

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

**Appendix F: Interview Guide for Service Coordinators at Active Control
Properties**

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Respondent is the service coordinator. 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 evaluation of the HUD Supportive Services Demonstration. We are speaking with service coordinators and property managers at a sample of HUD multifamily properties that applied to be in the demonstration. We are interested in learning about how you support your residents as they age.

Today's discussion is the second conversation we've had about the service coordination and health and wellness programming in [PROPERTY NAME]. In [MONTH YEAR] we spoke to you [OR PREDECESSOR] to gather some basic information on activities at your property. We now have the opportunity to delve more deeply into the work that you do.

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

[RQ6: Differences between treatment and control properties.]

1. When we last spoke, you said you started as service coordinator for this property in [month/year]. And you said that you work at the property X hours per week. Is that still accurate? If not, what has changed?
2. How many years of experience do you have as a service coordinator (or in a similar position)?
3. What is your educational background (degrees, fields of study)?

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

Training and Technical Assistance

[RQ6: Differences between treatment and control properties.]

5. Have you participated in any training or received any technical assistance related to your position as service coordinator since becoming a service coordinator at this property? If so, what types? What aspect(s) of these trainings or technical assistance, if any, have been most helpful or valuable to you in your current position?
6. Is there any other type of training or support that you think would be helpful to you in your current role? What type(s) of training or support? What haven't you been able to access that training or support so far?

Working Relationship with On-Site or Visiting Nurse

[RQ6: Differences between treatment and control properties.]

If the initial questionnaire indicates that the property has a nurse, ask Q7. Else ask Q8.

7. When we last spoke this property had a nurse [*use terminology from the questionnaire*] who is on site X hours per week. Is that still true?

If yes, skip to Q9. If no, obtain updated information. If the nurse has left, find out when she left and ask Q9-12 about the nurse when she was at the property.

8. When we last spoke this property did not have an on-site or visiting nurse. Is that still true?

*If yes, skip to **next section**.*

9. What services does the nurse provide to residents?
10. What share of residents access the nurse's services? For what reasons?
11. How closely do you work with the nurse? What does a typical day or week look like? What kinds of things do you meet about? What do you work together on?
12. In your opinion, how important is the role of the nurse in helping residents to improve their health and wellness and remain in their homes?

Other Supports for IWISH Implementation

[RQ6: Differences between treatment and control properties.]

13. 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?
14. 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?

15. 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?
16. 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?
17. 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?
18. Is there anyone else who supports you in your work that we have not discussed, such as a service coordinator supervisor? What support do they provide?

Resident Outreach and Engagement

[RQ6: Differences between treatment and control properties.]

19. I see from my records that you work with about X residents. Does this sound right?
20. Can you tell me in your own words, how you work with residents?
21. 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 nurse (if applicable)?	_____%
Coordinating with property manager or other property staff?	_____%
Assisting with property management tasks (e.g., recertification)?	_____%
Coordinating with other service providers?	_____%
Developing new partnerships?	_____%
Working on paperwork, data entry, and other administrative functions?	_____%
Other: _____	_____%
Other: _____	_____%
Total	100%

22. What are your goals in working with residents? Is it a goal for you that residents be able to live here for as long as they can?
23. How do you approach resident engagement? Do you allow residents to seek out your help or do you actively try to recruit residents to work with you?
24. *If service coordinator seeks out residents:* Do you try to reach out to all residents, or do you target particular types of residents, or residents with particular needs for service coordination? (*If needed, add:* For example, those at risk of hospitalization or those at risk of eviction?)
25. What, if any, have been the main challenges to encouraging residents to come to you for help? What reasons have residents given you for why they are not interested in your help?
26. Which approaches have you found most helpful to encourage residents to come to you for help obtaining the services they need? (e.g., home visits, office hours, bringing in speakers)
27. Can you describe the current level of residents' engagement with the work that you do? What does being engaged with the service coordination program look like from your point of view?
28. How does engagement vary across residents? Do you think there are certain types of residents who are less likely to work with a service coordinator? (*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.*)
 - *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?
29. Do you have some residents who work with you for a while, then stop working with you? If so, can you tell me why they decide to stop working with you?
30. What approaches or activities have you found to be most effective in keeping residents engaged? What has been most challenging to maintaining engagement?

Needs Assessments

[RQ6: Differences between treatment and control properties.]

31. The last time we spoke, you reported that you collect the following types of information from the residents that you work with [*list information from initial questionnaire*]. Has that changed at all? If yes, what has changed?
 - [*If service coordinator no longer completes assessments*] Why not? What has changed? (*Skip to next section "Service Plans"*)
32. You also said that you use a standard form [*or other method as indicated in questionnaire*]. Is that still the case? If not, what has changed?

33. And you said that you have this information for [*insert share from questionnaire*] of your residents. Is that still the case? If not, what has changed?
34. Finally, you indicated that you update the assessment on a [*insert frequency from questionnaire*] basis. Is that still the case? Are there any other events that are a trigger to update the assessment, such as following a hospitalization or after resolution of an acute health issue?
35. *If the property has an on-site or visiting nurse:* How, if at all, is the nurse involved in completing the assessment? Are all findings from the assessment communicated with the nurse? If not, what is not communicated to the nurse?
36. How do you use the data that you collect from the needs assessments? Is the data collected or used for reasons other than resident health care?
37. Is there additional information or different data you'd like to be able to collect? If so, what are the barriers to collecting this data?

