

**SUPPORTING STATEMENT FOR
VIOLENCE INTERVENTION TO ENHANCE LIVES (VITEL) SUPPLEMENTAL
GRANT EVALUATION**

B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

1. Respondent Universe and Sampling Methods

Attachment 7 presents the subset and estimated universe of respondents for both evaluation data collection activities. For the process data collection, the semi-structured interviews will consist of a subset of program staff (e.g., program administrator, treatment counselor) and a subset of collaborators/partners. Client focus groups will consist of a representative subset of clients that are targeted by each of the five treatment programs.

The outcome data collection activities using the client survey will occur with the estimated universe of respondents (i.e., individuals entering treatment programs) across the five treatment programs which is estimated to be 500 at baseline, 500 at discharge, and 500 at 6-months post baseline. It is expected that the recruitment methods coupled with incentives and intensive tracking mechanisms will result in response rates close to 100% for the client survey administration. Additional outcome data employing the Client Interaction Form will be collected by program staff from clients' treatment records at 6-month post baseline. The following presents a description of both process and outcome data collection methods.

Administrative Staff Semi-Structured Interviews: Individuals from each of the five Grantee sites who perform administrative tasks related to the VITEL program (e.g., Project Director, Program Manager, and Executive Director) are eligible to be interviewed as they will document community and contextual factors. It is estimated that two administrative staff members per Grantee site will be interviewed in Month 11 of the Evaluation. It is estimated that two administrative staff members per Grantee site will be interviewed in the two-part interview session. The first part of the interview will be conducted with an Executive Staff member of the agency; and the second part with the Project Director, Program Manager or Program Coordinator of the VITEL project. The determination was made to conduct a two part interview with these two staff because in some instances, these two categories of staff have different perspectives on some of the key issues to be explored. In some instances, one person from the agency may fulfill both roles/positions. In this situation, the full interview will be conducted with that one person.

Direct Staff Semi-Structured Interviews: Individuals from the five Grantee organizations who have direct contact with clients to perform outreach/pre-treatment and treatment related tasks will be eligible to be interviewed. Examples of those performing direct service tasks include outreach workers, counselors, and case managers. It is estimated that in this convenience sample up to 10 Direct Service Staff per Grantee site will participate in the interview session conducted during site visits in Month 11.

Community Partners/Collaborators Semi-Structured Interviews: Grantee community partners/collaborators are those agencies or organizations that provide services and activities

related to the VITEL program. It is estimated that up to 2 community partners/collaborators per Grantee may participate in the interview sessions conducted during site visits in Month 11. Grantees may have more than 5 community partners, thus selection criteria has been developed to prioritize partners recruited to be interviewed. Selection criteria include: treatment source, housing, employment, re-entry criminal justice, and medical. These priorities may shift based on the nature of the Grantee program (e.g., programs targeting HIV positive clients, interviews with partners providing medical care would be a main priority).

Client Focus Groups: The targeted universe for the client focus groups are clients who have been in SUD treatment for at least 14 days. The Evaluation staff will work collaboratively with Grantee staff to identify client focus group participants. A member of the Grantee staff assigned to help with Focus group recruitment will be asked for assistance in the distribution of flyers advertising the focus group, announcing the focus group to clients where appropriate, and serving as a primary point of contact regarding the client focus group. The focus groups will strive for a balance in participants with regard to gender, age, length and number of times in treatment, and serostatus. It is estimated that up to nine clients per each of the five treatment Grantees will participate in focus groups conducted during site visits in Month 2 and Month 11.

Client Survey: The targeted universe for the VITEL Evaluation client survey is clients from the five treatment Grantee programs. The clients who enter treatment following OMB clearance will be eligible to be surveyed. The first 50 clients per each five treatment Grantees will be surveyed. The client-level surveys will be administered by trained Grantee program counselors when clients enter the treatment program. All of those clients receiving the baseline survey will complete a follow-up survey at discharge, and at 6-months post baseline. It is expected that the convenience sampling method will result in 100% response rate at 6- months post baseline.

Client Interaction Forms: The targeted universe for the VITEL Evaluation client interaction forms are 100 clients from each of the five treatment Grantee programs who following OMB clearance have been administered the GPRA and client survey. The client interaction forms will be completed by trained Grantee program counselors at 6-month post baseline. It is expected that the convenience sampling method will result in a 100% interaction form completion rate.

2. Information Collection Procedures

In order to conduct the VITEL Evaluation, data will be collected using different methods for each of the two process data collection points (i.e., during month 2 and month 11 site visits), as well as the ongoing Client Survey and Interaction Form outcome data collection. Each data collection method proposed supports the type of evaluation questions being asked and the target respondents. The data collection process will be a careful and systematic mixed-method data collection approach, in order to gather high quality data from each of the 5 TCE-HIV Grantees.

