

**Supporting Statement for Paperwork Reduction Act Submissions
Evaluation of the Supportive Services Demonstration
(OMB# xxxx-xxxx)**

Appendix C: Interview Guide for Resident Wellness Directors at Treatment Properties

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Respondent is Resident Wellness Director. Items in italics are instructions for the interviewer, not to be read aloud.

Introduction

Thank you very much for taking the time to speak with me. Abt Associates and its subcontractor L&M Policy Research has been contracted by HUD to conduct an evaluation of the IWISH program and your input is an important component of this process.

Today's discussion is the second conversation we've had about the IWISH program in [PROPERTY NAME]. In [MONTH YEAR] we spoke to you [OR PREDECESSOR] by telephone to gather some basic information on how the IWISH program works at your property. We now have the opportunity to delve more deeply into some of the challenges that you face in trying to support residents and your opinions on what is working well and what could be improved.

Your participation in this interview is purely voluntary and you are free to skip any questions you do not wish to answer. The interview questions have been reviewed by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. Public reporting burden for this collection of information is estimated at up to 150 minutes per response, and we expect this conversation will take about two hours. The OMB control number is XXXX-XXXX, expiring XX-XX-XXXX.

We will be taking notes during our discussion but will not be recording the discussion. At the end of the study, after we complete our interviews, we will provide the interview notes to HUD with individuals' names, property names, and location names removed. We will also provide summary reports on the interviews to HUD but will not use your name or the name of the property in those summary reports. The information that we collect will be used for research purposes only, not for any audit or compliance purposes.

There may be some questions you may not be able to answer or that are more appropriate for other staff. If you are unable to answer a question or would prefer not to answer, just let me know. You are free to skip any question you do not wish to answer.

Do you have any questions about the evaluation or today's discussion before we begin?

Background and Prior Experience

[RQ5, Factors contributing to variation in IWISH implementation]

Before we start discussing IWISH, I'd like to understand your background and how you came to be a RWD.

1. How long have you been employed as the Resident Wellness Director for this property?
2. Before starting as RWD, did you have any prior work experience as a service coordinator, or working with older or low-income adults? How many years of experience?
3. What is your educational background (degrees, fields of study)?

4. Who is your supervisor? (*Title and organization, not name.*)

If the interviewee was previously a service coordinator:

5. What would you say are the biggest differences between being an IWISH RWD and your previous role as a service coordinator?
6. Is there anything you have wanted to do in the IWISH program, based on your previous service coordinator role, but are not able to do? Explain.

Training and Technical Assistance

[RQ5, Factors contributing to variation in IWISH implementation]

I'm now going to ask a series of questions about the training and technical assistance that you may have received as an RWD – from the time you started in your role as an RWD to the present.

7. What training have you participated in or accessed through the Lewin Group and HUD? (Examples: in-person training in Crystal City, VA; webinars; office hours; site liaison calls, etc.) (*Interviewers will bring a checklist with them to ensure that we gather the information systematically.*)
8. Besides what has been offered by the Lewin Group and HUD, have you participated in any other training, or received any other technical assistance, related to your position as RWD since becoming the RWD? (*Probe for what the training was and who paid for it.*)
9. What training or support have you found most useful for your role as RWD? What has been least helpful?
10. Is there additional training or support that you feel would be useful? Explain.

Role in IWISH Implementation

[RQ1, Implementation experience; RQ2, Strengths and weaknesses of the IWISH model; RQ5, Factors contributing to variation in IWISH implementation]

11. I'd like to start by asking you a simple question about how you spend your time overall. In an average week, about how much of your time do you spend...? (*Note to interviewers: If respondent has a hard time imaging an average, obtain ranges for the amount of time spent on each activity. Interviewers will provide this table to respondents in advance so they can prepare.*)

Working directly with residents in scheduled sessions?	_____ %
Unscheduled/informal interactions with residents?	_____ %
Working with the families or caregivers of residents?	_____ %
Coordinating with the wellness nurse?	_____ %
Coordinating with property manager or other property staff?	_____ %
Meeting or talking with outside partners or service providers?	_____ %

Coordinating programming on site?	_____ %
Working on paperwork, data entry, and other administrative functions?	_____ %
Other: _____	_____ %
Other: _____	_____ %
Total	100%

12. Are your roles and responsibilities as the RWD about what you expected them to be when you first started in this position? If not, how are they different?
13. Have your roles and responsibilities shifted over time? If so, how and why?
14. IWISH has about 115 residents per full-time RWD. Would you recommend a different ratio of staff to residents?
15. Is there aspect of your work that you feel is really important that you don't have enough time to do? If so, what?

