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OMB NO. 1290-0NEW

Exp. Date XX/XX/2021

HVRP Grantee Survey  
FINAL

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| According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 1 hour per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to [Chiefevaluationoffice@DOL.gov](mailto:DOL_PRA_PUBLIC@dol.gov%20and%20) and reference the OMB Control Number 1290-XXXX. Comments can also be mailed to:  U.S. Department of Labor, Chief Evaluation Office, 200 Constitution Ave., NW, S-2312, Washington, DC  20210.  **Note:** Please do not return the completed survey to the email or mailing address. |

HVRP Grantee Survey

This survey is part of an evaluation of the Homeless Veterans’ Reintegration Program (HVRP) being conducted on behalf of the U.S. Department of Labor (DOL). Findings from the evaluation will help DOL make informed decisions about ways to support veterans experiencing homelessness. The survey is instrumental to learning more about grantees’ program features, services, challenges and successes as they adapt to COVID-19. It will take approximately one hour to complete, and is required of all HVRP grantees. The information you provide will remain strictly private, and individual responses will be grouped with others in the study for reporting purposes. This is not an audit. Neither you nor your grantee organization will be named in any reports.

Please answer each question to the best of your knowledge. If needed, ask others in your organization who have the content knowledge to help answer the questions. You can save and exit the survey to complete it in more than one sitting.

If you have any questions about the survey, please contact Mathematica at [PHONE] or email [PROJECT EMAIL].

|  |
| --- |
| PROGRAMMER:  If any question is left blank (missing) show a check that reads: “Please provide a response below.” And display the following additional response options: 1) Don’t know, 2) Prefer not to answer.  Do not allow respondents to go “back” after section breaks. |

SC1. In what year did [prefill grantee organization] first begin operating an HVRP program?

(RANGE 1987-2019)

SC2. The rest of the questions in this survey are about your current HVRP grant, [HVRP PROGRAM NAME, #].

**Does your organization subcontract any part of [HVRP GRANT/PROGRAM NAME]?**

🔾 Yes 1

🔾 No 0

Section A: Referral Sources and Recruitment

First, we’d like to know about how participants are referred to your HVRP program.

A1. To what extent does your organization’s HVRP program [HVRP grant/PROGRAM NAME] rely on the following sources to identify and enroll participants?

|  | *Select only one for each row* | | |
| --- | --- | --- | --- |
|  | Not at All | Some | Mostly |
| a. Outreach on the street (such as from tent cities or homeless camps) or emergency shelters | 0 🔾 | 1 🔾 | 2 🔾 |
| b. Referrals from local One-Stop/American Job Centers | 0 🔾 | 1 🔾 | 2 🔾 |
| c. Referrals from local housing and homeless agencies | 0 🔾 | 1 🔾 | 2 🔾 |
| d. Referrals from the local Veterans Affairs (VA) medical center/clinic/related programs(s) | 0 🔾 | 1 🔾 | 2 🔾 |
| e. Referrals from VA employment services, such as Compensated Work Therapy and Homeless Veteran Community Employment Services | 0 🔾 | 1 🔾 | 2 🔾 |
| f. Referrals from VA’s Vocational Rehabilitation and Employment (VR&E) program | 0 🔾 | 1 🔾 | 2 🔾 |
| g. Referrals from other community services providers | 0 🔾 | 1 🔾 | 2 🔾 |
| h. Referrals from prisons | 0 🔾 | 1 🔾 | 2 🔾 |
| i. Walk-ins | 0 🔾 | 1 🔾 | 2 🔾 |
| j. Other (SPECIFY) | 0 🔾 | 1 🔾 | 2 🔾 |
| (STRING 150) |  |  |  |

A2. From which of the following programs within your grantee or HVRP subcontractor organization(s) does the HVRP program receive referrals?

Mark “Not Applicable” if your grantee or HVRP subcontractor organization(s) do not offer the program listed.

|  | *Select only one for each row* | | |
| --- | --- | --- | --- |
|  | Yes | No | Not Applicable |
| a. Transitional housing facilities | 1 🔾 | 0 🔾 | NA 🔾 |
| b. Emergency shelters | 1 🔾 | 0 🔾 | NA 🔾 |
| c. Continuum of Care rapid re-housing program | 1 🔾 | 0 🔾 | NA 🔾 |
| d. Supportive Services for Veteran Families (SSVF) | 1 🔾 | 0 🔾 | NA 🔾 |
| e. Community Veterans Service Organizations (VSOs) | 1 🔾 | 0 🔾 | NA 🔾 |
| f. Other (SPECIFY)  (STRING 150) | 1 🔾 | 0 🔾 | NA 🔾 |

A3. Is your HVRP part of your Continuum of Care's Coordinated Entry system?

🔾 Yes 1

🔾 No 0

A4. From which of the following agencies or programs outside of your grantee or HVRP subcontractor organization(s) do you receive referrals for HVRP?

