Choice Neighborhoods Protocol: People

Thank you for taking the time to speak with me today. I am <NAME>, a researcher at <ORGANIZATION>, and this is <NAME> from <ORGANIZATION>. Before we begin, I want to tell you a few things about this study and your participation in it. Please feel free to ask me any questions you might have as I move through the introduction.

The U.S. Department of Housing and Urban Development (HUD) contracted the Urban Institute and researchers at Case Western Reserve University to evaluate the Choice Neighborhoods program (Choice). Choice provides resources for local communities to help distressed neighborhoods develop affordable housing, provide access to a range of services for residents, and increase opportunities and safety. The study aims to understand the strategies and outcomes associated with Choice implementation for housing, residents, and neighborhoods in nine communities. We are collecting information and data from several sources, including a resident survey, neighborhood observations, program documents, and interviews.

We are conducting interviews with people such as yourself to understand the process and experience of those who were involved in or affected by Choice in this community. The interviews will provide valuable perspectives on what has been achieved through Choice and what the challenges have been with implementation. Your insights are important for this study. We are not evaluating your [agency/organization] but are focused on implementation and outcomes of Choice activities.

Your participation in this interview is **voluntary** and you are free to skip any questions you do not wish to answer. The questions in the interview have been reviewed by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. Public reporting burden for this information collection is estimated at up to 90 minutes, including preparation and follow-up. The OMB control number is XXXX-XXXX, expiring XX-XX-XXXX. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The interview will last approximately one hour. You may choose to skip any questions you don't want to answer, and you may stop participating at any time. We will not release your name or any other identifying information beyond the research team and will not include your name or identifying information in our report and documentation. If you are in a position that makes it so you are the only person or one of few people who would know certain information, it is possible someone reading the report might infer the source – you should be aware of the possibility. Note that researchers are required to take steps, including reporting to authorities, to address a situation where they believe someone they speak to may harm themselves or others. [*If conducting the interview via a videoconference*

platform: We also recognize that video meetings can be hacked, and though we have taken steps to prevent this from happening, it is a possibility.]

With your permission, we will audio record the interview, which we will have transcribed to ensure we have an accurate account of what is said. [NAME] also will be taking notes. Only members of the research team will be allowed to review the recording, transcript, and notes, and all members of our team have signed a confidentiality agreement. We will destroy the recording, transcript, and notes at the conclusion of the project.

Do you have any questions about the study or today's interview?
Do you consent to participate in the interview?
Do you consent to be recorded?

Introduction

I'll start with a few questions about your position and engagement with the Choice Neighborhood efforts with original residents from [NAME OF TARGET DEVELOPMENT] and other residents of [NEIGHBORHOOD].

1) **What is your current title and role?**

2) **What was your title and role during the Choice implementation?**

3) **When was your last involvement with Choice at [NAME OF SITE]? [or] What is your current involvement?**

4) **Please give an overview of the vision for what Choice would do related to original and other residents through case management and supportive services.**
   a. What was implemented with the Choice grant and other resources?

People Services Model

[FOR PEOPLE LEAD ONLY]
HUD expects grantees to develop a systems approach by building partnerships with community organizations and social service agencies and by creating new or tailored services that respond to resident needs...and improve outcomes for resident children and youth.

HUD defines supportive service coordination as "a systems-centered approach to coordinating multiple services across agencies within a community, based on the needs of the target resident population, to increase accessibility, utilization, and quality of services and to reduce fragmentation in service delivery systems." We are interested in understanding how Choice grantees established and maintained collaborations with partners to tailor services, expand and focus existing services to target housing residents, and create new services to meet resident needs.

[REVIEW INFORMATION FROM BASELINE REPORT, CN INFORM, AND OTHER SOURCES FOR BACKGROUND ON PEOPLE PLANS AND OUTCOMES PRIOR TO INTERVIEWS]

5) Could you describe how the partnerships were structured to include People-related services, including case management, supportive services, and relocation? For each of these services:
  a. Who was the lead People provider, and how would you describe the roles of the lead organization?
  b. Who were the contracted providers, and for what types of services?
  c. Could you describe the staffing model?
  Probe: Number and type of provider positions, Full-time/part-time, Residents working as staff

6) How were activities within the People component funded?
  Probe: entirely by Choice, combination of other funding supports
  a. Which services and programs were funded by the CN grant? Why?
  b. Which services and programs were funded by leverage? Why?

