

## VIOLENCE INTERVENTION TO ENHANCE LIVES PROJECT

### EVALUATION

### PARTNERS/COLLABORATORS SEMI-STRUCTURED INTERVIEW GUIDE

#### CONDUCTED BY:

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 60 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.

## Partner/Collaborator Interview Introduction (2.5 minutes)

CSAT has funded [Contractor], to conduct an Evaluation of its Violence Intervention To Enhance Lives (VITEL) project for intimate partner violence, substance use disorder treatment and HIV/AIDS services. *(Introduce team members, give brief description of qualifications, and describe functions during the interview).*

As part of the Evaluation, we are conducting interviews with partners/collaborators of the VITEL Grantee. As evaluators, we would like to document and better understand how your collaboration with [insert site name] has developed over the course of the past 11 months, and how your partnership has facilitated improved outcomes for clients.

Although the Evaluation Team is funded by CSAT, we are not part of that federal agency (or any other federal agency). We are independent evaluators of the VITEL project.

We greatly value the information you are able to provide about your relationship. We have prepared some topic areas and questions on which we would like your comments. Also, please note that we are specifically interested in the services and activities that you provide. 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 you have no questions, let's get started. We expect this may take 1 hour.

### Instructions to Interviewers

The purpose of this guide is to provide an overview of the information that will be gathered through interviews with Grantee partners/collaborators involved with the VITEL project for intimate partner violence, substance use disorder treatment and HIV/AIDS services. "Partner/collaborator" refers to agencies or organizations that provide services and activities related to the VITEL project.

Partner/collaborator interviews will be conducted one-on-one with an Evaluation Team member.

Members of the Evaluation Team will conduct the interview in a confidential setting, convenient to the interview participant(s). The interview will last approximately 30-40 minutes.

The goal of Partners/Collaborators Interviews conducted through the course of VITEL Evaluation site visits include:

- (1) Documentation of the development of the relationship between partners and the VITEL Grantee agency
- (2) Improved understanding of the types of services and activities you provide as a collaborator with the Grantee agency
- (3) Exploration of partner's perception of improved client outcomes related to collaboration between collaborator and Grantee agency

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 project(s). The information gathered from this interview will be used to better understand how the IPV screening and referral to trauma-informed services operate 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 partner/collaborator 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 partner/collaborator 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.

## Partner/Collaborator Interview Guide

**I. Community Context** (\*Understand the partner/collaborator perception of the target service community) (5 minutes)

Before we discuss the VITEL project and your relationship with <insert Grantee agency name here> in more detail, I'd like to get a better understanding of the service community where the Grantee agency operates. These first few questions are about the community serving the <insert Grantee agency name here> clients.

- A. Please provide a brief overview of the service community including the organizations intimate partner violence (IPV) and/or trauma-informed, substance use disorder (SUD) treatment, and HIV and hepatitis services available to clients where <insert Grantee name here> is located.

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

PROBE 2: How would you describe the SUD treatment services?

PROBE 3: How would you describe the HIV/AIDS and hepatitis services?

PROBE 4: How would you describe the IPV and/ or referral services to trauma-informed interventions?

PROBE 5: How do you think the current service community performs in meeting the needs of the <insert Grantee agency name here> clients?

**II. Program Description** (Description of the Partner/Collaborating Agency) (10 minutes)

Thank you. Now, I'd like you to focus more specifically on the IPV services you provide here.. Please describe your agency/organization and the IPV or trauma-informed services and activities that you provided over the last 11 months, and then we'll move onto a discussion of the relationship between you and the Grantee agency.

- A. We are very interested in the types of IPV or trauma-informed services and activities that your agency provided to the community.

PROBE 1: Please describe the IPV or trauma-informed services and activities that you provided.

PROBE 2: Please describe any IPV outreach services you provided, if any.

PROBE 3: Please describe any SUD treatment services you provided.

PROBE 4: Please describe any services and activities you provided which targeted HIV risk behaviors.

PROBE 5: Please describe any specific IPV evidence-based practices your organization used in their IPV and/or trauma-informed service delivery.

- B. **[Skip this question for internally referred services]** Please describe the services you provided prior to partnering with <Insert Grantee Name> and the VITEL project?

PROBE 1: How long has your organization provided these services to the community?

PROBE 2: Did the services you offer change at all as a result of your collaboration with <insert Grantee name here>?

**III. Partnership Development** (*\*Understand the development of the relationship between the partner and Grantee agency*) (15 minutes)

**[Skip this section for internally referred services]** Thank you. Now let's move onto a discussion of the development of your relationship with <insert Grantee agency name here>

- A. What are your impressions of the Grantee agency after partnering with them?
- B. Did the specific roles your agency played in the provision of trauma-informed services to VITEL clients change? IF SO, please describe the changes.

**IV. Partner/Collaborator Service Delivery** (*\*Understand the type and scope of the services provided by the partner/collaborator*) (15 minutes)

Great, now that we have an idea of the basics of this collaborative relationship, I'd like to know more about your service delivery to the clients from <insert Grantee name here>. Let's talk specifically about the services that you provided as part of the VITEL program over the past 11 months.

- A. How involved have you been in the overall implementation of the VITEL project?
  - PROBE 1: Please describe the extent of your involvement with any type of planning or advisory committee for the project?
  - PROBE 2: Did your collaborative role change? If so, how did your role change?
- B. What systems were in place to ensure that agreed upon services were provided?
  - PROBE 1: Did you meet regularly with a representative from the Grantee agency to review level of service delivery?
  - PROBE 2: Was documentation provided to the Grantee agency specifying the type and level of services provided to Grantee clients?

**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? IF SO, how many were contacted and subsequently used as a linkage/referral resource?
- B. Was your organization part of a network or consortium in which coordination of IPV or other trauma-informed 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 have participated in this consortium?
- C. Did your organization or facility use a referral system to accept clients, link clients, and/or counter refer clients to other IPV or trauma-informed, SUD, HIV, Hepatitis, and other supportive services?
- D. Please describe the method(s) and the processes used to receive and counter refer clients, if applicable.
- E. How did you know a client had been referred to you?
- F. Please describe the system used to record referral outcomes for clients referred to your organization.

- G. How were referral, referral compliance, and 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. Client and Community Impact** (*\*Understand perception of impacts for client and community*) (10 minutes)

*The next questions I would like to discuss with you focus on the impact of this collaborative relationship on the clients and the community in which they live.*

- A. What are your impressions of the partnership and collaborative efforts that formed between your agency and the Grantee agency?
  - PROBE 1: How do you think your partnership contributed to the overall success of the VITEL project?
  - PROBE 2: How did the services your agency provided influence the VITEL clients?
- B. Did the VITEL project increase the capacity for IPV screening or other trauma-informed services in the targeted community? If so, how was capacity affected?
- C. How, if at all, was your agency's capacity to provide services affected as a result of the VITEL project?

**VI. Closing Comments** (2.5 minutes)

*Thank you for taking the time to speak with us, we have two final questions for you as we end this discussion today.*

- A. [**Skip this question for internally referred services**] Do you think you will continue your partnership with <Insert Agency Name> into the coming year(s)? Why or why not?
- B. Is there anything you'd like to add regarding your partnership or the evaluation?

# **PARTNER/COLLABORATOR INTERVIEWER FORMS**

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

Post-Interview Note Summary Completion Documents [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
	Community/ Contextual Conditions			
	Program Description			
	Partnership Development			
	Service Delivery			
	Client and Community Impact			

\* 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**

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**Listing of Documents Obtained**

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

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