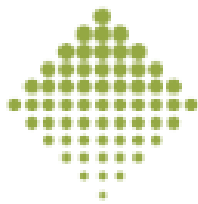


Hennepin County
Family Response and Stabilization Services (FRSS)
Interviewer Manual



Community Research Solutions, LLC
CONSULTING AND RESEARCH TO MAKE A DIFFERENCE

Evaluation Overview

Hennepin County is implementing Family Response and Stabilization Services (FRSS) to provide immediate and in-person support to children and families experiencing mental, behavioral, or emotional issues. Family Response (FR) is an up-to-72-hour intervention to de-escalate the situation and address any immediate concerns. If families need longer-term intervention, they may be referred for optional Stabilization Services (SS), which is an up-to-8-week intervention to promote building a family support network and the healthy, safe behaviors of the children involved.

Families drive the experience – they define their goals and staff work with each family to navigate how to achieve those goals. Stabilization services are delivered by community organizations which are culturally-responsive to groups that have typically been underserved, specifically Somali and Spanish-speaking communities. Services are available free of charge and available to all families with children ages 5-18 who reside in Hennepin County.

Hennepin County has secured a 4-year federal grant to implement FRSS services. A required component of the grant is to conduct discharge interviews with families as they complete Stabilization Services. Program staff anticipate approximately 80-160 family discharges from Stabilization Services during each year of the grant.

Interviewers will be responsible for contacting each family to schedule and conduct the discharge and follow-up interviews, and submit interview data to the evaluators. To continue to serve families in as culturally-responsive manner as possible, interviewers will, to the extent possible, be matched with families who share their cultural background. As the program serves any family who resides in Hennepin County, this may not always be possible.

Discharge interviews should be conducted within one week of the family discharge from Stabilization Services. They may be conducted in-person, virtually, or via phone call. Following completion of each interview, interviewers will submit the data gathered to Community Research Solutions. Interviewers will be paid a \$100 stipend for each discharge interview completed and submitted and \$50 for each follow-up interview completed and submitted, as well as mileage traveled for in-person interviews. Interviewers will also receive a stipend for required training and meetings.

Interviewers will be paid \$25 for each family for which a caregiver does not respond to interview requests after five contact attempts are made over a one-week timeframe, using all available contact methods (i.e. phone call, text, and email).

Confidentiality

In any evaluation or research project, it is important to protect the rights of participants. For the FRSS evaluation, a wide array of personal information about participants will be collected, such as issues related to mental health and stress. Given the nature of these data, it is especially important to maintain high standards regarding issues such as confidentiality. In this section, we

outline the main procedures that we will use to protect the rights of participants, and outline the procedures that will be followed when we feel that rights to confidentiality should be violated.

Rights of evaluation participants

Participants in any type of research project, including evaluation, have specific rights established at the Federal level. The Belmont Report, published in 1979, outlines basic ethical principles and their application to research in relation to the “rights of human subjects.” Application of these ethical principles includes informed consent, assessment of risks and benefits associated with study participation, and appropriate selection of participants. Participant rights, addressed through informed consent, include study information, protection from harm, voluntary participation, and freedom to make participation choice without threat of consequences. All staff involved with the evaluation of FRSS are expected to maintain the highest standards related to the protection of participant rights. All evaluation team members will receive training and will be expected to comply with all evaluation procedures related to human subjects protection. As a condition of their involvement, all evaluation team members will be required to sign a confidentiality agreement (see Attachment 1.1).

Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act of 1998 (HIPAA) was enacted by Congress in an effort to protect the privacy and confidentiality of private health information. In general, the health and mental health services provided through FRSS are covered under HIPAA, meaning that high standards are in place to protect the rights of the youth and families who receive services. Similarly, all information about youth and families that is obtained through the evaluation activities must be collected, stored, and protected in accordance with this law. This manual outlines implications of HIPAA of most relevance to this evaluation. It is not meant to be a comprehensive description of HIPAA policies or procedures.

While there are multiple components of HIPAA, the greatest implications for this evaluation project can be found in the Act’s Privacy Rule. The Privacy Rule establishes federal safeguards to protect the confidentiality of medical information, such as the mental health information collected in this evaluation. In general, the Privacy Rule requires that we:

- Provide information to participants about their privacy rights and how their information can be used;
- Adopt clear privacy procedures for the evaluation project;
- Train employees and contractors so that they understand the privacy procedures; and
- Limit access to evaluation information containing Individually Identifiable Health Information so that they are not readily available to those who do not need them.

