

**DRAFT CONTENT OF LIBERTY DATA COLLECTION TEMPLATE  
(SERVICE PROVIDERS)  
OWH IPV CROSS-SITE EVALUATION**

[**Note to programmer:** Specific programming instructions (e.g., skip and display logic, etc.) are provided within brackets]

**Introduction**

The Office on Women's Health is conducting a cross-site evaluation of the IPV Provider Network program, through which you have an agreement with {NORC will specify Grantee: \_\_\_\_}. Thank you for providing information about your services related to the IPV Provider Network program.

Additionally, OWH also understands that your organization may or may not have special plans for serving clients referred by {NORC will specify Grantee: \_\_\_\_} (i.e., specialized training, or specific protocols for monitoring and follow-up). For organizational protocols related to the IPV Provider Network program that you are planning but have not yet implemented, you will be asked questions about future implementation plans. Please answer these questions as they reflect *your current concrete plans for future implementation* (please do not select options simply because they are under consideration, for example).

OWH understands that there may be nuances to your replies to this survey. An opportunity to explain any of your responses will be available in a follow-up telephone interview.

**Context: Description of organization's services**

1. Which of the following services does your organization provide or assist with? *Please select all that apply.*
  - a. Health/Medical care
  - b. Domestic violence
  - c. Mental health
  - d. Employment
  - e. Housing
  - f. Legal/Court services
  - g. Substance use
  - h. Transportation
  - i. Education
  - j. Other (please specify): \_\_\_\_\_

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**Module I: Description of organizational staff training**

2. Does your organization provide any special training on how to handle cases referred by [INSERT GRANTEE NAME/SITE]?
  - a. Yes, we provide special training to our staff for managing these cases.
  - b. Not yet, but we are planning to provide special training.
  - c. No, we do not plan to provide any special training for managing these cases.

[IF Q2=B, DISPLAY THE FOLLOWING TEXT]:

OWH understands that you have not yet begun training. Thinking about your current plans for future training, please answer the following questions.

[IF Q2=C, SKIP TO MODULE II]

3.

[IF Q2=A]	[IF Q2=B]
Please indicate <i>who conducts the trainings</i> . Please select all that apply. <ol style="list-style-type: none"> <li>a. IPV expert from [GRANTEE NAME/SITE]</li> <li>b. IPV expert from intervention site organization</li> <li>c. IPV expert from 3<sup>rd</sup> party organization</li> <li>d. Staff member from [GRANTEE NAME/SITE] who has undergone the same training</li> <li>e. Staff member from intervention site organization who has undergone the same training</li> <li>f. Other (please specify): _____</li> </ol>	Please indicate <i>who will be conducting the trainings</i> . Please select all that apply. <ol style="list-style-type: none"> <li>a. IPV expert from [GRANTEE NAME/SITE]</li> <li>b. IPV expert from intervention site organization</li> <li>c. IPV expert from 3<sup>rd</sup> party organization</li> <li>d. Staff member from [GRANTEE NAME/SITE] who has undergone the same training</li> <li>e. Staff member from intervention site organization who has undergone the same training</li> <li>f. Other (please specify): _____</li> </ol>

4.

[IF Q2=A]	[IF Q2=B]
Please indicate <i>which</i> of the staff positions are <i>required to attend</i> the trainings. Please select all that apply. <ol style="list-style-type: none"> <li>a. Management</li> <li>b. Administrative staff</li> <li>c. Case workers</li> <li>d. Other (please specify):</li> </ol>	Please indicate <i>which</i> of the staff positions will be <i>required to attend</i> the trainings. Please select all that apply. <ol style="list-style-type: none"> <li>a. Management</li> <li>b. Administrative staff</li> <li>c. Case workers</li> <li>d. Other (please specify):</li> </ol>

_____	_____
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5.

[IF Q2=A]	[IF Q2=B]
Are trained staff required to attend repeat or refresher trainings? a. Yes b. No	Will trained staff be required to attend repeat or refresher trainings? a. Yes b. No

**Module II: Characteristics of referral services and procedures**

6. Does your organization currently serve clients referred by [INSERT GRANTEE NAME]?
- a. Yes, we serve clients referred to our organization by [INSERT GRANTEE NAME].
  - b. Not yet, but we are planning to serve clients referred by [INSERT GRANTEE NAME].

