

HVRP Employment Services Director Survey

Introduction

We are conducting an effectiveness study of the Homeless Veterans Reintegration Program (HVRP) in the Veterans Employment and Training Service (VETS). The purpose of this survey is to get your perspective as a grantee on changes that have recently been introduced by VETS and your interaction with DVOP and LVER representatives, as well as to better understand some of the characteristics of your program and its participants. All of the information that you provide will be used to inform the HVRP as to its effectiveness.

Questions for the survey begin on the next page. You may want to print out a hard copy of the survey provided in the email sent to you so that you can gather any data or information that you will need to answer questions. Once you have begun the survey, you can stop and return at any time using the username and password provided to you via email. Please answer each question as honestly and accurately as possible.

Thank you for your participation, and please contact Marissa Shuffler via email at MShuffler@icfi.com or (703) 934-3662, or Kenneth Fenner via email at Fenner.kenneth@dol.gov or (202) 693-4728 with any questions or comments.

Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific district or individual. We will not provide information that identifies you or your district to anyone outside the study team, except as required by law.

Public Burden Statement

Participation in this survey is voluntary. This survey should not be responded to unless a valid OMB control number is displayed. Public reporting burden for this collection of information is estimated to average 1.4 hours (84 minutes) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden or any other aspect of this collection of information including suggestions for reducing this burden to the U.S. Department of Labor, The Office of the Assistant Director for Veterans' Employment and Training, 200 Constitution Ave, N.W., Room S-1316, Washington, DC 20210 (phone: 202-693-4700).

Demographics

1) How long have you been employed by your organization?

- Less than 1 year
- 1-5 years
- 6-10 years
- Over 10 years

2) How long have you been in your current position?

- Less than 1 year
- 1-5 years
- 6-10 years
- More than 10 years

3) Please mark your level of experience in each of the following areas (gained from both current and previous employment):

	0-2 Years	3-5 Years	6-9 Years	10+ Years
Job readiness/Skills assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job training/Employment services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homelessness/Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health	<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"/>
Case management/Benefits counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Business administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organizational leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4) Please provide an average number of hours per week that you participate in the following activities:

Participant outreach and recruitment _____

Housing (*i.e.*, emergency, transitional, long term) _____

Case management (*e.g.*, meeting with participant, conducting follow up calls, paperwork) _____

Mental health services/Substance abuse services _____

Physical health services (*i.e.*, medical, dental, vision) _____

Legal services _____

Job readiness/Vocational aptitude assessment/Employment Development Plan (EDP) development _____

Occupational skills training _____
GED attainment and/or completion _____
Basic skills training (*e.g.*, literacy, work ethic, social skills) _____
Outreach to potential employer partners _____
Resume development _____
Job search/Placement services _____
Career planning services _____
Follow up support/Aftercare _____
Marketing HVRP services _____
Writing reports and other documentation _____
Other (Please describe below) _____
Total Number of Hours Worked Per Week (On Average) _____

5) If you selected other, please specify:

Employment Services

6) Once a veteran is enrolled in the HVRP program, please select which of the following methods are utilized by case managers and employment/training specialists (which may or may not include DVOP/LVER representatives) to coordinate their services.

(Mark all that apply)

- Automated case file management
- Document imaging services
- Job readiness/Skill assessments (online or paper-based)
- Basic skills training
- HVRP Orientation and Expectations session
- Development of formal employment development plan (EDP)
- Vocational interests assessments
- Don't Know/Not Sure
- Other (please specify)

If you selected other, please specify

7) When does your program develop an HVRP participant's employment development plan (EDP) or program equivalent?

- Before enrollment in the HVRP program
- Immediately upon enrollment into the HVRP program before skills assessments
- After skills assessments are complete
- Other (please specify)

If you selected other, please specify

8) When is an HVRP participant's EDP updated? *(Mark all that apply)*

- On a weekly basis regardless of status
- On a monthly basis regardless of status
- Upon completion of skill assessments
- Upon enrollment of training
- Upon completion of training
- Upon entering employment
- Other (please specify)

If you selected other, please specify

9) Which of the following are included in your HVRP participants' EDPs or program equivalents? (Mark all that apply)

- An assessment of skill deficits
- Vocational interest testing
- An assessment of services needed
- Specific services planned
- Referrals planned
- Benefits to be achieved as a result of program participation
- Stipulations around check-ins and other measures to ensure EDP is still current and relevant
- Other (please specify)

If you selected other, please specify

10) Using data from your most recent program year, please estimate the percentage of clients accepted into your program that are referred to each of the following program components immediately following the assessment process.

