

Appendix D.

**Interview Guide for Key Informant Interviews to
Collect Program-level Data**

Interview Guide: Program Data Collection

During site visits, researchers will interview program directors and program staff who work with each of the programs offering assistance to study participants in each intervention. The purpose of this interview is to document information about each program in the study to describe the implementation of the intervention and to measure key indicators of the programs: general information; characteristics of housing assistance for housing programs; characteristics of services; and program cost recording procedures.

This will be conducted as an in-person interview during site visits. More than one respondent will be needed in some cases to collect all of the required information. This guide will be completed for each program operating the interventions in each study site.

Program Contact Information	
Site Name:	
Program Name:	
Intervention:	<input type="checkbox"/> Subsidy only (SUB) <input type="checkbox"/> Transitional Housing (TH) <input type="checkbox"/> Rapid Re-housing (RR) <input type="checkbox"/> Usual Care (UC), other than Emergency Shelter <input type="checkbox"/> Emergency Shelter (intake point and UC provider)
Contact information	Name of key staff _____ Phone number _____ Address _____ Email _____ Web address _____
Research team contact:	
Date(s) of Interviews:	
Name(s) and title(s) of key informants interviewed:	

Section 1: General Information (This section is to be completed for all programs/all Interventions)

This section gathers general information about the program and the key informant(s) interviewed.

1. What type of organization is operating the program?
Interviewer will provide a text description of the organization type and also check the relevant items listed below. This will be used to describe the programs that are operating the study interventions.

- Public Housing Agency
- State or local government agency
- Private, non profit organization (check one of the following)
 - Single program agency
 - Agency operating many programs
 - Part of a national network such as Catholic Charities
- Other (Describe)_____

2. What is your role in the program? What are your primary responsibilities?

3. What are the organization’s principal programs and activities? These include, but are not limited to the assistance provided as part of this study. This is used to describe the participating programs. Check all that apply.

- Rental assistance (including development, management of rental properties)
- Homelessness assistance (Emergency Shelter, Transitional Housing, etc)
- Social services (emergency services, food assistance, counseling, employment services, etc.)
- Other (please describe):_____

4. What is the target population for the program? (NOTE: All programs included in the study serve homeless families, but some may also serve other target populations in addition to homeless families. If so, please describe.)

5. For what time period (e.g. calendar year, fiscal year) does your program have reports available about enrollment, program occupancy, program costs, etc? What is the start date and end date for that year? We will refer to this as the **most recent reporting period**, and many of the items covered in this interview will reference this time period.

_____ Start Date

_____ End Date

6. What are the program’s primary sources of funding? (List all)

7. How many FTE are dedicated to this program?

8. How many FTE are devoted to service provision related to homelessness assistance for this program? To derive this response, complete the staffing matrix. Later we ask about FTEs for each category of service provided by the program.

	Functions →	Program Administration	Housing Operations	Supportive Services	Annual Salary	Annual Fringe
Staff Name and Title	%FTE (sum of Admin, Housing Ops and SS)	%FTE	%FTE	%FTE	\$	\$

Program Administration refers to activities associated with accounting for the use of program funds; preparing reports for submission to HUD or other funders; program audits; and other activities associated with administering the program.

Housing Operations are activities associated with day-to-day operations of the housing facility such as maintenance, utilities, equipment, supplies, insurance, food, relocation, and furnishings. Staff time for operations does not include provision of services to program participants.

Supportive Services refers to staff time devoted to providing services to program participants, including case managers, therapists, counselors. Supportive services can include outreach, child care, employment training, job placement, case management, health care, transportation, education, vocational assessment, life skills, counseling, housing search assistance, substance use treatment, parenting skills, rent deposits, behavioral health counseling, financial literacy counseling.

8a. What is the service area or geographic jurisdiction of the program? (e.g. County, metropolitan area, city, multi-county, etc. The interviewer should describe the jurisdiction and provide the local name for the county(ies), city, metropolitan area, etc.)