Data Collection Procedures

As previously stated, the VITEL Evaluation will use a multi-method data collection procedure throughout the two evaluation stages. Attachment 14 presents the proposed estimated universe and selection methods for the project. Semi-structured interviews, focus groups, client surveys, and interaction forms will be used to collect data from the target population (e.g., grantee staff and clients). Data collection will occur across both process and outcome evaluation activities. A general description of key data collection procedures is provided below. A description of the site visit and data collection instruments is also provided.

Site Visits. A VITEL Evaluation team member will call the Grantee Project Director. The initial phone contact will be followed by an email confirmation letter which provides additional detail about the site visit.

The VITEL Evaluation Team will conduct site visits at two data collection time points with each of the 5 Grantees. For the first round of site visits, a VITEL Team member will contact the Grantees in order to schedule the site visit at month 2. The second site visit will be conducted approximately nine months following the first site visit. Each site visit will be conducted by an experienced multi-member team from the VITEL Evaluation Team. These site visits are anticipated to last two to three days, in order to gather all required data. The purpose of the site visits are to observe program processes, to conduct semi-structured interviews with project staff and community partners, to conduct client focus groups, and to provide any technical assistance to Grantees on client survey administration and interaction form completion.

Semi-Structured Interviews

During each site visit three semi-structured interviews will be conducted with the following respondents: 1) Program Administrator, 2) Grantee treatment staff, and 3) community collaborators/partners. The semi-structured interview process will be led by a senior evaluation team member. The interview may take place with a single person or a group of like-persons (e.g., more than one treatment staff member may be interviewed in the same session). The lead interviewer will describe the purpose of the interview, have respondent(s) review and sign informed consent (Attachments 2, 4, 6). The interviewer will use the appropriate interview guide (e.g., administrator, treatment staff, community collaborator) for conducting the interviews (Attachments 1, 3, 5). The lead interviewer will guide the discussion, followed by which respondents will complete a participant demographic information data sheet (Attachment 15). A note taker will record in detail the respondents' statements. To provide additional documentation, and for quality assurance, interviews will also be digitally recorded with the permission of the interviewees. At the conclusion of the interview session, the lead interviewer will summarize the discussion. Debriefing sessions will be conducted with Grantee personnel at the conclusion of the site visits to summarize the visit and address any questions posed by the Grantee regarding the visit. Follow-up telephone calls to Grantee staff may be used when necessary to clarify further information obtained during the visit.

Focus Groups

Clients from the 5 treatment Grantee sites will be recruited to participate in the in-person focus groups. A small group of clients (up to nine clients per focus group) will be invited for the focus groups discussion and guided by a moderator to address specific questions and discuss their experience in treatment. The VITEL Evaluation staff will work collaboratively with the Grantee staff to identify and recruit client participants based on selected criteria including age, gender, length and number of times in treatment, and serostatus.

The client focus groups will be led by a moderator who is a senior evaluation team member. An additional evaluation staff person will serve as the co-moderator and will assist by attending to recording and note taking. The moderator will describe the purpose of the focus group, identify CSAT as the sponsoring agency, explain all focus group procedures, assure privacy to the client participants, and request participation. In an effort to ensure that clients understand what is being asked of them, grantee staff will read aloud the consent form to clients (Attachment 8). Once clients have agreed to participate, they will be asked to sign the consent form and will be provided with a copy for their records. The moderator will use a written guide (Attachment 7) for conducting the focus group discussion. A scheduled time and place for the focus group will be established prior to the site visit. Focus groups will be scheduled at a time when a licensed clinician is on duty, in the event of any sensitive information disclosure by focus group client participants that may cause them discomfort. Once respondents agree to participate, the focus group will begin. With the permission of the respondents, all focus groups will be audio-taped for later transcription and analysis. Following the discussion, the moderator will read aloud the client participant demographic sheet and brief program satisfaction questionnaire and assist clients as they complete the sheet (Attachment 16). Finally, the moderator will summarize the activities and comments at the end of the discussion. Incentives will be distributed after the focus group is completed.

Client Surveys and Client Interaction

A client survey and a client interaction form will be completed as part of the project evaluation activities. Upon OMB approval, the VITEL Evaluation Team will train Grantee staff via web/teleconference in how to administer the Client Survey and complete the Client Interaction Form. The VITEL Evaluation Team will develop a comprehensive question by question training for Grantee staff with information regarding how to complete the survey and form along with the context for the collection of these data. The training will be developed as a PowerPoint presentation and provide a step-by-step process for administration and completion of the Client Survey and Interaction Form, respectively (Attachments 10-13).