Consequences of non-compliance

To ensure that all parties realize the degree of seriousness that is attached to the disclosure of the protected information, the Privacy Rule contains penalties for non-compliance and illegal disclosure. An individual who fails to comply with the Act can face civil penalties of \$100 per violation, up to \$25,000 per person, per year for each requirement violated. The penalties are higher for individuals who intentionally obtain or disclose protected information in an illegal way. For these disclosures, an individual can face:

- **Federal criminal penalties** of up to \$50,000 and one year in prison for improperly obtaining or disclosing protected information
- **Federal criminal penalties** of up to \$100,000 and up to five years in prison for obtaining or disclosing protected information under ‘false pretenses’
- And, **federal criminal penalties** of up to \$250,000 and up to 10 years in prison for obtaining or disclosing protected information with the intent to sell, transfer or use it for commercial advantage, personal gain, or malicious harm

Policies and safeguards have been established to ensure that all staff involved in the evaluation will comply with HIPAA.

Protected Health Information (PHI)

HIPAA regulations define health information as “any information, whether oral or recorded in any form or medium” that:

- Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; or
- Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

Protected health information (PHI) refers to individually identifiable health information. Identifiable information refers not only to data that are explicitly linked to a particular individual, but also includes data items which reasonably could be expected to allow identification. For example, in some communities or types of data, someone might reasonably be able to guess the identity of a research participant, even if that person’s name or other identifying information was not included. For the FRSS evaluation, the following information is considered to be PHI:

- Information obtained through interviews about health or mental health status, including the results of mental health assessments
- Information about health or mental health services received gathered during research activities (note: even satisfaction surveys are considered to be PHI if they identify a specific individual as having received health or mental health services)
- Information orally communicated to interviewers related to health or mental health (including information about health or mental health services received)

Even if details about mental health status are not provided, simply being identified as having received services is protected information. Therefore, any material that lists people who are participating in the evaluation would also be considered to be PHI.

Procedures for protecting confidentiality and privacy

Basic operating principles

It is important to remember that all information collected by the interviewers is completely confidential. The following procedures will be enacted across the evaluation team to ensure that we maintain confidentiality and are fully compliant with the expectations of HIPAA. First, all evaluation team members are expected to protect the confidentiality and privacy of our participants by adhering to the following guidelines:

- Never talk about the participants to anyone outside the project.
- Never recount “amusing anecdotes” about participants, even if the participants are not identified by name in the story – someone listening in may be able to identify the respondent just based on the story.
- Promptly retrieve evaluation materials containing protected health information (PHI), including the names of participants, from the printer.
- Do not leave PHI in areas in which other people can read them.
- Store all PHI in locked cabinets when they not being used, including overnight.
- Label envelopes used to mail or hand-deliver protected information “confidential.”

Conducting community-based interviews

During interviews, evaluation staff will obtain a wide range of confidential information from parents/caregivers. It will be important to keep this information confidential. Because interviews with parents/caregivers may occur in their homes and other community settings, additional safeguards must be put into place to ensure that their information is kept secure outside of the formal mental health and research settings. The following procedures will be followed by all evaluation staff who conduct interviews:

- Do not repeat information collected during an interview to anyone outside of the initiative’s evaluation team.
- Return the completed interview to the evaluation team within 48 hours, using the online submission portal.
- Never leave PHI in your car unattended.
- Do not store PHI in a place where unauthorized people can access it, including your family members.
- Make sure that no other person hears you leaving messages or talking to families.

Care must also be taken when making arrangements by telephone with respondents. If an interviewer calls a family to arrange an interview, PHI should not be disclosed to any unauthorized person. This means that if someone other than the identified caregiver answers the phone and indicates that the respondent is not available, the interviewer is not permitted to say that they are calling to conduct an interview about their mental health services. Similarly, when respondents return phone calls to an interviewer, it is important that the person answering the phone does not obtain any protected information, including the caller's name, the program they are affiliated with, or any other protected health information.

Scheduling Interviews

Interviewer notice of discharging families

Interviewers will be notified of families who are discharging for Stabilization Services via email. As interviews need to be conducted within one week of discharge, please respond promptly to accept or decline the request. If response has not been received within 48 hours or the deadline indicated in the email notification, the interview will be assigned to another interviewer.

Interviewers may decline an interview for any reason, including lack of time in the required interview period (one week); conducting a number of interviews recently and needing a break; knowing the family, which would make it inappropriate to conduct the interview; or any other reason that you feel would not make you a good candidate for the interview.

Scheduling the interview with the family

Interviewers will be given contact information for the family to reach out to schedule the interview. Families should be given the meeting option (in-person, virtually, or a phone call) and time that best fits their schedule. When scheduling the interview, inform the caregiver of the anticipated time needed to complete the interview and that they will receive a gift card for their time (\$30 for a discharge interview and \$20 for a follow-up interview).