7) How did the People component benefit from HUD's support, technical assistance, guidance, etc.?
  a. What challenges did you face meeting HUD's expectations for People activities, such as in implementing the model of service coordination, data reporting, etc.?
  Probe: Priority focus on certain populations (early childhood vs. elderly); expectations that neighborhood organizations would open services; whether to provide services to a wider population of residents

8) Overall, which People activities had the most success?
  a. In what ways were they successful? Can you provide an example?
  Probe: successfully implemented, number of people affected, led to successful outcomes, etc.

9) Overall, which People activities were the most challenging to implement?
  a. What made them challenging? Can you provide an example?
  Probe: Challenges with communication, challenges between partners, funders, developers, residents, other stakeholders; challenges with relocation; resistance from community residents; resistance from community institutions

Household relocation, stability and satisfaction

The Choice Neighborhood program aims to provide residents with choices about where they live, including the ability to return to the revitalized site or to relocate permanently. We are interested in how grantee teams supported the goals of relocation and re-occupancy.

10) Thinking about the original residents who lived in [name of the target development], what is your sense of where most of the households are living now?
  Probe: dispersed, clustered in another area, returned, etc.

11) From your vantage point, what factors contributed to where original residents are living now?
  Probe: housing availability, neighborhood familiarity, location of family/friends, mobility assistance services, ability to find accessible housing that meets their needs, etc.

12)   What were the key strategies used to support residents in finding housing and making their initial move from their original unit?
   a. Why were those strategies used?
   b. Did they change over time? In what ways?
   c. How did strategies differ for residents who wanted to relocate permanently off-site?
   d. Were other strategies used to assist these households with subsequent moves? Describe

13)   What factors were most important to the success of relocation strategies?
   Probe: strategies that were especially helpful, accessibility, location, timing of support, [for 2013 grantees: the planning period, etc.

14)   What were the greatest challenges with regards to relocation strategies?
   Probe: barriers difficult to overcome, timing of relocation, planned vs. unplanned moves, having accessible housing options
   a. How were those addressed?

Case Management

We would like to get a sense of the case management services that were offered to residents. According to HUD, case management is "an individual- or family-centered approach to assisting people of all ages with accessing the services they want and need." It includes assessing needs, developing an individualized plan, and providing options and referrals to services. Case management also focuses on resident stabilization, such as helping with paying utilities, managing crises, and adjusting to new apartments.

15)   What were the main goals of case management services at [DEVELOPMENT]?

16)   What was the overall staffing approach?
   a. Were there expectations for the ratio of case managers to residents?
   b. Did this change over time as residents relocated? How?

17)   How were residents encouraged to engage in case management services?
   a. Did the engagement strategies change over time? How?
   b. Which strategies were more successful for resident engagement? Why?
   c. Did any residents face barriers to accessing case management? What were the barriers?

18)   What approaches did you / your agency/organization use to engage and provide ongoing services to people of color and people of diverse ethnic, cultural, or experiential backgrounds?
   Probe: acknowledgements of a person's culture and communication needs, such as preferred languages, literacy levels, norms, and traditions
   a. Can you share some examples?
   b. What about approaches used with various household compositions, such as single adults, grandparents raising grandchildren, and so on?
   c. With individuals with disabilities?
   d. With people who were non-English speaking?

e. With people facing long-term unemployment, substance use or mental health issues, and/or criminal records?

19)   About what portion of households participated in case management?
a. What factors do you think affected whether a resident engaged or not?

20)   Where were the case management services provided?
a. In the neighborhood or outside of it?
b. Were services offered in homes, offices, or community settings?
c. Did the locations change as residents relocated?

21)   From your vantage point, how effective were case management services in managing residents' complex needs?
a. What factors made case management more or less effective?
Probe: case management structure, caseload, rapport with residents, communication with partners, frequency of contact, accessibility
b. Did the effectiveness of case management services change over time? If so, how?
    i. Why do you think it changed?

