

3/1/2018

NATIONAL FAMILY SELF-SUFFICIENCY EVALUATION

PHA Staff Interviews (on-site)

Protocol 3: PHA Staff Interviews On-Site (Case Managers)

Introduction

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[Note to interviewers: Please read the following script.]

Thank you for taking the time to talk with us. Our goal today is to learn about certain aspects of the FSS program so that we can more accurately describe the way the program operates.

Our discussion here should last about 90 minutes.

I want to remind you that your participation is voluntary. You do not have to answer any question you do not wish to answer. If you need to leave for any reason, feel free to excuse yourself. If you do leave partway through, we will use only the information you shared up to that point.

We will be taking notes so we can later recall your perspectives more accurately. In addition, so we can stay focused on the conversation, we would like to record today's discussion. If at any point you would like me to pause or turn off the recorder, please let me know. If we use quotes from this conversation in any reports, we would not use your name but may refer to your position, which, due to the limited number of sites in the study, may mean it could potentially be traced back to you.

Do you have any questions before we continue?

Program Approach

1. Are the clients who make progress towards their goals the same ones who are likely to graduate? Explain.
2. What would you rank as the top three factors that influence how much progress participants make towards achieving their goals? Which are the least important factors?
 - a. Local job market
 - b. Case managers' skills in motivating clients
 - c. Participants' internal motivation and drive to succeed
 - d. Quality of the external services that exist in this community
 - e. Participants' job skills and education levels
 - f. Local housing market
 - g. Escrow incentive
3. Do you think getting a job or a higher paying job is something that should be achieved before participants start working on other goals? a. Why or why not?
 - a. If yes, is it because of the opportunity to earn escrow? Or, is there some other reason?]
4. Are case managers expected to spend more time working with unemployed clients? Explain.
 - a. If yes, what are the main strategies for helping this group?
 - b. Do many participants get jobs and then lose them? Are there specific strategies for working with this group?
5. Do employed participants typically want to find a new/better/higher-paying job? Do they want to go from part-time to full-time? Is this a priority for them (i.e., are they currently working on this as one of their FSS goals)? Are there specific strategies for working with this group?
6. Do you often have disabled individuals on your caseloads? If these individuals are generally unable to work, what kinds of goals do they typically have? What are your approaches to working with them?
7. In what ways do you hold participants accountable?
8. How do you define "self-sufficiency"?
9. How do you define "success" in FSS?
10. Do you have any recommendations for improvements or enhancements that could be made to FSS? Are there changes you would like to see? These could be changes in HUD guidance as well as how you operate the program.

Case Management

11. Did you receive training? If so, what types of training have you received? (Including training from supervisor and outside sources such as Nan McKay) What types of training would be useful? Probe: did they receive training on setting or writing goals? Training on content areas (e.g., financial literacy/budgeting with families)?
12. What is the minimum frequency that case managers are expected to contact participants? Does this contact typically occur by written update, in-person, phone, or email? Do these requirements differ at different stages of program engagement – for example, Year 1 and Year 4? [*Walk through IR Tables 8 and 9 and ask to describe changes*]
13. Are clients required to have any face-to-face meetings with you? How many are required per year (what is the minimum)? How many face-to-face meetings would you like to have with clients? Does this vary by type of client (i.e. working v. not working)? [If response represents a policy change (see IR Table 8) – ask why the changes were made.]
14. Are there other participation requirements (e.g., workshops)? [confirm participation requirements; are these required to graduate?]
15. Have the caseload sizes changed over the past year? (*compare numbers in pre-visit questionnaire to previous numbers*). If they have changed – what is the reason?
16. Have you instituted any changes in your case management and service delivery practices since our last visit?
17. What is your strategy for working with clients who are about mid-way through the five years? Is there anything different in your approach to such an individual compared with clients' first couple of years in FSS? When a client calls you, do you know (or look up) how long they've been in the program and is this relevant to your approach?
18. For staff with HCV responsibilities --Do you have meetings with clients specifically to discuss FSS (that are not related to recertification or other HCV business)?
 - a. If yes - If you meet clients to discuss something HCV-related, do you also discuss FSS issues?
 - b. If no (there are not specific FSS meetings)– do you discuss FSS topics at every HCV-related meeting? How frequently or under what circumstances would you discuss FSS?
19. For sites where case manager do not have HCV responsibilities – If clients report a new job or a job loss to their HCV specialist, when/how will you find out? Do you get an alert or do

you have to ask clients? If you hear about it before the client tells you, do you do anything with this information?