Duration of interview

According to the national evaluation staff, caregiver discharge interviews should take approximately 30-45 minutes. When scheduling the interview, the interviewer should inform the family of the time commitment to avoid conflicts in scheduling. Some interviews may go substantially longer than these average times if the respondent shares a lot of information, or finds the interview difficult and requires breaks. It is recommended that when scheduling the interview, a larger block of time is booked (approximately one hour) so that the respondents remain available if the interview goes longer than anticipated.

Follow-up interviews are anticipated to take 15 minutes to complete.

It is important to remember that families have busy lives and that there are many potentially conflicting demands on a caregiver's time. A family's participation in an interview is a service to the evaluation that requires respect on the part of interviewers and evaluation staff. Making accommodations to meet a family's needs is necessary when scheduling interviews.

Participant concerns

Families may have questions about the interviews and study participation when they are contacted to schedule an interview, or during the interview itself. Some families may be concerned about their participation in an evaluation and the confidentiality of their responses. Questions and concerns should be taken seriously. Additional information about how the evaluators might respond to some common questions and concerns is located in Attachment 1.5.

Interview reminders

Sending out reminders (e.g., by text, phone, or email) to confirm an appointment the night before and/or several hours before a scheduled interview can help minimize missed appointments. This helps ensure that interviews are scheduled within the interview window, and allows for rescheduling, if necessary.

Privacy

Privacy is essential for the validity and confidentiality of the interview. When scheduling interview appointments, interviewers or evaluation staff should:

- Remind participants that interviews are confidential and that it is necessary to conduct the interviews in a quiet, private place where other people cannot hear the interview; and
- Ask the caregiver about available private places in the home so that the interview will not be overheard. This question may prompt the caregiver to arrange for a private space before the interview appointment. Privacy also means that the caregiver is to be interviewed alone.

Interview location

Conduct the interview in a location that is as convenient as possible for the family, which can include via phone or a virtual meeting. The family's home may be the best location for an interview. Depending upon a family's needs, the living situation of the child, procedures related to study enrollment, and travel considerations, interviews may take place at any location that is convenient for the family. As long as the interview is conducted in private, interviews can take place at the agency where intake or services occur, a residential treatment facility, or a location mutually convenient and acceptable for families, interviewers, and evaluation staff. If the family does not wish to be interviewed in their home, a different place can be offered (i.e., libraries, parks, empty offices in the mental health agency, or other quiet locations in the community).

Address and directions

For in-person interviews:

When scheduling an in-person interview with families, address and telephone contact information should be confirmed. Procedures should be in place to update new information received. Interviewers should always confirm addresses when scheduling appointments, as they may have been obtained from intake forms or other study records. Even if the interviewer is able to contact a family by telephone, the family may have moved but kept the same telephone number. The interviewer should get clear directions to the caregiver's home if that is where the interview will be conducted. The interviewer may want to refer to a map while getting directions. In addition, directions are available through *Google Maps* (<https://www.google.com/maps>) or other free Internet services for obtaining maps and directions.

If scheduling a virtual interview, telephone contact and email address should be confirmed.

Interviewer paperwork

When conducting an interview appointment, interviewers need to be prepared, including having an interview packet ready to record the caregiver's responses.

Multiple interview sessions

When possible, interviews should be completed on the same day. If a suitable arrangement cannot be made to complete the interview in one session, interviews can be scheduled across multiple sessions. Efforts should be made to schedule interviews as close together as possible, and all interviews should be conducted within the appropriate data collection window (one week).

Travel to a respondent's home may cover a considerable distance and the interviewer might not be able to make this trip twice. Efficiency in scheduling is therefore desirable. It is easier to get complete information during one meeting than it is to arrange multiple meetings.

Conducting the interview

Establish rapport with respondents

Rapport begins during initial contacts, as well as when scheduling appointments. When going to an interview, the interviewer should be well prepared and should take steps to encourage a positive relationship. These efforts will help make caregivers feel comfortable with the interview. To promote rapport and make sure that the interview begins on a positive note, the interviewer should:

- **Dress appropriately:** Dressing in a way that makes participants feel comfortable is an important consideration. If the interview is conducted in a more formal setting, it may be important for the interviewer to dress appropriately for that setting. However, the caregivers may feel uncomfortable talking to an interviewer who is dressed in a suit, if the interview is conducted in the home. Being formally dressed can also affect interviews with children who may feel less comfortable with someone who appears to be an authority. Dressing too comfortably, however, may lead families to believe that the interviewer or the evaluation is not credible, or that sensitive information shared in the interview is not being taken seriously.
- **Arrive/call/start the video conference on time:** It is important to arrive on time since this shows respect. It is usually better to arrive early and wait in the car/virtual meeting room than to arrive late. Arriving late can also result in situations where the family assumes that the interviewer is not coming and then leaves before the interviewer arrives. If there are delays, it is important to communicate these to the family. Clear communication promotes trust and respect.

