**Instrument 6:**

**Evaluability Assessment Focus Group Guide for Partner Agency Staff**

**Activity 3: PARTNER AGENCY STAFF**

**Introduction**

Thank you for talking with us today. We are researchers from [Westat, an independent research firm located in Rockville, MD / the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, Department of Pediatrics, School of Medicine University of Colorado]. We have been contracted by the Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families (ACF) to conduct an evaluation of Chafee programs serving youth in or transitioning out of foster care (called the Chafee Strengthening Outcomes for Transition to Adulthood [Chafee SOTA] Project). [NOMINATED PROGRAM] has been nominated as one of the programs to consider in this evaluation and you have been identified as a key collaborating agency.

During the conversation today, we are interested in collecting information about how you work with [NOMINATED PROGRAM] to serve youth transitioning from foster care. The goal is to determine the extent to which you and your staff might be able to be involved in an evaluation of it, as well as to gain your perspective on a few key components of it. At this time, we are not conducting an evaluation that will make conclusions about whether the program is working or not working. Please note that this interview will focus on the program overall and will not ask for information on individual clients.

Your participation in this focus group is voluntary and it should take about an hour and a half to complete. In addition, you do not have to answer any questions you do not want to answer. By being here today, you are giving your consent to participate and that you are here voluntarily.

We will be recording this session for analysis purposes; it also helps us with accurate note-taking. If you are not comfortable being recorded you can either stay quiet during the session or leave now. But focus group recordings will be stored in a secure location and will be destroyed after the recording is transcribed; the only people who will have access to the recordings are members of the evaluation team. In addition, anything that is said during this group stays with the group. We will keep your responses private. We expect that you will not share what others say today with those outside of the group.

Before we get started, are there any questions for me?

**Program Overview/Background**

We’d like to begin with a few questions about the organization and your role within it and then we’d like to learn a bit more about the services you provide. We have some information from the nomination form and other documents on the program, but we would like to ask some more detailed questions to supplement what we already know.

1. What is your **position and role** in the organization?
* How long have you been with this organization? In this position?
1. How do you work with X program? That is, as a partner organization, how do you collaborate with [NOMINATED PROGRAM] to serve youth transitioning from foster care?
* Do you refer youth/young adults?
* Do you receive referrals from them?
* Do you participate in case conferencing together?
* Do you share data on the youth/young adults you serve?
1. Do you serve the same youth as [NOMINATED PROGRAM]? By that I mean, do you provide services to the same youth that [NOMINATED PROGRAM] is serving as well?

**IF YES:**

* + What are the key differences in how your organization serves these youth as compared to [NOMINATED PROGRAM]?
	+ What are the challenges in collaborating to serve these youth?
	+ What facilitators assist you to serve these youth?

**Service Termination and Followup**

1. How and when do you typically stop serving these youth (the ones you share with [NOMINATED PROGRAM])?
* What typically happens to them? That is, do you transfer them to other programs? Do they stop receiving assistance from your organization?
* Do you do any follow-up with youth who exit your services?

**Outcomes**

1. What short-term and long-term outcomes are you hoping for in serving these youth?
	* How would youth outcomes be affected if they were served by only one agency or the other rather than by both?

**Context**

1. Are there other similar programs in the area that youth/young adults go to for services? Do they go there if there are no slots in your program? What do youth do who do not receive your services?
2. What other services are the youth you serve typically receiving?

**Evaluation Capacity**

1. If [NOMINATED PROGRAM] were to undergo an evaluation, would you as staff have the time and capacity to support the evaluation? For example, if you were asked to collect data on the youth you serve, would you be able to do that?
2. Would you have any interest in/enthusiasm for an evaluation of [NOMINATED PROGRAM]? Why or why not?
3. If there is an interest in evaluation, what would you hope to learn?

**Conclusion**

1. Is there any other information about your program that you think would be helpful for us to know?

12. Finally, what would be the key challenges to evaluating [NOMINATED PROGRAM]? How might we mitigate any of these?

Thank you very much for taking time to speak with us today about your program.