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Pathway Home Evaluation Grantee Survey

April 2022

The OMB control number for this collection is 1290-xxxx and expires on [month/day/year].

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PROGRAMMER: PRELOADED VARIABLES ARE:

- ORGANIZATION NAME = Grantee organization name
- PROGRAM NAME = Grantee's Pathway Home program name
- GRANT TYPE: 1 = PRIMARY; 2 = INTERMEDIARY; 3 = SUBGRANT
- INTERMEDIARY GRANTEE NAME = Organization name of the intermediary grantee that sub received grant from

UNIVERSAL PROGRAMMER NOTES:

UNIVERSAL SOFT CHECK IF TEXT IS ENTERED INTO OTHER SPECIFY BOX AND YES/NO IS NOT SELECTED: Please indicate Yes or No for the specified answer you provided.

UNIVERSAL SOFT CHECK IF NO RESPONSE ON GRID QUESTIONS: One or more responses are missing. Please provide an answer to this question and continue or click the "Next" button to move to the next question.

INTRODUCTION

Thank you for your participation in this survey.

Mathematica and its research partners, Social Policy Research Associates, and the Council of State Governments Justice Center, are evaluating the Pathway Home grant program on behalf of the U.S. Department of Labor (DOL). As part of the evaluation, we are asking Pathway Home grantees to complete a brief survey about their program.

The survey covers several topics, including the structure and main features of your program under the DOL grant, your partnerships, and the challenges and successes you have encountered so far.

This study will help DOL better understand how the grants are being implemented across the country. We will use the results from the survey for research purposes and, after removing your name and contact information, we will provide the results to DOL in a report that summarizes the findings across grantees.

The survey should take about 30 minutes to complete. If there are questions you are not able to answer, please feel free to draw on the expertise and knowledge of others within your program. You may also want to refer to program documentation. If your grant operates in more than one location, please answer the questions based on your experience implementing the program across all locations.

If you have any questions or concerns as you complete this survey, please contact Betsy Santos at Mathematica at (609) 750-2018 or BSantos@mathematica-mpr.com.

A. ORGANIZATIONAL CHARACTERISTICS

ALL

The first few questions collect some basic background information about you and your organization.

REO_A1.

A1. According to our records, the name of your organization is [ORGANIZATION NAME]. Is this correct?

- Yes, this is correct 1
- No, this is our organization, but there's an error in the name.....2
- No, this is not our organization 3

A1 =2 OR 3

A1a. Please provide the correct name for your organization.

(STRING 60)

ALL

A2. According to our records, the name of your Pathway Home program is [PROGRAM NAME]. Is this correct?

- Yes, this is correct 1
- No, this is our program name, but there's an error in the name.....2
- No, this is not our program name 3

A2 = 2 OR 3

A2a. Please provide the correct name for your Pathway Home program.

(STRING 60)

ALL

REO_A3.

A3. Please provide the following contact information.

Your name:

(STRING 60)

REO_A4.

A4. Your title:

(STRING 60)

NEW

A5. Your phone number:

(STRING 60)

NEW

A6. Your email address:

(STRING 60)

ALL

AP_A5

A7. Please select the type of organization that best represents your organization.

Select all that apply

- Community college1
- Four-year college or university.....2
- For-profit educational institution3
- Nonprofit organization.....4
- State government agency5
- Local government agency6
- Workforce development agency/workforce development board (WDB).....7
- Tribal government8
- Chamber of Commerce.....9
- Employer or industry group10
- Trade association.....11
- Private, for-profit business.....12
- Other (SPECIFY).....99

Specify (STRING 255)

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE)

NEW

A8. Does your organization provide services to participants?

Select one only

- Yes, my organization provides direct services 1
- No, my organization contracts with a different organization to provide direct services 2

IF GRANT TYPE = 3 (SUBGRANTEE)

NEW

A9. According to our records, you received your Pathway Home grant from [INTERMEDIARY GRANTEE NAME]. Is this correct?

- Yes, this is correct 1
- No, this is our intermediary grantee, but there's an error in the name.....2
- No, this is not our intermediary grantee3

IF A9 = 2 OR 3

A9a. Please provide the correct name for your intermediary grantee.

(STRING 60)

ALL

REO_A6.

A10. We are interested in your organization's experiences with a variety of activities.

Please enter the number of years of experience your organization has with each type of activity.

Your best estimate is fine.

	Number of years (insert number of years; if less than one year, enter 1)
a. Providing services in correctional facilities.	<input type="text"/>
b. Providing services to justice-involved individuals in the community. <i>By justice-involved, we mean people who have been involved in the juvenile or adult justice system, including people who were formerly incarcerated.</i>	<input type="text"/>
c. Engaging employers in sector strategies. <i>Sector strategies engage training programs and employers in a specific industry to prepare workers for existing career opportunities.</i>	<input type="text"/>
d. Engaging employers who hire people with criminal records/justice system involvement.	<input type="text"/>

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE)

REO_A6.

A11. Which sources currently provide funding to support services directly provided by your Pathway Home program other than the DOL grant? Please include only sources that provide at least 10 percent of your Pathway Home program funding.

Select all that apply

- U.S. Department of Justice (DOJ) grant.....1
- U.S. Department of Labor (DOL) grants other than Pathway Home.....2
- U.S. Department of Education Federal Perkins funds.....3
- Workforce Innovation and Opportunity Act (WIOA) funds.....4
- Other federal government agencies.....5
- State department of labor6
- State department of labor (other than WIOA)7
- State department of corrections14
- Other state government agencies.....8
- Local government agencies9
- Institutions of higher education.....10
- Foundations.....11
- Individual or corporate donors12
- Charitable or religious organizations.....13
- Other organizations (SPECIFY).....99

Specify (STRING 255)

- All funding comes from Department of Labor (DOL) Pathway Home grant

B. PROGRAM CHARACTERISTICS

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE)

The next questions are about your Pathway Home program and staff.