(It is expected that this may not necessarily add up to 100%, as some participants may be referred to one or more programs at the same time)

Referred directly to a job coach for job search and placement:	_____ %
Referral to local One Stop Career Center/Workforce Office:	_____ %
GED attainment:	_____ %
2- or 4-year education program or technical school:	_____ %
Certificate program for occupational or technical skills training:	_____ %
Subsidized employment/On-the-job training:	_____ %
Other (Please specify below):	_____ %

11) If you selected other, please specify:

12) Of the following, which are the most effective ways for your program to identify, secure, and maintain strong relationships with potential employers and/or employers who have hired HVRP participants? (Mark all that apply)

- Alumni outreach programs
- Employer recognition programs
- Periodic performance reviews
- Participation on local business roundtables
- Cold calls to potential employer partners
- Occupational research (e.g., research on industry growth trends)
- Other (please specify)

If you selected other, please specify

13) Does your program systematically identify any of the following in your area? (Mark all that apply)

- Emerging growth industries
- Emerging occupations
- New employers
- None
- Don't Know/Not Sure

14) If you selected one or more options in the previous question, please explain the identification process for each option.

Training

15) When does your program assess an HVRP participant's training needs?

- During initial intake
- During the development of a participant's EDP
- Don't know/Don't assess
- Other (please specify)

If you selected other, please specify

16) What pre-employment preparation does your HVRP provide? (Mark all that apply)

- Resume writing assistance/classes
- Job interview preparation
- Classes on how to identify job leads
- Soft skills development classes (e.g., getting along with co-workers, responding to supervisors)
- Other (please specify)

If you selected other, please specify

17) To what extent does your organization have difficulty meeting the training requirements/goals within the grant?

- To a great extent
- To some extent
- Not at all
- Don't know/Not sure

18) Please explain why you chose this rating.

19) Please describe how guidance from the VETS National Office can be more helpful in your efforts.

20) Which of the following methods do you utilize to ensure the quality of your training service providers? (Mark all that apply)

- Review completion rates
- Review placement rates
- Collect participant feedback using training evaluation forms or other measures
- Conduct on-site reviews of training
- None
- Other (please specify)

If you selected other, please specify

21) Does your training provider(s) offer any of the following incentives for your organization? (Mark all that apply)

- No incentives are offered
- Job placement assistance for participants
- Group discounts
- Transportation vouchers or discounts
- Other (please specify)

If you selected other, please specify

22) Please provide recommendations on how the HVRP program can maximize the benefits that participants receive through their training experiences.

Retention & Follow Up

23) Which of the following job retention services are provided by your organization? (Mark all that apply)

- Assistance with benefit issues (e.g., helping clients apply for transitional benefits or resolve eligibility or benefit issues related to public assistance, food stamps, \ Medicaid, child care, housing)
- Group counseling/workshops (e.g., budgeting and life skills management, anger/stress management, workplace behavior)
- Individual counseling/guidance
- Service referrals (e.g., health care, child care, education programs)
- Provision of WOTC, federal bonding, and/or tax information
- Continuing education or skills training
- Employee advocacy in the workplace (i.e., conflict resolution, employer mediation, job site accommodation)
- We do not provide job retention services
- Other (please specify)

If you selected other, please specify

24) Once placed in employment, for what length of time do participants receive follow up support/job retention services? (Mark only one option)

- 1-3 months
- 4-6 months
- 7-9 months
- 10-12 months
- >12 months
- We do not provide job retention services
- Other (please specify)

If you selected other, please specify

25) After job placement, and before the required follow-up activities, does your program implement any additional preventive or supportive service programs to ensure that the HVRP participant remains successfully employed?

- Yes
- No
- Don't Know/Not Sure

26) IF YES: Please describe the program(s):

27) Which of the following strategies are used by your program to maintain contact with program participants after placement? (Mark all that apply)

- Alumni programs
- Grantee newsletter
- Employer contact
- Regularly scheduled participant contact
- Incentive programs (e.g., clothing, transportation vouchers)
- Agreement upon placement that participants will provide updates
- None
- Other (please specify)

If you selected other, please specify

28) Does your program incorporate any form of direct employer contact to assist in determining your follow up?