9. When did the program begin operations?

Section 2: Housing Program Information

This section collects information on key characteristics of the housing assistance provided to participants in this study by each of the interventions. Separate subsections are to be completed for each of the study interventions as noted below. In some cases the same questions are asked for more than one intervention.

Section 2.A Subsidy-Only Intervention (SUB): Housing Information

10. What type of rental subsidy is provided to participants in this study?

- Tenant-based voucher used in private market
- Program unit (in public housing, project-based Section 8, tax credit property, etc.)
- Other (describe) _____

11. What is the depth of the subsidy? That is, what proportion of monthly income do residents pay towards rent? If tenant rent is not based on income, check second response below and explain.

_____ % of monthly income paid by residents

_____ Other – If rent or subsidy is fixed amount not based on income, explain:

12. Does the level of subsidy vary over time? (Describe)

13. Are there time limits on the housing subsidy? Explain.

Section 2.B Project-based Transitional Housing Intervention (PBTH): Housing Information

14. What is the total number of beds/units in the program? (*Specify Beds or Units*)

_____ Beds

_____ Units

15. Are all of the units or beds assigned to *homeless families*?

- Yes
- No

15a. If no, how many beds or units are for *homeless families*?

_____ Beds
_____ Units

16. What was your average nightly occupancy rate for the most recent reporting period? (percentage)
How do you record occupancy information?

_____ HMIS
_____ Sign in sheets
_____ Other (Describe)

17. What is the physical setting for the program; that is, how is the housing structured? For example, the housing might be in group homes, facility-based apartments, or another type of structure. Interviewer should not read the list, but use the list to code the response given.

-
- Congregate dorms (residents share bedrooms or sleeping space in one facility)
 - Group homes where families have a room or rooms but not separate kitchen or bathroom facilities
 - Motels where families have rooms and bathrooms, but not kitchen facilities
 - Facility-based apartments in a building or complex reserved for the program
 - Apartments clustered in a larger building or complex not owned or controlled by the program
 - Other settings (Describe)_____

18. What type of rental assistance is provided to participants in this study through the program?

- Program participants pay no rent while in the program (Skip to 22)
- Program participants pay rent (ask 20)

19. What is the depth of the subsidy? That is, what proportion of monthly income do residents pay towards rent? If tenant rent is not based on income, check second response below and explain.

_____ % of monthly income paid by residents

_____ Other – If rent or subsidy is fixed amount not based on income, explain:

20. Does the rent paid by participants vary over time? (For example, is rent charged only after some time in the program, or for a designated number of months, or when income reaches a certain threshold?) (Describe)

21. Are there time limits to the housing provided by the program? What is the *maximum* length of stay allowed? Explain.

22. What is the *expected* length of stay in the program?

23. When families reach the maximum length of stay allowed by the program, what typically happens next? Explain.

24. What requirements does a family have to meet to enroll in the housing program and to continue participation? Are there program rules regarding visitors, overnight guests, curfews, etc.? The interviewer will complete the following table to describe the requirements for intake/enrollment into the program, continued participation, and the program rules.

Program Requirements	Program Intake/Enrollment (Describe)	Continued Participation (Describe)
Family Composition		
Family Size		
Ages, gender of children		
Ages, gender of adults (e.g. are adult males allowed?)		
Sobriety		
How long must sobriety have been maintained?		
How is sobriety to be demonstrated		
Other Requirements (DESCRIBE)		
Program Rules		
Rules for visitors		
Rules for overnight guests		
Curfew		
Requirements to participate in services		
OTHER RULES		

Section 2.C Community-Based Rapid Re-housing Intervention (CBRR): Housing Information

25. What type of rental assistance is provided to participants in this study?

- Rent assistance provided to program participant to use in private market
- Program unit (in public housing, project-based Section 8, tax credit property, etc.)
- Other (describe) _____

26. What is the amount of rental subsidy provided to program participants in this study? This can be answered in terms of the fixed amount of the subsidy if a fixed subsidy is provided to all participants. If the rent subsidy is based on participants paying a proportion of monthly income towards rent, the response can be given in terms of percent of income paid for rent. The interviewer will need to clarify whether the amount reported is tenant contribution towards rent or the amount of the rental assistance provided by the program.