Cultural sensitivity

How best to establish rapport with families may differ considerably across communities and cultures. The interviewer should take into account the perspective of the respondent when beginning a discussion that involves sharing personal information (the interview). Being aware of the history, tradition, and practices of the individuals to be interviewed is important when determining appropriate protocols for a particular community. The evaluation involves interviews with individual caregivers and children, but the way these interviews are carried out should be shaped by the culture in which they are conducted. For example, some families may be wary of evaluations or research. Evaluation protocols should include ways to address these concerns to make families more comfortable with the evaluation.

The gender of the interviewer and respondent may also need to be considered in relation to cultural norms. For example, in some cultures, male members of a household may not wish for their wives to be alone with another male and therefore would not want their wives interviewed alone by a male interviewer. Women may not want their husbands alone with a female interviewer. Assessment and planning about interview procedures can reduce possible problems. Cultural customs may include time for hospitality and personal discussion. While some time for informal discussion occurs in any interaction with families, interviewers may want to set some guidelines around these interactions. It is important to find the right balance between participant needs and evaluation needs.

Understanding family and cultural needs is best achieved by involving families in the evaluation through advisory boards and focus groups, and as staff. If questions or concerns about cultural sensitivity in the interview process or other evaluation protocols arise, interviewers are encouraged to discuss these issues with the evaluation team members.

Getting started

Before beginning the interview, it is important to spend some time helping the caregiver feel comfortable with the interviewer, explaining procedures, and answering questions. Jumping right into the interview might suggest that the interviewer has no real interest in the participant and is only interested in getting the job done. It is also important to spend some time clarifying the evaluation and interview process. Before beginning the actual interview, interviewers may want to:

- Make small talk for a short time.
- Tell the person that all the families in the evaluation will be asked the same questions.
- Remind the person of the confidentiality of the information.
- Answer questions and address any remaining concerns.
- Go over the interview process with the participant, explaining that the interviewer will have to ask the questions exactly as worded; that most questions require the respondent to answer with “yes” or “no,” or to choose from multiple answer categories; and that a limited number of questions require a more extensive explanation from the respondent.
- Tell respondents that it is very important that they ask for clarification when they do not understand the question.

Informed consent

During the intake process to Stabilization Services, caregivers signed a consent form agreeing to data collection for evaluation purposes. Only those families who consented to the evaluation will be referred to interviewers to set up discharge and follow-up interviews.

While families have consented to data collection, they may withdraw their consent at any time, for any reason. If a caregiver decides mid-interview to stop answering questions, they have the right to do so. The interviewer may ask questions about why the caregiver has changed their mind, in order to allay concerns (such as about confidentiality). However, the interviewer should proceed with caution as no caregiver should ever feel pressured to continue answering questions if they don't want to.

Interview format

In order to ensure consistency in instrument administration, all data collection instruments are administered in interview format. This is also important since respondents' reading levels may vary.

As the interviewer goes through the interview package with the respondent, it is important to read the instructions at the beginning of each instrument to orient the respondent to the next set of questions. For example, instead of saying, “Now I will administer the Functioning section,” the interviewer can say, “Now I'm going to ask you a few questions about your child's behaviors and emotions in the past 30 days.”

Controlling the interview process

Conducting an interview requires achieving a balance between what the interviewer needs to accomplish (conduct the interview) and what participants may want to share. The interviewer should keep in mind that he or she is the one in control of the interview and will need to play an active role in the way the interview progresses.

Many interviewers find that the most effective way to complete each interview is to combine a friendly attitude with a businesslike sense of purpose. Exhibiting too much friendliness or concern about the respondent's personal matters may actually lead to obtaining less information, or could bias the information obtained. Participants sometimes look to interviewers for advice or comment on personal situations. An interviewer may also feel sympathy for a respondent's situation, or have a personal or professional opinion about what the respondent says. It is important for interviewers to remember that in their data collection role, it is inappropriate to offer advice. The interviewer may not be fully informed about a situation and may cause harm by providing an opinion. Even professional counselors need to be aware that when they conduct an interview, they are "wearing their interviewer hat" and need to stay in that role. In addition, offering opinions on a respondent's personal situation may bias the answers to interview questions. The respondent may want to please the interviewer with the answer given.

In striking a balance between the interview and other communication, it is also important to consider the length of time required for the interview. Interview questions may trigger memories and lead participants to want to tell stories about things that have happened to them. It is very difficult to discourage conversations of this sort completely, particularly during a long interview. Diverging from the interview for long periods of time can also change the nature of the interview experience and the information that is communicated. In the interest of time and the quality of the interview, the interviewer should make efforts to keep the interview on track. If the participant wishes to talk about his or her experiences, the interviewer can say something like, "While we need to move ahead with the interview, there will be time at the end of the interview to talk."