- Yes
- No
- Don't Know/Not Sure

29) IF YES: Please explain the process:

30) Please describe any factors that you believe may be contributing to exceeding or not meeting your program's retention goals.

31) Does your program have an agreement either through the DVOP/LVER working with the program or through another employment and training representative with the State Employment Services Agency to track HVRP job placements through unemployment insurance (UI) data?

- Yes
- No
- Don't Know/Not Sure

32) Please describe how the agreement was developed and maintained:

33) Please describe what you do use to track HVRP job placements instead of UI data.

DVOP/LVER Interaction

34) With how many of the following individuals does your organization have some type of interaction?

Disabled Veterans Outreach Program (DVOP) _____
representative:
Local Veterans Employment Representatives _____
(LVER):
Employment specialists who are employed _____
directly by your organization:

35) What is your organization's proximity to DVOP(s)/LVER(s) with whom you interact?

- Co-located (Full-time)
- Co-located (Part-time)
- Located in the same city
- Not located in the same city but less than 20 miles apart
- Located over 20 miles apart
- Other (please specify)

If you selected other, please specify

36) In general, how frequently does your organization interact with DVOP(s)/LVER(s)?

- Daily
- 2-3 times per week
- Weekly
- 2-3 times per month
- Monthly
- A few times per year
- Never
- Other (please specify)

If you selected other, please specify

37) How often does your organization interact with DVOP(s)/LVER(s) regarding each of the following issues?

	Daily	2-3 times per week	Weekly	2-3 times per month	Monthly	A few times a year	Never
Basic skills (job seeking, job readiness, soft skills)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessments (vocational)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment Development Plan (EDP) development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job development/Preparation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potential employer outreach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participant follow up/Retention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38) How would you rate the responsiveness of the DVOP(s)/LVER(s) working with your organization?

- Completely Unresponsive
- Somewhat Unresponsive
- Neither Responsive nor Unresponsive
- Somewhat Responsive
- Completely Responsive

39) How could the DVOP(s)/LVER(s) be more responsive to your organization's needs?

40) What are your expectations of a DVOP/LVER? (For example, what do you believe are or should be the duties and responsibilities of a DVOP/LVER?)

41) Does your organization set goals for the DVOP(s)/LVER(s)?

- Yes
- No
- Don't Know/Not Sure

42) Please rate how well the DVOP(s)/LVER(s) are meeting your expectations.

- Not At All Meeting Expectations
- Moderately Meeting Expectations
- Completely Meeting Expectations

43) Please explain why you chose this rating.

44) How would you define an effective DVOP/LVER?

45) Based on your definition, please rate the effectiveness of the DVOP(s)/LVER(s) with whom your organization interacts.

- Very Ineffective
- Somewhat Ineffective
- Neither Effective nor Ineffective
- Somewhat Effective
- Very Effective

46) Please explain why you chose this rating.

47) Do the DVOP(s)/LVER(s) working with your organization provide access to training and technical assistance resources for your HVRP participants?

- Yes
- No
- Don't Know/Not Sure

48) How would you rate the effectiveness/usefulness of training and technical assistance resources provided by the DVOP(s)/LVER(s)?

- Very Ineffective/Not Useful
- Somewhat Ineffective/Not Useful
- Neither Ineffective nor Effective
- Somewhat Effective/Useful
- Very Effective/Useful
- Not Applicable

49) Are the DVOP(s)/LVER(s) assigned to your organization involved in team building with your staff?

- Yes
- No
- Don't Know/Not Sure

50) How would you rate the effectiveness of the DVOP(s)/LVER(s) in team building with your staff to address participants' barriers to employment?

- Very Ineffective
- Somewhat Ineffective
- Neither Ineffective Nor Effective
- Somewhat Effective
- Very Effective
- Not Applicable

51) Please explain why you chose this rating.

52) Do the DVOP(s)/LVER(s) provide job leads?

- Yes
- No
- Don't Know/Not Sure

53) How would you rate the effectiveness/usefulness of the job leads provided by the DVOP(s)/LVER(s)?