_____ % of monthly income paid by residents

_____ Other – If rent or subsidy is fixed amount not based on income, explain:

27. Does the amount of subsidy vary over time? (Describe)

28. How is the amount of rent assistance determined?

29. For what time period do participants in this study receive the rental assistance? What is the minimum length of rental assistance? What is the maximum length of assistance?

30. How does the program determine the length of assistance for families in this study? What requirements must a family meet to receive the maximum length of assistance?

31. What is the physical setting of the housing for participants in this study, for this program? Interviewer should describe the typical setting or structure of housing focusing on factors like scattered-site apartments or houses in the private market, project-based housing, etc. The interviewer will describe the typical structure for families in this study assigned to this program/intervention, by providing a text description and also a code using the list below.

- Conventional housing in private market—scattered-site apartments or houses not owned or controlled by the program
- Apartments clustered in a larger building or complex not owned or controlled by the program
- Group homes where families have a room or rooms but not separate kitchen or bathroom facilities
- Motels where families have rooms and bathrooms, but not kitchen facilities
- Facility-based apartments in a building or complex reserved for the program
- Other settings (Describe)_____

32. When the rental assistance provided by the program ends for a family, is the family permitted to remain in the same housing unit (assuming they can afford the rent) after the assistance period ends?

33. What are the typical next steps for families who receive this assistance when the maximum period of assistance is reached? Explain.

Section 2.D Emergency Shelter: Housing Information

Emergency Shelter is the location of intake for all families in the study and also is part of UC Intervention

34. What is the total number of beds/units in the program? (*Specify Beds or Units*)

_____ Beds
_____ Units

35. Are all of the units or beds assigned to *homeless families*?

- Yes
 No

35a. If no, how many beds or units are for [*homeless families*?]

_____ Beds
_____ Units

36. What was your average nightly occupancy rate for the most recent reporting period? (percentage)
How do you record occupancy information?

_____ HMIS
_____ Sign in sheets

37. What is the physical setting for the program; that is, how is the housing structured? For example, the housing might be in group homes, facility-based apartments, or another type of structure). Interviewer should not read the list, but use the list to code the response given.

-
- Congregate dorms (residents share bedrooms or sleeping space in one facility)
 Group homes where families have a room or rooms but not separate kitchen or bathroom facilities
 Motels where families have rooms and bathrooms, but not kitchen facilities
 Facility-based apartments in a building or complex reserved for the program
 Apartments clustered in a larger building or complex not owned or controlled by the program
 Other settings (Describe)_____

38. Are families housed in this program required to pay rent?

No (**SKIP TO 41**)

Yes (**ASK 40**)

39. What is the amount of rent that program participants pay while in the program? If the rent is based on income, what proportion of monthly income do residents pay towards rent? If rent is not based on income, please explain.

_____ % of monthly income paid by residents

_____ Other – If rent is fixed amount not based on income, please explain amount and how rent is calculated: _____

40. Are there time limits on the housing provided by the program? What is the **maximum** length of stay allowed? Explain.

41. What is the **expected** length of stay in the program?

42. When families reach the maximum length of stay allowed by the program, what typically happens next? Explain.

43. What requirements does a family have to meet to be served by the shelter and to continue participation? Are there program rules regarding visitors, curfews, etc.? The interviewer will complete the following table to describe the requirements for intake/enrollment into the program, continued participation, and the program rules.