(Select all that apply)

🞏 Transitional housing facilities/Grant and Per Diem 1

🞏 HUD Veterans Affairs Supportive Housing (VASH) 2

🞏 Veterans Affairs medical center/clinic/related program(s) 3

🞏 Continuum of Care’s Coordinated Entry 4

🞏 Disabled Veterans’ Outreach Programs (DVOPs) representatives 5

🞏 Emergency shelters 6

🞏 Community Veterans Service Organizations (VSOs) 7

* Community service providers 8

🞏 American Job Centers (such as State Employment Service or WIOA programs) 9

🞏 Supportive Services for Veteran Families (SSVF) 10

🞏 Other (SPECIFY) 99

Specify (STRING 150)

🞏 Our HVRP program does not receive referrals from outside our grantee or HVRP subcontractor organization(s) 0

PROGRAMMER: Option “0” cannot be selected with any other responses.

A5. In the current program year, what has been your main source of referrals for [HVRP GRANT/PROGRAM NAME]?

(Select only one)

🔾 Transitional housing facilities/Grant and Per Diem 1

🔾 HUD Veterans Affairs Supportive Housing (VASH) 2

🔾 Veterans Affairs medical center/clinic/related program(s) 3

🔾 Continuum of Care’s Coordinated Entry 4

🔾 Disabled Veterans’ Outreach Programs (DVOPs) representatives 5

🔾 Emergency shelters 6

🔾 Community Veterans Services Organizations (VSOs) 7

* Community service providers 8

🔾 American Job Centers (such as State Employment Service or WIOA programs) 9

🔾 Supportive Services for Veteran Families (SSVF) 10

🔾 Other (SPECIFY) 99

Specify (STRING 150)

A6. Do you use any of the following methods to maintain relationships with your referral sources?

(Select all that apply)

🞏 Co-location of offices or services 1

🞏 Joint trainings for staff skills or policies 2

🞏 Distribute materials to the organization/staff 3

🞏 Participate in community events or meetings 4

🞏 Meet with individual staff at referral sources 5

🞏 Make presentations to staff of referral sources 6

🞏 Other (SPECIFY) 99

Specify (STRING 150)

🞏 Our HVRP program does not use any of these methods to maintain relationships with referral sources 0

PROGRAMMER: Option “0” cannot be selected with any other responses.

A7. From which of the following do you recruit homeless veterans for your HVRP program?

(Select all that apply)

🞏 Veterans Affairs medical center/clinic/related program(s) 1

🞏 Stand down events 2

🞏 Job fairs 3

🞏 American Job Centers (AJCs) 4

🞏 Veterans Service Organizations (VSOs) 5

🞏 Emergency shelters 6

🞏 Day centers 7

🞏 Food banks 8

🞏 Soup kitchens 9

🞏 Substance abuse treatment centers 10

🞏 Churches 11

🞏 Local employers 12

🞏 Other (SPECIFY) 99

Specify (STRING 150)

🞏 Our HVRP program does not recruit homeless veterans from any of these places 0

PROGRAMMER: Option “0” cannot be selected with any other responses.

A8. [IF 3 OR MORE CATEGORIES SELECTED AT A7]

From which three places do you currently recruit the most participants for your HVRP program?

PROGRAMMER: SHOW ONLY RESPONSES MARKED IN A7.

A9. To what extent is each of the following a challenge in enrolling a sufficient number of homeless veterans into HVRP?

|  | *Select only one for each row* | | |
| --- | --- | --- | --- |
|  | Not a challenge | Minor challenge | Major challenge |
| a. Identifying homeless veterans who are ready or able to work | 0 🔾 | 1 🔾 | 2 🔾 |
| b. Identifying homeless veterans who are interested in working | 0 🔾 | 1 🔾 | 2 🔾 |
| c. Identifying veterans who are homeless | 0 🔾 | 1 🔾 | 2 🔾 |
| d. Identifying homeless veterans who are concerned about losing benefits (SSI or SSDI, veterans benefits) | 0 🔾 | 1 🔾 | 2 🔾 |
| e. Competing with other HVRP and/or similar programs for same participants | 0 🔾 | 1 🔾 | 2 🔾 |
| f. Reaching participants across large geographic region | 0 🔾 | 1 🔾 | 2 🔾 |
| g. Other (SPECIFY) | 0 🔾 | 1 🔾 | 2 🔾 |
| (STRING 150) |  |  |  |

A10. Does your program conduct targeted outreach to recruit and enroll veterans from any of these subgroups?

(Select all that apply)

🞏 Justice-involved veterans 1

🞏 Veterans with chronic conditions 2

🞏 Women 3

🞏 Native American 4

🞏 Black or African American 5

🞏 Older veterans 6

🞏 Younger veterans 7

🞏 Other (SPECIFY) 99

Specify (STRING 150)

🞏 Our HVRP program conducts general outreach to include any veteran subgroups 0

PROGRAMMER: Option “0” cannot be selected with any other responses.

Section B: Assessment and Enrollment Activities and Experiences

This next set of questions is about your HVRP program’s assessment and enrollment activities.

