

Form Approved  
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**TARGETED CAPACITY EXPANSION PROGRAM FOR SUBSTANCE ABUSE  
TREATMENT AND HIV/AIDS SERVICES (TCE-HIV)  
MULTI-SITE EVALUATION PROJECT**

**DIRECT SERVICES STAFF 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.

## Direct Services Staff Interview

### Introduction (2.5 minutes)

CSAT has funded four organizations, JBS International, Inc., 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 staff members of the TCE-HIV program. As evaluators, we would like to document the successes and challenges of implementing your TCE-HIV program, to better understand how your TCE-HIV program has developed over the course of the past year, and how it assesses client behaviors. We would also like to gain insight into the degree to which agency and community partnerships, linkages, and capacity have developed through the course of your project's operations.

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

We greatly value the information you are able to provide about your TCE-HIV program. We have prepared some topic areas and questions on which we would like your comments. Also, please note that we are specifically interested in your TCE-HIV program clients, services, and activities. 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 not, let's get started. We expect this may take 1 hour, however, if your program provides outreach/pretreatment and treatment services the interview may take up to 1 hour and 15 minutes.

## Instructions to Interviewers

The purpose of this guide is to provide an overview of the information that will be gathered through interviews with Grantee site direct services staffs involved with the Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services (TCE-HIV) Project. "Direct Services Staff" refers to staff members from the Grantee organization/program who have direct contact with clients to perform treatment-related tasks. Examples of those performing direct service tasks include outreach workers, counselors, and case managers. Direct services staff interviews may vary in format, depending on Grantee preference, and more than one individual may be present during a given interview session. Each respondent will complete a consent form and data sheet.

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 1 hour.

The goal of direct services staff interviews conducted during TCE-HIV Multi-Site Evaluation site visits include:

- (1) Documentation of the development and changes in TCE-HIV program operations, staffing, training and programming (e.g., outreach-pretreatment and/or treatment activities)
- (2) Improved understanding of program, agency, and community capacity changes that result from TCE-HIV activities
- (3) Exploration of changes in the number or nature of partnerships and collaborations both internal and external to the TCE-HIV program agency

Final interview guides for each specific 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

Attachment 5: Document 1 - Direct Services Staff Semi-Structured Interview Guide

TCE-HIV Grantees to inform the Multi-Site Evaluation of the TCE-HIV program.

Following completion of the administrator interview, the interviewer(s) should complete the post interview summary form to validate that each interview section topic was covered during the interview. Space is also provided to record other germane topics discussed during the administrator interview, a list of any documents received, assorted observations regarding interview proceedings, and additional notes/comments relating to the interview.

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.

**NOTE: Section III of the Interview Guide is directed to OUTREACH/PRETREATMENT GRANTEES Staff. Section IV of the Interview Guide is directed to TREATMENT GRANTEES Staff. All other sections are directed at BOTH Grantee types.**

**I. Involvement** (*\*Understand what they do, how long they have been doing it, and how vested they are in the program*) (2.5 minutes)

*I'd like to ask you about your overall involvement with your TCE-HIV program and your specific role in the program.*

- A. First of all, would you please describe your current role in the TCE-HIV program? (e.g., case manager, counselor, outreach worker, intake worker)

PROBE 1: Has your role changed significantly over the past year?

- B. What percentage of your time (FTE) is devoted to TCE-HIV program activities?  
C. What are your day-to-day functions as part of the TCE-HIV services to clients?

**II. Community/Contextual Conditions** (*\*Ask about the community environment in which a Grantee operates, substance abuse levels, drugs of choice, and characteristics of the target population community*) (10 minutes)

*Please provide us with some background regarding the characteristics of the community your program operates in and serves.*

- A. Please provide an overview of the community including characteristics of the community where <insert Grantee name here> is located. Community characteristics could include economics, employment, education, politics, housing, medical and public health, psychosocial services, and behavioral services.

PROBE 1: How would you describe the substance abuse related problems in the community where the Grantee agency is located?

PROBE 2: How would you describe the HIV/AIDS related problems in the community where the Grantee agency is located?

PROBE 3: How would you describe the target group for the TCE-HIV program (Descriptors might include gender, ethnicity, sexual orientation, substance abuse risk, HIV risk employment status)?

PROBE 4: How would you describe the poverty and unemployment issues in the community where the Grantee agency is located?

**III. Program Description: Services, Training, and Evidence-Based Practice (EBP)** (*\*Understand program activities around each TCE-HIV component.*) (15 minutes)

*We would like to better understand the program services that your agency offers to clients through its TCE-HIV program.*

**FOR OUTREACH/PRETREATMENT GRANTEES**

- A. How do you distinguish between outreach and pretreatment services?  
B. Please tell us more about the outreach services you provide as part of your TCE-HIV program.

PROBE 1: What do you do as part of your outreach services?

PROBE 2: Please describe any services and activities provided that target HIV risk behaviors.

PROBE 3: How often are outreach services provided?

PROBE 4: What types of materials do you use during your outreach activities?

C. Do you use any pre-client/client screening assessments to detect substance abuse and mental health issues/problems?

PROBE 1: If so, what screening assessments do you use for substance use; for mental health?

D. Please describe a typical pretreatment encounter.

### **Staffing & Training**

*The next questions are about training and technical assistance.*

A. Please tell us about any training or technical assistance that you may have received to implement your TCE-HIV program.

PROBE 1: What type of training or technical assistance did you receive to implement your EBPs?

PROBE 2: Who provided the training?

PROBE 3: How were training sessions offered?

PROBE 4: Did the technical assistance and training you received meet your expectations?

PROBE 5: Was the timing of the training appropriate?

### **HIV Testing**

*Let's talk about HIV testing services provided as part of the TCE-HIV program.*

A. Can you describe your program's HIV counseling and testing services?

PROBE 1: Can you tell us about what you do as part of the TCE-HIV program related to HIV testing and counseling services?

B. What are some of the barriers and facilitators to providing HIV testing and counseling services?

C. Please describe your confirmatory HIV testing procedures.

### **Cultural Competency**

*We'd like to ask you a few questions about cultural competency or cultural appropriateness.*

A. What strategies and approaches do you or the program engage in to ensure that clients receive culturally appropriate services?

PROBE 1: How do you know the program is culturally appropriate?

PROBE 2: How are materials developed that represent the clients you served?

**IV. Program Description: Services, Training and EBP Intervention** (*\*Understand program activities around each TCE-HIV component. Is there regular training, manualized evidence-based approaches, fidelity, and monitoring of treatment practices*) (20 minutes)

*We would like to better understand the program services that your agency offers to clients through its TCE-HIV program.*

**FOR TREATMENT GRANTEES**

A. Please tell us about the treatment services you provide through the TCE-HIV program.

PROBE 1: What do you do as part of the TCE-HIV program as it relates to treatment services?

PROBE 2: What are your day-to-day activities related to the TCE-HIV program?

PROBE 3: Please describe any services and activities provided that target HIV risk behaviors.

*The next questions are about the program's EBPs.*

B. Please tell us about the EBPs the program has implementing as part of your TCE-HIV program.

PROBE 1: To your knowledge, have there been any changes to the original interventions/EBPs being implemented at your site?

C. How do you know that the EBP sessions are implemented the way they should be? (*Fidelity: the extent to which delivery of an intervention adheres to the protocol or program model originally developed*)

D. Have you made any changes/modifications to your EBPs?

PROBE 1: What changes/modifications were made? Why were they made?

E. How does the program keep track of the changes/modifications that have been made?

**Staffing & Training**

*The next questions are about training and technical assistance.*

A. Please tell us about any training or technical assistance (TA) that you may have received to implement your TCE-HIV program.

PROBE 1: What type of training and TA did you receive to implement your EBPs?

PROBE 2: Who provided the training and TA?

PROBE 3: How were training and TA sessions offered?

PROBE 4: Did the training and TA you received meet your expectations?

PROBE 5: Was the timing of the training and TA appropriate?

PROBE 6: How could the training and TA process be improved?

B. What additional type of training and TA, if any, was required to implement the TCE-HIV program?

PROBE 1: Was there additional training and TA about how to implement the EBPs?

PROBE 2: Was there additional training and TA about how to collect data for the TCE-HIV program?

- C. Have you requested any type of training and TA to conduct your TCE-HIV services?

### **HIV Testing**

*Let's discuss HIV testing services provided as part of the TCE-HIV program.*

- A. Please describe your program's HIV counseling and testing services

PROBE 1: What do you do as part of the TCE-HIV program related to HIV testing and counseling?

