RISE Email Invitation for Follow-Up Survey

****

Hello,

You recently participated in the Outreach and Relationship Building training offered by RISE. We want to learn if you have used information presented at the training. We are inviting you to participate in a web-based survey that assesses how you have used what you learned.

The survey will only take 18 minutes to complete. You can participate even if you have not completed any other surveys about the Outreach and Relationship Building training. If you complete this survey, you will be eligible to receive \_\_\_\_\_\_\_\_\_\_\_\_.

(Incentive valued at less than $10)

To take the survey click on this link \_\_\_\_\_\_\_\_, and then enter this ID:\_\_\_\_\_\_\_\_\_\_\_\_\_ in the ID box. Further directions will be provided on the survey website.

If you have any questions about this invitation or the survey please contact:

Jaymie Lorthridge, Westat Study Contact

1-800-WESTAT1 (937-8281), x5871

[JaymieLorthridge@westat.com](mailto:JaymieLorthridge@westat.com)

Thank you for your time,

The Permanency Innovations Initiative Evaluation Team

RISE Print Invitation for Follow-Up Survey

****

Hello,

You recently participated in the Outreach and Relationship Building training offered by RISE. We want to learn if you have used information presented at the training. We are inviting you to participate in a web-based survey that assesses how you have used what you learned.

The survey will only take 18 minutes to complete. You can participate even if you have not completed any other surveys about the Outreach and Relationship Building training. If you complete this survey, you will be eligible to receive \_\_\_\_\_\_\_\_\_\_\_\_.

(Incentive valued at less than $10)

To take the survey insert this link \_\_\_\_\_\_\_\_\_ into your browser, and then enter this ID:\_\_\_\_\_\_\_\_\_\_\_\_\_ in the ID box. Further directions will be provided on the survey website.

If you have any questions about this invitation or the survey please contact:

Jaymie Lorthridge, Westat Study Contact

1-800-WESTAT1 (937-8281), x5871

[JaymieLorthridge@westat.com](mailto:JaymieLorthridge@westat.com)

Thank you for your time,

The Permanency Innovations Initiative Evaluation Team.

**STAFF follow-up survey Consent form**

**Introduction and PURPOSE OF STUDY**

The U. S. Department of Health and Human Services has hired Westat, a research company, to study the RISE program, a new local program working with the Los Angeles County Department of Children and Family Services (DCFS). The program is housed at the Los Angeles Gay and Lesbian Center. The goal of the RISE program is to reduce the number of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) children and youth in long-term foster care in Los Angeles County. RISE is supported by the Permanency Innovations Initiative (PII), a federal initiative that seeks to build the evidence base for innovative intervention to enhance well-being and improve permanency outcomes for children who are in or at risk for long-term foster care.

One part of the study involves examining ways organizations can better support and serve LBGTQ children through a staff survey. We would like your help in assisting us with this part of the study.

**Procedures**

Previously we invited staff from your organization to complete a voluntary, anonymous survey. We are now inviting you to participate in the final survey. You are eligible to complete the survey regardless of whether you participated in the first or second survey. All staff receiving (or who have previously received) ORB training are invited to participate.

The survey asks if and how you have used the information presented during the Outreach and Relationship Building training LGBTQ with clients. The survey will take no more than 18 minutes to complete.

**DIFFERENT WAYS TO PARTICIPATE**

There are no alternative ways to participate in the study.

**Participant and Data Privacy**

Your survey responses will be anonymous and identifiable only by a unique study identification number. We will keep your information private to the extent permitted by law. We will use your information for research purposes only. We will not include information that identifies you in any reports we write.

To help us protect your information, we received a Certificate of Confidentiality from the U. S. Department of Health and Human Services. With this Certificate, no one can force us to share information that could identify you, even in any court or legal proceeding, under a court order or subpoena.

**BENEFITS**

There are no direct benefits to you in participating in the survey. However, you will help your organization and others come up with better ways to serve families and children.

**VOLUNTARY PARTICIPATION**

You are not required to participate in the RISE study. If you consent to participate, you can choose to end participation at any time. Your decision to participate will not affect your ability to participate in the RISE staff trainings.

**INCENTIVE FOR PARTICIPATING IN THE STUDY**

You will receive a gift at a value of approximately $10.00 when you complete this survey.

**RISKS**

We do not expect any risks to you in participating in the surveys. You can skip questions that you do not want to answer.

**treatment for injury related to this study**

We do not expect that you will experience any injuries as a result of participating in the study. Therefore, no treatment will be available to address any injuries.

**CONFLICT OF INTEREST**

Westat has no financial or other relationships with your agency that will affect our role in conducting this study, including interpreting and reporting the study results.

**participation decision**

To ensure your responses remain anonymous, you will not sign a consent form to indicate your decision to complete the survey. You agree to participate by just completing the survey. If you would like a copy of the consent information, please print this screen.

If you *agree* to participate, you can proceed with completing the survey.

If you *do not agree* to participate, please check the box below:

🞎 I do not want to participate in this survey.

