**Violence intervention to enhance lives project**

**Evaluation**

**CLIENT FOCUS GROUP Interview Guide**

**Conducted by:**

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| Grantee Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Grantee ID Number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Date Completed: | \_\_\_\_\_\_\_ / | \_\_\_\_\_\_\_ / | \_\_\_\_\_\_\_\_\_ |  |
|  | Month | Day | Year |  |

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| **Notice to Respondents** |
| Public Burden Statement: 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 0930-xxxx. Public reporting burden for this collection of information is estimated to average 90 minutes per respondent, per year, 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 Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857. |

**VITEL Evaluation**

Client Focus Group Guide

The purpose of this guide is to provide an overview of the information that will be gathered through focus groups with clients involved in the Violence Intervention to Enhance Lives (VITEL) Project. A "client" refers to individuals from the Grantee organization/program who has engaged in VITEL sponsored treatment and/or program activities.

Members of the Evaluation Team will conduct the Client Focus Group in a setting, convenient to the focus group participant(s). The focus group discussion will last approximately 1 hour.

*Recruitment parameters*. Up to nine clients will participate in the focus group. Those clients who have been in the VITEL program for at least 30 days will be considered for participation. The focus group participants will reflect diversity in age and gender.

The goal of the Client Focus Groups conducted through the course of VITEL Evaluation site visits include discussion of:

• clients' satisfaction with the VITEL program

• barriers and facilitators of IPV services

• client level outcomes (i.e., IPV risk, substance use/abuse, sexual risk behavior)

Final discussion guides for each specific Grantee will be customized based on the nature of individual Grantee's treatment modality (i.e., outpatient vs. residential). The information gathered from this focus group will be used to better understand clients' perceptions of the VITEL funded program and will be synthesized with information gathered from other VITEL Grantees to inform the Evaluation of the VITEL program.

Following completion of the Client Focus Group, the facilitator(s) should complete the Facilitator Checklist form to validate that each discussion section topic was covered through the course of the focus group discussion. Space is also provided on the Facilitator Checklist form to record other germane topics discussed during the focus group proceedings and additional notes/comments relating to the discussion.

For ease of future qualitative analysis coding and thematic content analysis, any key findings/themes that appeared through the course of the focus group discussion should also be recorded in Post-Interview Completion Document Table, in its associated content section. The associated page number note references and a listing of respondents whose statements support reported findings should also be noted, where applicable.

**NOTE:** Co-facilitator will hand out consent forms after participants have entered the room and are seated.

***Opening:*** Moderator's Introduction (5 minutes):

Hello and welcome. Thank you for taking time to participate in this focus group. My name is

XXXXX XXXXXX and I am conducting this discussion on behalf of the Center for Substance Abuse Treatment (CSAT). CSAT has funded XXXX XXXXXX to conduct an Evaluation of its VITEL Program for substance use disorder treatment and HIV/AIDS Services. (Introduce team members, give brief description of qualifications, and describe functions during the focus group). As part of the evaluation, we are conducting several focus groups around the country with program clients such as you. Although the Evaluation Team is funded by CSAT, we are not part of that federal agency, or this local program. We are independent evaluators of the VITEL program.

We are here today to learn about your experiences in the program [INSERT PROGRAM NAME]. We are interested in hearing about your successes, challenges and any feedback about your involvement in the program. The information that you provide will be extremely helpful to CSAT as they seek to learn how clients may be benefiting from the VITEL program.

Before we begin, I would like to establish some guidelines for our discussion. During our discussion, it would be most helpful if one person would talk at a time. Please know that there are no right or wrong answers, just different points of view, and we want to hear all of them. Everyone's experience is important to us, so please feel free to share your point of view even if it is different from what others have said. Also, keep in mind that we are interested in both positive and negative comments. I mentioned earlier that my colleagues and I are conducting this focus group on behalf of CSAT, but it's important to let you know that we are not CSAT employees.

The discussion will last about 1 hour

I also want to mention to you that we are providing some refreshments for you to enjoy. Please help yourself to these snacks during our discussion.

Warm Up Questions (2 minutes):

1. Before we begin, so l-and you-can know who is here, I'd like to let each of you introduce yourself (first name only) and tell us a little something about yourself.
2. May I have everyone's permission to tape this session? *(Only if everyone gives permission will taping be allowed). Even though we are recording this session we will not associate your comments and experiences with your name; and the program staff will not have access to the discussion that we share here today*.

Are there any questions before we get started?

**I. Community Context** *(\*Understand how the program is viewed in the community)* (15 minutes)

*Even though you are all clients in the same program, it is likely that your experiences prior to entering*

*the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of organization) as well as your experiences while in the program are not identical.*

*We are here today to hear your thoughts about the program, including how satisfied you've been with the program services. I'd like to begin our discussion today by talking about your overall thoughts about the program, and how it is viewed by people who live in the community.*

1. Let's begin by discussing what you know about IPV and related services in your community/neighborhood? (*note to moderator: Be prepared to tailor context questions based on specific setting; e.g., some clients will refer to the physical neighborhood setting, and others may refer to a community of individuals*)

PROBE 1: What is the community’s perception concerning IPV?

