Appendix K. Instrument 7 Program leadership survey

Next Generation of Enhanced Employment Strategies Project

Program leadership survey

Introduction & Consent

Mathematica is conducting the Next Generation of Enhanced Employment Strategies (NextGen) Project for the Office of Planning, Research, and Evaluation within the U.S. Department of Health and Human Services [FOR SITES FUNDED BY SSA: , in partnership with the Social Security Administration]. The study will help the government learn more about how employment programs serving people facing complex challenges can help them secure a pathway toward economic independence.

[INTERVENTION NAME] is participating in this study. As part of the study, we are asking [INTERVENTION NAME] program leadership to complete a brief survey to help us understand your background and work experiences. This information is a key component of the data we are collecting to help us understand the structure and implementation of [INTERVENTION NAME]. Your participation in this survey is voluntary. You may choose not to respond at all or to skip any questions. We will keep all of your individual responses completely private and use them only for research purposes. We will not share them with anyone outside our research team. We will not share them with your colleagues or any other program staff. We will combine survey responses for reporting purposes, and we will never report names or identify any responses with a particular person.

The time to complete this survey will vary by person, but is expected to be no more than 15 minutes on average. You do not have to complete the survey in one sitting. You can start it and then return to finish it at another time. For each question, please provide the best response you can.

If you have any questions about the survey, please contact [NAME] at Mathematica by calling [PHONE NUMBER] or emailing [EMAIL ADDRESS].

Thank you in advance for taking part in this survey and providing important information to the study.

**Public Burden Statement**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average 15 minutes including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to XXX. OMB expiration date xx/xx/xxxx.

A. Background

Please provide the requested information below or select the response for each item that best describes your background.

1. What is your job title?
2. How many years of experience do you have working for [INTERVENTION name]?

a. Less than one year

b. 1 to 2 years

c. 3 to 5 years

d. 6 to 10 years

e. 11 to 15 years

f. More than 15 years

1. Including your work for [INTERVENTION NAME], how many years of total experience do you have doing similar work?

a. Less than one year

b. 1 to 2 years

c. 3 to 5 years

d. 6 to 10 years

e. 11 to 15 years

f. More than 15 years

1. What is your current work status? [Choose one only]
2. Full-time employee (30 hours per week or more)
3. Part-time employee (1 to 29 hours per week)
4. Work on an as-needed basis
5. Which staff do you work with in your position as [job title from A.1][Choose one only]
6. Only with staff in [INTERVENTION NAME]
7. With staff in [INTERVENTION NAME] and staff in other programs run by your organization
8. Other (please specify)
9. What is your sex? [Choose one only]
10. Male
11. Female
12. Are you Hispanic, Latino/a, or Spanish origin? [Select one or more]
13. No, not of Hispanic, Latino/a, or Spanish origin
14. Yes, Mexican, Mexican American, Chicano/a
15. Yes, Puerto Rican
16. Yes, Cuban
17. Yes, Another Hispanic, Latino/a, or Spanish origin
18. What is your race? [Select one or more]
19. American Indian or Alaska Native
20. Asian
21. Black or African American
22. Native Hawaiian or other Pacific Islander
23. White
24. Other (please specify)
25. What is the highest level of education you have completed? [Choose one only]
26. Less than a high school diploma
27. High school diploma (not General Education Development or GED)
28. General Education Development or GED
29. Some college (no degree)
30. 2-year or 3-year college degree (Associate’s Degree)
31. 4-year college degree (Bachelor’s Degree)
32. Graduate degree (Master’s Degree)
33. Professional degree (Juris Doctorate, Medical Doctor, etc.)
34. Doctoral degree or equivalent
35. Other (please specify)

B. Responsibilities and decision making

Please provide the requested information below or select the response for each item that best describes your responsibilities and professional development opportunities.