[IF Q6=B, DISPLAY THE FOLLOWING TEXT]:

OWH understands that you have not yet begun serving clients referred by [INSERT GRANTEE NAME]. Thinking about your current plans for future services, please answer the following questions.

7.

[IF Q6=A]	[IF Q6=B]
Which of the following groups of IPV referrals does your organization serve? <i>Please select all that apply.</i> a. Women, ages 18+ b. Transgender Women, ages 18+ c. Men, ages 18+ d. Transgender Men, ages 18+ e. Gender Non-Conforming/Other, ages 18+ f. Girls, ages 17 and younger (please specify age range served _____) g. Transgender Girls, ages 17 and younger (please specify age range served _____) h. Boys, ages 17 and younger (please specify age range served _____) i. Transgender Boys, ages 17 and	Which of the following groups of potential IPV referrals does your organization plan to serve? <i>Please select all that apply.</i> a. Women, ages 18+ b. Transgender Women, ages 18+ c. Men, ages 18+ d. Transgender Men, ages 18+ e. Gender Non-Conforming/Other, ages 18+ f. Girls, ages 17 and younger (please specify age range served _____) g. Transgender Girls, ages 17 and younger (please specify age range served _____) h. Boys, ages 17 and younger (please specify age range served _____) i. Transgender Boys, ages 17 and younger (please specify age range

younger (please specify age range served _____) j. Gender Non-Conforming/Other, ages 17 and younger (please specify age range served _____)	served _____) j. Gender Non-Conforming/Other, ages 17 and younger (please specify age range served _____)
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8.

[IF Q6=A]	[IF Q6=B]
<p>How would you describe [INSERT GRANTEE NAME/SITE]'s procedures followed for referring individuals to your organization? <i>Please select all that apply.</i></p> <p>a. [GRANTEE NAME/SITE] calls us with the individual referred client on the phone at the same time to confirm connection.</p> <p>b. [GRANTEE NAME/SITE] introduces the individual referred client (on-site at the clinic) in person to confirm connection.</p> <p>c. [GRANTEE NAME/SITE] calls or emails us information about individual referred clients, but client makes her own contact with our agency.</p> <p style="padding-left: 40px;">i. [GRANTEE NAME/SITE] follows up to confirm our connection with the referred client.</p> <p style="padding-left: 40px;">ii. [GRANTEE NAME/SITE] does not follow up to confirm our connection with the referred client.</p> <p>d. Client makes her own contact with our agency. [GRANTEE NAME/SITE] calls or emails us with summary information about list of clients from time to time.</p> <p>e. Other (please specify): _____</p>	<p>How would you describe [INSERT GRANTEE NAME/SITE]'s <i>planned</i> procedures for referring individuals to your organization? <i>Please select all that apply.</i></p> <p>a. [GRANTEE NAME/SITE] will call us with the individual referred client on the phone at the same time to confirm connection.</p> <p>b. [GRANTEE NAME/SITE] will introduce the individual referred client (on-site at the clinic) in person to confirm connection.</p> <p>c. [GRANTEE NAME/SITE] will call or email us information about individual referred clients, but client makes her own contact with our agency.</p> <p style="padding-left: 40px;">i. [GRANTEE NAME/SITE] will follow up to confirm our connection with the referred client.</p> <p style="padding-left: 40px;">ii. [GRANTEE NAME/SITE] will not follow up to confirm our connection with the referred client.</p> <p>d. Client will make her own contact with our agency. [GRANTEE NAME/SITE] will call or email us with summary information about list of clients from time to time.</p> <p>e. Other (please specify): _____</p>

9.

[IF Q6=A]	[IF Q6=B]
<p><u>Who in your organization handles</u> intake of the clients referred by [INSERT GRANTEE</p>	<p><u>Who in your organization will handle</u> intake of clients referred by [INSERT</p>

NAME/SITE]? a. Dedicated administrative position b. Dedicated caseworker c. Anyone available from group of caseworkers Other (please specify): _____	GRANTEE NAME/SITE]? a. Dedicated administrative position b. Dedicated caseworker c. Anyone available from group of caseworkers d. Other (please specify): _____
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10. Are clients referred by [INSERT GRANTEE NAME/SITE] documented or tracked differently from your usual clientele in your record system?
- a. Yes
    - i. Please briefly describe the ways in which documentation and/or tracking differ for referrals from [INSERT GRANTEE NAME/SITE] and your usual clientele: \_\_\_\_\_
  - b. No

