DRAFT CONTENT OF KEY INFORMANT INTERVIEW GUIDE (SERVICE PROVIDERS)

OWH IPV CROSS-SITE EVALUATION

Introduction: [INTERVIEWER THANKS SERVICE PROVIDER FOR PARTICIPATION AND REMINDS THEM OF PURPOSE OF INTERVIEW]

Context: Description of organization's services

I'd like to start out by learning a bit more about your organization and the services you provide.

1. I understand your organization provides [SERVICES FROM ONLINE FORM]. Are there additional services that I might have missed?
2. Please describe the population you serve? (i.e., age range, gender, race/ethnicity)

Module I: Characteristics of referral services and procedures

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I'd now like find out more about the particular details of the services you provide to clients referred by [INSERT GRANTEE NAME/SITE].

1. You noted that your organization serves [POPULATION DEMOGRAPHIC]. How similar are these demographics to that of the clients referred from [INSERT GRANTEE NAME/SITE]?
2. In the online form, you noted that referrals from the grantee site take the form of [TYPE OF REFERRAL FROM FORM]. Can you say a little more about the referral process?
    a. What client information is shared between [INSERT GRANTEE NAME/SITE] and your organization?
3. [IF DIFFERENCE IS NOTED IN LIBERTY TOOL] You noted that clients referred by [INSERT GRANTEE NAME/SITE] handled differently from your usual clientele, either in regards to how their cases are documented/tracked or how they are provided services? [IF YES]
    a. Can you please say bit more about how the case management process differs?
    b. Is it your experience that clients referred from [INSERT GRANTEE NAME/SITE] have as many contacts with your staff as other clients (i.e. those not referred by [INSERT GRANTEE NAME/SITE])?

Module II: Procedures for monitoring and follow-up of referred clients

Let's now talk about the patient follow-up process.

1. Please walk me through a typical follow-up process for clients referred from [INSERT GRANTEE NAME/SITE].
   a. Which staff positions in your agency are responsible for client follow up?
   b. In the online form, you noted that you have policies in place regarding follow-up and monitoring. What sort of protocols are in place to make sure that referred clients use the services as intended?
   c. In the online form, you noted that clients are contacted [FOLLOW-UP SCHEDULE FROM FORM] after the initial connection. Is this always the case?
   d. Please describe any required points or flow to the content of the follow-up conversations between the staff and the client during a follow-up conversation.

2. Has the follow-up process for clients referred by [INSERT GRANTEE NAME/SITE] changed since the partnership began?
   [IF YES]:
   a. In what ways has it changed?
   b. What were the reasons behind these changes?
   c. What were the results of these changes?

Module III: Challenges and contextual barriers to serving referred clients

I'd now like to talk about the challenges your organization might have faced over the course of the partnership you've had with the [INSERT GRANTEE NAME/SITE] program.

1. On the online form, you noted that [CONTENT FROM FORM] are among the challenges your site has experienced during your organization's involvement in the program.
   a. Are there other challenges that I didn't list?
   b. How did your site go about addressing these challenges?
   c. Are these challenges with clients referred from the [INSERT GRANTEE NAME/SITE] program different from the challenges you face in supporting other clients?
   d. Would you characterize these challenges as rarely or commonly faced over the course of your partnership with the [INSERT GRANTEE NAME/SITE] program?

-OR-

2. On the online form, you had not noted any particular challenges experienced at your site during your organization's involvement in the program. Are there any challenges that come to mind today that you can think of?

Module IV: The working relationship between the grantee health provider sites and the service provider organizations (in terms of procedures, communications, and documentation)

Now I'd like to find out more about the working relationship between your organization and [INSERT GRANTEE NAME/SITE].

1. Generally, how would you describe your working relationship with [INSERT GRANTEE NAME/SITE]?
2. What have you found that works well regarding your relationship with [INSERT GRANTEE NAME/SITE]?
3. What are some of the challenges your organization has faced regarding your relationship with [INSERT GRANTEE NAME/SITE]?
4. How did you work through these challenges?

Module V: Contextual details identified as important to the success of the program

Before we wrap up, I'd like to learn a bit more about any other factors you believe might have influenced the success of the program over its course.

1. Have there been external salient events that may have had an impact on your organization's ability to carry out its part in the programmatic partnership with [INSERT GRANTEE NAME/SITE] for clients referred as IPV survivors?
    a. [IF YES] Please say a bit more about these events and how they may have affected the program.
2. Looking back on your partnership with [INSERT GRANTEE NAME/SITE], what aspects of the partnership do you feel worked particularly well? What aspects of the partnership do you think will be sustainable in the future? In what ways would you improve the partnership to ensure the sustainability of the program?
3. Thinking over your organization's role in the IPV Provider Network program, what worked particularly well? What aspects of this program have changed the way your organization works? Do you think these changes will be sustained in your organizational activities going forward?