PNM Family Home Visiting (FHV) Shared Services Feedback Form

The purpose of this form is to obtain your feedback about the past year of Family Home Visiting Shared Services. The form is anonymous. Please do NOT put your name anywhere on this form. It is important to obtain feedback from all staff.

Feel free to use the back of the page if you need more room for written comments.

1. To what extent do you agree with the following statements? (check one box on each line) Strongly Strongly Agree Disagree Disagree Unsure Agree I understand why PNM is sharing FHV services. Comments: I am satisfied with how sharing of FHV services has unfolded over the past year. Comments: I am proud of my contributions in sharing of FHV services. Comments: Our leadership is open and transparent about sharing of FHV services. Comments: I trust leadership to guide our FHV staff through this transition period. Comments: I support continued sharing of FHV services across PNM CHB. Comments: I would be interested in exploring or expanding other shared services arrangements (such as WIC, high lead case management, Follow Along Program, etc) across PNM CHS. Comments: 2. What have you enjoyed the most about the FHV sharing arrangement? 3. In what ways could this FHV sharing arrangement be improved?

4. Please write in any additional comments or suggestions that you may have about FHV shared services.