OMB Control No:	-
Expiration Date:	1 1

This document contains the case study protocol, including in-depth interviews with participants in programs in the BEES study to better understand their circumstances, participation in training and other program activities, and their views on the program.

A. Participant In-depth interview

Introductory statement for participants: Thank you for taking the time to meet with me today. The reason we wanted to talk with you is because you are or were in a program called [BEES PROGRAM]. [BEES PROGRAM] is participating in a study of the program that we are conducting for the U.S. Department of Health and Human Services. I'm here today to learn about your background and your experience with that program. I am also interested in learning about some of the things that might make it harder or easier for you to participate in this program or to find employment. This information will help us determine what works in these programs and what could be improved, so your input is valuable to us. This discussion will take about 90 minutes, and at the end of it we will give you a \$50 gift card as a thank you.

Privacy statement: Information collected will be kept private to the extent permitted by law. The information you share with me today will be summarized and put together with information that we will gather from other clients with whom we talk. Nothing you say will ever be publicly linked to your name. I would like to record our conversation today, but that is so I do not have to take many notes and can give you my attention. If you would like to say anything off the record, just let me know and I can stop the recorder. Nothing you say will be shared with the program and will not affect your benefits in other programs. Your participation is voluntary. Do you agree to participate? Can we record the conversation?

Do you have any questions for me before we get started?

[Interviewer: Turn on the tape recorder.] Okay, I have now turned on the tape recorder. Can you confirm that you agreed to let me tape this conversation? [Interviewer: Get verbal consent to tape on the tape recording.]

[Interviewer: State your name, the respondent's first name, the location, and the date.]

The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to understand programs that aim to improve employment outcomes for low-income adults. Public reporting burden for this collection of information is estimated to average 90 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 Dan Bloom (MDRC); 200 Vesey Street, 23rd Floor, New York, NY 10281-2103.

B. Participant background

Could you start by telling me a little bit about yourself?

Probes:

- 1. How many kids do you have? How old are they?
- 2. Where do you currently live? Who else lives with you? Do the other adults living in the household work?
- 3. How long have you been in or have been receiving services from PROGRAM are you? How long do you expect to stay in or continue to receive services from PROGRAM? (What activities are completed?)

C. Educational background and employment history

Now I would like to learn more about your educational background and employment history.

Educational background

Can you tell me how much schooling and training you have had?

Probes:

- 1. What was the last grade you completed?
- 2. Did you start but not finish additional schooling? Describe.
- 3. Have you participated in any classes or training that helped you learn a skill? If so, what were they? Was it focused on a specific type of job (industry)? Did you get any credentials or certifications for these programs (not including those obtained in the program)? Describe.
- 4. Had you planned or would you like to have obtained more education or training? If so, what got in the way of doing so?

Barriers to employment

I'd like to discuss a few things that may have affected your ability to find and keep jobs.

- 5. Have you had any disabilities that have affected your ability to work? In what way?
- 6. [For substance-use treatment interventions:]. Please describe your history with treatment programs for substance use disorder.

Probes:

- What is the nature of your addiction (what type of drugs, how long)?
- How has this affected your ability to find and keep jobs?
- What other types of treatment programs have you attended?
- Are you currently taking medication (methadone, buprenorphine, naltrexone) as part of your treatment? How long have you been taking the medication?
- [If in recovery] How long have you been in recovery (ie, abstinent)?
 - 7. [For mental health-related interventions:]. Please describe your history with treatment.

Probes:

- What is the nature of your mental health condition (what type of diagnosis, how long)?
- How has this affected your ability to find and keep jobs?

- What other types of treatments have you received?
 - 8. [For justice-involvement:]. Please describe your history with justice involvement.

- Have you been convicted of a crime? Felony or misdemeanor?
- Has this affected your ability to get a job?
- Have you spent time incarcerated in jail or prison?
- If so has this affected your ability to find or keep a job? (Have you ever lost a job because you were arrested or became incarcerated?)

Employment history

Now I'd like to talk about the kinds of jobs you have had in the past.

9. Are you currently employed? If so, what kind of job do you have?

Probes:

- Where do you work?
- What are your responsibilities?
- How many hours a week do you work? Does it vary? Describe.
- How long have you had the job? Have you worked at the job regularly over the past X months/years [insert the time period the respondent indicated in the prior question]?
- Do you like the job? Do you think it is the kind of job that you could stay at and move up? Would you like to stay and move up?
- Do you have more than one job currently? If so, describe [and *determine how the respondent manages to juggle multiple jobs*]. How difficult is it to do so? Describe what an average week is like.
- Are you currently looking for a new job or additional work? Why?

