INTRODUCTIONS

Let me start by saying thank you for taking the time to meet with me today.

My name is [NAME] and I work for SPR/Mathematica. As you may know, I’m part of the study team for the National Health Emergency (NHE) Opioid Implementation Study being funded by the U.S. Department of Labor. In 2018, NHE Opioid demonstration grants were awarded to six states. State grantees are using this funding to provide employment services to individuals affected by the opioid epidemic, develop their addiction workforce, and put in place employer supports for individuals in recovery. The purpose of the study is to understand how NHE grantees are implementing their programs at the state and local levels. Specifically, I’d like to learn more about the types of services your state’s NHE grant is being used for, the organizations engaged as partners, and the larger context in which the participants you serve live and work. I’m also here to learn about what has worked well in implementing this grant, what challenges you have faced, and how you’ve addressed those challenges. The study team will use the information collected today to help identify promising practices and insights into operating a program such as this one that we can share with practitioners and policymakers alike.

We will use results from this interview, as well as interviews with other state and local staff involved with the grant, to develop a report for DOL. However, we will not identify you or your role in the program in any deliverables or share our notes from this conversation with anyone outside the study team. Any quotes we use will be reported anonymously.

Do you have any questions before I get started? Do we have your consent to proceed with the discussion?

Do I have your permission to record this conversation for my notes? The audio-recording will remain private and be destroyed at the end of the evaluation.

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MODULE A: BACKGROUND

**Respondents: State Administrator, State Grant Director, State Partners, Local Subgrant Director, Frontline Staff, Employers, Local Partners**

* Before we begin, can you please tell us briefly about your role on the NHE Opioid Grant?
* When did you become involved with the grant?
* Why did you decide to become involved?
* Are you involved in other related initiatives or programs? If so, which ones?

MODULE B: REVIEW OF LOGIC MODEL

Respondents: State Grant Director

I’d like to start by reviewing the logic model we have developed for your program with you to get some background information on each strategy you are implementing through the NHE grant. We’ll talk about each strategy in more detail later in the interview, but for now, I’d like to get a general sense of what you are doing.

According to the logic model, you are implementing the following program/strategies using NHE funding: [describe programs/strategies].

**[For each program/strategy, ask the following questions:]**

* Is [STRATEGY] informed by a theory of change or an evidence-based models? If so, can you share any evidence or program models that influenced your approach?
* Is [STRATEGY] being implemented as planned? If not, why? Tell me about the changes you have made to this program/strategy. [A.5]
* Are there any indicators or tools that you use to assess whether [STRATEGY] has been implemented with fidelity?
* Have the target population(s) changed over time?
* Have the geographic area(s) targeted changed over time?
* Which partner or partners are involved with implementation of [STRATEGY]? [A.3, A.4, A.6]
* How did this partnership originate? Is it a new partnership under your NHE grant?
* What type of contract, subgrant, or memorandum of understanding do you have in place with this partner?
* Are there specific performance targets associated with this partnership? If yes, what are the targets?
* How is partner implementation of the grant monitored?
* Are you on track to meet the [specified number from grant application] target for [STRATEGY]?
* How many participants have enrolled in [program] so far? How many participants have completed [STRATEGY]?
* How is data for this program/strategy tracked? How is this information used?
* Do you share this information with stakeholders? If so, how is this information shared?
* [If grantee is not on track to meet target] What have been the main challenges you have encountered? How are you addressing these challenges?
* Aside from the performance measures required by DOL, did you develop any specific metrics for measuring outcomes of this service/strategy? [B.II.8, B.III.7, B.IV.6]
* Does the program assess what participants have learned? If so, how is learning assessed? (For example, using a pre-post assessment?)
* Does the program assess participant satisfaction? If so, how is satisfaction assessed? (For example, using a participant satisfaction survey?)
* Are staff provided with feedback about participant satisfaction?

MODULE C: EMPLOYMENT SERVICES FOR PEOPLE WITH OUD

**Directions**: Use this module if grantee is implementing employment services for people with OUD. All respondents indicated should be asked questions in Part 1 (Purpose). Local subgrant staff (including frontline staff) should be asked questions from Part 2 (Systems-Level Approach) or 3 (Participant-Level Approach) based on the level of the program being implemented by the grantee.

