

STATE OPIOID RESPONSE (SOR) AND TRIBAL OPIOID RESPONSE (TOR) PROGRAM DATA COLLECTION AND PERFORMANCE MEASUREMENT

SUPPORTING STATEMENT

B. Collections of Information Employing Statistical Methods

B.1 Potential Respondent Universe and Respondent Selection Method

B.1.1 Respondent Universe

Fifty (50) states, seven (7) jurisdictions, and 302 tribal entities are the award recipients that will be included in this data collection. Progress reporting from all award recipients is necessary, and based on aggregated data and used to monitor progress as well as assess effectiveness and best practices.

B.1.2 Sampling Methods

The sampling plan is a census of all SOR/TOR award recipients. There is a need for a census of information from all grantees to monitor progress and provide feedback on planned activities and performance in a timely manner. Government project officers need access to periodic information for discussions with grantees about progress and achievement of program goals, as well as to report progress of the SOR/TOR program overall.

B.2 Information Collection Procedures

Information collection procedures will vary by program. For most providers, some information will be extracted from previously established databases. Intake/baseline information is obtained by intake workers and/or counselors. For clients still in treatment three and six months after intake, the information will be obtained in the same way. In instances where clients are no longer in direct contact with the service provider, staff from the program will locate the clients and conduct the follow-up interviews.

Some programs collect their client information using paper-and-pencil methods. This project will not interfere with ongoing program operations. Programs will submit their data electronically via a web-based data entry system, the SAMHSA's Performance Accountability and Reporting System (SPARS), using a unique, encrypted client identifier for each client. This unique client identifier will be used to match client data across each data collection time point (baseline, follow-up, and discharge). Information data collection procedures will be the responsibility of individual grantees and may vary by type of program.

Client-level data collection

Some grantees may wish to collect client-level information using paper and pencil methods. SAMHSA will provide downloadable paper versions of the data collection instrument to facilitate this process. These grantees will then submit their data electronically via a web-based data entry process. The data for clients with both baseline and periodic reassessment data are

matched using the SPARS ID. Grantees will be clearly instructed not to use identifying information (i.e., social security number or initials) as the client identifier.

Required data collection points are:

BASELINE: For clients who have not previously been served by program, or who are returning to services following a discharge from the program, baseline data will be collected. For clients already enrolled in the program and continuing to receive services, data should be submitted by the grantee within 30 days of initiating data collection. The timing of any subsequent data collection point(s) will be anchored to the baseline point the grantee indicates in the administrative record.

THREE AND SIX MONTH FOLLOW-UP: SAMHSA will require client-level data collection three and six months after baseline/intake. Ongoing periodic status review is viewed as consistent with good clinical practice.

DISCHARGE: Grantees must provide information on the type of discharge on all clients who are discharged. When the discharge is a planned event, the client will also be asked the questions on the client-level data collection instrument. The one exception to this requirement is when a client had responded to these same questions within the past 30 days as part of the six-month follow-up.

Each grantee may have its own plan for data collection, processing, data cleaning, control, and retention. Each plan should describe how uniform data collection will be ensured, the time frame for conducting the data collection over the course of the project, and how participant protection will be assured. These plans undergo peer review to ensure the adequacy and appropriateness of the study design and methods. The precise manner in which data will be collected and used depends on the specific grant program.

B.3 Methods to Maximize Response Rates

At the time of intake, information is typically obtained from clients to assist with locating them later. This includes information on current residence and contact information for one or two other individuals who are likely to know where they are if they have re-located. In addition, some providers are adept at using other community resources to assist with locating clients. Clients are typically quite cooperative with provider staff because of the relationship established during treatment. Since all participating grant programs propose a census at initial intake, considerable options also exist for non-respondent analysis and associated adjustments to the data such as weighting.

Follow-up has been a challenge for some grantees, given the remote locations that they serve and the challenge of locating clients three and six months after intake. For 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, several strategies have been implemented to assist the grantees with follow-up. First, follow-up training will be offered to assist grantees in learning about and conducting follow-up at their sites. This program is offered to all grantees and after the grantees are trained through the grantee orientation process. A second strategy provides the grantees with data status reports on how close they are to meeting their follow-up goals. These reports are available from the web-based system to the grantees and

Government Project Officers (GPOs) for the grants they are responsible. A third strategy is the automatic, system-generated notice of when follow-up interviews are due for each client/participant.

B.4 Test of Procedures

Most of the items on the existing data collection instrument used in this information collection have come from a tool that has been used extensively in the substance abuse field and has already been tested for validity and reliability (the *Addiction Severity Index*). Demographic and service questions have been added to the instrument.

B.5 Statistical Consultants

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LIST OF ATTACHMENTS

Attachment A – State Opioid Response/Tribal Opioid Response (SOR/TOR) Client-Level Data Collection Tool – Baseline

Attachment B – State Opioid Response/Tribal Opioid Response (SOR/TOR) Client-Level Data Collection Tool – Follow-up

Attachment C – State Opioid Response/Tribal Opioid Response (SOR/TOR) Program Instrument

Attachment D – Comments

Attachment E – Responses