B1. Please indicate the extent to which each is a factor as to why initially identified and/or assessed veterans do not become HVRP participants.

|  | *Select only one for each row* | | |
| --- | --- | --- | --- |
|  | Not a factor | Minor factor | Major factor |
| a. Program unable to confirm eligibility as a veteran, including other-than-dishonorably discharged | 0 🔾 | 1 🔾 | 2 🔾 |
| b. Program unable to confirm veterans’ homelessness status | 0 🔾 | 1 🔾 | 2 🔾 |
| c. Veterans considered not job ready due to issues such as substance abuse and mental health. | 0 🔾 | 1 🔾 | 2 🔾 |
| d. Veterans considered not job ready due to issues such as lack of work-required documentation. | 0 🔾 | 1 🔾 | 2 🔾 |
| e. Veterans do not express interest in employment | 0 🔾 | 1 🔾 | 2 🔾 |
| f. Veterans do not return after an initial intake or assessment interview. | 0 🔾 | 1 🔾 | 2 🔾 |
| g. Veterans do not comply with required pre-enrollment activities such as attendance at a workshop or orientation. | 0 🔾 | 1 🔾 | 2 🔾 |
| h. Veterans’ employment needs are met by services from the AJC. | 0 🔾 | 1 🔾 | 2 🔾 |

B2. What is the average length of time, in business days, between a prospective homeless veteran’s first contact with the HVRP program and enrollment into the program? Your best estimate is fine.

(Select only one)

* 0-5 days 1
* 6-10 days 2
* 11-15 days 3
* 16-20 days 4
* More than 20 days 5

B3. Typically, at what point in the HVRP participant flow does each activity first take place?

|  | *Select only one for each row* | | | | |
| --- | --- | --- | --- | --- | --- |
|  | Not part of HVRP | Prior to  enrollment | Day of enrollment | Within a week of enrollment | After one week of enrollment |
| a. Assessment of federal eligibility requirements | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. Assessment of work readiness | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| c. Assessment of barriers to employment | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| d. Identification of employment-service needs | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| e. Referral to American Job Center (AJC) for registration/enrollment | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| f. Referral to other services | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| g. Creation of Employment Development Plan (EDP) | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| h. Orientation to HVRP services | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

B4. When are the following types of assessments administered to participants?

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Select all that apply for each row* | | |
|  | Prior to enrollment | At/after enrollment | Not used |
| a. Test of basic skills, like WorkKeys or the TABE | 1 🞏 | 2 🞏 | 0 🞏 |
| b. Interest inventory, like O\*NET Interest Profiler or Career Key | 1 🞏 | 2 🞏 | 0 🞏 |
| c. Assessment of work readiness | 1 🞏 | 2 🞏 | 0 🞏 |
| d. Other (SPECIFY) | 1 🞏 | 2 🞏 | 0 🞏 |
| (STRING 150) |  |  |  |

PROGRAMMER: “0” cannot be selected with “1” or “2” in the same row.

B5. Which of the following is the main process used by your HVRP program to enroll participants into a program at an America Job Center (AJC)?

(Select only one)

🔾 An HVRP staff member accompanies HVRP participants to the AJC 1

🔾 An AJC staff member conducts all intake/enrollment at the HVRP program offices 2

🔾 On certain days, an HVRP staff member accompanies the HVRP participants to the AJC and on other days, the AJC staff member conducts enrollment at the HVRP offices 3

* An HVRP staff member introduces HVRP participants to the AJC staff member virtually (e.g. through conference call, video meeting, etc.) 4
* An HVRP staff member refers HVRP participants to the AJC after conducting intake/enrollment for HVRP 5

🔾 Other (SPECIFY) 99

Specify (STRING 150)

🔾 Don’t know d

B6. About what percent of your HVRP participants face each of the following barriers to becoming employed? Your best estimate is fine.

|  | *Select only one for each row* | | | |
| --- | --- | --- | --- | --- |
|  | 0-25% | 26-50% | 51-75% | 76-100% |
| a. Unstable housing or homelessness | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. Substance abuse | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| c. Mental health issues | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| d. Physical disabilities | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| e. Other health issues | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| f. Transportation issues | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| g. Child care needs | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| h. Criminal justice record | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| i. Lack of basic skills | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| j. Lack of work readiness skills | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| k. Lack of documentation (e.g. SSN) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| l. Lack of consistent employment history | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| m. Other (SPECIFY) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| (STRING 150) |  |  |  |  |

Section C: Case Management

Next, we’d like to ask you a few questions about your HVRP case managers’ responsibilities.

C1. How many full-time and part-time case managers work on your HVRP program?

If none, please enter ‘0’

FULL-TIME CASE MANAGERS

(RANGE 1-25)

PART-TIME CASE MANAGERS

(RANGE 1-25)

PROGRAMMER: if response at full-time box or part-time box is ge 11, display soft check that says “you indicated x full-time case manager(s) and x part-time case manager(s). is this correct?”

C2. As of today, what is the average number of participants on a case manager’s caseload?

PROGRAMMER: If FULL-TIME CASE MANAGERS IN C1 GE 1, SHOW RESPONSE OPTION FOR “FULL-TIME CASE MANAGERS.” IF PART-TIME CASE MANAGERS IN C1 GE 1, SHOW RESPONSE OPTION FOR “PART-TIME CASE MANAGERS.”

AVERAGE CASES FOR FULL-TIME CASE MANAGER

(RANGE 1-100)

AVERAGE CASES FOR PART-TIME CASE MANAGER

(RANGE 1-100)

PROGRAMMER: if response at full-time box or part-time box is ge 50, display soft check that says “you indicated x average cases for full-time case manager(s) and x average cases for part-time case manager(s). is this correct?”

