

GUIDE to HFA National Site Survey - 2016



The survey is important to HFA for quality assurance and to inform national efforts. Information from the survey helps national and regional HFA staff understand and respond to the needs of the network, and promote HFA on a national scale. We appreciate your assistance and thank you for your time!

General Instructions: The survey items are listed in this document for your convenience; please DO NOT report your data on this document. All data must be entered in HFAST.

- Log in to HFAST at <https://www.hfast.org> and select *Survey* under the Site tab. If you're logging onto HFAST for the first time, see the [Quick Start Guide](#). For other HFAST questions, see the [HFAST FAQ doc](#).
- The survey is organized in 5 sections; click the tabs at the top to move between sections. Click [Edit](#) and enter information for each section. Click UPDATE at the bottom of each page to save your information.
- Most of the survey covers basic information about your site in 2016, *with the exception of **Family Data** which is requested for families served in 2015* (fiscal or calendar year). While much of the data requested on the survey is consistent with past surveys conducted, there are some new items in Family Data. *If your site does not currently track an item, leave it blank.*
- Item numbers in this document are for reference if you have a question; they do not appear in HFAST.

CLICK **UPDATE** at the bottom of each page to **SAVE YOUR DATA FREQUENTLY.**

By using HFAST, the next survey will be pre-populated on many items with your responses from this year to save you time!

“Best in Class” Awards! The items listed below are needed for the National Home Visiting Resource Center’s Home Visiting Yearbook by **February 3rd**. To recognize sites providing valid data on each of these items, we will issue a **“Best in Class” award list!** Please prioritize these questions if you need extra time to complete the survey (these are also highlighted in the section guides below).

- Total case slots in 2015
- Total home visits 2015
- Number of families served in 2015
- Number of families funded by MIECHV in 2015
- Number of families who first enrolled in HV in 2015
- Gender of primary participant
- Number of 1st time parents
- Number of single parents
- Race/ethnic breakdown

Please complete the survey in HFAST by January 26, 2017.

If you have questions or need an extension, please contact Bri Stormer - bstormer@preventchildabuse.org

Thank you for your assistance with this important request!

	SECTION 1: Site Characteristics - Year 2016	Instructions & Response Choices
A1	HFA Affiliation Date	<i>Enter the month/date/year your site became affiliated with HFA, if known.</i>
A2	Additional information	<i>If date is unknown, enter year and any additional information here</i>
A3	Number of times site has completed accreditation	<i>Enter a number; enter "0" if not yet accredited</i>
A4	Comments	<i>Optional - if unknown, enter other information about accreditation status here</i>
A5	Home Visit Eligibility determined by:	<i>Select the option that best describes your site:</i> Positive assessment Positive screen Universal Other
A6	Other Home Visit Eligibility	<i>Specify other eligibility process</i>
A7	Target Population	<i>Select one option here; note more detailed eligibility questions below.</i> first births all births other (specify in next item)
A8	Other Target Population specify	<i>Specify other</i>
A9	Family Enrollment Point (check all that apply):	prenatal at birth (within 3 months) other (specify in next item)
A10	Other Enrollment Point Specify	<i>Specify other</i>
A11	Eligibility Criteria (check all that apply):	young parents (such as teens or early 20's) live in a specific community low income (such as WIC, Medicaid, or TANF eligible) served by specific hospital or organization other (specify in next item)
A12	Other Eligibility Criteria Specify:	<i>Specify other</i>