If not employed, have you been looking for a job?

Probes:

- What has the job search been like for you? Do you have any support looking for a job? Ask to describe. (Is this from the program staff?)
- How much time do you spend looking for a job?
- What kind of challenges have you faced when looking for a job?
- [If not looking for a job:] What are the main reasons you aren't looking for work right now?
- 10. Before the job(s) we just discussed, were you unemployed for any period of time in the past <two years before entering this program>?
 - If so, did you experience more than one period of being unemployed or between jobs?
 For how long were you unemployed?

Probes:

• Were you looking for work during this time? If so:

OMB Control No:	
Expiration Date: ///	_

- What kinds of things made it hard to find a job?
- Did you have any help in looking for work? Describe.
- Would additional support services (such as transportation assistance or child care, or treatment for mental health or substance use issues)) have been helpful? If so, what services are the most important? Would additional assistance have been helpful? What kinds? [Probe on the level of assistance needed both on funding and amount of time needed.]
- [If not looking:] What were the main reasons you weren't looking for a job during this time?
- 11. Now let's talk about the types of jobs you had over the past two years when you were not unemployed. Can you tell me about these jobs? How many jobs did you have over this period? [If more than 3 or 4, just ask them to discuss the most recent ones.]
- 12. Why don't you start with the most recent and work back.
 - What kind of jobs did you have?

- Where did you work?
- What were your responsibilities?
- 13. How many hours a week did you work? Did it vary? Describe.

Probes:

- About how long did you have this job? How consistent was the work?
- Why did you stop working at this job? [Did the person quit or was he or she fired or laid off?] What were the main reasons for quitting or being let go?
- During this time, did you juggle more than one job at a time? If so, describe [and *determine how they managed to juggle multiple jobs*]. How difficult was it? Describe what an average week is like. What was the main reason for doing so?
- 14. Now, I'd like to ask about your experience working more generally.
- In general, what would you say is most challenging about keeping a job?
- Do you think any support services (such as transportation assistance, child care, or treatment for mental health or substance use issues) have helped you keep your job? If so, what services are the most important? Would additional assistance have been helpful? What kinds? [Probe on the level of assistance needed both on funding and amount of time needed.]
- 15. Now that we have talked about the jobs you have had, let's talk about what you might like to do. If you could have any job, what kind of job do you think would make you the happiest?

Probes:

- What kinds of things are you really good at doing?
- What do people tell you you're talented in doing?
- Have you ever tried to find a job that uses these interests/talents? Why/why not?

D. Program participation

Now I would like to talk about your experiences with the [BEES program] that you participated in.

1. Could you tell me how long ago you participated or if you currently participate in the program?

OMB Control No:	
Expiration Date: _/_/	_

- 2. How did you first hear about the program?
 - How much information did you receive about the program or evaluation? Who provided it?
- 3. Why did you decide to participate in the program? [If not mandatory (responded that they had to participate]: What attracted you to it?
- 4. Can you walk me through what happened from the point <X> told you about the program to the point when you first met with a program staffer to discuss program activities or personal goals?
 - How long was it from when you heard about the program to when you first talked to someone about starting to get training services?
 - What was the process like when you met with program staff? What did you talk about or do in your first meeting with program staff?
 - Did they ask you any additional questions to determine if you were eligible for the program? Do you know what they were looking for?
 - Did you go to an orientation meeting before agreeing to participate in the program? Was it mandatory? [Do you think you were required to go to that meeting?]
- 5. When you started the program, did you have to do an assessment [use language the program uses]? Can you tell me about that process?

- Was it mostly just conversations or did you take tests or complete forms? How many? Did you get any results? Did anyone discuss them with you? Did anything surprise you? Did the case manager discuss how the information was used to help you?
- Did they conduct an assessment of your mental health status? Of your substance use treatment needs?
- Who conducted the assessment (the case manager or someone else)?
- How long did the assessment take to complete?
- 6. After the assessment <use program name for it>, how were you assigned to activities and/or other services? Please describe this process.
 - Did you work on an employment and/or treatment plan [might have to explain what this is and use the name the program uses for it]? Describe. How much say did you have in the plan?
 - Do you know how decisions were made about what services you would receive? (Are programs very structured or do clients have choices?) Did you know about all of the program activity options available or did your case manager direct you to certain activities?
 - How much guidance or advice did you get from your case manager about choosing the services?
 - How much say did you have in the services you took part in and where you went to get services? Would you have liked more say? Did you ever disagree with any of the choices the staff suggested? If so, what happened?
- 7. Tell me more about what activities you did.
 - Did you receive treatment for any substance use problem?
 - Do you receive treatment for any mental health conditions?
 - Did you receive assistance with any other barrier that may have prevented you from working?
 - Did you receive instruction in general workplace skills such as good work habits, working in a team, working with a supervisor?