Working Relationship with Wellness Nurse

[RQ1, Implementation experience, and RQ2, Strengths and weaknesses of the IWISH model]

16. I understand that there are currently X wellness nurse(s) on staff here and that the nurse(s) is on site X hours per week. Is that correct?
17. What does a typical week look like in terms of how often you meet with the wellness nurse(s) and what kinds of things you meet about? (*If the respondent has trouble imaging a typical week, ask for the range.*)
18. In your opinion, how important is the role of the wellness nurse in meeting IWISH's goals of helping residents to improve their health and wellness and remain in their homes? Can you provide concrete examples of times where the presence of the wellness nurse made a difference?
19. In your opinion, do you perform any activities that would ordinarily be the primary responsibility of the WN, based on the guidance you have received from the implementation team? Do you think the WN performs any activities that would normally be done by the RWD?
20. Do you think the caseload for the WN is appropriate? Why or why not?
21. [*If there has been vacancy or turnover in the WN position*] I understand that the WN position [*was not filled for X months/turned over X times*] since you have been RWD. How did the turnover or vacancy impact IWISH implementation?

Other Supports for IWISH Implementation

[RQ1, Implementation experience; RQ5, Factors contributing to variation in IWISH implementation]

22. Do you have the equipment and supplies to do your work? How is the office space working? Is it accessible for residents? Private enough? Does the IT work?
23. What about support from other staff on the property? Do you get the support that you need from the property manager and other staff to do your job effectively?
24. How frequently do you meet with the other property staff? (For example, the property manager, maintenance person, janitorial staff, etc.) What are the most common issues that you meet about?
25. For what parts of your job do you feel you really need the support of other property staff? For example, recruiting and enrolling residents, learning about challenges residents may be happening, developing programming or partnerships. Which areas and from which staff?
26. Are there areas where you feel support from other property staff or the owner or management organization is lacking or something could be changed to better support your work with residents? Which areas? What would this support look like?
27. Is there anyone else who supports you in your work that we have not discussed, such as a service coordinator or wellness nurse supervisor? What support do they provide?

Resident Outreach and Engagement

[RQ1, Implementation experience, and RQ5, Factors contributing to variation in IWISH implementation]

28. I see from my records that you have about [X] residents enrolled in IWISH, about [X%] of your residents. Does this sound right?
29. From the last time we spoke, it looks like you¹ had conducted the following outreach activities to encourage enrollment: *[list activities from the initial questionnaire]*. Am I missing any?
30. Have you continued to enroll residents? What methods are you using now?
31. Which outreach methods have worked best for encouraging residents to enroll and participate in IWISH?
32. What have been the main challenges to resident enrollment in IWISH? What reasons have residents given you for why they are not interested in enrolling?
33. Can you describe the current level of residents' engagement with IWISH? What does being engaged with the program look like from your point of view? How does engagement vary across residents? *(If needed, prompt: For example, older or younger residents, more or less frail residents, people who have lived here for a long time or recently moved, people with strong family supports, non-English speakers.)*

¹ The interviewer will need to make an adjustment if the position has turned over since the initial questionnaire.

- (*If the property has a large percentage of LEP residents.*) How do language barriers affect enrollment in the program or ongoing engagement? What steps have you taken to address language barriers?
34. Has the level engagement changed over time? What approaches or activities have you found to be most effective in keeping residents engaged? What has been most challenging to maintaining engagement?
35. My records show that [X] residents have asked to be dis-enrolled from the program. Can you talk a little more about the reasons for dis-enrolling that you may have heard?

Person-Centered Interviews

[RQ1, Implementation experience; RQ4, Implementation fidelity]

36. Person-centered interviews are a component of the resident assessment process in IWISH. My records show that you have completed person-centered interviews for about [*insert percentage*] of the residents you work with. Is that accurate? Are you still doing person-centered interviews?
37. Have you mostly done the person-centered interviews, or the wellness nurse, or a combination of the two of you?
38. What do you find most useful about the person-centered interview? What is less useful?
39. How do you see the purpose or value of the person-centered interview as compared to the individual health and wellness assessment?

Health and Wellness Assessments

[RQ1, Implementation experience, and RQ4, Implementation fidelity]

40. What has been your role in administering health and wellness assessments?

[If RWD has not conducted assessments skip to the next section.]

41. My records show that you have completed individual assessments for about [*insert percentage*] of the residents you work with. Is that still accurate?
42. What have been the biggest barriers, if any, to completing individual assessments?
43. What do you find useful about the health and wellness assessment? What is less useful?
44. Have you updated any individuals' assessments since the start of the program? Explain why or why not.
45. Do you use the information collected through the health and wellness assessments to plan activities or programming for residents? If so, explain and provide examples. If not, why not?