	SECTION 1: Site Characteristics - Year 2016	Instructions & Response Choices
A13	Data Management System	<i>Select one option:</i> FamilyWise ETO HFMS (SUNY) PIMS Custom-built Other None
A14	What assessment tool do you use?	<i>Note: this item refers to assessment tools whether for eligibility or after enrollment.</i> Parent Survey/Family Stress Checklist Other Tool
A15	Other Assessment Tool Specify	
A16	Languages in which services are offered	English Spanish Other (Specify in next item)
A17	Other Languages Specify	<i>If services are offered in a language not listed or in multiple languages, specify that here.</i>
A18	Service Area	<i>Select one that best fits your site:</i> Single County Multi-County Single City Multi-City Neighborhood Other
A19	Describe other type of Service Area	
A20	Add Service Area Zip Codes	<i>Click "Add Service Zipcode" and enter a 5-digit zip code, then click "Update". Repeat for additional zipcodes</i>
A21	Community Served	<i>Check all that apply:</i> Urban Suburban Rural Tribal Other
A22	Other Community Type	
A23	Developmental Screens	<i>Check all that apply</i>
	ASQ3	Ages & Stages Questionnaire - Third Edition

	SECTION 1: Site Characteristics - Year 2016	Instructions & Response Choices
	ASQSE	Ages & Stages Questionnaire - Social Emotional
	DECAIT	Devereux Early Childhood Assessment- Infants & Toddlers
	DDST	Denver Developmental Screening Test II
	R_DPDQ	Revised Denver Pre Screening Developmental Questionnaire
	Other Developmental Tool	<i>Fill in Name of any other Developmental tool your program uses not previously listed</i>
A24	Maternal Depression Screen	<i>Check all the maternal depression screens your program uses with families.</i>
	None - we don't screen for depression	
	BDI	Beck Depression Inventory
	BSI	Brief Symptom Inventory
	CESD	Center for Epidemiological Studies - Depression Scale
	PDSS	Postnatal Depression Screening Scale
	EPDS	Edinburgh Post-natal Depression Scale
	LSP	Life Skills Progression
	MIHA	Maternal and Infant Health Assessment
	PHQ (any version)	Patient Health Questionnaire (any version)
	Other Maternal Depression screen	<i>write in name of screen or describe</i>
A25	Domestic Violence Screens	<i>Check all the domestic violence screening tools your program uses with families.</i>
	None - we don't screen for DV	
	Abuse Within Intimate Relationships	
	Abusive Behavior Inventory	
	Composite Abuse Scale	
	Harassment in Abusive Relationship	
	Partner Abuse	
	Physical Abuse of Partner	
	Sexual Experience Survey	
	RAT/WEB - Relationship Assessment Tool / Womens Experience of Battering developed by Futures Without Violence	
	HITS - Hurt, Insult, Threaten, Scream	
	Other Domestic Violence screen	<i>write in name of screen or describe</i>
A26	Other Assessment Tools	<i>Check all other assessment tools.</i>
	None - we don't use any other assessment tools	
	AAPI	Adult Adolescent Parenting Inventory

	SECTION 1: Site Characteristics - Year 2016	Instructions & Response Choices
	ASSIST	Alcohol, Smoking, and Substance Involvement Screening Test
	AUDIT	Alcohol Use Disorders Identification Test
	CAPI	Child Abuse Potential Inventory
	CBCL	Child Behavior Checklist
	CLS	Casey Life Skills
	CPS Case	<i>Select if you track substantiated child maltreatment</i>
	CPS Report	<i>Select if you track Reported child maltreatment</i>
	CTS-PC	Conflict Tactics Scale - Parent/Child version
	CTS-R	Conflict Tactics Scale - Revised
	DAST	Drug & Alcohol Screening Test
	DLC	Difficult Life Circumstances
	FAF	Family Assessment Form
	HFPI	Healthy Families Parenting Inventory
	HOME	Home Observation for Measurement of Environment
	KIDI	Knowledge of Infant Development Inventory
	KIDIP	Knowledge of Infant Development Inventory - Preschool
	KIPS	Keys to Interactive Parenting Scale
	Kotelchuck Index	Kotelchuck's Adequacy of Prenatal Care Utilization
	LSP	Life Skills Progression
	NCAST Feeding	Nursing Child Assessment Satellite Training - Feeding Scale
	NCAST Teaching	Nursing Child Assessment Satellite Training - Teaching Scale
	NCFAS	North Carolina Family Assessment Scale
	PFS	Protective Factors Scale
	PICCOLO	Parenting Interactions with Children: Checklist of Observations Linked to Outcomes
	PSI	Parenting Stress Index
	PSI short	Parenting Stress Index - short form
	UNCOPE	Substance abuse screening
	ISEL	Interpersonal Support Evaluation List
	ACEs	Adverse Childhood Experiences Questionnaire
	Other Ongoing Assessment Tool	Fill in Name of any other ongoing Assessment Tool your program uses not previously listed.
	Immunizations	