The interviewer may need to consider what the caregiver is communicating. Perhaps the family needs some kind of help that they are not getting, or is experiencing some sort of crisis. To address this situation, please provide the caregiver with the list of procedures and resources that is part of each interview packet. Interviewers should be prepared to handle these types of situations, but also minimize the extent to which this type of information is discussed during an interview.

If respondents get upset

If the respondent gets upset by a question, the interviewer should be prepared to take a break to give the respondent a chance to regain composure. The interviewer may want to ask whether the respondent needs a break or a drink of water, or may want to offer a tissue (if in person). Given a little time to pull themselves together, people generally have their own inner resources to do so. In most cases, respondents will calm down in a short time and will let the interviewer know they are ready to continue. Asking gently if the respondent wishes to continue may also help the

interviewer decide whether to stop the interview for that day and continue at another time. Respondents generally prefer to make this decision themselves.

To break up the monotony and refresh interest in the interview, interviewers may want to try some of these strategies if the caregiver becomes tired, agitated, or restless:

- Let the youth know that his or her cooperation so far is appreciated;
- Take a short break to stretch or walk around;
- Suggest a drink of water;
- Use humor to change the tone of the interaction;
- Report progress and tell the caregiver how far the interview has progressed;
- Provide positive feedback;
- Ask if anything is bothering the caregiver; and
- Provide reassurance about concerns.

Provide assurances about confidentiality

The questions asked during the interview may make the caregiver uncomfortable. The interviewer may need to reassure them that these same questions are asked of all participants. The interviewer can reassure that the caregiver is doing fine, that the interviewer will not report their responses directly to providers, and that they will be combined with other family's responses to create aggregate data about how the program is working. The interviewer should not insist on continuing if the caregiver is clearly upset, but should try to reassure him/her. If necessary, the interviewer should reschedule for another time to finish the interview.

Adhering to reporting requirements

During interviews, interviewers may learn about youth or caregiver experiences that they feel are significant enough to potentially violate their confidentiality. For instance, an emergency situation may develop in which law enforcement or other emergency personnel should be contacted. In some cases, confidentiality may be violated due to a risk or threat of harm either to or by a respondent. If an interviewer is a mandated reporter, they may learn about violence in the home that they feel must be reported. A caregiver may report experiences that occurred during services that seem suspicious or dangerous. If one of these situations occurs, in which the safety of the caregiver or their child is in danger, an interviewer should reach out to the evaluators to determine how to proceed. Safety concerns are circumstances in which confidentiality may need to be breached to protect the safety of individuals.

Attachments 1.2 – 1.3 provide guidelines for dealing with each of these situations. All interviewers should have copies of these procedures available to them during interviews and are expected to follow the procedures explicitly throughout their involvement with the evaluation.

Violation of confidentiality in emergency situations

In the course of conducting evaluation activities, it is possible that evaluation team members will encounter emergency situations. For example, assistance may be required if someone is injured or needs immediate assistance in dealing with a crime or other emergency. In these situations, it is expected that interviewers will contact emergency personnel for assistance, such as the police, even if this contact will require a disclosure of confidentiality information. It should be noted that emergency personnel should not be contacted if there is not an existing or imminent risk of harm. For instance, if an interviewer learns that abuse has occurred in the home some time ago, but is not taking place during or immediately prior to the interview, this disclosure would not constitute an emergency. Attachment 1.2 outlines the procedure for making an emergency disclosure.

Violation of confidentiality due to harmful or potentially harmful situations

In addition to emergency situations, there may be other situations encountered during the evaluation in which a violation of confidentiality is warranted. Most notably, there may be situations in which a youth or caregiver reports a situation in which they are at risk of harming themselves, harming others, or being harmed by others. This may be especially likely to occur as interviewers build rapport with youth and caregivers. As participants become more comfortable with the evaluation staff, they may share that they have thought about harming themselves or others, or that they are being victimized by someone else.

As evaluators, we are not legally required to investigate or further assess statements or actions that seem dangerous, nor would it be appropriate for us to do so. However, for ethical reasons, it is important that harmful situations be addressed in some way. These situations should not be encountered frequently, since clients should be in contact with their care team facilitator and service providers on a regular basis. However, all evaluation staff should be aware of their responsibilities in case these types of situations emerge.