**QUESTIONS**

If you have questions about the survey, you may contact the individuals below.

|  |  |
| --- | --- |
| For questions about the RISE study, please  contact:  Jaymie Lorthridge, *Westat Study Contact*  1-800-WESTAT1 (937-8281), x5871  [JaymieLorthridge@westat.com](mailto:LizQuinn@westat.com) | You can learn more about your rights as a part of the study from the *Research Participant’s Bill of Rights* document. For additional questions about your rights as a participant in this study, contact:  *The* *State of California* *Committee for the Protection of Human Subjects,* (916) 326-3660 |

**STAFF FOLLOW-UP SURVEY INSTRUMENT**

**SCREEN 1**

**Have you used information presented during the Outreach and Relationship Building Training (ORB) in your job?**

**If no, respondent screen changes to Screen 2.**

**If yes, respondent screen changes to Screen 3.**

**SCREEN 2**

**If you have NOT used information presented during the Outreach and Relationship Building Training (ORB) in your job, please complete the section below.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PLACE AN “X” IN THE BOX THAT INDICATES HOW STRONGLY YOU AGREE OR DISAGREE WITH EACH STATEMENT BELOW.** | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 1. I have not used the ORB information because I haven’t had a case where the information is relevant. |  |  |  |  |
| 1. I have not used the ORB information because I do not approve of the information presented. |  |  |  |  |
| 1. I have not used the ORB information because I do not feel confident using the information presented. |  |  |  |  |
| 1. I have not used the ORB information because my job policies and procedures prevent me from using it. |  |  |  |  |
| 1. I have not used the ORB information because I do not think the information is relevant to my job. |  |  |  |  |
| 1. I have not used the ORB information because the children and/or youth I serve have other needs that are more important. |  |  |  |  |
| 1. I have not used the ORB information because other staff have discouraged me from using the information. |  |  |  |  |
| 1. I have not used the ORB information because I am not comfortable talking to children and/or youth about sexual orientation, gender orientation and/or gender expression |  |  |  |  |
| 1. I have not used the ORB information because I do not have a good connection with the children and/or youth that I provide services to. |  |  |  |  |

**In thinking back, has there been a time when you could have used the ORB information in your job, but you did not use the information?**

**If the respondent answers yes, the respondent’s screen changes to SCREEN 4.**

**If the respondent answers no, the respondent’s screen changes to SCREEN 5.**

**SCREEN 3**

**If you *have* used information presented during the Outreach and Relationship Building Training (ORB) in your job, please complete the sections below.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PLACE AN “X” IN THE BOX THAT INDICATES HOW FREQUENTLY YOU USED ORB INFORMATION:** | Very Often | Often | Occasionally | Rarely | Never | Not Applicable |
| 1. During discussions with other staff within my office |  |  |  |  |  |  |
| 1. During discussions with a parent, caregiver, or family member |  |  |  |  |  |  |
| 1. During discussions with a child or youth |  |  |  |  |  |  |
| 1. During discussions with other professionals |  |  |  |  |  |  |
| 1. During your case planning and/or decision making |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PLACE AN “X” IN THE BOX THAT INDICATES HOW FREQUENTLY YOU USED ORB INFORMATION:** | Very Often | Often | Occasionally | Rarely | Never | Not Applicable |
| 1. To address someone’s anti-gay bias |  |  |  |  |  |  |
| 1. To address someone’s anti-transgender bias |  |  |  |  |  |  |
| 1. To provide a positive message about LGBTQ persons |  |  |  |  |  |  |
| 1. To decide whether an LBGTQ child or youth was receiving appropriate services based on sexual orientation, gender identity and/or gender expression |  |  |  |  |  |  |
| 1. To suggest changes to your agency’s policies or practices |  |  |  |  |  |  |
| 1. To answer an LGBTQ child or youth’s questions about sexual orientation, gender identity and/or gender expression |  |  |  |  |  |  |

**Has there been a time that you could have used the ORB information in your job, but you did not use the information?**

**If the respondent answers yes, the respondent’s screen changes to SCREEN 4.**

**If the respondent answers no, the respondent’s screen changes to SCREEN 5.**

**SCREEN 4**

**Please complete the section below if there was a time that you could have used the ORB information in your job, but you did not use the information.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PLACE AN “X” IN THE BOX THAT INDICATES HOW STRONGLY YOU AGREE OR DISAGREE WITH EACH STATEMENT BELOW.** | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 1. I did not use the ORB information because I wasn’t sure if the information was relevant to the child and/or youth. |  |  |  |  |
| 1. I did not use the ORB information because I did not approve of the information. |  |  |  |  |
| 1. I did not use the ORB information because I did not feel confident using the information presented. |  |  |  |  |
| 1. I did not use the ORB information because my job policies and procedures prevented me from using it. |  |  |  |  |
| 1. I did not use the ORB information because the child and/or youth I served had other needs that are more important. |  |  |  |  |
| 1. I did not use the ORB information because other staff discouraged me from using the information. |  |  |  |  |
| 1. I did not use the ORB information because I was not comfortable talking to children and/or youth about sexual orientation, gender identity and/or gender expression. |  |  |  |  |
| 1. I did not use the ORB information because I did not have a good connection with the child and/or youth I was providing services to. |  |  |  |  |

**After these questions the respondent’s screen changes to SCREEN 5.**

**SCREEN 5**

**Please complete the section below about your workplace**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PLACE AN “X” IN THE BOX THAT INDICATES HOW STRONGLY YOU AGREE OR DISAGREE WITH EACH STATEMENT BELOW.** | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 1. The office or agency where I work provides support and resources for LGBTQ and gender-variant children and youth. |  |  |  |  |
| 1. The office or agency where I work provides professional development opportunities to improve knowledge, skills, and attitudes for effective practice with LGBTQ and gender-variant children and youth. |  |  |  |  |
| 1. The office or agency where I work provides information about issues unique to LGBTQ and gender-variant individuals. |  |  |  |  |

**Thank you for completing this survey.**