Idaho Substance Abuse Prevention Outcomes Evaluation

Survey Administration Manual

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Idaho Substance Abuse Prevention Outcomes Survey Administration

Welcome and thanks

Thank you for participating in the Idaho Substance Abuse Prevention Outcomes evaluation. Before administering any of the surveys, become familiar with the procedures and directions in this manual. The information should answer most questions regarding the administration of the outcomes survey. If you need further information, please contact your Benchmark Regional Manager.

1) <u>Overview</u>

   The primary purpose of doing an outcomes evaluation is to determine the impact of substance abuse prevention (SAP) programs on the participants' knowledge, beliefs, attitudes and (possibly) their use of intoxicating substances. The secondary purpose is to satisfy the Substance Abuse Mental Health Services Administration (SAMHSA) requirement that states receiving Substance Abuse Prevention & Treatment Block Grant funds collect and report outcomes data. Prevention providers also gain valuable information about the effects of their substance abuse prevention programs that can be used to document successful programs and identify those that can be improved.

2) <u>Who is the outcomes evaluation intended for?</u>

   The outcomes evaluation will be conducted by all recurring substance abuse prevention programs. There are several different types of surveys. The "Standard 16" survey is intended for all participants in recurring substance abuse prevention programs that are in grades 6 through 12 and <u>*for whom a signed parental consent is on file*</u> (see Parental Consent, below). The survey can also be administered to 4^{th}-5^{th} graders in mixed grade settings if the instructor feels the participants have the reading skills to handle the material and is willing to provide assistance if requested. The Idaho Parenting Scale is designed for adult participants in parenting programs. The Idaho Substance Abuse Coalition Survey examines the structure and functionality of community coalitions. If none of these generic scales fit your prevention program, you should use the evaluation tool that came with your Best or Promising Practice or contact your Benchmark Regional Manager for assistance. English language versions of these surveys can be found on PreventionIdaho.Net under the Outcomes link to the right of each recurring program on your homepage. Spanish versions of the generic surveys can be obtained by contacting your Regional Manager. Every effort should be made to test all eligible participants.

3) <u>The outcomes evaluation process for programs that work with minors</u>

   <u>Parental Consent.</u> SAP providers that offer recurring services <u>*must*</u> begin the process by collecting signed parental consents specific to surveys about substance abuse attitudes, beliefs and 30-day usage. Ideally, parental consent should be obtained before the prevention service begins as part of program registration. Where this is not possible, the parental consent form (see the <u>Parental Consent Policy</u> on PreventionIdaho.Net) should be sent home with the participants after the first session of the program with clear instructions that they need to be returned by the second session of the prevention program. If you collected parental consents prior to survey administration, indicate which participants have returned signed, affirmative parental consents by going to the Outcomes link for that program, clicking on "Step 4 – enter survey data here" and checking the parental consent boxes for those participants for whom the signed, affirmative consent is in hand.

At all stages of the outcomes evaluation process, it <u>must</u> be made clear that participation in the prevention program <u>in no way</u> depends on taking the survey. Participants who do not have their parents' permission to take the survey or who do not wish to answer some or all of the survey questions <u>must not be excluded</u> or treated differently than those who do complete the survey.

4) Pre- and Post-test methodology. To maximize the survey's ability to detect a change, the pre-test or baseline measure should be administered as close to the beginning of the program as possible. Similarly, the post-test should be administered as close to the end of the recurring program in a session that has the maximum number of participants who took the pre-test. To help the outcomes survey have the greatest sensitivity to a change, it will be necessary to compare each participant's pre-test with their post-test. This increases the sensitivity because all of the ways that a single human is different from all other humans can be controlled for by comparing the pre- and post of individuals.

5) Other considerations. The goal of outcomes collection is to get a good clean "snapshot" of where the participants are at the beginning and end of the program with regards to their knowledge, attitudes, beliefs and substance use patterns. It is crucial to conduct the surveys in the first and last few sessions of the program. Participants who start after the pre-test administration need not take the pre-test. They may take the post-test, but their responses would only be used for group-level analyses. Similarly, a participant who leaves the program before it has been completed can take the post-test, but unless he leaves very close to the end of the program, his data would only be used for group level comparisons.

6) Pre- and post-test timelines for different types of prevention programs.

   a) "Typical" recurring SAP programs follow a curriculum that meets a set number of times. The pre-test should be given at the first session if parental consents have been collected prior to program start, or at the second session if parental consent forms were sent home at the first session. The post-test should occur at the last session, or as close to it as possible.

   b) Continuous programs are recurring prevention programs that meet in an ongoing fashion, typically throughout the school year. There is usually a core group who attend regularly, while others come and go. The pre-test should be given as close to the start of the school year as possible, when most of the people who will be participating are known. The post-test should occur at the last session, or as close to it as possible.

   c) Drop in centers are recurring programs that are available on an as-needed basis, such as a tutoring or counseling center that participants access when they need help. The pre-test should be given to individual participants during the first two to three weeks of the program. The post-test should be administered individually during the last month of the program, with the goal of collecting follow-up data on as many of the participants as possible.