22)   What were some of the greatest challenges with regards to the provision of case management?
Probe: staffing, budget, resident need, resident engagement, dispersal of residents around the city, etc.
a. How were those addressed?

Partnerships and Supportive Services Coordination

HUD defines supportive service coordination as "a systems-centered approach to coordinating multiple services across agencies within a community, based on the needs of the target resident population, to increase accessibility, utilization, and quality of services and to reduce fragmentation in service delivery systems."[1] *We are interested in understanding how Choice grantees established and maintained collaborations with partners to tailor services, expand and focus existing services to target housing residents, and create new services to meet resident needs.*

23)   [FOR PEOPLE LEAD, CASE MANAGEMENT LEAD] We understand that the following partners engaged in implementation of the People component: [PARTNERS]. Were there other partners active during the grant period related to supportive services?

24)   Were any of these partnerships established during [FOR 2013 GRANTEES: the Choice planning period]? During preparation of the implementation grant application? During implementation (i.e., did the grant lead to new partnerships)?
Prompt: nonprofits; city hall / city agencies; etc. not involved from the beginning

25)   Did any of the partnerships become more important or strengthen during implementation? In what way? Why do you think that happened?

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[1] US Department of Housing and Urban Development (2010c, 6).

26)   Did any of the partnerships last beyond the period of the grant? Which ones?
- a. Why do you think these partnerships lasted?
  Probe: partner had preexisting relationships with respondent; partner was integral to an ongoing program; partner had funding; etc.
- b. Are any partners still active in the Choice neighborhood?
  - i. In what ways are they engaged?

27)   What were some of the greatest successes with regards to coordinating with partners for service provision?

28)   What were some of the greatest challenges?
Probe: Were there challenges securing providers for needed services?
- a. Were challenges addressed? How?

29)   How were residents encouraged to engage in supportive services, such as those related to housing stability, income/employment, health, and youth supports?
- a. How did those referral and/or engagement strategies change over time? (specify which of these supportive services the respondent is describing)
- b. What barriers did residents face accessing services?
  Prompt: location/transit, language, accessibility, family, or other responsibilities, etc.
- c. Did some face more barriers than others? If so, who?

30)   Where were the coordinated supportive services provided?
- a. In the neighborhood or outside of it?
- b. Were services offered in homes, offices, or community settings?
- c. Did the locations change as residents relocated?

31)   Did rates of residents' engagement with supportive services change over time?
- a. Did participation vary much among the types of services?
  Probe: housing stability services, income/employment services, health-related services, early learning services, youth development and education services
- b. What factors affected participation rates?
  Probe: access to services after relocation

32)   What were some of the greatest challenges with regards to the provision of supportive services? *Probe*: staffing, budget, resident need, resident engagement, dispersal of residents across the city, length of time a service was available, lack of shared data, etc.
- a. Were those addressed? How?
- b. What challenges did resident relocation pose for the delivery of services?
  - a. How were those challenges addressed?

Supportive Services and Resident Outcomes

An important goal of this evaluation is to examine changes in quality of life for assisted residents. We are interested in resident outcomes related to employment, health and childhood education, particularly outcomes for original residents from the target development.

33)   What were the major strategies to address income and employment among original residents?
   a. Were any new services or programming developed to meet residents' needs?
      i. Please describe the service and how it addressed specific needs.
   b. Were any existing (pre-Choice) services or programming expanded or tailored to meet residents' needs?
      i. Please describe the service and how it was changed to address specific needs.

34)   Were certain employment-focused strategies more effective for facilitating improved outcomes related to income and employment than others?
   a. If so, which ones?
   b. What outcomes did they improve?
   c. Why do you think these strategies were more effective with regards to original residents' positive income and employment outcomes?
   Probe: innovative strategy, tailored approach to meet needs, partner/agency leadership, pre-existing relationships, etc.

35)   Were the goals of improved income and employment achieved for the majority of original residents who lived at [NAME OF SITE PRIOR TO REDEVELOPMENT]?
   a. If so, which goals were achieved?
      i. Why do you think there were positive outcomes?
      ii. Did case management and coordinated supportive services contribute to the positive outcomes? If so, how?
   b. If not, which goals where not achieved? Why do you think the outcomes were difficult to achieve?

