

## Introduction

As you may know, [ORGANIZATION] is participating in a research study as part of the Building Evidence on Employment Strategies for Low-income Families (BEES) study, funded by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services. The study will document the design and implementation of [BEES program]. ACF has contracted with MDRC, Abt Associates, and MEF Associates to conduct the evaluation.

As part of the BEES study, we are asking program staff to complete a survey to help us better understand the types of services provided as part of [BEES program]. The length of time to complete this survey will vary by person, but is expected to take about 30 minutes. Your participation in this survey is important and will help us understand more about the services provided in this program.

Your responses will be kept private and used only for research purposes. They will be combined with the responses of other staff and no individual names will be reported. Information you provide will not be shared with other program staff, including your supervisor. Only the evaluation team will have access to the information you provide through the survey.

Participation in the survey is voluntary. We hope you will choose to complete all of the questions on the survey, but you may choose to skip any question you do not feel comfortable answering.

If you have any questions about the survey, please do not hesitate to contact MDRC by calling XXX-XXX-XXXX or emailing [bees@mdrc.org](mailto:bees@mdrc.org).

Thank you in advance for your assistance in completing this survey and providing important information about the study.

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 30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: XXXX-XXXX, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Dan Bloom (MDRC); 200 Vesey Street, 23<sup>rd</sup> Floor, New York, NY 10281-2103.

**A. STAFF BACKGROUND****A1. What is your job title?**

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**A2. When did you start working for [ORGANIZATION]?**|\_|\_|/|\_|\_|  
MONTH YEAR**A3. When did you start working in the position of [title from A1] at [ORGANIZATION]?**|\_|\_|/|\_|\_|  
MONTH YEAR**A4. Please provide your employment status as a [title from A1] at [ORGANIZATION].****MARK ONE ONLY**

- 1  Full-time employee  
 2  Part-time employee  
 3  Other (Please specify) \_\_\_\_\_

**A5. Which clients do you work with in your position as a [insert title from A1]:**

- 1  Only with individuals in [BEES program]  
 2  Individuals in [BEES program] and individuals in other programs at [ORGANIZATION]  
 3  Other (Please specify) \_\_\_\_\_

**A6. What is your age?**

|\_|\_| YEARS OLD

**A7. What is your Ethnicity?****SELECT ONE OR MORE**

- 0  Not Hispanic or Latino  
 1  Hispanic or Latino

**A8. What is your race?****SELECT ONE OR MORE**

- 1  White  
 2  Black or African American  
 3  American Indian or Alaska Native  
 4  Native Hawaiian or other Pacific Islander  
 5  Asian  
 6  Other (please specify) \_\_\_\_\_

**A9. What is the highest level of education you have completed?****MARK ONE ONLY**

- 1  Less than a high school diploma
- 2  High school diploma or equivalent
- 3  Some college (no degree)
- 4  Associate's Degree
- 5  Bachelor's Degree
- 6  Master's degree
- 7  Doctoral degree or equivalent
- 8  Other (*please specify*) \_\_\_\_\_

DRAFT

**B. STAFF RESPONSIBILITIES AND CONTACT WITH PARTICIPANTS****B1. What is your primary responsibility as part of [BEES program]?****MARK ONE ONLY**

- 1  Conducting recruitment and outreach
- 2  Conducting intake and enrollment
- 3  Conducting academic or job skills assessments
- 4  Conducting mental health assessments and/or substance use assessments
- 5  Providing academic or career-oriented counseling
- 6  Providing substance use treatment or counseling
- 7  Providing mental health treatment or counseling
- 8  Providing housing assistance
- 9  Providing assistance related to justice involvement
- 10  Working with participants to address barriers to employment
- 11  Working with participants in subsidized or unpaid employment positions
- 12  Working one-on-one with participants to find jobs
- 13  Working to identify jobs for participants at employers (i.e., “job development”)
- 14  Providing occupational or vocational training
- 15  Providing group job search instruction (e.g., workshops)
- 16  Other (Please specify)

**B2. What other responsibilities do you have as part of [BEES program]?****CHECK ALL THAT APPLY**

- 1  Conducting recruitment and outreach
- 2  Conducting intake and enrollment
- 3  Conducting education or job skills assessments
- 4  Conducting mental health assessments and/or substance use assessments
- 5  Providing academic or career-oriented counseling
- 6  Providing substance use treatment or counseling
- 7  Providing mental health treatment or counseling
- 8  Providing housing assistance
- 9  Providing assistance related to justice involvement
- 10  Working with participants to address barriers to employment
- 11  Working with participants in subsidized or unpaid employment positions
- 12  Working one-on-one with participants to find jobs
- 13  Working to identify jobs for participants at employers (i.e., “job development”)
- 14  Providing occupational or vocational training
- 15  Providing group job search instruction (e.g., workshops)
- 16  Other (Please specify)

