Appendix B: Service Coordinators Survey

Public Burden Statement

The public reporting burden for this information collection is estimated to be one half hour. You are not required to respond to this collection of information unless a valid OMB control number is displayed.

OMB Number: (XXXX-XXXX)

Expiration Date:

Introduction & Consent Language

The purpose of this research is to understand the characteristics, interaction with public housing authorities (PHAs), and activities of ROSS Service Coordinator (ROSS-SC). {Grantee} received a ROSS-SC grant from the U.S. Department of Housing and Urban Development (HUD) in order to fund your efforts to help their public housing residents attain economic and housing self-sufficiency, or to age-in-place and maintain independent living. This survey asks you for details about:

1. The role and activities of your current position as a service coordinator;
2. Characteristics and needs of the residents you serve;
3. How you interact with these residents;
4. The local service providers you work with in your role; and
5. The types of support you receive from {grantee}.

Your responses will provide us with information on the type of work done by Service Coordinators, and will help us accurately represent the scope of Service Coordinators' work in our report to HUD.

The survey consists of 78 questions and should take about 30 minutes to complete. Your participation in this survey is entirely voluntary. Your refusal to participate will not affect your program's funding or your employment as a Service Coordinator. You may also discontinue the survey at any time with no penalty.

The risks to participating are minimal; we will report the results in aggregate, and neither your name nor the name of your employer will be used in any reporting. HUD will receive a copy of the survey responses with all personally identifying information removed so that your responses cannot be connected to you. All information will be kept private to the extent

permitted by law. For questions or concerns, please contact Chris Hayes at 202-261-5650 or chayes@urban.org.

I understand the above information and consent to participate in the survey.

1. Yes
2. No [exits survey]

Section 1: Current Position as Service Coordinator

This section asks about your individual tenure and work schedule in your current role as Service Coordinator for {grantee}.

1. How many months have you worked in your current position as Service Coordinator?
    1. Fewer than 6 months
    2. 7-12 months
    3. 12-24 months
    4. More than 24 months
    5. Don't know
    6. Prefer not to answer
2. On average, how many hours per week do you work for the ROSS-SC program?
    1. Fewer than 20 hours per week
    2. Between 20 and 34 hours per week
    3. 35 hours per week or more
    4. Don't know
    5. Prefer not to answer

Section 2: Service Coordinator Activities

This section asks about the residents you serve and your responsibilities in your role as a Service Coordinator.

3. About how many residents do you currently serve in your role as a ROSS service coordinator?
    1. Fewer than 25
    2. 26-50
    3. 51-100
    4. 101-150
    5. More than 150
    6. Don't know
    7. Prefer not to answer
4. How many individual residents come to you every month to receive any type of assistance, on average?
    1. Fewer than 10
    2. 10-20
    3. 21-30
    4. 31-40
    5. 41-50
    6. More than 50
    7. Don't know
    8. Prefer not to answer

5. On average, how often do you meet with the residents who you meet with at least once a month?
    1. Two to three times a week
    2. At least once a week
    3. At least once every two weeks
    4. Intermittently or as needed
    5. Don't know
    6. Prefer not to answer

6. How long do meetings with residents typically last?
    1. Less than 15 minutes
    2. 15-30 minutes
    3. 30-45 minutes
    4. 45-60 minutes
    5. More than 60 minutes
    6. Don't know
    7. Prefer not to answer

7. Where do you meet with residents? Select all that apply.
    1. In the resident's home
    2. In an office located in the public housing development
    3. In an office or other space located in the same neighborhood
    4. In an office or other space located in a different neighborhood
    5. Don't know
    6. Prefer not to answer

8. Does your organization have a Local Program Coordinating Committee (PCC) or something similar? The purpose of a PCC is to secure public and private resources to support ROSS-SC by establishing a network of advisors and service providers. The PCC may include representatives from the PHA, public housing residents, local government, local service providers, and/or local employers.
    1. Yes
    2. No
    3. Don't know
    4. Prefer not to answer

(If Q8 is answered "No" or "Don't Know", skip to question Q11)

9. How frequently does the PCC schedule meetings? Please consider both meetings attended by all members of the PCC, as well as those attended by a smaller number of members who are available.
    1. More than once a month
    2. Monthly

3. Every other month
4. Quarterly
5. Annually
6. Intermittently or as needed
7. Other
8. Don't know
9. Prefer not to answer

10. How effective is the PCC in helping {grantee} achieve its goals?
    1. Very effective
    2. Somewhat effective
    3. Not at all effective
    4. Don't know
    5. Prefer not to answer

11. Which of the following functions are you performing as a service coordinator? Select all that apply.
    1. Organizing a Local Program Coordinating Committee
    2. Marketing the program to residents
    3. Coordinating services on behalf of individual residents
    4. Overseeing the routine delivery of services
    5. Ensuring quality of services delivered
    6. Coordinating educational events related to self-sufficiency topics
    7. Encouraging residents to build informal self-sufficiency support networks
    8. Supporting community-based groups to support self-sufficiency efforts
    9. Tracking service provision
    10. Reporting to HUD the progress of residents enrolled in the program
    11. Documenting overall program performance

12. Have you assisted families in resolving any of the following issues that require immediate attention? That is, issues that had to be addressed that day? Select all that apply.
    1. Eviction prevention
    2. Domestic violence
    3. Food insecurity
    4. Property management/ maintenance
    5. Providing transportation to appointments
    6. Childcare
    7. Health emergencies
    8. Drug-related emergencies
    9. Working with child protective services
    10. Other immediate/emergency problems (specify)

Section 3: Eligible resident characteristics and needs

This section asks about the type of people you serve and their service needs.