REO_B2.

B1. Does your Pathway Home post-release program serve an entirely urban/suburban community, an entirely rural community, or a community that is a mix of urban/suburban and rural? By rural, we mean any population, housing, or territory, NOT in an urban/suburban area.

Select one only

- Entirely urban/suburban..... 1
- Entirely rural 2
- Both urban/suburban and rural..... 3

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE)

NEW.

B2. Think about all of the full-time equivalent (FTE) staff who are funded through your Pathway Home grant and indicate the number of staff providing direct services who work exclusively pre-release, exclusively post-release, or both. Please exclude staff who do not interact with participants.

Please enter "0" if you don't have staff in this category for Pathway Home.

	NUMBER
a. Staff who work exclusively pre-release	<input style="width: 80px; height: 25px;" type="text"/>
b. Staff who work exclusively post-release	<input style="width: 80px; height: 25px;" type="text"/>
c. Staff who work both pre- and post-release	<input style="width: 80px; height: 25px;" type="text"/>
	[DISPLAY SUM TOTAL]

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE)

REO_B6.

B3. Have any of your Pathway Home program staff had prior involvement with the justice system?

By prior involvement in the justice system, we mean people who ever have been arrested, detained, or incarcerated in juvenile or adult correctional facilities. Please do not include staff who have worked within the justice system, but do not have lived experience.

- YES..... 1
- NO..... 0

[IF GRANT TYPE = 2, DISPLAY: The next questions are about your Pathway Home subgrantees' program and staff.]

[IF A8 = 2, DISPLAY: When answering these questions, please consider the training or professional development offered by the organization(s) you contract with to provide direct services to Pathway Home participants.]

NEW.
B4a. Does your organization currently offer or plan to offer training or professional development to Pathway Home staff on the following topics?

	<i>Select one per row</i>	
	Yes	No
a. Planning for program implementation and start-up activities	1 <input type="radio"/>	0 <input type="radio"/>
b. Working with local juvenile and/or criminal justice system partners	1 <input type="radio"/>	0 <input type="radio"/>
c. Serving justice-involved individuals	1 <input type="radio"/>	0 <input type="radio"/>
d. Engaging employers	1 <input type="radio"/>	0 <input type="radio"/>

B4b. Does your organization currently offer or plan to offer training or professional development to Pathway Home staff on the following topics?

	<i>Select one per row</i>	
	Yes	No
a. Case management and providing employment services	1 <input type="radio"/>	0 <input type="radio"/>
b. Prosocial skill development (such as cognitive behavioral interventions)	1 <input type="radio"/>	0 <input type="radio"/>
c. Motivational interviewing	1 <input type="radio"/>	0 <input type="radio"/>
d. Trauma informed care	1 <input type="radio"/>	0 <input type="radio"/>

B4c. Does your organization currently offer or plan to offer training or professional development to Pathway Home staff on the following topics?

		<i>Select one per row</i>	
		Yes	No
a.	Working with employers who specifically hire individuals with justice involvement	1 <input type="radio"/>	0 <input type="radio"/>
b.	Recruiting and enrolling participants	1 <input type="radio"/>	0 <input type="radio"/>
c.	Engaging and retaining participants	1 <input type="radio"/>	0 <input type="radio"/>
d.	Providing specific types of direct services	1 <input type="radio"/>	0 <input type="radio"/>
e.	Participant follow-up activities	1 <input type="radio"/>	0 <input type="radio"/>

B4d. Does your organization currently offer or plan to offer training or professional development to Pathway Home staff on the following topics?

		<i>Select one per row</i>	
		Yes	No
a.	Collecting data, including from partners	1 <input type="radio"/>	0 <input type="radio"/>
b.	Generating and using data for reporting or performance improvement purposes	1 <input type="radio"/>	0 <input type="radio"/>
c.	Information about benefits and resources in the community after release	1 <input type="radio"/>	0 <input type="radio"/>
d.	Information about COVID prevention, testing, and vaccination	1 <input type="radio"/>	0 <input type="radio"/>
e.	Other topics (specify) <input type="text" value="(STRING 255)"/>	1 <input type="radio"/>	0 <input type="radio"/>

REO_B4.

B5. When hiring Pathway Home staff who work with participants (through internal assignment or external hiring), which qualifications did you prioritize? (Choose up to five.)

Select the top five responses

- PRIOR PERSONAL INVOLVEMENT WITH THE JUSTICE SYSTEM (SUCH AS PEOPLE WHO WERE FORMERLY INCARCERATED OR ON PAROLE OR PROBATION SUPERVISION).....1
- NO PRIOR PERSONAL INVOLVEMENT WITH THE JUSTICE SYSTEM.....2
- PRIOR EXPERIENCE WORKING WITH PEOPLE WITH CRIMINAL JUSTICE INVOLVEMENT.....3
- PRIOR EXPERIENCE WORKING IN INCARCERATION FACILITIES.....4
- PRIOR EXPERIENCE WORKING WITH EMPLOYERS.....5
- QUALITY OF PAST WORK EXPERIENCE.....6
- LENGTH OF PAST WORK EXPERIENCE.....7
- EDUCATION LEVEL AND PROFESSIONAL CERTIFICATIONS (LCSW, LCPC, ETC.).....8
- FAMILIARITY WITH NEIGHBORHOOD AND SERVICES IN THE COMMUNITY.....9
- ABILITY TO MANAGE COMPETING PRIORITIES.....10
- LENGTH OF CASE MANAGEMENT EXPERIENCE.....11
- GOOD COMMUNICATION SKILLS.....12
- ABILITY TO WORK EFFECTIVELY IN A COLLABORATIVE WORK ENVIRONMENT.....13
- GOOD CRITICAL THINKING SKILLS.....14
- ABILITY TO WORK EFFECTIVELY WITH PEOPLE FROM DIVERSE BACKGROUNDS AND WITH DIVERSE PERSPECTIVES.....15
- WILLINGNESS TO BE A STRONG ADVOCATE FOR PARTICIPANTS.....16
- WILLINGNESS TO FOSTER SELF-SUFFICIENCY IN PARTICIPANTS.....17
- SOME OTHER CHARACTERISTIC? (PLEASE SPECIFY).....99

Specify (STRING 255)

- My organization was not involved in the hiring process

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE)

[IF A8 = 2, DISPLAY: When answering this question, please consider the services provided by organization(s) you contract with to provide direct services to Pathway Home participants].

