

ATTACHMENT C
FOCUS GROUP GUIDE

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INTRODUCTION FOR FACILITATOR

Thank you for agreeing to come to this discussion group today. My name is [NAME], and my co-worker is [NAME], and we work for Mathematica Policy Research, an independent research organization.

We conducting an evaluation of the SSI/SSDI Outreach, Access and Recovery (SOAR) initiative. The goal of this evaluation is to describe the ways in which states have implemented SOAR and to gather information about the initiative's initial outcomes. The evaluation is collecting and analyzing data from a variety of sources, including individuals who have participated in the SOAR training. As part of the study, we want to learn about how you first learned about SOAR, your impressions of the SOAR training, and the successes and challenges you have had in implementing what you learned during training in practice. Our discussion will take one-and-a-half hours.

We have a few basic rules that will help make the group run well that I wanted to mention.

- First, it's important for you to know that being a part of this discussion is up to you, and you can choose to not answer a question if you wish. You will not be penalized in any way for deciding not to participate in any part of the discussion.
- I am going to lead the discussion by asking the group several questions. It's really important for everyone to speak up. Whenever possible, let's try to share talking time so that people talk about the same amount—no one talks too much or too little. It will be helpful if you speak one at a time and as loudly as I am speaking. Please avoid any side conversation with your neighbors.
- Please respect each other's point of view. There are no right or wrong answers. We just want to learn from you and your experiences, so just say exactly what you think, whether it's positive or negative.
- We have many topics to cover during the discussion. At times, I may need to move the conversation along to be sure we cover everything. If I interrupt you, it's not personal. I just want to get to everything that's on the agenda.
- We also ask that you not repeat any of the discussion you've heard after you leave today in order to respect each other's privacy. Everything you say here is private. Your names

will not be included in our report, and we will not share what someone says with anyone outside of this room, except as required by law.

- The session will last about 1½ hours, and we will not take any formal breaks. But please feel free to get up at any time to stretch, use the restroom, or help yourselves to something to eat or drink.
- Are there any questions before we get started?

A. Background

1. **Agency**
2. **Role**
3. **Experience with SSI/SSDI applications prior to SOAR training**

B. In-State Trainings on Stepping Stones to Recovery

1. Recruiting Trainees

- Process for learning about training
- Nature of participation (voluntary/mandatory)
- Level of interest in training
- Supervisor's role
- Encouraged, discouraged or mandated attendance
- Barriers to participation

2. Training Feedback

Perceptions of training (most and least useful aspects)

Difference in knowledge of the SSI/SSDI application process before and after training

- Participation of SSA and DDS
- Nature of participation
- Value of participation
- Identification of a SSA and/or DDS staff member to contact

Discussion of case managers' future responsibilities to SOAR

Discussion of PRA web tracking system

Refresher trainings, if any

Follow-up contact with trainers for TA

3. Participation in SOAR

- Percentage of time respondent spends on SOAR
- Percentage of time respondent's supervisor expects him or her to spent on SOAR
- Time required to complete a benefit application
- How amount of time respondent spends compares to his or her initial expectations
- How respondent's work on SOAR compares to his or her initial expectations
- Extent to which SOAR is congruent with respondent's core responsibilities
- Degree to which respondent's supervisor and other agency leaders support his or her participation in SOAR
- Extent to which other staff at respondent's organization are involved in SOAR

4. Implementing Training Components

Frequency before/since SOAR training of submitting SSI/SSDI applications (generally and for homeless individuals)

Perceived impact of SOAR on application quality

Frequency of using information from SOAR training in work with clients

Extent and methods of outreach to homeless clients and changes over time

- Frequency before/since SOAR training of
- Obtaining prior treatment records
- Writing medical summary reports co-signed by physician or psychologist (and report quality)
- Review of applications for completeness and accuracy
- Electronic submission of applications to SSA
- Case managers becoming authorized representative
- Case managers becoming representative payees
- Receiving feedback from SSA/DDS regarding application quality

Barriers to completing above steps

5. Ongoing Communication

- Partners
- SOAR leaders
- SSA/DDS
- Trainers
- Housing and other public assistance agencies (state/local)
- Public and private health systems (state/local)
- Homeless service providers
- Community mental health providers
- State mental health agency
- Correctional agencies/facilities (state/local)
- Other stakeholders

Frequency (contact with before and after SOAR began)

Method of communication (email, in-person meetings, telephone)

Purpose of communication/ topics discussed

Changes in communication over time

Opinion about how productive communication is in improving SOAR applications

Extent to which SOAR has increased or improved communication between stakeholders

6. Ongoing Strategic Planning

Nature and strength of SOAR leadership

- Extent to which state lead or other leaders facilitates ongoing communication between stakeholders
- Leader's roles in troubleshooting problems
- Leader's roles in encouraging stakeholders to dedicate resources to SOAR

Involvement in stakeholder meetings

- Strategic planning sessions or other group meetings after the forums
- Discussions with the state lead or other stakeholders

