

**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 \_\_\_\_\_ Monthsa. [*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)
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/Refused	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/Refused	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/Refused	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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
		<input type="checkbox"/> Regular, Ongoing Consultation /Discussion <input type="checkbox"/> Customized TA <input type="checkbox"/> Training, Webinars, & Other Events <input type="checkbox"/> Annual or Semi-Annual Grantee Meeting <input type="checkbox"/> Resource Materials <input type="checkbox"/> Information or Support Via TA <input type="checkbox"/> Provider's Website <input type="checkbox"/> Site Visit <input type="checkbox"/> Other (Specify)
		<input type="checkbox"/> Regular, Ongoing Consultation /Discussion <input type="checkbox"/> Customized TA <input type="checkbox"/> Training, Webinars, & Other Events <input type="checkbox"/> Annual or Semi-Annual Grantee Meeting <input type="checkbox"/> Resource Materials <input type="checkbox"/> Information or Support Via TA <input type="checkbox"/> Provider's Website <input type="checkbox"/> Site Visit <input type="checkbox"/> Other (Specify)

		<input type="checkbox"/> Regular, Ongoing Consultation /Discussion <input type="checkbox"/> Customized TA <input type="checkbox"/> Training, Webinars, & Other Events <input type="checkbox"/> Annual or Semi-Annual Grantee Meeting <input type="checkbox"/> Resource Materials <input type="checkbox"/> Information or Support Via TA <input type="checkbox"/> Provider's Website <input type="checkbox"/> Site Visit <input type="checkbox"/> Other (Specify)
		<input type="checkbox"/> Regular, Ongoing Consultation /Discussion <input type="checkbox"/> Customized TA <input type="checkbox"/> Training, Webinars, & Other Events <input type="checkbox"/> Annual or Semi-Annual Grantee Meeting <input type="checkbox"/> Resource Materials <input type="checkbox"/> Information or Support Via TA <input type="checkbox"/> Provider's Website <input type="checkbox"/> Site Visit <input type="checkbox"/> Other (Specify)
		<input type="checkbox"/> Regular, Ongoing Consultation /Discussion <input type="checkbox"/> Customized TA <input type="checkbox"/> Training, Webinars, & Other Events <input type="checkbox"/> Annual or Semi-Annual Grantee Meeting <input type="checkbox"/> Resource Materials <input type="checkbox"/> Information or Support Via TA <input type="checkbox"/> Provider's Website <input type="checkbox"/> Site Visit <input type="checkbox"/> 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 scale of 1 to 5, where 1=Not at all a challenge and 5=Very much a challenge. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Low Staff Pay <input type="checkbox"/> Increased Costs <input type="checkbox"/> Budget Cuts <input type="checkbox"/> Limited Reimbursement <input type="checkbox"/> Other, <i>Specify</i> :	<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved (Specify)

Program Challenge Area	(A) Rating					IF A=2-5:  (B) Description/Source of Challenge <i>[Don't Read Categories]</i>	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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Client Flow <input type="checkbox"/> Clients View Program As Restrictive <input type="checkbox"/> Other, <b><i>Specify:</i></b>	<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved (Specify)
7.4 Administration or management of the program	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Regulations Imposed By State, Etc. <input type="checkbox"/> Funding <input type="checkbox"/> Modernizing Tx Philosophy/ Structure <input type="checkbox"/> Other, <b><i>Specify:</i></b>	<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved (Specify)
7.5 Finding and keeping qualified staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Staff Turnover <input type="checkbox"/> Limited Staff (Training, Qualifications) <input type="checkbox"/> Not Enough Staff <input type="checkbox"/> Finding Qualified Staff <input type="checkbox"/> Low Pay <input type="checkbox"/> Other, <b><i>Specify:</i></b>	<input type="checkbox"/> Ongoing <input type="checkbox"/> 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Old Or Run-Down <input type="checkbox"/> Insufficient Space <input type="checkbox"/> Access To Community /Public Transport <input type="checkbox"/> Neighborhood Iffy (Drugs, Crime) <input type="checkbox"/> Other, <i>Specify</i> :	<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved (Specify)
7.7 Meeting clients' needs for services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Meeting Mental Health Needs <input type="checkbox"/> Clients Have Too Many Needs <input type="checkbox"/> Voc Training/Job Placement Hard <input type="checkbox"/> Not Enough Women's Beds <input type="checkbox"/> Keeping Enough Women In Tx <input type="checkbox"/> Safety (Emotional, Physical) <input type="checkbox"/> Insufficient Childcare <input type="checkbox"/> Medical Issues <input type="checkbox"/> Other, <i>Specify</i> :	<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved (Specify)
7.8 Visitation with children (who are not in treatment with mother)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/> Children Live Far Away <input type="checkbox"/> Cps/Others Won't Bring Them <input type="checkbox"/> Other, <i>Specify</i> :	<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved (Specify)

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

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