AP_B1_REV

B6. Next, we have some questions about how you recruit individuals into your program.

First, what methods are being used to inform potential participants about the services being provided under the Pathway Home grant?

Select all that apply

- FLYERS POSTED INSIDE THE FACILITY1
- INFORMATIONAL SESSIONS INSIDE THE FACILITY.....2
- INFORMATIONAL PACKETS DISTRIBUTED TO PEOPLE IN CUSTODY3
- ADS ON FACILITY VIDEO/TV CHANNELS/RADIO BROADCAST4
- WORD-OF-MOUTH FROM PAST/CURRENT PARTICIPANTS5
- RECRUITMENT EMAIL SENT TO PEOPLE IN CUSTODY6
- [PROGRAM NAME] STAFF REACH OUT TO INDIVIDUALS.....7
- CORRECTIONS STAFF TELL PEOPLE ABOUT THE PROGRAM.....8
- OTHER SERVICE PROVIDERS TELL PEOPLE ABOUT THE PROGRAM.....9
- ANOTHER WAY (PLEASE SPECIFY).....99

Specify (STRING 255)

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE)

NEW

B7. How do people in custody express interest in your program?

Select all that apply

- FILL OUT A FORM/ SIGN-UP SHEET.....1
- EMAIL.....2
- SPEAK TO A CORRECTIONS OFFICER.....3
- SPEAK TO CORRECTIONAL CASE MANAGEMENT STAFF.....4
- WALK-IN OR DIRECTLY APPROACH PROGRAM STAFF.....5
- ATTEND ORIENTATION OR INFORMATION SESSION.....6
- SOME OTHER WAY (SPECIFY).....99

(STRING 255)

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE)

REO_B7.

B8. Which of the following are sources of referrals to your program?

Select all that apply

- SELF REFERRALS FROM POTENTIAL PARTICIPANTS.....1
- INDIVIDUAL REFERRALS FROM OTHER SERVICE PROVIDERS2
- INDIVIDUAL REFERRALS FROM CORRECTIONS STAFF.....3
- FACILITY SHARES LISTS OF POTENTIALLY ELIGIBLE PEOPLE.....4
- ANOTHER SOURCE OF REFERRALS (PLEASE SPECIFY).....99

Specify (STRING 255)

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE)
DISPLAY ONLY THOSE RESPONSES SELECTED IN B8

REO_B8.

B8a. Of the referral sources you identified, which two are the most common?

Select up to two

- SELF REFERRALS FROM POTENTIAL PARTICIPANTS.....1
- INDIVIDUAL REFERRALS FROM OTHER SERVICE PROVIDERS.....2
- INDIVIDUAL REFERRALS FROM CORRECTIONS STAFF.....3
- FACILITY SHARES LISTS OF POTENTIALLY ELIGIBLE PEOPLE.....4
- [FILL FROM B8 IF SELECTED. IF BLANK, SHOW OTHER SOURCE OF REFERRALS]99

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE)

NEW.

B9. Next, do any of the following influence whether a person can enroll in the [PROGRAM NAME] program?

Select one per row

	Yes	No
a. A person's mental or physical health	1 <input type="radio"/>	0 <input type="radio"/>
b. A person's offense history or security level	1 <input type="radio"/>	0 <input type="radio"/>
c. A person's record of disciplinary infractions	1 <input type="radio"/>	0 <input type="radio"/>
d. A person's projected release date	1 <input type="radio"/>	0 <input type="radio"/>
e. The unit in which a person is housed	1 <input type="radio"/>	0 <input type="radio"/>
f. Another factor that influences access to [PROGRAM NAME] services? (Please specify the reason)	1 <input type="radio"/>	0 <input type="radio"/>
<input type="text"/> (STRING 255)		

C. PARTNERSHIPS

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE); DIRECT GRANTEES AND SUBGRANTEES ANSWER SECTION C (EXCLUDE INTERMEDIARIES)

REO_C1.

C1. The next few questions are about your partners for the Pathway Home grant.

What types of organizations are critical partners for your Pathway Home grant?

Select all that apply

- INSTITUTIONS OF HIGHER EDUCATION.....1
- CORRECTIONS AGENCIES (OTHER THAN THE FACILITIES WHERE YOUR PROGRAM OPERATES).....2
- COURTS.....3
- LEGAL SERVICE PROVIDERS.....4
- EDUCATION OR TRAINING PROVIDERS.....5
- EMPLOYERS.....6
- HEALTH CARE-RELATED ORGANIZATIONS.....7
- WORKFORCE DEVELOPMENT BOARDS OR AMERICAN JOB CENTERS.....8
- ECONOMIC DEVELOPMENT AGENCIES.....9
- HOUSING SERVICES/AGENCIES.....10
- REENTRY NETWORKS OR COUNCILS.....11
- OTHER (PLEASE SPECIFY).....99

Specify (STRING 255)

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE)

IF ORGANIZATION HAS ANY PARTNERSHIPS (IF C1 ANY =1, THEN DISPLAY C2 FOR EACH SELECTED RESPONSE IN C1)

REO_C2

C2. Of your critical partnerships, which were newly established as a result of the Pathway Home grant?