1. About how many hours in a **typical** week do you spend on the following tasks for [INTERVENTION NAME]? If you did not spend time on a task, mark it as zero (0) hours.[[1]](#footnote-1) Your best estimate for each task is fine. The total hours should sum to the number of hours you work in a typical week. If you attend meetings, please allocate those hours to the most appropriate task or tasks.

|  |  |
| --- | --- |
| Task | Hours in a typical week |
| a. Developing strategy, mission, and vision |  |
| b. Administration (including payroll, billing, grants management, and reporting) |  |
| c. Staff oversight (including hiring, managing/supervising, and mentoring staff) |  |
| d. Collecting and analyzing data for program improvement or reporting requirements |  |
| e. Fundraising, bidding on grants or contracts, or applying for loans or other sources of funding |  |
| f. Conducting community outreach/engagement (including participant recruitment, employer engagement, and marketing) |  |
| g. Providing direct services to [INTERVENTION NAME] participants |  |
| h. Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| TOTAL |  |

|  |
| --- |
| soft check  If a5=A (Full time) and (b2.total <30 OR b2.tOTAL >50)  or A5=B (PART TIME) AND B2.TOTAL > 29  or A5=C (AS NEEDED) AND B2.TOTAL > 50  THEN DISPLAY:  **PLEASE CHECK THAT THE TOTAL HOURS SUM TO THE NUMBER OF HOURS YOU WORK IN A TYPICAL Week. PLEASE review and update YOUR RESPONSEs OR CLICK NEXT TO CONTINUE.** |

1. In the past 12 months, have you received formal training from an instructor or content expert on skills that you need for your job? If yes, how long was the longest formal training you received?
2. I did not receive any formal training.
3. 1 to 2 hours
4. Half a day
5. A full day
6. Multiple days
7. In your current position for [INTERVENTION NAME], how many staff do you supervise who provide direct services to [INTERVENTION NAME] participants?
8. I do not manage or supervise any staff who provide direct services to [INTERVENTION NAME] participants. [GO TO B6]
9. 1 to 5 staff
10. 6 to 10 staff
11. 11 to 15 staff
12. More than 15 staff
13. Thinking about the staff you supervise, about how often do you meet one-on-one with each individual staff person? [Choose one only]
14. Daily
15. Weekly
16. Twice a month
17. Monthly
18. Periodically, when needed
19. I do not meet one-on-one with staff I supervise. [GO TO B6]
20. About how long is one of these one-on-one meetings with staff? [Choose one only]
21. Less than 15 minutes
22. 15 to 29 minutes
23. 30 to 60 minutes
24. More than 60 minutes
25. How often do you observe the work of [INTERVENTION NAME] direct service staff? [Choose one only]
26. Daily
27. Weekly
28. Twice a month
29. Monthly
30. Periodically, when needed
31. I don’t observe direct service staff work.
32. How often do you review the work of direct service staff, such as by reviewing cases or auditing files?
33. Daily
34. Weekly
35. Twice a month
36. Monthly
37. Periodically, when needed
38. I don’t review the work of direct service staff.
39. How frequently do you solicit the opinions and feedback of the following groups on [INTERVENTION NAME] operations and management decisions?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | |  | | SELECT ONE RESPONSE PER ROW | | | | |
|  | **Never** | **Annually** | | **Quarterly** | | **Monthly** | **Weekly** | **More than once per week** | **Not applicable** |
| a. [INTERVENTION NAME] staff | 1 □ | 2 □ | | 3 □ | | 4 □ | 5 □ | 6 □ | na □ |
| b. A board of directors or organizational administrators | 1 □ | 2 □ | | 3 □ | | 4 □ | 5 □ | 6 □ | na □ |
| c. [INTERVENTION NAME] participants | 1 □ | 2 □ | | 3 □ | | 4 □ | 5 □ | 6 □ | na □ |
| d. Community members | 1 □ | 2 □ | | 3 □ | | 4 □ | 5 □ | 6 □ | na □ |
| e. Employers | 1 □ | 2 □ | | 3 □ | | 4 □ | 5 □ | 6 □ | na □ |
| f. Community partners | 1 □ | 2 □ | | 3 □ | | 4 □ | 5 □ | 6 □ | na □ |
| g. Funders/grant officers | 1 □ | 2 □ | | 3 □ | | 4 □ | 5 □ | 6 □ | na □ |
| h. Other (please specify) | 1 □ | 2 □ | | 3 □ | | 4 □ | 5 □ | 6 □ | na □ |

C. Perceptions of [INTERVENTION NAME] and organizational practices

Please select the response for each item that best describes your understanding of and experiences working for [INTERVENTION NAME].