Program Requirements	Program Intake/Enrollment (Describe)	Continued Participation (Describe)
Family Composition		
Family Size		
Ages, gender of children		
Ages, gender of adults (e.g. are adult males allowed?)		
Sobriety		
How long must sobriety have been maintained?		
How is sobriety to be demonstrated		
Other Requirements (DESCRIBE)		
Program Rules		
Rules for visitors		
Curfew		
Requirements to participate in services		
OTHER RULES		

Section 3: Services Information

This section collects information on key characteristics of services that are offered by programs in the study interventions. The section starts by listing all services provided by the program. Then for each service provided, the interviewer will record general information about the service (details about what is offered, information on time limits and restrictions, staffing levels, budget devoted to the service, and how the service is provided to participants in the study. The section also includes indicators of program restrictiveness, staff values and quality. **This section will be completed for all programs in all interventions, to document services offered to participants in the study through any of the study interventions.**

44. The interviewer will go through the following list of services and indicate whether the program provides each service or helps families in the study to secure it. After completing this list to indicate whether each type of service is provided, details about each type of service will be collected in Question 50.

Inventory of Services	
Type of Service by domain	Does the program provide the service or help families secure it (e.g. through referrals)?
Housing Services (services provided in conjunction with housing assistance)	
Assistance for using the housing intervention (SUB, CBRR interventions)	
Assistance obtaining rental subsidy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assistance locating housing and negotiating with landlord	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assistance with moving (expenses, furnishings, etc.)—help to settle in	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assistance with relationships with landlord and other tenants	<input type="checkbox"/> Yes <input type="checkbox"/> No
Help to maintain housing (e.g. voucher renewal, or renewal of RR rent assistance)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assistance preparing for housing after intervention ends (PBTH,CBRR, UC interventions)	
Help to secure subsidies after program ends (for temporary subsidy programs)	<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER Housing-related services (DESCRIBE)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self Sufficiency Services	
Assistance in Obtaining Public Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Education (assistance to complete education, GED instruction)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Money Management/budgeting/financial literacy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job-specific training	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-employment supports (job search assistance, job referrals)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Computer access/or computer training	<input type="checkbox"/> Yes <input type="checkbox"/> No
Post-employment supports	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assistance with childcare	<input type="checkbox"/> Yes <input type="checkbox"/> No

Inventory of Services	
Type of Service by domain	Does the program provide the service or help families secure it (e.g. through referrals)?
Assistance with transportation (e.g. bus passes)	<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER Self Sufficiency	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical and Behavioral Health	
Primary Health Care for parent / and or children	<input type="checkbox"/> Yes <input type="checkbox"/> No
On-site healthcare provided and/or clinic	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assistance with setting and/or getting to appointments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health services to parent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Storing and/or managing medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental health evaluation/assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outpatient therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trauma services to parent (e.g. Seeking Safety, TREM)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Substance Use Services to Parents	<input type="checkbox"/> Yes <input type="checkbox"/> No
12-Step programs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Motivational Interviewing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other physical and Behavioral Health (DESCRIBE)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Children's Services	
Early intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmentally appropriate childcare (or childcare vouchers)	
After school tutoring/summer program/enrolment in Head Start	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advocacy with schools, juvenile justice, DCFS and other systems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Family Life/Life Skills	
Community responsibility (e.g. house meetings, community governance, rotating tasks/chores all share responsibility for)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parenting support groups	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assistance with Daily Living (e.g. time/goal setting, day planning/scheduling)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family reunification services – e.g. supervised visitations, agreement with DHHS to be part of reunification process	<input type="checkbox"/> Yes <input type="checkbox"/> No
Opportunities for parent(s) respite	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent-Child support services (e.g. PCIT, infant mental health)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Activities or opportunities for positive family interaction (e.g. field trips, fun activities)	<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER Parent/Family Life/Life Skills (DESCRIBE)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assessment, Case Management, and Other Services	
Assessment completed at intake (<i>obtain copy of the assessment form and attach to this survey</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Inventory of Services	
Type of Service by domain	Does the program provide the service or help families secure it (e.g. through referrals)?
Assessment plans include:	<input type="checkbox"/> Yes <input type="checkbox"/> No
All family members (not just parent)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Goals and clear steps to attain the goals	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identifying strengths/resources (e.g. social supports, community connections)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assessment plans are revisited and updated at set times throughout the family's stay	<input type="checkbox"/> Yes <input type="checkbox"/> No
Services (nature and intensity) vary depending on results of assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal services related to civil or criminal matters	<input type="checkbox"/> Yes <input type="checkbox"/> No
Case managers provide:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Information/advice/counselling (e.g. address goals identified in assessment)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assistance with basic needs (food, clothing)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assistance to build support systems and community linkages	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advocacy for family to navigate systems (e.g. juvenile justice, healthcare)	<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER Assessment/Case Management Service (DESCRIBE)	<input type="checkbox"/> Yes <input type="checkbox"/> No

