

## OMB Package

### SUPPORT Act Evaluation Sub-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 1 hour. 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](mailto: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 60 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?

\_\_\_\_\_ (First Name)

\_\_\_\_\_ (Last Name)

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

2.4. Did you hire staff specifically for this grant?

- Yes
- No

*If yes, go to question 2.5. If no, skip to next section.*

2.5. If yes, please specify what activities they conduct for the grant.

**(Please select all that apply.)**

- Outreach and recruitment
- Eligibility determination and enrollment
- Career services (e.g., employment and treatment plans, job readiness, job coaching and placement)
- Occupational training services (e.g., incumbent worker training in recovery and medical related fields, classroom-based trainings, recovery and healthcare related certifications)
- Peer support training
- Work-based training services (e.g., subsidized employment, on-the-job training)
- Employment services (e.g., job search/placement/retention)
- Employer engagement
- Case management and supportive services
- Treatment and recovery services
- Grant management
- Other (specify): \_\_\_\_\_

## 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.

*As part of the SUPPORT Act Grants Evaluation, we will send a survey to up to five partners of each sub-grantee to learn more about partnerships and service delivery. **Please identify five partners that should receive the survey.** Nominated partners should represent different types of organizations and service offerings (e.g., treatment and recovery, education and training, justice system, employers). We are interested in a wide array of partners that can speak to the multitude of services provided under this grant. We will not reach out to any partners without coordinating with you first.*

*[Survey programming note: if box is checked in column 3, respondent should provide contact name, email, and phone (columns 4-5).]*

Organization Name	Organization Type <i>[Dropdown choices include: treatment and recovery, education and training, justice system, employer]</i>	Nominate for Survey	Primary Contact Name	Primary Contact Email	Primary Contact Phone
		<input type="checkbox"/>			
		<input type="checkbox"/>			
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...		<input type="checkbox"/>			



3.2. For each partner, what services do they provide to participants served by the grant?

(Please select all that apply)

Partner	Services								
	Recruitment and Referrals	OUD/SUD treatment and recovery services	Mental health services	Coordination with justice system partners (Probation or Parole Officers)	Education services (basic skills/ GED)	Occupational and skills training	Job Search assistance	Hiring program participants	Other (please specify):
<i>[Populate with responses to 3.1]</i>									
...									

**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>			
...			

**3.4. For each partner, please describe your organization’s level of interactions with them under this grant.**

Partner	No interaction	Low levels of direct interaction. Attend meetings where this organization describes their work, or your organization describes work to them. Occasional phone calls or emails.	Medium levels of direct interaction. Target your efforts in consultation with this organization, where you both direct your efforts to best serve clients covered under the grant.	High levels of interaction. Meet or speak regularly. Partners may divide up responsibilities, share formal or informal resources, and/or work together to assess progress.
<i>[Populate with responses to 3.1]</i>				
...				

## Part E. Recruitment, Intake, and Enrollment

The following questions focus specifically on recruitment, intake and enrollment for participants served by the [PRE-FILL NAME OF STATE/LOCAL SUPPORT ACT GRANT].

### 4.1. What type of participants do you serve under this grant or partnership?

(Please select all that apply.)

- Individuals experiencing SUD/ODU
- Friends and/or family members of individuals experiencing SUD/ODU
- Community members in areas with high rates of SUD/ODU
- Don't know; we do not track if individuals are referred through this partnership

### 4.2. Do you have recruitment efforts specifically for this grant to identify and enroll individuals experiencing SUD/ODU or their friends and/or family members?

- Yes
- No

If yes, go to questions 4.3. If no, skip to question 4.4.

### 4.3. Which of the following activities does your company or organization use to recruit potential participants for the grant?

(Please select all that apply.)

- TV or radio public service announcements
- Distribution of print materials
- Use of grantee/partner websites
- Facebook, Twitter, Instagram, other social media
- Partnerships or referrals from substance use treatment providers
- Partnerships with or referrals from employers
- Partnerships with or referrals from education or training providers
- [Remove for Sub-grantees, Partners Only] Referrals from Workforce Investment Board or American Job Centers
- Referrals from community/ faith-based organizations
- In-person presentations in the community
- Word of mouth
- Other (please specify): \_\_\_\_\_

### 4.4. Which formal assessments do you conduct with participants, if any?

(Please select all that apply.)

- Academic skill level as determined on a test (e.g., TABE)
- ACT WorkKeys Assessments
- Career aptitude tests
- Career interest assessments
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) Assessment

- Other substance use assessment
- Support service needs assessment
- None
- Other (please specify): \_\_\_\_\_

**4.5. Do you have a specific staff member(s) dedicated to conducting intake and enrollment into services provided under this grant?**

- Yes
- No

*If yes, go to question 4.6. If no, skip to question 4.7.*

**4.6. Which staff roles?**

Please specify roles/titles: \_\_\_\_\_

**4.7. Do you typically meet with a participant to develop an Employment Plan for the grant-funded program?**

- Yes
- No

*If yes, go to question 4.8. If no, skip to next section.*

**4.8. What is collected and included in the plan?**

**(Please select all that apply.)**

- Education history
- Employment history
- Occupational skills
- Interests/aptitudes
- Supportive service needs
- Employment goals
- Steps to meeting goals
- Other (please specify): \_\_\_\_\_

## Part F. Support Services

The following questions focus specifically on support services provided to participants served by the [PRE-FILL NAME OF STATE/LOCAL SUPPORT ACT GRANT].