SECTION 1: Site Characteristics - Year 2016		Instructions & Response Choices
A27	How does your site track Child's Immunizations?	Select the type of information your site tracks: Parent report Immunization cards (health provider completed) Health dept. data System lookup other
A28	Other Child IZ	If you selected "other", indicate how your site tracks immunizations
A29	How does your site record Child's Immunizations	up to date not up to date record type & date
A30	Other immunization recording specify	If you selected "other", indicate how your site records immunizations
Service Length		
A31	Until what Age are HV services Offered?	age 3 years between 3 and 5 age 5 years other
A32	Other program length	write in

SECTION 2: Family Data - Year 2015		Instructions & Response Choices
B1	All information below is for:	calendar year (January 1, 2015 to December 31, 2015) state fiscal year (mid-2014 to mid-2015, dates vary by state) federal fiscal year (October 1, 2014 to September 30, 2015) other fiscal year
	For 2015 (fiscal or calendar)	ALL items in this section refer to families served in 2015
B2	Number of funded home visiting slots as of end of fiscal or calendar year.	Enter number of "slots" – that is, total number of families across all levels who could be served at the same time for all home visitors. This is typically FTEs times 25
B3	Number of home visits completed in 2015	
	How many families in 2015:	
B4	Received at least 1 home visit	Enter number of families who received 1 or more home visits in 2015, regardless of when they first started.
B5	MIECHV funded	Enter number of families served with at least 25% MIECHV funds
B6	Received 1st home visit	Enter number of families who received their 1st home visit in 2015.

SECTION 2: Family Data - Year 2015		Instructions & Response Choices
B7	With a father involved in home visiting	<i>Enter number of families with a father who has attended more than 1 home visit in 2015.</i>
B8	Number of target children served in 2015	<i>Enter number of target children (however your site defines "target child" is OK)</i>
B9	Number of additional children served (non-target children)	<i>Enter number of non-target children (such as older or younger siblings) if served in any way</i>
	How many 2015 primary participants were:	<i>ALL items in this section count only the enrolled primary participant</i>
B10	Female	<i>* it is preferred that sites report on only one PRIMARY caregiver/ participant per family, even if more than one is participating. This will give us a more accurate picture of families where the PRIMARY participant is male.</i>
B11	Male	
B12	First time Parent	<i>Enter number of primary participants who are 1st time parents</i>
B13	Grandparent of index child	<i>Enter number of primary participants who are the grandparent of target (index) child</i>
B14	HS graduate or GED at enrollment	<i>Enter number of primary participants who had graduated high school or completed GED before enrolling in HFA</i>
B15	Developmentally Delayed	<i>Enter number of primary participants who are developmentally delayed</i>
B16	Medicaid Eligible	<i>Enter number of primary participants who are eligible for Medicaid</i>
B17	Military personnel or spouse	<i>Enter number of families with a member who is or has served in the Armed Forces</i>
B18	Have substance abuse history	<i>Enter number of primary participants with history of substance abuse (whether currently using or not; estimate is acceptable)</i>
B19	In need of substance abuse treatment	<i>Enter number of primary participants who were in need of substance abuse treatment in 2015 (estimate is acceptable)</i>
B20	Abused or neglected as a child	<i>Enter number of primary participants who experienced abuse or neglect as a child (whether reported or not)</i>
B21	Involved in Child Welfare System (as caregiver)	<i>Enter number of primary participants served in 2015 with history or current involvement in Child Welfare</i>
B22	Single Parent	<i>Enter number of primary participants whose marital status is single, divorced, or widowed.</i>
B23	Over cutoff on depression screen (any assessment in 2015)	<i>Enter the number of primary participants with an elevated depression score. If multiple screens were given in 2015, the preferred definition is to count participants with elevated screen at any point in 2015. If this is not feasible, report number with elevated screen at a single screening point. The intent is to document how many HFA participants experience elevated symptoms of depression in a given year.</i>