C3. How often are case managers expected to interact with participants on their caseload?

(Select only one)

🔾 Weekly 1

🔾 Monthly 2

🔾 Quarterly 3

🔾 As needed 4

🔾 Case managers are not expected to interact with participants 0 **GO TO C5**

🔾 Other (SPECIFY) 99

Specify (STRING 150)

C4. How often do case managers typically interact with participants using the following methods?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Select only one for each row* | | | | |
|  | Weekly | Monthly | Quarterly | As needed | Never |
| a. Face-to-face | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 0 🔾 |
| b. By phone | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 0 🔾 |
| c. By email | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 0 🔾 |
| d. By text messaging | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 0 🔾 |
| e. By video meeting (e.g. Skype, Zoom, Google Meet, GoToMeeting) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 0 🔾 |

C5. Does the HVRP case manager directly provide or refer participants for the following services?

|  | *Select all that apply for each row* | | |
| --- | --- | --- | --- |
|  | Not a case manager responsibility | Case manager provides directly | Case manager refers participant |
| a. Transitional housing, emergency shelter, or rapid re-housing | 0 🞏 | 1 🞏 | 2 🞏 |
| b. Permanent housing | 0 🞏 | 1 🞏 | 2 🞏 |
| c. Job search assistance | 0 🞏 | 1 🞏 | 2 🞏 |
| d. Job clubs, job workshops | 0 🞏 | 1 🞏 | 2 🞏 |
| e. Job development activities, including reaching out to employers | 0 🞏 | 1 🞏 | 2 🞏 |
| f. Reviewing resumes and/or applications | 0 🞏 | 1 🞏 | 2 🞏 |
| g. Transportation to/from services or work | 0 🞏 | 1 🞏 | 2 🞏 |
| h. Negotiating wages/salary and/or benefits | 0 🞏 | 1 🞏 | 2 🞏 |
| i. Obtaining military discharge paperwork | 0 🞏 | 1 🞏 | 2 🞏 |
| j. Accessing Veterans Affairs (VA) benefits | 0 🞏 | 1 🞏 | 2 🞏 |
| k. Accessing Supplemental Nutrition Assistance Program (SNAP/Food Stamps) | 0 🞏 | 1 🞏 | 2 🞏 |
| l. Addressing substance abuse issues | 0 🞏 | 1 🞏 | 2 🞏 |
| m. Addressing mental health issues | 0 🞏 | 1 🞏 | 2 🞏 |
| n. Accessing emergency or preventative medical care | 0 🞏 | 1 🞏 | 2 🞏 |
| o. Solving childcare challenges | 0 🞏 | 1 🞏 | 2 🞏 |

PROGRAMMER: “0” cannot be selected with “1” or “2” in the same row.

C6. In a typical week, how do HVRP case managers split their time? Total must equal 100%.

IF CASE MANAGERS NOT EXPECTED TO SPEND TIME ON AN ACTIVITY, ENTER "0."

|  |  |
| --- | --- |
|  | PERCENT |
| a. Work one-on-one with HVRP participants | % |
| b. Plan and lead HVRP workshops or other group activities | % |
| c. Interact with other agencies (for example, to follow up on referrals or to participate in case conferences for shared HVRP clients). | % |
| d. Attend meetings with other HVRP program or grantee personnel | % |
| e. Work on administrative tasks required for tracking HVRP participants in program such as data entry and filing forms for eligibility. | % |
| f. Other HVRP tasks (SPECIFY) | % |
| (STRING 150) |  |
| g. Non-HVRP tasks | % |
|  | **100%** |

PROGRAMMER: SUM of a through g = 100%. If total sum of items is not equal to 100%, display hard check that says “Total must equal 100%. Please change one or more of your answers.”

Section D: Services

The next few questions are about the services your HVRP program participants may receive.

D1. To what extent does each of the following statements describe your HVRP program?

|  | *Select only one for each row* | | |
| --- | --- | --- | --- |
|  | Disagree | Somewhat agree | Agree |
| a. Our program refers participants to partner programs for training and employment services. | 1 🔾 | 2 🔾 | 3 🔾 |
| b. Our program provides training and employment services to our participants on-site. | 1 🔾 | 2 🔾 | 3 🔾 |
| c. A portion of our program budget supports job training activities. | 1 🔾 | 2 🔾 | 3 🔾 |
| d. Our program is integrated into our organization’s overall activities and programs for veterans, allowing us to leverage other resources to support them. | 1 🔾 | 2 🔾 | 3 🔾 |
| e. Our program takes a holistic approach and addresses participants’ personal circumstances by providing or referring them to a comprehensive set of services. | 1 🔾 | 2 🔾 | 3 🔾 |

D2. Please indicate how your program makes each of the following employment and training services available to participants.

|  | *Select all that apply in each row* | | | | |
| --- | --- | --- | --- | --- | --- |
|  | HVRP-funded, in house | HVRP-funded: subcontractor/partnered | Not HVRP-funded: in house | Not HVRP-funded: partner | Not offered |
| a. Job search assistance | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 0 🞏 |
| b. Life skills and money management | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 0 🞏 |
| c. Vocational counseling/guidance | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 0 🞏 |
| d. Job club workshops | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 0 🞏 |
| e. Compensated work therapy | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 0 🞏 |
| f. Job placement services | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 0 🞏 |
| g. Tools/specific-work clothing | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 0 🞏 |
| h. Occupational skills training | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 0 🞏 |
| i. Registered apprenticeships | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 0 🞏 |
| j. On-the-job training (OJT) under written agreement with an employer | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 0 🞏 |
| k. Short-term unpaid work experience | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 0 🞏 |
| l. Paid internships | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 0 🞏 |
| m. Work readiness/basic skills training | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 0 🞏 |
| n. Other (SPECIFY) | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 | 0 🞏 |
| (STRING 150) |  |  |  |  |  |

PROGRAMMER: “0” cannot be selected with any other option in the same row.

