

## Program Staff

PAPERWORK REDUCTION ACT OF 1995 (Public Law 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering data on your grant program to understand the design and effectiveness of the program and to inform technical assistance needs. Public reporting burden for this collection of information is estimated to average [60/90] 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 0970-0628 and the expiration date is ##/##/####. If you have any comments on this collection of information, please contact [juliana.melara@acf.hhs.gov](mailto:juliana.melara@acf.hhs.gov).

## Interviews

**Opening:** Hello, we're [x] and [y] from the Office of Community Services and we're interested in learning more about how you provide services to residents living in affordable housing. We're grateful that you've agreed to speak with us, and we're looking forward to hearing more about the work that you're doing in [community]. We are eager to gain an understanding of best practices from the experts in the field.

For this study, we're interested in learning how the Affordable Housing and Social Services Demonstration is being implemented and how it is supporting family stability, self-sufficiency, and economic mobility. We're talking to project staff for grant recipients to learn more about local approaches to program implementation and perceived outcomes. We expect this conversation to take around [60 for caseworkers; 90 for program directors] minutes.

According to the Paperwork Reduction Act, 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 0970-0628 and the expiration date is ##/##/####. If you have any comments on this collection of information, please contact Juliana Melara at [juliana.melara@acf.hhs.gov](mailto:juliana.melara@acf.hhs.gov). We are working in collaboration with a researcher from University of Missouri-Kansas City for this study. If you have questions or concerns about your rights as a research participant, you can call the UMKC Research Compliance at 816-235-5927

Our team will keep all information that you share private, to the extent permitted by law. Your name will not be attached to any of the answers that you give—we will share your insights about how to improve services, but we will be reporting information from these interviews as a group, rather than linking it back to specific individuals. I want to emphasize that this conversation is completely voluntary. You can choose to skip a question, stop, or leave at any time. Whatever you decide, there will not be any negative consequences for you or your grant funding.

With your permission, I would also like to transcribe this discussion today, so that I can focus on what you are saying and not on taking notes. If you want me to turn off the tape for any reason or at any time, just tell me. And if there's anything I ask about that you'd rather not talk about, just let me know. May I begin transcribing? [Begin transcription if permission is granted. If not, inform the person that we will take detailed notes. If the person does not wish to participate, let them know that they are free to leave and are not required to respond to questions].

Thank you. I have begun the transcription, but please let me know if you'd like me to turn it off at any time.

*Interviewer: Before conducting this interview, fill in available information about implementation (e.g., services, partnerships, etc.) from applications, PPRs, and other available sources. The interview should focus on filling in the blanks. The contents of each interview will depend to some extent on the information available through other sources and the nature of the program.*

Thank you again for your time today, [name]. I'm excited to learn about [program]. Let's get started.

## **I. Respondent Information - All Respondents**

First, can you tell me a little bit about yourself?

- Name, title, organization/affiliation
- Length of involvement with the organization and with the program
- Roles and responsibilities with the grant
- Previous experience with similar programs or similar roles

## **II. Program Context and Environment - Program Directors**

Tell me a little more about the housing community.

What types of housing needs do you address?

How does the housing community fit into the larger structure of the CAA?

Other programs and services offered by the CAA, including prior experience offering key grant services

Types of individuals served or targeted, including prior experience serving grant target populations

Why did your organization choose to pursue this grant?

Goals of grant, at application and changes over time

How did your organization determine which services to introduce or strengthen?

How did you assess needs? How did that inform your thinking?

What are the barriers that people in the housing community face in achieving economic mobility and family self-sufficiency? What does economic mobility and family self-sufficiency mean to you and your organization? How do you/ your organization measure increased economic mobility or family self-sufficiency?

How did your organization decide between introducing new services, increasing the intensity of existing services, increasing the quality of existing services, or widening access to services?

What tradeoffs did you perceive with these decisions?

How did your community's context influence the design of your program (i.e., local labor market conditions, impact of COVID, demographic makeup of larger community that affordable housing is situated in, political considerations around the viability of offering certain services)?

Were you able to use this grant to leverage other sources of funding or partnerships?

If so, what types of funding/partnerships were you able to set up? How will these new resources enable you to sustain elements of your AHSSD services?

