



General

Q1. The Annual Assessment provides the Healthy Start Technical Assistance & Support Center (TASC) an opportunity to improve its delivery of high-quality technical assistance and identify future priority areas. Your participation in this 2022 Annual Assessment is especially important, as we move through Year 5 of this five-year funding cycle, and we hope to hear from all 101 Healthy Start programs in this assessment.

The TASC seeks to understand Healthy Start projects' organizational structures, satisfaction with TASC offerings, programmatic needs, progress toward benchmarks and key objectives, data capacity, and progress towards sustainability.

Please consider printing the survey and reviewing it with your staff prior to completing the survey online. You may also benefit from gathering the following project-specific materials in advance: List of key

personnel and staff job descriptions, Project Work Plan / SMART objectives, Grantee performance reports and Data Summaries.

Once you have gathered the necessary background materials, the Assessment should take less than 30 minutes to complete. A progress bar will indicate your overall progress. **Please note that there is no option to pause your progress and return later.**

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.

Q2. Please tell us your project name:

Q3. Please select the best description(s) for your project service area (select all that apply). Your response should match the HRSA-defined service area.

Urban

Rural

Tribal
Community

Border
Community

Other
(Describe)

Q120. Who is the fiduciary for your HS grant? (select all that apply)

Academic / university setting

Non-profit organization

Hospital / healthcare system

City government

Other

Personnel

Q4.

Please provide detail on your staff.

Number that are staff paid for with HS funds (If not full FTE, please note the fraction of staff time funded by FTE. For example, please report 80% FTE as 0.8.)

Number that are consultants/contractors paid for with HS funds

Plan to hire in the next year (Y/N)

e)
a
2)

CAN Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Care Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Case Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Community Health Worker	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Evaluator/Data Analyst	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fatherhood Coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IT Technician	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Doctor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nurse (LPN, RN, APN)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nurse Practitioner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Midwife (CNM)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nutritionist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program Director	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Doulas	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other

Other

Q5. You may have staff paid for with HS funds and some which are not paid for with HS funds. How many staff were **paid** with HS funds in 2022. Check all that apply by completing this sentence: "Staff who...":

Provide mental health counseling directly to HS participants

Provide doula support services

Provide substance use counseling directly to HS participants

Are licensed social workers/MSWs

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

Provide oral health services

<input type="checkbox"/> Are certified mental/behavioral health peer specialists or recovery support specialists/coaches	<input type="checkbox"/> Provide alternate/holistic medicine services
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Provide lactation support	<input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/>

TA & Support Center

Q6. Throughout 2022, the TA & Support Center (TASC) conducted activities aimed at providing technical assistance and support for all Healthy Start projects. For example, TASC launched Learning Academies on topics such as CAN and structural racism; provided webinars on numerous topics such as fatherhood, maternal and infant health, behavioral and mental health, quality improvement, and virtual home visiting; and organized networking cafes to respond to emergent needs.

TASC has convened cohorts designed and led in partnership with Healthy Start staff, focusing on topics such as fatherhood, recruitment and retention, and evaluation. The TASC has also awarded several scholarships (e.g.,

certified lactation counseling, mental health and fatherhood training), organized Healthy Start staff support groups, launched a second Healthy Start Collaborative Innovation Networks (COINs), distributed a monthly newsletter, maintained the EPIC Center website, and processed numerous 1:1 Consultation TA requests.

We appreciate your responses to the following questions to assess your satisfaction with TASC over the past year.

Q7.

What types of support provided by the TASC have you participated in over the 2022 grant year? Please visit the [EPIC Website](#) for more details on these activities and **check all that apply.**

- Cohorts
- Learning Academies
- Collaborative Innovation Networks (COIN)
- Postpartum Support International (PSI) Healthy Staff Support Group
- Networking Cafes
- All grantee webinars
- Training and certifications
- One-on-one Consultation TA
- Other (please describe)

Other (please describe)

Q8. How would you like to receive support and technical assistance in the future? Please visit the [EPIC Website](#) for more details on these activities and check all that apply.

- Cohorts
- Learning Academies
- Collaborative Innovation Networks (COIN)
- Postpartum Support International (PSI) Healthy Staff Support Group
- Networking Cafes
- All grantee webinars
- Training and certifications
- One-on-one Consultation TA
- Other (please describe)
- Other (please describe)

Q9. Please rank all modes of communication in the order that you prefer to get information from the TASC.

Newsletters

Weekly Update Emails

Online engagement platform (e.g., CoLab or Peerboard)

EPIC Website

Direct email and/or phone communication with TASC staff

Other (please describe)

Q10. Please rank your overall satisfaction with TASC and its activities/resources for the 2022 grant year. If you did not use the TASC or its offerings, please indicate "N/A."

