

OMB Control No: 1230-0NEW

Expiration Date: XX/XX/20XX

State-Level Collaboration Questionnaire

(1) Demographics of Participants

Agency type:

- Vocational rehabilitation (VR)
- Juvenile justice
- Adult Justice/Department of Corrections
- Child Welfare
- Title I WIOA-funded Workforce
- Title II WIOA Adult Education
- Education
 - K-12
 - Higher Education
 - Career Technical Education
 - Other (Please describe): _____
- Social security
- Developmental disability
- Mental health
- Other (Please describe): _____

Total years of experience in the field: _____

Total years of experience in your agency: _____

Describe your role at your current agency:

- Supervisory
- Direct service provider
- Both
- Other (Please describe): _____

Describe the setting in which you or your agency provides services (check all that apply):

OMB Control No: 1230-0NEW
Expiration Date: XX/XX/20XX

- Urban
- Suburban
- Rural

Gender:

- Female
- Male
- Non-binary
- Prefer to self-describe: _____
- Prefer not to say

Do you consider yourself to be Hispanic/Latino?

- Yes
- No
- Prefer to self-describe: _____
- Prefer not to say

Race – check all that apply:

- African American
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Pacific Islander
- White
- Prefer to self-describe: _____
- Prefer not to say

Do you have a disability?

- Yes
- No
- Prefer to self-describe: _____
- Prefer not to say

(2) Levels of Collaboration Questionnaire (from Frey et al., 2006)

Using the scale provided, please indicate the extent to which you <u>currently</u> interact with each other partner (skip your own row)	0 No Interaction	1 Networking	2 Cooperation	3 Coordination	4 Coalition	5 Collaboration
Relationship Characteristics		<ul style="list-style-type: none"> • Aware of organization • Loosely defined roles • Little communication • All decisions made independently 	<ul style="list-style-type: none"> • Provide information to each other • Somewhat defined roles • Formal communication • All decisions made independently 	<ul style="list-style-type: none"> • Share information and resources • Defined roles • Frequent communication • Some shared decision making 	<ul style="list-style-type: none"> • Share ideas • Share resources • Frequent and prioritized collaboration • All members have a vote in decision making 	<ul style="list-style-type: none"> • Members belong to one system • Frequent communication is characterized by mutual trust • Consensus is reached on all decisions
Partners						
Vocational rehabilitation (VR)	0	1	2	3	4	5
Juvenile Justice	0	1	2	3	4	5
Child Welfare	0	1	2	3	4	5
Title I Workforce	0	1	2	3	4	5
Title II Adult Education	0	1	2	3	4	5
K-12 Education (including special education and CTE)	0	1	2	3	4	5
Higher Education, community colleges, 4 year, institutions	0	1	2	3	4	5
Social Security	0	1	2	3	4	5
Developmental Disability	0	1	2	3	4	5
Mental Health	0	1	2	3	4	5
Housing	0	1	2	3	4	5
SNAP	0	1	2	3	4	5
State or local youth coordinating group (i.e. youth committees)	0	1	2	3	4	5

(4) Understanding of other agencies’ eligibility criteria, policies, and procedures

Please indicate your level of confidence in performing the following functions:

	Not at all confident					Very confident
Identifying populations of youth who are not being served	0	0	0	0	0	0
Understanding of other agencies’ eligibility criteria	0	0	0	0	0	0
Understanding of other agencies’ policies and procedures	0	0	0	0	0	0
Understanding of other agencies’ definitions of successful outcomes	0	0	0	0	0	0
Understanding of shared cross-agency performance measures	0	0	0	0	0	0

(5) Existing Organizational Attitudes and Experiences (Adapted from Thomson, Perry, & Miller, 2007)

OMB Control No: 1230-0NEW
Expiration Date: XX/XX/20XX

Please rate your level of agreement with the following statements:

Don't know Strongly disagree Disagree Neutral Agree Strongly agree

Partner organizations meetings accomplish what is necessary for the collaboration to function well

Partner organizations (including your organization) agree about the goals of the collaboration

Your organization's tasks in the collaboration are well coordinated with those of partner organizations

Partner organizations (including your organization) have combined and used each other's resources so all partners benefit from collaborating

You feel what your organization brings to the collaboration is appreciated and respected by partner organizations

Partner organizations (including your organization) work through differences to arrive at win-win solutions

OMB Control No: 1230-0NEW
Expiration Date: XX/XX/20XX

Homeless	0	0	0	0	0	0
Justice system- involved	0	0	0	0	0	0
Foster care	0	0	0	0	0	0
Rural residents	0	0	0	0	0	0

OMB Control No: 1230-0NEW
Expiration Date: XX/XX/20XX

(7) Data Sharing and Collaboration.

Does your agency have data exchange agreements with partner agencies? Yes/No.

If yes, please list agencies that you have data exchange agreements with: _____

How would you describe your holistic use of data through the full complement of shared data exchange agreements with partner agencies?

	Don't know	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Using data to identify shared program participants for administrative purposes only.	0	0	0	0	0	0
Using data to coordinate the planning and delivery of employment services (e.g., sharing aggregate student counts)	0	0	0	0	0	0
Using data to meet state and federal program reporting requirements (e.g., WIOA)	0	0	0	0	0	0

OMB Control No: 1230-0NEW
Expiration Date: XX/XX/20XX

(8) Barriers and Opportunities for Collaboration Related to the COVID-19 Pandemic and Economic Downturn.

Please rate your level of agreement with the following statements:

OMB Control No: 1230-0NEW
 Expiration Date: XX/XX/20XX

	Don't know	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The COVID-19 pandemic has improved my organization's level of collaboration with partner organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The COVID-19 pandemic has negatively affected my organization's level of collaboration with partner organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My organization has had to develop different practices for collaborating with partner organizations during the COVID-19 pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The COVID-19 pandemic has affected my organization's ability to collaborate with partner organizations as required by the WIOA State Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Narrative questions] To what extent are the disruptions/adaptations of services during COVID-19 affecting your collaboration efforts, both internally and externally?

Are there practices of collaborating that you developed or adopted during the COVID-19 pandemic that you feel were effective and would continue using after the pandemic?

Has the COVID-19 pandemic affected your ability to collaborate with partners in rural, urban, or suburban areas? If so, how?

OMB Control No: 1230-0NEW

Expiration Date: XX/XX/20XX

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) control number. The valid OMB Control Number for this information collection is xxxx-xxxx. The time required to participate in the questionnaire is estimated to average 30 minutes, including the time to review instructions, search existing data resources, gather the data needed and complete and review the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to US Department of Labor, Office of Disability Employment Policy, 200 Constitution Ave., N.W. Washington, DC 20210 and reference the OMB Control Number xxxx-xxxx.

OMB Control No: 1230-0NEW
Expiration Date: XX/XX/20XX

**Privacy Act Statement
Collection and Use of Personal Information**

The following statement is made in accordance with the Privacy Act of 1974 (5 U. S. C. 552a). Information collected will be handled and stored in compliance with the Freedom of Information Act and the Privacy Act of 1974, as amended (5 U.S.C. 552a). Furnishing the data requested is voluntary.

We will use the data you provide for the CAPE-Youth Research Project, funded by The United States Department of Labor, Office of Disability Employment Policy. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. Per the Federal Cybersecurity Enhancement Act of 2015, Federal information systems are protected from malicious activities through cybersecurity screening of transmitted data.