

## VIOLENCE INTERVENTION TO ENHANCE LIVES (VITEL)

### EVALUATION

#### EXECUTIVE/ADMINISTRATIVE STAFF SEMI-STRUCTURED INTERVIEW GUIDE

#### CONDUCTED BY:

TBD

Grantee Name:	_____
Grantee ID Number:	_____
Date Completed:	_____ / _____ / _____ Month Day Year

#### 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 75 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.

Administrator Interview Introduction CSAT has funded XXX to conduct an Evaluation of its Violence Intervention to Enhance Lives (VITEL) program. *Introduce team members, give brief description of qualifications, and describe functions during the interview.*

As part of the Evaluation, we are conducting interviews with staff members of the VITEL. As evaluators, we would like to document the successes and challenges of implementing your intimate partner violence (IPV) and referral services, to better understand your VITEL program and how it will achieve improved client outcomes. We would also like to gain insight into the degree to which agency and community partnerships, linkages, and capacity will play a role in the project's operation.

Although the Evaluation Team is funded by CSAT (as is your VITEL 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 VITEL 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 VITEL program clients, services, and activities to include substance use disorder (SUD) and HIV services. 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 150 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 VITEL Project. "Administrator" refers to staff from the Grantee organization/program, and partner/collaborator agencies or local evaluators who perform administrative tasks related to the VITEL

Project. 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. Each participant will complete a face sheet and informed consent.

Members of the Evaluation Team will conduct the interview in a confidential setting, convenient to the interview participant(s). The interview will last approximately 75 minutes.

The goal of administrator interviews conducted through the course of VITEL evaluation site visits include:

- (1) Documentation of the development and changes in VITEL program operations, staffing, training and programming
- (2) Improved understanding of program, agency, and community capacity changes that result from VITEL activities
- (3) Exploration of changes in the number or nature of partnerships and collaborations both internal and external to the VITEL program agency

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 VITEL program. It is likely that one person from the agency fulfills both roles/positions. If this is indeed 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 VITEL funded program operates in this setting and will be synthesized with information gathered from other VITEL Grantees to inform the evaluation of the VITEL project.

Following completion of the administrator interview, the interviewer(s) should complete the Interviewer Checklist form to validate that

each interview section topic was covered through the course of interview proceedings. Space is also provided to record: other germane topics discussed during the course of the administrator interview, a listing 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 through the course of the interview should also be recorded in Interviewer Checklist form, 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.

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Administrator Interview Guide (**Part I: Executive Staff**)

**I. Involvement** (\*Understand what they do, how long they have been involve in the VITEL program, and how vested they are in the program) (5 minutes)

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

- A. First, would you please describe your current role in the VITEL program?
- B. Tell me about your involvement in the overall planning and implementation of VITEL?

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

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

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

- A. How would define the community you serve (e.g., neighborhood, housing projects, city, county, or risk groups) the community you serve?
- B. How would you describe the community your VITEL program operates in, and serves? (e.g. socio-demographical information; substance use, IPV, HIV/AIDS problems)

PROBE 1: Please describe any changes to your community which might impact your VITEL program and its mission (e.g., high unemployment causing increased demand; increased buy-in from your community partners)

PROBE 2: How has your program attempted to deal with these changes in your community?

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

PROBE 1: How do you communicate with the lay community to gain or further buy-in for IPV services you provide (or partner with other organizations to provide)?

- D. 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.

PROBE 1: How would you describe the IPV or trauma-informed services?

PROBE 2: How would you describe substance use disorder 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. Integration/coordination of IPV Services** (\*Find out how well IPV services are integrated or coordinated with substance use or mental disorder (SUD) treatment) (10 minutes)

- A. [**Skip this question for internally referred services**] Describe any continuing and/or new collaborations and partnerships.

PROBE 1: If the collaborations and partnerships are continuing, how have they progressed over the past 11 months?

PROBE 2: If the collaborations and partnerships are new, how did they develop?

- B. How has the formation or development of your partnership(s) contributed to your IPV or trauma-informed services?
- PROBE 1: What aspects of your IPV or trauma-informed related partnerships were most beneficial (if any)? How so?
- PROBE 2: What aspects of forming your IPV or trauma-informed related partnerships were challenging, if any? How so? How have you overcome these challenges?
- PROBE 3: What aspects of maintaining your IPV or trauma-informed related partnerships were challenging, if any? How so? How have you overcome these challenges?
- C. Describe the process of how and when clients were referred to your partner agency or agencies?
- D. Describe the level and frequency of contact you had with your partner agency(s).
- E. How has this (or these) partnership(s) and collaborations impacted the overall community SUD treatment capacity?
- F. What has been the effect or impact these partnerships and collaborations had on the overall community HIV/AIDS treatment capacity?
- G. What has been the effect or impact these partnerships and collaboration had on the overall community IPV or trauma-informed services capacity?