20. Do you have staff meetings? How often? What is discussed? Do you discuss program improvements or changes? What kinds of topics, policies or procedures have been discussed recently?
21. Do you have case conferences or other types of meetings to discuss how participants are faring or to get input on strategies for particular participants (or participants in specific circumstances)? Describe.
22. Do you try to reach everyone on the caseload with about the same frequency, or do you customize the support and attention to meet individuals' needs? Explain your approach.
23. How closely do supervisors hold case managers to the expected schedule of contacts? How is this assessed? How do supervisors know whether case managers are successful in making contacts?
24. How do you keep participants engaged in the program? Do you have strategies to prevent people from exiting the program early? What types of challenges do you experience in engaging clients over the longer term?
25. Compared with the first two years, are there different challenges in terms of motivating clients in the third year of the program? What do they respond to?
26. How do you identify clients who are not making progress? How is "progress" defined? How do you motivate clients to get back on track? Does your approach vary for those who are working versus not working?
27. We've asked about "expected" or minimum frequency of contact that you have with participants, but does the actual frequency of contact change mid-way through the program (i.e., when clients are in their 3rd year of the program)?
28. Do you group your caseload into categories and put more of a focus on one group? If yes, please describe.
29. Does escrow (either implicitly or overtly) factor into discussions you have with clients about employment? If yes, how? If no, why not?
30. Is there a point when clients need less support from you? If yes, among which clients, when does that happen, and how does your work with these clients change?
31. How important is face-to-face contact with participants? Can you cover the same thing through a phone call or email? What about written updates – do you use those? If so, how does the usefulness of that compare with other types of contact?

Graduation

32. Does your FSS program encourage participants to use the full five years allowed? Explain.
33. When does preparation for graduation begin? What does it entail? What happens in years 4 and 5 that is specifically intended to keep participants on track to graduate?
34. Do you think the requirements to graduate are achievable? For whom? Explain.
 - a. If answer is no, why are they not achievable? [Probe: does this have to do with the types of goals that are set? The effort to reach goals?]
 - b. Why don't more participants graduate? What barriers – aside from disability or illness – prevent participants from reaching their goals?
 - c. Are there ways you help participants meet (or get around) the requirements?
 - d. Does your program have a goal of increasing the graduation rate? (Is this set as a benchmark in your Annual Report?) How will the program aim to increase the graduation rate?
35. How do you know how much progress clients are making towards their goals? Before participants reach the end of their contracts, do you have a sense of which individuals will graduate? If yes, on what basis do you make this determination? When (how early on) do you get a sense of whether someone will graduate or not?
36. Do you work differently with those that you think are likely to graduate? Explain. Do you spend more or less time with individuals who are on track to graduate?
37. How do you work with participants that you don't think are making progress (or sufficient progress) and you don't think will graduate?
38. How do clients know where they stand in terms of meeting the graduation requirements? Who initiates discussion about graduation and when does this usually occur?
39. Do you think participants understand they will only get their escrow funds if they achieve all their goals and graduate? How are they reminded of this requirement?
40. When a client completes all their goals, do they have a choice to graduate early or stay in the program? Under what circumstances do you allow early graduations?
 - a. If they stay, do they have to add new goals?
 - b. If they have a choice to graduate early or stay in FSS - what would you encourage them to do?

Escrow

41. Who initially describes the escrow to participants? Do you think the concept is explained clearly? Do you have a sense of whether participants fully understand how the escrow works?

42. For sites where clients don't have to report income increases until the next recertification – Do you ever learn about income increases from clients before their recertification? How often? Do you counsel clients in these cases? What do you say? Do clients usually report it to get escrow or to keep the extra income?
43. What questions do participants ask about their escrow balances?
 - a) What questions are asked by those who have earned escrow?
 - b) What questions are asked by those who have not earned escrow?
44. Aside from the FSS orientation and answering questions, when do you discuss the escrow account with participants? How does the topic of escrow come up and what do you say?
45. If clients are not making progress towards achieving their goals, do you discuss how they can earn escrow? Do you look at their escrow balance with the client during check-in meetings?
46. In sites that allow interim escrow disbursements, has an interim disbursement been issued for any of your clients in the past year? How many? For what purposes? Which goals did that support? Get an example of specific case that was approved.
47. Were there some applications for disbursements that were denied? If so what was the reason for the denial? Get an example of one that was denied.
48. [In sites that allow interim disbursements,] Why do you think there aren't more interim disbursements?
Probe for the following reasons:
 - a. Clients don't qualify
 - b. Program philosophy – encourage clients to find other means to get resources so they could get a larger escrow check at graduation.
49. Are participants nervous about rent increases even if their income goes up? How does it affect their participation in the program? What can make them less nervous?
50. Does the escrow account motivate participants to increase their earnings? How much do they focus on growing their escrow balances?

