

## Appendix A. Interview Guide for Resident Wellness Directors

*Respondent is Resident Wellness Director (RWD). Items in italics or brackets 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 have been contracted by the U.S. Department of Housing and Urban Development, or HUD, to conduct an evaluation of the Supportive Services Demonstration and the Integrated Wellness in Supportive Housing or IWISH model, and your input is an important component of this process.

The purpose of this interview is to understand your experience with the implementation and impact of IWISH at your property. 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 180 minutes per response, and we expect this conversation will take about two hours and 30 minutes. The OMB control number is 2528-0321, expiring XX-XX-XXXX.

We will be taking notes during our discussion, and with your permission, 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. The audio recordings will be destroyed after our analysis is complete.

Your participation in this interview is voluntary and you are free to skip any questions you do not wish to answer. 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.

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

### **IWISH Staff Characteristics**

Before we start discussing IWISH, I'd like to understand your background and how you came to be a Resident Wellness Director [or local position name].

1. When did you start working at this property (month/year)?
2. Before starting as a Resident Wellness Director, please describe any experience you may have had as a service coordinator in working with older adults aged 62 and older, or other related experience.
3. What is your educational background (degrees, fields of study)?
4. What interested you about the Resident Wellness Director position?
5. Do you speak any languages other than English?
  - [IF YES] What is it/are they and do you communicate with residents in this/these language(s)?

### **Resident Wellness Director Role**

I'm now going to ask a series of questions about your role at the property.

6. Can you describe what a typical week as a Resident Wellness Director looks like?
7. Under what circumstances and how often do you interact with residents?
  - What are the most common ways you interact with and assist residents?
8. What the most common reasons residents ask for your assistance? For example, are they related to needs for services or health, or related to property management and or their tenancy?
  - Which types of assistance take the most time to address?
9. Are there resident needs or requests for assistance that you are not able to provide?
  - [IF YES] What are they and why are you not able to provide assistance?
10. How do you coordinate with [WN] in your work with residents?
11. How many residents do you work with on a regular basis?
12. Is the number of residents you work with manageable for you? Do you have enough time to provide the assistance that residents request?
13. What do you think are the most useful and important things you do as Resident Wellness Director?
14. In general, how satisfied are you with your position?

- Are you satisfied with your hours?
  - Are you satisfied with your salary and benefits?
15. Are there any changes to the role or the job description of the Resident Wellness Director that you would make based on your experience?
- [IF YES] What are the changes and why?
16. [If RWD worked at property prior to October 2020] We are interested in learning how your role now compares to your role during the initial IWISH period which ended September 2020. Is there anything different about your role or responsibilities now than prior to October 2020?
- [IF YES] What is different? When did these changes occur and why?

### **Training and Support**

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

17. What training have you received specifically for your role as an IWISH Resident Wellness Director?
- When and how often was this training provided?
  - What were the topics of training?
  - What was the format of training (written materials, in-person or remote live training, one-on-one guidance)?
  - Approximately how much time did the training take?
  - Who provided the training?
18. What training have you received that has been useful for your job but that is not specific to IWISH?
- When and how often was this training provided?
  - What were the topics of training?
  - Who provided this training?
  - Approximately how much time did the training take?
  - Did this training meet a continuing education requirement you have for your profession?
19. Who supervises you in your role as Resident Wellness Director?
20. Who do you turn to if you have a question about how to assist a resident? Do you always receive the information or help you need?
21. What has been the role of property management and the property owner in implementing the IWISH model at your property?
- What, if any, kind of support do they provide you with? How often?
  - Do you have any suggestions for how property management or the property owner could better support you in implementing IWISH at the property?
22. Is there anyone else who supports you in your position?

- [IF YES] What position(s) support you, and what are their responsibilities?
23. Do you feel you have the necessary training and support to do your job well?
- What training or support have you found most useful for your role and why?
  - Is there any additional training or support that would be useful to you that you don't receive now?
24. [If RWD worked at property prior to October 2020] How does the training and support you receive now compare to what you received for the role of Resident Wellness Director prior to October 2020?
25. Since October 2020, have any staffing vacancies in the IWISH program at your property impacted you in your role as Resident Wellness Director?
- [IF YES] What positions were vacant and how did this impact you and your role?

### **Resident Participation**

Now I would like to talk to you about resident participation in IWISH and how you work with residents.

26. Can you describe how you would typically start working with or assisting a resident with their individual needs?
- Do you reach out to residents initially or do they reach out to you when they need assistance?
27. Do residents formally enroll in IWISH or sign up to receive services from you or the Wellness Nurse(s)?
- [IF YES]
- Describe how residents enroll in IWISH and your role in the enrollment process.
  - Do residents need to sign a consent form to meet with you or [WN]? If yes, what do they consent to?
  - How do you coordinate resident enrollment with [WN]? How do you split responsibilities for enrolling residents between you and [WN]?
  - Approximately what portion of the residents that you assist are *not* enrolled in the demonstration?
  - Are residents who do not enroll able to come to you for assistance or participate in health and wellness programming and activities?
28. In your opinion, which methods have worked best for encouraging residents to meet with you or to participate in IWISH activities or programs?
29. What, if any, have been the challenges to getting residents to meet with you or participate in IWISH activities or programs?
30. Have you found that some residents are more likely to meet with you or participate in IWISH activities than others? For example, do you see any differences in participation rates based on

the age, gender, race, ethnicity, language ability, household composition, or perceived health status of residents?

[IF YES]

- Who? Which residents?
- Why do you think some residents are more likely to meet with you or participate in IWISH activities than others?

31. [If RWD was at property prior to October 2020] Is there anything different about the enrollment process or how you encourage residents to participate in IWISH now compared to earlier in IWISH, prior to October 2020?

- [IF YES] Describe these changes, when they were implemented, and why they were implemented.

32. Are there residents at the property who have limited English proficiency?

- [IF YES] What are the most common languages spoken at the property?

33. [IF APPLICABLE] How do you assist residents who do not speak the same language as you?

34. [IF APPLICABLE] Do you think language barriers have affected participation in IWISH activities or residents' ability to obtain assistance from IWISH staff?

35. Are there residents at the property who are deaf or are hard of hearing?

- [IF YES] How do you assist residents who are deaf or hard of hearing?
- [IF YES] Do you think residents who are deaf or hard of hearing have barriers to obtaining assistance from IWISH staff?

36. Are there residents at the property who have vision impairments?

- [IF YES] How do you assist these residents?
- [IF YES] Do you think residents who have vision impairments have barriers to obtaining assistance from IWISH staff?

37. Do you think your language ability or other aspects about your personal or cultural background has any effect on how you work with residents or the way you connect with them? Why do you think that?

### **Resident Assessments**

My next questions ask about the health and wellness assessments that you may conduct with residents.

38. Do you currently conduct any health and wellness assessments or questionnaires with residents?

[IF YES, ASK 39-40]

39. Can you describe the assessment you conduct with residents?

- Do you use the assessment questionnaire developed for IWISH or something else? (*Probe if the RWD is familiar with the IWISH assessment questionnaire and refer them to a copy of the assessment if needed.*)  
[IF DIFFERENT FROM IWISH]:
  - What type(s) of assessment tools and questionnaires do you use?
  - How do you determine what assessments to use or questions to ask? Who made this determination?
  - Can you tell me when the property switched from the IWISH questionnaire and why you use a different assessment tool now?
- How do you coordinate conducting the assessments between you and [WN]? How do you split the responsibilities of assessments between you and [WN]?
- How often do you complete or update assessments with residents?

40. What proportion of residents typically complete an assessment?

- Is it a goal to complete assessments with all residents at the property or all residents you regularly work with?
- What, if any, challenges have you experienced completing assessments with residents? Are residents generally interested in participating in assessments?
- 

41. [If RWD was at property prior to October 2020] How would you compare the assessment tools or procedures you use now versus earlier in IWISH, prior to October 2020?

- [IF YES] Describe any differences, and when and why they were implemented.

### **Wellness Goals and Individual Services Plans**

42. Do you work with residents individually to identify health and wellness needs or help them set and meet personal health and wellness goals?

[IF YES]

- Can you describe this process?
- Do you develop Individual Healthy Aging Plans (IHAPs) or other written plans for identifying individual service needs or health and wellness goals?
  - [IF YES] Describe the plan. What information is in the plan? How is the plan used?
- How do you work with [WN] in helping residents set wellness goals? How do you distribute the work?
- For what proportion of residents do you do this?
- What has been your experience helping residents try to identify and set health goals? Are residents willing to do this?
  - [IF NO] Why do you think that is?
- What are the most common goals that residents choose to set?

43. [If RWD was at property prior to October 2020] Is there anything different about how you work with residents to identify health and wellness needs and goals compared to earlier in IWISH, prior to October 2020?

- [IF YES] Describe these changes, when they were implemented, and why they were implemented.

### **Client Management Software**

44. Do you use a client management software program to maintain information about residents for IWISH such as information collected through resident assessments and supportive services provided to residents?

- [IF NO]: How do you keep track of this information?

[IF USES CLIENT MANAGEMENT SOFTWARE, ASK 47-51]:

45. What client management software do you use?

46. Do you use a client management software to record any of the following information or activities?

- Resident enrollment
- Resident interactions with RWD and WN
- Resident assessment information
- Resident health and wellness goals and progress toward meeting goals
- Referrals made to service providers
- Healthcare insurance and healthcare provider information
- Interactions with health care providers on behalf of residents
- Medical events and other sentinel events
- Resident participation in group programming

47. How do you use the data recorded in the system?

*If needed:*

- To identify needed services for residents
- To track and follow up on referrals to service and healthcare providers
- To collaborate with WN
- To obtain summary reports of resident activities and health and wellness indicators
- To meet HUD or other reporting requirements

48. What are the benefits of using this software to support your work?

49. What challenges, if any, have you experienced in using case management software? Does the software meet your needs?

### **Community-Wide Services Plans**

50. Have you developed a written services plan for the entire property, such as a Community Healthy Aging Plan (CHAP) or other written plan?

[IF YES]

- How would you summarize the goals of the plan?
- How did you develop the plan? Who was involved in the development?
- Approximately when was the plan initially developed? When was it last updated?
- What did you learn from the data in the plan? What were the most common health and wellness needs of residents that were identified by the plan? What

- information about residents was used in the plan? (*Probe if necessary: Did you use resident assessment data? Data collected in the client management system?*)
- How do you and others use the plan? (*Probe if necessary: Do you use the plan to identify group programming or individual services for residents?*)
  - Did you find the plan useful for assisting residents? Do you think the plan is worth doing again? If so, how often do you think the plan should be updated?

### **Health and Wellness Programming**

I'd now like to discuss health and wellness programming offered at your property.

51. *[A request for this information will be sent to the respondent prior to the interview in table form. The respondent will be asked to send the completed table to the study team ahead of the interview.]* Describe what health and wellness programming has been made available at the property in the last year (12 months). For each program, please identify the:
- Program name and/or health and wellness needs addressed by the program
  - Start date, frequency, and duration of program
  - The organization or individual who provides or teaches the program to residents
  - Location of program (at property, in community, virtual)
  - Whether the program is evidence-based
  - Average resident participation/attendance
52. How do you determine what kind of programming to offer? Describe who is involved in that decision.
53. Do you coordinate some or all the programming offered at the property?
- How is [WN] involved in the coordination?
  - How is the property manager or other property staff involved?
54. Which programs are the most popular? Which are the least popular?
55. Are there any programs that you would like to make available to residents but cannot for some reason?
- [IF YES] What programs are you unable to offer, and what are the barriers to offering them?
56. Do you think IWISH programming and activities have been convenient and accessible for all residents?
- Do you think programming has been accessible to residents for whom English is not their primary language?
  - Do you think the programming has been accessible for people with disabilities?
  - [IF NO] Why do you think that is? What do you think could be done to improve the availability of programming?
57. Are you aware of other health and wellness programming or activities in the community available to residents that are similar to what is offered in IWISH?



- [IF YES]: What organization provides the program or activity? Approximately what proportion of residents participate?
- How would you compare the available community-based health and wellness programming to what is available in IWISH?

58. Have the types or availability of programs at the property changed since October 2020?

- [IF YES]: Describe the changes, when the changes were implemented, and the reasons for the changes.

### **Supportive Services Funds**

59. Are you familiar with the supportive services funding available through the Supportive Services Demonstration grant and how the property has used them?

[IF YES, ASK QUESTIONS 60-64]

60. Are the funds being used to pay for any of the group programming we discussed? If so, which ones?

61. Are the funds being used to help address any individual resident needs? If so, what are the needs being addressed?

62. How are decisions made about how to use the funds? Who makes these decisions?

63. What challenges (if any) have you experienced when trying to use these funds?

- Has there been anything for which you would have liked to use the funds, but have not been able to do so?
  - [IF YES] Which programs, and what were the barriers to using the funds?

64. Do you think the amount of supportive services funding provided through the grant is sufficient for supporting health and wellness programming at the property? Why or why not?

### **Service Provider Interactions**

65. Do you ever interact with social services providers in your community on behalf of individual residents (*Probes: providers like food pantries, local areas on aging, health departments, senior centers*)?

[IF YES]

- Under what circumstances and how often do you interact with services providers?
- For how many residents do you typically do this?
- Can you give me some examples of recent interactions with residents' services providers?

66. Have you tried to establish relationships or partnerships with service providers in your community on behalf of the property as a whole?

[IF YES]

- What are you hoping to accomplish through the relationship?
- Have you developed any formal partnerships or written agreements with service providers? If so, describe these.

- What challenges (if any) have you experienced in trying to establish these relationships?

[IF NOT] Why not?

### **Healthcare Providers**

67. Do you ever interact with residents' healthcare providers?

[IF YES]

- Under what circumstances?
- How often do you interact with healthcare providers?
- For how many residents do you typically do this, for example in a month?
- Can you give me some examples of recent interactions with residents' healthcare providers?

68. Have you tried to establish relationships or partnerships with healthcare providers or facilities in your community, such as primary care providers, hospitals, or nursing homes?

[IF YES]

- Who are the providers? Why these providers or facilities?
- Are there specific healthcare providers or facilities that a large proportion of residents use? If so, what are they?
- What are you hoping to accomplish through the relationship?
- Have you developed any formal partnerships or written agreements with service providers? If so, describe these.  
What challenges (if any) have you experienced in trying to establish these relationships?

[IF NOT]

- Why not?

69. Do you feel you have the necessary training and support to try to establish relationships with healthcare providers?

- [IF NO] What training or support would be helpful?

### **Transitional Care**

I'd now like to ask you some questions about working with residents in specific situations such as emergency medical situations and when a resident may be coming home from a hospital or nursing home stay.

70. Does your property have a formal plan for how staff interact with residents who are returning from a hospital or nursing home stay?

- [IF YES] Was this plan first implemented or amended because of IWISH? [IF APPLICABLE] What features of the plan were added because of IWISH?

71. Can you walk me through what happens when a resident returns from a hospital or nursing home stay?

- What types of transitional care do you provide?
- How do you coordinate assistance with [WN]?

- How often do you help with transitional care when a resident is returning from a hospital or nursing home stay?

72. Would you like to do more to assist residents transitioning to and from a hospital or nursing home setting?

- [IF YES] What else would you like to do? What is preventing you from doing so?

### **Emergency Medical Situations**

73. Can you walk me through what happens when someone has a medical emergency at the property?

- How do you get involved?
- How do you interact with the resident experiencing the emergency?
- How do you interact with the Wellness Nurse?
- How do you interact with property management or other onsite property staff?
- How do you interact with the emergency responders themselves?

74. Is there a formal plan that you follow when a resident has a medical emergency?

- [IF YES]
- Was this plan first implemented or amended because of IWISH?
  - [IF APPLICABLE] What features of the plan were added because of IWISH?
- Does the plan specify roles or responsibilities specifically for your job as the Resident Wellness Director?
  - [IF YES] Please describe those roles and responsibilities.

75. What are the main reasons that emergency medical services are called to the property?

- Do you think there has been any changes in how often or why emergency medical services since IWISH has been at the property? If yes, describe these changes and what you think the reasons for the changes are.

### **Family and Caregiver Interaction**

My next few questions are going to ask about how you interact with families and caregivers.

76. Do you ever interact with residents' families and caregivers?

- How often do you interact with them and what are the circumstances?
- Who typically initiates these interactions - you, the resident, or the family or caregiver?
- Do you ever coordinate this interaction with [WN]? If so, how?

77. Would you like to interact with residents' family and caregivers more often, less often, or is it about right?

78. How would you characterize residents' support systems at the property? Do most have formal or informal support systems (e.g., from family or friends, community groups, religious groups)?

- Do residents' support systems affect how you interact with residents or the assistance you provide them? If yes, describe how.

### **COVID-19 Changes**

*Ask this section only of Resident Wellness Directors who were at the property prior to October 2020.*

We would like to know more about COVID-19 and its impact on IWISH at your property.

79. Are there any property-wide policies enacted because of the COVID-19 pandemic that are still in effect at the property? For example, policies related to the use of face masks, visitors, group events, or use of public space. If so, describe these.
80. Have there been any changes made to the IWISH program or to your role as Resident Wellness Director because of the COVID-19 pandemic and associated restrictions?

Describe any changes in:

- Your work hours and location
- How you interact with residents
- Resident needs
- The types of assistance provided to residents
- The types and methods of health and wellness programming offered to residents
- How you interact with the Wellness Nurse
- How you interact with property management

81. In general, how would you describe the effect of COVID-19 and associated policies on residents' health and well-being?

82. Have you seen any benefits to residents from having IWISH at their property during the pandemic? If so, what are they?

83. Do you feel you had the support needed to do your job well during the pandemic?

- [IF YES] What support was most useful to you?
- [IF NO] What support would have been helpful?

### **Benefits of IWISH to Residents**

These next set of questions ask about your perspective of the benefits of IWISH to residents at the property, as well as your general thoughts on the model.

A goal of IWISH is to help individuals age in place. The model is also theorized to help reduce the rate at which residents use emergency healthcare services, increase the rate at which residents use preventative, primary healthcare services, and delay resident moves to nursing homes and other long-term care facilities.

84. I am going to ask a series of questions about observable changes in residents that in your opinion may be a result of the IWISH program or the work that the Resident Wellness Directors and Wellness Nurses do.

- Have you seen any changes in how residents use primary or specialty healthcare services such as residents going to their primary care doctor more or less often?
  - Can you think of any specific examples of something you or the Wellness Nurse did that led to a change in how residents used these services?
- Have you seen any changes in how residents use emergency healthcare services like the ambulance or the emergency department?
  - Can you think of any specific examples of something that you or the Wellness Nurse did to help a resident to avoid unnecessary 911 call or emergency healthcare services?
- Can you think of any examples where the IWISH program helped a resident stay in their housing or resolve tenancy issues such as problems paying rent or with housekeeping?
- Can you think of any examples of how the IWISH program helped a resident delay a move to a nursing home or other long-term care facility?
- Have you seen changes in the overall health and well-being of residents? For example, changes in residents' mental health, less isolation, or improved socialization of residents?
- Have you seen any other kinds of changes in residents that we have not already discussed?

85. [IF NO OR FEW CHANGES IDENTIFIED]: Why do you think you haven't seen any/many changes in residents because of having IWISH at the property?

86. If you had to pick one or two things about IWISH that you think have the most impact on residents' health and wellbeing and ability of residents to age in place, what would they be and why?

### **Barriers to Aging in Place**

87. What do you see as the main barriers that your residents face in aging in place successfully? Which of those barriers does the IWISH program help with? Which barriers is it not so helpful for?

### **Property Characteristics**

88. Do you think the property has the amenities and accessibility features that would allow residents to age in place?

- [IF YES] What are the property features that most help them do so?

89. What, if anything, is needed at the property to help residents better age in place?

90. Does the property have features in place in case someone is having a medical emergency? For example, pull cords in units, emergency call boxes, or defibrillators.

- [IF YES, ASK ABOUT EACH FEATURE MENTIONED]:
  - When was this feature first implemented?
  - Who at the property is trained and/or authorized to use this feature?
  - Are emergency responders notified when the feature is used?

### ***Community Characteristics***

91. Do you think the greater community has adequate amenities and accessibility features to help residents age in place?

- Can residents easily access transportation?
- Can they easily access medical appointments, grocery stores, and pharmacies?
- Is there sufficient availability of social services?
- Is there sufficient availability of healthcare services?
- Do residents have enough opportunities for socialization?

88. What, if any, changes are needed in the community to help residents better age in place?

### **IWISH Model Recommendations**

92. Do you have recommendations for changes or improvements to the IWISH model?

93. Is there anything I have missed asking about your experiences as a Resident Wellness Director or working at [PROPERTY]?

Those are all the questions I have. Thank you for your time.

## Appendix B. Interview Guide for Wellness Nurses

*Respondent is Wellness Nurse. Items in italics or brackets 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 have been contracted by the U.S. Department of Housing and Urban Development, or HUD, to conduct an evaluation of the Supportive Services Demonstration and the Integrated Wellness in Supportive Housing, or IWISH model, and your input is an important component of this process.

The purpose of this interview is to understand your experience with the implementation and impact of IWISH at your property. 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 180 minutes per response, and we expect this conversation will take about two hours and 30 minutes. The OMB control number is 2528-0321, expiring XX-XX-XXXX.

We will be taking notes during our discussion, and with your permission, 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. The audio recordings will be destroyed after our analysis is complete.

Your participation in this interview is voluntary and you are free to skip any questions you do not wish to answer. 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.

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

### **IWISH Staff Background**

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

1. When did you start working at this property (month/year)?
2. Before starting as a Wellness Nurse, please describe any experience you may have had in community health, with older adults aged 62 and older, or other related experience.
3. What is your educational background (degrees, fields of study)?
4. What interested you about the Wellness Nurse position?
5. Do you speak any languages other than English?
  - [IF YES] What is it/are they and do you communicate with residents in this/these language(s)?

### **Wellness Nurse Role**

I'm now going to ask a series of questions about your role at the property and how you assist residents.

6. Can you describe what a typical week as the Wellness Nurse looks like?
  - How many hours a week do you work?
  - Do you work at more than one IWISH property? If so, which property and how do you divide your time between them?
7. Under what circumstances and how often do you interact with residents?
  - What are the most common ways you interact with and assist residents?
8. What the most common reasons residents ask for your assistance? For example, are they related to needs for services or health, or related to property management and or their tenancy?
  - Which types of assistance take the most time to address?
9. Are there resident needs or requests for assistance that you are not able to provide?
  - [IF YES] What are they and why are you not able to provide assistance?
10. How do you coordinate with the Resident Wellness Director in working with residents?
11. How many residents do you work with on a regular basis?
12. Is the number of residents you work with manageable for you? Do you have enough time to provide the assistance that residents request?
13. In general, how satisfied are you with your position?
  - Are you satisfied with your hours?



- Are you satisfied with your salary and benefits?
14. What do you think are the most useful and important functions of the Wellness Nurse?
15. Are there any changes to the role or the job description of the Wellness Nurse that you would make based on your experience?
- [IF YES] What are the changes and why?
  - Are there any specific activities or services that you would have liked to provide for residents and for which you are qualified to do as a nurse, but that you were unable to because of the nonclinical requirements of the Wellness Nurse position?
    - [IF YES] How often did you receive requests for these services, and how did you respond to their requests?
  - Are there any specific activities or services that you routinely provide for residents, or that residents request of you, for which you think someone else is more appropriate to provide, for example the Resident Wellness Director or property manager?
    - [IF YES] How often did you receive these requests for these services, and how did you respond to their requests?
16. [If WN worked at property prior to October 2020] We are interested in learning how your role now compares to your role during the initial IWISH period which ended September 2020. Is there anything different about your role or responsibilities now than earlier in IWISH?
- [IF YES] What is different? When did these changes occur and why?

### **Training and Support**

I'm now going to ask about the training and support that you may have received as a Wellness Nurse – from the time you started in your role as Wellness Nurse to the present.

17. What training have you received specifically for your role as an IWISH Wellness Nurse?
- When and how often was this training provided?
  - What were the topics of training?
  - What was the format of training (written materials, in-person or remote live training, one-on-one guidance)?
  - Approximately how much time did the training take?
  - Who provided the training?
18. What training have you received that has been useful for your job but that is not specific to IWISH?
- When and how often was this training provided?
  - What were the topics of training?
  - Approximately how much time did the training take?
  - Who provided this training?
  - Did this training meet a continuing education requirement you have for your profession?
19. Who supervises you in your role as Wellness Nurse?

20. Who do you turn to if you have a question about how to assist a resident? Do you always receive the information or help you need?
21. What has been the role of property management and the property owner in implementing the IWISH model at your property?
  - What, if any, kind of support do they provide you with? How often?
  - Do you have any suggestions for how property management or the property owner could better support you in implementing IWISH at the property?
22. Is there anyone else who supports you in your position?
  - [IF YES] What position(s) support you, and what are their responsibilities?
22. Do you feel you have the necessary training and support to do your job well?
  - What training or support have you found most useful for your role and why?
  - Is there any additional training or support that would be useful to you that you don't receive now?
23. [If WN worked at property prior to October 2020] How does the training and support you receive now for the position of Wellness Nurse compare to what you received prior to October 2020?
24. Since October 2020, have any staffing vacancies in the IWISH program at your property impacted you in your role as Wellness Nurse?
  - o [IF YES] What positions were vacant and how did this impact you and your role?

### **Resident Participation**

Now I'd like to talk to you about resident participation in IWISH and how you work with residents.

25. Can you describe how you would typically start working with or assisting a resident with their individual needs?
  - Do you reach out to residents initially or do they reach out to you when they need assistance?
26. Do you conduct outreach to residents to educate them about IWISH or encourage them to meet with you? If so, what is your role? How do you coordinate the assistance you provide to residents with [RWD]?
27. In your opinion, how receptive have residents been to your outreach?
  - In your opinion, which methods have worked best for encouraging residents to meet with you or to participate in IWISH activities or programs?
28. What, if any, have been the challenges to getting residents to meet with you or participate in IWISH activities?

29. Have you found that some residents are more likely to meet with you or participate in IWISH activities than others? For example, do you see any differences in participation rates based on the age, gender, race, ethnicity, language ability, household composition, or perceived health status of residents?

[IF YES]

- Who? Which residents?
- Why do you think some residents are more likely to meet with you or participate in IWISH than others?

30. [If WN was at property prior to October 2020] Is there anything different about how you encourage residents to participate in IWISH or meet with you now versus earlier in IWISH, prior to October 2020?

- [IF YES] Describe these changes, when they were implemented, and why they were implemented.

### **Resident Characteristics**

31. Are there residents at the property who have limited English proficiency?

- [IF YES] What are the most common languages spoken at the property?

32. [IF APPLICABLE] How do you assist residents who do not speak the same language as you?

33. [IF APPLICABLE] Do you think language barriers have affected participation in IWISH activities or residents' ability to obtain assistance from staff?

34. Are there residents at the property who are deaf or are hard of hearing?

- [IF YES] How do you assist residents who are deaf or hard of hearing?
- [IF YES] Do you think residents who are deaf or hard of hearing have barriers to obtaining assistance from IWISH staff?

35. Are there residents at the property who have vision impairments?

- [IF YES] How do you assist these residents?
- [IF YES] Do you think residents who have vision impairments have barriers to obtaining assistance from IWISH staff?

36. Do you think your language ability or other aspects about your personal or cultural background has any effect on how you work with residents or the way you connect with them? Why do you think that?

### **Resident Assessments**

My next set of questions ask about the health and wellness assessments that you may conduct with residents.

37. Do you currently conduct any health and wellness assessments with residents?

[IF YES, ASK 38-39]

38. Can you describe the assessment you conduct with residents?
- Do you use the assessment questionnaire developed for IWISH or something else? (*Probe if the WN is familiar with the IWISH assessment questionnaire and refer them to a copy of the assessment if needed.*)  
[IF DIFFERENT FROM IWISH]
    - What type(s) of assessment tools and questionnaires do you use?
    - How do you determine what assessments to use? Who made this determination?
  - How do you conduct the assessments between you and [RWD]? How do you split the responsibilities for assessments between you and [RWD]?
  - How often do you complete or update assessments with residents?
39. What proportion of residents typically complete an assessment?
- Is it a goal to complete assessments with all residents at the property or all residents you regularly work with?
  - Have you experienced any challenges in completing assessments with residents? Are residents interested in participating in assessments? From your perspective, do they find them useful?
40. [If WN was at property prior to October 2020] How would you compare the assessment tools or procedures you use now versus earlier in IWISH, prior to October 2020?
- [IF YES] Describe any differences, and when and why they were implemented.

### **Individual Wellness Goals and Services Plans**

41. Do you work with residents individually to identify health and wellness needs or help them set and meet personal health and wellness goals?
- [IF YES]
- Can you describe this process?
  - Do you develop Individual Healthy Aging Plans (IHAPs) or other written plans for identifying individual service needs or health and wellness goals?
    - [IF YES] Describe the plan. What information is in the plan? How is the plan used?
  - How do you work with the Resident Wellness Director in helping residents set wellness goals? How do you distribute the work?
  - For what proportion of residents do you do this?
  - What has been your experience helping residents try to set health goals? Are residents willing to do this?
    - [IF NO] Why do you think that is?
  - What are the most common goals that residents choose to set?
42. [If WN was at property prior to October 2020] Is there anything different about how you work with residents to identify health and wellness needs and goals compared to earlier in IWISH?
- [IF YES] Describe these changes, when they were implemented, and why they were implemented.

### **Client Management Software**

43. How do you maintain information about residents for IWISH such as information collected through resident assessments and supportive services provided?

[IF USES CLIENT MANAGEMENT SOFTWARE, ASK 44-48]:

44. What client management software do you use?

45. Do you use a client management software to record any of the following information or activities?

- Resident enrollment (if applicable)
- Resident interactions with RWD and WN
- Resident assessment information
- Resident health and wellness goals and progress toward meeting goals
- Referrals made to service providers
- Healthcare insurance and healthcare provider information
- Interactions with health care providers on behalf of residents
- Medical events and other sentinel events
- Resident participation in group programming

46. How do you use the data recorded in the system?

*If needed:*

- To identify needed services for residents
- To track and follow up on referrals to service and healthcare providers
- To collaborate with RWD
- To obtain summary reports of resident activities and health and wellness indicators
- To meet HUD or other reporting requirements

47. What are the benefits of using this software to support your work?

48. What challenges, if any, have you experienced in using case management software? Does the software meet your needs?

### **Community-Wide Service Plans**

49. Do you have any role in developing a written services plan for the property, such as a Community Healthy Aging Plan (CHAP)?

[IF YES]

- What information about this property and its residents did you use? (*Probe if necessary: Did you use resident assessment data? Data collected in the client management system?*)
- What did you learn from the data in the plan? What were the most common health and wellness needs of residents that were identified by the plan?
- How did you use the plan? (*If necessary: Do you use the plan to identify services or programs for residents?*)
- Did you find the plan useful for assisting residents? Do you think the plan is worth doing again? If so, how often do you think the plan should be updated?

## **Health and Wellness Programming**

I'd like to next discuss health and wellness programming at your property.

50. How is it determined which health and wellness programming is made available to residents? Who is involved in this decision?
51. Describe any role you may have in coordinating the programming including identifying service providers.
- [IF APPLICABLE] How do you coordinate with [RWD] and others at the property? Do you deliver any of the programming yourself?
52. From your perspective, which programs offered at the property are the most popular? Which are the least popular?
53. Are there any programs that you would like to make available to residents but cannot for some reason?
- [IF YES] What are the programs and why cannot they be made available?
54. Do you think IWISH programming and activities have been convenient and accessible for all residents?
- Do you think programming has been accessible to residents for whom English is not their primary language?
  - Do you think the programming has been accessible for people with disabilities?
  - [IF NO] Why do you think that is? What do you think could be done to improve the availability of programming?
55. Have the types or availability of programs at the property changed over time?
- [IF YES] Describe the changes, when the changes were implemented, and the reasons for the changes.

## **Supportive Services Funds**

56. Are you familiar with how the property has used the supportive services funding available through the Supportive Services Demonstration grant?
- [IF YES] Has there been anything for which you would have liked to use the funds, but have not been able to do so?
    - [IF YES] Which programs, and what were the barriers to using the funds?

## **Healthcare Provider Interaction**

57. Do you ever interact with individual residents' healthcare providers?  
[IF YES]
- Under what circumstances?
  - How often do you interact with healthcare providers?
  - For how many residents do you typically do this, for example in a month?
  - Can you give me some examples of recent interactions with residents' healthcare providers?

### **Healthcare Partnerships**

58. Have you tried to establish relationships with healthcare providers in your community, such as primary care providers, hospitals or nursing homes?

[IF YES]

- Who are the providers? Why these providers or facilities?
- Are there specific healthcare providers or facilities that a large proportion of residents use? If so, what are they?
- What are you hoping to accomplish through the relationship?
- Have you developed any formal partnerships or written agreements with healthcare providers? If so, describe these.
- What challenges (if any) have you experienced in trying to establish these relationships?

[IF NOT] Why not?

59. Do you feel you have the necessary training and support to try to establish relationships with healthcare providers?

- [IF NO] What training or support would be helpful?

60. Have you made changes over time on how you approach developing healthcare partnerships? Has your ability to develop partnerships with healthcare providers changed over time?

61. Are you aware of other health and wellness programming or activities in the community available to residents that are similar to what is offered in IWISH?

- [IF YES]: What organization provides the program or activity? Approximately what proportion of residents participate?
- How would you compare the available community-based health and wellness programming to what is available in IWISH?

### **Transitional Care**

I'd now like to ask you some questions about working with residents on transitional care and emergency medical situations.

62. Does your property have a formal plan for how staff interact with residents who are returning from a hospital or nursing home stay?

- [IF YES] Was this plan first implemented or amended because of IWISH? [IF APPLICABLE] What features of the plan were added because of IWISH?

63. Can you walk me through what happens when a resident returns from a hospital or nursing home stay?

- What types of transitional care do you provide?
- How do you coordinate assistance with [RWD]?
- How often do you help with transitional care when a resident is returning from a hospital or nursing home stay?

64. Would you like to do more to assist residents transitioning to and from a hospital or nursing home setting?
- [IF YES] What else would you like to do? What is preventing you from doing so?

### **Emergency Medical Situations**

65. Can you walk me through what happens when someone has a medical emergency at the property?
- How do you get involved?
  - How do you interact with the resident experiencing the emergency?
  - How do you interact with the Resident Wellness Director?
  - How do you interact with property manager and other property staff?
  - How do you interact with emergency responders themselves?
66. Is there a formal plan that you follow when a resident has a medical emergency?
- [IF YES] Does the plan specify roles or responsibilities specifically for your job as the Resident Wellness Director? If so, please describe those roles and responsibilities.
67. What are the main reasons that emergency medical services are called to the property?
- Do you think there has been any changes in how often or why emergency medical services since IWISH has been at the property? If yes, describe these changes and what you think the reasons for the changes are.
68. Do you ever suggest alternatives to calling emergency medical services when other responses (e.g., urgent care, calling an advice nurse) would be more appropriate?
- [IF YES] Can you provide any examples of when you have done this? What were the outcomes?

### **Family and Caregiver Interaction**

My next few questions are going to ask about how you interact with families and caregivers.

69. Do you ever interact with residents' families and caregivers?
- How often do you interact with them and what are the circumstances?
  - Who typically initiates these interactions - you, the resident, or the family or caregiver?
  - Do you ever coordinate this interaction with [RWD]? If so, how?
70. Would you like to interact with residents' families and caregivers more often, less often, or is it about right?
71. How would you characterize residents' support systems at the property? Do they have formal or informal support systems? (e.g., from family or friends, community groups, religious groups)
- Do residents' support systems affect how you interact with residents or the assistance you provide them? If yes, describe how.



## **COVID-19 Changes**

*Ask this section only of Wellness Nurses who were at the property prior to October 2020.*

We would like to know more about COVID-19 and its impact on IWISH at your property.

72. How has the COVID-19 pandemic impacted your role as Wellness Nurse?

Describe any changes in:

- Your work hours and location
- How you interact with residents
- Resident needs
- The types of assistance provided to residents
- The types and methods of health and wellness programming offered to residents
- How you interact with the Resident Wellness Director
- How you interact with property management

73. In general, how would you describe the effect of COVID-19 and associated restrictions on residents' health and well-being?