13. What types of residents live at the property (or properties) you serve? Select all that apply.
    1. Single occupants
    2. Working-age families without children
    3. Working-age families with children
    4. Senior or elderly residents
    5. Non-elderly residents with disabilities
    6. Other (Please specify)
14. What types of people do you target for ROSS-SC? Select all that apply.
    1. Elderly residents
    2. Families with children
    3. Residents with physical disabilities
    4. Residents with mental health needs
    5. Unemployed residents
    6. Working residents
    7. Non-English-speaking residents
    8. Other (Please specify)
15. Do you serve disabled residents for ROSS-SC?
    1. Yes
    2. No
    3. Don't know
    4. Prefer not to answer

(If Q15 is answered "No", "Don't know" or "Prefer not to answer", skip to Q17}

16. What proportion of your disabled clients are non-elderly, disabled?
    1. All or nearly all
    2. More than three quarters of your disabled clients
    3. More than half but less than three-quarters of your disabled clients
    4. Less than half of your disabled clients
    5. Don't know
    6. Prefer not to answer
17. What proportion of residents eligible to receive services don't speak English?
    1. 1-25%
    2. 26-50%
    3. 51-75%
    4. 76-100%
    5. Don't know

6. Prefer not to answer

18. What provisions do you make for serving non-English-speaking residents? Select all that apply.
    1. {Grantee} staff provide translation services
    2. Partner organization provides translation services
    3. Service coordinators (including yourself) are multi-lingual
    4. Partner organizations providing self-sufficiency services specialize in serving non-English-speaking clients
    5. Other (Please specify)

For each of the following potential service areas, please indicate whether it is one of the needs of your target population. Note that we are not asking whether {grantee} or its partners provide the service.

	Yes	No	Don't know	Prefer not to answer
19. Employment services, such as job training and placement assistance, provision of professional clothing, or career planning				
20. Education services, such as GED training programs, technical education/ job skills training, soft skills training				
21. Financial education services, such as financial coaching or money management				
22. Child or family services, such as childcare, early childhood education, or parenting guidance				
23. Services for youth or older children, such as extracurricular activities, providing programming for youth to develop social skills, leadership programming				
24. Healthcare services, such as healthcare coordination, nutrition education, or wellness programs				
25. Mental health or behavioral services				
26. Community services, such as good neighbor programs and community safety coordination				
27. Services for seniors or people with disabilities, such as transportation, meal provision, homemaker				

assistance, or personal care				
28. Other services (specify) _____ ___				

Section 4: Assessment/intake processes

This section asks about how you interact with the residents you currently serve.

29. What types of residents are most likely to use services? Select all that apply.
    1. Elderly residents
    2. Single parent families
    3. Families with children
    4. Residents with physical disabilities
    5. Residents with mental health needs
    6. Unemployed residents
    7. Working residents
    8. Non-English-speaking residents
30. How do you know if a resident needs help? Select all that apply.
    1. Direct community outreach
    2. Neighbor referral
    3. Information from property managers
    4. Information from service provider at a property
    5. Information from a service provider not operating at the property
    6. Information from {grantee}
    7. Informal assessment
    8. Formal intake assessment
    9. Other (please specify)
31. How often do you conduct a formal assessment of participants?
    1. Only at intake
    2. Monthly
    3. Semi-annually
    4. Annually
    5. Other
    6. Don't know
    7. Prefer not to answer

32. What share of participants has a formal intake assessment?
    1. All participants
    2. Most participants
    3. Some participants
    4. None of the participants
    5. Don't know
    6. Prefer not to answer
33. Do you use Individual Training Service Plans (ITSPs), which are intended to help residents identify actions needed to become self-sufficient?
    1. Yes
    2. No
    3. Don't know
    4. Prefer not to answer
    (If Q33 is answered "No". "Don't know" or "Prefer not to answer", skip to Q38)

34. How do you use Individual Training Service Plans (ITSPs)? Select all that apply.
    1. To identify resident needs
    2. To direct residents to available services
    3. To track resident engagement with service providers
    4. To help residents set personal goals
    5. To track resident progress toward goals
    6. Other (please specify)
35. In your estimation, what share of residents has an Individual Training Service Plan?
    1. All participants
    2. Most participants
    3. Some participants
    4. None of the participants
    5. Don't know
    6. Prefer not to answer
36. How effective are Individual Training Service Plans in assisting participants with their goals?
    1. Very effective
    2. Effective
    3. Ineffective
    4. Very ineffective
    5. Don't know
    6. Prefer not to answer

37. For which type(s) of residents do the Individual Training Service Plans help obtain the services they need? Select all that apply.
    1. Elderly residents
    2. Single parent families
    3. Families with children
    4. Residents with physical disabilities
    5. Residents with mental health needs
    6. Unemployed residents
    7. Working residents
    8. Non-English-speaking residents

Section 5: Participant Outcomes

This section asks about how you track your interactions with engaged residents.

