

## **Appendix I1. Staff Questionnaire Specifications**

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OMB Control Number: 0584-XXXX  
Expiration Date: XX/XX/XXXX



## Rapid cycle evaluation of operational improvements in SNAP E&T:

### Staff questionnaire

#### Public Burden Statement

This information is being collected to assist the Food and Nutrition Service in evaluating operational improvements in Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T) programs that aim to improve delivery of services and program outcomes. This is a voluntary collection and FNS will use the information to assess the effectiveness of changes made to the SNAP E&T program. This collection does not request any personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-[xxxx]. The time required to complete this information collection is estimated to average 15 minutes (0.25 hours) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306 ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

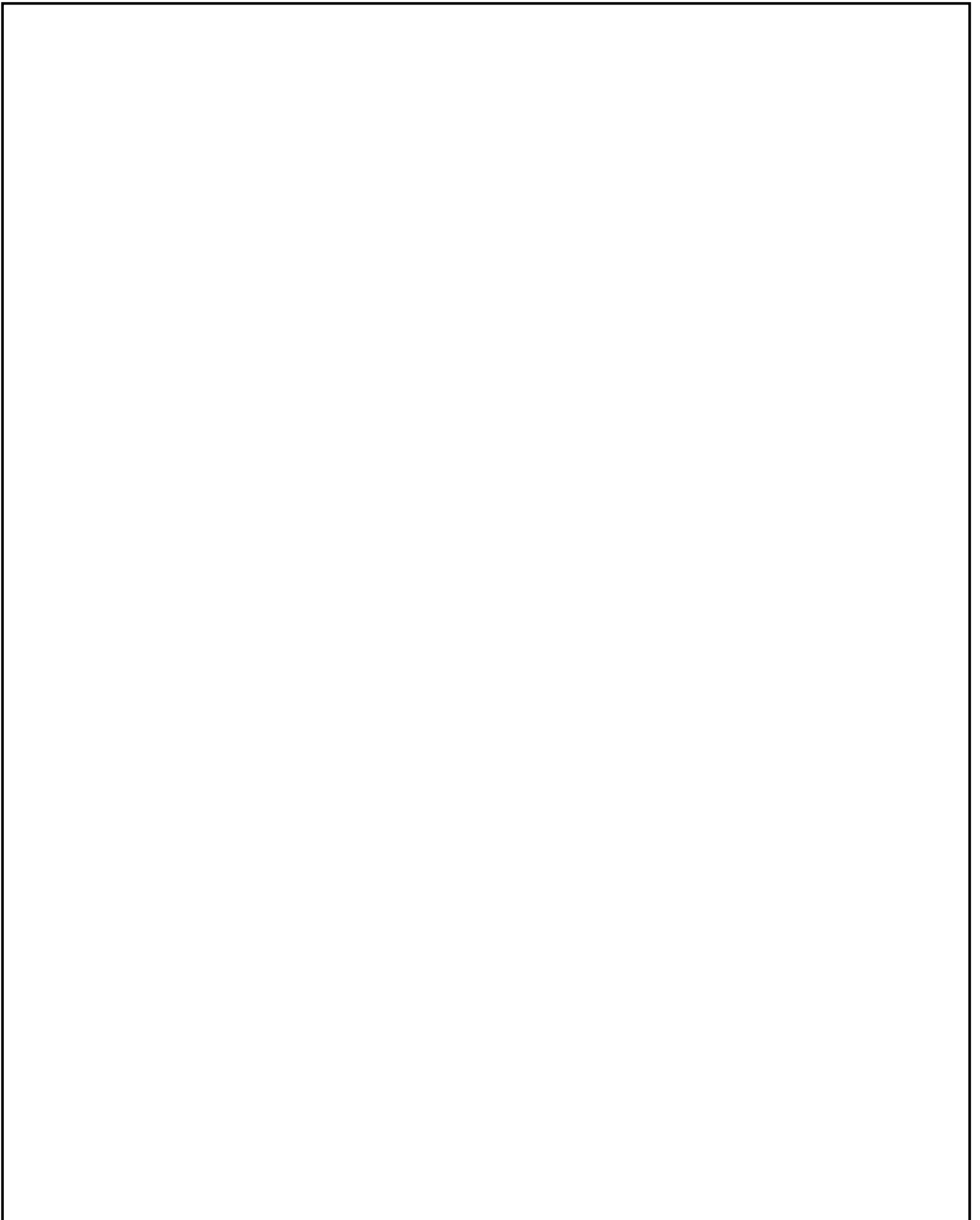
#### Privacy Act Statement

**Authority:** This information is being collected under the authority of Section 9 of the Food and Nutrition Act of 2008, as amended, (7 U.S.C. 2018). Disclosure of the information is voluntary.

**Purpose:** The information is being collected to evaluate Child Support Cooperation Requirements in United States Department of Agriculture (USDA) Supplemental Nutrition Assistance Program (SNAP).

**Routine Use:** The information may be shared with SNAP contract researchers and USDA SNAP research and administrative staff.

**Disclosure:** If all or any part of the information is not provided, interviews may not be admissible in data sets.



## **INTRODUCTION**

**Thank you for taking the time to complete this important survey. Mathematica is conducting this survey under contract with the U.S. Department of Agriculture Food and Nutrition Service to understand implementation of interventions to improve SNAP Employment and Training (E&T) programs.**

**Because you work directly with SNAP E&T participants, your input is very important. By participating in this survey, we hope you can help us understand your responsibilities related to the intervention, your time required for the intervention, your experiences and thoughts about the intervention, and any challenges you experienced during its implementation. Your participation in this survey is voluntary.**

**This survey takes about 15 minutes to complete. You may complete the survey in one sitting or come back to it later—your answers will save automatically.**

**Findings from this survey will be summarized across all participants. We will not associate responses with a specific person. Your answers will be kept private to the extent allowed by law. All confidential information will be stored safely and destroyed at the end of the study.**

**If you have any questions about the survey—or if you experience any problems with the survey—contact Mathematica at [NUMBER] or by e-mail at [EMAIL].**

**Please select “Next” below if you agree to participate in the study.**

## A. Background

Please provide the requested information below or select the response for each item that best describes your background.

ALL

**1. What is your job title? (write-in)**

(FIELD DESCRIPTION)

(STRING (NUM))

ALL

**2. How many years have you been in your current role?**

*Select one only*

- Less than one year..... 1
- 1 to 2 years ..... 2
- 3 to 5 years..... 3
- 6 to 10 years..... 4
- 11 to 15 years..... 5
- More than 15 years..... 6

ALL

AGENCY NAME

**3. Including your work for [AGENCY NAME], how many total years of experience do you have doing similar work?**

*Select one only*

- Less than one year
- 1 to 2 years ..... 1
- 3 to 5 years..... 2
- 6 to 10 years..... 3
- 11 to 15 years..... 4
- More than 15 years..... 5

ALL

**4. In your current position, are you:**

*Select one only*

- A permanent employee.....1
- A temporary employee (e.g., on a contract or acting as a consultant).....2
- A volunteer.....3

ALL

**5. What is your current work status?**

*Select one only*

- Full-time employee (30 hours per week or more).....1
- Part-time employee (1 to 29 hours per week).....2
- Work on an as-needed basis.....3

ALL

**6. What is your gender?**

*Select one only*

- Male.....1
- Female.....2
- Other (SPECIFY).....99

Specify  (STRING (NUM))

ALL

**7. Are you of Hispanic, Latino/a, or Spanish origin?**

*Select one only*

- No, not of Hispanic, Latino/a, or Spanish origin.....1
- Yes, Hispanic, Latino/a or Spanish origin.....2

ALL

**8. What is your race?**

*Select all that apply*

- American Indian or Alaska Native.....1
- Asian.....2
- Black or African American.....3
- Native Hawaiian or other Pacific Islander.....4
- White.....5
- Other (SPECIFY).....99

Specify  (STRING (NUM))

ALL

**9. What is the highest level of education you have completed?**

*Select one only*

- Less than a high school diploma.....1
- High school diploma (not General Education Development or GED).....2
- General Education Development or GED.....3
- Some college (no degree).....4
- 2-year or 3-year college degree (Associate's Degree).....5
- 4-year college degree (Bachelor's Degree).....6
- Graduate degree (Master's Degree, such as Master of Social Work or Public Health).....7
- Professional degree (Juris Doctorate, Medical Doctor, etc.).....8
- Doctoral degree or equivalent.....9
- Other (SPECIFY).....99

Specify  (STRING (NUM))



## B. Staff responsibilities

Please provide the requested information below or select the response for each item that best describes your responsibilities and contact with participants.

ALL

### 10. What are your responsibilities as part of the intervention?

Select all that apply

- Recruiting and outreach to participants. (For example, conducting phone or text outreach to share information about your program.).....1
- Enrolling and intake. (For example, signing people up for training and administering initial assessments.).....2
- Providing direct services. (For example, conducting case management, counseling, job search assistance, or administering supportive services.).....3
- Offering group instruction. (For example, teaching occupational or vocational skills courses, soft skills workshops, or GED preparation classes.).....4
- Managing/supervising staff. (For example, overseeing the staff who provide services to participants.) .....5
- Other (SPECIFY).....99

Specify  (STRING (NUM))

[IF CHECKED YES TO DIRECT SERVICES, GO TO 11 AND 12; IF NO, SKIP TO 13

### 11. How many participants were on your caseload (that is, how many participants did you work with on an ongoing basis) in an average month before the intervention began?

Select one only

- I do not carry a caseload.....1
- 1 to 15 participants.....2
- 16 to 30 participants.....3
- 31 to 50 participants.....4
- 51 to 75 participants.....5
- More than 75 participants.....6

ALL

12. How many participants were on your caseload (that is, how many participants did you work with on an ongoing basis) per month on average during the intervention?

Select one only

- I do not carry a caseload.....1
- 1 to 15 participants.....2
- 16 to 30 participants.....3
- 31 to 50 participants.....4
- 51 to 75 participants.....5
- More than 75 participants.....6

ALL

13. In the past 12 months, how long was the longest formal training (either in person or web-based) you received on skills needed for your job (in general, not just for the intervention)?

Select one only

- I did not receive any formal training in the past 12 months.....1
- 1 to 2 hours.....2
- Half a day.....3
- A full day.....4
- Multiple days.....5

ALL

14. Did you have formal tools or resources specific to your role available during the intervention? *For example, did you have an RCE process document or implementation guide available?*

Select one only

- Yes.....1
- No.....0
- Not sure.....2

ALL

**15. During the intervention, what percentage of the participants you served were of Hispanic, Latino/a, or Spanish origin?**

*Select one only*

- Less than 25%.....1
- 25-50%.....2
- 51-75%.....3
- Over 75%.....4
- Not sure.....5

**16. During the intervention, what percentage of the participants you served were:**

*Select one per row*

	Less than 25%	25-50%	51-75%	Over 75%	Not sure
a. American Indian or Alaska Native	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Asian	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Black or African American	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Native Hawaiian or Pacific Islander	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. White	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Other	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

### C. Staff time related to intervention

Please provide the requested information below or select the response for each item that best describes your time spent on the intervention.

ALL

17. 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 the time required for the intervention:

Select one per row

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not sure
a. The changes in processes as a result of the intervention saved me time compared to my usual job responsibilities before the intervention. <i>(For example, the intervention resulted in less manual work to follow up individually with participants.)</i>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. I had difficulty keeping up with my usual responsibilities during the intervention period.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. My work with those in the treatment group was more time consuming than my work with the control group.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. The improvement in outcomes from the intervention was worth the amount of time required to implement the intervention.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

## D. Perceptions of the intervention

Please provide the requested information below or select the response for each item that best describes your understanding of and experience with the intervention.

ALL

17. Using a scale of 1 to 4, where 1 = Not at all successful and 4 = very successful, please rate how well the intervention succeeded at the following goals:

*Select one per row*

	Not at all successful	Somewhat successful	Successful	Very successful	Not sure
a. Increasing participant awareness and knowledge of SNAP E&T	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Making more initial contacts with participants	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Connecting more participants to SNAP E&T	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Connecting more participants to case management services	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Increasing provision of participant reimbursements (e.g., transportation or childcare assistance)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Enrolling more participants in activities (components)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. Helping participants meet work requirements and retain their SNAP benefits	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. Increasing participant attendance in activities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. Preventing participant drop-offs in activities or early termination	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
j. Improving participants' employment outcomes (e.g., higher job retention)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

ALL

19. Using a scale of 1 to 5, where 1 = Very dissatisfied and 5 = Very satisfied, please rate your satisfaction with each of the following statements about the overall intervention:

Select one per row

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Not sure
a. Skills you gained as a result of implementing the intervention (such as increased familiarity with new technology or outreach processes)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Amount of training or technical assistance provided during the planning process of the intervention	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. Amount of training or technical assistance provided during the implementation process of the intervention	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. Changes in processes brought about by the intervention	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
e. Changes in services that participants received	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
f. Amount of time required for you and other staff to implement the intervention	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
g. Intervention overall	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

## E. Challenges and improvements

ALL

- 20. Using a scale of 1 to 4, where 1 = Not at all a challenge and 4 = A major challenge, how would you rate each of these potential challenges in implementing the intervention?**

*Select one per row*

	Not at all a challenge	A slight challenge	A moderate challenge	A major challenge	Not sure
a. Having enough training on intervention processes	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Having enough training on data collection for the intervention	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Having enough time to prepare to implement the intervention	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Having adequate time to implement the intervention in addition to usual responsibilities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Working at or beyond capacity due to increased enrollment or participation in activities resulting from the intervention	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Having adequate documentation, tools, or resources during the intervention	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. Adjusting to unexpected events, policy changes, or local economic shifts	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

ALL

21. Using a scale of 1 to 4, where 1 = Not at all important and 4 = Very important, how important would these program aspects be for the success of this intervention if it were to continue?

Select one per row

	Not at all important	Somewhat important	Important	Very important	Not sure
a. Hiring or delegating staff to be responsible for certain aspects of the intervention	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Having intervention responsibilities spread across multiple staff	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Having adequate training on intervention processes	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Having adequate training on data collection	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Having a comprehensive implementation guide, manual, or process document	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Having additional funding to offset staffing costs, marketing materials, etc.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

ALL

22. Are there any other program aspects not listed above that you would consider important for the success of the intervention?

(FIELD DESCRIPTION)

(STRING (NUM))

ALL

23. Is there anything else you would like us to know about your experience or challenges implementing the intervention?

(FIELD DESCRIPTION)

(STRING (NUM))