D3. How many of your HVRP participants concurrently receive employment and training services provided through American Job Center(s)?

🔾 Most or all participants 1

🔾 About half of participants 2

🔾 Some or a few participants 3

🔾 No participants 0

D4. How often do HVRP participants use the following resources to address their housing needs?

|  | *Select only one for each row* | | |
| --- | --- | --- | --- |
|  | Rarely or Never | Sometimes | Often |
| a. Section 8 | 1 🔾 | 2 🔾 | 3 🔾 |
| b. Permanent supportive housing paid by HUD Veterans Affairs Supportive Housing (VASH) | 1 🔾 | 2 🔾 | 3 🔾 |
| c. Permanent supportive housing paid by HUD Continuum of Care supportive housing (PSH) | 1 🔾 | 2 🔾 | 3 🔾 |
| d. Rapid Re-Housing paid by Supportive Services for Veteran Families (SSVF) | 1 🔾 | 2 🔾 | 3 🔾 |
| e. Rapid Re-Housing paid by HUD Emergency Solutions or Continuum of Care (CoC) grants | 1 🔾 | 2 🔾 | 3 🔾 |
| f. Transitional housing paid by HUD CoC grants | 1 🔾 | 2 🔾 | 3 🔾 |
| g. Transitional housing paid by Veterans Affairs (VA) Grant and Per Diem program | 1 🔾 | 2 🔾 | 3 🔾 |
| h. Locally funded emergency shelter, transitional housing, or permanent housing | 1 🔾 | 2 🔾 | 3 🔾 |
| i. Federal Emergency Management Agency (FEMA) food and shelter | 1 🔾 | 2 🔾 | 3 🔾 |
| j. Other (SPECIFY)  (STRING 150) | 1 🔾 | 2 🔾 | 3 🔾 |

D5. About what percent of HVRP participants receive the following types of housing assistance?

|  | % | Don’t know |
| --- | --- | --- |
| a. Temporary housing (for example, emergency shelters) | % | d 🔾 |
| b. Rapid Exit housing (for example, rapid re-housing programs) | % | d 🔾 |
| c. Transitional housing | % | d 🔾 |
| d. Permanent (for example, housing vouchers) | % | d 🔾 |

**D6. What period do these percentages reflect?**

🔾 Last program year, July 1, 2019-June 30, 2020 1

🔾 This program year, July 1, 2020 to present 2

🔾 Other (SPECIFY) 99

(STRING 150)

D7. How often are each of these methods used by HVRP staff to identify potential employers for participants?

|  | *Select only one per row* | | |
| --- | --- | --- | --- |
|  | Never | Sometimes | Regularly |
| a. Cold call employers about openings/hiring veterans | 0 🔾 | 1 🔾 | 2 🔾 |
| b. Coordinate with other grantee organizations about employers hiring veterans | 0 🔾 | 1 🔾 | 2 🔾 |
| c. Coordinate with Local Veterans’ Employment Representatives (LVERs) | 0 🔾 | 1 🔾 | 2 🔾 |
| d. Coordinate with other employment and housing programs | 0🔾 | 1 🔾 | 2 🔾 |
| e. Use state job bank | 0 🔾 | 1 🔾 | 2 🔾 |
| f. Partner with trade associations, industry associations, employer networks | 0 🔾 | 1 🔾 | 2 🔾 |
| g. Attend employer networking events (e.g. Chamber of Commerce, Rotary Club) | 0 🔾 | 1 🔾 | 2 🔾 |
| h. Attend local job fairs | 0 🔾 | 1 🔾 | 2 🔾 |
| i. Other (SPECIFY) | 0 🔾 | 1 🔾 | 2 🔾 |
| (STRING 150) |  |  |  |

D8. On average, how long after enrollment in HVRP does it take for the veteran to have a job interview? Your best estimate is fine.

(RANGE 1-60)

🔾 Weeks 1

🔾 Months 2

PROGRAMMER: RESPONDENT SHOULD NOT BE ABLE TO INPUT A RANGE AND SELECT 0.

PROGRAMMER: if response is ge 16, display soft check that says “you indicated that veterans have a job interview an average of x [weeks/months] after enrollment in hvrp. is this correct?”

D9. Approximately, how long does it take the average participant from enrollment to job placement?

(Select only one)

🔾 Less than 1 month 1

🔾 1-3 months 2

🔾 4-6 months 3

🔾 7-9 months 4

🔾 10-12 months 5

🔾 More than 12 months 6

🔾 We do not provide job placement services 0

🔾 Other (SPECIFY) 99

Specify (STRING 150)

D10. Following job placement, how often does your program stay in contact with HVRP participants?

