focus group protocol

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| According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays an Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this collection of information is estimated to average 60 minutes, including the time to review instructions, search existing data resources, gather the data needed and complete and review the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to NAME at xxx-xxx-xxxx or NAME@\_\_\_.gov and reference the OMB Control Number xxxx-xxxx.  |

Introductions (10 minutes)

*[Give each participant a consent form, background information form, incentive (Visa gift card), and a pen when they arrive. Ask participants to sign the attendance sheet confirming they have received the incentive and then fill out the background information form as they wait for the focus group session to begin.]*

Let me start by saying thank you for taking the time to meet with us today.

My name is [NAME] and I work for [Social Policy Research Associates/Mathematica]. [Social Policy Research Associates/Mathematica] is an independent research firm, and most of our work is for the federal government. In this project, we are studying how programs like [PROGRAM NAME] work.

Today, I’d like to hear about your experience with [PROGRAM]. We are interested in learning about how you came to be involved in this program, what program activities you have participated in, what you find helpful about this program, and what could be improved. We also want to understand your perspectives on challenges individuals in your community face to help the federal government and programs across the nation think about how to best address the effects of the opioid epidemic.

[*For health care trainees add:]* We recognize that some of the people in the room today may have been directly impacted by the opioid crisis. For today’s discussion, we would like to you focus on your experience training for roles as addiction workers or healthcare providers. We know that separating these two experiences can be difficult, but we ask you to do your best.

Before we talk about how today’s discussion will work, do you have any questions about why we’ve asked you to join us?

You all have a consent form in front of you. I am going to read the form aloud and then ask you to sign the form if you agree to participate.

*[Read form, ask if anyone has questions, and ask participants to sign the form. As you collect the consent forms, check that they are complete.]*

Information that we collect will be summarized only for this project; what you say will be kept private. That means that we will never use your name in our reports or discuss our conversation today with the people or organizations that provide care or services to you, such as [PROGRAM]. You should feel free to be open and honest. There are no “right” or “wrong” answers.

Please stop me anytime you have a question or concern. Talking about these topics may bring up sensitive issues. You should not feel you need to answer any questions you do not want to answer. We know that some of these topics can be difficult to discuss, so if you feel more comfortable sharing something in written form, or discussing something with us after the session, we can do that as well. I hope you will feel free to be open and frank in our discussion. I ask that none of you share what you hear with others outside the group.

[IF PROGRAM STAFF PRESENT: If we could ask anyone who is not a discussant or on the evaluation team to please leave the room now before we begin our discussion.]

 *[Make sure that each participant has received the incentive, signed the attendance sheet, and completed the background information form.]*

We have scheduled one hour for this discussion. My colleague, [note-taker], is going to do [his/her] best to take notes as we talk. But, we would also like to record the discussion to make sure we do not miss anything anyone says. Does anyone have any objections to recording this conversation?

*[If anyone objects, at any time, immediately cease recording.]*

Again, there are no “right” or “wrong” answers. People may disagree and that’s okay. Please feel free to speak your mind. We want to hear both positive and negative comments, whatever you want to share.

To keep us on schedule, I may change the subject or move ahead. Please stop me if you have something to add.

 Do you have any questions before we get started?

Directly or Indirectly affected by Opioid Crisis

A. Warm-up (5 minutes)

1. We want to start the discussion by asking you to tell us your first name and why you decided to become involved in [PROGRAM]? What appealed to you about the program?

B. Opioid Use Context (10 minutes)

 [PROGRAM] is part of a broader government effort to respond to the opioid crisis.

1. In your opinion, how has the opioid epidemic affected people in your community?
2. What do you see as some of the reasons that it can be difficult for individuals in recovery to find and keep a job?

**C**. Program Services (20 minutes)

Next, I’d like to hear more about your experience with [PROGRAM].

1. Can you tell me about the things you like most about [PROGRAM]?

*Probe if necessary*: What is it about [response] that you like?

