of partnerships and progress towards sustainability.

The Assessment should take less than 25 minutes to complete. A progress bar will indicate your overall progress. **Please consider printing the survey and reviewing with your staff prior to completing online. You may also benefit from gathering the following project-specific materials in advance:**

- *List of key personnel and staff job descriptions*
- *Project Workplan / SMART objectives*
- *List of project partners*

We sincerely appreciate your time and participation, and we look forward to using the survey's findings to improve our technical assistance and training plan that supports you and your Healthy Start teams.

Thank You!

Q2. Please tell us your project name:

Q3. Please select the best description(s) for your project service area (select all that apply).

- |                  |                          |
|------------------|--------------------------|
| Urban            | <input type="checkbox"/> |
| Rural            | <input type="checkbox"/> |
| Tribal Community | <input type="checkbox"/> |
| Border Communtiy | <input type="checkbox"/> |
| Other (Describe) | <input type="checkbox"/> |

## Personnel

Q4. Please provide detail on your staff:

	Number that are staff paid for with HS funds	Number that are consultants/contractors paid for with HS funds	Plan to Hire/Timeline (Please respond: N/A, 3 months, 6 months, 1 year, or 1+ year)
Care Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>
Case Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>
Community Health Worker	<input type="text"/>	<input type="text"/>	<input type="text"/>
Evaluator/Data Analyst	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fatherhood Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Doctor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nurse (LPN, RN, APN)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nurse Practitioner	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nutritionist	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program Director	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q5. You may have staff paid for with HS funds and some which are not paid for with HS funds. How many staff **paid** for with HS funds (check all that apply):

Provide mental health counseling directly to HS participants

Provide lactation support

Provide substance use counseling directly to HS participants

Are CLCs or IBCLCs

Are mental health consultants who provide support to HS workers (e.g., case consultation)

Provide doula services

Are certified mental/behavioral health peer specialists or recovery support

specialists/coaches

Are licensed social workers/MSWs

## TA & Support Center

### Instructions.

Throughout the past year, the TA & Support Center conducted activities aimed at providing technical assistance (TA) and support for all Healthy Start grantees. For example, the TA & Support Center hosted the three-day Virtual Grantees' Meeting and has provided webinars on topics such as: fatherhood, breastfeeding behavioral and mental health, providing virtual services during COVID-19, quality improvement, Healthy Start Data Collection Forms, and more. The TA & Support Center has awarded several scholarships, distributed a monthly newsletter, launched the Healthy Start CoLab, updated the EPIC Center website and processed dozens of 1:1 TA requests. We appreciate your responses to the following questions to assess your satisfaction with the TA & Support Center over the past year.

Q7.

What types of technical assistance and support have you participated in over the last 12 months? Please check all that

apply.

Webinars

Trainings

Virtual one-on-one support

Other (please describe)

Other (please describe)

Q8. How would you like to receive technical assistance in the future? Please check all that apply.

Webinars

Trainings

Virtual one-on-one support

Other (please describe)

Other (please describe)

Q9.

How would you rank your overall satisfaction with the TA & Support Center over the last 12 months?

Very satisfied

Satisfied

Neutral

Dissatisfied

Very dissatisfied

Q10.

How would you rank your overall satisfaction with the webinar offerings from the TA & Support Center over the last 12 months?

Very satisfied

Satisfied

Neutral

Dissatisfied

Very dissatisfied

Did not attend webinar

Q11.

How would you rank your overall satisfaction with the resources provided by the TA & Support Center on the EPIC website over the last 12 months?

Very satisfied

Satisfied

Neutral

Dissatisfied

Very dissatisfied

Have not used EPIC website

Q12.

How would you rank your overall satisfaction with CoLab over the last 12 months?

Very satisfied

Satisfied

Neutral

Dissatisfied

Very dissatisfied

Have not used CoLab

Q13.

Please share any additional comments and/or feedback about the TA & Support Center from the last 12 months.

Q14.

Which priority areas do you anticipate will require support throughout the next year? Please check all that apply.



Behavioral and Mental Health

Breastfeeding

Community Action Network (CAN)

COVID-19

Data collection, reporting and monitoring

Evaluation

Fatherhood

Quality improvement and assurance

Recruitment & Outreach

Retention

Other

## Benchmarks & Key Objectives

Q15.

