

ATTACHMENT B10: RISE STAFF INVITATION AND WEB-BASED CONSENT AND FOLLOW-UP SURVEY

RISE Email Invitation for Follow-Up Survey



An Employee-Owned
Research Corporation

1600 Research Boulevard
Rockville, MD 20850-3129
tel: 301-251-1500
fax: 301-294-2040
www.westat.com

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

Thank you for your time,

The Permanency Innovations Initiative Evaluation Team

The collection of information described in this invitation is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0408 and it expires **XX/XX/XXXX**.

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RISE Print Invitation for Follow-Up Survey



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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 LGBTQ 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

The collection of information described in this consent is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0408 and it expires XX/XX/XXXX.

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

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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

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

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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.

Burden Statement: Public reporting burden for this collection of information is estimated to average 18 minutes. This estimate includes the time for reviewing instructions and completing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0408 and it expires XX/XX/XXXX.

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have not used the ORB information because I do not approve of the information presented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I have not used the ORB information because I do not feel confident using the information presented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have not used the ORB information because my job policies and procedures prevent me from using it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I have not used the ORB information because I do not think the information is relevant to my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I have not used the ORB information because the children and/or youth I serve have other needs that are more important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I have not used the ORB information because other staff have discouraged me from using the information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. During discussions with a parent, caregiver, or family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. During discussions with a child or youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. During discussions with other professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. During your case planning and/or decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. To address someone’s anti-transgender bias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. To provide a positive message about LGBTQ persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. To decide whether an LGBTQ child or youth was receiving appropriate services based on sexual orientation, gender identity and/or gender expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. To suggest changes to your agency’s policies or practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. To answer an LGBTQ child or youth’s questions about sexual orientation, gender identity and/or gender expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I did not use the ORB information because I did not approve of the information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I did not use the ORB information because I did not feel confident using the information presented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I did not use the ORB information because my job policies and procedures prevented me from using it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I did not use the ORB information because the child and/or youth I served had other needs that are more important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I did not use the ORB information because other staff discouraged me from using the information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The office or agency where I work provides information about issues unique to LGBTQ and gender-variant individuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing this survey.