Part 1: Purpose of Strategy

**Respondents: State Grant Director, Local Subgrant Director, Front Line Staff, State Partners, Local Partners**

* What do you see as the most significant need in your state/community for addressing opioid use disorder? [A.1]
* [PROBE IF NEEDED] For example, additional treatment providers, substance use disorder prevention initiatives, or supports for individuals in recovery from opioid use disorder.
* Next, I’d like to talk about how the opioid epidemic has affected the local economy. What industries in your [state/local area] have been most affected by the opioid epidemic? [A.1]
* Have any of these sectors implemented programs to respond to the opioid epidemic prior to this grant?
* What do these programs look like? How many individuals do they serve?
* How has the opioid epidemic affected the ability of [state/local] employers to find qualified employees? [A.1]
* Are there certain skills (specific occupational skills, soft skills, etc.) that are more difficult to find in the [state/local area] because of the opioid epidemic?
* Are there certain industries or occupations for which it is harder to find or retain employees because of the opioid epidemic?
* Prior to this grant, what were the main challenges the workforce system had in effectively serving customers with OUD? [A.1]
* How were these challenges different than those the workforce system had faced in serving other barriered/low-income populations?
* Are the employment services offered under this grant informed by a theory of change or any evidence-based models?
* How do employment services offered under this grant build on any prior or existing employment services initiatives for other barriered/low-income populations? [B.II.3]
* To what extent are the employment services provided under this grant aligned with your [state/local] WIOA plan? [B.II.4]
* Are you using any particular models emphasized in your [state/local] plan, such as specific sector strategies, career pathways, or employer engagement models?
* Does your target population for services for people with OUDs overlap with any other priority populations under your [state/local] plan?
* How, if at all, have local employers been involved in the design and delivery of employment services for people with OUDs? [B.II.6]
* What concerns, if any, did employers express about participants’ recovery status? How were these concerns addressed?
* [State Grant Director, Local Subgrant Director] What qualifications did you look for when hiring frontline staff for this program? [B.1.1]
* Were staff required to have certain educational background or credentials?
* Were staff required to have specific work experience?
* Did you hire new staff or fill the roles with existing staff?
* [State Grant Director, Local Subgrant Director] In your opinion, what are the characteristics of frontline staff that have contributed to the program’s success? What are the characteristics that have been less helpful? [B.1.1]

Part 2: Systems-Level Approach [B.II.1]

Respondents: Local Subgrant Director, Front Line Staff

* Describe your efforts to enhance the capacity of workforce system staff to serve people with OUD:
* Which workforce system staff have you trained to identify and support people with OUD—frontline staff, program managers, greeters, other staff?
* Which individuals and organizations were involved in training staff?
* What assessments or rubrics have staff been trained to use? Were these tools developed specifically for this effort or were they adapted from other sources? What did the training for these tools entail? How well do staff report these tools working for them?
* What organizations or systems are workforce staff coordinating with to serve people with OUDs? How well has coordination between these entities worked?
* How do you think your efforts to enhance the capacity of the workforce system with this grant are improving the system’s capacity to effectively serve customers with OUD?
* What, if anything, has been challenging about developing the capacity of the workforce system staff to serve people with OUD under this grant?
* How have you addressed these challenges?
* What advice would you give another program that was interested in similar work?

Part 3: Participant-Level Approach [B.II.2]

Respondents: Local Subgrant Director, Front Line Staff

i. Participant Recruitment and Selection

* Describe how individuals are selected to participate in the program.
* Are potential participants referred to the program by employers, AJCs, or other entities? Does the program use traditional media (e.g., newspapers, radio, TV) or social media to advertise the program?
* What are the requirements for participation in the program? Are participants required to have certain educational credentials (e.g., a high school diploma) or work experience?
* Are participants required to be in recovery from an opioid use disorder, specifically, or any substance use disorder?
* Describe the individuals who have enrolled in the program so far.
* What kind of educational background do participants have?
* What kind of work experience do participants have?
* About what percentage of the NHE grant participants have prior justice involvement?
* Aside from being individuals with OUD, what are their main barriers to finding and maintaining employment?
* [For programs/strategies targeting individuals with prior justice involvement]:
* What requirements do supervised justice-involved individuals have to meet around job search and placement?
* What requirements do supervised justice-involved individuals with OUD have to meet around substance abuse treatment?
* What types of employment and substance use treatment supports do justice-involved individuals receive from the justice system or institutions (if any)?
* What proportion of participants have completed the program so far? Has the program struggled to retain participants?
* What are some of the reasons that participants have left the program?