Did your HS program deliver evidence-based services and those based on best practices to its clients over the last 12 months?

Yes

No

Q16. Has the quality of your evidence-based services and those based on best practices improved over the last 12 months?

Yes

No

Q17. If yes, how have you improved the quality of your evidence-based services and those based on best practices?

Q18. Has your program's capacity to implement evidence-based services and those based on best practices improved over the last 12 months?

Yes

No

Q19. If yes, how have you improved your capacity to implement evidence-based services and those based on best practices?

Q21. Does your HS program require additional support from the TA & Support Center in order to demonstrate the effectiveness of these evidence-based services and those based on best practices?

Yes (please describe)

No

Q20.

**Indicate your current status toward meeting the following benchmarks.**

	Met	Not met and making positive progress in 2020	Not met and struggling to meet	Not met and not yet addressed in 2020
i. Increase the proportion of HS women and child participants with health insurance to 90 percent (reduce uninsured to less than 10 percent).	○	○	○	○

	Met	Not met and making positive progress in 2020	Not met and struggling to meet	Not met and not yet addressed in 2020
ii. Increase the proportion of HS women participants who have a documented reproductive life plan to 90 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iii. Increase the proportion of HS women participants who receive a postpartum visit to 80 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iv. Increase the proportion of HS women and child participants who have a usual source of medical care to 80 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v. Increase the proportion of HS women participants who receive a well-woman visit to 80 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<b>Met</b>	<b>Not met and making positive progress in 2020</b>	<b>Not met and struggling to meet</b>	<b>Not met and not yet addressed in 2020</b>
vi. Increase the proportion of HS women participants who engage in safe sleep practices to 80 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vii. Increase the proportion of HS child participants whose parent/caregiver reports they were ever breastfed or pumped breast milk to feed their baby to 82 percent,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<b>Met</b>	<b>Not met and making positive progress in 2020</b>	<b>Not met and struggling to meet</b>	<b>Not met and not yet addressed in 2020</b>

	Met	Not met and making positive progress in 2020	Not met and struggling to meet	Not met and not yet addressed in 2020
viii. Increase the proportion of HS child participants whose parent/ caregiver reports they were breastfed or fed breast milk at 6 months to 61 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ix. Increase the proportion of pregnant HS participants who abstain from cigarette smoking to 90 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
x. Reduce the proportion of HS women participants who conceive within 18 months of a previous birth to 30 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<b>Met</b>	<b>Not met and making positive progress in 2020</b>	<b>Not met and struggling to meet</b>	<b>Not met and not yet addressed in 2020</b>
xi. Increase the proportion of HS child participants who receive the last age-appropriate recommended well-child visit based on the AAP schedule to 90 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
xii. Increase the proportion of HS women participants who receive depression screening and referral to 100 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
xiii. Increase the proportion of HS women participants who receive intimate partner violence (IPV) screening to 100 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Met	Not met and making positive progress in 2020	Not met and struggling to meet	Not met and not yet addressed in 2020
xiv. Increase the proportion of HS women participants who demonstrate father and/or partner involvement (e.g., attend appointments, classes, etc.)during pregnancy to 90 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Met	Not met and making positive progress in 2020	Not met and struggling to meet	Not met and not yet addressed in 2020
xv. Increase the proportion of HS women participants who demonstrate father and/or partner involvement (e.g., attend appointments, classes,infant/child care) with their child participant to 80 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



	Met	Not met and making positive progress in 2020	Not met and struggling to meet	Not met and not yet addressed in 2020
xvi. Increase the proportion of HS child participants aged <24 months who are read to by a parent or family member 3 or more times per week to 50 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
xvii. Increase the proportion of HS programs with a fully implemented Community Action Network (CAN) to 100 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
xviii. Increase the proportion of HS programs with at least 25 percent community members and HS program participants serving as members of their CAN to 100 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Met	Not met and making positive progress in 2020	Not met and struggling to meet	Not met and not yet addressed in 2020
xix. Increase the proportion of HS programs who establish a QI and performance monitoring process to 100 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q22.**

If currently struggling to meet any benchmarks, did your HS program reach out to the TA & Support Center to address your challenges?