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	N/A - Did not attend/did not use
TASC Overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Webinar offerings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1:1 Consultation TA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resources on EPIC website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Newsletters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	N/A - Did not attend/did not use
Overall Responsiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q11. If dissatisfied or very dissatisfied with TASC, please explain.

Q12.
Please share any additional comments and/or feedback about TASC from the **2022** grant year.

Q13. Please rate the extent to which the support you received from TASC impacted the following capabilities at your site over the **2022** grant year.

	A great deal	A lot	A moderate amount	A little	Not at all
Increased your project's capacity to deliver evidence-based services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased your workforce's competencies in order to provide services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promoted synergy among HS grant recipients through collaborations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased your project's capacity to collect data and use data for quality improvement, performance monitoring, and local evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased your project's skills and understanding of health equity work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	A great deal	A lot	A moderate amount	A little	Not at all
Increased your readiness or capacity to engage in health equity work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q14.

Which priority areas do you anticipate will require further support to sustain their services beyond the funding period? Please **check all that apply**.

- Behavioral and Mental Health
- Breastfeeding
- Community Action Network (CAN)
- COVID-19
- Data collection, reporting and monitoring
- Doula services
- Health equity
- Evaluation
- Fatherhood
- Quality improvement and assurance
- Recruitment & Outreach
- Retention
- Virtual service delivery
- CAREWare

Home visiting

Other

Benchmarks & Key Objectives

Q15.

Did your HS program deliver evidence-based services and those based on best practices to its clients over the 2022 grant year?

Yes

No

Q16. Has the quality of your evidence-based services and those based on best practices **improved** over the 2022 grant year?

Yes

No

Q17. Has the quality of your evidence-based services and those based on best practices **declined** over the 2022 grant year?

- Yes
- Yes

Q18. Has your program's capacity to implement evidence-based services and those based on best practices **improved** over the 2022 grant year?

- Yes
- No

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

Q20. Has **your program's capacity** to implement evidence-based services and those based on best

practices **declined** over the 2022 grant year?

- Yes
- No

Q21.

Indicate your status by the end of 2022 toward meeting the following benchmarks.

	Met in 2022	Not met and making positive progress in 2022	Not met and struggling to meet in 2022	Not met and not yet addressed in 2022
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"/>
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"/>

	Met in 2022	Not met and making positive progress in 2022	Not met and struggling to meet in 2022	Not met and not yet addressed in 2022
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"/>
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"/>

Met in 2022	Not met and making positive progress in 2022	Not met and struggling to meet in 2022	Not met and not yet addressed in 2022
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	Met in 2022	Not met and making positive progress in 2022	Not met and struggling to meet in 2022	Not met and not yet addressed in 2022
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"/>
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"/>

	Met in 2022	Not met and making positive progress in 2022	Not met and struggling to meet in 2022	Not met and not yet addressed in 2022
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"/>
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 in 2022	Not met and making positive progress in 2022	Not met and struggling to meet in 2022	Not met and not yet addressed in 2022
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	Met in 2022	Not met and making positive progress in 2022	Not met and struggling to meet in 2022	Not met and not yet addressed in 2022
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"/>
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 in 2022	Not met and making positive progress in 2022	Not met and struggling to meet in 2022	Not met and not yet addressed in 2022
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xix. Increase the proportion of HS programs who establish a QI and performance monitoring process to 100 percent.



Q22.

If your program was struggling to meet any benchmarks in 2022, did your HS program reach out to TASC to address your challenges?

Yes

No

Q23. Did the TA provided meet your needs/expectations?

Yes

No

Q24. If you struggled to meet benchmarks in 2022 but **did not** reach out to TASC to address challenges, please describe why not.

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

Q26. If you struggled to meet any benchmarks in 2022, please indicate whether your HS program reached out to any of the following in order to address your challenges. Select all that apply.

- Other HS grantees
- CAN partners
- Project Officer
- Subject Matter Experts
- NHSA

Other (please describe)

Q27. At your site, approximately what percent of HS child participants were ever breastfed or fed pumped breast milk in 2022 (January–December)?

Numerator (# of HS infant participants who were ever breastfed or fed pumped breast milk in the reporting period)

Denominator (Total # of HS child participants aged <12 months whose parent was enrolled prenatally in the reporting period)

Percent

Q28.

Did COVID-19 impact your program's ability to meet these benchmarks in 2022?

Yes (If yes, please describe)

No

Q29. Did your program see an **increase** in the number of mothers breastfeeding at 6 months in 2022?