**IV. Program Description: IPV Services, Training and Interventions** (\*Understand IPV/trauma-informed program activities in the context of SUD, mental illness, HIV and Hepatitis medical care services.) (25 minutes)

***Let's talk about IPV screening and referral services you provided as part of the VITEL program.***

- A. Please describe how IPV screening and referral services were implemented and monitored?

***Let's talk about HIV testing services you provide as part of the VITEL program.***

- A. Please describe the HIV and viral hepatitis counseling and testing services provided.
- B. What were some of the barriers and facilitators to providing HIV and viral hepatitis counseling and testing services?

***These next questions are about the program's referral processes.***

- A. Was a directory used that listed local organizations or facilities that provide IPV or trauma-informed, SUD, HIV, Hepatitis, and other supportive services used? IF SO, how many were contacted and subsequently used as a linkage/referral resource? How was it determined which organizations to contact?
- B. Was there a network or consortium in which coordination of IPV services among partners was facilitated or discussed? IF NO CONSORTIUM EXISTS:
- PROBE 1: Did you think that this was something that would be helpful? IF SO, how or why?
- PROBE 2: IF SO, which types of organizations should participate in this consortium?
- C. Did your organization or facility use a referral system to accept patients and/or link patients to IPV or trauma-informed, SUD, HIV, Hepatitis, and other supportive services?
- D. Please describe the method(s) and the processes used to refer clients.
- E. Please describe how a partner or collaborator knew a client had been referred to them.
- F. Please describe the system used to record referral outcomes for referred clients.

- G. How were referral, referral compliance, and/or counter-referral rates documented and used? IF NOT, why not?
- H. Please describe staff trainings on referral protocols.
- I. Please describe how client satisfaction with the referral process was assessed.

**V. Staffing and Training** (*\*How are staff trained, what level of training do staff undergo, on what topics do staff receive training*) (10 minutes)

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

- A. Please describe agency trainings/technical assistance sessions, if any, you requested to support your IPV screening and referral programming.
  - PROBE 1: What type of training did you receive?
  - PROBE 2: Of those trainings requested, which did you actually receive?
  - PROBE 3: How could the training and/or technical assistance you received be improved? How could the training and technical assistance process be improved?
  - PROBE 4: To what extent did these training/technical assistance sessions meet your program needs?

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

*We are interested in whether your agency has plans for sustaining your IPV screening and referral services, following the end of the CSAT grant funding period.*

- A. Describe the sustainability plan, if any, to continue your IPV screening and referral services when the VITEL grant ends.
  - PROBE 1: What specific arrangements (formal or informal) did you have to maintain program sustainability, after the VITEL funding period ends?
  - PROBE 2: What aspects of sustainability planning were most difficult? If any exist, what is your plan to address them?
  - PROBE 3: What aspects of your current sustainability plans or arrangements were most useful in ensuring actual programmatic sustainability, following the end of VITEL funding?
  - PROBE 4: [If applicable] How did your activities through the course of your VITEL grant have an impact on long-term program and/or organizational sustainability?

**VII. Barriers and Facilitators** (*\*Probe for barriers and facilitators that VITEL grantees have experienced through the course of implementing their programs*) (5 minutes)

*We would like to collect some information regarding any barriers and challenges you anticipated facing over the past 11 month that might have influenced your VITEL program.*

- A. What barriers and challenges did you face related to IPV outreach, screening, and referral, SUD treatment, HIV and Hepatitis counseling & testing services, and other supportive services through the course of implementing your VITEL program?
- B. How were these challenges met?

*Finally, we would like to collect some information regarding any facilitators you encountered that might have influenced your VITEL program.*

- A. What were the most positive aspects of the VITEL program?
- B. What facilitators did you encounter related to IPV outreach, screening, and referral, SUD treatment, HIV and Hepatitis counseling & testing services, and other supportive services during the course of implementing your VITEL program?
- C. What steps, if any, did your agency take to support any facilitators identified?

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

*Thank you very much for taking the time to meet with us, and discuss your VITEL project activities, and how they have developed over the course of the past year.*

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

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

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

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

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

PROBE 1: Do you anticipate your role changing significantly over the course of the next 11 months?

B. What are your day-to-day functions in delivering VITEL services to clients?

**II. Community/Contextual Conditions** (\*Ask about the community environment in which a Grantee operates, IPV incidence, substance abuse levels, drugs of choice, 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) the community you serve? How would you describe the community your VITEL 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 IPV problems in your community?

PROBE 3: How would you describe the HIV/AIDS problems in your community?

PROBE 4: How would you describe the poverty and unemployment rates in your community?

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

PROBE 1: Are any of these efforts IPV program specific?

C. How do you believe your agency and its programs are viewed by the “lay” community?

D. Please provide a brief overview of the service community including the organizations and assistance available to clients where <insert Grantee name here> is located.

PROBE 1: How would you describe the service community where your agency is located?