SECTION 2: Family Data - Year 2015		Instructions & Response Choices
B24	Insurance Status (when last assessed in 2015) Of those served in 2015, enter number in each group:	Number of Primary Participants with: _no insurance _Title XIX (Medicaid)/Title XXI (SCHIP) or Tri-Care _Private or other insurance _unknown Number of Target Children with: _no insurance _Title XIX (Medicaid)/Title XXI (SCHIP) or Tri-Care _Private or other insurance _unknown
B25	Housing Status (when last assessed in 2015) Of primary participants in 2015, how many were:	renting or own home living with parent or family member sharing housing homeless unknown housing situation
B26	Caregiver employment status (when last assessed in 2015) Of primary participants in 2015, how many were:	employed full time employed part time not employed (whether seeking work or not) unknown employment situation
B27	For items below, I am using ____ for my initial assessment tool	_Parent Survey/Family Stress Checklist _other
B28	Other assessment tool specify	
B29	How many primary participants in 2015 were:	
	Low risk on Initial Assessment (Parent Survey < 25)	<i>Enter number of primary participants whose initial risk score was less than 25 on Parent Survey (or lower risk category on alternate measure)</i>
	Moderate risk on Initial Assessment (Parent Survey 25 - 35)	
	Higher risk on Initial Assessment (Parent Survey 40+)	
B30	Target children: How many in each age group (as of last home visit received in 2015)	<i>If ages can't be calculated to last HV, please use other available data on child's age during 2015.</i> Prenatal 0-5 months 6-11 months 12-23 months 24-35 months 36 months or older

	SECTION 2: Family Data - Year 2015	Instructions & Response Choices
B31	Child Issues: Number of children who were:	Born at low birth weight Born premature Developmentally delayed or disabled (known or suspected) Medicaid eligible
B32	Primary Participant Age at Enrollment:	Less than 18 years* - ERROR on survey** 18 - 20 years → 18 - 19 years 21-24 years → 21 - 24 years 25-34 years 35 - 54 years 55 years or more <i>* If your site tracks age categories differently, please use the closest category available.</i> <i>** NOTE error on survey – changes in red will be made to 2017 survey.</i>
B33	Ethnicity/Race: Number of Primary Participants who are:	Hispanic and Black Non-Hispanic Black Hispanic and White Non-Hispanic White Asian American Indian/Alaskan Native Native Hawaiian/Pacific Islander Multi-race Other race
B34	Other race specify	
B35	Primary Participant Language (if not English)	Primary Language Spanish Primary Language not English nor Spanish

#	SECTION 3: Evaluation	Instructions & Response Choices
	NOTE: If your site is engaged in more than one evaluation, click the "Add Evaluation" button at top left of screen.	
C1	Are you in the MIHOPE Study?	Check if your site participated in MIHOPE (even if no recent activity)
		<i>If unsure about evaluation information, please check "not sure", list evaluation contact name and email and leave other items blank.</i>
C2	Evaluation Type	No evaluation Cost-benefit evaluation Outcome evaluation Process evaluation Defer to multi-site (<i>ask our multi-site for this information</i>) Not sure
C3	Evaluation Begin Date	
C4	Evaluation End Date	
C5	Evaluator Name	
C6	Evaluator Email	
C7	Evaluator Phone	
C8	Evaluator Phone Extension	