### **III. Implementation – Program Directors**

How did services change at the housing community during the demonstration?

What services do you now offer at the housing community? Are any services new to the community? Did your CAA have prior experience with these services? If new, how would residents have gotten these services prior to the grant? Have residents transitioned from off-site services to on-site services? Why or why not? How do residents continue services if they leave the housing community?

In what ways were services expanded or strengthened?

I want to learn more about each of the services you just mentioned. Can you describe what service recipients experience when receiving the service? How do they learn about it and enroll in it?

Probe on intensity of each service (e.g., if there is afterschool programming, how many days per week? How many hours? How many staff members? What is the purpose (ex: Is the purpose to give children a safe place to spend time or academic enrichment)? Duration? Where is it?)

Probe on how people were informed about the services, who was eligible, how people were selected for programs if not open to everyone, and how people enrolled.

Probe on resident interest in and satisfaction with the services, and how this is measured.

What strategies did you use to strengthen, expand, or enhance services?

Probe on hiring new staff, partnering with other service providers, bringing CAA services to housing community, outreach to residents, needs assessments, resident councils, other strategies.

Why did you choose these strategies?

What worked well (and less well) with these strategies?

What would be the annual funding amount needed to continue these services permanently?

Do you have plans to continue providing these services once this funding ends? Why or why not?

What did you perceive as your greatest success in implementing this program?

Did you identify any promising approaches that you will continue using in this housing community or in other CAA programs?

What implementation barriers did you face? How did you attempt to overcome these barriers? What would you do differently if you were to start this program again?

Were there any advantages to delivering these services through the affordable housing community rather than offering them at the CAA office or some other location? Were there disadvantages?

Are there currently enough services, or do you think more resources are needed to best support your residents?

Do you have waitlists for existing services or are you lacking certain types of services? If more services are needed, what is currently missing?

What resources or effort are required to fill that need?

On your semi-annual report, you listed several partners for the project. [tailor this question based on listed partners from report]

How do you choose partners? How do you coordinate and communicate with partners? Did you develop new partnerships for the project or rely on existing partnerships?

What efforts did partners make to make services more available to the affordable housing community? Will your partners be able to continue serving residents at the close of the grant?

#### **IV. Implementation – Caseworkers**

Tell me about your typical day? What types of things do you do to support the clients you work with?

How do clients start working with you? Probe on referrals from the property manager, clients approaching the caseworker, outreach events, etc. Are there any eligibility requirements for the clients that you work with? Is your organization able to serve all the residents who would like to work with a case manager? How do you prioritize individuals or families for services?

How many clients do you work with at any given time? How many of your clients reside in the housing community? How do you work with clients after they leave the community?

How often do you meet with each client? How long is meeting with a typical client?

Do you use a specific approach or model for case management (goal setting, trauma-informed, asset-based)? How do you view your relationship with clients (counselor, helping them stay accountable to goals, primarily referring them to other agencies)?

What are the most common needs that you hear about? Are you able to connect clients to resources and services to meet their needs? What service gaps persist in your community?

Among the needs you address in your community, what are the greatest barriers to self-sufficiency? How do you help your clients address these barriers?

How do you refer clients to other providers or services? How do you coordinate with other agencies or providers?

What challenges do you encounter in supporting your clients? What workarounds have you identified for those challenges?

What are the advantages to working with clients in their housing community? Are there any disadvantages?

**V. Program Outcomes - Caseworkers**

How do individuals or families in the community benefit from the program?

What services do you think are the most important for residents? Are there certain combinations of services that you think pair well together?

What are the most difficult issues to assist residents with? Why?

How does the group of people that you provided case-management services to differ from the people who just participated in one or two services?

Have you noticed different outcomes for these two groups of people?

**VI. Program Outcomes - Program Directors**

How do individuals or families in the community benefit from the program?

Were there benefits to the affordable housing complex as a whole? (For example, lower evictions or fewer complaints?)

What services do you think are the most important for residents? Why do you think these were the most important services?

How does the group of people that you provided case-management services to differ from the people who just participated in one or two services?

Have you noticed different outcomes for these two groups of people?

**VII. Closing - All Respondents**

What else do you think is important for us to know about your program? Is there anything else you would like to add?