*[Note: Create a list, either on a board of some sort or in your notebook. Encourage participants to add to it.]*

1. Now I’d like to hear about the things you like the least about [PROGRAM]?

*[Note: If people are hesitant, it may be helpful to remind them that their responses won’t be shared with anyone outside of the research team. Consider creating a list and encouraging participants to add to it.]*

*Probe if necessary*: What is it about [response] that you don’t like?

1. Do you feel like you’re able to get the services and supports you need through the program? Can you tell me more about this?
* Are there other services or supports that you haven’t received but would be helpful to you? Can you tell me about these?
1. What has made it more difficult for you to participate in [PROGRAM] or get the services and supports you need through [PROGRAM]?

*Probe if necessary*: For example, have you have difficulty attending because you did not have care for dependents? Transportation? Because [PROGRAM] conflicted with other responsibilities?

* Has [PROGRAM] offered any support to help you overcome these challenges?
1. Do you think your participation in [PROGRAM] will help you get a job or develop your career? Why or why not?
* What are your biggest concerns about finding a job or developing your career?
1. **[If time allows]** Would you recommend [PROGRAM] to others? Why or why not?

D. Program Effectiveness (10 minutes)

We are almost done. My last question is about how helpful you think the program will be to you in the future.

1. Thinking about all of the services and supports you have received through [PROGRAM], which do you think will be most useful to you in the future? Why?

E. Wrap Up (5 minutes)

Is there anything that we haven’t discussed that you think we should be aware of?

Thank you so much for participating in this discussion. This has been really useful. Your views are very important to help us understand how the program is going.

Health Care trainees

A. Warm-up (5 minutes)

1. We want to start the discussion by asking you to tell us your first name and why you decided to become involved in [PROGRAM]? What appealed to you about the program?

B. Opioid Use Context (10 minutes)

 [PROGRAM] is part of a broader government effort to respond to the opioid crisis.

1. In your opinion, how has the opioid epidemic affected people in your community?
2. What do you see as the biggest barriers or challenges that people in your community face when seeking treatment for opioid use disorder?

*Probe if necessary:* For example, difficulty paying for treatment? Getting appointments with treatment providers? Lack of transportation to treatment locations?

C. Program Services (25 minutes)

Next, I’d like to hear more about your experiences with [PROGRAM].

1. [Ask only if the program includes different occupational training tracks.] What type of work are you being trained for through [PROGRAM]?
2. Do you think you are receiving all of the skills, training, and services you need through [PROGRAM]?
3. Are there different skills, training, or services you wish [PROGRAM] provided? If so, what are they?
4. Have you had any challenges that made it difficult for you to attend or complete [PROGRAM]?

*Probe if necessary*: For example, have you have difficulty attending because you did not have care for dependents? Transportation? Because [PROGRAM] conflicted with other responsibilities?

1. What kinds of support does [PROGRAM] offer to help overcome these challenges?
2. Are there other services or supports that could make it easier for you to attend or complete [PROGRAM]?
3. Can you tell me about the things you like most about [PROGRAM]?

*Probe if necessary: What is it about [response] that you like?*

*[Note: Create a list, either on a board of some sort or in your notebook. Encourage participants to add to it.]*

1. Now I’d like to hear about the things you like the least about [PROGRAM]?

*[Note: If people are hesitant, it may be helpful to remind them that their responses won’t be shared with anyone outside of the research team. Consider creating a list and encouraging participants to add to it.]*

*Probe if necessary: What is it about [response] that you don’t like?*

D. Program Effectiveness (10 minutes)

We are almost done. My last questions are about how helpful you think the program will be to you in the future.

1. Thinking about all of the services and supports you have received through [PROGRAM], which do you think will be most useful to you in the future? Why?
2. Do you think your participation in [PROGRAM] will help you get a job or develop your career in the future? Why or why not?

Do you think that any credentials or licenses you will receive through [PROGRAM] will help you get a job? Why or why not?

E. Wrap up (10 minutes)

How has COVID-19 effected your ability to receive services? Has it had any effect on your employment opportunities?

Is there anything that we haven’t discussed that you think we should be aware of?

Thank you so much for participating in this discussion. This has been really useful. Your views are very important to help us understand how the program is going.