

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

MULTI-SITE EVALUATION PROJECT

ADMINISTRATIVE 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 90 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.

Administrator 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 TCE-HIV program. (*Introduce team members, give brief description of qualifications, and describe functions during the interview*).

As part of the continuing Multi-Site Evaluation, we are conducting site visits to TCE-HIV Grantees, including [*insert site name*]. 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 roughly 90 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 administrators involved with the TCE-HIV program. "Administrator" refers to staff from the Grantee organization/program and partner/collaborator agencies or local evaluators who perform administrative tasks related to the TCE-HIV program. Examples of those performing administrative tasks include the Project Director, Program Manager, and Executive Director.

Administrator interviews may vary in format, depending on Grantee preference, and more than one individual may be present during a given interview session. 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 90 minutes.

The goal of administrator 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

Attachment 3: Document 1 - Administrative Staff Semi-Structured Interview Guide

The administrator interview is presented in an open-ended format in two parts (1) Executive Staff and (2) Project Director/Coordinator. The first part will be conducted with an executive staff of the agency; and the second part with the Project Director or Coordinator of the TCE-HIV program. It is likely that one person from the agency fulfills both roles/positions. If this is the case, the full interview should be conducted with that person. 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 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, where applicable.

Administrator Interview Guide (Part I: Executive Staff)

I. Involvement (**Understand what they do, how long they have been involved in the TCE-HIV program, and how vested they are in the program*) (5 minutes)

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

- A. First, would you please describe your current role in your TCE-HIV program (e.g., fiscal administration, clinical supervision, research oversight, program staff coordination, quality assurance [QA])?

PROBE 1: (If applicable) How has your role changed significantly over the past year?

- B. How involved have you been in the overall planning and implementation of TCE-HIV?

PROBE 1: (If applicable) How has your role changed/developed over the past year?

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

Please provide us with some information regarding the characteristics of your community.

- A. How would you define the community you serve (e.g., neighborhood, housing projects, city, county, or risk groups)?

- B. How would you describe the community your TCE-HIV program operates in and serves? (e.g., socio-demographical information)

PROBE 1: How would you describe the substance abuse problems in your target community?

PROBE 2: How would you describe the HIV/AIDS problems in your community?

PROBE 3: How would you describe the poverty and unemployment rates in your community?

PROBE 4: Please describe any changes in your community which might influence your TCE-HIV program and its mission (e.g., high unemployment causing increased demand; state/local budgetary cuts limiting services; increased buy-in from your community partners, etc.)?

PROBE 5: How has your program attempted to deal with these changes in your community?

- C. How does your agency attempt to foster ongoing communication with the “lay” community, and gain (or ensure continuing) buy-in for its services?

PROBE 1: Are these efforts TCE-HIV program specific?

- D. In your opinion, how do you believe your agency and its programs are viewed by the “lay” community?

- E. 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?

III. Development of Partnerships and Collaborations (*Find out how well TCE-HIV services are coordinated with the external substance abuse treatment community setting) (10 minutes)

Please provide us with some information about any partnerships and collaborations that have developed over the course of your TCE-HIV program.

- A. Describe any continuing and/or new external collaborations and partnerships.

PROBE 1: (If applicable) How have they developed/progressed over the past year?

- B. Describe the process of how and when clients are referred to your partner agency or agencies? (If applicable)

- C. How do you feel the formation or development of your partnerships has contributed to your TCE-HIV program?

PROBE 1: What aspects of your TCE-HIV related partnerships have been most beneficial (if any)?

PROBE 2: What aspects of forming your TCE-HIV partnerships do you feel have been challenging (if any)?

PROBE 3: What aspects of maintaining your TCE-HIV partnerships do you feel have been challenging (if any)?

- D. Describe the level or frequency of contact that you have with your partner agency or agencies.

- E. Please describe the effect that these partnerships and collaborations have had on the overall community treatment capacity.

IV. Staffing and Training (*How are staff trained, what level of training do staff receive, and on what topics do staff receive training) (7 minutes)

We are interested in learning more about the staff who work with the TCE-HIV program and about the training and technical assistance that the program has requested and received.

- A. What kinds of staffing changes have there been for the TCE-HIV program?