FSS Goal Setting

51. Is there an assumption that clients will work on their original goals over the 5 years and that generally their goals won't change? Or do you expect clients' goals to change over time?
52. Are you encouraged to use any goal setting tools? Do you think that would be useful?

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53. Do you review clients' ITSPs and goals with the client on a regular basis? Describe this process.
 - a. If goals are reviewed regularly, how often?
 - b. Is there a special review in years 3, 4, or 5?
 - c. Is it left up to clients to request a change in their goals
54. Aside from the ITSP, are there other assessments or tools that are used to help clients set achievable goals?
55. Are there circumstances when you would encourage clients to change course and change their goals? If yes, what are those circumstances?
56. What do you do if – after two or three years in -- participants' goals are not realistic within the remaining time on their Contract of Participation? Get an example of what they see as unrealistic and how that changed.
57. How often do participants get a copy of the ITSP?
58. In addition to the ITSP, do clients get written documentation of interim steps or activities that is different from the ITSP? What is on this document? When would they get it?
59. *Review MIS data on goals to determine if this is a site that sets year 1 goals.* Do you typically put due dates for when goals should be completed on the ITSP? What do you take into account when you set dates? Are these dates generally within 1 year or less, a couple of years, or at the 5-year mark? How much variation in dates is there across your caseload (i.e. does everyone have a similar pattern of short vs. long term goals or does it vary by individual?)
 - a. For sites that set year 1 goals – what do you see as the value of year 1 and short-term goals? Drawbacks?
 - b. For sites that set longer-term goals – What is the value of longer term goals? Drawbacks? Probe: Are goals too large to complete earlier? Giving clients “breathing room”?
60. When participants have multiple goals in different areas (such as education, employment, financial mgmt.), do you encourage clients to sequence their goals (i.e., work on one activity/goal at a time)? Do you provide them with strategies or tools to work toward multiple goals? Explain.
61. As clients get close to the five-year mark, do you assess whether the remaining goals are attainable? How do you handle situations when there are goals that are not attainable? What do you suggest?

The PCC and Referral Service Network

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62. In terms of the frequency of the referrals you make, what are the top 3 service agencies?
For each,
- What type of service do they provide?
 - Do you get enrollment and/or attendance data?
 - Do you communicate with the provider on a regular basis? If so, describe.
 - How well do you know the staff and/or services provided by this agency?
63. Which service providers provide the most useful service or service that makes the biggest difference for participants? What type of service is this (employment, financial well-being; education)?
64. Which referral partner(s) provides a unique service no one else provides? What is that service?
65. Are there services that are needed by participants and available through your partners, but in your opinion the available agencies don't provide *high quality* services or have a waiting list, or other issues? Examples. Do you refer to them anyway? Explain
66. Do you know whether or not clients follow up when you make a referral? If yes, how do you know? (follow up with client, partner, wait until next progress update)? Do you think knowing whether clients followed through or not is important?
67. Do you have clients that haven't followed up on referrals you make? How much of an issue is this for your FSS program? What do you think are the main reasons that clients don't receive services?
68. Are there times when you give clients the name of a specific person to contact at an organization? At which/how many agencies do you have specific people to refer to? Does this help clients get service faster? Does it affect quality of the services?
69. Do you ever call the agency ahead of time or make an appointment for a client? How many times in the past year have you done this?
70. Do you intervene with referral agencies or advocate on behalf of clients? In what situations? How many times in the past year have you done this?
71. Have you made any changes to increase the number of clients who follow up with referrals?
72. Do you think participants are familiar with the service providers? Would they have gone on their own without being in the FSS program?
73. What would you lose if the program did not have a PCC? What's the biggest value of the PCC?