Select all that apply

- INSTITUTIONS OF HIGHER EDUCATION.....1
- CORRECTIONS AGENCIES.....2
- COURTS.....3
- LEGAL SERVICE PROVIDERS.....4
- EDUCATION OR TRAINING PROVIDERS.....5
- EMPLOYERS.....6
- HEALTH CARE-RELATED ORGANIZATIONS.....7
- WORKFORCE DEVELOPMENT BOARDS OR AMERICAN JOB CENTERS.....8
- ECONOMIC DEVELOPMENT AGENCIES.....9
- HOUSING SERVICES/AGENCIES.....10
- REENTRY NETWORKS OR COUNCILS.....11
- OTHER (PLEASE SPECIFY).....99
[FILL FROM C1 IF SELECTED OR OTHER SOURCE OF REFERRALS]
- NONE.....13

D. PROGRAM SERVICES

Next, we would like to ask you some questions about the different types of services your Pathway Home program offers to its participants.

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE)

NEW
D1a. Please indicate which of the following services are offered as part of your Pathway Home program and whether they are offered pre-release or post-release. Please include services funded through the DOL grant and other sources.

[IF A8=2, DISPLAY: When answering this question, please consider the services provided by the organization(s) you contract with to provide direct services to Pathway Home participants].

*Select all that apply
per row*

	Offered pre- release	Offered post- release
<i>REO_D1.</i>		
Education or employment services		
1. Individualized Career Plan (ICP) or Individualized Development Plan (IDP)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2. Job/Work readiness training*	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Group or individual job shadowing	1 <input type="checkbox"/>	2 <input type="checkbox"/>
4. Employment barrier identification	1 <input type="checkbox"/>	2 <input type="checkbox"/>
5. Occupational/vocational skills training	1 <input type="checkbox"/>	2 <input type="checkbox"/>
6. Career and Technical Education (CTE) that leads to an industry recognized credential	1 <input type="checkbox"/>	2 <input type="checkbox"/>
7. Work release	1 <input type="checkbox"/>	2 <input type="checkbox"/>
8. Institutional work details (e.g., kitchen detail, laundry, barbering, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
9. Job-search assistance	1 <input type="checkbox"/>	2 <input type="checkbox"/>
10. Job placement	1 <input type="checkbox"/>	2 <input type="checkbox"/>
11. Support for participants' job retention	1 <input type="checkbox"/>	2 <input type="checkbox"/>
12. Supports to employers of program participants	1 <input type="checkbox"/>	2 <input type="checkbox"/>
13. Subsidized employment	1 <input type="checkbox"/>	2 <input type="checkbox"/>
14. Subsidized training	1 <input type="checkbox"/>	2 <input type="checkbox"/>
15. Career advancement and mentoring	1 <input type="checkbox"/>	2 <input type="checkbox"/>
16. Apprenticeships	1 <input type="checkbox"/>	2 <input type="checkbox"/>
17. Adult basic education (ABE), literacy classes	1 <input type="checkbox"/>	2 <input type="checkbox"/>
18. High school education	1 <input type="checkbox"/>	2 <input type="checkbox"/>
19. General equivalency degree (GED, TASC)	1 <input type="checkbox"/>	2 <input type="checkbox"/>

20. English as a second language (ESL)

1

2

21. Post-secondary education

1

2

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE)

D1b. Please indicate which of the following services are offered as part of your Pathway Home program and whether they are offered pre-release or post-release. Please include services funded through the DOL grant and other sources.

[IF A8=2, DISPLAY: When answering this question, please consider the services provided by the organization(s) you contract with to provide direct services to Pathway Home participants].

Select all that apply per row

REO_D1.

Other services

	Offered pre-release	Offered post-release
1. Legal assistance	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2. Mental health counseling or treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Case management	1 <input type="checkbox"/>	2 <input type="checkbox"/>
4. Substance use disorder treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>
5. Medication-Assisted Treatment (MAT)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
6. Cognitive behavioral interventions	1 <input type="checkbox"/>	2 <input type="checkbox"/>
7. Housing	1 <input type="checkbox"/>	2 <input type="checkbox"/>
8. Child care	1 <input type="checkbox"/>	2 <input type="checkbox"/>
9. Help with child support payments	1 <input type="checkbox"/>	2 <input type="checkbox"/>
10. Woman-focused/sex responsive services	1 <input type="checkbox"/>	2 <input type="checkbox"/>
11. Financial assistance	1 <input type="checkbox"/>	2 <input type="checkbox"/>
12. Transportation (such as bus passes)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
13. Peer support or mentoring	1 <input type="checkbox"/>	2 <input type="checkbox"/>
14. Planning for benefits assistance (SNAP, Medicaid, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
15. Obtaining identification and/or driver's license	1 <input type="checkbox"/>	2 <input type="checkbox"/>
16. Clothing and other work supports	1 <input type="checkbox"/>	2 <input type="checkbox"/>
17. Financial incentives	1 <input type="checkbox"/>	2 <input type="checkbox"/>
18. Financial literacy	1 <input type="checkbox"/>	2 <input type="checkbox"/>
19. COVID awareness and prevention services (testing, vaccination, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>

20. Other support service (STRING 255)

1 <input type="checkbox"/>	2 <input type="checkbox"/>
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IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE)

D1c. Please indicate which of the following services are offered as part of your Pathway Home program and whether they are offered pre-release or post-release. Please include services funded through the DOL grant and other sources.

[IF A8=2, DISPLAY: When answering this question, please consider the services provided by the organization(s) you contract with to provide direct services to Pathway Home participants].

REO_D1.

Transition services

		<i>Select all that apply per row</i>	
		Offered pre-release	Offered post-release
1.	Reentry/discharge planning	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2.	Planning for post-release housing	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3.	Continuity of services pre- to post-release	1 <input type="checkbox"/>	2 <input type="checkbox"/>
4.	Coordination of information about reentry services in the community	1 <input type="checkbox"/>	2 <input type="checkbox"/>
5.	Other transition service: <input type="text"/> (STRING 255)	1 <input type="checkbox"/>	2 <input type="checkbox"/>

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE) AND A8 = 1

DISPLAY ONLY THOSE RESPONSES SELECTED IN D1A

NEW
D2a. Next, we want to know whether the service offered as part of your Pathway Home program are funded through the Pathway Home grant or other funding sources, or both.

