

**UNDERSTANDING THE VALUE OF CENTRALIZED SERVICES
INSTRUMENT 5. FOCUS GROUP GUIDE FOR CLIENTS**

Understanding the Value of Centralized Services Study

Participant Information Form

1. How do you describe yourself?
 - Male
 - Female
 - Transgender
 - Do not identify as male, female, or transgender
 - Decline to answer

2. How old are you? Select one:
 - 18-24
 - 25-34
 - 35-44
 - 45-54
 - 55-64
 - Older than 65
 - Decline to answer

3. What is your ethnicity? Select all that apply.
 - Hispanic or Latino
 - Not Hispanic or Latino
 - Decline to answer

4. What is your race? Select all that apply.
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
 - Decline to answer

5. When did you first start receiving services at [SITE NAME]?

6. What services have you and/or your family members received or participated in at this site?

7. How many children do you have?

8. If you have children, what are their ages?

Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to study the advantages, disadvantages, and costs of centralized services. Public reporting burden for this collection of information is estimated to average 90 minutes per response, including time for reviewing instructions, gathering and maintaining the data needed, collaboration, and reviewing the collection of information. 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 OMB control number for this collection is XXXX-XXXX and it expires XX/XX/XXXX.

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Focus Group Guide

A. Introductions

First, let's introduce ourselves. Let's go around the room and have each person tell us three things: 1) your first name or the name you would like to go by (it does not have to be your real name); 2) how you first learned about [SITE NAME]; and (3) the services you and/or your family members have participated in at [SITE NAME]. *Note for interviewers: If there are specific characteristics that you know all clients have in common, such as if they all have children (for example, if the site only serves parents and children), then consider asking icebreakers such as "How many children you have? What is one big goal you have for yourself and your children?"*

B. Services received

Guidance to interviewers: Please tailor these questions to the language used by the site and by clients, such as whether "services," "programs," "activities," or another term (possibly program-specific language) is most appropriate to refer to the site's offerings. If needed, define and provide examples of the terms you are using for respondents.

1. What was your first interaction with [SITE NAME]?
 - a. Probes:
 - What services were you looking for when you first came to [SITE NAME]?
Provide examples of the services that the site provides.
 - What happened when you first arrived? Did you attend orientation, complete an assessment or questionnaire, answer questions, or other activities?
 - Did you work with a staff member to set goals for your participation in the services/program here?
 - Which service did you work with first?
2. In addition to the service you and/or your family members started working with, did you participate in any other services or programs at [SITE NAME]?
 - a. [IF YES] What other services have you participated in or received at [SITE NAME]? *Note that clients may not distinguish between staff of different programs, services, or funding streams, depending on how consolidated the services are. Add examples here based on the types of services or programs that respondents said they participated in at the beginning of the focus group.*
 - How did you get connected to or learn about the other services?
 - Did you work with different staff members at those services?

- Did you receive any other services or support to help address any challenges or issues that arose while you were participating in services here?
 - Probe on transportation support, child care, etc.
 - b. [IF NO] Did you know that [SITE NAME] offered other services?
 - What led you to participate in only one service/program at [SITE NAME]?
 - *Probe on lack of interest, ineligibility, barriers to accessing another service*
3. Do you think others in your community know that [SITE NAME] offers such a range of services?
- a. If not, why not?
4. Before the COVID-19 pandemic, did you participate in any remote services or complete any virtual applications associated with this center? By “remote,” we mean any services that you received or participated in through a phone, tablet, or computer, rather than in-person at the site. This could include applications or enrollment for services, meetings with program staff, classes, or other activities that occurred online or by phone.
- a. [IF YES] What were they?
 - b. Were these services related to the services you received in-person? For example, were the virtual services part of the services you received in-person, such as if you met virtually with a staff member in addition to in-person, or you attended an online class that was related to your in-person class? Or were they a separate set of services or program you participated in?
5. During the COVID-19 pandemic, did you receive services at [SITE NAME]?
- a. [IF YES] Tell me about the services you received here during COVID-19.
 - b. Were they virtual or in-person? Both?
 - *Probe on specific services described in interviews with staff, types of services respondents said they received earlier in the focus groups, whether their normal services changed, whether they received new types of services.*
 - Did [SITE NAME] provide any services specific to challenges you faced as a result of COVID-19?
 - c. [IF YES] How did the services [SITE NAME] provided to you during this time help with those challenges?

C. Impressions and recommendations

1. Reflecting on the services you participated in at [SITE NAME], what did you think worked well, particularly when you think about being able to participate in or receive more than one service/program here?

- o *Probe on the services discussed previously: general experiences of centralized services as articulated by the respondents, remote/phone services, services received during COVID-19.*
 - a. [IF RECEIVED SERVICE FROM DIFFERENT PROGRAMS] From your perspective, how did the different programs or staff members work together to help you, if at all?
 - a. Did staff members from one program/service introduce you to staff members at another program before you started participating in the new service/program?
 - b. *Probe on whether collaboration was smooth; for example, did the staff members share information? Or did the client have to repeat information multiple times? Was it easy to connect with additional programs or services beyond the first one they interacted with?*
 - b. If you received similar services in the past and/or at other organizations, how did your experience accessing services at [SITE NAME] compare to your experience accessing services elsewhere/at other centers?
 - a. [IF RECEIVED AT OTHER PROGRAMS] *Probe on differences between [SITE NAME] and other programs.*
 - b. [IF SITE STARTED CENTRALIZING SERVICES IN THE RECENT PAST] *Probe on how their recent experience compared to services pre-centralization. Tailor based on how the centralization evolved and reference specific services or programs that were added, if needed.*
2. What, if anything, was challenging about participating in services here?
- a. *Probe to understand what was challenging about participating in a program where many services are provided at the same location.*
 - b. Was this location accessible and/or convenient for you? How easy or difficult was it for you to receive or participate in services here?
 - c. Did you face other barriers to participating in services here (e.g., child care, long waits for services)?
3. What would have made it easier for you to participate in more services/programs at [SITE NAME]?
- o *Probe on staff collaboration, barriers to accessing multiple services, joint applications, physical structure of office or site, challenges related to accessing virtual services/applications, etc.*
4. To what degree did staff at this site demonstrate respect and understanding for you and your individual circumstance and/or identity? Did you feel safe, respected, and/or heard during your interactions with [SITE] staff? How so? If not, why not?

5. What opportunities do you have to share your thoughts on the services provided here? On how well the services work for you?
 - o How would you like to be involved in service planning and design, if at all?
6. What recommendations would you give other clients/families seeking services here?
7. What recommendations would you give leadership or staff members here to improve services for clients like you/families like yours?
 - o What other services would you like to see [SITE NAME] provide that they do not already?

Thank you for your time!