

## Instrument 7. Program leadership survey - revised

## 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.

#### PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:

The purpose of this information collection is to evaluate innovative programs serving individuals facing challenges to employment and economic independence to expand the evidence base. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0545 and the expiration date is 04/30/2023. If you have any comments on this collection of information, please contact Mathematica at [NextGenProject@mathematica-mpr.com](mailto:NextGenProject@mathematica-mpr.com).

## 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
3. 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
4. What is your current work status? [Choose one only]
  - a. Full-time employee (30 hours per week or more)
  - b. Part-time employee (1 to 29 hours per week)
  - c. 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]
  - a. Only with staff in [INTERVENTION NAME]
  - b. With staff in [INTERVENTION NAME] and staff in other programs run by your organization
  - c. Other (please specify)
6. What is your sex? [Choose one only]
  - a. Male
  - b. Female

7. Are you Hispanic, Latino/a, or Spanish origin? [Select one or more]
  - a. No, not of Hispanic, Latino/a, or Spanish origin
  - b. Yes, Mexican, Mexican American, Chicano/a
  - c. Yes, Puerto Rican
  - d. Yes, Cuban
  - e. Yes, Another Hispanic, Latino/a, or Spanish origin
8. What is your race? [Select one or more]
  - a. American Indian or Alaska Native
  - b. Asian
  - c. Black or African American
  - d. Native Hawaiian or other Pacific Islander
  - e. White
  - f. Other (please specify)
9. What is the highest level of education you have completed? [Choose one only]
  - a. Less than a high school diploma
  - b. High school diploma (not General Education Development or GED)
  - c. General Education Development or GED
  - d. Some college (no degree)
  - e. 2-year or 3-year college degree (Associate's Degree)
  - f. 4-year college degree (Bachelor's Degree)
  - g. Graduate degree (Master's Degree)
  - h. Professional degree (Juris Doctorate, Medical Doctor, etc.)
  - i. Doctoral degree or equivalent
  - j. 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.<sup>1</sup> 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
-------------------------

---

<sup>1</sup> This section would be tailored to only include tasks of staff in the program being studied.

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.**

2. 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?
  - a. I did not receive any formal training.
  - b. 1 to 2 hours
  - c. Half a day
  - d. A full day
  - e. Multiple days
3. In your current position for [INTERVENTION NAME], how many staff do you supervise who provide direct services to [INTERVENTION NAME] participants?  
 [ENTER NUMBER]. [IF RESPONSE TO B3 IS 0, GO TO B6]
4. Thinking about the staff you supervise, about how often do you meet one-on-one with each individual staff person? [Choose one only]

- a. Daily
  - b. Weekly
  - c. Twice a month
  - d. Monthly
  - e. Periodically, when needed
  - f. I do not meet one-on-one with staff I supervise. [GO TO B6]
5. About how long is one of these one-on-one meetings with staff? [Choose one only]
- a. Less than 15 minutes
  - b. 15 to 29 minutes
  - c. 30 to 60 minutes
  - d. More than 60 minutes
6. How often do you observe the work of [INTERVENTION NAME] direct service staff? [Choose one only]
- a. Daily
  - b. Weekly
  - c. Twice a month
  - d. Monthly
  - e. Periodically, when needed
  - f. I don't observe direct service staff work.
7. How often do you review the work of direct service staff, such as by reviewing cases or auditing files?
- a. Daily
  - b. Weekly
  - c. Twice a month
  - d. Monthly
  - e. Periodically, when needed
  - f. I don't review the work of direct service staff.
8. 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	Annual ly	Quarterl y	Month ly	Weekl y	More than once per week	Not applicab le
a. [INTERVENTION NAME] staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	na <input type="checkbox"/>
b. A board of directors or organizational administrators	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	na <input type="checkbox"/>
c. [INTERVENTION NAME] participants	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	na <input type="checkbox"/>
d. Community members	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	na <input type="checkbox"/>
e. Employers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	na <input type="checkbox"/>
f. Community partners	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	na <input type="checkbox"/>
g. Funders/grant officers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	na <input type="checkbox"/>
h. Service providers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	na <input type="checkbox"/>
i. Other (please specify)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	na <input type="checkbox"/>

C. Perceptions of [INTERVENTION NAME] and organizational practices

Now we would like to ask you about your perceptions of the usefulness of the services [INTERVENTION NAME] offers.

1. In your opinion, if participants engage in and complete the services provided by [INTERVENTION NAME] now, 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

2. [NOTE: If Coronavirus pandemic challenges remain a concern, ask C2r, C2s, and C2t. Else skip C2r, C2s, C2t.] 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 right now:

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Staff make an effort to learn about participants' family situations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Staff make an effort to learn about participants' career and employment goals and motivation to work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Services are tailored to meet participants' needs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Participants are matched to jobs based on their skills, abilities, and interests	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Staff are able to spend the time needed with participants	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. The program has the capacity to serve the people in the community that need services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Staff have the skills they need to do their jobs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. The program encourages and supports professional growth for staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Staff members work together as a team	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Frequent staff turnover is <b>not</b> a problem	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Staff have discretion in how they carry out their responsibilities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. Staff are kept informed of key decisions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. Staff concerns, ideas, and suggestions are incorporated by management when making decisions about the program	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
o. I am satisfied with my job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
p. I receive constructive feedback to help me advance in my career	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
q. I am not too stressed or overworked to do my job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

SELECT ONE RESPONSE PER ROW

	<b>STRONGLY DISAGREE</b>	<b>SOMEWHAT DISAGREE</b>	<b>NEITHER AGREE NOR DISAGREE</b>	<b>SOMEWHAT AGREE</b>	<b>STRONGLY AGREE</b>
<b>effectively</b>					
r. Staff were provided the necessary support during the COVID-19 pandemic	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
s. Staff were provided the necessary support, materials, and guidance needed to support clients during the COVID-19 pandemic	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
t. I faced challenges in working due to COVID-19 (for example, lack of child care, lack of transportation, risk of illness for myself or my family)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Thank you for your time filling out this survey.