

STATE TANF CASE STUDIES: CASE REVIEW GUIDE

At each program, we will review up to four participant cases with the appropriate frontline staff, such as case managers, to understand the range of participant needs, experiences with the program, services received, referrals provided, staff–participant interactions, the barriers participants face to program participation and employment, and participant outcomes. Based on criteria provided by the project team, the frontline staff person will select the following for review: two participants who have had positive program experiences and/or outcomes and two who have had less positive experiences and/or struggled to overcome barriers. We will ask the frontline staff person to remove any personally-identifiable information about the participant from the file for review. We will then walk through the case with the staff person using electronic files or other available records and asking questions to learn about the participant’s progress through the program. When possible, the participants selected for case reviews will be those with whom we conduct in-depth interviews.

Introduction

Thank you for meeting with me [US] today. My name is _____ and I am joined by my colleague, _____. We are with a company called [MATHEMATICA AND/OR MEF ASSOCIATES]. We are independent researchers assisting the U.S. Department of Health and Human Services on a study to learn about innovative programs that help low-income individuals find employment. For this study, the Department in collaboration with the research team chose 12 programs to showcase because of their innovative and promising approaches to helping Temporary Assistance for Needy Families (TANF) and other low-income individuals find and keep jobs. [PROGRAM NAME] was chosen as one of those programs because of its unique approach. We are interested in talking with you about your work with participants of the [PROGRAM].

Your participation in this study is voluntary. 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 Office of Management and Budget (OMB) control number. The number for this information collection is XXXX-XXXX and the expiration date is XX/XX/XXXX. During our conversation, anything you say will be private. We won’t use your name or any other identifying information or any identifying information about the program participant when we report the results of our study. We also won’t share what you say with [PROGRAM NAME] or any other program. You may also choose not to answer any question you do not want to answer.

I would like to record our conversation so I don’t miss anything. No one will hear the recording except for researchers and the person who transcribes it. Is it okay if I record this conversation? If you want me to turn the recorder off for any reason or at any time, just say so.

This discussion should take about 45 minutes. Do you have any questions before we begin? Do you consent to participate in this discussion? [INTERVIEWER: TURN THE RECORDER ON, SPECIFY YOUR NAME, THE RESPONDENT’S FIRST NAME, DATE, AND LOCATION]

Public Burden Statement

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 xxxx-xxxx. The time required to complete this information collection is estimated to average 45 minutes 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 to Office of Management and Budget, Paperwork Reduction Project (3045-0187), Washington, DC 20503. girley.wright@acf.hhs.gov

INTERVIEWER: Adapt the case review guide questions for each participant's status, by changing the tense of questions as appropriate. This form does not ask for any personally identifiable information about the program participant and none should be collected.

A. Participant background

1. Date entered program _____
2. Date exited program (if applicable) _____
3. Age _____
4. Sex _____
5. Marital status _____
6. Number and ages of children: _____
7. Persons living in the household and relationship to children: _____
8. Race (choose one or more):
 - a. American Indian or Alaska Native _____
 - b. Asian _____
 - c. Black or African American _____
 - d. Native Hawaiian or other Pacific Islander _____
 - e. White _____
 - f. Other _____ Specify: _____
9. Ethnicity (check one):
 - a. Hispanic, Latino, or of Spanish origin _____
 - b. Not Hispanic, Latino, nor of Spanish origin _____
10. Education level (check the highest level completed):
 - a. Did not graduate from high school _____
 - b. High school diploma _____
 - c. High school equivalency test (HiSET)/General Education Development (GED) _____
 - d. Vocational/technical/trade school _____
 - e. Some college but no degree _____
 - f. 2-year or 3-year college degree (associate's degree) _____
 - g. 4-year college degree (bachelor's degree) _____

- h. Advanced degree _____
- i. Other _____

11. Public assistance benefits currently received (check all that apply):

- a. Temporary Assistance for Needy Families (TANF) _____
- b. Supplemental Nutrition Assistance Program (SNAP) _____
- c. Women, Infants, and Children (WIC) _____
- d. Supplemental Security Income (SSI) _____
- e. Social Security Disability Insurance (SSDI) _____
- f. Public health insurance _____
- g. Subsidized housing _____
- h. Subsidized child care _____
- i. Other _____

12. Brief description of participant's work history or work-related experiences.

13. Brief description of factors that might affect the participant's employment prospects, including barriers (such as involvement in justice system, language, health issues, lack of experience) and positive factors (such as a particular skill, family supports).

14. Brief description of any other characteristics of the participant or his or her family as they pertain to this program.

B. Case management

15. How did the participant learn about the program (if known)? Was he or she referred by a program partner and, if so, which one? Was he or she recruited and, if so, from where?

16. How long have you been working with the participant?

17. What types of formal assessments were conducted (for example, health, aptitudes, needs)? When did these take place over the course of the participant's enrollment and participation?

18. What did the assessment findings indicate about the participant?

- a. What did they indicate about the appropriate types of services or supports for the participant?
- b. What did they identify as the participant's main barriers to employment, if any? To participating in the program?
- c. What did they identify as the participant's main strengths related to employment? To participating in the program?