(Select only one)

🔾 Weekly 1

🔾 Bi-weekly 2

🔾 Monthly 3

🔾 Quarterly 4

🔾 Do not stay in contact 0

D11. Following job placement, for what length of time do participants receive follow-up support/job retention services?

(Select only one)

🔾 Less than 1 month 0

🔾 1-3 months 1

🔾 4-6 months 2

🔾 7-9 months 3

🔾 10-12 months 4

🔾 More than 12 months 5

🔾 We do not provide job retention services 98

🔾 Other (SPECIFY) 99

Specify (STRING 150)

D12. In your experience, is each of the following not a reason, a minor reason, or a major reason for participants to exit the program before employment?

|  | *Select only one for each row* | | |
| --- | --- | --- | --- |
|  | Not a reason | Minor reason | Major reason |
| a. Relocated | 0 🔾 | 1 🔾 | 2 🔾 |
| b. Entered a substance abuse or mental health facility | 0 🔾 | 1 🔾 | 2 🔾 |
| c. Entered a hospital for long-term care | 0 🔾 | 1 🔾 | 2 🔾 |
| d. A substance abuse or mental health reason, without admission to a facility | 0 🔾 | 1 🔾 | 2 🔾 |
| e. A medical reason, without admission to a facility | 0 🔾 | 1 🔾 | 2 🔾 |
| f. Entered the criminal justice system | 0 🔾 | 1 🔾 | 2 🔾 |
| g. Ceased contact with the program/unable to locate for follow-up | 0 🔾 | 1 🔾 | 2 🔾 |
| h. Gained access to disability benefits | 0 🔾 | 1 🔾 | 2 🔾 |
| i. Other (SPECIFY) | 0 🔾 | 1 🔾 | 2 🔾 |
| (STRING 150) |  |  |  |

D13. For how long does the program hold a slot for veterans who temporarily leave HVRP but are expected to return?

(RANGE 1-25)

🔾 Weeks 1

🔾 Months 2

🔾 We do not hold slots for veterans who temporarily leave HVRP 0

PROGRAMMER: RESPONDENT SHOULD NOT BE ABLE TO INPUT A RANGE AND SELECT 0.

PROGRAMMER: if response is ge 13, display soft check that says “you indicated your program holds slots for veterans for x [weeks/months]. is this correct?”

D14. Please indicate if the following supports or incentives are provided to participants.

|  | *Select all that apply for each row* | | |
| --- | --- | --- | --- |
|  | Not  provided | Before job placement | After job placement |
| a. Transportation vouchers (such as metro cards and gas cards), or arranging pickup/drop-off services | 0 🞏 | 1 🞏 | 2 🞏 |
| b. Food vouchers | 0 🞏 | 1 🞏 | 2 🞏 |
| c. Assistance with clothes or tools for work | 0 🞏 | 1 🞏 | 2 🞏 |
| d. Gift cards as an incentive to participate in program or work | 0 🞏 | 1 🞏 | 2 🞏 |
| e. Assistance developing a job retention plan | 0 🞏 | 1 🞏 | 2 🞏 |
| f. Assistance with securing or paying for child care | 0 🞏 | 1 🞏 | 2 🞏 |
| g. Other (SPECIFY) | 0 🞏 | 1 🞏 | 2 🞏 |
| (STRING 150) |  |  |  |

PROGRAMMER: Option “0” cannot be selected with any other responses in each row.

Section E: Partners, Collaboration, and Referral Sources

The next set of questions is about your [HVRP PROGRAM NAME] partners.

E1. To what extent do you consider each of the following a partner to your HVRP program, including any that you subcontract with or that is part of your grantee organization?

*A “moderate partner” is one that you work with but is not considered critical to your program’s overall success.*

*A “strong partner” is one that is considered critical to the success of your program.*