ii. Service Planning

* Do you use any assessments to determine the types of OUD-related services that should be offered to a participant?
* Can you tell me the name of the tools you use, and whether you have prior experience with these tools? (If not a standardized tool with a recognizable name, “Would you be able to provide me with copies of the tools that you use (screenshots or hard copy are fine)?”)
* Why did you choose these specific tools?
* At what point in the program are participants first assessed? How often, if at all, are participants re-assessed? For which tools?
* Do you feel that the assessment tools you have available are sufficient for being able to identify what OUD-related needs a participant has and what should be included in their IDP/IEP to address those needs? What works well about these tools? In what ways could these tools work better?
* Do you develop an individual employment/development plan, or IEP/IDP, for each participant? Can you describe the process for developing one?
* Is the IEP/IDP updated periodically? If so, how frequently is it updated?
* How (if at all) is the IEP/IDP used to monitor ongoing participation in services?
* How (if at all) do employment services staff coordinate with other partners, especially parole/probation and any substance abuse treatment providers, when developing participants’ service plans?

iii. Provision of Employment Services

* What is your approach to work readiness training for participants with OUD? [B.I.2]
* How long does the training last? *[Hours, days, weeks, etc.]*
* Does the training take place in-person, by phone/webinar, or some combination of these methods?
* What topics are covered during the work readiness training?
* What types of OUD-specific issues are addressed in the work readiness training? Does the program connect participants with other trainings? If yes, what types of trainings are participants referred to?
* What type of organization provides or facilitates the trainings?
* What proportion of participants are connected to the trainings?
* What is your approach to job placement support for participants with OUD?
* Do you target specific industries or employers?
* Do you target specific types of placements (temporary, permanent, transitional)?
* Which agency or agencies provide this service?
* How do you match participants with OUD to jobs? What criteria are used?
* Which strategies have been most successful in placing participants with OUD in jobs?
* How do these approaches and strategies differ from those for participants without OUD?
* Do you work with particular employers to develop jobs for participants with OUD? If so, how many, and which ones? Are these different than employers you work with to develop jobs for participants without OUD? [C.II.5]
* How did these relationships develop?
* Why were these particular employers targeted?
* What types of jobs do these employers offer?
* For what reasons do you think these employers are open to hiring people with OUD?
* How do you use information about the job market to guide participants with OUD when they are ready for jobs?
* Do you advise participants to target industries and jobs that have a high number of open positions, or growth opportunities?
* Do you advise them to target particular industries that are hospitable to individuals in recovery?
* What types of staff are responsible for providing employment services to participants with OUD? For example, case managers, job developers, and work readiness trainers.
* How many staff do you currently have in each role?
* What proportion of staff are dedicated to this program? For staff that are not dedicated to the program, what proportion of their time is spent on this program?
* What is their average caseload? What percentage of their caseload is people with OUD?
* Do you anticipate caseloads will change over time (overall or the percentage with OUD)? Why or why not?
* Do participants with OUD continue to have access to staff even after being placed in their first post-program job?

If yes:

* How often do participants communicate with program staff after being placed?
* Is this communication generally participant-initiated? Or does the program contact participants periodically?
* What are some of the issues that are frequently addressed after participants have been placed?

If no:

* In your opinion, should participants have access to program staff after they have been placed? Why or why not?
* How are these services different from what was provided by the workforce system prior to your NHE grant?
* What challenges do job search and job placement staff encounter in trying to place people with OUDs? What are some of the concerns or reservations heard expressed by employers? [B.II.7]
* What proportion of participants ultimately receives a job placement? What happens if a participant cannot be placed?
* What strategies do employment services staff use to overcome employers’ concerns about hiring people with OUDs?
* What, if anything, has been challenging about providing employment services to people with OUD under this grant?
* How have you addressed these challenges?
* What advice would you give another program that was interested in providing these services to this population?
* Overall, has the program been a positive experience?
* Would you recommend providing these types of services for this program and population? Why or why not?

