

Form Approved  
OMB No. ####-####  
Expiration Date: ##/##/####

**TARGETED CAPACITY EXPANSION PROGRAM FOR SUBSTANCE ABUSE  
TREATMENT AND HIV/AIDS SERVICES (TCE-HIV)**

**MULTI-SITE EVALUATION PROJECT**

**PARTNERS/COLLABORATORS SEMI-STRUCTURED INTERVIEW GUIDE**

**CONDUCTED BY:**

JBS International, Inc., Alliance for Quality Education, Battelle Memorial Institute, and the  
Oregon Health & Science University

Grantee Name:	_____
Grantee ID Number:	_____
Date Completed:	____ / ____ / ____ Month Day Year

**Notice to Respondents**

Public reporting time for this collection is estimated to average 60 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA OMB Officer, 1 Choke Cherry Road Room 7-1044, Rockville, MD 20850. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is XXXX-XXXX.

Partner/Collaborator Interview  
Introduction (2.5 minutes)

CSAT has funded four organizations, JBS International, the Alliance for Quality Education, Battelle Memorial Institute, and the Oregon Health & Science University, to conduct a Multi-Site Evaluation of its national Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services. (*Introduce team members, give brief description of qualifications, and describe functions during the interview*).

As part of the Multi-Site Evaluation, we are conducting interviews with partners/collaborators of the TCE-HIV Grantees. As evaluators, we would like to document and better understand how your collaboration with [*insert site name*] has developed over the course of the past year, and how your partnership has facilitated improved outcomes for clients.

Although the Multi-Site Evaluation Team is funded by CSAT, we are not part of that federal agency (or any other federal agency). We are independent evaluators of the TCE-HIV program.

We greatly value the information you are able to provide about your relationship. We have prepared some topic areas and questions on which we would like your comments. Also, please note that we are specifically interested in the services and activities that you provide. Your name and title will not appear in the report unless we specifically ask for your approval. Although we are taking detailed notes, we would also like to tape record the interview in case we need to verify our notes with the interview dialogue.

Are you comfortable with this approach? Do you have any questions about what I have explained? If you have no questions, let's get started. We expect this may take 1 hour.

Instructions to Interviewers

The purpose of this guide is to provide an overview of the information that will be gathered through interviews with Grantee partners/collaborators involved with the Targeted Capacity Expansion Program for Substance Abuse

and HIV/AIDS Services (TCE-HIV) Project. "Partner/collaborator" refers to agencies or organizations that provide services and activities related to the TCE-HIV program. Partner/collaborator interviews will be conducted one-on-one with a Multi-Site Evaluation Team member. Each participant will complete a data sheet and an informed consent.

Members of the Multi-Site Evaluation Team will conduct the interview in a private setting, convenient to the interview participant(s). The interview will last approximately 60 minutes.

The goal of partners/collaborators interviews conducted during TCE-HIV Multi-Site Evaluation site visits include:

- (1) Documentation of the development of the relationship between partners and the TCE-HIV Grantee agency
- (2) Improved understanding of the types of services and activities collaborator provides to the Grantee agency
- (3) Exploration of the partner's perception of improved client outcomes related to collaboration with Grantee agency

Final interview guides for each Grantee will be customized based on the knowledge and role of each individual interviewee and the nature of individual Grantee's program(s). The information gathered from this interview will be used to better understand how the TCE-HIV funded program operates in this setting and will be synthesized with information gathered from other TCE-HIV Grantees to inform the Multi-Site Evaluation of the TCE-HIV program.

Following completion of the partner/collaborator interview, the interviewer should complete the interviewer form at the end of this document to validate that each interview section topic was covered through during the interview. Space is also provided to record other germane topics discussed during the partner/collaborator interview, a list of any documents received, observations regarding interview proceedings, and additional notes/comments relating to the interview.

## Attachment 7: Document 1 - Partner/Collaborator Semi-Structured Interview Guide

For ease of future qualitative analysis coding and thematic content analysis, any key findings/themes that appeared during the interview should also be recorded in the post interview summary form at the end of this

document. The associated page number note references and a listing of respondents whose statements support reported findings should also be noted, if applicable.

Partner/Collaborator Interview Guide

**I. Community Context** (\*Understand partner/collaborator perception of the service community) (5 minutes)

*Before we discuss the TCE-HIV program and your relationship with <insert Grantee agency name here> in more detail, we'd like to get a better understanding of the service community where the Grantee agency operates. The first few questions are about the community serving the <insert Grantee agency name here> clients.*

- A. Please provide a brief overview of the service community including the organizations and assistance available to clients where <insert Grantee name here> is located. The service community could include: health department, medical facilities, substance abuse specialty treatment programs, faith-based organizations, and others.

PROBE 1: How would you describe the service community where the Grantee agency is located?

PROBE 2: How would you describe the substance abuse treatment services?

PROBE 3: How would you describe the HIV/AIDS services?

PROBE 4: How do you think the current service community performs in meeting the needs of the <insert Grantee agency name here> clients?

**II. Program Description** (Description of the partner/collaborating agency) (10 minutes)

*Thank you. Now, we'd like to focus more specifically on your agency/organization. Please describe your agency/organization and the services and activities that it provides, and then we'll move onto a discussion of the relationship between you and the Grantee agency.*

- A. We are very interested in the types of services and activities that your agency provides to the community.

PROBE 1: If you provide outreach/pre-treatment services, please describe these services.

PROBE 2: If you provide treatment services, please describe these services.

