ATTACHMENT F: **INSTRUMENT FOR PROJECT DIRECTOR**

F-1   Biannual Project Director Telephone Interview

Attachment F-1

Biannual Project Director Telephone Interview

TI # _____

Biannual Project Director Telephone Interview
2-2-10

[Words in capital letters are notes to the interviewer and not meant to be read aloud.]

Grantee Name: _____

Project Director
    Name: _____
    Address: _____
    Phone #: _____
    Email Address: _____

Interviewer Name:_____
Date of Interview:____/____/____ Start and End Times: _____ _____

Section 1. Respondent Background

Ask the following questions only on the first telephone interview. These items only need to be completed on further interviews if the project director changes.

First, I'd like to find out a little about your background and role on the PPW grant.

    1.1 How long have you been at [*Name of Grantee*]?

    1.2 What are your current responsibilities?

    1.3 Please tell me about your educational background and credentials including any licenses or certifications.

    1.4 About how long have you worked in substance abuse and/or mental health treatment?
         _____ Years _____ Months

        a. *[If greater than 0 months]* Please describe your professional experience related to addictions, mental health, health or other healthcare.

Position	Facility Type	Duration (In Years)

    b. *[Has the project director provided direct clinical care?]*
☐ *Yes*   ☐ *No*

Section 2. Clarification of Biannual Report Information

2.1 Clarification of any items from the Biannual Report Coding Form. For example:
    a. Your biannual report indicated that in the past six months there were changes in the project service delivery method. Has the array of services provided by the PPW grant changed (e.g., new services added or existing services discontinued)?

        i. If yes, why were these changes made?

    b. Your biannual report indicated that the number of clients you plan to serve in this project year has changed, why was this number changed?

    c. Your biannual report indicated that your project goals/objectives have changed, why have they changed?

Section 3. Technical Assistance

3.1 You listed the following technical assistance (TA) needs in your biannual report:
[For each technical assistance need listed ask for the following information:]

Identified TA Need	Submitted a TA request through the online TA system?	What is the status of that TA request (e.g., TA scheduled, consultant identified, TA completed)
	☐ Yes ☐ No ☐ DK/Refused	
	☐ Yes ☐ No ☐ DK/Refused	
	☐ Yes ☐ No ☐ DK/Refused	
	☐ Yes ☐ No ☐ DK/Refused	

3.2 Have you received any TA during the last six months*?*
  ☐ No – [*Skip Next Item*]
  ☐ DK/Refused – [*Skip Next Item*]
  ☐ Yes

3.3 For those TAs received in the last 6 months, please provide details of each TA (i.e., number of days of TA received, and type of the TA).

Completed TA	# Days of TA Received	Type of TA
		☐ Regular, Ongoing Consultation /Discussion ☐ Customized TA ☐ Training, Webinars, & Other Events ☐ Annual or Semi-Annual Grantee Meeting ☐ Resource Materials ☐ Information or Support Via TA ☐ Provider's Website ☐ Site Visit ☐ Other (Specify)
		☐ Regular, Ongoing Consultation /Discussion ☐ Customized TA ☐ Training, Webinars, & Other Events ☐ Annual or Semi-Annual Grantee Meeting ☐ Resource Materials ☐ Information or Support Via TA ☐ Provider's Website ☐ Site Visit ☐ Other (Specify)

		☐ Regular, Ongoing Consultation /Discussion ☐ Customized TA ☐ Training, Webinars, & Other Events ☐ Annual or Semi-Annual Grantee Meeting ☐ Resource Materials ☐ Information or Support Via TA ☐ Provider's Website ☐ Site Visit ☐ Other (Specify)
		☐ Regular, Ongoing Consultation /Discussion ☐ Customized TA ☐ Training, Webinars, & Other Events ☐ Annual or Semi-Annual Grantee Meeting ☐ Resource Materials ☐ Information or Support Via TA ☐ Provider's Website ☐ Site Visit ☐ Other (Specify)
		☐ Regular, Ongoing Consultation /Discussion ☐ Customized TA ☐ Training, Webinars, & Other Events ☐ Annual or Semi-Annual Grantee Meeting ☐ Resource Materials ☐ Information or Support Via TA ☐ Provider's Website ☐ Site Visit ☐ Other (Specify)

3.4 Do you feel that these TAs received will improve/affect the success of the project?

☐ No

☐ DK/Refused

☐ Yes

    a. If Yes, please explain.