#	SECTION 4: Financial Form	Instructions & Response Choices
D1	Fiscal Year Type	Calendar Federal Fiscal State Fiscal Other
D2	Fiscal Year Other Type	<i>write in</i>
D3	Previous Year Program Budget (2015)	<i>Enter total site budget in whole dollars (no decimals) for 2015</i>
D4	Current Year Program Budget (2016)	<i>Same as above for 2016</i>
	What proportion of your overall current budget comes from the following:	<i>Enter percent for each type of funding received; the total for all entries should not exceed 100.</i>
D5	State System	
D6	Foundations	
D7	Corporations	
D8	Private Donations	

#	SECTION 4: Financial Form	Instructions & Response Choices
D9	Earned Income	
D10	MIECHV - formula funding	
D11	MIECHV - competitive funding	
D12	Local Government	
D13	State Childrens' Trust Fund	
D14	CBCAP	
D15	Federal TANF	
D16	TANF Maintenance	
D17	Title IV-B	
D18	Title IV-E	
D19	Title V	
D20	Title XX	
D21	CAPTA	
D22	Medicaid IDEA	
D23	CCDBG	
D24	Early Head Start	
D25	Federal Other	<i>Include federal funding sources not listed above</i>
D26	State Other	<i>Include state funding sources not listed above</i>
D27	Other Funding	<i>Include other funding sources not listed above</i>
D28	Other Funding (specify source)	<i>Specify other funding sources</i>
	Have MIECHV Funding?	
D29	Number of Families Funded by MIECHV	<i>Enter number of families funded at least 25% by MIECHV in 2016</i>
D30	Current Year MIECHV Funding (2016)	<i>Enter amount of funding received from MIECHV in 2016</i>
D31	Previous Year MIECHV Funding (2015)	<i>Enter amount of funding received from MIECHV in 2015</i>

#	SECTION 5: Program Policies - Year 2016	Instructions & Response Choices
E1	Does your site utilize TLC for training?	Yes No
E2	What is your program's maximum FSW caseload for level 1 families:	What is your site's policy on the maximum number of families that one full-time home visitor (40 hours per week) can serve, if all families are Level 1?
E3	What is your program's maximum FSW caseload for all levels	What is your site's policy on the maximum number of families that one full-time home visitor (40 hours per week) can serve, across all levels?
E4	What is your program's recommended FSW caseload for level 1 families:	What is your site's recommended number of families per full-time home visitor if all families are Level 1?
E5	What is your program's recommended FSW caseload for all levels:	What is your site's recommended number of families per full-time home visitor across all levels?
E6	What is your:	
E7	Primary Curriculum (Select one)	Growing Great Kids Parents as Teachers HF San Angelo MELD MOM Project Nurturing Program Partners for Healthy Baby PIPE 24/7 Dad None Other (specify below)
E8	Other Primary Curriculum	

		Growing Great Kids Parents as Teachers HF San Angelo MELD MOM Project Nurturing Program Partners for Healthy Baby PIPE 24/7 Dad None Other (specify below)
E9	Secondary Curricula <i>(check all that apply)</i> :	
E10	Other Curriculum 1	
E11	Other Curriculum 2	
E12	Other Curriculum 3	Check all that apply
E13	Additional services your site offers to enrolled families	Family Social Parent group Fathers group Father engagement specialist Nurse consultation Doula Staff Clinician Depression Treatment Service Moving Beyond Depression Mothers and Babies Course Other service offered (specify below)
E14	Other service offered	
	Enhancements Your Site Utilizes	Check all that apply
E15	Centralized intake	
E16	Text message reminders	
E17	Tablets or other device	<i>Such as smartphones, ipads, or other electronic devices</i>
E18	Engagement strategies	
E19	Staff retention strategies	
E20	Other enhancement	

***Your information is extremely valuable to HFA!
Thank you for your time!***