If the risk of harm is imminent (e.g., if the participant is behaving in a violent manner), the staff should contact emergency personnel using the procedure outlined in Attachment 1.2. If the risk is not immediate, evaluation staff should follow the situation outlined in Attachment 1.3. In distinguishing between emergency and non-emergency situations, consider the following criteria:

- **Ideation** – Thoughts or feelings about hurting oneself or others. Suicidal and/or homicidal ideation is not that uncommon and does not necessarily indicate a serious threat of harm on its own.
- **Intent** – A decision is made to hurt oneself or others and there may be a plan to carry out this intent. Intent should be taken seriously.
- **Plan** – A strategy for self-harm or harm of others is decided upon. The presence of a feasible plan indicates a serious risk of harm.
- **Access** – the ability to carry out the plan. If access accompanies ideation, intent, and plan, the client should not be left alone and emergency services should be notified.

Violation of confidentiality due to serious complaints about services

In addition to potentially harmful situations, it is possible that youth or caregivers may report negative treatment on the part of service providers. It is expected that youth and families will receive high-quality services through FRSS. While their satisfaction with these services may vary, we do not anticipate many significant complaints. However, previous evaluations of mental health services for youth have sometimes yielded significant concerns that may warrant further attention. If youth or caregivers make serious allegations about a program (e.g., neglect or abuse at the hands of program staff), they should be asked if they would like to file a grievance. Evaluation staff are not responsible for investigating allegations, only for documenting and forwarding client/caregiver grievances (see Attachment 1.4).

Important interviewing techniques

Using good interviewing techniques helps ensure the quality and completeness of the data collected. Listed below are some techniques used with good success in many research efforts.

Maintain accuracy

Ask each question exactly as it is worded in the questionnaire. The validity and uniformity of the final results depend on all interviewers asking the questions in the same order and in the same way. Avoid changing the wording of any question, since the respondent's answer is prompted by the words in the question, and a change in wording can easily produce a different response from the participant. Avoid "leading" the respondent by adding, deleting, or changing words in questions that might indicate an answer they expect to hear. Even slight changes that do not seem to make any difference should be avoided.

Remain impartial

The interviewer's own objectivity about the questions will be the best method for putting the respondent at ease and for making him/her feel free to give honest answers. Do not indicate a personal opinion about answers received to questions. Interviews must also be aware of his or her own facial expressions and tone of voice.

Do not rush

Read each question slowly and in a clear, distinct voice. If questions are asked in a confident manner, the respondent should consider the questions to be reasonable. Be sure to read the entire question. If the respondent gives an answer before the question has been read, the interviewer should finish the question.

If the interviewer rushes through the questions, the respondent may assume that the interviewer thinks the questions are unimportant or embarrassing, and may assume the same attitude. A slow, deliberate pace gives the respondent time to understand the full scope of the question and to formulate a careful reply. An interviewer may read too quickly for several reasons. Perhaps

the interviewer's natural way of speaking is on the brisk side, or perhaps the interviewer has begun to hurry up because time is running short. If the interviewer seems to hurry through the questions, there is a tendency for the respondent to hurry, too. This may lead to a pattern in which the interviewer asks the next question before the respondent has quite finished the previous answer, or the respondent starts his answer before the interviewer has finished the question. Although the interviewer will become quite familiar with the questions, the interviewer must remember that the respondent should be given a chance to understand and to respond to every question as accurately as possible.

Speak clearly

Interviewers need to be heard and understood. They should consider whether they are speaking clearly, and whether their voice is too loud or too soft.

Read questions with some spirit

The interviewer needs to convey that the information from the participant is important. One way to accomplish this is to look up at times and make eye contact with the respondent.

Listen carefully

The interviewer should listen to the respondent until the respondent finishes answering. Failure to do so can result in making incorrect or incomplete entries. The interviewer should not “tune out” the respondent if he or she continues to speak while the interviewer is recording an answer. The information being given may serve to clarify the answer or even change the meaning of the answer. The interviewer should not interrupt the respondent before he or she has finished, or when the respondent hesitates. A respondent often hesitates when trying to remember some fact, and the interviewer should allow sufficient time for this. Also, people will sometimes answer “I don't know” at first, when actually they are merely considering the question. When the interviewer believes this is the situation, it is best to wait a moment before repeating the question or probing.

Be aware of body language

In addition to listening carefully, it is often helpful to pay attention to the respondent's body language. The interviewer may notice that the respondent did not fully hear the question, got distracted, is getting restless, is not really paying attention, and so forth. In these situations, the interviewer may want to pause the interview to find out whether the respondent needs to take a break, or needs the question repeated. The respondent may need to attend to something urgent in the household and will be better able to concentrate after attending to that task. Sometimes just a small break will help to bring focus back to the interview.

Follow the order of the items in the instrument

The order in which the questions are presented is important. Not following the order of the questions as specified, may affect the way the respondent will answer questions and may alter the nature of the interview.

