

Form Approved:  
OMB No. 0920-0840  
Expiration Date: 01/31/2013

**Local Needs Assessment of Program Collaboration and Service Integration Among  
Infectious Disease Prevention Providers for Persons Who Use Drugs Illicitly**

**Attachment 1B**

**Phase I Interview Guide**

Public reporting burden of this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-0840)

## Phase I- Interview Questions

### RESPONDENT BACKGROUND

- What is your position with (the agency name)?
- Can you please tell me a little about what this position entails?
- How long have you worked at (agency)?
- How long have you worked in this field?

### CURRENT SERVICES

- What types of services do you provide?
- Who are your primary clients?
  - Age group? GA residents? Income group? Insurance status? Etc?

Next, we would like to ask you about services you provided for people who use drugs. For the purpose of our project, this definition includes people who use illegal drugs, as well as those who use prescription medication for unintended purposes, or abuse alcohol.<sup>1</sup>

### PEOPLE WHO USE DRUGS

- Currently, what focus does your program have on drug use?
- How do you engage people you suspect as using drugs but who do not disclose their use during the initial interview?
- What types of services do you provide (or specifically recommend) for people who use drugs?
  - If **SERVICES ARE DESCRIBED**: Do you work from a particular drug treatment model (for example: harm reduction, abstinence-based, faith-based)?

### PROGRAM COLLABORATION

Next we will be asking about program collaboration. By this we mean: **any type of arrangement (formal or informal) with another organization for patient care (patient referral, lab work, etc.)**

- Is your organization currently collaborating services with other organizations?

### YES:

- What other organization(s) do you currently work with?
- How did this collaboration develop? (describe for each organization)
- How does this relationship work? (describe for each organization)
- Please describe how you go about sharing information with other programs and services? Do you share client information? What is shared and how?
- In what ways, if any, would you like to further collaborate with other organizations in the future?

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<sup>1</sup> In this interview guide, “people who use drugs” (or PWUD) always refers to illicit drug use.

- From your experience, what potential challenges do you see in providing collaborated services? How could these be addressed?
- From your experience, what potential benefits do you see in providing collaborated services?
- Do you know of any other organizations that currently collaborate with others? Please tell me more about these organizations.
- What suggestions do you have for other organizations that may want to collaborate in the future?

**NO:**

- Has your organization ever tried to partner with other agencies in the past?
  - **NO:** Why not?
  - **YES:** Why did it end?
- What type(s) of organizations would you be interested in collaborating with?
- What potential challenges do you see in program collaboration? How could these be addressed?
- What potential benefits do you see in program collaboration?
- Do you know of any other organizations that currently collaborate with others? Please tell me more about these organizations.
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I just want to make sure I have understood you correctly, in your organization... *(double check any assumptions interviewer has made about core integration practices)*

**SETTING-SPECIFIC CHECKLISTS FOR CORE INTEGRATION (MMWR)**

**STD**

- All patients seeking STD treatment screened for HIV
- Routinely offer HBV vaccination
- Referrals to care for HIV+ persons documented/tracked
- Partner services for HIV+ persons
- Access to sterile drug prep equipment and condoms
- Overdose prevention education

**HIV**

- HIV+ persons screened for TB/syphilis/chlamydia/gonorrhea
- HBV immunization for all patients
- HCV testing for all patients
- Ongoing assessment of risk behaviors, annual STD screening
- Partner services
- Access to sterile drug prep equipment and condoms
- Overdose prevention education

**TB**

- All confirmed/suspected TB+ persons screened for HIV
- Referrals to care for HIV+ persons documented/tracked
- Access to sterile drug prep equipment and condoms
- Overdose prevention education

**CORRECTIONAL FACILITY**

- Routine HIV and TB screening

- Vaccination for HAV and HBV
- HCV testing
- HIV+ inmates referred to care during and after incarceration, progress tracked
- Access to sterile drug prep equipment and condoms
- Overdose prevention education

***SUBSTANCE ABUSE TREATMENT***

- Routine HIV and TB screening (or referral)
- Vaccination for HAV and HBV (or referral)
- HCV testing (or referral)
- HIV+ patients referred to care during and after treatment, progress tracked
- Chlamydia/gonorrhea urine-based screening at intake
- Syphilis screening at intake
- Access to sterile drug prep equipment and condoms
- Overdose prevention education

***MENTAL DISORDER TREATMENT***

- Routine HIV and TB screening (or referral)
- Vaccination for HAV and HBV (or referral)
- HCV testing (or referral)
- HIV+ patients referred to care during and after treatment, progress tracked
- Chlamydia/gonorrhea urine-based screening at intake
- Syphilis screening at intake
- Access to sterile drug prep equipment and condoms
- Overdose prevention education

Do you have anything else you would like to add?

Are there any other individuals at (agency name) with whom we should speak about service integration? If so, can you please share their name(s) and contact information?

Thank you for your time! We really appreciate you sharing this information with us. Please feel free to contact us if you have any questions or concerns about what we have discussed.