- Yes
- No

Q30. Did you meet the target of serving at least 300 pregnant women per year in 2022?

- Yes
- No

Q31. What challenges did you experience, if any, in meeting this target for the 2022 grant year?

Q32. What support did you need to achieve this target?

Q33. Did you meet the target of serving at least 300 infants/children up to 18 months, preconception women, and interconception women per year in 2022?

- Yes
- No

Q34. What challenges did you experience in meeting this target in 2022?

Q35. What support did you need to achieve this target in 2022?

Q36. Did you meet the target of serving at least 100 fathers/male partners per year in 2022?

- Yes
- No

Q37. What challenges did you experience in meeting this target in 2022?

Q38. What support did you need to achieve this target?

Q39. Please provide the following CAN membership details for 2022:

of CAN members

of CAN members from the
community

Q40. Please indicate which type of CAN members you worked with in 2022, and how many of each partner.

- Community resident
- Service provider
- Healthy Start program staff
- CAN Coordinator
- Community organization (such as a neighborhood association)
- Healthy Start program recipients
- Other

Q41.

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 at the end of 2022.

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

	Confident and comfortable in explaining, applying and teaching this topic.	Solid working knowledge of this topic and could demonstrate how to apply it to daily work.	Working knowledge of this topic and could at least explain what it is.	Heard of this topic but could not explain or apply it.	No knowledge on the topic.
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Quality Improvement

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Q42. Priority areas continue to reflect a need for support in fatherhood, recruitment and outreach, CAN, BMH, and breastfeeding. In addition, evaluation appeared to be an important priority area in 2022, compared to 2021. Staff knowledge for topics like BMH, CAN, and evaluation was relatively low, compared to other topics, and this represents opportunities for additional TASC support. Please answer the following questions based on this understanding.

Q43. At your site, approximately what percent of HS women participants demonstrated or reported father and/or partner involvement (e.g., attended appointments, classes, etc.) during pregnancy in 2022 (January–December)?

Numerator (# of HS prenatal participants who report supportive father and/or partner involvement (e.g., attend appointments, classes, etc.) in the reporting period)

Denominator (Total # of HS prenatal participants in the reporting period)

Percent

Q44. In 2022 did your team **increase** the proportion of Healthy Start women participants that demonstrate father and/or partner involvement (e.g., attend appointments, classes, infant/child care) during pregnancy? **Please provide your best estimate (percent increase).**

- 0% - 25%
- 26% - 50%
- 51% - 75%
- 76% - 100%

Q45. In 2022, did your team implement and/or work with collaborators to implement fatherhood groups based on

an evidence-based curriculum?

- Very Frequently
- Frequently
- Occasionally
- Rarely
- Very Rarely
- Never

Q46. In 2022, did your project require technical assistance regarding the fatherhood program implementation from TASC?

Yes (explain)

No

Q47. Please explain your recruitment and retention strategies for fatherhood engagement in 2022.

Q48. In 2022, did your project include strategies to build capacity for father/male involvement (check all that apply):

- Conducted an organizational assessment that includes conversations with staff and fathers as well as program data.
- Assessed your setting for “father-friendliness”--is it welcoming and comfortable for males
- Established a program vision that values fathers/ male partners as members of cultural and ethnic groups in the community.
- Revised program policies and data collection to reflect activities for and by men.
- Provided ongoing training/professional development opportunities for staff, and supervisory support.
- Conducted staff training that explores staff experiences/relationships with men or fathers that may impact staff’s professional interactions.
- Educated staff on the importance of father involvement for the health and development of both children and mothers.
- Have discussions at staff meetings or retreat to reflect on attitudes toward and experience with father engagement and to challenge stereotypes.
- Developed a fatherhood team of staff and parents to manage father-specific programming.
- Other

Q49. In 2022, did your project include strategies to build capacity for father/male involvement that include but are

not limited to the following subject areas (check all that apply):

- Having a designated engagement coordinator on staff.
- Engaging fathers/male partners to help with recruitment and outreach to new fathers/male partners
- Integrating services for fathers with the rest of the HS program--instead of making male services an add-on.
- Conducting a needs assessment specific to the service needs and priorities of males/fathers.
- Establishing referral relationships with health and social service providers and community-based organizations that offer services and programs for males.
- Setting goals to reach targeted outcomes for father/ male engagement activities and services.
- Evaluating the father-focused services and making necessary adjustments and modifications.
- Other

Q50. In 2022, did your project provide services, education, and support tailored specifically for fathers/males, and promote co-parenting of infants and children in the following areas (check all that apply):

- Conducting home visits with fathers and scheduling them at a time convenient for the father.
- Hiring male mentors to conduct home visits with fathers.

