



## **Appendix D**

### **Home Visiting Program Capacity Survey for Massachusetts**

The survey below was sent electronically to all of the known home visiting programs in Massachusetts.

Please complete the following fields to the best of your ability:

1. Home visiting program name
2. Program contact name
3. Name of agency/organization
4. Funding source(s) and %
5. Program goals
6. Is your program based on an evidence-based national model?
7. If so, which one?
8. Is your program accredited?
9. Does your program have a formal validated curriculum?
10. If so, which ones?
11. Population served and eligibility requirements
12. Characteristics & numbers of population served
13. Name of geographic communities served
14. # of sites
15. Additional service locations, if any (i.e. DV shelter, foster homes, family shelters, prisons)
16. Description of group services offered (i.e. number of groups, focus of group services)
17. Discipline of home visitors
  - Number of trained home visitors
  - Training requirements (including hours & session topic)
  - Qualifications of supervisors
  - Supervision details
18. Caseload requirements and maximum allowable caseload per home visitor

19. Onset, duration, and frequency of visits
20. % of families enrolled prenatally, if applicable
21. Cost per family
22. Description of key service components (use/name of validated assessment tool, if applicable)
23. Services offered on a voluntary basis? Yes/No (i.e. parents not mandated - can choose to participate or not)
24. Data collection mechanism
25. Waiting list exists? (Yes/No)
26. If yes, number of families on the waitlist
27. Has an evidence-based evaluation ever conducted of your program in MA? (Yes/No)
28. If yes, please describe.
29. Has an evidence-based evaluation of your national program (if applicable) been conducted in another state or on a national level?
30. If yes, please explain.
31. Please list your known program gaps
32. Other gaps in maternal and early childhood home visiting
33. Website, other important sources of information about the program
34. Any additional comments? (optional)