

OMB Package

SUPPORT Act Evaluation Grantee Survey

Note that the grantee survey will be administered online and will be programmed with skip patterns to omit questions not applicable to the grantee based on responses to previous questions.

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Welcome

SUPPORT Act Grants Evaluation

Thank you for your assistance in responding to the SUPPORT Act Grants Evaluation Survey. This survey will contribute to the U.S Department of Labor's (DOL) Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act grant programs evaluation. Abt Associates and MDRC are conducting the evaluation for DOL's Chief Evaluation Office, in partnership with the Employment and Training Administration. Your responses will help provide important information on promising practices and implementation challenges in providing services that address both employment and treatment needs for those with substance use disorders. The goal of the study is to document best practices, challenges, and lessons for both policymakers and program administrators.

On the next page we will provide you with detailed information about the survey. This is a part of our informed consent process. After reviewing the information, you will be directed to the survey.

Thank you again for your participation!

Sincerely,

Hannah Betesh, Project Director

Part A. Consent

Thank you for taking the time to participate in the SUPPORT Act Grants Evaluation Survey.

Who is administering this survey? Abt Associates and MDRC, nonpartisan research organizations, are conducting the survey as part of the SUPPORT Act Grants Evaluation for the U.S. Department of Labor (DOL). The data collected will be used by Abt Associates and its partner MDRC for research purposes.

What is the purpose of the survey? This survey will collect consistent information about grant activities from all 4 SUPPORT Act grantees, 18 subgrantees, and their partners and will provide critical information for the SUPPORT Act Grants Evaluation. The survey covers grantee program context; program development; partners and their involvement; program implementation, including participant recruitment and services provided; employer engagement; and grantee perspectives on participant experiences.

How long will it take to complete? This survey will take approximately 30 minutes. Your responses will be automatically saved. If you start the survey but do not complete it, you can use the same link you received via email to be taken to the last response you completed.

Is participation mandatory? Your participation is voluntary. However, your input is valuable and only you can tell us about your organization's experiences with the SUPPORT Act grants. Your participation will help provide important information on promising practices and implementation challenges in providing services that address both employment and treatment needs for those with substance use disorders.

Who will see my responses? The researchers conducting this survey are committed to keeping your organization's information private. Responses to the survey will not be identified by any person in any publication.

What are the benefits and risks of participation? Although any data shared involves some risk of loss of confidentiality, the researchers take strong precautions to protect your information. Your responses will help provide important information on promising practices and implementation challenges in providing services that address both employment and treatment needs for those with substance use disorders. Your responses will not affect your organization's funding under the SUPPORT Act grant.

Who can I contact with questions? If you have any questions please email the Project Director, Hannah Betesh, at Hannah_Betesh@abtassoc.com or call at (301) 347-5990. For questions or concerns about your rights as a study participant, please contact the Abt IRB Administrator at 1-877-520-6835 (toll free).

Thank you again for participating in this survey. We greatly appreciate your time and assistance.

Agreement to Participate. By checking this box, you acknowledge that you read the information outlined above and allow our research team to use your survey responses as described. Please complete this survey by [Insert Date].

- ☐ Yes, I have read and understand the information above, and I agree to participate in this.
- ☐ No, I do not agree to participate in this.

[If yes, move to first question
If no, close the survey]

The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to understand programs that integrate employment and substance use disorder services. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: XXXX-XXXX, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Hannah Betesh (Abt Associates); hannah_betesh@abtassoc.com.

Part B. Organization Background

1.1. What is your name?

1.2. Please confirm the name of your company or organization: [PRE-FILL NAME FROM LIST OF GRANTEES].

☐ Yes, this is correct

☐ No, the name of my company or organization is: _____

1.3. What is your position or job title at [PRE-FILL ORGANIZATION NAME]?

_____ insert job title

1.4. How long have you worked in this role?

_____ (dropdown years/months)

1.5. How long have you worked at [PRE-FILL NAME OF ORGANIZATION]?

_____ (dropdown years/months)

1.6. Prior to this grant, did your company or organization have specific programs or policies for supporting people experiencing opioid use disorder (OUD) or substance use disorder (SUD)?

☐ Yes

☐ No

☐ Not Sure

Part C. Enrollment Levels and Staffing

2.1. How many participants have you enrolled to-date *under this grant*?

_____ number of participants

2.2. When did you begin enrollment under this grant?

_____ (dropdown month/year)

2.3. How many full-time staff equivalents (FTEs) are dedicated to grant activities?

_____ insert number of FTEs

Part D. Organizational Partnerships

- 3.1. Please list and provide contact information for all partners engaged in [PRE-FILL NAME OF STATE/LOCAL SUPPORT ACT GRANT] activities, including treatment and recovery providers, education and training providers, justice system, and employers.

Organization Name	Organization Type <i>[Dropdown choices include: treatment and recovery, education and training, justice system, employer]</i>
...	

- 3.2. For each partner, please indicate whether they contribute(d) to each of the specified activities:

(Please select all that apply).

Partner	Partner Activities			
	Planned and developed grant application	Recruitment and referrals	Provide services to participants	Other, please specify:
<i>[Populate with responses to 3.1]</i>				

Partner	Partner Activities			
	Planned and developed grant application	Recruitment and referrals	Provide services to participants	Other, please specify:
...				

3.3. For each partner, what type of arrangement is used?

(Please select all that apply).

Type of Partner	Type of Arrangement		
	Formal Financial Contract	Memorandum of Understanding (MOU)	Informal Collaboration
<i>[Populate with responses to 3.1]</i>			
...			

Thank you very much for your time.

END OF SURVEY