- 5.1. How does your organization and/or any of your partners provide these treatment, counseling, and support services: directly, by a partner organization, or referral to another agency in the community?

Service	Provided by sub-grantee	Provided by partner organization	Provided by referrals to another agency	Not provided
Substance use disorder treatment				
Mental health counseling				
Transportation assistance				
Peer support				
One-on-one case management				
Financial stipends				
Work expenses or tools				
Tuition for education and training programs				
Other education and training-related supports such as application fees, licensing tests, certifications				
Other (please specify): _____				

- 5.2. Is there a specific staff member, such as a case manager, who is assigned to work one-on-one with each participant?

- Yes  
 No

If yes, go to question 5.3. If no, skip to question 5.4.

- 5.3. What are the responsibilities of the staff member assigned to work with each participant?

(Please select all that apply.)

- Developing service or employment plans

- Monitoring participation, and attendance
- Making referrals to partners or other organizations for perceived needs
- Identifying SUD treatment and recovery services
- Identifying appropriate employment-related services (e.g., occupational training, work-based training, job search workshops)
- Job search assistance
- Career counseling
- Financial counseling (e.g., budget management)
- Systems navigation (e.g., help with accessing benefits from other programs, obtaining identification card)
- Other (please specify): \_\_\_\_\_

**5.4. How does your company or organization coordinate with SUD treatment providers?  
(Please select all that apply.)**

- Offer SUD treatment programming through my company/organization
- Refer participants for treatment services
- Receive referrals from treatment providers
- Coordination of care (medical or SUD/ODD treatment) to meet participant needs
- On-the-job support for employees
- On-the-job support for employers
- Other (please specify): \_\_\_\_\_
- None of the above

## Part G. Education, Training and Employment Services

The following questions focus specifically on education, training, and employment services provided to participants served by the [PRE-FILL NAME OF STATE/LOCAL SUPPORT ACT GRANT].

6.1. How does your organization and/or any of your partners provide these employment services: directly, by a partner organization, or referral to another agency in the community?

Employment Service	Provided by sub-grantee	Provided by partner organization	Provided by referrals to another agency	Not provided
Employment readiness skills (e.g., time management skills)				
Job search assistance skills (Interview practice, resume development, etc.)				
Job development (e.g., finding appropriate job openings, working with employers to locate job openings)				
Career guidance and counseling				
Other (please specify): _____				

6.2. Which of the following employment services do you offer to participants served by the [PRE-FILL NAME OF STATE/LOCAL SUPPORT ACT GRANT]?

(Please select all that apply.)

- Employment readiness skills (e.g., time management skills)
- Job search assistance skills (Interview practice, resume development, etc.)
- Job development (e.g., finding appropriate job openings, working with employers to locate job openings)
- Career guidance and counseling
- Other (please specify): \_\_\_\_\_
- None; we do not provide employment services.

6.3. Which of the following training and education services do you offer as part of this grant?

**(Please select all that apply.)**

- Paid work experience (e.g., on the job training)
- Unpaid work experience (e.g., internships)
- Basic skills training or educational classes (e.g., GED)
- Occupational training
- Registered apprenticeships
- Other (please specify): \_\_\_\_\_

**6.4. What are the most common occupational goal for participants (and associated credential needed, if any)? Please confirm and add any additional occupations.**

*[Survey programming will pre-fill with responses from sub-grantee calls and grant applications]*

Occupation	Industry	Credential (if applicable)

**6.5. Do you provide referrals to specific training programs to enter professions related to SUD treatment and recovery such as [PRE-FILL state-specific term for Peer Recovery Specialists]?**

- Yes
- No

*If yes, go to questions 6.6-6.10. If no, skip to question 6.11.*

**6.6. What is the name of this training program?**

Please specify: \_\_\_\_\_

**6.7. Was this training developed using grant funds?**

- Yes
- No

**6.8. Is this training available only to participants receiving grant-funded services?**

- Yes
- No, offered to others in the community

**6.9. What organization(s) provide this training?**

Please specify all: \_\_\_\_\_

**6.10. If applicable, who provides the on-the-job/work experience setting for this training?**



Please specify: \_\_\_\_\_

Unknown

**6.11. Do you provide training or supports to employers about hiring and employing workers with SUD/OD?**

Yes

No

*If yes, go to question 6.12. If no, skip to end of survey.*

**6.12. What kind of supports do you provide to employers?**

**(Please select all that apply.)**

Training on SUD/OD prevalence and treatment and recovery

Training how to recognize employee SUD/OD

Improving employee assistance programs to be inclusive of SUD/OD treatment and recovery

Training and support for creating inclusive and welcoming workplaces for employees with SUD/OD

On-the-job support for participants under the grant program hired by employer

On-the job support for employers who hire participants from the grant program

Other (please specify): \_\_\_\_\_

**Thank you very much for your time.**

**END OF SURVEY**