Client Survey: As described in Section A.6, the client survey will collect data from individuals at baseline, discharge, and 6- months post baseline. Data collection at the follow-up point is necessary to measure the short- and longer-term outcomes of the VITEL programs implemented by the grantees. Because measuring these outcomes is one of the primary objectives of the VITEL evaluation, less frequent data collection would greatly compromise the integrity of the VITEL evaluation. Grantee Staff at each of the 5 Grantee treatment sites will administer the Client Survey to 50 clients admitted into treatment post OMB approval. The Client Survey will be administered in a private location (e.g., an office) in order to ensure privacy. It is expected that the Client Survey will be administered to 500 clients at baseline. It is then anticipated that the Client Survey will be administered to 500 clients at discharge, and 500 at 6-months post baseline.

Client Interaction Form: As described in Section A.6, this form will be completed by a trained Grantee counselor at 6-month post baseline. Interaction is a measure of the *type* and *amount* of contact that a client has with the program. Individual clients in the VITEL program will likely have very different types and amounts of contact (due to absences, participation in different components, or dropping out), thus it is critical to have interaction information to accurately assess program effects. It is expected that the Client Interaction Form will be completed for 500 clients at 6-month post baseline (100 clients at 5 Grantee treatment sites).

Client survey and interaction data will be entered into an online system at the Grantee sites that will be password protected. Each day, the VITEL Evaluation staff will upload the data over a secure network connection directly to a server hosted on SAMHSA's cloud where they will also be encrypted and password protected. Using protected electronic data is the most secure form of data management because it eliminates the possibility of paper documents being lost by the survey staff or of data being lost in transit or delivered to an incorrect location. However, not all the Grantees may be equipped to enter this data into the online system, in which case paper copies of the completed surveys (no name/identifying information will be collected at any time) will be stored in a locked file cabinet until their transition to the online system.

3. Methods to Maximize Response Rates

The ability to gain the cooperation of potential respondents is important to the success of this VITEL Evaluation.

Semi-structured interviews: To maximize participation rates, the VITEL Evaluation Team interview staff will follow protocols that will reduce the burden on Grantee staff and community partners. Planning and preparation in advance of the interview is crucial for these protocols. The protocols include proper timing and location of the interviews to accommodate the Grantee staff and their partners. The Grantee staff and their community partners will be informed, in advance, of the motivation and significance of the interview.

Focus Groups: To maximize participation rates, the VITEL Evaluation Team will work collaboratively with Grantee staff to recruit a representative group of clients for the focus group utilizing inclusion and exclusion criteria, in order to accomplish a balance of gender, age, length and number of times in treatment and serostatus across focus groups. Each focus group will consist of seven to nine clients. The VITEL Evaluation Team will then work with project staff to

provide them with information they can post and/or distribute to potential participants about the focus groups. This information will include a description of the focus group objectives, participation criteria, and a toll-free number to the VITEL Evaluation headquarters in the event the client has additional questions regarding the focus group. As an added incentive to maximize response rates, gift cards (e.g., \$30) will be provided and will be distributed after the focus group is completed.

Client Survey: The VITEL Evaluation team anticipates 100% response rate for the baseline, discharge, and 6-month post baseline surveys. In order to achieve this rate, trained Grantee staff will administer the survey to the first 50 clients admitted into treatment post OMB approval who have been administered the GPRA and have an assigned GPRA identification number. The evaluation team along with the Grantee staff will employ several strategies to maintain high response rates:

- Stress the importance of the project as well as the evaluation team’s commitment to respondent privacy.
- Train survey staff for handling sensitive information collection in a respectful manner.
- Develop bilingual survey in English and Spanish.
- Ensure that Grantees have comprehensive tracking forms and procedures in place.

To improve follow-up response rates, the Grantee staff will collect detailed contact information, including alternate addresses and phone numbers and contact information of secondary sources who may know the respondents contact information at follow-up.

Client Interaction Form: The VITEL Evaluation team anticipates that the Client Interaction Form will be completed for 100% of the 100 clients per Grantee site at 6-month post baseline.

4. Test of Procedures

Pilot tests of semi-structured interviews, client focus groups, client survey measurement instruments, and data collection procedures to be used in the process and outcome evaluation were conducted with a representative sub-sample of the target population. All pilot tests were conducted with nine or fewer individuals. Based on received feedback, no changes were made to the instruments.

5. Statistical Consultants

Several in-house experts and advisors (Exhibit 3) and external consultants (Exhibit 4) will be consulted throughout the program on various statistical aspects of the design, methodological issues, implementation issues, database management, and data analysis.

Exhibit 3. In-house Experts & Advisors

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LIST OF EXHIBITS

- Exhibit 1:* Data Collection Burden for Clients and Grantee Staff
Exhibit 2: Time Schedule for Entire Project
Exhibit 3: In-house Experts & Advisors
Exhibit 4: Consultants

ATTACHMENTS

- Attachment 1:* Executive-Administrative Staff Interview Guide
Attachment 2: Executive-Administrative Staff Consent Form
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Attachment 4: Direct Staff Consent Form
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