**B3. We would like to ask you more specifically about how you spend your time at [ORGANIZATION]. If you did not spend time on an activity then mark it as zero (0).**

Responsibility/task	Hours in a typical week (include options for don't know/decline to answer)
a. Conducting recruitment and outreach	
b. Conducting intake and enrollment	
c. Conducting education or job skills assessments	
d. Conducting mental health assessments and/or substance use assessments	
e. Providing academic or career-oriented counseling	
f. Providing substance use treatment or counseling	
g. Providing mental health treatment or counseling	
h. Providing housing assistance	
i. Providing assistance related to justice involvement	
j. Working with participants to address barriers to employment	
k. Working with participants in subsidized or unpaid employment positions	
l. Working one-on-one with participants to find jobs (i.e. "job search")	
m. Working to identify jobs for participants at employers (i.e., "job development")	
n. Providing occupational or vocational training	
o. Providing group job search instruction (e.g., workshops)	
p. Participating in staff trainings, staff meetings, and other administrative activities	
q. [Prefill written response from 'other' category in B1]	

**B4. How much total work experience (including your current and prior positions) do you have in performing responsibilities similar to those you carry out as part of [BEES program]?**

**MARK ONE ONLY**

- 1  Less than 1 year
- 2  1 to less than 3
- 3  3 to 5 years
- 4  More than 5 years

**B5. Have you received any formal training in the past year related to the work you are doing with participants in [BEES program]?**

- 1  Yes
- 2  No
- 3  Don't know
- 4  Decline to answer

**B6. In your position of [insert title from A3] at [ORGANIZATION] are you responsible for working with a number of participants on an ongoing basis (i.e., do you carry a "caseload")?**

- 1  Yes **GO TO B7**  
 0  No **GO TO C1**

**B7. In the past month, how many participants were on your caseload?**

|\_|\_|\_| # participants ON CASELOAD

- DON'T KNOW  
 DECLINE TO ANSWER

**B8. In the past month, how many participants on your caseload do you consider active, meaning you had regular contact with them?**

|\_|\_|\_| # active participants ON CASELOAD

- DON'T KNOW  
 DECLINE TO ANSWER

**B9. How many participants do you have contact with in a typical week? This could be in person, over the phone, by email, or via text.**

|\_|\_|\_| # participants per week

- DON'T KNOW  
 DECLINE TO ANSWER

**B10. On average, how often do you meet in person one-on-one with individual participants on your caseload?**

**MARK ONE ONLY**

- 1  Quarterly  
 2  Monthly  
 3  Weekly  
 4  Multiple times a week

**B11. What is the average length of time you spend with a participant during an in-person, one-on-one meeting?**

**MARK ONE ONLY**

- 1  Less than 15 minutes  
 2  15 or more, but less than 30 minutes  
 3  30 - 60 minutes  
 4  60+ minutes

**B12. Using a scale of 1 to 5, where 1 = No time at all and 5 = A lot of time, please indicate how you use the following methods when communicating with participants.**

SELECT ONE RESPONSE PER ROW

	NO TIME AT ALL	VERY LITTLE	SOME	QUITE A BIT	A LOT OF TIME
a. In person, one-on-one	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. In person, group session	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Over the phone	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. By email or other electronic communication	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Other method ( <i>please specify</i> )	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**C. Types of Services Provided**

This section is about the types of services your organization provides to participants in [BEES program].

**C1. Using a scale of 1 to 5, where 1 = No time at all and 5 = A lot of time, please indicate how much time you spend on each of the following activities:**

SELECT ONE RESPONSE PER ROW

	NO TIME AT ALL	VERY LITTLE	SOME	QUITE A BIT	A LOT OF TIME
<b>Providing Employment-Related Activities</b>					
a. Overseeing participants who are engaged in self-directed job search activities (where individuals search on their own for jobs)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Providing group training on job search strategies such as preparing a resume, writing cover letters, searching for jobs, and completing applications	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Conducting one-on-one sessions to review job leads and monitor job search	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Conducting one-on-one sessions to provide counseling on career and job opportunities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Providing assistance focused on “life skills” including training on communication and social skills, teamwork, and problem solving	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Providing guidance on workplace behaviors or etiquette	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Providing guidance on persisting in job search and skills needed to overcome challenges (e.g., stress, anxiety, other challenges, resilience, executive functioning)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Contacting employers to identify job needs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Identifying job openings through on-line and other (non-employer) sources	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Working directly with participants and matching them to a job based on their job skills and interests)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Identifying subsidized or unpaid work experience positions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>Addressing Mental Health, Substance Use and Other Barriers</b>					
l. Screening participants for barriers to employment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. Providing mental health counseling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. Providing assistance with substance issues or monitoring substance use treatment plans.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
o. Providing assistance with justice involvement issues or monitoring related plans	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
p. Providing assistance with housing issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
q. Assisting participants with assistance on other work-related barriers (e.g., child care, transportation, emergency assistance)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
r. Referring participants to another agency or organization for assistance with substance use, mental health, justice involvement, or housing issues.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>Monitoring Participation in Program Activities</b>					
s. Monitoring and reporting participation in employment services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
t. Monitoring and reporting participation in mental health services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
u. Monitoring and reporting participation in substance use services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

