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	
o 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):

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
 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:
 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:
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:
 Female Male Non-binary Prefer to self-describe:
 Male Non-binary Prefer to self-describe:
 Non-binary Prefer to self-describe:
 Prefer to self-describe:
 Prefer not to say Do you consider yourself to be Hispanic/Latino? Yes No Prefer to self-describe:
Do you consider yourself to be Hispanic/Latino? • Yes • No • Prefer to self-describe:
YesNoPrefer to self-describe:
NoPrefer to self-describe:
Prefer to self-describe:
Prefer not to say
1 10101 1101 10 000
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	0	1	2	3	4	5
partner (skip your own row)	No Interaction	Networking	Cooperation	Coordination	Coalition	Collaboration
Relationship Characteristics		Aware of organization Loosely defined roles Little communication All decisions made independently	 Provide information to each other Somewhat defined roles Formal communication All decisions made independently 	 Share information and resources Defined roles Frequent communication Some shared decision making 	 Share ideas Share resources Frequent and prioritized collaboration All members have a vote in decision making 	Members belong to one system Frequent communication is characterized by mutual trust Consensus is reached on all decisions
Partners		1				
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

(3) Specific Transition Coordination Practices between Systems and Strategies for Developing External Partnerships

Please indicate the <u>frequency</u> with which you perform the following tasks:

	Never	Very Rarely	Rarely	Occasionally	Frequently	Very frequently
Refer participants to collaborators	0	0	0	O	O	0
Invite collaborators to participant meetings	0	0	0	0	0	0
Hold regular systems of care meetings where multiple participants are discussed	0	0	0	0	0	0
Coordinate services between agencies	0	0	0	0	0	0
Seek out partners based on your participant' needs	0	0	0	0	0	0

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

Please indicate your level of <u>confidence</u> 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 Understanding of	0	0	0	0	0	Ο
other agencies' policies and procedures	0	0	0	0	0	Ο
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)

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	0	0	O	0	0	0
Partner organizations (including your organization) agree about the goals of the collaboration	0	0	0	0	0	0
Your organization's tasks in the collaboration are well coordinated with those of partner organizations	0	0	0	0	0	0
Partner organizations (including your organization) have combined and used each other's resources so all partners benefit	0	0	0	0	0	0
from collaborating You feel what your organization brings to the collaboration is appreciated and respected by partner organizations	0	0	0	0	0	0
Partner organizations (including your organization) work through differences to arrive at win-win solutions	0	0	0	0	0	0

(6) Frequency and Success in Serving Diverse Populations of Youth with Disabilities

Please indicate your level of <u>confidence</u> in your ability or your staff's ability in providing effective services to youth with disabilities who are:

	Not at all confident					Very confident
In-school	0	O	0	0	0	0
Out-of-school (ages 16-24) and high school dropouts	O	0	0	0	0	0
Pregnant and parenting youth	O	0	0	0	0	0
Receiving SSI/SSDI and/or other public assistance.	0	0	0	0	0	0
Minorities (Racially and ethnically diverse)	О	0	0	0	0	0
Foreign language speakers	О	0	0	0	0	0
Immigrant, migrant, and/or refugees	0	0	O	0	0	0
LGBTQ+	0	0	0	0	0	0

 Expiration Date: XX/XX/20XX

 Homeless
 O
 O
 O
 O

 Justice system-involved
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 O
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 Foster care
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 Rural residents
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OMB Control No: 1230-0NEW

(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)	O	0	0	0	0	0

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

Please rate your level of <u>agreement</u> with the following statements:

	Don't know	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The COVID-19 pandemic has improved my organization's level of collaboration with	0	0	0	0	0	0
partner organizations The COVID-19 pandemic has negatively affected my organization's level of collaboration with partner	0	0	0	0	0	0
organizations My organization has had to develop different practices for collaborating with partner organizations during the COVID-19 pandemic	0	0	0	0	0	0
The COVID-19 pandemic has affected my organization's ability to collaborate with partner organizations as required by the WIOA State Plan	0	0	0	0	0	0

[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?

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.

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.