Yes

No

Does not apply

**Q23.** If yes, did the TA provided meet your needs/expectations?

Yes

No

Q24. If no, please describe why not.

Q25. If the TA provided did not meet your needs/expectations, please describe why not.

Q26.  
Did COVID impact your program's ability to meet these benchmarks in 2020?

Yes (If yes, please describe)

No

Q27. Do you anticipate meeting the target of serving at least 300 pregnant women per year in 2020?

Yes

No

Q28. What challenges are you experiencing in meeting this target in 2020?

Q29. What supports do you need to achieve this target?

Q30. Do you anticipate meeting the target of serving at least 300 infants/children per year in 2020?

Yes

No

Q31. What challenges are you experiencing in meeting this target in 2020?

Q32. What supports do you need to achieve this target?

Q33. Do you anticipate meeting the target of serving at least 100 fathers/male partners per year in 2020?

Yes

No

Q34. What challenges are you experiencing in meeting this target in 2020?

Q35. What supports do you need to achieve this target?

Q36.

**For the following question, please think about your HS program staff as a whole or the majority of the team when responding. Please select your program's overall level of knowledge of the following content areas.**

	No knowledge on the topic.	Heard of this topic but could not explain or apply it.	Working knowledge of this topic and could at least explain what it is.	Solid working knowledge of this topic and could demonstrate how to apply it to daily work.	Confident and comfortable in explaining, applying and teaching this topic.
Behavioral and Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		Heard of this topic but could not explain or apply it.	Working knowledge of this topic and could at least explain what it is.	Solid working knowledge of this topic and could demonstrate how to apply it to daily work.	Confident and comfortable in explaining, applying and teaching this topic.
Breastfeeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CAN Development	<b>No knowledge on the topic.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data Collection and Data Collection Forms (former Screening Tools) and Data Systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatherhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gentrification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		Heard of this topic but could not explain or apply it.	Working knowledge of this topic and could at least explain what it is.	Solid working knowledge of this topic and could demonstrate how to apply it to daily work.	Confident and comfortable in explaining, applying and teaching this topic.
Maternal Mortality and Morbidity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recruitment and Outreach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Determinants of Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## Knowledge of Healthy Start Approaches

### Instructions.

In addition to understanding the extent to which grantees are meeting and/or need support to meet benchmarks, the TA & Support Center would like to understand your program’s current knowledge of certain benchmarks and of community factors as they relate to the Healthy Start approaches. Please think about your HS program staff as a whole or the majority of the team when responding. This information will enable the TA & Support Center to track knowledge over time and ensure high quality delivery of technical assistance and support. Please note that a future assessment will provide a more in-depth examination of Approach 3 related to Promoting Systems Change.



Q38.

Please rank your program's current understanding of the benchmarks for the following approach and answer corresponding questions.

**Approach 1: Improve Women's Health**

	Excellent	Good	Fair	Poor	Very Poor/ No knowledge
i. Increase the proportion of HS women and child participants with health insurance to 90 percent (reduce uninsured to less than 10 percent).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Excellent	Good	Fair	Poor	Very Poor/ No knowledge

**Approach 1: Improve Women's Health**

	Excellent	Good	Fair	Poor	Very Poor/ No knowledge
ii. Increase the proportion of HS women participants who have a documented reproductive life plan to 90 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iii. Increase the proportion of HS women who receive a postpartum visit to 80 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Excellent	Good	Fair	Poor	Very Poor/ No knowledge

### Approach 1: Improve Women's Health

	Excellent	Good	Fair	Poor	Very Poor/ No knowledge
v. Increase proportion of HS women participants that receive a well-woman visit to 80 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Excellent	Good	Fair	Poor	Very Poor/ No knowledge
ix. Increase the proportion of pregnant HS participants that abstain from cigarette smoking to 90 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Excellent	Good	Fair	Poor	Very Poor/ No knowledge

**Approach 1: Improve Women's Health**

	Excellent	Good	Fair	Poor	Very Poor/ No knowledge
x. Reduce the proportion of HS women participants who conceive within 18 months of a previous birth to 30 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Excellent	Good	Fair	Poor	Very Poor/ No knowledge
xii. Increase the proportion of HS women participants who receive depression screening and referral to 100 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Excellent	Good	Fair	Poor	Very Poor/ No knowledge

**Approach 1: Improve Women's Health**

	Excellent	Good	Fair	Poor	Very Poor/ No knowledge
xiii. Increase proportion of HS women participants who receive intimate partner violence (IPV) screening to 100 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q39.**

Please rank your program's understanding of how a woman's health impacts family and infant outcomes?