Select all that apply
per row

	Funded through Pathway Home grant	Funded by other sources
<i>REO_D1.</i>		
Education or employment services		
1. Individualized Career Plan (ICP) or Individualized Development Plan (IDP)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2. Job/Work readiness training*	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Group or individual job shadowing	1 <input type="checkbox"/>	2 <input type="checkbox"/>
4. Employment barrier identification	1 <input type="checkbox"/>	2 <input type="checkbox"/>
5. Occupational/vocational skills training	1 <input type="checkbox"/>	2 <input type="checkbox"/>
6. Career and Technical Education (CTE) that leads to an industry recognized credential	1 <input type="checkbox"/>	2 <input type="checkbox"/>
7. Work release	1 <input type="checkbox"/>	2 <input type="checkbox"/>
8. Institutional work details (e.g., kitchen detail, laundry, barbering, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
9. Job-search assistance	1 <input type="checkbox"/>	2 <input type="checkbox"/>
10. Job placement	1 <input type="checkbox"/>	2 <input type="checkbox"/>
11. Support for participants' job retention support	1 <input type="checkbox"/>	2 <input type="checkbox"/>
12. Support for employers of program participants	1 <input type="checkbox"/>	2 <input type="checkbox"/>
13. Subsidized employment	1 <input type="checkbox"/>	2 <input type="checkbox"/>
14. Subsidized training	1 <input type="checkbox"/>	2 <input type="checkbox"/>
15. Career advancement and mentoring	1 <input type="checkbox"/>	2 <input type="checkbox"/>
16. Apprenticeships	1 <input type="checkbox"/>	2 <input type="checkbox"/>
17. Adult basic education (ABE), literacy classes	1 <input type="checkbox"/>	2 <input type="checkbox"/>
18. High school education	1 <input type="checkbox"/>	2 <input type="checkbox"/>
19. General equivalency degree (GED, TASC)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
20. English as a second language (ESL)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
21. Post-secondary education	1 <input type="checkbox"/>	2 <input type="checkbox"/>

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE) AND A8 = 1

DISPLAY ONLY THOSE RESPONSES SELECTED IN D1B

D2b. For the services offered as part of the Pathway Home program, please indicate whether they are funded through the Pathway Home grant or other funding sources. [DISPLAY ALL ITEMS SELECTED IN D1B]

Select all that apply
per row

	Funded through Pathway Home grant	Funded by other sources
<i>REO_D1.</i>		
Other services		
1. Legal assistance	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2. Mental health counseling or treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Case management	1 <input type="checkbox"/>	2 <input type="checkbox"/>
4. Substance use disorder treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>
5. Medication-Assisted Treatment (MAT)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
6. Cognitive behavioral interventions	1 <input type="checkbox"/>	2 <input type="checkbox"/>
7. Housing	1 <input type="checkbox"/>	2 <input type="checkbox"/>
8. Child care	1 <input type="checkbox"/>	2 <input type="checkbox"/>
9. Help with child support payments	1 <input type="checkbox"/>	2 <input type="checkbox"/>
10. Woman-focused/sex responsive services	1 <input type="checkbox"/>	2 <input type="checkbox"/>
11. Financial assistance	1 <input type="checkbox"/>	2 <input type="checkbox"/>
12. Transportation (such as bus passes)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
13. Peer support or mentoring	1 <input type="checkbox"/>	2 <input type="checkbox"/>
14. Planning for benefits assistance (SNAP, Medicaid, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
15. Obtaining identification and/or driver's license	1 <input type="checkbox"/>	2 <input type="checkbox"/>
16. Clothing and other work supports	1 <input type="checkbox"/>	2 <input type="checkbox"/>
17. Financial incentives	1 <input type="checkbox"/>	2 <input type="checkbox"/>
18. Financial literacy	1 <input type="checkbox"/>	2 <input type="checkbox"/>
19. COVID awareness and prevention services (testing, vaccination, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
20. Other support service <input type="text" value="(STRING 255)"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE) AND A8 = 1

DISPLAY ONLY THOSE RESPONSES SELECTED IN D1C

D2c. For the services offered as part of the Pathway Home program, please indicate whether they are funded through the Pathway Home grant or other funding sources.

Select all that apply per row

		Funded through Pathway Home grant	Funded by other sources
<i>REO_D1.</i>			
Transition services			
1.	Reentry/discharge planning	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2.	Planning for post-release housing	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3.	Continuity of services pre- to post-release	1 <input type="checkbox"/>	2 <input type="checkbox"/>
4.	Coordination of information about reentry services in the community		
5.	Other transition services <input type="text" value="(STRING 255)"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE)

D3. Please indicate whether your Pathway Home program provides any of the following types of services remotely or virtually (such as by phone, video, or other means).

[IF A8=2, DISPLAY: When answering this question, please consider the services provided by the organization(s) you contract with to provide direct services to Pathway Home participants].

Select one per row

	YES	NO
a. Education services (ABE, GED, or literacy classes)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Employment services (work readiness courses)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Occupational training services	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Case management	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Other services	1 <input type="checkbox"/>	0 <input type="checkbox"/>
<input type="text" value="(STRING 255)"/>		

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE)

REO_D2.

D4. Please indicate whether your Pathway Home program uses any of the following assessments for screening individuals before enrollment into the program, or for developing or updating Individual Development Plans (IDPs), or if you don't use any assessments in your Pathway Home program.

[IF A8=2, DISPLAY: When answering this question, please consider the assessments used by the organization(s) you contract with to provide direct services to Pathway Home participants].