- Did you receive job skills training for a particular type of job or industry, such as training for a job in health care?
- Did you do just one type of activity or multiple activities? Describe. Did they happen at the same time or one after another?
- How long was each activity (number of days or weeks)? What were the hours of each of these activities, if applicable? How convenient were these hours?
- If you participated in training, was it in a classroom or hands on? Was it easy to understand the training? Would you have preferred the material to be presented in a different way? Describe.
- How easy or difficult was it for you to participate in the program? For example, was it easy or hard for you to get there? [Discuss the location and transportation concerns, child care, or treatment for mental health or substance use issues, or other barriers.] Was it easy or hard to work it in around your employment schedule (or other scheduled commitments)?
- Did you have to pay fees to attend your education or training programs? If so, how much did you have to pay and what did it cover? Were these fees difficult for you to pay?
- [For those who finished some training:] Did you get any type of certification or degree?
- Can you tell me about what kind of support services, if any, were offered as part of the program (for example, transportation assistance, child care, clothing allowances, financial planning, or treatment for mental health or substance use issues and so on)?

- About how much of each type did you get each week? For how long? Was there a cap on how much you could get?
- Did you have to pay additional, out-of-pocket costs for the services that you just mentioned? If so, how much? Was this difficult to do?
- Were there services after training to help you keep your job? If so, describe. For how long?
- 8. Can you tell me about your case manager and how often you talked with him or her?

Probes:

- Do you meet regularly with one particular staff member? Which staff, and for what purpose?
- What are the reasons you talk to your case manager? What kinds of things do you talk about?
- How often do you talk with this person? Do you generally contact him or her, or does he or she contact you?
- Do you mostly talk on the phone, in person, or through email? Other?
- How easy is it to get in touch with your case manager? Does he or she respond to you quickly? About how long does it take to get a response from him or her?
- [If completed training program:] Does your case manager still keep in touch?
- Have you found staff members to be helpful? What kinds of help have they or did they provide? Was there any type of help you needed that was not provided?

E. Workforce preparedness

Let's talk a little bit more about what happened after you stopped participating in the program. [Only if applicable.]

[If the respondent currently works:] Is your current job permanent or part of the program (such as on-thejob training or work experience)?

[If not part of training, ask:] Did you find this work during or right after completing the program?

- 1. What are some of the reasons you were able to get this job? Do you think you would have found or gotten this job without the [BEES program]? Why or why not?
- 2. On this job, do you use any skills you learned through the program?
- 3. Does this job cover your living expenses (food, housing, bills, and so on)? Do you need help from other programs or people to cover your expenses? About how much other assistance do you receive? [We don't need a detailed or itemized list, we just want to get some sense of the magnitude of services or payments they get to cover the shortfall.]

F. Assessing the program

Now I'd like to talk about how well the [BEES program] is meeting your needs.

- 1. Thinking about some of the struggles you had when you entered the program and where you are now, do you think the program was useful in building skills or getting you a job *(whatever the goal was)*?
- 2. We talked about some of the struggles you had with finding and keeping jobs in the past. Do you think this program helped you resolve some of these issues you had? Discuss.
- 3. What parts of the program are best or most helpful for you? In what ways? [Probe on specific types of education or training versus case management versus support services.]
 - What parts of the program could be improved to better help you find work? In what ways?
 - Do you think the level of case management and staff support was enough to help you meet your goals? How could that have been improved?
 - What additional support services could be provided to better help you complete the program? Which are the most important?
 - Are there certain skills you wish the program could help you build? Do you have ideas about what education, training, or job search activities could help with this?
 - Would you suggest others participate in the program if it's available to them?
 - Is there anything else about the program you would like to share that didn't come up already in the discussion?

G. Wrap-up

Thank you! This conversation has been very useful and we appreciate your assistance with our study. If you have any questions after today, please feel free to contact: Dan Bloom (dan.bloom@mdrc.org) or Karin Martinson (Karin_Martinson@abtassoc.com). [Note to interviewer: provide this contact information in writing as needed.]

OMB Control No:	-
Expiration Date:	/