- Scheduling home visits with the mom and attempting to set a time that is convenient for the father/ male partner as well.
- Enhancing home visits to engage fathers, and “meet fathers where they are.”
- Inviting fathers directly, not only through the mother.
- Involving fathers across all perinatal phases-- preconception, prenatal, postpartum and parenting.
- Conducting reproductive life planning and preconception health activities with men as well as women, and with couples together when possible.
- Focusing on co-parenting, mother and father working together to care for and raise the children.
- Using evidence-based curricula designed to engage, educate and empower fathers.
- Connecting fathers to a range of services that they want, not only health care and education but job training and employment services, financial literacy, etc.
- Providing father and couple education on pregnancy and childbirth and what to expect.
- Educating fathers on child development and their central role.
- Other

Q51. In 2022, did your project work with **community partners** to develop and promote father-friendly services, policies, and events involving the following areas (check all that apply):

- Including father/male indicators/data in your community needs assessment.

- Developing a local network with supportive individuals, organizations, and agencies.
- Considering incentives to market enhanced services for fathers and to create a reservoir of community goodwill.
- Advocating for parental leave.
- Adding father-friendly services and improved integration of health and social services for men to your CAN's list of priorities.
- Hosting community events specifically for fathers, such as fatherhood breakfasts, and barbershop talks.
- Hosting community events for fathers and children such as playground meet-ups or dads and kids social.
- Hosting community events for families, such as family fun days, family reading days/literacy events
- Other

Q52. Did your program see an increase in the number of mothers breastfeeding at 6 months in 2022?

- Yes
- No

Capacity for Data Collection and use of PM and QI Data

Q53.

What has helped your project's collection and submission of client- /participant-level data in 2022? (Check all that apply)

- Access to technology
- Patient privacy rules and regulations
- HRSA-provided data management system (CAREWare, HSMED, etc.)
- Other data management systems
- Standardized Data Collection Forms
- Staff resources dedicated to data collection/submission
- Responsiveness of TASC
- Responsiveness of DHSPS staff
- Other

Q54. What hindered your project's collection and submission of client- /participant-level data in 2022?

- Patient privacy concerns/regulations
- Standardized Data Collection Forms
- Resources for technology related to data collection/submission
- Staff resources dedicated to data collection/submission
- Training related to data collection/submission
- Responsiveness of TASC
- Responsiveness of DHSPS staff

Other

Q55. In 2022, did you utilize a data management system for the collection and submission of client- /participant-level data?

Yes

No

Q56. If yes, please select/describe the data management system[s]. Select all that apply.

CAREWare

HealthySoft

ChallengerSoft

REDCap

Other (please describe)

Q57. If yes, please describe how this system aided and/or hindered the collection and submission of client- /participant-level data for 2022.

Q58. Were you required to use this specific data system because of the organization you reside in?

- Yes
- No

Q59. Did your project plan or conduct a local evaluation in 2022?

- Yes
- No

SMART Objectives

Q60. In 2022, did your project develop SMART (Specific, Measurable, Attainable, Relevant and Timely) objectives?

- Yes
- No

Q61. In 2022, did your project develop an alternate framework (not SMART) to develop project objectives and goals?

- Yes (if yes, please describe)

- Maybe
- No

Q62. Did your project need support to develop and refine your program objectives?

- Yes
- No

Sustainability

Q63. Being in the final year of the current five-year funding cycle, it is crucial that we turn our attention to sustainability efforts. The TASC seeks to support HS programs with the planning and execution of these sustainability plans. We appreciate your responses to the questions below to help your programs succeed after this funding period.

Q64. 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 guided its direction, goals, and strategies in 2022.

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

	1 (to little/no extent)	2	3	4	5	6	7 (to a very great extent)	N/A
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.	<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'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"/>	<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"/>	<input type="radio"/>

Q65. Is there any specific support you need from TASC to establish and/or enhance your sustainability plans?

Q66. What other initiatives does your project currently participate in that complement Healthy Start? (e.g., Title X workgroup, MMRC, FIMR, AIM CCI)

Q67. Please describe any additional funding resources that currently support your Healthy Start project -- beyond the federal Healthy Start grant -- that help provide additional capacity and/or that allow for extended services (e.g., local organizations, state or federal agencies, Medicaid, Title V, health insurance companies, etc.). (This information gives TASC information on your project capacity.)

End of Survey

Q68. Thank you for taking the time to complete this survey.

This is the end of the survey. If you need to edit or look over your responses, please go back and do that now. If you are done looking over your survey, and are satisfied with your responses, please click the forward button to submit your survey. Once you submit your survey you can no longer go back and edit your responses further.

Thank you!

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