

FAMILY TREATMENT DRUG COURT SERVICES EVALUATION

Supporting Statement

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

B1. Respondent Universe and Sampling Methods

The project's target population is adults with at least one minor child, identified as requiring family drug court services due to substance abuse, and their family. Family members can include one or more parents, children identified in the child welfare care case and additional children that may or may not be specifically named in the child welfare case. The respondent universe for this new project is all FTDC grantees (N=10) serving an average of approximately 80 families over the course of the grant period. This estimate is extrapolated from a similar SAMHSA program implemented through FY2014. It is expected that the FTDC grantees will serve a total of 801 families. Because all FTDC grantees will be respondents in this new project, no sampling methods will be employed. The expected response rate for data elements involving secondary data collection is 100 percent. The expected response rate for data elements involving staff survey administration of the NCFAS is 80 percent.

B2. Information Collection Procedures

The FTDC grantees are required to participate in the collection of these data elements as a stipulation of receiving funding from SAMHSA. All of the applicants and grant awardees expressed a willingness to collect the performance measure information as a part of their grant award. Data elements requiring administration of a survey to the staff will be collected at two points in time: baseline and discharge. Discharge is defined as successful completion (i.e., graduation) or unsuccessful completion (e.g., dismissal by the judge, client drops out). All FTDC grantees are required to obtain approval from Institutional Review Boards prior reporting of the data elements. Field interviewers will present each client with a copy of the informed consent form for his or her records, and will review the form with them. Informed consent is necessary to for using the client's personal data as part of the evaluation/monitoring of the FTDC program.

Data Collection Methods

There are two data collection methods being utilized for the FTDC project: 1) extraction of data from two child welfare and one substance abuse treatment data sets, that records information about the families child welfare and substance abuse treatment involvement and 2) the North Carolina Family Assessment Scale (NCFAS G+R) a staff assessment instrument regarding various domains of family functioning. Information from the extraction will be entered into the FTDC Data Collection Form.

FTDC Data Collection Form (Electronic Data Abstraction from Existing Data Systems)

Each grantee will work with data experts already employed in their child welfare and substance abuse treatment systems to extract data elements regarding FTDC participants. Previous experience with the CAM program suggests that grantees may need to establish data sharing agreements, file transfer protocols and other infrastructure to support the data extraction and exchange process. The contractor will provide individual and manualized technical assistance to help grantees develop this infrastructure. Typically, grantees will use data fields within their existing information management systems (i.e. NCANDS, AFCARS and TEDS reporting systems) to identify or flag FTDC program participants. Twice each grant year, according to the protocol established to share this information, the FTDC will request an abstraction from agency staff responsible for maintaining the information management systems. The data experts within the agencies will use the flag to extract cases related to the FTDC, download that information into a shareable format (e.g., Microsoft Excel), and securely transfer those data to the FTDC.

FTDC grantees will submit the data electronically to SAMHSA through a web-based Data System adapted by the contractor for this program. The system will store grantees' data and will provide a standardized format to report all data elements. It is important to note that the data elements being collected and extracted are unique in that the data must link children and adults together as a family unit across two service systems which traditionally have viewed children and adults individually – not as a family unit. As a result, the data elements must be reported to a relational database where multiple records can be linked with individual children and adults clustered into a family unit. An XML Schema to standardize the data being uploaded to a CSAT Data System will be developed to enable grantees to assemble their data across children and parents. The XML Schema will allow data to be validated prior to submission. Technical assistance will be provided to grantees as needed and in various forms (e.g., step-by-step instructions, online demonstrations with Q & A, tutorials, telephone and email assistance) to help grantees prepare for data submission. These methods have been successfully implemented in an OMB-approved program conducted by the Administration on Children, Youth and Families (ACYF) as well as the SAMHSA Children Affected by Methamphetamine grant program that was operational between 2010 and 2014.

North Carolina Family Assessment Scale (NCFAS G+R) (Conducted by Program Staff)

The North Carolina Family Assessment Scale-General + Reunification (NCFAS-G+R) (Attachment B) will be collected by FTDC grantee staff members at two points in time: baseline and discharge from the FTDC program (e.g., after successful completion or dismissal from the program). The baseline information from this staff administered survey will be used by grantees to identify client's needs for services and are important clinical tools used by the FTDC programs to serve this unique target population. Discharge data will provide valuable information on the impact of the FTDC programs on serving the needs of children affected by parental substance abuse.

B3. Methods to Maximize Response Rates

Each FTDC grantee is assigned a Liaison through the support contract with SAMHSA, who provides technical assistance on data reporting issues. Regular contact will be undertaken with grantees to ensure high response rates. Follow-up may be a challenge to some grantees given the remote locations that they serve and the challenge of locating clients who have discharged early from the program. Technical assistance will be provided to grantees that have not been aware of the strategies they can employ to begin the follow-up process at intake, how to maintain contact with clients, and the importance of good locator forms.

B4. Test of Procedures

As noted above, the majority of the data elements currently exist in Federal child welfare and substance abuse treatment data sets to which grantees are reporting as part of their normal operations. Feedback from the grantees indicates that they routinely collect the same information requested and some grantees report that they collect information in greater detail, (i.e., more response alternatives), but these are collapsed into standard categories.

B5. Statistical Consultants

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ATTACHMENTS

ATTACHMENT A-FDTC DATA COLLECTION FORM

**ATTACHMENT B-NORTH CAROLINA FAMILY ASSESSMENT FORM-GENERAL +
REUNIFICATION (NCFAS G+R)**