45. Complete the following table for all services provided by the program or offered to families through referrals. That is, for all “Yes” responses in 49, complete the following table. Additional columns and space will be added as needed to allow interviewers to record information for all services.

A t t r i b u t e s o f E a c h S e r v i c e P r o v i d e d	Service 1	Service 2	Service 3	Service 4
S e r v i c e T y p e	Specify Service Type _____	Specify Service Type _____	Specify Service Type Type_____	Specify Service Type Type_____
Service Attributes				

A t t r i b u t e s o f E a c h S e r v i c e P r o v i d e d				
	Service 1	Service 2	Service 3	Service 4
45a. W h e r e/ H o w i s s e r v i c e p r o v i d e d ? O n s i t e ; o f f - s i t e b	<input type="checkbox"/> On site by program's staff <input type="checkbox"/> On site by another agency's staff (agency name) <input type="checkbox"/> Off site, dedicated (agency name) <input type="checkbox"/> Referral <input type="checkbox"/> Other (describe) _____ _____	<input type="checkbox"/> On site by program's staff <input type="checkbox"/> On site by another agency's staff (agency name) <input type="checkbox"/> Off site, dedicated (agency name) <input type="checkbox"/> Referral <input type="checkbox"/> Other (describe) _____ _____	<input type="checkbox"/> On site by program's staff <input type="checkbox"/> On site by another agency's staff (agency name) <input type="checkbox"/> Off site, dedicated (agency name) <input type="checkbox"/> Referral <input type="checkbox"/> Other (describe) _____ _____	<input type="checkbox"/> On site by program's staff <input type="checkbox"/> On site by another agency's staff (agency name) <input type="checkbox"/> Off site, dedicated (agency name) <input type="checkbox"/> Referral <input type="checkbox"/> Other (describe) _____ _____

A t t r i b u t e s o f E a c h S e r v i c e P r o v i d e d				
	Service 1	Service 2	Service 3	Service 4
45b. D o e s t h e p r o g r a m e n s u r e t h a t t h e f a m i l y r e c e i v e s t h e s				

Attributes of Each Service Provider	Service 1	Service 2	Service 3	Service 4
45c. Are the costs of providing these services recorded in the				

Attributes of Each Service Provider	Service 1	Service 2	Service 3	Service 4
45d. What is expected length of service receipt or involvement				

Attributes of Each Service Provider	Service 1	Service 2	Service 3	Service 4
45e. What is the expected or typical frequency of service				

Attributes of Each Service Provided	Service 1	Service 2	Service 3	Service 4
	45f. Is there a maximum length of involvement for these services			

Attributes of Each Service Provider	Service 1	Service 2	Service 3	Service 4
45g. What is the approximate capacity of the program for				

A t t r i b u t e s o f E a c h S e r v i c e P r o v i d e d	Service 1	Service 2	Service 3	Service 4
45h. W h a t p e r c e n t a g e o f p e r s o n s i n t h e [P R O G R A M N A				

A t t r i b u t e s o f E a c h S e r v i c e P r o v i d e d				
45i. H o w m a n y f a m i l i e s w e r e s e r v e d i n t h e m o s t r e c e n t	Service 1	Service 2	Service 3	Service 4

A t t r i b u t e s o f E a c h S e r v i c e P r o v i d e d				
	Service 1	Service 2	Service 3	Service 4
45j. S t a f f i n g . H o w m a n y F T E s a r e u s e d t o p r o v i d e t h i s				

Attributes of Each Service Provider	Service 1	Service 2	Service 3	Service 4
45k. What restriction does the program place on families				