A separate document will be shared with you which details instructions for the questions that are required by the funder (SAMHSA). That document provides information on each of those questions, including who the data should be collected from and when, response options, the intent behind each question asked, etc. This document has been simplified to only pertain to the questions that will be asked in the discharge interview, so some pages that are not related to your role are missing. If you have questions about anything contained in that document, please contact Cheryl or Lisa.

Clarify duplicate questions

Because there are multiple instruments in the interview, a few of the questions may seem similar. Questionnaires that gather information about a particular construct often include several items related to that construct. The interviewer should not skip questions that seem similar. It is up to the respondent to provide the answer, and slightly different wording may elicit different responses. Generally, when questions are similar it is because the questions belong to standardized instruments and cannot be removed from a sequence of questions. If the respondent raises a question about the similarity, the interviewer may want to acknowledge that the question is similar but that an answer to this question, which is somewhat different, is also helpful. The interviewer can acknowledge that there is a similarity and is aware of the previous answer.

Offer all applicable answer choices

For questions that instruct the interviewer to read the answer choices, the interviewer should read the entire list of choices and then ask the respondent to choose an answer from the list. If the participant responds before the interviewer has completed the list of choices, the interviewer can ask the respondent to wait until all the responses have been read so that they are aware of all of their choices, and then ask again for the respondent's answer. It is important that the respondent hears all the possible options. Also, the interviewer should never assume from what the respondent may have indicated that only some of the answer choices would be appropriate.

Probe when necessary

The objective of the interview is to have the respondent answer the questions with responses that fit the answer categories. If the interviewer gets an answer that is unclear or that does not fit one of the answer choices, the interviewer will need to "probe" either for an answer that fits an answer choice, or for a clearer sense that the answer simply does not and cannot fit. (If the answer does not fit, this can be noted in the margin on hard copy, in the notes field on the computer-assisted interview, and during data entry.)

To probe, the interviewer should read the question once again exactly as written. The respondent may not have fully heard the question the first time, or may need a chance to get a clearer picture of what is being asked. If repeating the question does not produce a clear answer that fits easily into one of the answer categories, the interviewer should proceed by probing in a manner that does not lead the respondent into choosing one answer over another. For instance, for questions that require a number as an answer, the interviewer should guide the respondent into narrowing down to a specific figure if the respondent is having difficulty responding with a specific number. For questions that require a “yes” or “no” response, but the caregiver would like to answer “sometimes,” ask them which of the two answers (yes or no) is true more than half of the time.

Using “Refused” code correctly

Interviewers should clearly understand when “Refused” is an appropriate answer choice. Interviewers should also understand when to use the code for missing data.

- **Refused:** Respondents may occasionally refuse to answer a question because it was misunderstood. Reading the question again may clear up any confusion. Repeating that anything said will be kept confidential may also help a respondent feel more comfortable with answering the question. Since respondents have the right to refuse to answer a question, it is also important to respect that right.

Get clear, appropriate answers to open-ended questions

In some cases, when asking open-ended questions, interviewers may need to probe for better information by asking questions such as “I’m not sure I understand; can you tell me more?” or “Can you explain that?” For some open-ended questions, interviewers are asked to record exactly what the respondent said. Interviewers should not substitute technical jargon when recording these responses. For example, the respondent may tell the interviewer that he or she is treated with medication because he or she has difficulty concentrating and sitting still. The interviewer should not write down that the respondent is treated with medication for hyperactivity, but should record exactly what the participant said.

Note when questions were reworded

If the respondent really does not understand a question and the interviewer must explain a part of the question to make the question understood, the interviewer should make a note in the margin next to the question indicating how the question was reworded. For instance, if the caregiver does not understand the word “dawdle” and the interviewer substitutes “walk very slowly” for this word, the interviewer should write this substitution next to the question and inform the evaluators of this.

Record answers and notes carefully

Responses to all interview questions are important, and any “gaps” in the data from missed questions or unreadable answers hamper the ability of local and national evaluation staff to draw accurate conclusions from the data. Interviewers should be careful not to circle more than one code when scoring answers. Attention should also be given to recording verbatim answers so that they can be understood by evaluators. What may be perfectly clear to the interviewer may not be clear to the person reading the data. If interviewers use shorthand techniques such as initials to record responses, it is important that they type out the meaning in full when editing the interview for submission. If respondents use abbreviations in their responses, interviewers should ask the respondent to explain what these abbreviations mean rather than making assumptions about their meaning.