Individual Healthy Aging Plans

[RQ1, Implementation experience, and RQ4, Implementation fidelity]

46. What has been your role in working with residents to prepare and implement individualized healthy aging plans (IHAP)?
47. What percentage of enrollees would you estimate prepared an IHAP? What are the reasons that some residents have an IHAP and others do not?
48. How do you use the health and wellness assessment data in working with the resident on the IHAP? How often are IHAPs updated?
49. What do you view is useful about the IHAP? What is not useful? Can you think of an example where the IHAP changed a residents' behavior or otherwise supported positive change?
50. Are you familiar with the Supportive Services Plan that HUD requires for Section 202 properties? If so, how does the IHAP compare?

Community Healthy Aging Plan

[RQ1, Implementation experience, and RQ4, Implementation fidelity]

51. Have you prepared a community healthy aging plan (CHAP)? (*If answer is "no", skip to next section.*)
52. What was the process for developing the CHAP? What information went into it? Have you updated the CHAP?
53. If so, how have you used the CHAP? What is most useful about it? What is least useful?

Experience with the Population Health Logistics (PHL) System

[RQ1, Implementation experience, and RQ4, Implementation fidelity]

54. I understand from the last time we spoke that you use PHL [*insert frequency from initial questionnaire*]. Has that changed?
55. I'd like to understand how well PHL is working for you. What are the main ways that you use PHL?
56. What aspects of the PHL system work well for you? What aspects do not work well for you? Are there aspects of the system that you would change if you could?
57. Do you use other systems for tracking or storing resident data? If so which systems and how?
58. (*If respondent was a service coordinator before IWISH*) What system did you use to use for tracking resident data? How does PHL compare to that system?

Transitional Care and Medication Management

[RQ1, Implementation experience, and RQ4, Implementation fidelity]

I'd like to shift gears and talk about transitional care and medication management.

59. Let's start by talking about transitional care. Can you walk me through how you work with residents returning from a hospital or nursing home stay? *Ensure that the following topics are covered:*

- How do you find out if a resident has gone to hospital or been discharged? Does the WN or RWD communicate directly with the hospital or nursing home?
- What is the role of the WN in transitional care? What is the role of the RWD? What is the role of the property manager?
- Has the WN/RWD established standards or a schedule for following up with residents? If so, please describe the standards and schedule (e.g., home visit within 48 hours; weekly home visits for next four weeks; weekly phone calls, etc.).
- Is the WN involved in scheduling or assisting with follow-up visits with specialists or primary care physicians? Does the RWD or WN communicate directly with health care providers and/or service organizations? Does the RWD or WN interact with residents' families or caregivers?

60. Do you help residents with medication management or is that something the WN does? (*If the RWD has a role, probe for what she does.*)

Programs for Residents

[RQ1, Implementation experience, and RQ4, Implementation fidelity]

From the last time we spoke, it looks like the following programs were available to residents to support their health and wellness: [provide a copy of the list from the initial questionnaire.]

61. Has anything changed since we last spoke? Have you added any programs? Have any programs been discontinued?
62. What factors influence your decisions about which services and programs to offer on-site, and which are provided off-site?
63. Do you seek resident feedback on the programs offered? How do you do that?
64. Is there any type of programming or services that you would like to offer residents but can't at this time? If so, what programs? Why can't they be offered (e.g., Too expensive? Not available in the community?)
65. Every IWISH property receives \$15 per resident per month in supportive services dollars. Have you used this funding? If so, what for? If not, what has prevented you from using it? Do you have plans to use it in the future?

One of the features of IWISH is the use of evidence based programming. Evidence based programs are programs that have been proven through research or case studies to show positive results of improvement to health.

66. Have you received any information on evidence based programs from the HUD or Lewin team? If so, what type of information?

67. Do you know if any of the programs we have discussed are evidence-based, in your view? Which?
68. Have you actively sought out evidence based programming? What, if any, have been the challenges to identifying or implementing evidence-based programming? Has your site liaison helped in this area?

Community Partnerships

[RQ1, Implementation experience, and RQ4, Implementation fidelity]

The last time we spoke, we reviewed organizations that you partner with to address residents' needs. At that time you worked with [insert number from initial questionnaire] partners. I'd like to review the list of partners and talk about those partnerships.