|  | *Select only one for each row* | | |
| --- | --- | --- | --- |
|  | Not a partner | Moderate partner | Strong  partner |
| a. VA Supportive Services for Veteran Families (SSVF) | 0 🔾 | 1 🔾 | 2 🔾 |
| b. VA Grant and Per Diem | 0 🔾 | 1 🔾 | 2 🔾 |
| c. VA Community Resources and Referral Centers (CRRCs) | 0 🔾 | 1 🔾 | 2 🔾 |
| d. VA Compensated Work Therapy Programs | 0 🔾 | 1 🔾 | 2 🔾 |
| e. VA Vocational Rehabilitation and Employment (VR&E Chapter 31) | 0 🔾 | 1 🔾 | 2 🔾 |
| f. VA Mental Health Homeless Programs | 0 🔾 | 1 🔾 | 2 🔾 |
| g. VA Medical Center/Network | 0 🔾 | 1 🔾 | 2 🔾 |
| h. DOL: DVOP/LVER Services | 0 🔾 | 1 🔾 | 2 🔾 |
| i. DOL: Employment Services | 0 🔾 | 1 🔾 | 2 🔾 |
| j. DOL: WIOA Adult and Dislocated Worker Programs | 0 🔾 | 1 🔾 | 2 🔾 |
| k. HUD: Veterans Affairs Supportive Housing (VASH) | 0 🔾 | 1 🔾 | 2 🔾 |
| l. HUD: Continuum of Care (CoC) | 0 🔾 | 1 🔾 | 2 🔾 |
| m. Department of Criminal Justice | 0 🔾 | 1 🔾 | 2 🔾 |
| n. Veterans Services Organization(s) | 0 🔾 | 1 🔾 | 2 🔾 |
| o. State and local housing agency/agencies | 0 🔾 | 1 🔾 | 2 🔾 |
| p. State and local disability agency/agencies | 0 🔾 | 1 🔾 | 2 🔾 |
| q. Local veterans center | 0 🔾 | 1 🔾 | 2 🔾 |
| r. State or local legal services provider(s) or center(s) | 0 🔾 | 1 🔾 | 2 🔾 |
| s. National Guard base and organization | 0 🔾 | 1 🔾 | 2 🔾 |
| t. Community-based organization(s) (e.g. Goodwill, Salvation Army) | 0 🔾 | 1 🔾 | 2 🔾 |
| u. Other education and training institutions(s) | 0 🔾 | 1 🔾 | 2 🔾 |
| v. Mayor’s office | 0 🔾 | 1 🔾 | 2 🔾 |
| w. Individual employers | 0 🔾 | 1 🔾 | 2 🔾 |
| x. Employer networks, trade associations | 0 🔾 | 1 🔾 | 2 🔾 |
| y. Other (SPECIFY) | 0 🔾 | 1 🔾 | 2 🔾 |
| (STRING 150) |  |  |  |

PROGRAMMER: Option “0” cannot be selected with any other responses in each row.

E2. With which of the partners do you have a formal memorandum of understanding (MOU)/memorandum of agreement (MOA) or subcontract?

PROGRAMMER: List displayed will be dependent on responses to E1. Show all partners from E1 marked as “1” or “2”.

|  | *Select only one for each row* | | |
| --- | --- | --- | --- |
|  | Neither | MOU/MOA | Subcontract |
| a. VA Supportive Services for Veteran Families (SSVF) | 0 🔾 | 1 🔾 | 2 🔾 |
| b. VA Grant and Per Diem | 0 🔾 | 1 🔾 | 2 🔾 |
| c. VA Community Resources and Referral Centers (CRRCs) | 0 🔾 | 1 🔾 | 2 🔾 |
| d. VA Compensated Work Therapy Programs | 0 🔾 | 1 🔾 | 2 🔾 |
| e. VA Vocational Rehabilitation and Employment (VR&E Chapter 31) | 0 🔾 | 1 🔾 | 2 🔾 |
| f. VA Mental Health Homeless Programs | 0 🔾 | 1 🔾 | 2 🔾 |
| g. VA Medical Center/Network | 0 🔾 | 1 🔾 | 2 🔾 |
| h. DOL: DVOP/LVER Services | 0 🔾 | 1 🔾 | 2 🔾 |
| i. DOL: Employment Services | 0 🔾 | 1 🔾 | 2 🔾 |
| j. DOL: WIOA Adult and Dislocated Worker Programs | 0 🔾 | 1 🔾 | 2 🔾 |
| k. HUD: Veterans Affairs Supportive Housing (VASH) | 0 🔾 | 1 🔾 | 2 🔾 |
| l. HUD: Continuum of Care (CoC) | 0 🔾 | 1 🔾 | 2 🔾 |
| m. Department of Criminal Justice | 0 🔾 | 1 🔾 | 2 🔾 |
| n. Veterans Services Organization(s) | 0 🔾 | 1 🔾 | 2 🔾 |
| o. State and local housing agency/agencies | 0 🔾 | 1 🔾 | 2 🔾 |
| p. State and local disability agency/agencies | 0 🔾 | 1 🔾 | 2 🔾 |
| q. Local veterans center | 0 🔾 | 1 🔾 | 2 🔾 |
| r. State or local legal services provider(s) or center(s) | 0 🔾 | 1 🔾 | 2 🔾 |
| s. National Guard base and organization | 0 🔾 | 1 🔾 | 2 🔾 |
| t. Community-based organization(s) (e.g. Goodwill, Salvation Army) | 0 🔾 | 1 🔾 | 2 🔾 |
| u. Other education and training institutions(s) | 0 🔾 | 1 🔾 | 2 🔾 |
| v. Mayor’s office | 0 🔾 | 1 🔾 | 2 🔾 |
| w. Individual employers | 0 🔾 | 1 🔾 | 2 🔾 |
| x. Employer networks, trade associations | 0 🔾 | 1 🔾 | 2 🔾 |
| y. Other (SPECIFY) | 0 🔾 | 1 🔾 | 2 🔾 |
| (STRING 150) |  |  |  |

PROGRAMMER: Option “0” cannot be selected with any other responses in each row.

E3. Please select the three main partners for your HVRP program.

PROGRAMMER: Show all partners from E1 marked as “1” or “2”.

E4. In which of the following ways did [FILL NAME SELECTED IN E3] help support the HVRP program?