SELECT ONE RESPONSE PER ROW

	NO TIME AT ALL	VERY LITTLE	SOME	QUITE A BIT	A LOT OF TIME
v. Reengaging those who are not appropriately engaged program activities (e.g., letters, outreach calls, home visits)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
w. Carrying out noncompliance activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>Conducting Post-Employment Follow-Up</b>					
x. Following up with participants after they are placed in employment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
v. Following up with employers after participants are placed in employment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
y. Other activities ( <i>please specify</i> )	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

These questions ask about the content of the employment services provided as part of PROGRAM.

**C2. Please indicate how much emphasis, on average, is provided on the following issues during meetings with your participants:**

SELECT ONE RESPONSE PER ROW

	NO EMPHASIS	MINOR/LIMITED EMPHASIS	MODERATE EMPHASIS	MAJOR EMPHASIS
a. Resume preparation	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Job search techniques	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Use of online job search resources	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Assistance filling out job applications	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Interviewing skills/mock interviews	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Communication in the workplace	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Problem solving (work or training-related or personal)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Proper workplace behaviors	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. Handling stress and anxiety in the workplace	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j. Balancing work and family responsibilities	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
k. Review of material covered in vocational or occupational classes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
l. Career paths/next steps in pursuing vocational or occupational training	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
m. Monitoring substance use treatment plan	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
n. Providing counseling on mental health services	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
o. Providing counseling on justice involvement				
p. Providing counseling on housing issues				
q. Other ( <i>please describe</i> ):	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>



The next questions are about your overall opinions on employment activities and your organization’s practices. This is talking more broadly about the approach and philosophy of employment activities.

**C3. Thinking about all employment activities, and using a scale from 1 to 5, what would you say is the more important goal of the employment activities?**

SELECT ONE RESPONSE

<p><b>Rapid Employment</b>                  To help participants find a job as quickly as possible, even if they haven't fully addressed all barriers to finding and maintaining employment</p> <p style="text-align: center;">1 <input type="checkbox"/></p>	<p style="text-align: center;"><b>Both Equally</b></p> <p style="text-align: center;">2 <input type="checkbox"/></p> <p style="text-align: center;">3 <input type="checkbox"/></p> <p style="text-align: center;">4 <input type="checkbox"/></p>	<p><b>Addressing Barriers to Employment</b>                  To help participants address barriers that make it difficult for them to find and maintain employment, even if it takes longer for them to find a job at first</p> <p style="text-align: center;">5 <input type="checkbox"/></p>
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**C4. In your opinion, and using a scale from 1 to 5, which do you feel the more important goal of the program *should be*?**

SELECT ONE RESPONSE

<p><b>Rapid Employment</b>                  To help participants find a job as quickly as possible, even if they haven't fully addressed all barriers to finding and maintaining employment</p> <p style="text-align: center;">1 <input type="checkbox"/></p>	<p style="text-align: center;"><b>Both Equally</b></p> <p style="text-align: center;">2 <input type="checkbox"/></p> <p style="text-align: center;">3 <input type="checkbox"/></p> <p style="text-align: center;">4 <input type="checkbox"/></p>	<p><b>Addressing Barriers to Employment</b>                  To help participants address barriers that make it difficult for them to find and maintain employment, even if it takes longer for them to find a job at first</p> <p style="text-align: center;">5 <input type="checkbox"/></p>
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**D. BARRIERS TO EMPLOYMENT**