PROBE 3: Please describe any services and activities that you provide which target HIV risk behaviors.

PROBE 4: Does your agency/organization use a specific evidence-based practice (EBP) in its service delivery? If so, please describe which EBP you use and how it is practiced within your organization.

- B. Were you offering similar services before you collaborated with <insert Grantee agency name> and the TCE-HIV program?

PROBE 1: How long has your organization provided these services to the community?

PROBE 2: Did the services you offer change at all as a result of your collaboration with <insert Grantee agency name here>?

**III. Partnership Development** (*\*Understand the development of the relationship between the partner and Grantee agency*) (15 minutes)

*Thank you. Now let's move onto a discussion of the development of your relationship with <insert Grantee agency name here>.*

A. Were you aware of the Grantee agency and its mission prior to your partnership with it?

PROBE 1: If yes, in what capacity did you interact with the Grantee agency prior to your existing partnership?

PROBE 2: What were your impressions of the Grantee agency prior to your partnership?

PROBE 3: If no, how did you become aware of the Grantee agency?

B. With your current collaboration, do you have a formal or informal partnership with the Grantee agency?

PROBE 1: Do you have a memorandum of understanding or memorandum of agreement, or did you provide a letter of support for the grant application?

PROBE 2: How did you determine the specific role(s) your agency would play when it came to the provision of services after you partnered with the TCE-HIV program? (*Who does what?*)

**IV. Partner/Collaborator Service Delivery** (*\*Understand the type and scope of the services provided by the partner/collaborator*) (15 minutes)

*Great, now that we have an idea of the basics regarding the relationship between you and the Grantee agency, we'd like to know more about your service delivery to the clients from <insert Grantee name here>. Let's talk specifically about the services that you provide to the Grantee agency as part of the TCE-HIV program.*

A. How involved have you been in the overall implementation of the TCE-HIV program?

PROBE 1: Have you been involved in any type of planning or advisory committee for the project? If so, please describe your involvement.

PROBE 2: Has your collaborative role changed/developed over the past year? If so, how has your role changed?

B. What systems are in place to ensure that agreed-upon services are provided?

PROBE 1: Do you meet regularly with a representative from the Grantee agency to review the level of service delivery?

PROBE 2: Is documentation provided to the Grantee agency that specifies the type and level of services being provided to Grantee clients?

**V. Client and Community Impact** (\*Understand perception of impacts on clients and community)  
(10 minutes)

*The next topics we would like to discuss with you focus on the impact of the partnership/collaboration on the clients and the community in which they live.*

- A. What are your impressions of the partnership and collaborative efforts that have formed between your agency and the TCE-HIV program?
  - PROBE 1: How do you think your partnership contributed to the overall success of the TCE HIV Program?
  - PROBE 2: In your opinion, how have the services your agency provided affected the TCE-HIV clients?
- B. Do you think the TCE-HIV program increased the treatment capacity for substance abuse and mental health in the targeted community? If so, describe the changes in treatment capacity.
- C. How, if at all, has your agency's capacity to provide services been affected as a result of your relationship with the TCE-HIV program?

**VI. Closing Comments** (2.5 minutes)

*Thank you for taking the time to speak with us. We have two final questions for you as we end this discussion today.*

- A. Do you think you will continue your partnership with <insert grantee agency name> in the coming year(s)? Why or why not?
- B. Is there anything you'd like to add about your partnership or the multi-site evaluation?

# **PARTNER/COLLABORATOR INTERVIEWER FORM**

*The following form should be completed by the interviewer(s) and it is not part of the partner/collaborator interview guide.*

Post-Interview Summary Documents [Completed by Interviewer]

**Table: Discussion Topics Covered in Interview and Key Findings/Themes**

✓	Section	Key Interview Findings/Themes by Topic Area	Respondents Supporting Finding*	Supporting Page(s) in Notes
	Community/ Contextual Conditions			
	Program Description			
	Partnership Development			
	Service Delivery			
	Client and Community Impact			

\* Code respondents based on Face Sheet numbering: Respondent 1 as R1, Respondent 2 as R2, etc. (e.g., Statements by R1 supported Key Theme 1)

**Other Topic Areas Discussed**

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**List of Documents Obtained**

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**Observations Regarding Interview Setting** (e.g., description of location, disruptions, etc.)



TCE-HIV Multi-Site Evaluation  
Partner / Collaborator

CSAT would like to learn more about you and your involvement in this organization/program. Please take a few minutes to answer these questions before the interview begins. Your help in answering these questions is greatly appreciated and your answers will be held in confidence.

Grantee ID Number: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone #: \_\_\_\_\_

What is your gender?  Male  Female  Transgender

What is your age? \_\_\_\_\_ years old

Are you Hispanic or Latino?  Yes  No

**[IF YES] What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.**

- |                  |                              |                             |
|------------------|------------------------------|-----------------------------|
| Central American | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cuban            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dominican        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mexican          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Puerto Rican     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| South American   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

(If you answered Yes to "Other", please specify) \_\_\_\_\_

**What is your race? Please answer yes or no for each of the following. You may check all that apply.**

- |                           |                              |                             |
|---------------------------|------------------------------|-----------------------------|
| Alaska Native             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| American Indian           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Asian                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Black or African American | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Native Hawaiian           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other Pacific Islander    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| White                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

(If you answered Yes to "Other", please specify) \_\_\_\_\_

Length of partnership with Grantee organization: \_\_\_\_\_

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