Select all that apply per row

	Used for screening	Used to develop or update an IDP	Not used
Risk-assessment models			
a. Risk Needs Responsivity [HOVER DEFINITION]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Dynamic Risk and Needs Assessment [HOVER DEFINITION]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Integrated Risk and Employment Strategy [HOVER DEFINITION]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Resource Allocation and Service Matching [HOVER DEFINITION]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Other risk-assessment model (please specify) <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 5px auto;">(STRING 255)</div>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	

[HOVER DEFINITIONS:

Risk Needs Responsivity: A model that tailors services to a person's risk of reoffending and individual needs.

Dynamic Risk and Needs Assessment: An assessment that classifies individuals based on a series of dynamic risk factors (which can change over time) in addition to static risk factors. Individuals' risk levels may increase or decrease over time.

Integrated Risk and Employment Strategy: An approach that develops an individual case plan based on assessment of both criminogenic risk/needs and workforce readiness.

Resource Allocation and Service Matching: A tool that sorts individuals into four groupings based on job readiness and risk of reincarceration.]

[IF A8=2, DISPLAY: When answering this question, please consider the case management models used by the organization(s) you contract with to provide direct services to Pathway Home participants].

REQ_D3.

D5. Do you use any of the following case management models in your Pathway Home program?

Select all that apply

- POSITIVE YOUTH DEVELOPMENT.....1
- MOTIVATIONAL INTERVIEWING.....2
- COGNITIVE BEHAVIORAL THERAPY AND COACHING SUCH AS THINKING FOR A CHANGE, CBI-EMP, MRT, OR REASON AND REHABILITATION.....3
- TRAUMA-INFORMED CARE.....4
- OTHER CASE MANAGEMENT MODEL (PLEASE SPECIFY).....99
SPECIFY(STRING 255)
- NO CASE MANAGEMENT MODELS USED.....5
- DON'T KNOW.....dk

[IF A8=2, DISPLAY: When answering this question, please consider the employment program models used by the organization(s) you contract with to provide direct services to Pathway Home participants].

REO_D4.

D6. Do you use any of the following employment program models in your Pathway Home program?

Select all that apply

- SUPPORTED EMPLOYMENT [HOVER DEFINITION].....1
 - EMPLOYER-DRIVEN MODEL FOR JUSTICE-INVOLVED INDIVIDUALS [HOVER DEFINITION].....2
 - SECTORAL EMPLOYMENT AND TRAINING MODEL [HOVER DEFINITION].....3
 - ACTIVE CAREER EXPLORATION MODEL.....4
 - READY4WORK [HOVER DEFINITION].....5
 - ALLIANCE FOR CAREER PATHWAYS FRAMEWORK [HOVER DEFINITION].....6
 - TRANSITIONS TO SUCCESS [HOVER DEFINITION].....7
 - OTHER EMPLOYMENT AND TRAINING MODEL (PLEASE SPECIFY).....99
- Specify (STRING 255)
- NO EMPLOYMENT MODELS USED.....8
 - DON'T KNOW.....dk

[HOVER DEFINITIONS:

Supported Employment: An approach that helps people with mental illness and other disabilities obtain competitive work and provides the supports necessary to ensure their success in the workplace.

Employer-Driven Model for Justice-Involved Individuals: An approach that focuses on the needs and expectations of specific employers when preparing individuals for employment.

Sectoral Employment and Training Model: An approach that focuses on the needs and input of local employers in high-demand sectors.

Ready4Work: A branded intervention that provides soft skills training (such as resume writing), mentoring, job training, job placement, and case management.

Alliance for Career Pathways Framework: A framework for programs, employers, and other partners to connect progressive levels of education, training, support services, and credentials for specific occupations.

Transitions to Success: A branded intervention that treats poverty as an environmentally based medical condition by creating a coordinated system of care across healthcare, human service, government, education, and faith-based organizations.]

The next questions are about challenges you might have encountered when setting up or implementing your Pathway Home program.

[IF A8=2, DISPLAY: When answering these questions, please consider the challenges encountered by the organization(s) you contract with to provide direct services to Pathway Home participants].

REQ_D5.

D7a. Please indicate if you have experienced any of the following staff-related challenges.

		Select one per row	
		YES	NO
Staff-related challenges			
a.	Finding staff with necessary experience	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b.	Staff turnover	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c.	Competing demands on staff or administrators' time	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d.	Security clearances for staff	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e.	Staffing needs across multiple program locations	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f.	Other staff-related challenges (specify)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
<input type="text" value=""/> (STRING 255)			

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE)

REQ_D5.

D7b. Please indicate if you have experienced any of the following challenges related to your partners.

		Select one per row	
		YES	NO
Challenges related to partners			
a.	Sharing data across partners	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b.	Engaging and retaining employer partners	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c.	Engaging and retaining non-employer partners	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d.	Enrollment in partner service offerings	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e.	Other partner-related challenges (specify)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
<input type="text" value=""/> (STRING 255)			

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE)

REO_D5.

D7c. Please indicate if you have experienced any of the following challenges related to other aspects of your program.

Select one per row

	YES	NO
Other challenges		
a. Tracking participants' data, such as placements, retention, and recidivism	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Meeting federal reporting requirements	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Lack of funds or limitations on how funds can be used	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Lack of or limited nonfinancial resources (such as space or equipment)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Technological limitations in facilities (such as access to internet or virtual meeting platforms)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Navigating within the corrections culture	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Other (specify)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
<input type="text" value=""/> (STRING 255)		

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE)

REO_D5.

D7d. Please indicate which of the following have been challenging for your program in providing services pre-release.

Select one per row

Have you experienced any challenges with:	YES	NO
a. Identifying people who are potentially eligible for the program	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Recruiting and enrolling participants	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Engaging and retaining participants pre-release	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Participants' readiness for change	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Providing training services that lead to an industry recognized credential	1 <input type="checkbox"/>	0 <input type="checkbox"/>

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE)

D7e. Please indicate which of the following have been challenging for your program in providing services pre-release.

