

Service Provider Survey

Due: October 4, 2018 at 5pm (submit early for more chances to win a gift card)

Time: This survey will take approximately 10 minutes to complete.

\$50 Gift Card Incentive Survey: Surveys received by 5pm on 10/4/2018 are eligible to be entered in a drawing for a \$50 gift card (several types to choose). Drawings will be held at 5pm on Thursday 9/27 and 10/4 (5pm). Please complete the survey early so that you eligible for both drawings.

Survey Background and Purpose: The Ventura County Prevention Plan Project will develop a cross-system plan to address the needs of vulnerable parents expecting a child or with a young child. One aspect of the plan will identify ways to improve parents' access and use of needed services. The following survey is focused on this issue.

We appreciate and welcome your candid and honest perspective.

1. Which of the following **best** describes your current employment service sector?

- | | |
|---|---|
| <input type="radio"/> K-12 Education | <input type="radio"/> Child Welfare/Children & Family Services |
| <input type="radio"/> Early Education | <input type="radio"/> Public Health |
| <input type="radio"/> Childcare | <input type="radio"/> Physical Health/Medicine |
| <input type="radio"/> Special Needs/Special Education | <input type="radio"/> Behavioral Health/Substance Abuse Treatment |
| <input type="radio"/> Parent Education and Family Support | <input type="radio"/> Law Enforcement/Legal/Probation |
| <input type="radio"/> Parent/Peer Support | <input type="radio"/> Faith Based Services |
| <input type="radio"/> Other (please specify) | |

2. What **best** describes your current workplace role?

- Practitioner/Direct Service Provider (e.g. teacher, therapist, social worker)
- Administration/Policy
- Peer/Parent Support
- Research/Technical Assistance
- Manager/Supervisor
- Trainer/Coach
- Other (please specify)

3. How many years of experience do you have working with children/families?

- 1 year or less
- 2 to 5 years
- 5 to 10 years
- More than 10 years

4. What is your highest education level?

- High School
- BA/BS Degree
- Some college or specialized certificate
- Graduate Degree
- AA Degree

5. How much experience do you have interacting with the following populations?

	Extensive experience	Frequent experience	Some experience	Infrequent experience	Little to no experience
Expecting parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent/young child (0 to 3 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent/preschooler (3 to 5 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent/K-12 child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent/child with special needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent with substance abuse/addiction issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent/child with mental health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent involved in the criminal justice system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foster/kinship/resource parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent/child in the child welfare system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent/child with domestic violence issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent whose primary language is not English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please check your familiarity for the following service sectors:

	Not familiar with this service	Somewhat familiar with this service	Very familiar with this service
K-12 Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Needs/Special Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent Education/Family Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Peer Support Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Welfare/Children & Family Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health/Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Health/Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement/Legal/Probation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith Based Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. We would like to know more about your referral practice. Identify the **level of support you typically provide** when referring parents to the following education and parenting services:

	N/A, I don't refer here	Give a list of resources or refer to 211	Help parent decide where to go for help	Identify specific person for parent to contact	Help parent connect with a specific person
Early Care/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent Education/Family Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expectant Parent/Pregnancy Education/Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special Education/Developmental Concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community/Recreation Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. When making a referral to the following education and parenting services, what type of **case follow-up** do you typically receive ?

	N/A, I don't refer here	I don't know the outcome	I know if my client received services	I receive case information	Our case plans are coordinated
Early Care/Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent Education/Family Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expectant Parent/Pregnancy Education and Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special Education/Developmental Concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community/Recreation Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Identify the **level of support you typically provide** when referring parents to the following prevention/intervention services:

	N/A, I don't refer here	Give a list of resources or refer to 211	Help parent decide where to go for help	Identify specific person for parent to contact	Help parent connect with a specific person
Physical Health/Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavior/Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Law Enforcement/Legal/Probation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Welfare/Children & Family Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income/Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food/Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith Based Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. When making a referral to the following prevention/intervention services, what type of **case follow-up** do you typically receive ?

	N/A, I don't refer here	I am not notified of the outcome	I am notified if my client receives services	I receive case information	Our case plans are coordinated
Physical Health/Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavior/Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Law Enforcement/Legal/Probation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Welfare/ Children & Family Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Income/Employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food/Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith Based Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. What factors contribute most to your **decision to refer** clients to one agency over another? Rank the following choices with "1" being highest contributing factor and "5" being the lowest contributing factor.

<input type="text"/>	Quality of service provided (e.g. intensity, agency reputation)
<input type="text"/>	My agency has a contract with this agency for this service
<input type="text"/>	Agency coordinates and communicates well with me
<input type="text"/>	Many services are co-located at one site
<input type="text"/>	Referral is handled quickly and professionally

12. What other factors most influence your decisions about where to refer clients?

13. When **coordinating services** with other agencies (not just referrals), what practices are most effective? Rank the following choices with "1" being most effective and "6" being least effective.

<input type="text"/>	Frequent meetings
<input type="text"/>	Clear, consistent ways to communicate
<input type="text"/>	An identified contact person
<input type="text"/>	Up to date information about resources and services available
<input type="text"/>	Shared or coordinated case plans
<input type="text"/>	Shared data and data reviews

14. How can your agency improve **coordination** with other agencies?

15. What do you see as the most significant **gap in services** for vulnerable parents expecting or with young children?

16. If you would like to be included in the gift card raffle for completing this survey, please enter your e-mail contact here: