Interview and Focus Group Protocol –   
Federal Program Offices and National Associations

# INSTRUCTIONS FOR INTERVIEWERS

Tailor the following interview guide by (1) skipping sections or questions not relevant for the respondent (e.g., federal program staff do not need the PRA Statement); or (2) modifying questions to reflect their role, their professional perspective/knowledge, or information obtained before the interview. Use the follow-up questions or probes (dashed items below the numbered questions) as needed to obtain additional information or clarification. If you are running out of time, prioritize the most important questions.

You should be familiar with the respondent’s role and office, so you should select and/or tailor questions, as relevant, to probe for the respondent’s insight into the key research questions.

Before you begin the interview, read the script to describe the purpose to respondents, answer any questions they have about the session, and ask for their consent to record the interview.

## Purpose

The purpose of this learning session is to identify areas of improvement and support for the state, tribal, local, and territorial (STLT) human services jurisdictional entities—the major stakeholder in the provision of human services to disaster survivors. This learning will also be used to create OHSEPR’s STLT Capabilities Guide.

## Desired Outcome

This engagement activity will support the identification of challenges in disaster response for STLT human services programs and activities that may help to improve future human services disaster preparedness and response. Further, this activity will assist OHSEPR to fill knowledge gaps related to the capabilities for states, tribes, local entities, and territories to support human services needs following disasters and emergencies.

## Method

The contractor will conduct one interview with national associations for 90 minutes. These sessions will be held using an online platform. Participants will engage in the session through polling questions and chat box. In addition, meeting facilitators will encourage candid discussion re: disaster preparedness and response experiences through using discussion questions (outlined below). All responses will be anonymous and will not be attributable to a specific individual. Categorical responses will be aggregated.

# INTERVIEW

## Introduction [10 minutes]

### Contractor Intro

We are with Lindahl Reed, OHSEPR’s contractor, and we will conduct this interview.

Context

“OHSEPR seeks to learn about state, tribal, local, and territorial human services entities’ response to previous emergencies and any issues with service provision during or following a disaster. The purpose of this effort is to develop a capabilities guide to help STLT human services program staff quickly plan, prioritize, and act, in future emergency responses. The disasters we are focusing on include the COVID-19 pandemic and other recent disasters such as the 2020 wildfire season on the West Coast, hurricanes Harvey, Irma and Maria in 2017, the Flint water crisis in 2014 and Hurricane Sandy in 2012.”

We will focus on the following areas:

* Issues and challenges;
* Support for STLT;
* Coordination;
* Disaster equity; and
* Capabilities.

### PRA Statement

“OHSEPR is collecting this information to identify areas of improvement and support for disaster human services preparedness and response efforts. This discussion will last approximately 90 minutes. Your participation is voluntary. All information will be kept private. A Federal agency may not conduct or sponsor, and no individual or entity is required to respond to, nor shall an individual or entity be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless that collection of information displays a currently valid OMB Control Number. The OMB # is 0970-0531 and the expiration date is 9/30/2025.

## Roles and Experience [5 minutes]

1. *We’ll begin by listing the names and titles and organization of participants. If we don’t call your name, please provide your name and contact information in the chat.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Attendees** | | | |
| Name | Role | Organization | Email |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

OPTIONAL QUESTION for poll/chat: How long have you been in your position?

* 1. Less than 1 year
  2. 1-3 years
  3. 3+ years

OPTIONAL QUESTION for poll/chat: Please list the program or organization you represent.

## Issues, Challenges, and Gaps [15 minutes]

*We would like to hear about STLT issues, challenges, and gaps in human services preparedness and response. Preparedness efforts occur before the disaster and may include emergency planning or coordination with emergency management officials. Response efforts refers to providing services during or after the disaster, including immediately or several months after the disaster.*

1. What are the greatest issues/challenges/gaps for STLT [insert type of human service] providers, for example, those related to providing services or administering programs:
   1. When preparing for a disaster?
      1. *PROBE:* Again, this may include coordination with stakeholders and emergency management officials, emergency operations plans, etc.
   2. During or following a disaster? (e.g., increased demand for services, serving a population with acute needs, etc.)
      1. *PROBE*: Do the issues/ challenges/ gaps change over time (e.g., 6 months after, 18 months after, etc.)? If so, how?
2. How have STLT [insert human service] providers addressed these issues/challenges/gaps?
   1. *PROBE:* Did it work well? Why or why not?

OPTIONAL QUESTION for poll/chat:

What type of disaster preparedness and response technical assistance does your program provide to your members – STLT or direct providers, and has it been beneficial to their disaster readiness?

* 1. plan development and review
  2. exercises
  3. trainings
  4. Q&A sessions
  5. Documents or written guidance
  6. Other (write in)

## Support for STLT Human Service Providers [15 minutes]

*Now we’ll spend some time discussing support to STLT [insert human services programs] for emergency preparedness and response.*

1. What kinds of support and resources do STLT [in insert human services programs] most need to address these issues, challenges, and gaps?
2. What support provided by your program to STLT [insert type of human service] programs/providers has helped them to prepare for a disaster?
   1. *PROBE*: This may include guidance, training, technical assistance, tools, etc.
   2. *PROBE*: How has it been helpful?
3. What support provided by your program to STLT [insert type of human service] programs/providers has helped them to respond during or after a disaster?
4. *PROBE*: This may include supplemental funding, guidance, protocols, technical assistance, tools, etc.)
5. *PROBE*: How has it been helpful?
6. How have program waivers and flexibilities helped STLT [insert type of human service] provide services following a disaster?

a. PROBE: What are some examples?

## Coordination [10 minutes]

*Now we’ll discuss coordinating with stakeholders.*

1. Which stakeholders should STLT [insert human service program] communicate and/or coordinate with during a disaster response or to prepare for a future disaster response?
2. How can coordination with stakeholders help address gaps such as funding, staffing, outreach, etc.?
3. Which stakeholders would be helpful for STLT [insert human service program] providers in addressing disruptions to human services delivery?
   1. Disruptions may include blocked roads, disrupted public transit, closed schools or childcare, and lack of access to internet and phone services.

## Disaster Equity [15 minutes]

*We would like to discuss how to address equity during disaster response. OHSEPR worked across HHS last year to define disaster equity. Disaster equity is the provision of community-specific services and resources for disaster survivors that are accessible, and culturally and linguistically tailored to mitigate disparities in health and well-being and support resilience.*

1. To what extent does your organization/program try to take an equity approach to disaster response?
   1. What does that approach look like?
   2. Has it worked well? Why or why not?
   3. (if time allows) If you and STLT human services programs had sufficient resources, what additional equity considerations would you incorporate into disaster response?
2. *If the interviewee is unsure:*
   1. Who does your program(s) typically serve (e.g., beneficiaries)? How does that compare to the universe of intended beneficiaries?
   2. Have you collected or identified demographics or characteristics of those who are applying for and being approved or denied for your services?
   3. Have you been able to identify any barriers to entry for your programs?
   4. After a disaster, does your program do proactive outreach to impacted communities to encourage engagement in your program?
      1. *PROBE*: What does the outreach look like? How do you determine if you’ve successfully reached communities that might not be tied into your ‘traditional’ channels?
3. To what extent do you believe there is room for STLT human service programs to improve in the equity-related areas of emergency response?
   1. If any, what improvements would you like to see and what resources, tools, or information would support those improvements?

## Suggested Capabilities [15 minutes]

*OHSEPR has developed draft capabilities for STLT human services programs and we’d like to get your feedback.*

**Coalition Building:** Forming a coalition of human services agencies and organizations that meet regularly to collaborate and coordinate on preparing for, responding to, and recovering from incidents impacting human services to ensure that disaster survivors receive the most appropriate assistance

**Planning:** documenting authorities and roles and responsibilities; developing an all-hazards emergency operations plan for the equitable, timely, and efficient delivery of post-disaster human services

**Social Vulnerability**: knowing who may need assistance before, during, and after the disaster

**Disaster Equity**: providing community-specific services and resources for disaster survivors that are accessible, and culturally and linguistically tailored to mitigate disparities in health and well-being and support resilience

**Coordination:** working together with stakeholders to provide equitable, timely and efficient delivery of human services following a disaster; and to address service delivery issues

**Communication**: strong, consistent, and effective communication mechanisms between different stakeholders for a well-coordinated disaster response

**Information sharing**: facilitating the exchange and/or dissemination of accurate, relevant, actionable, and timely information about the disaster and the status and needs of the human services delivery system

**Surge**: assisting a surge of individuals with human services needs during incidents that exceed the limits of the normal human services infrastructure of an affected jurisdiction

**Evaluation and Learning**: practices to assess and improve capabilities for disaster human services

1. Do any, all, or none of these capabilities resonate with you? If some or all of them resonate with you, how do they resonate with you?
   1. *PROBE*: Which ones are the most critical?
   2. *PROBE*: Which ones would you remove?
   3. *PROBE*: What is missing that you would find helpful?

OPTIONAL QUESTION for poll/chat: How would you rank these capabilities?

## Wrap Up [5 minutes]

* Is there anything else you’d like to share with us?
* Thank you for your time and input!
* A few next steps: You will receive an email from us with our contact information. Feel free to contact us if you think of anything else.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to identify areas of improvement and support for disaster human services preparedness and response efforts. Public reporting burden for this collection of information is estimated to average 90 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0531 and the expiration date is 9/30/2025. If you have any comments on this collection of information, please contact Bridget Miller at Bridget.Miller@acf.hhs.gov.