Select one per row

Have you experienced any challenges with:

- a. Accessing the facility to provide pre-release services
- b. Participants' ability to attend pre-release services
- c. Providing **employment-related** activities pre-release
- d. Providing high quality **education-related** activities pre-release
- e. Providing other supportive services pre-release (such as legal, health, or other services)
- f. Other challenges to providing services pre-release (specify)

YES	NO
1 <input type="checkbox"/>	0 <input type="checkbox"/>
1 <input type="checkbox"/>	0 <input type="checkbox"/>
1 <input type="checkbox"/>	0 <input type="checkbox"/>
1 <input type="checkbox"/>	0 <input type="checkbox"/>
1 <input type="checkbox"/>	0 <input type="checkbox"/>
1 <input type="checkbox"/>	0 <input type="checkbox"/>

(STRING 255)

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE)

REO_D5.

D7f. Please indicate which of the following have been challenging for your program in providing services post-release.

Select one per row

Have you experienced any challenges with:

- a. Engaging participants in post-release services
- b. Retaining participants in post-release services
- c. Providing high quality **education-related** activities post-release
- d. Providing access to high quality **legal** services post-release
- e. Providing access to high quality **financial support** services
- f. Providing access to high quality **health and well-being** services post-release

YES	NO
1 <input type="checkbox"/>	0 <input type="checkbox"/>
1 <input type="checkbox"/>	0 <input type="checkbox"/>
1 <input type="checkbox"/>	0 <input type="checkbox"/>
1 <input type="checkbox"/>	0 <input type="checkbox"/>
1 <input type="checkbox"/>	0 <input type="checkbox"/>
1 <input type="checkbox"/>	0 <input type="checkbox"/>

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE)

D7g. Please indicate which of the following have been challenging for your program in providing services post-release.

Select one per row

Have you experienced any challenges with:

	YES	NO
a. Providing or giving access to other important services post-release (specify) <input type="text"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Participant transportation to services or employment in the community	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Participants' placement into jobs	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Participants' retention in employment	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Participants' avoiding rearrest or reincarceration	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Other challenges to providing services post-release (specify) <input type="text"/> (STRING 255)	1 <input type="checkbox"/>	0 <input type="checkbox"/>

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE)

NEW.

D8. Did you face challenges related to any of the following?

Select one per row

	Yes	No
a. Participants access to [PROGRAM NAME] program services during lockdowns	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Participants coming to [PROGRAM NAME] workshops on time	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Allowing all eligible people in custody who expressed interest in [PROGRAM NAME] to access services	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Allowing people in custody to carry program materials with them outside of [PROGRAM NAME] workshops	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Allowing [PROGRAM NAME] staff to bring training materials into the facility	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Any other challenges? (Specify) <input type="text"/> (STRING 255)	1 <input type="checkbox"/>	0 <input type="checkbox"/>

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE) AND D8A = 1

NEW

D9. On average, how often do lockdowns restrict access to [PROGRAM NAME] services?

Select one only

- DAILY..... 1
- WEEKLY..... 2

- EVERY TWO WEEKS..... 3
- MONTHLY..... 4
- QUARTERLY..... 5
- OTHER (SPECIFY TIME PERIOD)..... 99

(STRING 255)

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE)

NEW

D10a. In your view, did the following increase, decrease, or stay the same as the result of the grant?

Select one per row

	Increased	Decreased	No change
a. Your capacity to serve justice-involved individuals pre-release	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Your capacity to serve justice-involved individuals post-release	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Your capacity to provide employment and training services pre-release	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Your relationships with local criminal justice systems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

IF GRANT TYPE = 1 (PRIMARY) OR 3 (SUBGRANTEE)

D10b. Did the following increase, decrease, or stay the same as the result of the grant?

Select one per row

	Increased	Decreased	No change
a. Your relationships with education or training institutions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Your relationships with local employers willing to hire people with criminal records	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Your relationships with the workforce system and AJCs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Other (please specify)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

(STRING 255)

E. SUSTAINABILITY

ALL

We are interested in understanding [Program Name]'s sustainability plan.

E1. Do you plan to continue offering the program after your Pathway Home grant ends?

- YES..... 1

- NO.....0
- UNSURE.....2

IF E1 = 1

YCC_H2

E2. Which of the following services do you plan to continue after the Pathway Home grant ends?

	Plan to continue offering
a. Pre-release career services	1 <input type="checkbox"/>
b. Post-release career services	2 <input type="checkbox"/>
c. Other pre-release services	3 <input type="checkbox"/>
d. Other post-release services	4 <input type="checkbox"/>
e. Transition to community services	5 <input type="checkbox"/>
f. Engagement with employers	6 <input type="checkbox"/>
g. Collaboration with correctional staff	7 <input type="checkbox"/>
h. Collaboration with parole and probation officers	8 <input type="checkbox"/>
i. Key staff positions	9 <input type="checkbox"/>
j. Other (specify)	99 <input type="checkbox"/>
<input type="text" value="(STRING 255)"/>	

[IF GRANT TYPE = 1, DISPLAY: **This concludes the survey. Thank you very much for participating.**]

F. QUESTIONS FOR INTERMEDIARIES

IF GRANT TYPE = 2 (INTERMEDIARIES ONLY FOR ALL OF SECTION F)

REO_E5.

F1. Did you specify the program model that subgrantees are supposed to use?

- YES.....1
- NO.....0

IF GRANT TYPE = 2

REO_E6.

F2. Other than assessing the eligibility requirements set by DOL, do you require your subgrantees to follow a specific intake or screening process?

- YES.....1
- NO.....0

REO_E9.