Section 4. Training / Professional Development Activities

4.1 You listed _[#]__ of training / professional development activities in your biannual report. Please clarify how these trainings/activities may improve/affect the success of the project in the following areas: *Probe for examples related to:*

    a.   Decreasing client's substance use

    b.   Increasing safe and healthy pregnancies/ improved birth outcomes

    c.   Improved mental health of clients and their children

    d.   Improved physical health of clients and their children

    e.   Improved family functioning

    f.   Decreased involvement/exposure to crime, violence, sexual/physical abuse, and child abuse/neglect

    g.   Improved economic/housing stability

Section 5. Cross Site Data

5.1 What is your process for ensuring quality control of your data (e.g., system for checking that the data are entered corrected)?

    a.   *Probe for a formalized process for ensuring quality control of data.*

5.2 During the last six months:

a. How many of your clients **consented** to participate in the PPW cross-site evaluation data collection activities (i.e., number of consent forms that clients have completed in the last six months)? _____

b. How many of your clients **refused** to participate in the PPW cross-site evaluation data collection activities (i.e., number of clients who refused to sign consent forms in the last six months)? _____

   1. If greater than 0, what were their reasons for refusal to participate in the PPW cross-site evaluation data collection activities?

Section 6. Program Context and Sustainability

6.1 Have there been any changes in the community that may affect the success of the project?
☐ No
☐ Yes
   a. If Yes, please explain.

6.2 Have you developed a sustainability plan to ensure that the project continues after the funding ends?
☐ No
☐ Yes If Yes, please send us a copy

   a. If No, have you started a process to begin developing a sustainability plan (i.e., strategic planning process)?

   1. If Yes, what is the status?

Section 7. Barriers/Challenges

7.1 Have there been any barriers or challenges during this reporting period that may affect the success of the project?

☐ No
☐ Yes
   a. If Yes, please explain.

Now, I would like to understand some of the challenges that your PPW program has faced in the last six months. I'm going to read a list of areas that are often challenging for programs. Please tell me how much of a challenge each has been for your program on a <u>scale of 1 to 5, where 1=Not at all a challenge and 5=Very much a challenge</u>. Where this has been a challenge, I would like to know what the nature of the challenge has been and whether you think it was successfully resolved.

How much of a challenge have the following areas been in the past six months?

Program Challenge Area	(A) Rating					IF A=2-5: (B) **Description/Source of Challenge** *[Don't Read Categories]*	IF A = 2-5:
	Not at all	Little	Somewhat	Much	Very Much		
7.2 Financial matters	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	☐ Low Staff Pay ☐ Increased Costs ☐ Budget Cuts ☐ Limited Reimbursement ☐ Other, *Specify*:	☐ Ongoing ☐ Resolved (Specify)

Program Challenge Area	(A) Rating					IF A=2-5: (B) **Description/Source of Challenge** *[Don't Read Categories]*	IF A = 2-5:
	Not at all	Little	Somewhat	Much	Very Much		
7.3 Keeping the PPW program at full capacity (i.e., beds full)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	☐ Client Flow ☐ Clients View Program As Restrictive ☐ Other, *Specify*:	☐ Ongoing ☐ Resolved (Specify)
7.4 Administration or management of the program	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	☐ Regulations Imposed By State, Etc. ☐ Funding ☐ Modernizing Tx Philosophy/ Structure ☐ Other, *Specify*:	☐ Ongoing ☐ Resolved (Specify)
7.5 Finding and keeping qualified staff	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	☐ Staff Turnover ☐ Limited Staff (Training, Qualifications) ☐ Not Enough Staff ☐ Finding Qualified Staff ☐ Low Pay ☐ Other, *Specify*:	☐ Ongoing ☐ Resolved (Specify)