38. How do you track client interactions?
    1. Paper records
    2. Spreadsheets
    3. Off-the-shelf case management software (Please specify)
    4. Custom-design case management software
    5. Other (please specify)
    6. Don't know
    7. Prefer not to answer

Please indicate whether you track resident outcomes in each of the following categories.

Outcome	Yes	No	Don't know	Prefer not to answer
39. **Adult educational outcomes, such as getting a GED, college acceptance, completing college courses, getting a college degree**				
40. **Child educational outcomes, such as HS graduation, improved grades, college enrollment**				
41. **Employment outcomes, such as finding a job, finding a full-time job, keeping a job for a certain length of time, earning a promotion**				
42. **Housing outcomes, such as avoiding eviction, decrease in**				

lease violations, moving to non-subsidized housing				
43. **Health outcomes, such as having a medical home, obtaining health benefits, decreased negative health reports**				
44. **Outcomes for elderly or disabled residents, such as aging in place services, placement in independent living facilities, enrollment in meals program**				
45. **Other outcomes (specify)**				

Section 6: {Grantee} activities

This section asks about how you interact with {grantee}, how {grantee} supports your work as service coordinator, and what services {grantee} provides to the residents you serve.

Please indicate how satisfied you are with each of the following ways in which {grantee} supports you in your role as service coordinator.

	Very satisfied	Satisfied	Unsatisfied	Very unsatisfied	Don't know	Prefer not to answer
46. Resources made available to you by {grantee} to perform your job duties, such as office space, equipment, or materials						
47. Guidance on your responsibilities as service coordinator provided by {grantee}						
48. Training materials or opportunities provided by {grantee}						
49. How often {grantee} provides you with feedback						
50. Quality of feedback {grantee} provides						
51. Quality of information on resident needs {grantee} provides						
52. Number of relationships {grantee} has developed with service providers that you access in your role as service coordinator						
53. Quality of relationships {grantee} has developed with service providers that you access in your role as service coordinator						

Section 7: Partnerships

This section asks about your partnerships with local service providers.

For the following types of services, do you refer residents to service providers in that category? If so, do the service providers have the capacity to meet the demand for the services they offer?

Service	Not available	Refer to partner organizations to provide services?					Partner organization(s) able to meet resident demand for service?			
		Yes – single partner organization	Yes – multiple partner organizations	No	Don't know	Prefer not to answer	Yes	No	Don't know	Prefer not to answer
54. **Employment-related services: for example, job training and placement assistance, provision of professional clothing, or career planning**										
55. **Adult education services: GED training programs, technical education/ job skills training, soft skills training**										
56. **Financial education services: for**										

example, financial coaching or money management										
57. **Child or family services: for example, childcare, early childhood education, or parenting guidance**										
58. **Healthcare services: for example, healthcare coordination, nutrition education, clinics, or wellness programs**										
59. **Mental health or behavioral services**										
60. **Community services: for example, good neighbor programs, or community safety coordination**										
61. **Other services: Please specify _____**										

Section 8: Demographic Characteristics

This final section asks you to describe yourself.

62. How do you describe your gender?
    1. Female
    2. Male
    3. Other
    4. Don't know
    5. Prefer not to answer
63. Do you describe your ethnicity as Hispanic or Latino/a?
    1. Yes
    2. No
    3. Don't know
    4. Prefer not to answer
64. How do you describe your race?
    1. White
    2. Black or African American
    3. American Indian or Alaska Native
    4. Asian
    5. Hawaiian or Pacific Islander
    6. Other (Please specify)
    7. Don't Know
    8. Prefer not to answer
65. In what year were you born? [4-digit year]
66. What is the highest level of education that you have ever completed?
    1. Less than high school
    2. High school diploma, GED or equivalent
    3. Some technical, vocational or business courses
    4. Vocational/tech/business certificate or diploma
    5. Some college
    6. Associate's degree or technical certificate
    7. Four-year college degree
    8. Some graduate school
    9. Graduate or professional degree
    10. Don't know
    11. Prefer not to answer

67. How many years of total work experience do you have?
    1. Less than 1 year
    2. 1-2 years
    3. 3-5 years
    4. 6-10 years
    5. More than 10 years
    6. Don't know
    Prefer not to answer
68. Do you have any professional certifications that help you in your role as service coordinator?
    1. Yes
    2. No
    3. Don't know
    4. Prefer not to answer
69. Please list your certifications that help you in your role as service coordinator.
    [Open ended]
70. What is your total compensation from {grantee}?
    1. Less than $15,000
    2. $15,000 – 29,999
    3. $30,000 - $44,999
    4. $45,000 - $59,999
    5. $60,000 or more
    6. Don't know
    7. Prefer not to answer