iv. Provision of Supportive Services

* What are the most frequent supportive service needs that participants with OUD report having (e.g., housing, transportation, child care, substance abuse treatment, mental/physical health, etc.)?
* How do these needs differ, if at all, from those of other workforce system customers?
* How do these needs differ, if at all, by participant gender, age, race, or other barriers to employment?
* Are there any challenges specific to providing supportive services to people with OUDs? If so, what are they? [B.II.7]
* If OUD-related supportive services are provided through a partnership, what has worked well about these partnerships? What has been challenging? [C.II.5]
* Is the grant funding available for supportive services (i.e. 10 percent of the award) sufficient to meet the needs of people with OUD?
* What additional supports would you like to provide, if any?
* What, if anything, has been challenging about providing OUD-related supportive services under this grant?
* How have you addressed these challenges?
* What advice would you give another program that was interested in providing these services to this population?

v. Use of data

* What measures do you use to assess if the program is reaching the target population?
* Are there any measures that you use to assess if services are being implemented as designed?
  + How do these measures align with the theory of change?

MODULE D: DEVELOPING THE HEALTHCARE WORKFORCE

**Directions**: Use this module if grantee is implementing programs or services to develop the healthcare workforce. All respondents indicated should be asked questions in Part 1 (Purpose). Local staff involved with implementation, including the subgrant director and front line staff should be asked questions in Part 2 (Participant Recruitment and Selection). Local subgrant staff (including frontline staff) should be asked questions from Parts 3 (Work-based Training Programs), 4 (Classroom-based Training Program), and 5 (Registered Apprenticeship Program) based on the types of training being implemented by the grantee.

Part 1: Purpose of Strategy

Respondents: State Grant Director, Local Subgrant Director, Front Line Staff, State Partners, Local Partners

* What do you see as the most significant need in your state/community for addressing opioid use disorder? [A.1]
* Do you think there are an adequate number of behavioral health care providers/staff in your [state/local area] to provide opioid use disorder treatment/recovery services? [A.1]
* *If no:* What are the specific behavioral health workforce needs in your [state/local area]?
* What types of issues is the program trying to address with this work? [B.III.1, B.III.3]
* What occupations are you targeting for this work?
* Why do you believe there is a need for more workers in this field or with this skill?
* Did you use Labor Market Information to target particular industries or occupations?
* Are there other professions that you believe should be developed to address the opioid crisis?
* Does this work build on or leverage other efforts to develop the healthcare workforce in your state or community? [B.III.5]
* How has the program coordinated with other workforce programs within the state?
* Are the industries and occupations targeted under this grant considered in-demand industries in your [state/local area]?
* Does the training offered under this grant support goals in your [state/local] WIOA plan around career pathways, work-based training, and/or Registered Apprenticeship?
* Describe the involvement of healthcare workforce employers in the design and delivery of the healthcare workforce training opportunities under this grant. [B.III.2]
* How many employers were involved in the design and delivery of the training opportunities?
* Did the program approach other employers who did not want to design and deliver the training opportunities? If so, how many and what reasons were given?
* **[For programs training individuals in recovery]** What concerns, if any, did healthcare workforce employers express about participants’ recovery status? How were these concerns addressed?

Part 2: Participant Recruitment and Selection [B.III.1]

Respondents: Local Subgrant Director, Front Line Staff

* Describe how individuals are selected to participate in the program.
* How are individuals recruited for the program? Are potential participants referred to the program by healthcare workforce employers, AJCs, or other entities? Does the program use traditional media (e.g., newspapers, radio, TV) or social media to advertise the program?
* What are the requirements for participation in the program? Are participants required to have certain educational credentials (e.g., a high school diploma) or work experience?
* What proportion of participants are incumbent workers who have already worked in this field? What proportion are newly entering this field?
* **[For programs that are training individuals in recovery]** Are participants required to be in recovery from an opioid use disorder, specifically, or any substance use disorder?
* Describe the individuals who have enrolled in the program so far. [B.III.6]
* What kind of educational background do participants have?
* What kind of work experience do participants have?
* **[For programs that are training individuals in recovery]** Has the program experienced any challenges working with individuals in recovery? How have these challenges been addressed?
* Do you use any assessments or career and interest inventories to determine the suitability of participants for this program? If yes, which ones?
* Do you develop an individual employment/development plan, or IEP/IDP, for each participant? Can you describe the process for developing one?