36)   What were the major strategies to address access to health insurance and health care among original residents?
   a. Were any new services or programming developed to meet residents' needs?
      i. Please describe the service and how it addressed specific needs.
   b. Were any existing services or programming expanded or tailored to meet residents' needs?
      i. Please describe the service and how it was changed to address specific needs.

37)   Were certain health-focused strategies more effective for facilitating improved outcomes related to access to health insurance and medical homes than others?
   a. If so, which ones?
   b. What outcomes did they improve?
   c. Why do you think these strategies were more effective with regards to original residents' positive outcomes related to healthcare insurance and access?
   Probe: innovative strategy, tailored approach to meet needs, partner/agency leadership, pre-existing relationships, etc.

38)   Was the goal of improved access to health insurance and medical homes achieved for the majority of original residents who lived at [NAME OF SITE PRIOR TO REDEVELOPMENT]?
   a. If so, which goals were achieved?
      i. Why do you think there were positive outcomes?

          ii. Did case management and coordinated supportive services contribute to the positive outcomes? If so, how?
    b. If not, which goals where not achieved?
          i. Why do you think the outcomes were difficult to achieve?

39)   What were the major strategies to improve early childhood learning and education outcomes among original residents?
    a. Were any new services or programming developed to meet children's needs?
          i. Please describe the service and how it addressed specific needs.
    b. Were any existing services or programming expanded or tailored to meet children's needs?
          i. Please describe the service and how it was changed to address specific needs.

40)   Were any education-focused strategies particularly effective for facilitating improved outcomes related to access to early childhood learning?
    a. If so, which ones?
    b. What outcomes did they improve?
    c. Why do you think these strategies were more effective with regards to original residents' positive outcomes related to early childhood learning?
        Probe: innovative strategy, tailored approach to meet needs, partner/agency leadership, pre-existing relationships, etc.

41)   Was the goal of improved access to early childhood learning achieved for the majority of original residents who lived at [NAME OF SITE PRIOR TO REDEVELOPMENT]?
    a. If so, which goals were achieved?
          i. Why do you think there were positive outcomes?
          ii. Did case management and coordinated supportive services contribute to the positive outcomes? If so, how?
    b. If not, which goals where not achieved?
          i. Why do you think the outcomes were difficult to achieve?
42)   What were the major strategies to improve positive youth development and older youth education outcomes among original residents?
    a. Were any new services or programming developed to meet youth needs?
          i. Please describe the service and how it addressed specific needs.
    b. Were any existing services or programming expanded or tailored to meet youth needs?
          i. Please describe the service and how it was changed to address specific needs.

43)   Were any education-focused strategies particularly effective for facilitating improved outcomes related to positive youth development and older youth education?
    a. If so, which ones?
    b. What outcomes did they improve?
    c. Why do you think these strategies were more effective with regards to original residents' positive outcomes related to youth development and education?
        Probe: innovative strategy, tailored approach to meet needs, partner/agency leadership, pre-existing relationships, etc.

44) **Were the goals of improving access to positive youth development activities and educational outcomes achieved for the majority of original residents who lived at [NAME OF SITE PRIOR TO REDEVELOPMENT]?**
- a. If so, which goals were achieved?
    - i. Why do you think there were positive outcomes?
    - ii. Did case management and coordinated supportive services contribute to the positive outcomes? If so, how?
- b. If not, which goals were not achieved?
    - i. Why do you think the outcomes were difficult to achieve?

Wrap Up

45) **Thinking about Choice Neighborhoods and the [INSERT NAME] neighborhood, would you say Choice has been a success?**

46) **What difference do you think the people-focused efforts (relocation, case management, and supportive services) have made for the original residents of the target development?**
- a. For other residents of the neighborhood?

47) **Do you think the neighborhood has benefited from the People-related efforts?**
- a. *If yes:* In what ways? / *If no:* Why not?

48) **Overall, what recommendations would you offer other Choice grantees or HUD about the Choice Neighborhoods program and efforts to improve housing, resident outcomes, and neighborhoods?**

49) **Is there anything we haven't discussed about the Choice Neighborhoods program and the People component that is important for us to understand?**