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.

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.[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

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[1] 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?

	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. Service providers	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	na ☐
i. Other (please specify)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	na ☐

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 ☐	2 ☐	3 ☐	4 ☐	5 ☐

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 ☐	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	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
effectively					
r. Staff were provided the necessary support during the COVID-19 pandemic	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
s. Staff were provided the necessary support, materials, and guidance needed to support clients during the COVID-19 pandemic	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
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 ☐	2 ☐	3 ☐	4 ☐	5 ☐

Thank you for your time filling out this survey.