F3. Please indicate whether your organization offers technical assistance to subgrantees on the following topics:

Select all that apply

- PLANNING START-UP ACTIVITIES.....1
- HIRING AND RETAINING STAFF.....2
- OBTAINING ADDITIONAL FUNDING TO SUPPORT THE PROGRAM.....3
- WORKING WITH LOCAL CRIMINAL JUSTICE SYSTEM PARTNERS.....4
- WORKING WITH WORKFORCE PARTNERS.....5
- WORKING WITH EDUCATION PARTNERS.....6
- WORKING WITH OTHER TYPES OF PARTNERS.....7
- ENGAGING EMPLOYERS.....8
- LEGAL BARRIERS TO EMPLOYMENT.....9
- WORKING WITH JUSTICE-INVOLVED POPULATIONS ON PROSOCIAL SKILL DEVELOPMENT.....10
- MOTIVATIONAL INTERVIEWING.....11
- COGNITIVE BEHAVIORAL THERAPY.....12
- TRAUMA-INFORMED CARE.....13
- RECRUITING AND ENROLLING PARTICIPANTS.....14
- RETAINING PARTICIPANTS.....15
- IMPLEMENTING THE PROGRAM MODEL.....16
- PROVIDING SPECIFIC TYPES OF DIRECT SERVICES.....17
- PROVIDING INFORMATION ABOUT ELIGIBILITY FOR BENEFITS AND OTHER RESOURCES AFTER RELEASE.....18
- CONDUCTING FOLLOW-UP ACTIVITIES.....19
- COLLECTING DATA AND OBTAINING DATA FROM PARTNERS.....20
- GENERATING AND USING REPORTS FOR PERFORMANCE MANAGEMENT.....21
- OTHER TECHNICAL ASSISTANCE (SPECIFY).....22

Specify (STRING 255)

[IF GRANT TYPE = 2, DISPLAY: **This concludes the survey. Thank you very much for participating.**]

G. QUESTIONS FOR SUBGRANTEES

IF GRANT TYPE = 3 (SUBGRANTEES ONLY FOR ALL OF SECTION G)

REO_E9.

G1. Please indicate whether your intermediary organization has provided, or indicated that it plans to provide your organization technical assistance on the following topics:

Select all that apply

- PLANNING START-UP ACTIVITIES.....1
 - HIRING AND RETAINING STAFF.....2
 - OBTAINING ADDITIONAL FUNDING TO SUPPORT THE PROGRAM.....3
 - WORKING WITH LOCAL CRIMINAL JUSTICE SYSTEM PARTNERS.....4
 - WORKING WITH WORKFORCE PARTNERS.....5
 - WORKING WITH EDUCATION PARTNERS.....6
 - WORKING WITH OTHER TYPES OF PARTNERS.....7
 - ENGAGING EMPLOYERS.....8
 - LEGAL BARRIERS TO EMPLOYMENT.....9
 - WORKING WITH JUSTICE-INVOLVED POPULATIONS ON PROSOCIAL SKILL DEVELOPMENT.....10
 - MOTIVATIONAL INTERVIEWING.....11
 - COGNITIVE BEHAVIORAL THERAPY.....12
 - TRAUMA-INFORMED CARE.....13
 - RECRUITING AND ENROLLING PARTICIPANTS.....14
 - RETAINING PARTICIPANTS.....15
 - IMPLEMENTING THE PROGRAM MODEL.....16
 - PROVIDING SPECIFIC TYPES OF DIRECT SERVICES.....17
 - PROVIDING INFORMATION ABOUT ELIGIBILITY FOR BENEFITS AND OTHER RESOURCES AFTER RELEASE.....18
 - CONDUCTING FOLLOW-UP ACTIVITIES.....19
 - COLLECTING DATA AND OBTAINING DATA FROM PARTNERS.....20
 - GENERATING AND USING REPORTS FOR PERFORMANCE MANAGEMENT.....21
 - OTHER TECHNICAL ASSISTANCE (SPECIFY).....22
- Specify (STRING 255)
- OUR INTERMEDIARY ORGANIZATION DOES NOT OFFER TECHNICAL ASSISTANCE0

REO_E9.

G2. Please indicate whether you would like additional technical assistance on any of the following topics:

Select all that apply

- PLANNING START-UP ACTIVITIES.....1
 - HIRING AND RETAINING STAFF.....2
 - OBTAINING ADDITIONAL FUNDING TO SUPPORT THE PROGRAM.....3
 - WORKING WITH LOCAL CRIMINAL JUSTICE SYSTEM PARTNERS.....4
 - WORKING WITH WORKFORCE PARTNERS.....5
 - WORKING WITH EDUCATION PARTNERS.....6
 - WORKING WITH OTHER TYPES OF PARTNERS.....7
 - ENGAGING EMPLOYERS.....8
 - LEGAL BARRIERS TO EMPLOYMENT.....9
 - WORKING WITH JUSTICE-INVOLVED POPULATIONS ON PROSOCIAL SKILL DEVELOPMENT.....10
 - MOTIVATIONAL INTERVIEWING.....11
 - COGNITIVE BEHAVIORAL THERAPY.....12
 - TRAUMA-INFORMED CARE.....13
 - RECRUITING AND ENROLLING PARTICIPANTS.....14
 - RETAINING PARTICIPANTS.....15
 - IMPLEMENTING THE PROGRAM MODEL.....16
 - PROVIDING SPECIFIC TYPES OF DIRECT SERVICES.....17
 - PROVIDING INFORMATION ABOUT ELIGIBILITY FOR BENEFITS AND OTHER RESOURCES AFTER RELEASE.....18
 - CONDUCTING FOLLOW-UP ACTIVITIES.....19
 - COLLECTING DATA AND OBTAINING DATA FROM PARTNERS.....20
 - GENERATING AND USING REPORTS FOR PERFORMANCE MANAGEMENT.....21
 - OTHER TECHNICAL ASSISTANCE (SPECIFY).....22
- Specify (STRING 255)
- OUR INTERMEDIARY ORGANIZATION DOES NOT OFFER TECHNICAL ASSISTANCE0

[IF GRANT TYPE = 3, DISPLAY: **This concludes the survey. Thank you very much for participating.**]