A t t r i b u t e s o f E a c h S e r v i c e P r o v i d e d				
45l. W h a t t y p e o f a s s e s s m e n t i s d o n e f o r f a m i l i e s p r i o	Service 1	Service 2	Service 3	Service 4

A t t r i b u t e s o f E a c h S e r v i c e P r o v i d e d				
	Service 1	Service 2	Service 3	Service 4
45m. D o e s t h e i n t e n s i t y o r n a t u r e o f s e r v i c e s p r o v i d e d				

46. Next, the site visitor will assess indicators of programs that will be used to establish a quality index for each program offering intervention assistance in this study. Complete the following matrix to describe these program indicators.

Program Indicators	Description/examples
Workforce Dimensions	
46a. Staff Support	
Staff are salaried professionals (trained/licensed) and/or have necessary experience	
Staff have experience working with families experiencing homelessness and are trauma-informed	
Specialized training on homelessness is provided	
Staff salaries (to determine if competitive)	
Supervision structure for staff	
Staff/client ratio	
46b. Staff Composition	
Staff with clinical skills?	
Licensing of staff	
Staff have experience in human services?	
Staff are diverse (gender/race/language/cultural skills)	
Services structure	
What training is provided to program staff?	
What licensing, if any, is required of program staff?	
Is specialized training offered to program staff who have or have not experienced homelessness themselves?	
46c. Service Delivery	
Program assures that families receive the services that are offered	
46d. Services Principles	
Services are structured on principles accepted as best practices in the field	
Program attempts to ensure fidelity to service models	
46e. Treatment Planning	
Goals are explicit (not vague)	
Monitoring is ongoing throughout the provision of the service	
Clear mechanisms for change are identified	
Careful and skilled monitoring of family progress is	

Program Indicators	Description/examples
provided	
46f. Assessments	
Program assessments are comprehensive (include children's education/well-being, self-sufficiency, mental health, etc.)	
Assessments are clear and easy for families to understand	
Assessments are revisited during the stay/during the service period	
Family Focus	
46g. Child-focused	
Program conducts developmental assessments of all children	
Program assists in enrollment in developmentally appropriate childcare, HeadStart, or school programs	
46h. Attends to the Needs of the Parent	
Offers parent(s) opportunity for respite	
Offers parenting education/skill development	
Program trauma-informed services (describe)	
46i. Focus on Family as a Unit	
Provides opportunities for positive interactions between parent(s) and child(ren)	
Takes into account family separation	
Includes all family members in the assessment plan	
Reinforces family's strengths, resources and traditions	
Uses advocates to help families navigate and interact with service systems	
Helps identify and reinforce ways for the family to support each other	

Section 4: Program Restrictiveness/Tolerance

This section collects information that will be used to assess the restrictiveness of the program. These items will provide a measure of the degree to which deviant behavior is tolerated by the program.

47. The site visitor will ask program staff to rate disruptive behaviors on a four-point scale to indicate whether the behavior is allowed, tolerated, discouraged, or prohibited in the program. This information will be collected from program staff who interact directly with participants rather than program directors. Program staff will be given a paper copy of the chart below and asked to rate each item anonymously. This will be done as part of a program staff meeting or other venue during the site visit.

Response code definitions

- 1 = Allowed means this kind of behavior is expected and no special attempt is made to change it
- 2 = Tolerated means this kind of behavior is expected, but an effort is made to encourage the individual to function better or more appropriately
- 3 = Discouraged means an attempt is made to discourage or try to stop this behavior
- 4 = Intolerable means a person who persists in this type of behavior will probably have to move out

Program Restrictiveness				
Activity	1=Allowed	2=Tolerated	3=Discouraged	4=Intolerable
A parent fails to cooperate with a treatment plan				
A parent creates a disturbance, being noisy or boisterous				
A parent gets drunk				
A parent uses illegal substances				
A parent verbally threatens another resident				
A parent pilfers or steals others' belongings				
A parent violates curfew or guest rules				
A parent physically attacks another resident or staff member				
A parent fails to provide proper supervision to her/his child				
A child refuses to participate in program activities				
A child creates a disturbance, being noisy or boisterous				
A child uses alcohol				
A child uses illegal substances				
A child verbally threatens another child				
A child pilfers or steals others' belongings				