19. Was an individual employment plan or a similar type of plan developed?

- a. What information was used to inform the original plan? How were the results from any assessments used?
 - b. What were the participant's goals when he or she entered the program? How were they considered in the plan?
 - c. Describe the basic plan set out for the participant. What services were planned to reach what goals?
 - d. Has the plan ever been updated? If so, when and in what ways?
20. How was the decision made about what services the participant would receive? Describe the process.
- a. Were the services assigned, or did the participant have the option to choose?
 - b. Explain the extent to which the package of services was tailored to the participant's goals or needs.
21. How often have you met and communicated with the participant and through which modes (for example, in person, telephone, texting)? Where do you meet (for example, agency office, participant's home)? What topics do you discuss during your meetings?
- a. Describe the participant's responsiveness to case management or coaching.

C. Employment and training services

22. Can you walk me through all the employment and training services the participant received or activities he or she has participated in as part of the program? Let's begin with the services starting after initial enrollment, and up until now.
- a. What service(s) were offered? Which did the participant take up?
 - b. What was the planned length of each service, in weeks? How many weeks did he or she participate? How many hours per week?
 - c. What type of communication, if any, did the case manager have with the provider of the service? How did they communicate? About what issues?
 - d. How was attendance information collected and reported?
 - e. Did the participant complete the service? If not, why was he or she unable to complete it?
23. If the participant received multiple services, were services sequential, simultaneous, or a combination?
- a. If sequential, how long after the participant completed the previous service did he or she begin the next?
 - b. What factors determined this sequence?
24. Has the participant's progress through the program and package of services received been similar to that of other participants? If not, how has it been different?

D. Wraparound services

25. What are the participant's child care needs?
- How are they being met?
 - What was the program's role in helping the participant access child care? [*For example, did the program provide the child care, link participant to information or resources that could help him or her identify appropriate child care options; help the participant access the child care subsidy program?*]
 - What child care–related issues has the participant faced that affect his or her ability to participate in the program and/or find and maintain employment?
 - Which of these issues has your program been able to address? How did it do so? What child care–related issues was the program unable to assist with and why?
26. What other supportive services has the participant needed or currently needs? Are these one-time or ongoing needs? [*for example, transportation assistance, clothing and supplies, help with budgeting/credit repair, eviction prevention*]
- How was the need for these supports determined?
 - How are these needs being met? Are these supports provided directly by the program or through referral and linkages with other programs and service providers?
27. What program activity, support, or wraparound services, if any, did the program provide the participant's family members, such as a partner/spouse and children? [*For each service received, ask:*]
- Tell me a little more about this service. How was the need for the service identified? What did the family member receive?
 - [*If program activity, ask*] Did the family member complete it? If not, why not?

E. Service coordination

28. Did you refer the participant to other programs or community resources?
- If so, describe the types of referrals made and how you made the referrals.
 - What services did the participant receive?
 - To what extent did you and/or other staff follow up on referrals—such as to make sure the contact was made, the participant enrolled and participated, or identify any follow-up needs?
 - Did the participant receive each and every service to which he or she was referred? How do you know? And, if he or she did not receive all services, why not?
29. What kind of information has been shared across services providers/partners about the participant, and in what ways?
- What other staff within and outside your program did you communicate with about this participant?

- b. How did you share and record information about the participant with staff within and outside your program? Did you share informally or through a system or standardized way?
 30. If the participant is receiving public assistance benefits (see Q11), did the program help in any way to connect the participant to these benefit programs or help him or her navigate the system? Describe.
 31. Did you interact with any other staff, agencies, or community organizations about the participant? What was the purpose of the interaction(s)?
- F. Participant outcomes
32. Has the participant met or made progress toward meeting his or her goal(s)?
 - a. [If YES:] Describe the progress made or milestones and goals achieved.
 - b. [If NOT:] What has gotten in the way?
 33. Is the participant still participating in the program?
 - a. [If YES:] Do you think he or she will complete the program?
 - i. If so, what do you think contributes to his or her success?
 - ii. If not, what kinds of challenges has he or she faced (or will face) that might interfere with success?
 - b. [If NO:] Did he or she complete the program? If not, describe why not, if known.
 34. Has the participant obtained a job? How are you aware of this?
 - a. If so, describe the type of job, the employer, whether the job is full time or part time, the number of hours per week, and the wage.
 - b. Is it in the participant's desired field? Is it related to the training he or she received from the program?
 - c. What role did the program play in helping the participant obtain this job? [*for example, provided job search assistance, job placement services, training in the required skills*]
 - d. What role, if any, has the program played in helping the participant stay in the job? [*for example, provided ongoing help navigating child care, helped secure transportation, helped secure new employment*]
 35. If the participant has completed or left the program, what, if any contact has the program or case manager had with the participant since then?
 - a. How many times have they met (either in person or over the phone)? What types of information was obtained from the participant and what types of issues were discussed?
 - b. Who initiated the contact? Was this part of regular program follow-up services or did the participant reach out?

- c. [If left for employment:] What type of follow-up occurred, if any, to document job retention? What types of post-employment supports were provided?
36. What types of employment and training or support services might have been useful for the participant but the program did not provide? Why could the service(s) not be provided? *[for example, not available, available but not eligible for the service even though needed]*
37. What other benefits or services does the participant need? Are there available program or community resources available to help the participant meet those needs?
38. Is there anything else we have not covered today that you would like to add?