In all cases, participants who do not have their parents' permission to take the survey or who do not wish to answer some or all of the survey questions must not be excluded or treated differently in the prevention program.

7) Security & confidentiality
Because the outcome survey contains personal information regarding the participants' beliefs, attitudes and reported substance use, special care must be taken to protect the confidentiality of their responses. The two main areas of concern are security and confidentiality.

a) Security. Once the survey forms have been completed, the surveys must be handled properly to protect the participants' confidentiality. Completed surveys should be placed in an envelope, sealed and stored in a locked drawer or file cabinet until it is time for data entry (see Survey Data Processing, below).

b) Confidentiality. Many people treat the terms confidential and anonymous as synonymous, but they represent very different legal standings. Confidential ("held faithfully") means that the identity of a given survey respondent is known but their individual data are never disclosed or associated with the respondent. Anonymous ("unknown name") means the identity of the respondent is never known. These are confidential surveys, but *not* anonymous. The survey administration and data entry procedures below are designed to protect the participants' confidentiality.

8) Outcomes Survey Administration
The survey administration procedure involves the following steps:

1) Obtaining Parental Consent for Minor Participants. If your program involves working with minors (i.e., under the age of 18), parental consent **must** be obtained for each minor participant prior to survey administration. Benchmark's Parental Consent Policy contains details for obtaining parental consent, including sample parental consent forms and language that can be included in other program registration materials. Compliance with the parental consent part of your Benchmark contract. The Parental Consent policy can be found on PreventionIdaho.net under the Benchmark Resources link.

The most important thing to remember about parental consent is that participation in the substance abuse prevention program is in no way affected by the presence or absence of parental consent to take the outcomes survey.

2) Outcome Survey Selection, Printing and Preparation.
   a) Survey Selection –This selection can be made by selecting the Outcomes link to the right of the program name on the provider home page. The following survey tools are available for selection:

      i) The "Standard 16" is intended for all prevention programs offering services to 6^{th} to 12^{th} grade surveys. It is also available in Spanish.

      ii) The Parenting Survey is designed for adult participants in parenting programs. It is also available in Spanish.

      iii) The Coalition Survey examines the structure and functionality of community coalitions.

iv) Curricula Evaluation tools - If none of these generic scales fit your prevention program, you should use the evaluation tool that came with your evidence-based program or work with your Regional Manager to choose an appropriate survey.

b) Survey Printing - PreventionIdaho.Net allows you to print copies of the outcomes survey with the PreventionIdaho.Net ID numbers for all of the participants on your local printer. This saves the effort of writing all those ID numbers. Providers will also have the option to print a blank form and make copies on a copier. In this case the PreventionIdaho.Net ID number will need to be written on the surveys. The ID number will be used to match the pre- and post-tests in PreventionIdaho.Net for each participant so that individual pre- and post-test surveys can be compared.

c) Survey Preparation – Once the surveys have been printed and the ID numbers are in place, record the name of each participant taking the survey on a Post-it note and put the Post-it over the participant's ID number to conceal it. When the surveys are handed to the named participants, peel off the Post-it so that the only identifier remaining is the PreventionIdaho.Net ID number. This way each participant gets the survey form with their ID number on it, but once the Post-it has been removed, it becomes confidential.

3) Influencing the Outcome of the Surveys
The goal of outcome survey administration is to collect valid and reliable data. The *ideal situation* would be to have exactly the same participants with exactly the same circumstances on both the pre- and post-test survey sessions, with the only difference being the influence of your substance abuse prevention program. The *practical situation* is to make the pre- and post-test situations as similar as possible, so that any difference found between the two can be attributed to the substance abuse prevention program, and not to extraneous factors.

Beware of *provider bias*. Most prevention providers are human and naturally want to show that their program has a positive affect on the lives of their participants. These natural tendencies make it difficult to collect impartial outcome survey data. Here are some common biases to watch for:

a) Intentional bias includes such things as priming the class before the post-test to mark the more appropriate answers. This can best be avoided by having someone other than the prevention provider administer both surveys. In situations where there is no other person, these biases can be avoided by following the survey administration protocol, by approaching the outcomes process with integrity and a willingness to learn from good data, and by being aware of any attempts to influence the results beyond the effects of the program itself.

b) Unintentional bias is much harder to guard against. Unintentional biases include all the subtle clues that a motivated person would unintentionally communicate to the survey participants, such as being anxious about the post-test survey, dropping hints about the survey's importance to the provider at post-test time, etc. Again, the best way to prevent the influence of this form of bias would be to have a third party administer the surveys. Where that is not possible, the survey administrator should follow the survey administration protocol, be aware of sources of unintentional bias and actively monitor themselves to prevent their subconscious desire to see a positive outcome from influencing the participants' responses.

