

Chatham County Safe Start
Collaboration and System Effectiveness Evaluation Component
Telephone Survey Interview Form

Interviewer Name: _____

Initial Key Informant Name: _____ Phone No.: _____ Fax No.: _____

Date of Scheduling Call: _____ Date Disclosure Form Sent: _____

Final Key Informant Name (if different from above): _____ Phone No.: _____ Fax No.: _____

Date of Scheduling Call: _____ Date Disclosure Form Sent: _____

Date/Time Interview Scheduled: _____ Date Completed: _____

Interview Questions for Final Key Informant

“Please answer the following questions about yourself and your organization.”

1. “What is your formal title?” _____

2. “What is the official name of your organization?” _____

3. What is your organization’s business address?” _____

4. "Please choose the following phrase that best describes your organization:"

- an agency of local government? (please specify town or county)
- an agency of regional government?
- an agency of state government?
- a private for-profit organization?
- a private non-profit organization?
- a religious organization?
- other? _____

5. "What is the official name of your program?" _____

6. "How many people are employed full-time by your organization (program)?" _____

7. "Please tell me what activities or services your organization (program) provides to a child under the age of nine, or his family, that result directly from the child having a witness or victim of violence? We are not asking about the services that you provide to all families, or all families with children, the services that result from a partner violence referral, or the services to the child victims of violence."

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

6. _____ 8. _____

9. _____ 10. _____

"I am now going to read a few short statements about the Chatham County system of services for children under nine that are being served because they have witnessed violence or been a victim by violence. Please rate each statement on a scale of 1 – 5, where "1" means that you strongly disagree with the statement, "2" means that you mildly disagree with the statement, "3" means that you neither disagree or agree with the statement, "4" means that you mildly agree with the statement, and "5" means that you strongly agree with the statement. If you have no opinion or don't know (rating = 0), please say so. Remember that we are talking about children under nine and their families who are being served because they have witnessed violence or been a victim violence."

13. "Overall, the Chatham County organizations that serve these children and their families are sharing case information effectively."

Rating: _____

14. "Overall, delays in service delivery for these children and families are minimal."

Rating: _____

15. "Overall, gaps in the types of services available are minimal."

Rating: _____

16. "Overall, duplication of services is minimal."

Rating: _____

17. "Overall, administrative forms from different programs for these children and families are well integrated."

Rating: _____

18. "Overall, services are provided at the most convenient locations."

Rating: _____

19. "Overall, staff in the organizations serving these children and families are aware of all the services available to them in Chatham County."

Rating: _____

20. "Overall, cost does not prevent these children and families from receiving services."

Rating: _____

21. "Overall, children and families with serious needs don't "fall between the cracks" of the system."

Rating: _____

22. "Overall, administrative staff from different programs that serve these children work together very well."

Rating: _____

23. "Overall, service delivery staff from different programs that serve these children work together very well."

Rating: _____

24. "One final question. What has been the biggest difficulty your organization has faced in attempting to serve children under nine who have witnessed or been a victim of violence?"

8. "Off the top of your head, what other programs, agencies or organizations does your organization (program) work with in providing those services or activities to children under eight and their families?"	9. "How frequently do you work with someone in _____?"	10. "On a scale of 1 – 10, how productive is your relationship with _____, with '10' being 'most productive?'"	11. "Who is your primary contact person at _____?"	12. "Is there a formal, written inter-agency protocol (agreement) in place between your organization and _____ that directs how you will work together?" (You have seen a copy that had the signatures of both agency heads.)
a.	a.	a.	a.	a. yes/no
b.	b.	b.	b.	b. yes/no
c.	c.	c.	c.	c. yes/no
d.	d.	d.	d.	d. yes/no
e.	e.	e.	e.	e. yes/no
f.	f.	f.	f.	f. yes/no
g.	g.	g.	g.	g. yes/no
h.	h.	h.	h.	h. yes/no
i.	i.	i.	i.	i. yes/no
j.	j.	j.	j.	j. yes/no

13. If you answered yes to question "12," please list the things it requires your organization to do.

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 7. _____ | 6. _____ |
| 8. _____ | 8. _____ |
| 9. _____ | 10. _____ |