74. Have you seen any benefits to residents from having IWISH at their property during the pandemic? If so, what are they?

75. Do you feel you had the support needed to do your job well during the pandemic?

- [IF YES] What support was most useful to you?
- [IF NO] What support would have been helpful?

## **IWISH Benefits to Residents**

My last set of questions ask about your perspective of the benefits to residents for participating in IWISH, as well as your general thoughts on the model.

A goal of IWISH is to help individuals age in place. The model is also theorized to help reduce the rate at which residents use emergency health care services, to increase the rate at which residents use preventative, primary healthcare services, and delay resident moves to nursing homes and other long-term care facilities.

76. Have you seen any changes in residents that in your opinion may be a result of the IWISH program or the work that the Wellness Nurses and Resident Wellness Directors do? Please describe these changes.

- Have you seen any changes in how residents use primary or specialty healthcare services such as residents going to their primary care doctor more or less often?
  - Can you think of any specific examples of something you or the Resident Wellness Director did that led to a change in how residents used these services?
- Have you seen any changes in how residents use emergency healthcare services like the ambulance or the emergency department?

- Can you think of any specific examples of something that you or the Resident Wellness Director did to help a resident to avoid unnecessary 911 call or emergency healthcare services?
  - Can you think of any examples where the IWISH program helped a resident stay in their housing or decrease tenancy issues such as problems paying rent or with housekeeping?
  - Can you think of any examples of how the IWISH program helped a resident delay a move to a nursing home or other long-term care facility?
  - Have you seen changes in the overall health and well-being of residents? For example, changes in residents' mental health, less isolation, or improved socialization of residents?
    - Have you seen any other kinds of changes in residents that we have not already discussed?
77. [IF NO OR FEW CHANGES IDENTIFIED]: Why do you think you haven't seen any/many changes in residents because of having IWISH at the property?
78. If you had to pick one or two things about IWISH that you think have the most impact on residents' health and wellbeing and ability of residents to age in place, what would they be?

### **Barriers to Aging in Place**

79. What do you see as the main barriers that your residents face in aging in place successfully? Which of those barriers does the IWISH program help with? Which barriers is it not so helpful for?

### **Property Characteristics**

80. Do you think the property has adequate amenities and accessibility features that allow residents to age in place?
81. What, if anything, is needed at the property to help residents better age in place?
82. Does the property have features in place in case someone is having a medical emergency? For example, pull cords in units, emergency call boxes, or defibrillators.
- [IF YES, FOR EACH FEATURE MENTIONED]
    - When was this feature first implemented?
    - Who at the property is trained and/or authorized to use this feature?
    - Are emergency responders are notified when the feature is used?

### **Community Characteristics**

83. Do you think the greater community has adequate amenities and accessibility features to help residents age in place?
- Can residents easily access transportation?
  - Can they easily access medical appointments, grocery stores, and pharmacies?
  - Is there sufficient availability of healthcare and social services?

84. What, if any, changes are needed in the community to help residents better age in place?

**IWISH Model Recommendations**

85. Is there anything you could change about IWISH if you could? If so, what?

86. Do you have recommendations for improvements to the IWISH model?

87. Is there anything I have missed asking about your experiences as a Wellness Nurse or working at [PROPERTY]?

Those are the questions I have. Thank you for your time.

## Appendix C. Interview Guide for Treatment Group Property Owners and Managers

*Respondent is housing property owner or designee (such as the property manager). 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 have been contracted by U.S. Department of Housing and Urban Development to conduct an evaluation of the Supportive Services Demonstration and the Integrated Wellness in Supportive Housing, or IWISH, program. IWISH is the program that provides the funding for the Resident Wellness Director(s) and Wellness Nurse(s) at this property. We are speaking with representatives of owners of all the properties that have been implementing IWISH.

The purpose of this interview is to gather some basic information about your organization, understand how the IWISH program works at your property, and to learn about health and wellness staffing, programming, and funding at your property. We would like to understand your experience with the implementation of the IWISH model at [PROPERTY] after the conclusion of the initial demonstration period in September 2020 and your perception of impact of the IWISH model on residents' health, wellbeing, and tenancy.

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 120 minutes per response, but we expect this conversation will take about an hour and 30 minutes. The OMB control number is 2528-0321, expiring **XX-XX-XXXX**.

We will be taking notes during our discussion, and with your permission, will 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. Given the number of properties in the demonstration, however, there is a small chance that HUD may be able to identify your organization. The information that we collect will be used for research purposes only, not for any audit or compliance purposes. Any recordings of interviews will be destroyed after we complete our notes and will not be shared with HUD.

Your participation in this interview is purely voluntary and you are free to skip any questions you do not wish to answer. There may be some questions you may not be able to answer or that are more appropriate for other staff. If possible, I would like to follow up with those individuals after this interview. If you are unable to answer or would prefer not to answer a question, just let me know.

Do you have any questions about the evaluation or today's discussion before we begin? Do I have your permission to record this interview?

### **Respondent Background Information**

1. Can you tell me a little bit about yourself and your background with [ORGANIZATION NAME]?
  - How many years have you worked for [ORGANIZATION]?
  - What is your role in the organization?
2. Can you tell me about your organization's housing portfolio, including any HUD-assisted propert(ies)?
3. Does the mission of your organization extend beyond housing? For example, does your organization do advocacy, research, development, training, or provide any services?
4. Please describe your involvement with service coordination or supportive services at [PROPERTY]. How long have you been involved?

### **Property Management Support for IWISH Activities**

5. Can you describe your role in the implementation of IWISH?
6. [IF APPLICABLE]: Who in your organization is responsible for the following?
  - Hiring the Resident Wellness Director
  - Contracting or hiring for the Wellness Nurse
  - Outreach or encouraging residents to participate in IWISH activities
  - Coordinating or funding health and wellness programming
  - Administrative, clerical, or reporting tasks for the Supportive Services Demonstration or IWISH grant

*[Interviewer will ask respondent the categories of questions relevant to the respondent's responsibilities and follow up with other respondents in the organization as necessary following the interview.]*

7. Overall, how would you characterize the current involvement of property management in the day-to-day activities of the IWISH program?
  - Would you describe property management as very involved, somewhat involved, minimally involved, or not involved at all?
    - o Can you tell me why you answered the way you did?
  - About how many hours would you say that you work on activities related to the IWISH program
  - How does this level of involvement compare to the involvement in the initial three-year IWISH period between October 2017 and September 2020? Is there anything different that you do for IWISH now than during the initial period? If yes, when and why did it change?

8. What would you say are the ways you, other property management staff, or owner organization staff help to support the IWISH program activities? Describe these.
9. To your knowledge, did the property experience any challenges with continuing IWISH after the initial demonstration period ended in September 2020? If so, describe. (*If necessary:* Examples include funding IWISH staff between demonstration grant periods, turnover in Resident Wellness Director position; contracting or hiring for Wellness Nurse, providing training and support to IWISH staff, obtaining client management software, establishing plans and procedures for IWISH implementation.)

### **IWISH Staffing and Training**

*These questions should be asked of the person responsible for the hiring and supervision of IWISH staff.*

Now I would like to ask about how the two IWISH positions have been staffed since the initial demonstration period ended in September 2020 and your perspective of the two roles.

10. First, can you describe your understanding of how the Resident Wellness Director and Wellness Nurse are expected to work together to assist residents? How do you see these two roles interacting?

### **Resident Wellness Director Position**

11. Has/have the Resident Wellness Director position(s) been consistently filled since the initial demonstration period ended in September 2020?

[IF NO]

- What are the start and end dates of vacancies?
  - From your perspective, what were the reason(s) for the vacancies? (*If needed, prompt:* For example, left for a new opportunity, not the right fit, personnel conflict, dismissed due to performance.)
  - To your knowledge, did your organization experience any challenges in engaging the services of a new Resident Wellness Director?
  - How did the property adapt while the position was vacant? Did anyone else assume some of the Resident Wellness Director's duties? If so, please describe.
  - From your perspective, did any vacancies or turnover in the Resident Wellness Director position affect the implementation of IWISH? If so, how?
12. How did the property fund this position during the transition period between IWISH demonstration grants? (*If necessary:* through remaining grant funds from initial IWISH period, HUD Multifamily Service Coordinator grant program, through rent/operations funding, or other public or private sources of funding)
    - Did your organization make any changes to the salary, work hours, benefits, or requirements to the Resident Wellness Director position after the end of the initial demonstration period in September 2020? If yes, describe the changes and when and why they were made.

### ***Resident Wellness Director Training and Support***

13. Who supervises the Resident Wellness Director on a daily basis? Describe this supervision.
14. Does your organization provide or coordinate formal training for the Resident Wellness Director on how to do their day-to-day jobs? If yes, describe the training, how often it is provided, and the topics of training.
15. From your perspective, does the Resident Wellness Director(s) have the training and support needed to do their job well?
  - [IF NO] What training and support is needed?
16. From your perspective, what do you see as the most useful or valuable aspects of the Resident Wellness Director?
17. Is there anything about the Resident Wellness Director's job description that you would change if you could?

### ***Wellness Nurse Staffing***

18. Has the Wellness Nurse position been filled since the initial demonstration period ended in September 2020?  
[IF YES]:
  - When and for how long was the position filled?
  - How did the property fund this position during the transition period between demonstration grant periods?
  - Did you direct hire or contract for the Wellness Nurse position? Why?
  - Did your organization make any changes to the hours, salary, or requirements for the Wellness Nurse position after the end of the initial demonstration period? If yes, describe the changes and when they were made.
  - To your knowledge, did your organization experience any challenges in engaging the services of a Wellness Nurse during the extension period? If so, describe.
19. Have there been any turnover or vacancies in the Wellness Nurse position since September 2020?  
[IF YES]:
  - For how long was the position vacant or less than fully staffed? What are the start and end dates of vacancies?
  - From your perspective, what were the reason(s) for the vacancies? (*If needed, prompt: For example, left for a new opportunity, not the right fit, due to contracting agency requirements, personnel conflict, dismissed due to performance.*)
  - How did the property adapt while the position was vacant? Did anyone else assume some of the Wellness Nurse's duties? If so, please describe.

- From your perspective, did any vacancies or turnover in the Wellness Nurse position affect the implementation of IWISH? If so, how?

### ***Wellness Nurse Training and Support***

20. Who supervises the Wellness Nurse on a daily basis? How was the supervisor decided?
21. Does your organization provide or coordinate formal training for the Wellness Nurse(s) on how to do their day-to-day jobs? If yes, describe the training, how often it is provided, and the topics of training.
22. In your opinion, does the Wellness Nurse have the training and support needed to do their job well?
  - [IF NO] What training or support would be most helpful?
23. What do you see as the most useful or valuable aspects of the Wellness Nurse?
24. Is there anything about the Wellness Nurse's job description that you would change if you could?

### ***Case Management Software***

25. After the end of the initial three-year IWISH period, property staff no longer had access to the IWISH case management system, Population Health Logistics, or PHL, to record resident assessment and service data. What has been your organization's experience been in transitioning from that software?
  - Did staff change to a different case management system? If yes, which one? Why and how did the organization choose this system?
  - Did your organization experience any challenges moving to a different case management system? Were you able to transfer the PHL data to the new system?
  - Does [ORGANIZATION] generate reports from this system? If so, describe how this information is used.

### **Health and Wellness Programming and Partnerships**

#### ***Health and Wellness Programming Changes***

26. Are you familiar with health and wellness programming offered at the property?

[IF YES]:

Did health and wellness programming offered at the property change after September 2020?

Describe any changes made to:

- Types and frequency of programming
- Health needs addressed
- How and where programming is held
- Who provides the programming



- Availability of service providers to provide needed programming
- Funding available for supportive services

[FOR EACH CHANGE IDENTIFIED] When was the change made and why was the change made?

### **Supportive Services Funding**

27. Are you familiar with how the property has used the supportive services funding (\$15/unit/month) available through the Supportive Services Demonstration grant?

[IF NO] Were you aware that \$15/unit/month was available for evidenced-based programs and other supports for residents at the property? Were you ever presented with requests to use grant funds for these types of activities?

[IF YES]

- What have the funds been used to pay for to date? What are the needs being addressed with the funds?
- How are decisions made about how to use the funds? Who makes these decisions?
- What challenges, if any, has the property experienced when trying to use these funds?

28. Does the property have any other sources of funding for health and wellness programming or services at the property? If yes, describe the source of these funds and what programs and services they cover. *[Requests for any property-wide supportive services budgets or expense report covering the IWISH Extension period will be sent to the respondent ahead of the interview.]*

29. Do you think the amount of supportive services funding available to the property is sufficient to support health and wellness programming at the property? Why or why not?

30. Are there any health and wellness programming or property amenities that you would like to make available, but cannot for some reason? If yes, describe these and why they cannot be made available.

### **Partnerships with Service and Healthcare Providers**

31. Have you or other [ORGANIZATION] staff been involved in building partnerships with service providers in the community?

[IF YES] Describe your and others' involvement:

- For which providers?
- How did the partnership come about?
- What is the partnership for? What is your organization hoping to achieve with the partnership? How does it benefit residents?

32. Have you or other [ORGANIZATION] staff been involved in building partnerships with healthcare providers in the community, such primary care providers, hospitals and nursing homes?

[IF YES] Describe your and others' involvement.

- For which providers?
- How did the partnership come about?
- What is the partnership for? What is your organization hoping to achieve with the partnership? How does it benefit residents?

33. What challenges (if any) have you experienced in trying to establish relationships with service and healthcare providers? Do you have any examples of how your property has been effective in developing these types of partnerships, or recommendations you would give to other properties looking to develop partnerships?

34. In general, have you observed any changes in community partnerships in the last few years? Has the number of partnerships increased or decreased? Have the types of partners changed? To what extent are these changes attributable to IWISH?

### **Effects of COVID-19 on IWISH and Residents**

Now we would like to understand how the COVID-19 pandemic may have affected residents and implementation of IWISH.

35. Are there any property-wide policies enacted because of the COVID-19 pandemic that are still in effect at the property? For example, policies related to the use of face masks, visitors, group events, or use of public space. If so, describe these.

36. Have there been any changes made to the IWISH program because of COVID that are still in effect at the property? Describe any changes in:

- Services/wellness staff work hours and location
- How staff interact with residents
- Resident service needs
- The types of assistance provided to residents
- The types and methods of health and wellness programming offered to residents
- How property management interacts with the service coordinator/wellness staff

37. [IF CHANGES IDENTIFIED] Do you know why these changes are still in effect? Do you expect these will be permanent changes?

38. [Was there any aspect of IWISH or other programming that was particularly beneficial to residents during the pandemic?

### **Tenancy**

39. What are the main reasons why residents leave the property? What proportion would you say are because they are initiated by the resident, because they want to live somewhere else, or initiated by the owner because they have lease violations or are evicted for not paying rent?

- For residents moving to live somewhere else, what can you tell me about where residents typically move to and why they decide to move from [PROPERTY]?

The IWISH program is designed to help residents to age in place and delay moves to nursing homes or other higher levels of care.

40. Can you think of any examples of how the IWISH program helped a resident delay a permanent move to a nursing home or other long-term care facility?
  - Do you or other property staff play a role in determining whether residents move from the property because they need a higher level of care? If so, describe your or others' roles.
41. Can you think of any examples where the IWISH program helped a resident stay in their housing or decrease tenancy issues like late payment of rent or housekeeping issues?
42. Do you think that the IWISH program has had or will have any effect on whether and why people leave the property? If so, describe. Have you seen any changes in why or how often residents leave the property since IWISH has been at the property?

### **Effects of IWISH**

43. Have you seen any changes in the overall health and wellness of residents that in your opinion may be a result of the IWISH program or the work that the Resident Wellness Directors and Wellness Nurses do?
44. Have you seen any changes in how often or in what way residents use primary or specialty healthcare services?
45. Can you think of any examples of something that the Resident Wellness Director or the Wellness Nurse did to help a resident to avoid unnecessary 911 calls or emergency healthcare services?
46. Have you seen any other kinds of changes in residents that in your opinion may be a result of the IWISH program that we have not already discussed?
47. Are there particular groups or types of residents that you feel have been or are more likely or less likely to benefit from IWISH? If yes, describe.
48. Do you think IWISH programming and activities have been convenient and accessible for all residents? Are there particular groups for whom programs and activities have not been accessible? If so, who are they? Do you have any suggestions for how the programming could be made more accessible?
49. Has working with the Resident Wellness Director and Wellness Nurse had an impact on how you do your job? For example, have they had any impact on your plans for the property or your day-to-day decisions? If so describe.

### **Barriers to Aging in Place**

50. Stepping back from the IWISH program, what do you see as the upsides and downsides of encouraging residents to age in place? (*If necessary*: For the property? For the residents? For the community as whole?)

51. What do you see as the main barriers that your residents face in aging in place successfully? Which of those barriers does the IWISH program help with? Which barriers is it not so helpful for?
52. Do you think the property has the amenities and accessibility features that allow residents age in place? If no, describe what is missing.
53. Does the property have features in place to allow residents or staff to assist someone having a medical emergency? For example, pull cords in units, emergency call boxes, or defibrillators.
  - [IF YES, ASK ABOUT EACH FEATURE MENTIONED]:
    - When was this feature first implemented?
    - Who is trained or authorized to use this feature?
    - Who is notified when the feature is used, for example, emergency responders, property management, IWISH staff?
    - Do you keep records of when these features are used?
54. What, if anything, is needed at the property to help residents better age in place?
55. Do you think the greater community has amenities and accessibility features to help residents age in place?
  - Can residents easily access transportation?
  - Can they easily access medical appointments, grocery stores, and pharmacies?
56. Are there any changes that are needed in the community to help residents better age in place?

### **Perceptions of IWISH Model**

57. [IF APPLICABLE] From your perspective, how different is what is being offered through IWISH from what you normally do at your HUD-assisted properties for older adults?
58. [IF APPLICABLE] How would you compare IWISH to what was offered at the property before the demonstration?
59. What aspects of the IWISH model do you see as the most beneficial? What aspects are the least beneficial?
60. Do you see any limitations to the impact of IWISH on residents' health, wellness, and ability to remain in their homes?
61. Do you have any suggestions for how the IWISH program could be improved? Either the design of the program or additional resources HUD could be providing?
62. Is there anything else that you would like to communicate about the IWISH program or about your work?

Those are all the questions I have. Thank you very much for your time.

## Appendix D. Interview Guide for Active Control Group Property Owners and Managers

*Respondent is housing property owner or designee (such as the property manager). Items in italics and brackets 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 have been contracted by U.S. Department of Housing and Urban Development, or HUD, to conduct an evaluation of the Supportive Services Demonstration and Integrated Wellness in Supportive Housing, or IWISH, model that has been implemented at a small number of properties for older adults. We are speaking with representatives of owners of a sample of properties that applied for the demonstration in 2017 but were not selected to implement the IWISH model.

The purpose of this interview is to gather some basic information about your organization, and to learn about health and wellness staffing, programming, and funding at your property. The responses will help us understand how the IWISH model differs from typical services at HUD-assisted properties for older adults. We are particularly interested in learning about wellness staffing and services at [PROPERTY] since September 2020 when the initial three-year period of the Supportive Services Demonstration ended.

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 120 minutes per response, but we expect this conversation will take up to an hour and a half. The OMB control number is 2528-0321, expiring **XX-XX-XXXX**.

We will be taking notes during our discussion, and with your permission, will 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. Given the number of properties in the demonstration, however, there is a small chance that HUD may be able to identify your organization. The information that we collect will be used for research purposes only, not for any audit or compliance purposes. Any recordings of interviews will be destroyed after we complete our notes and will not be shared with HUD.

Your participation in this interview is purely voluntary and you are free to skip any questions you do not wish to answer. There may be some questions you may not be able to answer or that are more appropriate for other staff. If possible, I would like to follow up with those individuals after this interview. If you are unable to answer or would prefer not to answer a question, just let me know.

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

Do I have your permission to record this interview?

### **Respondent Background Information**

63. Can you tell me a little bit about yourself and your background with [ORGANIZATION NAME]?

- How many years have you worked for [ORGANIZATION]?
- What is your role in the organization?

64. Can you tell me about your organization's housing portfolio, including any HUD-assisted property(ies)?

65. Does the mission of your organization extend beyond providing housing? For example, does your organization do advocacy, research, development, training, or provide any services?

66. Please describe your involvement with service coordination or supportive services at [PROPERTY]. How long have you been involved?

### **Property Management Support for Supportive Services**

*Properties with Service Coordinators Only*

67. Can you describe your [ORGANIZATION]'s role in the day-to-day implementation of service coordination and supportive services at [PROPERTY]? In which activities are you or others in your organization involved?

68. [IF APPLICABLE]: Who in your organization is responsible for the following?

- Hiring a Service Coordinator or other supportive services staff
- Outreach or encouraging residents to participate in services or resident activities
- Coordinating and funding health and wellness programming
- Assuring availability of physical space for staff or programming
- Administrative, clerical, or reporting tasks

*[Interviewer will ask respondent the categories of questions relevant to the respondent's responsibilities and follow up with other respondents in the organization as necessary following the interview.]*

69. Overall, how would you characterize the overall involvement of property management in the day-to-day activities of the Service Coordinator program?

- Would you describe property management as very involved, somewhat involved, minimally involved, or not involved at all?
- Would you say property management has become more or less involved in supportive services at [PROPERTY] in the last five years? [IF MORE OR LESS INVOLVED] In what ways?

70. What would you say are the most important ways that property management supports supportive services at [PROPERTY]?

71. Are there any other ways you, other property management staff, or owner organization staff help to support supportive services or the Service Coordinator program at [PROPERTY]?

### **Supportive Services Staff**

*To be Asked of the Service Coordinator Supervisor, Properties with Service Coordinators Only*

72. Does [PROPERTY] have a Service Coordinator now?

[IF YES]:

- How many Service Coordinators work at the property? What are their hours at the property?

73. Has the [PROPERTY] had a Service Coordination position filled consistently since [October 2020]?

[IF NO]

- What are the start and end dates of vacancies?
- From your perspective, what were the reason(s) for the turnover? (*If needed, prompt: For example, left for a new opportunity, not the right fit, personnel conflict, dismissed due to performance.*)
- How did the property adapt while the position was vacant? Did anyone else assume some of the Service Coordinator's duties? If so, please describe.

74. How does the property fund this position? (*If necessary: HUD Multifamily Service Coordinator grant program, through rent/operations funding, or other public or private sources of funding*)

- Did your organization make any changes to the salary, work hours, benefits, or requirements to the Service Coordinator position between October 2017 and now? If yes, describe the changes and when and why they were made.

75. [IF APPLICABLE] To your knowledge, has your organization experienced any challenges in engaging the services of a Service Coordinator? If so, describe.

### **Service Coordinator Training and Support**

76. Who supervises the Service Coordinator on a daily basis?

77. Does your organization provide or coordinate formal training for the Service Coordinator(s) on how to do their day-to-day jobs? If yes, describe the training, how often it is provided, and the topics of training.

78. In your opinion, does the Service Coordinator(s) have the training and support needed to do their job well?

- [IF NO] What training and support is needed?

### **Resident Assessments and Case Management Software**

79. Do Service Coordinators use a case management system to collect resident health and service data?

80. What client management software do you use? Why did you choose that software?
81. Do you use a client management software to record any of the following information or activities?
- Resident participation in Service Coordination
  - Resident interactions with Service Coordinator
  - Resident assessment information
  - Resident health and wellness goals and progress toward meeting goals
  - Referrals made to service providers
  - Healthcare insurance and healthcare provider information
  - Medical events and other sentinel events
  - Resident participation in group programming
82. How do staff use the data recorded in the system?
- If needed:*
- To identify needed services for residents
  - To track and follow up on referrals to service and healthcare providers
  - To obtain summary reports of resident activities and health and wellness indicators
  - To meet HUD or other reporting requirements
83. What are the benefits of using this software to support staff's work?
84. What challenges, if any, have staff experienced in using case management software? Does the software meet your needs?
- [IF NO]
- Does [PROPERTY] otherwise collect any data on residents' health and wellness or use of services? If yes, describe the data that is collected, how the data is collected, and how the data is used.

### **Health and Wellness Programming**

85. In the last year, was any health and wellness programming offered to residents at [PROPERTY]? If yes, describe the following for each program offered:
- Types and frequency of programming
  - Health needs addressed
  - How and where programming is held
  - Who provides the programming
  - Availability of service providers to provide needed programming
86. Does [PROPERTY] have a regular on-site healthcare provider such as a nurse or other type of provider who visits the property regularly?
- [IF YES]
- How often does the provider visit the property? (*If necessary:* Indicate per week, per month, per year)
  - What are current hours per week or month of provider?
  - What services does the provider offer residents?



- About how many residents access these services? Would you say it is few or most residents?
- How are these services funded?

87. Has the programming changed at [PROPERTY] in the last several years? If yes, describe the changes when they occurred, and why they were made.

88. Are you aware of other health and wellness programming or activities in the community available to residents that are similar to what is offered in IWISH?

- [IF YES]: What organization provides the program or activity? Approximately what proportion of residents participate?
- How would you compare the available community-based health and wellness programming to what is available in IWISH?

### **Supportive Services Funding**

89. Does the property have any sources of funding for health and wellness programming or services at the property aside from the HUD Multifamily Service Coordinator program?

[IF YES]

- Describe the source of these funds.
- What programs and services do they cover? What are the needs being addressed with the funds?
- How are decisions made about how to use the funds? Who makes these decisions?
- How reliable are the sources of funding? Do you expect your organization to continue to receive this funding?

90. Do you think the amount of funding made available at the property is sufficient to support health and wellness programming at the property? Why or why not?

- [IF NO]: How much funding would the property need to adequately fund supportive services? (*If necessary: on a per-unit or annual basis?*)

91. Have there been any programs, activities, or services for which you would have liked to offer, but have not been able to do so? If yes, what are they and why have you not been able to offer them?

### **Community Partnerships**

92. Have you observed any changes in community partnerships over time in the last five years? Has the number of partnerships increased or decreased? Have the types of partners changed?

- [IF OBSERVED CHANGES] Why do you think that this?

93. Have you or other [ORGANIZATION] staff been involved in building partnerships with service providers in the community? If so, describe.

[IF YES]

- What has that experience been like?
- What is your organization hoping to achieve with the partnership?
- What challenges (if any) have you experienced in trying to establish these relationships?
- Have you made changes over time on how you approach developing these partnerships? Has your ability to develop partnerships with providers changed over time?
- What has been effective in developing partnerships with service providers?

94. Have you or other [ORGANIZATION] staff been involved in building partnerships with healthcare providers in the community, such primary care providers, hospitals and nursing homes?

[IF YES]

- What has that experience been like?
- What is your organization hoping to achieve with the partnership?
- What challenges (if any) have you experienced in trying to establish these relationships?
- Have you made changes over time on how you approach developing healthcare partnerships? Has your ability to develop partnerships with healthcare providers changed over time?
- What has been effective in developing partnerships with service providers?

### **Effects of COVID-19 on Services and Residents**

95. In general, how would you describe the effect of COVID-19 and associated restrictions on residents' health and well-being?

96. Have there been any changes made to the services and programming at [PROPERTY] because of COVID and/or associated restrictions? Describe any changes in:

- Service Coordinator /or other property staff work hours and location
- How staff interact with residents
- Resident needs
- The types of assistance provided to residents
- The types and methods of health and wellness programming offered to residents
- How property management interacts with the Service Coordinator
- When and for how long were the changes implemented?

97. Are there any changes that you made in response to the COVID-19 that have resulted in permanent changes to how you work with older adults?
98. Was there any aspect of supportive services or programming that was particularly beneficial to residents during the pandemic?

### **Effects of Supportive Services**

We would now like to discuss your perspective of the work that the Service Coordinators do and how their work affects residents.

99. What do you see as the most useful or valuable aspects of the Service Coordinator?
100. Is there anything about the Service Coordinator's job description that you would change if you could?

*Ask only if the property has a Service Coordinator.*

101. Has working with the Service Coordinator had an impact on how you do your job? For example, have they had any impact on your plans for the property or your day-to-day decisions? If so describe.
102. Have you seen any changes in the overall health and wellness of residents that in your opinion may be a result of supportive services programming or the work that the Service Coordinator does?
103. Have you seen any changes in how often or how residents use primary or specialty healthcare services because of their interactions with supportive services programming or staff?
104. Can you think of any examples of something that the Service Coordinator or other services staff did to help a resident to avoid unnecessary 911 calls or emergency healthcare services?
105. Can you think of any examples where the Service Coordinator or supportive services helped a resident stay in their housing or decrease tenancy issues?
106. Can you think of any examples of how the Service Coordinator or supportive services helped a resident delay a move to a nursing home or other long-term care facility?
107. Do you think that the Service Coordinator or supportive services programming has had or will have any effect on whether and why people leave the property? If so, describe.
108. Have you seen any other kinds of changes in residents that in your opinion may be a result of the Service Coordinator program or supportive services that we have not already discussed?

109. Are there particular groups or types of residents that you feel are more likely or less likely to benefit from supportive services available at the property? If yes, describe why you think so.
110. Do you think programming and access to services staff have been convenient and accessible for all residents?

### **Tenancy**

111. What are the main reasons why residents leave the property? What proportion would you say are because they are initiated by the resident, because they want to live somewhere else, or initiated by the owner because they have lease violations or are evicted for not paying rent?
- For residents moving to live somewhere else, what can you tell me about where residents typically move to and why they decide to move from [PROPERTY]?

### **Barriers to Aging in Place**

112. What do you see as the upsides and downsides of encouraging residents to age in place, or stay in their apartments for as long as they would like? (*If necessary:* For the property? For the residents? For the greater community as whole?)
113. What do you see as the main barriers that your residents face in aging in place successfully? Which of those barriers do supportive services offered at [PROPERTY] help with? Which barriers are they not so helpful for?
114. Do you think the property has the amenities and accessibility features that allow residents to age in place? If no, describe what is missing.
115. What, if anything, is needed at the property to help residents better age in place?
116. Does the property have features in place to allow residents or staff to assist someone having a medical emergency? For example, pull cords in units, emergency call boxes, or defibrillators.
- IF YES, ASK ABOUT EACH FEATURE MENTIONED:
    - When was this feature first implemented?
    - Who is trained or authorized to use this feature?
    - Which emergency responders are notified when the feature is used?
117. Do you think the community has amenities and accessibility features to help residents age in place?
- Can residents easily access transportation?
  - Can they easily access medical appointments, grocery stores, and pharmacies?
  - Is there sufficient availability of social services?
  - Is there sufficient availability of healthcare services?
  - Do residents have enough opportunities for socialization?

118. Are there any changes that are needed in the community to help residents better age in place?

**Perceptions of IWISH Model and Supportive Services**

119. Are you familiar with the Integrated Wellness in Supportive Housing, or IWISH, model?

[IF YES]

- How different is what is being offered through IWISH from what you normally do in your HUD-assisted properties for older adults? How would you compare IWISH to what services are typically offered?
- What aspects of the IWISH model do you see as most beneficial? Least beneficial?

120. Do you have any suggestions for how the service coordinator program or supportive services at HUD-assisted properties for older adults could be improved? Either the design of the program or additional resources that HUD could be providing?

121. Is there anything else that you would like to communicate about [PROPERTY], supportive services at [PROPERTY], or anything else about your work?

Those are all the questions I have. Thank you very much for your time.

## Appendix E. Outreach and Scheduling Materials for Resident Interviews

### Initial Outreach Letter

[RESIDENT NAME]

[PROPERTY NAME AND ADDRESS]

Dear [RESIDENT NAME]:

The United States Department of Housing and Urban Development (HUD) is sponsoring the **Integrated Wellness in Supported Housing, or IWISH, Demonstration** to help older adults stay healthy and live safely in their homes. [PROPERTY NAME] is part of IWISH.

Abt Associates is an independent research firm hired by HUD to study IWISH. On **[SITE VISIT DATE]** we will be visiting [PROPERTY NAME] to talk to residents 1-on-1 about their experiences with IWISH health and wellness services. You are invited to participate in a 45-minute interview. Participating in an interview is completely voluntary, but we encourage you to share your feedback. Interviews will take 45-minutes [or 90-minutes if using real-time translation] Not participating will not affect the housing or services that you receive in any way.

If you choose to participate, you will receive a **\$40 gift card** as a thank you. If you have a caregiver or support person who helps you with your day-to-day activities, that person is welcome to attend the interview to assist you. However, we are not able to provide separate gift cards for caregivers or support people.

**Interviews will take place on [SITE VISIT DATE], from [TIMESPAN], in [LOCATION]. Please visit the study team in [LOCATION] for more information and to sign up to participate in an interview. You may also request to schedule an interview by telephone or video conference. Interpretation services and reasonable accommodations will be provided to ensure you can participate if you are interested.**

**To schedule an interview ahead of time or to request interpretation services or accommodation, please notify us by calling our toll-free hotline at [HOTLINE NUMBER] or via email at [STUDY EMAIL].**

If you have questions about our study or the interview, please contact us at [HOTLINE NUMBER] or [STUDY EMAIL]. You may also speak with Resident Wellness Director [RWD NAME] for more information.

We look forward to hearing from you,

Sincerely,

[ELECTRONIC SIGNATURE], [TYPED SIGNATURE]

## **Resident Interview Outreach Flyer**

WE WANT TO HEAR FROM YOU!

Please join us for 1-on-1 interviews sponsored by the U.S. Department of Housing and Urban Development (HUD) to share your experiences with health and wellness services at [PROPERTY NAME].

### ***When and where?***

Either in person at [PROPERTY NAME] from [SITE VISIT START DATE] to [SITE VISIT END DATE] or via telephone on a day that works for you.

### ***How does it work?***

Staff from Abt Associates, an independent research firm, will conduct 1-on-1 interviews with interested residents. All information will be kept private. Your participation is voluntary. You may skip questions you prefer not to answer, and you may stop the interview at any time.

### ***What's in it for me?***

Your input will help make affordable housing better for older adults. You will receive a \$40 gift card to thank you for your time.

### ***How do I sign up?***

Call [INSERT TOLL-FREE TELEPHONE NUMBER] or Email [INSERT EMAIL ADDRESS] to schedule an interview ahead of time or visit [ROOM NUMBER] on [SITE VISIT DATE] from [TIMESPAN] to register.

If you have questions, need interpretation services, or want to request reasonable accommodations, contact Abt toll-free at [HOTLINE NUMBER] or [STUDY EMAIL].

## Appendix F. Scheduling Script and Cognitive Screen for Resident Interviews

*Items in brackets are instructions for the interviewer or items to be filled in ahead of the interview.*

### Introduction

[IF OVER PHONE]: Thanks for calling us. My name is [NAME] from Abt Associates.

[IF IN PERSON]: Hi. My name is [NAME] from Abt Associates.

We are the independent research firm hired by HUD to study the Integrated Wellness in Supportive Housing, or IWISH, program. IWISH provides health and wellness services at [PROPERTY] to help coordinate services for older adults and remain in their homes while they age. This includes the support that [RESIDENT WELLNESS DIRECTOR(S)] and [WELLNESS NURSE(S)] provide to residents.

Are you interested in participating in an interview?

- [IF YES]: Great. Let me tell me you a little bit more about the research project and ask a few questions. **Proceed to Information about the Research Project**
- [IF UNCERTAIN]: Can I tell you a little bit more about the research project? **If say yes proceed to information about the research project.**
- [IF NO]: Thank you for your time.

### Information about the Research Project

We are working with the Department of Housing and Urban Development, HUD, on a research project about the IWISH model at [PROPERTY]. This includes the group programs and services offered at [PROPERTY] and the services provided by [RESIDENT WELLNESS DIRECTOR(S)] and [WELLNESS NURSE(S)]

To help with this research, you are invited to schedule a time to talk to us about your experiences at [PROPERTY NAME]. We will be visiting [PROPERTY] between [INSERT START DATE] and [INSERT END DATE]. If you are not available during that time, we can contact you by phone at a time that works best for you. The interview will last no more than 45 minutes. In this interview, we will ask about your experiences with IWISH. After the interview, we will give you a \$40 gift card as a thank you for your time. You are not required to take part in this interview. If you decide not to take part, it will not affect your housing or other services you may receive now or in the future.