- Excellent
- Good
- Fair
- Poor
- Very Poor

**Q40.**

Please rank your program's understanding of how social determinants of health impact women's health?

- Excellent
- Good
- Fair
- Poor
- Very Poor

Q41.

**Please rank your program's current understanding of the benchmarks for the following approach and answer corresponding questions.**

<b><u>Approach 2: Improve Family Health and Wellness</u></b>					
	Excellent	Good	Fair	Poor	Very Poor/ No knowledge
vi. Increase proportion of HS women participants who engage in safe sleep practices to 80 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***Approach 2: Improve Family Health and Wellness***

	Excellent	Good	Fair	Poor	Very Poor/ No knowledge
vii. Increase proportion of HS child participants whose parent/ caregiver reports they were ever breastfed or pumped breast milk to feed their baby to 82 percent.	○	○	○	○	○

***Approach 2: Improve Family Health and Wellness***

	Excellent	Good	Fair	Poor	Very Poor/ No knowledge
viii. Increase proportion of HS child participants whose parent/ caregiver reports they were breastfed or fed breast milk at 6 months to 61 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Excellent	Good	Fair	Poor	Very Poor/ No knowledge
xi. Increase proportion of HS child participants who receive the last age-appropriate recommended well child visit based on AAP schedule to 90 percent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



***Approach 2: Improve Family Health and Wellness***

	Excellent	Good	Fair	Poor	Very Poor/ No knowledge
	Excellent	Good	Fair	Poor	Very Poor/ No knowledge
	Excellent	Good	Fair	Poor	Very Poor/ No knowledge
xiv. Increase proportion of HS women participants that demonstrate father and/or partner involvement (e.g., attend appointments, classes, etc.) during pregnancy to 90 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Excellent	Good	Fair	Poor	Very Poor/ No knowledge

***Approach 2: Improve Family Health and Wellness***

	Excellent	Good	Fair	Poor	Very Poor/ No knowledge
xv. Increase proportion of HS women participants that demonstrate father and/or partner involvement (e.g. attend appointments, classes, infant/child care) with their child participant to 80 percent.	○	○	○	○	○
	Excellent	Good	Fair	Poor	Very Poor/ No knowledge

***Approach 2: Improve Family Health and Wellness***

	Excellent	Good	Fair	Poor	Very Poor/ No knowledge
xvi. Increase the proportion of HS child participants aged <24 months who are read to by a parent or family member 3 or more times per week to 50 percent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q42.

Please rank your program's understanding of how social determinants of health impacts family health and wellness?

- Excellent
- Good
- Fair
- Poor
- Very Poor

Q43.

**Approach 3**

In what ways does your program currently promote systems change (for example: community action to address the social determinants of health and coordination and integration among health and social services, other providers, and key leaders in the community and their states). Check all that apply.

Community Action Network

Local health systems action plan

Regional networks

National networks

Title V

Q44.

Which areas related to Approach 3 do you require support from the TA & Support Center in the future?

Q45.

Please rank your current understanding of the benchmark for the following approach.

### **Approach 4: Impact and Effectiveness**

	Excellent	Good	Fair	Poor	Very Poor/ No knowledge
xix. Increase the proportion of HS programs who establish a QI and performance monitoring process to 100 percent.	○	○	○	○	○

## **Capacity for Data Collection and use of PM and QI Data**

Q46.

What has helped your project's collection and submission of client-/participant-level data in the past 12 months?

Access to technology

Patient privacy rules and regulations

HRSA-provided data management system (CAREWare)

Other data management systems

Standardized Data Collection Forms (formerly called screening tools)

Staff resources dedicated to data collection/submission

Training or TA webinars related to data collection/submission by MCHB/Division of Healthy Start and Perinatal Services

Responsiveness of TA & Support Center

Responsiveness of DHSPS staff

Other

Q47. What has hindered your project's collection and submission of client-/participant-level data in the past 12 months?

