

DOCUMENTATION FOR THE GENERIC CLEARANCE FOR THE COLLECTION OF QUALITATIVE RESEARCH & ASSESSMENT

TITLE OF INFORMATION COLLECTION: Virtual Human Service Delivery under COVID-19: Scan of Implementation and Lessons Learned

INTERVIEWS

SMALL DISCUSSION GROUPS

FOCUS GROUPS

QUESTIONNAIRES

OTHER (EXPLAIN:)

DESCRIPTION OF THIS SPECIFIC COLLECTION

- 1. Intended purpose:** The qualitative data collected for this scan will help ASPE understand preliminary lessons learned about delivering essential human services virtually—that is via videoconferencing, telephone, text, email, instant messaging, web, etc. (i.e. not in person). ASPE hopes to document implementation, and identify and leverage preliminary lessons learned from the extensive transition to virtual services in Spring 2020 due to the COVID-19 pandemic and related state and local public health orders. We are particularly interested in perceptions related to effectiveness—where there is an understanding that services (including different service components) are delivered better, as well, or less well virtually than in person, and why.
- 2. Need for the collection:** In Spring 2020, human services agencies across the country made a rapid switch from a general emphasis on in-person service delivery to virtual service delivery due to the COVID-19 pandemic and related state and local public health orders. While substantial research has been conducted on tele-*health*, there is little research about tele-*human services* (Waters, Winston, and Ghertner 2020). This exploratory study can document the experiences of a purposively selected sample of human service agencies with tele-service delivery, suggest possible lessons for providing these services via virtual methods in the future, offer information on potentially promising approaches to virtual delivery of these services, and identify key topics for future research by HHS and other stakeholders.
- 3. Planned use of the data:** Data will be used to illuminate the policies, practices, and perceptions among stakeholders participating in a variety of human services programs about their experience with a virtual service delivery system during spring/summer 2020, and ongoing use of virtual methods for human services. It is expected to suggest priorities for future research.
- 4. Date(s) and location(s):** Semi-structured discussions by telephone or video will be conducted with human services staff in approximately 18 programs within about 6 states (about three programs in each state). Semi-structured focus groups with persons with lived experience (program participants) in selected program sites will also be conducted by videoconference or by phone. ASPE staff will consult with federal staff at HHS program offices, including in the Administration for Children and Families and Health Resources and Services Administration, to identify programs and states in which local sites appear to be

taking innovative approaches to virtual service. We expect to purposively select about three (two to four) programs within each state. Tentatively we have identified California, Colorado, Ohio, Iowa, New York, South Carolina, West Virginia, and Wisconsin as potential study states, and anticipate selecting six, with two alternates in case others decline to participate. We expect to speak with state, local, tribal, and community stakeholders in programs potentially including—but not limited to—child welfare/foster care, Temporary Assistance for Needy Families (TANF), early learning and development (e.g. Head Start), home visiting, and family strengthening. We anticipate conducting these discussions in June through August 2020.

5. **Collection procedures:** Telephone or video semi-structured interviews and focus groups using videoconferencing or telephone.
6. **Number of collections (e.g., focus groups, surveys, sessions):** Interviews with a total of 72 key informants across an estimated 18 programs in 6 states (several may be small group discussions rather than individual, depending on recruitment, scheduling issues, and key informant preferences). Approximately six focus groups, with approximately seven participants per group.
7. **Description of respondents/participants:** Qualitative semi-structured discussions will be conducted with agency and program administrative and frontline staff, as well as individuals with lived experience with virtual human services delivery in specific programs (i.e. adult and young adult (i.e. over age 18) participants in a range of programs).
8. **Description of how results will be used:** Information from the qualitative data collection will be used to provide examples of the policies, practices, and perceptions associated with human services programs’ use of virtual service delivery approaches, and program stakeholders’ expectations for use of virtual service delivery into the future. Results will also be used to identify potential future research questions.
9. **Description of how results will or will not be disseminated and why or why not:** Results will be incorporated into a research brief on the topic of virtual human services delivery—documenting its implementation during the pandemic, preliminary lessons learned from this experience, and plans for its future use in the delivery of program services.

AMOUNT OF ANY PROPOSED STIPEND OR INCENTIVE: Focus group participants (i.e. clients in programs being studied) will receive a \$25 gift card that will signal respect for their time and the value of their insights. No incentives will be provided to professional respondents (state, local, Tribal, or community administrative staff, or front line staff in agencies or community organizations).

BURDEN HOUR COMPUTATION (*Number of responses (X) estimated response or participation time in minutes (/60) = annual burden hours*):

| Category of Respondent | No. of Respondents | Participation Time | Burden |
|--|--------------------|--------------------|----------|
| State, local, tribal, or community human | 36 | 60 minutes | 36 hours |

| | | | |
|--|------------|------------|------------------|
| services program administrators or managers | | | |
| State, local, tribal, or community human services program front line staff | 36 | 60 minutes | 36 hours |
| Adult or young adult program clients | 42 | 90 minutes | 63 hours |
| Total | 114 | - | 135 hours |

BURDEN COST COMPUTATION

| Category of Respondent | No. of Respondents | Hourly Rate | Response Time | Total |
|--|---------------------------|--------------------|----------------------|------------------|
| State, local, tribal, or community human services program administrators | 36 | \$35.05 | 1 hour | \$1261.80 |
| State, local, tribal, or community human services program front line staff | 36 | \$24.27 | 1 hour | \$873.72 |
| Adult or young adult program clients | 42 | \$15.03 | 1.5 hour | \$946.89 |
| Total | 114 | | 135 hours | \$3082.41 |

OTHER SUPPORTING INFORMATION

REQUESTED APPROVAL DATE: June 15, 2020

NAME OF CONTACT PERSON: Pamela Winston, Social Science Analyst

TELEPHONE NUMBER: 202-774-4952

DEPARTMENT/OFFICE/BUREAU: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Division of Data and Technical Analysis