Part 3: Classroom-based Training Programs [B.III.1, B.III.4]

Respondents: Local Subgrant Director, Front Line Staff

* Tell us more about how the training program is implemented. [B.I.2]
* Did the program develop a training curriculum or use an existing curriculum? Has the curriculum been tailored for the target population (individuals in recovery)? If so, how has the program been tailored?
* What type of organization provides or facilitates the training?
* Do training instructors have certain credentials?
* How long does the training last? *[Hours, days, weeks, etc.]*
* Does the training take place in-person, by phone/webinar, or some combination of these methods?
* Are trainings cohort-based? Or is enrollment rolling? Has the program experienced any issues with participants needing to wait until the next training is available?
* What are the requirements for completing the training program?
* Are participants required to take an exam or demonstrate their learned skills in some other way?
* Do participants receive certification or credentials for completing the training? If so, what types of certification or credentials do they receive?
* Will graduates of the program need to keep up certification/credentials in some way?
* What, if anything, has been challenging about offering classroom-based training programs under this grant?
* How have you addressed these challenges?
* Overall, has the training program been a positive experience?
* Would you recommend classroom-based training for this type of program and population? Why or why not?

Part 4: Work-based Training [B.III.1, B.III.4]

Respondents: Local Subgrant Director, Front Line Staff

* Tell us more about how the training program is implemented.
* How are healthcare workforce employers selected for inclusion in the program?
* How are training participants matched with employers?
* What does the training entail? Are participants matched with a mentor? Do they shadow employees?
* Do participants receive compensation for work-based training? If so, is payment covered by the grant or by the employer? What is the typical hourly wage for training participants, and how long can they receive it for?
* Has the training program been tailored for the target population (individuals in recovery)? If so, how has the program been tailored?
* What are the requirements for completing the training program?
* How many hours are participants required to complete?
* Are participants required to take an exam or demonstrate their learned skills in some other way?
* Are participants reviewed by their employer and provided with feedback?
* Do participants receive certification or credentials for completing the training? If so, what types of certification or credentials do they receive?
* Will graduates of the program need to keep up these certifications/credentials in some way? If so, will the program help them with this upkeep?
* What, if anything, has been challenging about offering work-based training programs under this grant?
* How have you addressed these challenges?
* Overall, has the work-based training program been a positive experience?
* How well have participants performed in their work-based training?
* Are employers interested in trainees for these positions again? Why or why not?
* Would you recommend work-based training for this type of program and population? Why or why not?

Part 5: Registered Apprenticeship Programs [B.III.1, B.III.4]

Respondents: Local Subgrant Director, Front Line Staff

* About what percentage of participants will participate in a Registered Apprenticeship? How many participants can each employer take?
* How are participants selected for this opportunity?
* Do employers select specific individuals? If so, how does this happen?
* Describe the format and schedule of the Registered Apprenticeship.
* For how long do the Registered Apprenticeships last?
* How many hours a week?
* Where do they take place?
* What is the average hourly wage for the Registered Apprenticeship positions?
* What is the expectation about employment after the Registered Apprenticeship ends?
* Does the employer pledge to hire some or all participants?
* If so, in what position and at what wage do they begin post-apprenticeship employment?
* What, if anything, has been challenging about adapting or offering a Registered Apprenticeship under this grant?
* Overall, have Registered Apprenticeships been a positive experience?
* How well have participants performed in their Registered Apprenticeships?
* Are employers interested in apprentices for these positions again? Why or why not?
* Would you recommend Registered Apprenticeships for this type of program and population? Why or why not?

MODULE E: EMPLOYER BEST PRACTICES

**Directions**: Use this module if grantee is developing employer best practices through their NHE Opioid grant. All respondents indicated should be asked questions in Part A (Purpose). Local staff involved with implementation, including the subgrant director and local employers should be asked questions in Part B (Employer Services).