Service Plans

[RQ6: Differences between treatment and control properties.]

38. *If the service coordinator indicated on the questionnaire that he/she completes individual service plans:* Last time we spoke, you said that you complete service plans or individual action plans with residents. Is that still true? If not, what has changed?
39. Can you tell me a little bit about what is in the plans and how you use them? About how many residents have a plan? What are the main components of these plans? Other than the resident, is anyone else consulted for the plan? How often are the plans updated?
40. Are you familiar with the Supportive Services Plan that HUD requires for Section 202 properties? If so, how do you use that plan?
41. *If the service coordinator indicated on the questionnaire that he/she has done something like a property-wide profile:* You mentioned last time we spoke that you have completed a property-wide profile [*or use the terminology offered by the respondent in the questionnaire*] of residents that summarizes their needs and interests. Is that still accurate?
42. What do you use this information for? How often do you review or update the information?

Client Management Software

[RQ6: Differences between treatment and control properties.]

43. You mentioned when we last spoke that you use [*insert software name from questionnaire*] to store information on residents. Are you still using that system? If not, what has changed?
44. You said that you used the system to store data on [*list items from questionnaire*]. Is that still the case? If not, what has changed?

45. Are you still accessing the system on an X basis [*insert frequency from questionnaire*]? If not, what has changed?
46. Are there aspects of the interface or data system that you would change if you could? If so, what are they?

Transitional Care and Medication Management

[RQ6: Differences between treatment and control properties.]

47. Can you walk me through how you work with residents returning from a hospital or nursing home stay? What types of support do you provide? [*Ensure that the following topics are covered*]
- How do you find out if a resident has gone to hospital or been discharged?
 - Do you have 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.).
 - Are you involved in scheduling or assisting with follow-up visits with specialists or primary care physicians? Do you communicate directly with health care providers and/or service organizations?
 - Do you interact with residents' families or caregivers about transitional care?
1. Are you involved with medication management? Can you walk me through the different ways you support residents in managing their medications? (*Probe for what the different activities are and whether the WN communicates directly with the pharmacist or the resident's doctors.*)

48. Do you communicate directly with pharmacists?

Family and Caregiver Involvement

[RQ6: Differences between treatment and control properties.]

I'd like to talk a little bit about the involvement of family members and other caregivers in your work with residents.

49. Do you communicate directly with residents' family members or other people in their social support networks? How often and under what circumstances? If not, why not?
50. Do you engage residents to bring family members or other people in their social support network to their medical visits? If not, why not?

Programs for Residents

[RQ6: Differences between treatment and control properties.]

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.*]

51. Has anything changed since we last spoke? Have you added any programs? Have any programs been discontinued?
52. What factors influence your decisions about which services and programs to offer on-site, and which are provided off-site?
53. Do you seek resident feedback on the programs offered? How do you do that?
54. Are you familiar with the term “evidence-based programming”? If so, can you tell me what it means to you? Are any of the programs we have discussed evidence-based, in your view? Which?
55. 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?)

Community Partnerships

[RQ6: Differences between treatment and control properties.]

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.

56. 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. Facilities include hospitals, nursing homes, and inpatient rehab facilities. Last time we spoke you had X facilities partners. It looks like you have X facilities partners.

57. 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 facilities partner, ask the following questions:

58. How often do you communicate? By what methods (meetings, email, phone)? With whom (position not person’s name)? What issues are discussed?
59. Do you exchange data on residents? What types of data?
60. What is the goal of the partnership? Are you working on specific programs and services for residents?
61. 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.

62. 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 primary care practice partner, ask the following questions:

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

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

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

66. 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.

67. 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 primary care practice partner, ask the following questions:

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

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

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

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

Effects and Benefits of Service Coordination

[RQ6: Differences between treatment and control properties.]

72. Do you feel you have adequate resources to be successful in your role as service coordinator? I'm talking about things like time, training, office space, computer equipment, and funding to pay for programming. If not, what resources are lacking? What would you do differently if you had those resources?

73. Of all the things we've talked about that you do, which do you think are most important for helping residents to successfully age in place?
74. Are there any types of work you do or support you offer to residents that we have not discussed? Please explain.
75. Have you observed any changes in the health and well-being of residents that you can attribute to your work? Please describe the changes and provide concrete examples. What about your work do you think prompted these changes?
76. (*If respondent has not observed changes*) Is it surprising to you that you have not observed any changes? Why or why not?
77. Can you think of any examples where something that you [*or the nurse, if applicable*] 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?
78. Can you think of any examples where your work helped a resident stay in their housing or decrease tenancy issues? For example, something that you did to help a resident pay rent on time, or improve their housekeeping, improve relationships with other residents or property staff?
79. Have you seen any improvements to the property that you could attribute to your work as a service coordinator or advocacy on behalf of tenants? For example: maintenance issues being addressed more quickly, better janitorial services, or physical improvements to the property and its grounds? If so, describe.

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.