PROBE 1: Have there been any changes to the executive, administrative, or local evaluation staff over the last year?

PROBE 2: What were the reasons for those changes?

- B. What external agency (i.e., non-local staff or evaluator led) trainings or technical assistance sessions (if any) have you requested to support your TCE-HIV programming?
- C. Of the trainings/technical assistance you requested, what did you actually receive?
- D. How well do you feel that these external training/technical assistance sessions met your program's needs?

V. Sustainability (**Probe for suggestions as well as formal plans for sustainability*) (10 minutes)

We are interested in whether your agency has plans in place for sustaining your TCE-HIV program services following the end of the CSAT grant funding period.

- A. Describe the sustainability plan (if any) in place to continue your TCE-HIV program operations when the TCE-HIV grant ends.
 - PROBE 1: What specific arrangements (formal or informal) do you have in place to maintain program sustainability, after the TCE-HIV funding period ends?
 - PROBE 2: What aspects of sustainability planning do you feel have been most difficult?
 - PROBE 3: What aspects of your current sustainability plans or arrangements do you feel will be most useful in ensuring programmatic sustainability following the end of TCE-HIV funding?
- B. How have your activities through the course of your TCE-HIV grant influenced long-term program and/or organizational sustainability?

VI. Closing Comments (**Concluding remarks, respond to Grantee questions*) (2.5 minutes)

Thank you very much for taking the time to meet with us, discuss your TCE-HIV program activities, and how they have developed over the past year.

- A. Do you have any questions, comments, or feedback regarding our interview?

Administrator Interview Guide (Part II: Project Director/Coordinator)

VII. Involvement (**Understand what they do, how long they have been involve in the TCE-HIV program, and how vested they are in the program*) (5 minutes)

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

- A. First, would you please describe your current role in your TCE-HIV program (e.g., fiscal administration, clinical supervision, research oversight, program staff coordination, quality assurance [QA])?
 - PROBE 1: (If applicable) How has your role changed significantly over the course of the past year?
- B. How involved have you been in the overall planning and implementation of TCE-HIV?

PROBE 1: (If applicable) How has your role changed/developed over the past year?

VIII. Program Description; Utilization and Fidelity of Evidence-based Practice (EBP) Intervention
*(*Understand program activities around each TCE-HIV component. Is there regular training, manualized evidence-based approaches, and fidelity monitoring of treatment practices) (15 minutes)*

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

A. Describe your TCE-HIV intake procedure.

PROBE 1: What is the process that is used to screen potential clients for your TCE-HIV program?

PROBE 2: When are these screenings administered?

PROBE 3: Which screening assessments are used to detect substance abuse and mental health issues/problems?

PROBE 4: What are the facilitators to conducting screening?

PROBE 5: What are the barriers to conducting screening?

B. Describe the outreach activities that occur as part of your TCE-HIV program.

PROBE 1: What actually occurs during outreach?

PROBE 2: What type, if any, of the outreach activities target HIV risk behaviors?

PROBE 3: Who does the outreach activity?

PROBE 4: Where is outreach conducted?

PROBE 5: What are the facilitators to doing outreach?

PROBE 6: What are the barriers to doing outreach?

PROBE 7: What kind of changes if any, has the program made to its outreach strategy or approach over the past year?

C. Describe your substance abuse treatment services for your TCE-HIV program.

PROBE 1: What occurs during treatment?

PROBE 2: What type, if any, of the treatment services target HIV risk behaviors?

PROBE 3: Who conducts the treatment sessions?

PROBE 4: What are the facilitators of your substance abuse treatment services?

PROBE 5: What are the barriers to your substance abuse treatment services?

PROBE 6: What kind of changes have you made to your treatment strategy or approach over the past year?

D. Does your program conduct drug screening at specific intervals during treatment (in addition to screening at intake?)

PROBE 1: Are the screenings unannounced?

PROBE 2: For what substances do you screen?

PROBE 3: What screening methods are used?

E. Which EBPs does your program use for its TCE-HIV program?

PROBE 1: How is fidelity to the EBP(s) maintained?

PROBE 2: What modifications (if any) were made to your EBPs over the last year? Why were these adaptations/modifications introduced? (**Cover all EBPs for which modifications have been made*)

PROBE 3: Do you anticipate making any additional adaptations or modifications in the future?