### **Cultural Competency**

*We'd like to ask you a few questions about cultural competency or cultural appropriateness.*

- A. What strategies and approaches do you or the program engage in to ensure that clients receive culturally appropriate services?

PROBE 1: How do you know the program is culturally appropriate?

PROBE 2: How are materials developed that represent the clients you served?

### **V. Partnerships/Collaborators** (\* Understand staff perception of partners/collaborators) (8 minutes)

*This section describes the development of partnerships and collaborations that may have occurred within the context of the TCE-HIV program. (Partnerships and collaborations refer to organizations/agencies that have a memorandum of understanding or a memorandum of agreement with your agency to provide services to your TCE-HIV clients.)*

- A. What are your impressions of any partnerships and collaborative efforts stemming from the TCE-HIV program?

PROBE 1: In your opinion, has the formation of partnerships contributed to the overall success of the TCE-HIV program?

PROBE 2: What services do your partners/collaborators provide to clients?

PROBE 3: In your opinion, how have partnerships and collaboration influenced the TCE-HIV program?

PROBE 4: Do you meet regularly with a representative from the partnering agency/agencies to review the level of service delivery?

- B. Please describe the effect that these partnerships and collaboration have had on the overall community substance abuse and HIV service capacity.

### **VI. Barriers and Challenges** (\*Probe for barriers and challenges that TCE-HIV Grantees have faced through the course of implementing their programs) (8 minutes)

*Finally, we would like to collect some information regarding any barriers or challenges you have faced over the past year, which might influence your TCE-HIV program.*

- A. What barriers and challenges have you faced through the course of implementing your TCE-HIV program?
- B. How are you meeting these challenges?
- C. What has been the most positive aspect of the TCE-HIV program this past year?

**VII. Closing (2 minutes)**

*Thank you for taking the time to speak with us today. Is there anything else that you would like to add regarding the TCE-HIV program or the multi-site evaluation?*



# **DIRECT STAFF INTERVIEWER FORMS**

*The following are forms that should be completed by the interviewer(s) and they are not part of the direct service staff interview.*

**EBP Modification Tables [Completed by Interviewer]**

**Grantee ID#** \_\_\_\_\_

**Name of EBP:**

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**EBP Modified:**

✓	Modification	Description of Modifications Made	
	To Better Serve Target Population		
	To Increase Cultural Competency		
	Change of EBP Curriculum		
	Altered Dosage of EBP (e.g., # sessions)	<b>Altered Dosage</b>	<b>Standard Dosage</b>
	Other (Specify)		
	Other (Specify)		

**Name of EBP:**

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**EBP Modified:**

✓	Modification:	Description of Modification	
	To Better Serve Target Population		
	To Increase Cultural Competency		
	Change of Curriculum		
	Altered Treatment Dosage (e.g., # sessions)	<b>Altered Dosage</b>	<b>Standard Dosage</b>
	Other (Specify)		

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	Other (Specify)	
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**Name of EBP:**

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**EBP Modified:**

<input checked="" type="checkbox"/>	Modification:	Description of Modification	
	To Better Serve Target Population		
	To Increase Cultural Competency		
	Change of EBP Curriculum		
	Altered Treatment Dosage (e.g., # sessions)	<b>Altered Dosage</b>	<b>Standard Dosage</b>
	Other (Specify)		
	Other (Specify)		

**Name of EBP:**

---

**EBP Modified:**

<input checked="" type="checkbox"/>	Modification:	Description of Modification	
	To Better Serve Target Population		
	To Increase Cultural Competency		
	Change of EBP Curriculum		
	Altered Treatment Dosage (e.g., # sessions)	<b>Altered Dosage</b>	<b>Standard Dosage</b>

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	Other (Specify)	
	Other (Specify)	

Post-Interview Summary [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
	Respondent(s) Involvement			
	Community/ Contextual Conditions			
	Program Description			
	Staffing and Training			
	Cultural Competence/ Appropriateness			
	HIV Testing			
	Partnerships/ Collaborators			
	Barriers/ Challenges			

\* 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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**TCE-HIV Multi-Site Evaluation  
Direct Services Staff**

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 #:** \_\_\_\_\_

**Years in current position:** \_\_\_\_\_ **Years in substance abuse tx field:** \_\_\_\_\_

**What is your gender?**       Male     Female     Transgender

**What is your age?** \_\_\_\_\_ years old    **Education:** \_\_\_\_\_

**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 say 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) \_\_\_\_\_

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