Patient privacy concerns/regulations

Standardized Data Collection Forms (formerly called screening tools)

Resources for technology related to data collection/submission

Staff resources dedicated to data collection/submission

Training related to data collection/submission

Responsiveness of TA & Support Center

Responsiveness of DHSPS staff

Other

Q48. Do you currently utilize a data management system for the collection and submission of client-/participant-level data?

Yes

No

Q49. If yes, please select/describe the data management system[s]. Select all that apply.

CAREWare

HealthySoft

ChallengerSoft

REDCap

Other (please describe)

Q50. If yes, please describe how this system aides and/or hinders the collection and submission of client-/participant-level data.

Q51.

Has your project planned or conducted a local evaluation in this funding cycle?

Yes

No

Q52. Would you and your Healthy Start team be willing to serve as a mentoring project to newer projects in the future?

Yes

No

Q53. In what areas or related to which Healthy Start approaches?

Approach 1: Improve Women's Health

Approach 2: Improve Family Health and Wellness

Approach 3: Promote Systems Change

Approach 4: Impact and Effectiveness

Q54.

Please describe any additional funding resources that currently support your Healthy Start program — beyond the federal Healthy Start grant - that help provide additional capacity and/or



that allow for extended services? (This information gives the TA Center information on your project capacity.)

Q55. What other initiatives does your project currently participate in that complement Healthy Start?

## Smart Objectives

Q56.  
Has your project developed SMART (Specific, Measurable, Attainable, Relevant and Timely) objectives?

Yes

No

Q57. Has your project developed an alternate framework (not SMART) to develop project objectives and goals?

Yes (if yes, please describe)

Maybe

No

Q58. Does your project need support to develop and refine your program objectives?

Yes

No

## Partnerships

Q59. How many key partner organizations are involved in your community's Healthy Start work?

Q60. Please name one key partner organization.

Q61. What is your current level of partnership with this organization/group/program?

No Interaction

Networking (Sharing information and ideas)

Cooperation (Helping distinct members accomplish their separate individual goals)

Coordination (Shared goals but working separately)

Collaboration (Working together toward a common goal but maintaining separate resources and responsibilities)

Integration (Common goals, program alignment and leveraging and maximizing resources)

I am a member of this organization

Q62. Please name a second key partner organization.

Q63. What is your current level of partnership with this organization/group/program?

No Interaction

Networking (Sharing information and ideas)

Cooperation (Helping distinct members accomplish their separate individual goals)

Coordination (Shared goals but working separately)

Collaboration (Working together toward a common goal but maintaining separate resources and responsibilities)

Integration (Common goals, program alignment and leveraging and maximizing resources)

I am a member of this organization

Q64. Please name a third key partner organization.

Q65. What is your current level of partnership with this organization/group/program?

No Interaction

Networking (Sharing information and ideas)

Cooperation (Helping distinct members accomplish their separate individual goals)

Coordination (Shared goals but working separately)

Collaboration (Working together toward a common goal but maintaining separate resources and responsibilities)

Integration (Common goals, program alignment and leveraging and maximizing resources)

I am a member of this organization

Q66.

Please list any partners or organizations that you are not currently working with but hope to work with in the future.

## Sustainability

Q67. On a scale of 1-7 (1 being "to little/no extent" and 7 being "to a very great extent"), please describe how your program currently guides its direction, goals, and strategies.

	1 (to little/no extent)	2	3	4	5	6	7 (to a very great extent)	N
--	-------------------------	---	---	---	---	---	----------------------------	---

	<b>1 (to little/no extent)</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7 (to a very great extent)</b>	<b>N</b>
The project plans for future resource needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The project has a long-term financial plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The project has a plan to sustain key project elements, such as strategies, services or interventions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The project has been able to implement sustainability strategies, such as linking certifications and training curricula to reimbursable services covered by Medicaid and/or Managed Care Organizations.	1 (to little/no extent)	2	3	4	5	6	7 (to a very great extent)	N
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(
The project's goals are understood by all stakeholders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(
The project clearly outlines roles and responsibilities for all stakeholders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	(