Program Restrictiveness				
Activity	1=Allowed	2=Tolerated	3=Discouraged	4=Intolerable
A child violates curfew or guest rules				
A child physically attacks another resident or staff member				

Section 4: Staff Values

This section collects information on the values of program staff (not program directors or manager) regarding serving families who are homeless. Similar to question 52, program staff will be asked to rate each item by completing a paper copy of the chart below. Program staff will provide their responses anonymously.

48. Each staff person will indicate whether they strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with each of the following statements about homeless families.

Staff Values					
Homeless families...	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
48a. Require structure and supervision to put their lives in order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48b. Will be better able to address other problems after they have stable housing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48c. Need to develop living skills prior to living independently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48d. Have a right to choice in all aspects of their treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48e. Need staff support to make wise choices regarding their lives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48f. Can maintain independent housing without supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48g. Need to be clean and sober for a period of time before they can live independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48h. Have a right to independent housing, regardless of any problems they may have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48i. Need to be stabilized before they are ready to live in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48j. Should be permitted to refuse treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5: Cost Data Reporting

This section collects information on reporting procedures and records of program costs for the housing and services provided by the study interventions. These questions will be asked of all programs in all interventions, except as noted below. Detailed cost data will be collected during the follow-up period while follow-up interviewing is taking place with program participants. A separate protocol for collecting cost data from participating programs will be developed and submitted for OMB review with the modified supporting statement.

49. What types of records does the program use to record costs of housing and services provided to participants in this study? Please obtain a list of all reports, records, and documents. Examples could be end of year financial statements, general ledger, program expenditure reports, etc. Obtain the names of these documents and the contact persons at the program most knowledgeable about these records. Also ask the respondent to explain when the completed reports will be available for the time period relevant to this study (the time during which study participants receive assistance from the program, approximately 12-18 months following random assignment).

Name of cost data source	Contact Person at the program with knowledge about the data source (Name, phone number and email)	Approximate date by which complete information will become available for the time period of interest to the study. When the precise time period is known for each site, the interview guide will be updated to reference the pertinent time period for cost data.

Section 5.1: Housing/Facility Costs for TH Programs

50. Does the leasing cost appear in the program's operating budget?
- Yes
- No. Please explain where this information is recorded.
-

51. Do the leasing costs or other line items in the program budget cover all of the facility operating costs (e.g., *utilities costs, taxes, insurance, trash removal, security, maintenance*) or are some of the costs paid for directly by the owner or by another entity?

- Agency pays all facility costs
- Another entity pays some of facility costs. Please explain how to find these amounts.

Name of agency/entity_____

Contact information_____

52. Is this a subsidized lease—that is, is the owner leasing the property to you at below its market value?

- Yes. Who can I speak with about the amount of subsidy provided by this below-market lease?

Name of agency/entity_____

Contact information_____

- No

53. Do all of the facility operating costs (e.g., *utilities costs, taxes, insurance, trash removal, security, maintenance*) for the space appear in the program’s operating budget?

- Yes

- No or not all. Who can I speak with about the operating costs that do not appear in your budget?

Name of agency/entity_____

Contact information_____

Ask Question 54 for all TH programs and all RR intervention programs.

54. Do client rent payments appear in the program’s operating budget as program revenue/income?

- Yes

- No. Where are these amounts recorded?_____

Section 5.2: Services Costs (To be asked of all programs in all interventions)

55. For services that are in the budget of *[name of program]*, are they in the operating budget or annual financial statement that you have provided/will provide?

56. For services that are part of the program but are paid for by someone else, how can we locate information on the costs of these services for participants in the study? (*List services from Column 2 of the table and get contact information for each service if you don't already have it.*)

Name of Service	Provider Agency	Contact Person	Phone Number	E-mail