11. Do the services you provide to clients referred by [INSERT GRANTEE NAME/SITE] differ than those you provide to your usual clientele?
- a. Yes
    - i. Please briefly describe the ways in which these services differ for referrals from [INSERT GRANTEE NAME/SITE] and your usual clientele : \_\_\_\_\_
  - b. No

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

12. Do you have a policy in place that specifies procedures for your staff to follow-up and monitor clients referred by [INSERT GRANTEE NAME/SITE]?
- a. Yes, our organization has procedures guiding staff follow-up of clients referred by [INSERT GRANTEE NAME/SITE].
  - b. Yes our organization has procedures guiding staff follow-up of clients referred by [INSERT GRANTEE NAME/SITE], but we have not yet had clients referred by [INSERT GRANTEE NAME/SITE] to follow.
  - c. No, our organization does not have specific procedures guiding staff follow-up of clients referred by [INSERT GRANTEE NAME/SITE].

[IF Q12=B, DISPLAY THE FOLLOWING TEXT]:  
OWH understands that you have not yet have yet had clients referred by [INSERT GRANTEE NAME/SITE]. Thinking about your current plans for future implementation of monitoring and follow-up, please answer the following related questions.

[IF Q12=C, SKIP TO MODULE IV]

- 13.

[IF Q12=A]	[IF Q12=B]
<p>At what time intervals does follow-up occur? (If your program design has variability in the schedule of follow-up, please report the different time intervals that are relevant to your program)</p> <p>_____</p> <p>a. Set schedule (e.g., every month, every 3 months, semi-annually)</p> <p>    i. What is the time schedule?</p> <p>        _____</p> <p>b. According to the client's own schedule (e.g., when she calls or returns to our office)</p> <p>c. Other (please specify):</p> <p>        _____</p>	<p>At what time intervals will follow-up occur? (If your program design has variability in the schedule of follow-up, please report the different time intervals that are relevant to your program)</p> <p>_____</p> <p>a. Set schedule (e.g., every month, every 3 months, semi-annually)</p> <p>    i. What is the time schedule?</p> <p>        _____</p> <p>b. According to the client's own schedule (e.g., when she calls or returns to our office)</p> <p>c. Other (please specify):</p> <p>        _____</p>

14.

[IF Q12=A]	[IF Q12=B]
<p>For how long does your organization specifically follow the clients referred by [INSERT GRANTEE NAME/SITE]? (If your organizational protocols allow for variability in the duration of follow-up, please report the different time intervals that are relevant to your program. If follow-up is indefinite, please respond to that effect.)</p> <p>_____</p>	<p>For how long will your organization specifically follow the clients referred by [INSERT GRANTEE NAME/SITE]? (If your organizational protocols allow for variability in the duration of follow-up, please report the different time intervals that are relevant to your program. If follow-up will be indefinite, please respond to that effect.) _____</p>

**Module IV: Challenges and contextual barriers to serving referred clients**

15. What types of system/institutional challenges has your organization experienced with regard to serving clients referred by [INSERT GRANTEE NAME/SITE]? *Please select all that apply.* If a particular issue is not relevant to your program or relationship with [INSERT GRANTEE NAME/SITE], please mark "Not applicable."

	Experiencing this issue	Not experiencing this issue	Not applicable
a. Insufficient staff to support referred clients			
b. Insufficiently trained staff			
c. Staff implement protocol for serving			

referred clients inconsistently			
d. Staff implement protocol for follow up of referred clients inconsistently			
e. Staff document information about referred clients inconsistently			
f. Staff document follow-up information of referred clients inconsistently			
g. Insufficient access to interpretation/translation services			
h. Communication challenges among organizational staff			
i. Communication challenges between [GRANTEE NAME] staff and organizational staff			
j. Insufficient ability to discern whether clients were referred by [GRANTEE NAME]			
k. Other (please specify): _____			

16. What types of client-related challenges has your organization experienced with regard to serving clients referred by [INSERT GRANTEE NAME/SITE]? *Please select all that apply.* If a particular issue is not relevant to your program, please mark “*Not applicable.*”

	Experiencing this issue	Not experiencing this issue	Not applicable
a. Referred clients difficult to reach for follow-up due to client non-responsiveness			
b. Loss of contact due to change in client contact information (phone, email, address)			
c. Client lacks transportation			
d. Client lacks childcare			
e. Other (please specify): _____			