(Select all that apply)

🞏 Referrals of participants to HVRP 1

🞏 Referral source for services for HVRP participants 2

🞏 Provision of HVRP services 3

🞏 Direct financial assistance to the program 4

🞏 Leveraged funding to support the program 5

🞏 Shared staffing 6

🞏 Office space 7

🞏 Employment opportunities 8

🞏 Housing assistance including emergency, transitional, and permanent 9

🞏 Other (SPECIFY) 99

Specify (STRING 150)

PROGRAMMER: Repeat E4 for each organization selected in E3.

E5. What percent of participants are co-enrolled in the following employment services or housing assistance programs?

|  | *Select only one for each row* | | | | |
| --- | --- | --- | --- | --- | --- |
|  | 0-25% | 26-50% | 51-75% | 76-100% | Don’t know |
| a. Wagner-Peyser Employment Service | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 |
| b. WIOA adults/dislocated workers | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 |
| c. Jobs for Veterans State Grants (DVOP/LVER services) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 |
| d. State Vocational Rehabilitation | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 |
| e. VA Vocational Rehabilitation & Employment | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 |
| f. VA Supportive Services for Veteran Families (SSVF) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 |
| g. HUD Veterans Affairs Supportive Housing (VASH) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 |
| h. Other (SPECIFY) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 |
| (STRING 150) |  |  |  |  |  |

Section F: Coordination

These next two questions are about coordination within your HVRP program.

F1. Once a veteran is enrolled in the HVRP program, which of the following methods are used by case managers and employment/training specialists (which may or may not include DVOP/LVER representatives) to coordinate services?

(Select all that apply)

🞏 Automated case file management 1

🞏 Document imaging services 2

🞏 Assessments 3

🞏 Meetings 4

🞏 We do not have standard methods for coordinating services 0

🞏 Other (SPECIFY) 99

Specify (STRING 150)

PROGRAMMER: Option “0” cannot be selected with any other responses.

F2. What systems are used to collect HVRP participant data and manage participants’ services and outcomes?

(Select all that apply)

🞏 Grantee organization integrated MIS 1

🞏 HVRP-only internal MIS 2

🞏 Continuum of Care (CoC) Homeless Management Information Systems (HMIS) 3

🞏 State or local workforce MIS through American Job Center (AJC) 4

🞏 Other (SPECIFY) 99

Specify (STRING 150)

Section G: Wrap-up

These next two questions are about challenges and successes of your HVRP program.

G1. To what extent has each been a challenge in administering the HVRP program?

|  | *Select only one for each row* | | |
| --- | --- | --- | --- |
|  | Not a challenge | Minor challenge | Major challenge |
| a. Meeting assessment targets | 0 🔾 | 1 🔾 | 2 🔾 |
| b. Meeting enrollment targets | 0 🔾 | 1 🔾 | 2 🔾 |
| c. Placing participants in employment | 0 🔾 | 1 🔾 | 2 🔾 |
| d. Coordinating enrollment at the American Job Center | 0 🔾 | 1 🔾 | 2 🔾 |
| e. Tracking participant data and outcomes | 0 🔾 | 1 🔾 | 2 🔾 |
| f. Meeting retention rates | 0 🔾 | 1 🔾 | 2 🔾 |
| g. Meeting training goals | 0 🔾 | 1 🔾 | 2 🔾 |
| h. Meeting financial targets | 0 🔾 | 1 🔾 | 2 🔾 |
| i. Managing staff turnover | 0 🔾 | 1 🔾 | 2 🔾 |
| j. Maintaining contact with participants | 0 🔾 | 1 🔾 | 2 🔾 |
| k. Providing services virtually | 0 🔾 | 1 🔾 | 2 🔾 |

G2. PROGRAMMER: SHOW FOR EACH QUESTION WHERE G1a-i = 2 (Major challenge)

Was the challenge in administering the HVRP program mainly the result of COVID-19 or the result of other factors?

|  | *Select only one for each row* | |
| --- | --- | --- |
|  | Challenge mainly due to COVID-19 | Challenge mainly due to other factors |
| a. Meeting assessment targets | 1 🔾 | 2 🔾 |
| b. Meeting enrollment targets | 1 🔾 | 2 🔾 |
| c. Placing participants in employment | 1 🔾 | 2 🔾 |
| d. Coordinating enrollment at the American Job Center | 1 🔾 | 2 🔾 |
| e. Tracking participant data and outcomes | 1 🔾 | 2 🔾 |
| f. Meeting retention rates | 1 🔾 | 2 🔾 |
| g. Meeting training goals | 1 🔾 | 2 🔾 |
| h. Meeting financial targets | 1 🔾 | 2 🔾 |
| i. Managing staff turnover | 1 🔾 | 2 🔾 |
| j. Maintaining contact with participants | 0 🔾 | 1 🔾 |
| k. Providing services virtually | 0 🔾 | 1 🔾 |

G3. In addition to placing a participant in a job, are there any other benchmarks your HVRP program uses to gauge program success?

(STRING 250)

Section H: Demographics and contact information

Finally, please tell us a little bit about yourself.

H1. Please record your name, title, organization, telephone number, and email address below so that we can contact you if we have any questions about the survey.

First Name:

Last Name:

Title:

Organization:

Telephone:

Email Address:

H2. Is there anyone else at your organization we can reach if we have questions about the survey?

First Name:

Last Name:

Title:

Organization:

Telephone:

Email Address:

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