PROBE 2: How would you describe the IPV or trauma-informed services?

PROBE 3: How would you describe substance use disorder 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. Program Description** (\*Understand program activities around IPV screening and referral.) (15 minutes)

We would like to better understand the IPV screening and referral program services that your agency offers to clients through its VITEL program.

A. Describe your IPV screening procedures.

PROBE 1: When are these screenings administered?

B. Describe the IPV outreach activities that occur as part of your VITEL program.

PROBE 1: What actually occurs during outreach?

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

PROBE 3: Who does the outreach activity?

PROBE 4: Where do you conduct outreach?

**IV. HIV & Viral Hepatitis Testing** (*\*Understand implementation of HIV rapid and viral hepatitis 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 and hepatitis testing services are being delivered.*

A. Describe your HIV and Hepatitis counseling and testing activities.

PROBE 1: Who conducts HIV and hepatitis rapid tests? Who conducts the counseling?

PROBE 2: Where is HIV and hepatitis testing conducted?

**V. Linkages and Referral System** (*\*Understand how clients are linked and referred to, and followed up concurrent with IPV to include, substance use disorder, mental illness, HIV, Hepatitis, trauma-informed care and other support services.\**) (25 minutes)

*These next questions are about the program's referral processes.*

A. Was a directory used that listed organizations or facilities that provide SUD, HIV, Hepatitis, trauma-informed, and other related services in the area? IF SO, how many were contacted and subsequently used as a linkage/referral resource? How was it determined which organizations to contact?

B. Is there a network or consortium in which coordination of IPV services among partners is facilitated or discussed? IF NO CONSORTIUM EXISTS:

PROBE 1: Do you think that this is something that would be helpful? IF SO, how or why?

PROBE 2: IF SO, which types of organizations participate in this consortium?

C. Did your organization or facility use a referral system to accept patients and/or link patients to other services?

D. Please describe the method(s) and the processes used to refer clients.

PROBE 1: Are clients ever referred back to this organization or facility for follow-up after referral services are received? IF SO, explain the process.

PROBE 2: Are the clients referred back to you documented in a register? IF SO, please describe the process.

PROBE 3: How does the provider at the receiving organization know that a client has been referred to them?

PROBE 4: How does your organization know that a client completed the referral?

PROBE 5: Please describe the system used to follow up with a client on referral.

E. How were referral, referral compliance, and counter-referral rates used? IF NOT, why?

F. Are staff trained on referral protocols? IF SO, please describe the training:

PROBE 1: What did it cover? When did it occur?

PROBE 2: Who participated in the training? Is there a follow-up or refresher training? If not, why not?

G. Please describe the system to record outcomes for referred clients.

H. Please describe how clients' satisfaction with the referral process is assessed.

**VI. Cultural Competence/Appropriateness** (*\*Are services delivered in a culturally appropriate manner, given the Grantee's target program population*) (10 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 ensure cultural appropriateness.*

- A. Describe the activities that the VITEL program engages in to ensure that IPV services are delivered in a culturally appropriate manner.
- B. Does the program offer materials and instructions in the client's language?
- C. For what language(s), if any, does your program offer bi-lingual support?

PROBE 1: What are the challenges in providing what you feel would be culturally appropriate/competent care or services?

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

**VII. Barriers and Facilitators** (*\*Probe for barriers and challenges that VITEL Grantees have faced through the course of implementing their programs*) (5 minutes)

*We would like to collect some information regarding any barriers and facilitators you anticipated facing over the past 11 month that might have influenced your VITEL program.*

- A. What barriers and challenges did you faced related to IPV outreach, screening, and referral, SUD treatment, HIV and Hepatitis counseling & testing services, and other supportive services through the course of implementing your VITEL program?
- B. How did you meet these challenges?

*Finally, we would like to collect some information regarding any facilitators you may/have faced that might have influenced your VITEL program.*

- C. What facilitators did you anticipate encountering related to IPV outreach, screening, and referral, SUD treatment, HIV and Hepatitis counseling & testing services, and other supportive services during the course of implementing your VITEL program?
- D. What steps, if any has or will your agency take to support any facilitators you have identified?

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

*Thank you very much for taking the time to meet with us, and discuss your VITEL program activities, and how they have developed over the course of 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 VITEL program that you would like to discuss, clarify, or have clarified?

# **ADMINISTRATOR GUIDE INTERVIEWER CHECKLIST FORM**

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

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

**Table: Survey Topics Covered in Interview and Key Findings/Themes**

	Section	Key Interview Findings/Themes by Topic Area	Respondents Supporting Finding*	Supporting Page(s) in Notes
	Involvement			
	Community/ Contextual Conditions			
	Program Description			
	IPV Screening & Services			
	HIV & Viral Hepatitis Testing			
	Linkages and Referral System			
	Staffing and Training			
	Sustainability			
	Cultural Competence / Appropriateness			
	Barriers & Facilitators			

\* 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)