Part 1: Purpose of Strategy

Respondents: State Grant Director, Local Subgrant Director, Employers, State Partners, Local Partners

* What do you see as the most significant need in your state/community for addressing opioid use disorder? [A.1]
* Next, I’d like to talk about how the opioid epidemic has affected the local economy. What industries in your [state/local area] have been most affected by the opioid epidemic? [A.1]
* Have any of these sectors implemented programs to respond to the opioid epidemic prior to this grant?
* What do these programs look like? How many individuals do they serve?
* How has the opioid epidemic affected the ability of [state/local] employers to find qualified employees? [A.1]
* Are there certain skills (specific occupational skills, soft skills, etc.) that are more difficult to find?
* Are there certain industries or occupations for which it is harder to find or retain employees?
* What types of issues is the program trying to address with this work? [B.IV.1, B.IV.2]
* Describe some of the challenges employers have faced in working with the recovery population.
* Prior to this grant, what strategies have employers used to address these challenges?
* Does this work build on or leverage any of those prior efforts to develop or implement employer supports for recovery in your state or community?
* Did the program partner with other organizations to implement this work? (For example, community health providers, hospitals, educational institutions, or professional organizations)
* What role did these organizations play in carrying out this work?
* Are there other partners that might have helped make this work more successful?
* [State Grant Director, Local Subgrant Director] What are the characteristics of staff that conduct outreach to employers? [B.1.1]
* Were staff required to have certain educational background or credentials? Business experience?
* Did you hire new staff or fill the roles with existing staff?
* Were there certain characteristics of these staff that were particularly helpful in recruiting or enrolling employers in the program?

Part 2: Employer Services

Respondents: Local Subgrant Director, Employers

* Please tell me about the services for employers that you are developing through the grant: [B.IV.3]
* How are employers selected for inclusion in the program? Are there any requirements for inclusion (for example, employer size, industry, previous experience, geographic location)?
* How many employers is the program working with? Has this number changed over the course of the program? Did the program approach other employers who did not want to be involved? If so, how many and what reasons were given?
* How do employers identify the types of services or policies that may be beneficial to their employees? Do they conduct assessments? Focus group sessions with employees?
* What type of program staff provide training and support to employers?
* How are employers oriented to the program? Do staff attend in-person or virtual orientations or trainings? If so, what type of staff generally attend this session (e.g., HR staff?)? Are you using a train-the-trainer approach in which staff trained through the program train other staff on what they learned?
* Do employers receive ongoing training and support? Written resources? Access to online trainings or resources they can access as needed? Connections to support networks or mentor organizations?
* Are employers required to complete certain activities as part of their involvement with the program (e.g., for example, putting in place certain policies)? How does the program ensure that employers are meeting these program requirements?
* Do employers receive a designation for involvement in the program? Are they required to keep up this designation? If so, how?
* Can you provide examples of strategies employers are using to promote recovery-friendly workplaces? [B.IV.2]
* Can you provide examples of strategies employers are using to prevent the negative effects of opioid use disorder in the workplace? [B.IV.1]
* How have employers you have partnered with responded to the program? Have you received any feedback from employers that you’d like to share with us? [B.IV.3]
* What, if anything, has been challenging about developing and implementing employer supports under this grant? [B.IV.4]
* How has the program addressed these challenges?
* In which industries has the program had greatest success? In which industries has the program faced more challenges? [B.IV.5]

MODULE F: GRANT IMPLEMENTATION

**Directions**: Use this module for all grantees, following respondent suggestions below for each section.

Part 1: Application

**Respondents: State Agency Administrator, State Grant Director**

* What motivated you to apply for the NHE grant? [A.2]
* Has your agency implemented any prior efforts to address the opioid crisis? If so, how do you see the NHE grant building on or enhancing these previous efforts?
* Is there broad support within your organization for this grant? If not, why?
* How did you decide on the strategies that you proposed in your grant?

Respondents: Local Subgrant Director

* How did you hear about the NHE grant? Why did you decide to become involved? [A.6]
* Has your agency implemented any prior efforts to address the opioid crisis? If so, how do you see the NHE grant building on or enhancing these previous efforts?
* Is there broad support within your organization for this grant? If not, why?