1. Based on your experience, how would you rate each of the following challenges for participants in finding work or pursuing education or training? Would you say they made finding work or pursuing education or training not at all hard, slightly hard, moderately hard, or very hard, or are they not applicable?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | NOT AT ALL HARD | SLIGHTLY HARD | MODERATELY HARD | VERY HARD | N/A |
| a. **Not having reliable transportation** | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | n 🔾 |
| b. **Not having a driver’s license or a valid driver’s license** | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | n 🔾 |
| c. **Not having stable housing** | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | n 🔾 |
| d. **A pregnancy or recent childbirth** | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | n 🔾 |
| e. **Not having good enough care for a child or someone else in their household who needs care** | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | n 🔾 |
| f. **Not having the right clothes or tools for work** | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | n 🔾 |
| g. **Not having the right skills or education** | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | n 🔾 |
| h. **Having difficulty speaking or reading English** | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | n 🔾 |
| i. **Having difficulties completing job applications on their own** | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | n 🔾 |
| j. **Having a criminal record** | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | n 🔾 |
| k. **Having problems with alcohol or drugs** | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | n 🔾 |
| l. **Having a gap in employment** | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | n 🔾 |
| m. **Lack of support or resistance from friends or relatives related to finding a job or working** | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | n 🔾 |
| n. **Experiencing abuse by a spouse or partner** | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | n 🔾 |
| o. **A learning disability** | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | n 🔾 |
| p. **Not finding the right kind of disability-related supports or accommodations** | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | n 🔾 |
| q. **Losing benefits such as Social Security, disability insurance, workers’ compensation, or Medicaid by taking a job or working more hours** | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | n 🔾 |
| r. **Other problems that made work or pursuing education or training difficult (SPECIFY)** | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | n 🔾 |

1. In your opinion, if participants engage in and complete the services provided by [INTERVENTION NAME], how helpful will these services be in helping them get a job? [Use a scale of 1 to 5, where 1 is not at all helpful and 5 is extremely helpful]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NOT AT ALL HELPFUL** | **SLIGHTLY HELPFUL** | **MODERATELY HELPFUL** | **VERY HELPFUL** | **EXTREMELY HELPFUL** |
| 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |

1. Using a scale of 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree, please rate how strongly you agree or disagree with each of the following statements about your workplace:

|  | SELECT ONE RESPONSE PER ROW | | | | |
| --- | --- | --- | --- | --- | --- |
|  | **STRONGLY DISAGREE** | **SOMEWHAT DISAGREE** | **NEITHER AGREE NOR DISAGREE** | **SOMEWHAT AGREE** | **STRONGLY AGREE** |
| a. Staff make an effort to get to know participants | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| b. Staff make an effort to learn about participants’family situations | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| c. Staff make an effort to learn about participants’career and employment goals and motivation to work | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| d. Services are tailored to meet participants’ needs | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| e. Participants are matched to jobs based on their skills, abilities, and interests | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| f. Staff are able to spend the time needed with participants | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| g. The program has the capacity to serve the people in the community that need services | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| h. Staff have the skills they need to do their jobs | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| i. The program encourages and supports professional growth for staff | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| j. Staff members work together as a team | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| k. Frequent staff turnover is **not** a problem | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| l. Staff have discretion in how they carry out their responsibilities | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| m. Staff are kept informed of key decisions | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| n. Staff concerns, ideas, and suggestions are incorporated by management when making decisions about the program | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| o. I am satisfied with my job | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| p. I receive constructive feedback to help me advance in my career | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| q. I am not too stressed or overworked to do my job effectively | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |

Thank you for your time filling out this survey.

1. This section would be tailored to only include tasks of staff in the program being studied. [↑](#footnote-ref-1)