1. Do you have any questions?
2. Are you willing to participate?
  - [IF YES]: Do you feel comfortable continuing in English?
    - [IF YES]: **Proceed to Legally Authorized Representative Section**



- [IF NO]: What language would prefer? *Note to interviewer you may need to schedule a time to conduct screening and interview depending on language preference.*
- [IF NO]: Thank you for your time today.

### **Legally Authorized Representative**

3. Do you have a legal guardian or a legally authorized representative or someone else you need to talk to before participating in an interview?
  - [IF YES]: Can you give me that person’s contact information and I can give them some information about the project.
  - [IF NO]: ***Proceed to Cognitive Screen***

### **Cognitive Screen**

Before we schedule a time to conduct the interview, I would like to ask you a few questions to make sure you understand what the interview involves. I am going to give you some information about your participation in the interview and then I will ask you to tell me what it means to you in your own words, just so we can make sure that we are on the same page.

4. Can you tell me in your own words what the interview is about?  
*Possible correct answers include: “My experiences with the IWISH program”, “the IWISH program” or “the help I get from [Resident Wellness Director] and [Wellness Nurse]”.*
5. This interview is completely voluntary. Completely voluntary means that you can choose whether or not to take part. If you decide to take part, you can refuse to answer any questions you do not want to answer and you can stop at any time. Whether you choose to participate or not, your housing or other services will not be affected in any way. When I say participation in completely voluntary, what does that mean to you?  
*Possible correct answers include: “It means I don’t have to do it” or “It means I don’t have to answer any questions I don’t want to” or “It means I can stop at any time.”*
6. All of your answers will be kept private That means that when we write up the results of the interview for our reports we will not use your name. When I say that your answers will be kept private, what does that mean to you?  
*Possible correct answers include: “It means you won’t use my name in your reports” or “You won’t share my name with other people.”*

*If respondent answers all three questions correctly proceed to **Wrap Up***

*If respondent does not answer all three questions accurately: Thank you for answering those questions. Unfortunately, we are not able to have you participate in an interview at this time. Do you have any comments on your experience with the IWISH program that you’d like to share with me?*

Thank you for your time.

## **Wrap Up**

Thank you for agreeing to participate.

7. Are you available to participate in an in person interview while we are at [PROPERTY] from [INSERT START DATE] to [INSERT END DATE]?
  - [IF YES]: Do you have a preference of time?
    - *If yes, proceed to schedule interview based on their preference. If not, schedule when possible.*
  - [IF NO]: We can conduct the interview over the phone. Do you have a preference of day or time?
    - *Proceed to schedule interview based on their preference.*

I'd like to give you a call to remind you about the date and time of the interview.

8. What is the best phone number to reach you?
9. Can I use this number the day before the interview to remind you?
10. If you have a caregiver or a support person who helps you with day-to-day activities, that person is welcome to join the interview to assist you. Would you like to bring a caregiver or support person with you?
11. Is there anything else we should know ahead of our interview?

Thank you very much. We look forward to speaking with you on [DATE AND TIME OF INTERVIEW].

## Appendix G. Interview Guide for Resident Interviews

### Introduction

Thank you for participating in an interview today. We really appreciate this opportunity to hear about your experiences with the IWISH [OR LOCAL PROGRAM NAME] programmer. My name is [INTERVIEWER] and I'll be leading our discussion today. [NOTE-TAKER] will be taking notes on our discussion.

### Consent

I work for an independent research company called Abt Associates. We have been hired by the U.S. Department of Housing and Urban Development (HUD) to evaluate the Integrated Wellness in Supportive Housing model, or IWISH [OR LOCAL PROGRAM NAME]. IWISH [OR LOCAL PROGRAM NAME] is being tested in 40 housing properties for older adults across the country. IWISH [OR LOCAL PROGRAM NAME] funds a Resident Wellness Director and a Wellness Nurse to work with residents to coordinate services and bring in programming to help improve their health and well-being. At [PROPERTY] this includes [RWD(s)] and [WN(s)]. The overall goal of IWISH [OR LOCAL PROGRAM NAME] is to help residents live independently in their homes for as long as they would like.

We expect this conversation will take about 45 minutes [90 minutes if using real-time interpretation]. With your permission, we would like to audio record today's interview so that we can make sure we accurately capture what you say.

We will use what we learn from you and others across the country to prepare a report for HUD about residents experience with IWISH [OR LOCAL PROGRAM NAME] and what improvements can be made. We may include quotes from this conversation in our reports, but we will not use your name or the name of your property. We will not share the audio recording from this session with anyone outside the study team, but at the end of the study we will provide our interview notes to HUD. The notes will not include anyone's names or the properties' names. The audio recordings will be destroyed at the end of the study. We will not share what you say with staff at the property here.

Before we start, I would like to review some information about the interview with you:

- As someone who lives at a property that is participating in IWISH, we want to understand your experiences and perspective. There are no right or wrong answers.
- If you need to stop or take a break at any point during the interview just let me know and we will do that.
- During the interview, if something is not clear please let me know.
- You can skip any questions you do not want to answer.
- Participating in this discussion will not affect your tenancy or benefits in any way.
- We will be asking you some questions about your health and experiences with getting the services you need. You do not need to tell us anything too personal.

- While there is no direct benefit to you for your participation today, the information that you provide will help improve programs like IWISH for those living in housing for older adults. We will also be providing you with a \$40 gift card as a thank you for your time.
- I do need to let you know that if you say something that makes me worried that you or someone else is in danger, I may have a legal responsibility to let someone know.

The interview questions have been reviewed by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. The OMB control number is 2528-0321, expiring XX-XX-XXXX.

Before we start, do you have any questions?

Are you okay to proceed?

- [IF YES]: Proceed to Interview Questions
- [IF NO]: Thank you for your time.

Is it okay with you if we record today's interview?

- [IF YES]: Hit Record.
- [IF NO]: That's okay, we can proceed without it.

## **INTERVIEW QUESTIONS**

### **Awareness of IWISH**

1. How long have you lived at [PROPERTY]?
2. Can you tell me what you know about IWISH [OR LOCAL PROGRAM]?
  - When and how did you first hear about IWISH [OR LOCAL PROGRAM NAME]?
  - What have you heard about IWISH [OR LOCAL PROGRAM NAME]?

### **Resident Experience with Programming**

3. Do you ever attend the classes or activities offered at [PROPERTY] such as nutrition, exercise, health education classes or other group activities? These could be either regular ongoing classes or activities, or one-time events.
  - [IF YES]:
    - What classes or activities have you attended?
    - How often do you attend classes or activities?
    - Which of these activities do you like the most? Why?
    - Are there any classes or activities that you did not like or stopped attending?
      - [IF YES] What were they and why?
4. How do you decide whether or not to attend classes or activities? Is there anything that makes you want to attend more classes or activities at [PROPERTY]?
5. Are you able to attend and participate in all the classes or activities that you want to?
  - [IF NO]:

- Why not? What would make it easier for you to attend?
6. In your opinion, do the programs and activities at [PROPERTY] meet the needs and interests of residents?
- Are the programs and activities offered at [PROPERTY] the right kinds of programs and activities?
  - Are there enough programs and activities for residents?
  - Are there other programs or activities you would like to have?
7. In your opinion, do the programs and activities at [PROPERTY] make a difference in your life or the lives of the other people who live here?
- [IF YES]:
    - Why?
    - Can you give me an example of something in your life that has changed as a result of the programs or activities?
  - [IF NO]:
    - Why not?

### **Resident Experience with Resident Wellness Director**

IWISH [OR LOCAL PROGRAM NAME] funds a Resident Wellness Director at [PROPERTY] who may assist residents in accessing social services or public benefits, help support residents with addressing health and wellness needs, and develop programs and activities for residents. At [PROPERTY], the Resident Wellness Director is [RWD(s) NAME].

8. Do you ever ask [RWD] for help?
- [IF YES]
    - How often do you talk with [RWD] or get assistance from her/him/them?
    - What have you asked [RWD] for help with? Can you give me an example?
    - Has [RWD] been able to help you?
      - [IF YES] How did [RWD] help you?
      - [IF NO]: Why do you think [RWD] was not able to help you?
  - [IF NO]: Why not?
9. Is there anything that you might ask [RWD] to help you with in the future?
- [IF YES]:
    - What kinds of things might that be? What would you expect [RWD] to do in response?
  - [IF NOT]:
    - Why not?
10. Is there anything that you think [RWD] could be doing for you or other residents that they do not do now?
- [IF YES]:

- What are these?

### **Resident Experience with Wellness Nurse**

I WISH [OR LOCAL PROGRAM NAME] funds a Wellness Nurse at [PROPERTY] who may provide residents with help on things such as managing their medications, monitoring health conditions or vital signs, educating on health and wellness, and communicating with residents' healthcare providers to help coordinate care. At [PROPERTY], the Wellness Nurse is [WN].

11. Do you ever meet with or get help from [WN]?

- [IF YES]:
  - How often do you talk or meet with [WN] or get help from her/him/them?
  - What kinds of things does [WN] help you with?
  - Has [WN] been able to help you?
    - [IF YES] How did [WN] help you?
    - [IF NO]: Why do you think [WN] was not able to help you?
- [IF NO]: Why not?

12. Is there anything that you might ask [WN] for help with, in the future, if the need comes up?

- [IF YES]:
  - What kinds of things might that be? What would you expect [WN] to do in response?
- [IF NOT]:
  - Why not?

13. Is there anything that you think [WN] could be doing for you or other residents that they do not do now?

- [IF YES]:
  - What kinds of things?

### **Language Barriers**

[IF RESIDENT SPEAKS LANGUAGE OTHER THAN ENGLISH]:

14. Can you talk with [RWD and/or WN] or participate in programs using your preferred language?

- [IF NO]:
  - How do you communicate with [RWD] and/or [WN]?
    - Do you use any translation tools to help you communicate with [RWD and/or WN]? [IF YES]: Does that work okay?
    - Do you ever need to rely on family, friends, or neighbors to translate for you?
  - Does that impact your ability to get the help you need?

### **Resident Experience with Assessments**

Now I'm going to ask some questions about specific interactions you may have had with either [RWD] or [WN].

15. Has [WN] or [RWD] ever asked you about your health and wellness in a structured way? I'm referring to a set of questions about your physical and mental health, healthcare providers and visits, and your medications.

- [IF YES]:
  - How often were you asked these questions? Was it just one time or more often than that?
  - Did you know why you were being asked those questions?
  - How did you feel about getting asked those questions?
  - Are you comfortable with staff at the property asking about your health issues?
    - [IF NO]: Why not?
  - Did you feel the questions were focused on areas that are important to your health and wellness?

16. Did you ever talk with [WN] or [RWD] about wanting to make any changes in your life related to your health or well-being? For example, changes to your healthcare or changes to your nutrition or activity level?

- [IF YES]:
  - Can you tell me how that/those discussion(s) came about? Did you or did [WN and/or RWD] initiate the discussion?
  - Did the [WN and/or RWD] help you identify any personal goals related to your health and wellness?
    - [IF YES]: What were these? Has [WN and/or RWD] helped you meet or work toward these goals?

### **Resident Experience with Enhanced Service Coordination**

17. Does [WN and/or RWD] ever talk with your doctors or other people who provide you medical care?

- [IF YES]:
  - What kinds of things does [RWD and/or WN] talk to your doctors about?
  - How often?
  - How did they start talking to your doctors? Did you ask them to or did [RWD and/or WN] suggest it?
  - Have their interactions with your doctors and other providers been helpful to you?
    - [IF YES]: How so? Can you provide any specific examples?
    - [IF NO]: Why do think
- [IF NO]: Are there any situations in which you think it might be helpful if [WN OR RWD] talked to your doctors? If so, what are they?