Struggles implementing portions of the strategic plan

Factors facilitating ongoing communication

Factors impeding and ongoing communication

C. Agency-Specific Procedures for Tracking Outcomes

1. General Case Management Tracking Procedures

- Process and systems used for maintaining case management records
- Special processes for SOAR cases, if any
- Process for and timing of follow-up on submitted applications
- Procedures that are mandatory v. voluntary

2. Successes and Challenges of Tracking Outcomes

- Perception of personal success at tracking SOAR outcomes
- Challenges of tracking
- Factors contributing to successes and challenges

D. Experiences with PRA's SOAR web tracking system

1. Early Experiences with the System

- How learned about the system
- Deciding whether or not case manager to use the system
- Reasons
- Training received, if any

2. Use of the System

- Extent to which case managers use the system and for what purposes
- Proportion of SOAR cases for which respondents enter initial application information
- Proportion of SOAR cases for which respondents enter information on application outcomes
- Reasons respondents enter data
- Reasons respondents do not enter data
- Changes over time in use of system
- Differences, if any, between cases case managers enter and cases they do not enter

- Extent to which case managers at this organization differ in their level of use

Extent to which supervisors encourage/require case managers to use the system

- Reasons for requiring or not requiring use
- Practices for monitoring use

Extent to which respondent or other agency staff look at resultant data

Extent to which data from the system informs decision-making

Positive and negative aspects of the system

- Questions case managers finds confusing
- Technical issues with the system, if any

Ways system could be improved

Inherent challenges, if any

3. Interactions with Data Liaison

Interactions with data liaison before SOAR

Initial interaction with data liaison regarding SOAR web tracking system

Frequency of interactions with the data liaison regarding SOAR web tracking system

Topics discussed with data liaison

Changes over time

Interactions with other SOAR stakeholders regarding SOAR web tracking system

E. Individual Outcomes

1. SSI/SSDI Benefits

- Number of SOAR applications submitted
- Number of SOAR applications approved
- Average time between application submission and approval
- Factors contributing to application approvals and denials

2. Other Benefits to Clients that Resulted from SOAR

- Medicaid enrollment
- Housing changes
- Enrollment in treatment programs
- Effect of SOAR on case managers' non-SOAR work

F. Lessons Learned

1. Successful Aspects of Training and SOAR
2. Challenges or Areas Needing Improvement

ATTACHMENT D

**FOCUS GROUP PARTICIPANT CONSENT AND INFORMATION
FORMS**

STATEMENT OF CONSENT

SOAR EVALUATION FOCUS GROUP

(Sponsored by the U.S. Department of Health and Human Service, Substance Abuse and Mental Health Services Administration)

A member of the SOAR Evaluation team has explained to me the objectives of the evaluation generally and focus group specifically and answered any questions I had. I understand that the information I provide is private and will not be provided to people outside of the study, except as required by law. I also understand that I do not have to answer any questions that make me feel uncomfortable. If I have questions about my rights as a research participant or associated burden, I can contact Jackie Kauff at Mathematica Policy Research at 202-484-5266 or jkauff@mathematica-mpr.com or the SAMHSA Reports Clearance Officer at 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857. I understand that participation is voluntary, and I agree to participate in the study. I understand that I am allowed to stop participating in the study at any time, without penalty.

Name

Signature

Date

Email: _____

Phone: (_____) _____ - _____
Area code

I certify that the staff members assigned to explain the study to participants were trained to do so in terms participants would understand.

Jacqueline Kauff
Project Director
3/23/2011

FOCUS GROUP PARTICIPANT INFORMATION FORM

The information provided below will help us to understand the characteristics of case managers, social workers, and other individuals who have participated in the SOAR training. Please do not write your name or employer name on this form. Please return this form to the discussion group leader.

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Date: _____ Location: _____

1. I work at an agency that is primarily a... *Circle one*

- | | |
|----------------------------|---------------------------------|
| 1. Mental health agency | 3. SSA or DDS office |
| 2. Homeless service agency | 4. Other (please specify) _____ |

2. At the above agency, my current job is ... *Circle one*

- | | | |
|--------------------|------------------------|-----------------------------------|
| 1. Outreach worker | 3. Shelter Worker | 5. Program Coordinator/Supervisor |
| 2. Case Manager | 4. Benefits Specialist | 6. Other (specify) _____ |

3. About how many years have you worked in this type of job? *Circle one.*

- | | | |
|---------------------|--------------|----------------------|
| 1. Less than 1 year | 2. 1-5 years | 3. More than 5 years |
|---------------------|--------------|----------------------|

4. My position is PATH-funded? Yes No Don't Know

5. What type of SOAR training have you had? *Check all that apply.*

- I completed some or all of the web-based SOAR training
 I participated in a two-day SOAR in-person training
 I participated in a one-day SOAR in-person training
 I participated in an abbreviated version (less than one day) of SOAR training

6. Do you have any past experience assisting clients with SSI or SSDI applications? *Circle one.*

Yes No