Program Challenge Area	(A) Rating					IF A=2-5: (B) **Description/Source of Challenge** *[Don't Read Categories]*	IF A = 2-5:
	Not at all	Little	Somewhat	Much	Very Much		
7.6 Facilities	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	☐ Old Or Run-Down ☐ Insufficient Space ☐ Access To Community /Public Transport ☐ Neighborhood Iffy (Drugs, Crime) ☐ Other, *Specify*:	☐ Ongoing ☐ Resolved (Specify)
7.7 Meeting clients' needs for services	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	☐ Meeting Mental Health Needs ☐ Clients Have Too Many Needs ☐ Voc Training/Job Placement Hard ☐ Not Enough Women's Beds ☐ Keeping Enough Women In Tx ☐ Safety (Emotional, Physical) ☐ Insufficient Childcare ☐ Medical Issues ☐ Other, *Specify*:	☐ Ongoing ☐ Resolved (Specify)
7.8 Visitation with children (who are not in treatment with mother)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	☐ Children Live Far Away ☐ Cps/Others Won't Bring Them ☐ Other, *Specify*:	☐ Ongoing ☐ Resolved (Specify)

Program Challenge Area	(A) Rating					IF A=2-5: (B) **Description/Source of Challenge** *[Don't Read Categories]*	IF A = 2-5:
	Not at all	Little	Somewhat	Much	Very Much		
7.9 Providing services to children within PPW program	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	☐ Not Enough Child Beds ☐ Accommodating Older Boys ☐ Accommodating Older Girls ☐ Child Behavior Problems ☐ Meeting Children's Therapeutic Needs ☐ Other, *Specify*: ☐ NA	☐ Ongoing ☐ Resolved (Specify)
7.10 Having prenatal or perinatal services available **ONSITE**	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	☐ Expensive W/ Inadequate Reimbursement ☐ Need Is Variable So Hard To Keep Resources/Linkages Fresh ☐ Other, *Specify*: ☐ NA	☐ Ongoing ☐ Resolved (Specify)

Program Challenge Area	(A) Rating					IF A=2-5: (B) **Description/Source of Challenge** *[Don't Read Categories]*	IF A = 2-5:
	Not at all	Little	Somewhat	Much	Very Much		
7.11 Client satisfaction	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	Clients Complain About: ☐ Food ☐ Physical Accommodations ☐ Staff ☐ Prog Rules, Restrictions, Requirements ☐ Wanting More Services Or Help ☐ Don't Want To Be Here, Tx Coerced ☐ Everything - Impossible To Please ☐ Other, *Specify*:	☐ Ongoing ☐ Resolved (Specify)

Section 8. Respondent Demographic Information

[Ask the following questions only on the first telephone interview. These items only need to be completed on further interviews if the project director changes.]

Before we finish, I would like to ask you a few questions about your demographic characteristics.

8.1 What is your gender?   ☐ M   ☐ F

8.2   Do you consider yourself to be Hispanic or Latino/a?
    ☐ No
    ☐ Yes
    ☐ DK/Refused

8.3   What race or ethnic backgrounds do you most identify with? You can choose all that apply. Would you say…
    ☐ …American Indian or Alaska Native,
    ☐ …Asian,
    ☐ …Black or African American,
    ☐ …Native Hawaiian or other Pacific Islander, and/or
    ☐ …White?
    ☐ DK/Refused

8.4 I am going to list some age categories. Would you say you are…

☐ ...18-25
☐ …26-34
☐ …35-44
☐ …45-54
☐ …55-64 or
☐ …65 or older?
☐ Refused

That is all of the questions that I have for you. Do you have any questions for me or would you like to tell me about any other issues that you think are important to understanding the program or the services you provide?

Thank you.