- Very Ineffective/Not Useful
- Somewhat Ineffective/Not Useful
- Neither Ineffective nor Effective
- Somewhat Effective/Useful
- Very Effective/Useful
- Not Applicable

54) Please explain why you chose this rating.

55) How would you rate the quality of job leads provided by the DVOP(s)/LVER(s)?

- Poor Quality
- Moderate Quality
- High Quality
- Not Applicable

56) Please explain why you chose this rating.

57) How would you rate the effectiveness of the DVOP(s)/LVER(s) ability to build partnerships with local employers?

- Very Ineffective
- Somewhat Ineffective
- Neither Ineffective nor Effective
- Somewhat Effective
- Very Effective
- Not Applicable

58) Please explain why you chose this rating.

Common Measures

59) To what extent did you notice a change in your program's employment or retention outcomes following the introduction of the Common Measures reporting method?

- To a great extent
- To some extent
- Not at all
- I don't know

60) Please explain why you chose this rating.

61) To what extent has the introduction of Common Measures affected the actual number of participants receiving training?

- To a great extent
- To some extent
- Not at all
- I don't know

62) Please explain why you chose this rating.

63) To what extent has the introduction of Common Measures affected the actual number of participants placed in employment?

- To a great extent
- To some extent
- Not at all
- I don't know

64) Please explain why you chose this rating.

65) To what extent has the introduction of Common Measures affected your organization's ability to provide services to homeless veterans?

- To a great extent
- To some extent
- Not at all
- I don't know

66) Please explain why you chose this rating.

67) In which of the following areas have you implemented changes to your program due to the introduction of Common Measures? (Mark all that apply)

- Participant data/Information collection
- Administration
- Fund allocation
- Assessment/Intake
- Job training and skill building
- GED/Certificate attainment
- Literacy attainment
- Follow up or job retention services
- No changes
- Other (please specify)

If you selected other, please specify

68) If your organization has made changes in any of the above areas due to the introduction of Common Measures, please briefly explain what changes were made and why.

69) To what extent has the introduction of Common Measures affected the way your organization collects information about participants?

- To a great extent
- To some extent
- Not at all
- I don't know

70) Please explain why you chose this rating.

71) To what extent has the introduction of Common Measures resulted in additional burden on your organization in any way?

- To a great extent
- To some extent
- Not at all
- I don't know

72) Please explain why you chose this rating.

73) To what extent has the introduction of Common Measures impacted your organization's financial resources?

- To a great extent
- To some extent
- Not at all
- I don't know

74) Please explain why you chose this rating.

75) To what extent has the introduction of Common Measures affected perceptions of staff performance?

- To a great extent
- To some extent
- Not at all
- I don't know

76) Please explain why you chose this rating.

77) To what extent has the introduction of Common Measures affected the morale in your organization?

- To a great extent
- To some extent
- Not at all
- I don't know

78) Please explain why you chose this rating.

79) To what extent has the introduction of Common Measures affected any of your organization's practices or policies?

- To a great extent
- To some extent
- Not at all
- I don't know

80) Please explain why you chose this rating.

81) To what extent do current reporting tools and processes accurately assess your organization's retention and employment outcomes?

- To a great extent
- To some extent
- Not at all
- I don't know

82) Please explain why you chose this rating.

83) To what extent has the new requirement that all participants must be exited by the end of the grantee's period of performance affected your retention and employment outcomes?

- To a great extent
- To some extent
- Not at all
- I don't know

84) Please explain why you chose this rating.

85) Please provide any suggestions you have for improving the Common Measures reporting system. These could include recommendations for improving how data is collected, successful methods for collecting required data utilized by your organization, or any additional data that is not currently collected but should be incorporated into Common Measures.

86) Are there any other Department of Labor programmatic changes that have affected your organization? If so, please explain.

Additional Information

87) **FIRST YEAR GRANTEES:** Please provide insight on specific challenges you face.

88) **All OTHER GRANTEES:** What advice would you like to pass on to new grantees?

89) **OPTIONAL:** Please provide any additional comments or suggestions that may be useful to understanding the effectiveness of the HVRP.

90) Please provide feedback regarding the structure of the survey questions, difficulty in completing particular questions, appropriateness of answer options, or any other information that will be useful for future versions of the survey.

Thank you for your participation!

Please contact Marissa Shuffler at MShuffler@icfi.com with any additional questions or concerns.