# Readiness Indicator

This document contains questions included in the online IRIS Readiness Indicator. To complete the Readiness Indicator, visit https://connectwithiris.org/readiness-indicator.

## About

This survey is designed to help us understand where your community is at in its journey to improving collaboration between providers to better serve families—and how we can help. In thinking about your community, don't limit yourself to a geographic designation. Remember, that a community is more than a location. As you complete the survey, consider the individuals, families, organizations, and institutions that have shared social ties, common perspectives, and settings.

Honest responses provide the most accurate picture of your community and help the IRIS team connect you with the right next steps, including tools to continue building your readiness. Think of this as an assessment to begin the customization of your IRIS experience. There are no right or wrong answers.

## Part 1: Me & My Community

These questions are used to inform the IRIS team about you, your organization, and the role you play in your community.

*First name

*Last name

*My community's name is

*My organization's name is

*My role in the community is

*The following best describes my organization's role in the community (dropdown menu)
- Public Consultants or City of State Government Leaders
- Public Health Organization
- Healthcare Organization
- Behavioral Health Organization
- Early Childhood Organization
- Developmental Disabilities Organization
- Family Support Organization
- Concrete Support Organization
- Education Organization
- Resource Navigation Organization
- Other, please specify

**Part 2: Community Need**

These questions are used by the IRIS team to assess current community gaps and the potential willingness to adopt solutions like a community coordination network.

Remember to answer questions truthfully and that there are no right or wrong answers.

*The community challenge that is motivating me to search for a solution is

*My hope is that a community referral platform can help this by

*Community partners fully understand our community's unique context, needs, and resources.
   1. Strongly Disagree
   2. Disagree
   3. Neutral
   4. Agree
   5. Strongly Agree

*My community has previously explored solutions to community coordination.
   - Yes
   - No

**Part 3: Community Collaboration**

These questions are used by the IRIS team to assess how organizations work together and communicate in your community.

Remember to answer questions truthfully and that there are no right or wrong answers.

*My organization collaborates with the following types of organizations in my community: (check all that apply)
   - ☐ Government Leaders or Agencies
   - ☐ Public Health Organization
   - ☐ Healthcare Organization
   - ☐ Behavioral Health Organization
   - ☐ Early Childhood Organization
   - ☐ Developmental Disabilities Organization
   - ☐ Family Support Organization
   - ☐ Concrete Support Organization
   - ☐ Education Organization
   - ☐ Resource Navigation Organization
   - ☐ None of the above
   - ☐ Other, please specify

*Community partners collaboration together frequently.
1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

*Community partners have trusting, productive working relationships.
1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

*How many organizations in your community have expressed interest in developing a community coordination network?
- 0
- 1-5
- 6-10
- 10+

## Part 4: Community Core

These questions are used by the IRIS team to assess the essential factors to ensure community success in adopting solutions like a community coordination network.

Remember to answer questions truthfully and that there are no right or wrong answers.

*My community will be able to identify 2 or more community leaders who are able to champion this project and lead implementation.
- Yes
- No

*We (will) have government and/or policy level community advocates.
- Yes
- No

*My community will be able to access funding to implement and sustain this project.
- Yes
- No

*I feel community partners share my commitment to addressing the challenge and my vision for the solution.
1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

*My community partners agree that now is the time to implement a solution.
- Yes
- No
- Unsure