PROBE 2: What, if any, positive impressions do people in the community/neighborhood have

about <name of Grantee agency>?

PROBE 3: What, if any, negative impressions do people in the community/neighborhood have

about <name of Grantee agency>?

PROBE 4: Do people think that there is a need for this program in the

community/neighborhood? Why? Why not?

PROBE 5: Do people think this program has changed the community/neighborhood? If so, how

has the program changed the community/neighborhood?

1. How would you describe drug use in this community/neighborhood?
2. How would you describe the HIV problem in this community/neighborhood?

*Thank you for sharing your opinions about the program's image in the community/neighborhood and thanks for providing your thoughts on the IPV, drug use, and HIV in the community/neighborhood.*

**II. Client Satisfaction** *(\*Understand how the clients feel about the services they received as part of the program)* (10 minutes)

*Now, let's talk a little about how the program is viewed by you-- the clients.*

1. What did you like about the IPV outreach (i.e., how people approached you and talked about IPV screening)?
2. What are the things about this IPV screening that you like?
3. Did you keep all, some, or none of your referral appointments? What did you like about the IPV referral services?

PROBE 1: If you kept all of your appointments, describe why?

PROBE 2: If you kept some of your appointments, describe which ones and why?

PROBE 3: If you kept none of your appointments, describe why?

1. What things can be/could have been improved about screening and referral services?

PROBE 1: What things do/did you dislike about the VITEL program?

**III. Barriers & Facilitators** *(\*Understand how barriers and facilitators may have positively supported or negatively impacted client participation in the program)* (10 minutes)

*Let's move on to a discussion of barriers and facilitators to your IPV screening and referral to IPV or other trauma-informed services.*

1. What type of things or people may have prevented you from participating in IPV outreach, being screened, and/or receiving referral services in this program?

PROBE 1: Was the location of this program or referral services accessible?

PROBE 2: Was the staff here helpful to you as you were being screened and/or referred? How

so? How not?

PROBE 3: Was there sufficient privacy and confidentiality during screening and referral?

PROBE 4: How, if at all, has the staff been sensitive to your cultural background? Was staff

conducting the screening the same race? Would this/is this important to you?

PROBE 5: How did SUD treatment contribute to these challenges, if at all?

PROBE 6: How did HIV and Hepatitis counseling & testing services contribute to these

challenges, if at all?

1. What could the program have done to make the program and services more appealing?
2. What suggestions do you have for the program staff that might help make the program better?
3. What things made it easy for you to participate in IPV outreach, screening and referral?

*Thanks for sharing how you feel about the program and for providing suggestions for improvement in certain program areas.*

**IV. Client Outcomes** *(\*Understand the impact on clients who participated in the program)* (15 minutes)

*Now I'd like us to move into a discussion of how things in your life may have changed because of this program*

A. What, if anything, has changed in your life as a result of your participation in this program?

PROBE 1: How, if at all, has your attitude and/or behaviors changed regarding IPV?

PROBE 2: How, if at all, has your alcohol and drug use changed?

PROBE 3: Have you felt less anxious or nervous?

PROBE 4: Have you engaged in unprotected sex less frequently?

PROBE 5: Have you exchanged sex for drugs/money/shelter less frequently, if at all?

PROBE 6: What specific program services have helped you make the changes we've just

discussed?

B. Have you seen changes in other aspects of your life as a result of participation in the program?

PROBE 1: How, if at all has your living situation changed?

PROBE 2: Have your relationships with those close to you changed since you've been screened

and referred to IPV or other trauma-informed services? How so?

PROBE 3: Have you had less involvement with the criminal justice system, if at all?

PROBE 4: Have you worked at a job (full or part-time)?

**V. Closing Comments** *(\*Concluding remarks)* (5 minutes)

*Thank you very much for taking the time to discuss your experiences in this program. In closing I wanted to give you the opportunity to add anything or ask any questions.*

Do you have any questions, comments, or feedback regarding our discussion?

Are there any topic areas, issues, or concerns relating to the VITEL Evaluation that you would like to discuss, clarify, or have clarified?

**CLIENT FOCUS GROUP FACILITATOR FORMS**

*The following are forms that should be completed by the interviewer(s) and is not part of the actual Focus Group Guide.*

Post-Interview Note Summary Completion Documents [Completed by Interviewer]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| **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 |  |  |  |
|  | Client Satisfaction |  |  |  |
|  | Barriers & Facilitators |  |  |  |
|  | Client Outcomes |  |  |  |
| \* 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**

**Observations Regarding Focus Group Setting (e.g., Description of Location, Disruptions, etc.)**

**Observations Regarding Focus Group Participants (e.g., engagement level, etc.**)

**Additional Notes and Comments**