18. Does [WN and/or RWD] ever talk with your family members or other caregivers about you or on your behalf?
- [IF YES]:
    - Under what circumstances? What kinds of things do they talk to them about?
    - How often?
    - How did they start talking to your family? Did you ask them to?
  - [IF NO]: Are there situations in which you think it might be helpful if [WN and/or RWD] talked to your family? If so, what are they?
19. Has there been a time when [WN] or [RWD] helped you deal with an emergency medical situation or a serious health problem?
- [IF YES]:
    - If you are comfortable sharing, would you tell me a little bit more about what happened? What did [WN] or [RWD] do?
    - Do you think the actions by [WN] or [RWD] helped you? In what ways?
    - Are there other ways that you would have liked to receive help or support from [WN] or [RWD] in these situations but did not?
  - [IF NO]:
    - Have you ever heard of [WN] or [RWD] doing that for other people?
    - If so, do you think the help [WN] or [RWD] provided helped?

## **Tenancy**

Now we're going to change subjects a bit and ask you some questions about what it is like to live here at your property and in neighborhood.

20. What do you like most about living here?
- What do you like least?
21. Do you have any plans to move from here in the future? Why or why not?
22. Is it easy for you to get to the places you need to go, such as the grocery store or a pharmacy?
- [IF NO]: Why not? What would make it easier?
  - [IF ANSWER IS THEY DRIVE OR RELY ON FAMILY]: Would you be able to get the places you need to go if you need have your own car/family to help you?
23. Do you feel safe living at [PROPERTY]? In your neighborhood?
- [IF YES]: Why?
  - [IF NO]: Why not?
24. Is there anything else you might need to continue to live here for as long as you would like? For example, a service, staff member, or program?
- [IF YES]: What is it?



25. Do you think the IWISH program will help you continue to live at [PROPERTY] for as long as you would like?
- What makes you think that way?

### **Perceived Benefits of IWISH**

26. Overall, how has having IWISH [OR LOCAL PROGRAM NAME] at [PROPERTY] affected your health or wellbeing or the health or wellbeing of other residents, if at all?
- Is there any specific aspect of IWISH [OR LOCAL PROGRAM NAME] that you think had the most effect?
27. Do you think that having IWISH will have any effect on your or other residents' health and wellness in the future?
- [IF YES]:
    - Why?
  - [IF NO]:
    - Why not?
28. Do you think there should be something like IWISH [OR LOCAL PROGRAM NAME] at all properties for older adults?
- [IF YES]:
    - Why?
  - [IF NO]:
    - Why not?

### **Conclusion**

29. Is there anything else you want to tell me about your experience with [RWD], [WN], or the classes and services offered at [PROPERTY] or your experience that you would like to tell me about?

Do you have any questions for us?

Thank you for taking the time to speak with us. Your feedback will help HUD to better support households and communities across America. We sincerely appreciate your willingness to share your experiences with IWISH [OR LOCAL PROGRAM NAME] with us.

## Appendix H. 60-Day Federal Register Notice

### DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-7060-N-08]

#### **60-Day Notice of Proposed Information Collection:**

#### **Evaluation of the Supportive Services Demonstration**

**OMB Control No.: 2528-0321**

**AGENCY:** Office of Policy Development and Research, HUD.

**ACTION:** Notice.

**SUMMARY:** HUD is seeking approval from the Office of Management and Budget (OMB) for the information collection described below. In accordance with the Paperwork Reduction Act, HUD is requesting comment from all interested parties on the proposed collection of information. The purpose of this notice is to allow for 60 days of public comment.

**DATES:** Comments Due Date: **[Insert date that is 60 days after the date of publication in the Federal Register.]**

**ADDRESSES:** Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB Control Number and should be sent to: Anna P. Guido, Reports Management Officer, REE, Department of Housing and Urban Development, 451 7th Street, SW, Room 4176, Washington, DC 20410-5000; telephone 202-402-5534 (this is not a toll-free number) or email at [Anna.P.Guido@hud.gov](mailto:Anna.P.Guido@hud.gov) for a copy of the proposed forms or other available information. HUD welcomes and is prepared to receive calls from individuals who are deaf or hard of hearing, as well as individuals with speech or

communication disabilities. To learn more about how to make an accessible telephone call, please visit <https://www.fcc.gov/consumers/guides/telecommunications-relay-service-trs>.

**FOR FURTHER INFORMATION CONTACT:** Anna P. Guido, Reports Management Officer, REE, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410; e-mail Anna P. Guido at [Anna.P.Guido@hud.gov](mailto:Anna.P.Guido@hud.gov) or telephone 202-402-5535. This is not a toll-free number. HUD welcomes and is prepared to receive calls from individuals who are deaf or hard of hearing, as well as individuals with speech or communication disabilities. To learn more about how to make an accessible telephone call, please visit <https://www.fcc.gov/consumers/guides/telecommunications-relay-service-trs>.

Copies of available documents submitted to OMB may be obtained from Ms. Guido.

**SUPPLEMENTARY INFORMATION:** This notice informs the public that HUD is seeking approval from OMB for the information collection described in Section A.

#### **A. Overview of Information Collection**

Title of Information Collection: Evaluation of the Supportive Services Demonstration.

OMB Approval Number: 2528-0321.

Type of Request: Revision.

Form Number: NA.

Description of the need for the information and proposed use: The U.S. Department of Housing and Urban Development (HUD) has contracted with Abt Associates Inc. and L&M Policy Research to continue conducting an evaluation of HUD's Supportive Services Demonstration (demonstration, or SSD), which was extended by Congress for an additional two years in the Consolidated Appropriations Act, 2021. The demonstration tests the Integrated

Wellness in Supportive Housing (IWISH) model and is designed to learn whether structured health and wellness support can help older adults living in affordable housing successfully age in place. The demonstration funds a full-time Resident Wellness Director and part-time Wellness Nurse to work in HUD-assisted housing developments that either predominantly or exclusively serve households headed by people aged 62 and over. The demonstration is testing whether IWISH will affect unplanned hospitalizations and the use of other types of acute care with high healthcare costs, the use of primary and nonacute care, the length of stay in housing, transitions to long-term care facilities, and mortality. Eligible HUD-assisted properties applied for the demonstration and were randomly assigned to one of three groups:

1. A “treatment group” that received grant funding to hire a Resident Wellness Director and Wellness Nurse and implement the SSD model (40 properties).
2. An “active control” group that did not receive grant funding but received a stipend to participate in the evaluation (40 properties).
3. A “passive control” group that received neither grant funding nor a stipend (44 properties).

The random assignment permits an evaluation that quantifies the impact of the SSD model by comparing outcomes at the 40 treatment group properties to outcomes at the 84 properties in the active and passive control groups.

Under contract with HUD’s Office of Policy Development and Research, Abt Associates Inc. has been conducting a two-part evaluation: a process study to describe the implementation of the demonstration, and an impact study to measure the effect of the SSD model on residents’ use of healthcare services and housing stability. The first phase of the demonstration ran from October 2017-October 2020. The Continuing Appropriations Act, 2021 and Other Extensions

Act and the Consolidated Appropriations Act, 2021 extended the demonstration for an additional two years. Abt will continue to evaluate the demonstration through September 2026.

During the first phase of the evaluation, Abt Associates Inc. received OMB approval for the following primary data collection activities:

- Questionnaires with staff from the treatment and active control properties.
- Focus groups with residents of treatment and active control properties and caregivers of residents of the treatment properties.
- Interviews with Resident Wellness Directors and Wellness Nurses at the treatment group properties.
- Interviews with Service Coordinators at the active control group properties
- Interviews with representatives of organizations that own or manage the active control or treatment properties.

This request is for an additional round of data collection for the activities listed below:

- Interviews with Resident Wellness Directors and Wellness Nurses at each of the 40 treatment properties.
- Interviews with property owners or managers at the 40 treatment properties and 40 active control properties.
- Interviews with up to 150 residents of 10 of the treatment properties.

The purpose of these activities is to collect data from demonstration staff, property owners and managers, and residents about the continued implementation of the demonstration, including the model's strengths and weakness, and how resident wellness services and activities compare across treatment and control properties. The evaluation will culminate in a comprehensive report that will be made publicly available.

Respondents: (i.e., affected public): Resident Wellness Directors, Wellness Nurses, Property owners and managers, and HUD-assisted residents (aged 62 and over).

Estimated Number of Respondents: Up to 54 Resident Wellness Directors, 44 Wellness Nurses, 40 property owners and managers of treatment properties, 40 property owners and managers of active control properties, and 150 HUD-assisted residents aged 62 and older living in treatment properties.

Frequency of Response: Once for all interviews.

Average Hours per Response: Interviews with Resident Wellness Directors and Wellness Nurses will take an estimated take 3 hours each, interviews with property owners and managers will take an estimated 2 hours each, resident interviews conducted in the resident’s preferred language an estimated 1.5 hours each, and resident interviews conducted via on-demand interpretation will take an estimated 3 hours each.

Total Estimated Burdens:

**Estimated Hour and Cost Burden of Information Collection**

<b>Information Collection</b>	<b>Number of Respondents</b>	<b>Frequency of Response</b>	<b>Responses Per Annum</b>	<b>Burden Hour Per Response</b>	<b>Annual Burden Hour</b>	<b>Hourly Cost Per Response</b>	<b>Annual Cost</b>
Interviews with Resident Wellness Directors	54	1	54	3	162	\$40.00 <sup>1</sup>	\$6,480.00
Interviews with Wellness Nurses	44	1	44	3	132	\$63.99 <sup>2</sup>	\$8,446.68

<sup>1</sup>Estimated cost burden for Resident Wellness Directors participating in interviews is based on the average hourly wage for private industry workers by industry sector. U.S Bureau of Labor Statistics, June 2022, for the healthcare and social assistance industry (\$40.00), accessed September 26, 2022 at [Table 4. Private industry workers by occupational and industry group - 2022 Q02 Results \(bls.gov\)](#)

<sup>2</sup>Estimated cost burden for property Wellness Nurses participating in interview is based on the average hourly wage for private industry workers by industry sector. U.S Bureau of Labor Statistics, June 2022, for Registered Nurse Occupations (\$63.99), accessed September 26, 2022 at [Table 4. Private industry workers by occupational and industry group - 2022 Q02 Results \(bls.gov\)](#)

Interviews with Treatment Group Property Owners and Managers	40	1	40	2	80	\$51.23 <sup>3</sup>	\$4,098.40
Interviews with Active Control Property Owners and Managers	40	1	40	2	80	\$51.23 <sup>3</sup>	\$4,098.40
Resident Interviews conducted in core languages	120	1	120	1.5	180	\$9.63 <sup>4</sup>	\$1,733.40
Resident Interviews conducted via on demand interpretation	30	1	30	3	90	\$9.63 <sup>4</sup>	\$866.70
<b>Total</b>	<b>328</b>				<b>724</b>		<b>\$25,723.58</b>

## B. Solicitation of Public Comment

This notice is soliciting comments from members of the public and affected parties concerning the collection of information described in Section A on the following:

- (1) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- (2) The accuracy of the agency's estimate of the burden of the proposed collection of information;
- (3) Ways to enhance the quality, utility, and clarity of the information to be collected, and
- (4) Ways to minimize the burden of the collection of information on those who are to respond;

including through the use of appropriate automated collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

<sup>3</sup>Estimated cost burden for property owners and managers is a blended rate based on average hourly and weekly earnings of all employees on private nonfarm payrolls by industry sector, seasonally adjusted. U.S Bureau of Labor Statistics, June 2022 for all private industry workers (\$38.91) and the hourly cost for management, professional, and related workers (\$63.55). Accessed September 26, 2022: [Table 4. Private industry workers by occupational and industry group - 2022 Q02 Results \(bls.gov\)](#)

<sup>4</sup> To estimate hourly cost for the residents, we used average monthly Social Security benefit for retired works in June 2022, (accessed in September 26, 2022: <https://www.ssa.gov/news/press/factsheets/basicfact-alt.pdf>) which was \$1,669 and converted this into an hourly rate of \$9.63 per hour (by multiplying \$1,669 by 12 months and dividing by 2,080 hours).

HUD encourages interested parties to submit comment in response to these questions.

**C. Authority:** Section 3507 of the Paperwork Reduction Act of 1995, 44 U.S.C. Chapter 35 and Title 42 U.S.C. 5424 note, Title 13 U.S.C. Section 8(b), and Title 12, U.S.C., Section 1701z-

**Date:** \_\_\_\_\_

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Solomon J. Greene  
Principle Deputy Assistant Secretary for Policy  
Development and Research

Billing Code: 4210-67