IX. Cultural Competence/Appropriateness (**Are services delivered in a culturally appropriate manner, given the Grantee's target program population?**) (8 minutes)

We recognize that ensuring the culturally appropriate delivery of services is a vital and often complex undertaking. As such, we would like to learn as much as possible about the ways in which the program ensures cultural appropriateness.

A. Describe the activities that the TCE-HIV program engages in to ensure that services are delivered in a culturally appropriate manner.

B. Does the program offer materials and instructions in the client's language (change language as appropriate for the Grantee's target audience)?

C. For what language(s), if any, does your program offer bilingual support?

PROBE 1: At what staffing levels are bilingual staff available (i.e., bilingual outreach workers, bilingual case managers, etc.)

D. Describe (if applicable) your TCE-HIV program's Community Advisory Board (CAB) or equivalent organization.

PROBE 1: Is the CAB TCE-HIV program specific, or does it serve your entire agency more broadly?

PROBE 2: Does your CAB include client representatives?

PROBE 3: What role, if any, does your CAB have in making decisions about your TCE-HIV program?

E. What are the challenges in providing what you feel would be culturally appropriate/competent care or services?

F. What are the facilitators to providing cultural appropriate/competent care or services?

X. HIV Testing (**Understand implementation of HIV rapid testing activities. Has implementation gone smoothly, who is tested and when, what process data is collected on rapid testing?**) (10 minutes)

We would like to ask about how your HIV rapid testing services are being delivered.

- A. Describe your HIV counseling and testing activities?
 - PROBE 1: Who conducts HIV rapid tests?
 - PROBE 2: Where is HIV testing conducted?
- B. What system (if any) do you have in place to track repeat testers?
- C. In addition to your TCE-HIV rapid testing requirements, what other reporting or procedural requirements (if any) are mandated by your state, city, or local government, or by your other federally funded programs? How do these affect your HIV testing activities?
- D. Do you have any policies, programs, or mechanisms to encourage the partners and family members of your clients to seek HIV testing?
- E. Please describe your confirmatory testing procedures.
- F. What are the challenges the programs have in conducting HIV testing?
- G. What are the facilitators to conducting HIV testing for your TCE-HIV program?

XI. Barriers and Challenges (**Probe for barriers and challenges that TCE-HIV Grantees have faced through the course of implementing their programs**) (5 minutes)

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

- A. What challenges have you faced through the course of implementing your TCE-HIV program?
- B. What steps (if any) has your agency taken to attempt to overcome any of the challenges or barriers you have identified?
- C. Are there any ways that you feel that CSAT could provide assistance (e.g., training) to help overcome the challenges or barriers you have faced?

XII. Closing Comments (**Concluding remarks, respond to Grantee questions**) (2.5 minutes)

Thank you very much for taking the time to meet with us, discuss your TCE-HIV program activities, and how they have developed over the past year.

- A. Do you have any questions, comments, or feedback regarding our interview?
- B. Are there any topic areas, issues, or concerns relating to the TCE-HIV Multi-Site Evaluation that you would like to discuss, clarify, or have clarified?

ADMINISTRATOR GUIDE INTERVIEWER FORM

The following form should be completed by the interviewer(s) and it is not part of the actual administrator interview.

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
	Participant Involvement			
	Community/ Contextual Conditions			
	Partnerships and Collaborations			
	Staffing and Training			
	Sustainability			
	Program Description; Utilization and Fidelity of EBP			
	Cultural Competence/ Appropriateness			
	HIV Testing			
	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)

TCE-HIV Multi-Site Evaluation
Executive 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 discussion 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 Yes No
- Cuban Yes No
- Dominican Yes No
- Mexican Yes No
- Puerto Rican Yes No
- South American Yes No
- Other Yes 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 Yes No
- American Indian Yes No
- Asian Yes No
- Black or African American Yes No
- Native Hawaiian Yes No
- Other Pacific Islander Yes No
- White Yes No
- Other Yes No

(If you answered Yes to "Other" please specify) _____

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**TCE-HIV Multi-Site Evaluation
Project Director and/or Program Manager**

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 discussion 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 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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