

OMB Package

SUPPORT Act Evaluation Partner Survey

Note that the partner survey will be administered online and will be programmed with skip patterns to omit questions not applicable to the partner 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.

The 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. You have been identified by [PRE-FILL NAME OF SUB-GRANTEE] due to your involvement as a partner in their grant. 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 or opioid 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 about the evaluation 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 NOMINATION FORM].

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. Please specify the type of company or organization you work for:

(Please select only one.)

Local government agency

State government agency

Local workforce development agency

American Job Center

Nonprofit (e.g., community or faith-based) service/training provider

Community or technical college

Substance use disorder treatment or recovery provider

Local housing assistance / continuum of care provider

Justice system

Employer

Other (please specify): _____

1.7. What type of services does your company or organization provide? **[DO NOT ASK EMPLOYER PARTNERS]**

(Please select all that apply.)

Substance use disorder treatment/recovery services

Mental health services

Case management and supportive services

Housing assistance

Occupational skills and training

Education services (basic skills/GED)

Career services (e.g., employment and treatment plans, job readiness, job coaching and placement)

- Justice services
- Other (please specify): _____

1.8. What is your industry? [ONLY ASK EMPLOYER PARTNERS]

- Business services
- Commercial or residential cleaning
- Construction
- Healthcare
- Information Technology
- Leisure and hospitality
- Maintenance
- Manufacturing
- Retail
- Substance use disorder treatment/recovery services
- Transportation
- Other (please specify): _____

1.9. What are your company or organization's major sources of funding? [DO NOT ASK EMPLOYER PARTNERS]

(Please select all that apply.)

- Federal funding
- State funding
- Grants, please specify: _____
- Fee-for-service
- Insurance/Medicaid reimbursement
- Other (please specify): _____

1.10. How many full-time staff equivalents (FTEs) does your company or organization employ?
_____ insert number of paid FTEs

1.11. How many people does your company or organization serve annually? [DO NOT ASK EMPLOYERS]
_____ insert number of individuals served per year

1.12. Prior to this grant, did your company or organization have specific programs or policies for supporting people experiencing 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. How many referrals have you received from [PRE-FILL SUB-GRANTEE NAME] *for this grant program*?

_____ number of referrals

We do not track this information (Skip to 2.4)

Don't know (Skip to 2.4)

2.3. Of those referrals, how many have you enrolled into services?

_____ insert number of enrollments

2.4. Did you hire staff specifically for this grant?

Yes

No

Don't know

Part D. Organizational Partnerships

3.1. What type of arrangement do you have with [PRE-FILL SUB-GRANTEE NAME] to provide services under this grant?

- Formal financial contract
- Memorandum of Understanding (MOU)
- Informal collaboration

3.2. Is this a new partnership with [PRE-FILL SUB-GRANTEE NAME], or did you work with them previously?

- Yes, new partnership
- No, previous or ongoing relationship

3.6. How involved is your company or organization with [PRE-FILL SUBGRANTEE NAME] in providing services under this grant?

- Low levels of direct interaction.** Attend meetings where [PRE-FILL SUBGRANTEE NAME] described their work, or your organization described work to them. Occasional phone calls or emails
- Medium levels of direct interaction.** Target your efforts in consultation with [PRE-FILL SUBGRANTEE NAME], 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.

3.3. What services do you provide to participants through your partnership with [PRE-FILL SUB-GRANTEE NAME]?

(Please select all that apply.)

- OUD/SUD treatment and recovery services
- Mental health services
- Job search assistance
- Hosting participants for on-the-job training or other work experience
- Hiring participants for unsubsidized positions
- Participant referrals to [PRE-FILL SUB-GRANTEE NAME]
- Education services (e.g., basic skills/GED)
- Occupational and skills training
- Other (please specify): _____
- Don't know; we do not track if individuals are referred through this partnership.

3.4. Prior to your partnership with [PRE-FILL SUB-GRANTEE NAME], how much experience did your company or organization have with providing or supporting employment for people seeking treatment or in recovery for SUDs?

- No experience
- Some experience
- A lot of experience

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

4.2. [Partners] Do you have recruitment efforts specific to this partnership to identify and enroll individuals experiencing SUD/ODD 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
- 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. Do you have a specific staff member(s) dedicated to conducting intake and enrollment into services provided under this grant?

- Yes
- No
- Don't know; we do not track if individuals are referred through this partnership.

If yes, go to question 4.5. If no, skip to next section.

4.5. Which staff roles?

Please specify roles/titles: _____

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

(Please select all that apply.)

- Substance use disorder treatment
- Mental health counseling
- Transportation assistance
- Peer support
- One-on-one case management
- Financial stipend
- Work expenses or tools
- Tuition for education and training programs
- Other education and training-related supports such as application fees, licensing test, certifications
- Other (please specify): _____
- None, we do not provide treatment and/or supportive services
- Don't know; we do not track if individuals receiving services were referred through this partnership

5.2. How does your company or organization coordinate with SUD treatment programming? **[DO NOT ASK SUD TREATMENT/RECOVERY 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/ODU 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. 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, appropriate workplace behavior)
- Job search assistance skills (e.g., 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.
- Don't know; we do not track if individuals receiving services were referred through this partnership.

6.2. 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): _____

6.3. Which of the following training and education services do you offer to participants served by the [PRE-FILL NAME OF STATE/LOCAL SUPPORT ACT 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): _____
- None; we do not provide training and education services.
- Don't know; we do not track if individuals receiving services were referred through this partnership.

6.4. Do you provide training or supports about hiring and employing workers with SUD/ODU?

- Yes

- No

If yes, go to question 6.5. If no, skip to end of survey.

6.5. What does this training or support include?

(Please select all that apply.)

- Training on SUD/ODU prevalence and treatment and recovery
- Training on how to recognize employee SUD/ODU
- Improving employee assistance programs to be inclusive of SUD/ODU treatment and recovery
- Training and support for creating inclusive and welcoming workplaces for employees with SUD/ODU
- 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