Part 2: Funding

**Respondents: State Agency Administrator, State Grant Director**

* I’d like to walk through your program budget from your grant application. [B.I.3]
* Approximately, what proportion of your budget is being used for each strategy?
* Have there been any changes to the application budget since your program began? If so, what were these changes? Why were these changes made? Can you provide an updated budget?
* About what percentage of the costs of the services or activities you are implementing under the NHE grant is paid for by the grant?
* What other funding did you leverage to provide the services offered under your NHE grant? What are the sources of this funding? How much did each provide? How did these funding partnerships come about?
* Did you leverage any in-kind or donated resources (such as staff time, equipment, or facilities)? If so, who provided these resources? How did these partnerships come about?

Part 3: Partnerships

Respondents: Local Subgrant Director

* How often would you say that you communicate with the state grantee (daily, weekly, monthly, etc.)? [A.4, A.6]
* What are common topics?
* Do you communicate by phone, email, or in-person meetings?

Is this level of communication sufficient for your needs?

Respondents: State Agency Administrator, State Grant Director

* Do you think you have the right mix of partners? Why or why not? [A.6]
* What additional types of partner relationships would strengthen your program?
* What factors do you believe have facilitated each collaboration? What makes your partnership effective? [A.6]
* Which partnerships have proven to be most challenging and why? How have you overcome challenges? [A.6]
* Which partnerships do you think are most likely to last after the program funding ends? [A.6]

MODULE G: OVERALL ASSESSMENT AND LESSONS LEARNED

**Directions**: Use this module for all grantees, following respondent suggestions below for each section.

Part 1: Learning and Dissemination

**Respondents: State Administrator, State Grant Director**

* Have you shared any lessons from this grant with others stakeholders within your state? [C.3.]
* If so, which stakeholders have you shared lessons with? In what type of format (convening, webinar, individual correspondence, other)?
* What do you consider to be the most significant findings from this work?
* Have you talked to other NHE grantees about lessons learned from this grant? Have any other NHE grantees shared their experiences and lessons learned with you? [C.3]
* If so, which NHE grantees have you talked to? In what type of format (convening, webinar, individual correspondence, other)?
* What have you learned from other NHE grantees? What lessons have you shared with them?

Do you feel that you’ve had sufficient opportunities to interact with other NHE grantees? If not, can you think of other formats that could provide beneficial opportunities for sharing experiences and lessons learned? Part 2: Sustainability

Respondents: State Administrator, State Grant Director, Local Subgrant Director

* What aspects of your NHE grant-funded activities might you try to sustain after the grant ends?
* Have you thought yet about how you might fund any efforts to sustain this programming?
* What aspects of your grant will not be sustained? Why?
* If any of your work under this grant were to be replicated elsewhere in your state or in the country, what are the key elements that would need to be included for the replication to be successful?
* **[State Administrator, State Grant Director only]** Do you anticipate continuing any of the partnerships established under this grant beyond the grant period? If so, which ones? Why? In what capacity? [C.4]

Part 3: Successes and Challenges

**Respondents: State Administrator, State Grant Director, Local Subgrant Director**

* What practices developed under the grant do you think are most promising? [C.2]
* What are the biggest challenges you have encountered under this grant? [C.1]
* Have internal factors (such as staffing or resources) hindered this work? If so, what factors and how?
* Have external factors (such as state or local policies) hindered this work? If so, what factors and how?
* What have you done or what are you doing to overcome these challenges?
* **[State Grant Director only]** Have you experienced any challenges with the performance measurement and reporting aspects of the grant? If so, what challenges have you experienced and how have you/DOL addressed them? [C.1]
* In your opinion, are the performance measures for this grant appropriate for the work you are doing and the populations you serve? Why or why not?
* What other performance measures might be useful?
* What would you tell another organization considering implementing similar programming? [C.5]

MODULE H. GENERAL WRAP-UP

**Directions:** Use this module for all grantees, following respondent suggestions below for each section.

**Respondents: State Administrator, State Grant Director, State Partners, Local Subgrant Director, Frontline Staff, Employers, Local Partners**

* How has COVID-19 affected your ability to provide services? The employment opportunities available to participants?
* Is there anything that we haven’t discussed that you think we should be aware of?
* Thank you for your time. Your input has been extremely valuable for our evaluation. If we have any follow-up questions, would it be alright if we emailed or gave you a quick call? Are there any questions you have for me before we finish?