**D1. Based on your experience, how frequently do participants experience the following barriers to employment?**

SELECT ONE RESPONSE PER ROW

	NOT AT ALL	VERY LITTLE	SOME	QUITE A BIT	FREQUENTLY
<b>Human Capital</b>					
a. Limited education	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Limited prior work or volunteer experience	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Limited, if any, relevant vocational skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>Logistical Barriers</b>					
d. Child care or dependent care issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Transportation problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>Physical/Mental Health Conditions</b>					
f. Low motivation to find employment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Mental health condition(s)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Physical health condition(s)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Limited problem-solving, communication, and other types of "life skills"	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Drug and/or alcohol addiction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>Other Personal or Family Challenges</b>					
k. Learning disabilities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Intimate partner violence issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. Other domestic issues (e.g., divorce, child custody)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. Homelessness or housing problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
o. Criminal justice involvement/record	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
p. Legal problems (i.e. pending charges, court case, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>Limited Job Opportunities</b>					
q. Limited jobs overall	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
r. Limited number of jobs that match the education, skills, and abilities of participants	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
s. Limited number of good jobs (e.g., well-paying, benefits)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
t. Participant doesn't know where to find jobs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
u. Participant afraid to approach employers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>Other (please specify)</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**D2. In your opinion, does your program offer sufficient support services to participants with the following barriers?**

SELECT ONE RESPONSE PER ROW

	YES	NO	DON'T KNOW
a. Motivational issues	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Mental health issues	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Substance use issues	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. Physical health issues	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. Domestic violence issues	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
f. Other domestic issues (e.g., marital or relationship issues)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
g. Child care or dependent care issues	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
h. Transportation problems	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
i. Child behavioral issues	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
j. Homelessness or housing problems	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
k. Criminal justice involvement/record	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
l. Legal problems	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
m. Financial issues	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
n. Other ( <i>please specify</i> ):	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

## E. Program Participation

- E1. Using a scale of 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree, please indicate how much you agree or disagree with the following statements about your program:**

SELECT ONE RESPONSE PER ROW

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
<b>Monitoring</b>					
a. Staff in this program closely monitor the progress of participants	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Staff in this program learn quickly that a participant did not attend assigned activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Staff in this program learn quickly that a participant quit or lost a job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>Efforts to encourage engagement/ participation</b>					
d. Staff in this program explain program participation expectations and consequences of nonparticipation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Staff in this program use incentives to encourage participation (e.g., tokens used to buy items, extra cash, gift certificates)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Staff in this program use positive reinforcement to encourage participant participation (e.g., praise, clapping or ringing a bell when someone gets a job).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Staff in this program invoke sanctions or consequences on participants who do not participate or comply with program rules	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Staff in this program are consistent in their initiation of a consequence (e.g., same number of contacts, consistent criteria)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Staff implement consequences quickly after a participant stops participating in program services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Staff work hard to reengage participants who have not been engaged in program services activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

## Section F. Program and Organizational Performance

**F1. This first set of questions focuses on your perceptions of the quality of [BEES program].**

Using a scale of 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree, please indicate how much you agree or disagree with the following statements:

SELECT ONE RESPONSE PER ROW

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
a. Staff make an effort to get to know participants well	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Staff make an effort to learn about participants and family situations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Staff make an effort to learn about participants' career and employment goals and motivation to work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Services are tailored to meet participants' needs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Participants are matched to jobs based on their skills, abilities, and interests	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

The next questions ask about your opinions about your work place.

**F2. 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 your agency and your experiences in your position:**

SELECT ONE RESPONSE PER ROW

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
<b>Staffing</b>					
a. Frequent staff turnover is a problem for your organization/site/location.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Staff are able to spend the time needed with participants	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Staff have the skills they need to do their jobs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. The program has enough staff to meet current participants' needs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>Supervision</b>					
e. The program is managed well	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. When needed, program supervisors devote much time and attention to staff supervision	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. You have confidence in how decisions in the program are made	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. You meet frequently with supervisors about participants' needs and progress	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Staff concerns are ignored by management	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

SELECT ONE RESPONSE PER ROW

	<b>STRONGLY DISAGREE</b>	<b>SOMEWHAT DISAGREE</b>	<b>NEITHER AGREE NOR DISAGREE</b>	<b>SOMEWHAT AGREE</b>	<b>STRONGLY AGREE</b>
when making decisions about the program					
<b>Growth</b>					
j. The program encourages and supports professional growth for the staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Keeping your knowledge and skills up-to-date is a priority for you	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. You do a good job of regularly updating and improving your skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. You seek to learn new techniques or updates in the field regularly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>Satisfaction</b>					
n. You are satisfied with your present job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
o. You feel appreciated for the job you do	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
p. You would like to find a job somewhere else	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>Stress</b>					
q. A heavy staff workload reduces the effectiveness of the program	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
r. You are under too many pressures to do your job effectively	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
s. Staff frustration is common where you work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**Thank you for your time in filling out this questionnaire.**