69. Has anything changed since we last spoke? Have you added any partners? Have any partners dropped off? (*Interviewer will provide the list of partners from the initial questionnaire to the respondent ahead of the interview so that they can prepare.*)

I'd like to talk about different types of partnerships. Let's start with **facilities partners**, which include hospitals, nursing homes, and inpatient rehab facilities. It looks like you have X facilities partners. (*If no facilities partners, skip these questions.*)

70. How easy or hard has it been to establish these types of partnerships in your community? What are the challenges to identifying partners? What are the challenges to getting partnerships off the ground?

For each partner, ask the following questions:

71. How often do you communicate? By what methods (meetings, email, phone)? With whom (position not person's name)? What issues are discussed?
72. Do you exchange data on residents? What types of data?
73. What is the goal of the partnership? Are you working on specific programs and services for residents?
74. How formal is the partnership? Do you have an informal relationship? Letter of agreement? Memorandum of Understanding? Contract?

Let's talk about the **primary care practice** partners. These include independent physicians or group practices, gerontologists, and other providers of healthcare services that aren't facilities. It looks like you have X primary care partners. (*If no primary care partners, skip these questions.*)

75. How easy or hard has it been to establish these types of partnerships in your community? What are the challenges to identifying partners? What are the challenges to getting partnerships off the ground?

For each practice partner, ask the following questions:

76. How often do you communicate? By what methods (meetings, email, phone)? With whom (position not person's name)? What issues are discussed?
77. Do you exchange data on residents? What types of data?

78. What is the goal of the partnership? Are you working on specific programs and services for residents?

79. How formal is the partnership? Do you have an informal relationship? Letter of agreement?
Memorandum of Understanding? Contract?

Let's talk about **other agency partnerships and referral partners**. It looks like you have X other partners. (*If no other partners, skip these questions.*)

80. How easy or hard has it been to establish these types of partnerships in your community? What are the challenges to identifying partners? What are the challenges to getting partnerships off the ground?

For each partner, ask the following questions:

81. How often do you communicate? By what methods (meetings, email, phone)? With whom (position not person's name)? What issues are discussed?

82. Do you exchange data on residents? What types of data?

83. What is the goal of the partnership? Are you working on specific programs and services for residents?

84. How formal is the partnership? Do you have an informal relationship? Letter of agreement?
Memorandum of Understanding? Contract?

85. Thinking about all your partnerships, do you think your partnerships would continue absent the IWISH program? Are there any that you don't think would continue?

Benefits of IWISH for Residents

[RQ2, Strengths and weaknesses of the IWISH model]

Let's conclude by coming back to how residents have experienced IWISH.

86. What changes have you observed in the health and well-being of IWISH participants that in your opinion are a result of the program? Please describe the changes and provide concrete examples. What about the IWISH program do you think prompted these changes?

87. Have you observed an increase in the use of primary or specialty health care services among residents enrolled in IWISH? If so, describe.

88. Have you seen evidence of unmet medical needs now being met? If so, describe. What are the other unmet needs? How were they met?

89. Do you think residents are better connected to public benefits (such as Medicaid, SNAP, cash assistance) than they were before IWISH? Why or why not?

90. Do you think there are particular aspects of the IWISH program that have been most effective in changing the health and well-being of IWISH participants?

91. (*If respondent has not observed changes*) Is it surprising to you that you have not observed any changes? Why do you think you haven't observed any changes?
92. Can you think of any examples where something that you or the WN did helped a resident to avoid an unnecessary 911 call, trip to the ER, or stay in a nursing home (including readmissions)? Please describe those scenarios: What precipitated the crisis? When and how did you get involved? What do you think would have happened had you not been there?
93. Can you think of any examples where the IWISH program helped a resident stay in their housing or decrease tenancy issues? For example, something that you or the WN did to help a resident pay rent on time, or improve their housekeeping, improve relationships with other residents or property staff?
94. Have you seen any improvements to the property since the start of IWISH? For example: maintenance issues being addressed more quickly, better janitorial services, or physical improvements to the property and its grounds? If so, describe. Do you think any of these could be attributed to IWISH? If so, how?
95. Do residents who are not enrolled in IWISH participate in or benefit from the program? If yes, how do they participate or benefit? *Prompt for how and why non-enrolled residents are served.*

Improvements to the IWISH Model

[RQ1, Implementation experience, RQ2, Strengths and weaknesses of the IWISH model]

96. Do you have any suggestions for how the initial rollout of the program could have been modified?
97. (*If the question has not already come up*) Are there additional resources that HUD or the Lewin team could be providing now that would facilitate your work as an RWD? For example, additional staffing, training, office space, computer equipment, and funding to pay for programming. What would you do differently if you had those resources?
98. Is there anything you could change about the IWISH program design if you could?

That's all I have. Thank you very much for your time. Is there anything else you'd like to add?

Thank you very much for your time.