State-Level Collaboration Questionnaire

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(1) Demogra	phics of Participants
Agency type:	
 Vocati 	ional rehabilitation (VR)
 Social 	Security
• WIOA	Title I Workforce
• WIOA	Title II Adult Education
 Educa 	tion
0	K-12
0	Higher Education
0	Career Technical Education
0	Other (Please describe):
 Juveni 	ile Justice
 Adult 	Justice/Department of Corrections
 Child 	Welfare
 Devel 	opmental Disability
	l Health
• Other	(Please describe):
Total years of	experience in the field:
	Experience in your agency:
Indicate vour	role at your current agency:
• Super	
 Direct 	service provider
• Both	
 Other 	(Please describe):

OMB Control No: 1230-0015
Expiration Date: 07/31/2024
Indicate the setting in which you or your agency provides services (check all that apply):
• 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 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 the row that pertains to your own agency)	0 No Interaction	1 Networking	2 Cooperation	3 Coordination	4 Coalition	5 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		•				
Vocational rehabilitation (VR)	0	1	2	3	4	5
Social Security	0	1	2	3	4	5
WIOA Title I Workforce	0	1	2	3	4	5
WIOA 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
Juvenile Justice	0	1	2	3	4	5
Adult Justice/Department of Corrections	0	1	2	3	4	5
Child Welfare	0	1	2	3	4	5
Developmental Disability	0	1	2	3	4	5
Mental Health	0	1	2	3	4	5
Supplemental Nutrition Assistance Program (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	0	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	O	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 other agencies' eligibility criteria	0	0	0	0	0	0
Understanding other agencies' policies and procedures	0	0	0	0	0	0
Understanding other agencies' definitions of successful outcomes	0	0	0	0	0	0
Understanding 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
Meetings with partner agencies accomplish what is necessary for the collaboration to function well	0	0	0	0	0	0
Partner agencies (including my agency) agree about the goals of the collaboration	0	0	O	0	0	0
My agency's tasks in the collaboration are well coordinated with those of partner agencies	0	0	0	0	0	0
Partner agencies (including my agency) have combined and used each other's resources so all partners benefit from collaborating	0	0	0	0	0	0
I feel that what my agency brings to collaborations is appreciated and respected by partner agencies	0	0	0	0	0	0
Partner agencies (including my agency) 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	0	0	0	0	0
Out-of-school (ages 16-24) and high school dropouts	0	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	O	0	0	0
Immigrants, migrants, and/or refugees	О	0	0	0	0	0
LGBTQ+	0	0	0	0	0	0

Homeless	0	0	0	0	0	0
Justice system- involved	0	0	0	0	0	0
In foster care	0	0	0	0	0	0
Rural residents	0	0	0	0	0	0

(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

(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 agency's level of collaboration with partner agencies	0	0	0	0	0	0
The COVID-19 pandemic has negatively affected my agency's level of collaboration with partner agencies	0	0	0	0	0	0
My agency has had to develop different practices for collaborating with partner agencies during the COVID- 19 pandemic	0	0	0	0	0	0
The COVID-19 pandemic has affected my agency's ability to collaborate with partner agencies 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? If so, please describe these practices or provide examples.

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 1230-0015. 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 1230-0015.

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.