4) Administering The Survey
The following instructions apply to both the pre- and post-test surveys.

a) Plan on about half an hour for survey administration. Participants should be allowed to continue working as long as they are making reasonable progress. Most 6th-12th grade students should be able to finish the survey within 15-25 minutes. Remember to include time for distribution and collection of the surveys.

b) Enable the participants to concentrate on the survey by having them clear their desks, etc. Program participants who are not taking the survey should be given a quiet alternative activity so that they do not disrupt the survey participants.

c) Read aloud the instructions at the top of the survey form to your participants.

d) Distribute the surveys. As each pre-labeled survey is handed to the named participant, remove the Post-it so that only the PreventionIdaho.Net ID number remains. The ID number will be used to match the participant's pre- and post-test surveys for statistical purposes.

e) Once the survey has been distributed, be prepared to assist the participants if they have questions or problems taking the survey. Try to help them while remaining neutral to influencing their answers. For example, if the question is, "What is this word?" the answer should be "Methamphetamines," and not, "Methamphetamines, remember, that's a bad drug you should never take."

f) As the testing time draws to a close, try to maintain order in the room as the slower participants complete their surveys. It's often a good idea to announce that there are "5 minutes remaining," etc.

9) After Survey Administration

a) Outcomes Survey Security. When the participants have all completed the survey, collect the surveys, seal them in a large envelope, and store them in a secure, locked location until they are entered into PreventionIdaho.Net.

b) **Avoid the temptation to peek at the surveys as they are handed in. This protects the participants' confidentiality. Remember, the goal of the outcomes evaluation is to examine the program, not the participants. They agreed to participate on the basis that their individual information would not be reported to anyone, including the program administrators.**

Use of survey answers to monitor or reprimand individuals is a violation of the Outcomes Policy and your Benchmark contract.

10) Survey Data Processing

a) The survey data will need to be manually entered in to PreventionIdaho.Net. PreventionIdaho.Net has been designed to streamline the process as much as possible.

Before we discuss the manual data entry procedures, there are two special data entry concerns that need to be addressed.

i) The primary concern with the manual data entry process is protecting the participants' confidentiality. **In all cases, the burden is on the prevention provider to safeguard the promise of confidentiality and avoid the temptation to look at and use the survey results to learn about individual participants.**

ii) The other main concern regarding outcome survey data entry is that Idaho's substance abuse prevention program is funded with Federal dollars. **In most cases, it is a felony to knowingly falsify data on federally funded projects**. That would include such activities as knowingly reporting participants who did not take the program, indicating session attendance for participants who were not there that day, and "helping" the outcome survey results by editing the surveys or entering the data in a way that changes the program's outcome results. **Remember – the goal is to accurately understand the influence the substance abuse prevention program has on its participants.**

b) Pre-test surveys must be entered into PreventionIdaho.Net within 30 days of your program's start date. Invoice approval may be suspended for programs that have not entered their surveys by the end of the 30 days. Post-test surveys are due to be entered into PreventionIdaho.Net by July 15 following the end of the fiscal year. Payment for the final two program sessions will be made after the post-test surveys have been entered online. **Failure to complete both the pre-test or post-test outcomes data collection and data entry process constitutes a breach of your Benchmark contract and may affect contract re-negotiations for the following fiscal year.**

c) To enter a program's outcomes surveys, first click on the Outcomes link to the right of the program name on your PreventionIdaho.Net home page, and then on the Step 4 - Outcomes Data Entry link. The Outcomes Data Entry page shows the program's participant ID numbers and the parental consent status (if applicable) and a pre- and post-test survey entry link. Note that if the program requires parental consent, you must indicate which youth have parental consent before the pre- and post-test links become active.

For each survey, verify the ID number, click on the appropriate pre- or post-test survey button, and enter the survey date and responses into the form. We estimate that a skilled data enterer could input one survey per minute, but the rest of us should anticipate taking 5-10 minutes per outcome survey. For larger programs, plan on entering the survey data over multiple sessions.

d) When all pre- or post-test surveys have been entered, check the appropriate "pre-test is completed" or "post-test is completed" box on the Outcomes page. Once your Regional Manager has reviewed the outcomes survey data, they will verify that outcomes survey entry is complete.

e) <u>The final step</u> is to place the completed outcomes surveys in a sealed envelope, mark it with a destruction date (six years from the date of survey administration), and store it to a secure, locked location. **To protect the confidentiality of the participants, survey results should remain sealed until the destruction date. At that time, the surveys should be destroyed appropriately and without review.**