Keep the interview on track

The interviewer must remember that the primary task is to collect data. The interviewer needs to remember that he or she is in control of the interview and may need to exercise this control by purposefully guiding the respondent back to the interview questions. Memories or stories that are triggered by interview questions or other issues can lengthen an interview considerably. Also, asking personal questions, even in a structured interview, can lead the respondent to feel that the interviewer is interested in other personal matters. It is the interviewer’s task to lead the person tactfully back to the question at hand by making remarks such as “Yes, but (repeat the question)” or “To return to the question” without making the person feel rushed.

Respondents may not know what is expected of them in the interview. They may think that interviewers want as much information and detail as they can give, whereas, in fact, they only need to choose between several answer categories. At the beginning of the interview, it is important to review how the interview will be conducted and what kinds of answers are expected. Even if respondents want to give more details than are needed, if they are told in advance what they are to do during the interview, it will help bring them back to the questions if they drift. Respondents may also feel foolish when they discover that all of the detail they shared was not needed.

Provide positive reinforcement

Provide positive reinforcement for participating in the interview process, staying on task, and finishing the portion of the interview completed thus far. However, do not reinforce actual answers (be neutral in reaction) or personal opinions expressed by the respondent.

Recording interview responses

For most instruments in the package, certain standard conventions are used to guide interviewers through the interview questions. Use of these conventions will facilitate data entry, cut down on data entry errors, and reduce the time spent cleaning the data.

Interviewers should not create answer choices that are not present on the interview questions. For instance, if a question asks for a “yes” response or a “no” response, they should not code any answer as “maybe.” If a parent cannot decide, ask the question again and ask which answer they lean more to or is true more than half of the time.

Closing the interview

Review interview package for completeness

Before closing the interview, the interviewer should quickly review all sections of the interview package to make sure that responses to all applicable questions have been obtained. The interviewer should also let the family know that he or she may need to call later, in case he or she forgot to ask something during the interview or to obtain clarification.

Complete and/or provide applicable forms

In closing, the interviewer will need to verify the family’s email address information to receive their gift card incentive. Contact information should be confirmed or updated, and corrections noted. If the interview is conducted in person, the family’s address should be verified to fill out applicable forms (e.g., interviewer stipend and mileage forms).

Thank respondents

Interview protocols should include thanking respondents and answering any final questions. It is important to respect the amount of time families have set aside for the interview appointment, and the willingness to share sensitive information. Positive, respectful interactions with families will help keep families interested and engaged in the evaluation. Although interviewing may become routine to interviewers, participating in an evaluation interview is unique for respondents, and answering sensitive questions can sometimes be unsettling. In addition to verbally thanking respondents, let respondents know that they will be receiving their gift card incentive by email (if interview is conducted by phone or videoconference).

If an interview is conducted in person, interviewers will provide the caregiver’s gift card incentive at that time, after signing two copies of the Incentive Receipt form (Attachment 1.7). The caregiver keeps one copy, and the interviewer submits the other copy to the evaluators.

Reviewing interview materials

Before turning in the completed materials, the interviewer should review the interview package to check for any missing or incomplete data. Before submitting interview data online, interviewers should conduct a final check by asking themselves the following questions:

- Have the appropriate questionnaires been completed?
- If hard-copy questionnaires were used, is the handwriting legible on open-ended responses (so that you can submit the response)?

- Have all necessary questions been completed and all skip patterns been followed?
- Have appropriate notes been made to explain unusual responses?
- Have all corrections been made?
- Is the child identification number (Youth ID) clearly indicated?
- Are all the forms (e.g., NOMs, incentive receipt, etc.) filled out?

If data are missing, the evaluators may need to contact you or the family to obtain missing information. Families can be re-contacted by telephone, text, or email. In any case, it is always easiest to obtain complete information during one appointment with a family, and good procedures during that meeting can minimize the need for later follow-up contacts.

The interviewer *should not ask any other family members for answers to questions that should be asked of the respondent*. This applies even to those questions that are basic and straightforward (e.g., what is the participant’s birthday). It is important that information be collected from one respondent. More importantly, the respondent who signed the consent form is the one who agreed to participate in the evaluation. Interviewers will be informed of which caregiver(s) agreed to participate; it is expected that interviewers complete the interview with only one of those who consented. Talking to other family members about an individual’s participation, or asking for personal information for the purpose of the evaluation, is a violation of the respondent’s right to privacy and guarantees of confidentiality given in the informed consent process. Family situations can vary tremendously, and evaluation staff need to be sensitive to participant rights. In addition, violations of trust are likely to lead to withdrawal from the study.

Making annotations

If a respondent gave an answer that did not make sense to the interviewer and clarifications do not make the answer better or clearer, or if answers present other problems for the interviewer, these problems should be noted on the questionnaire by writing a brief explanation of the problem next to the actual question that is causing the problem.

Some questions may not be able to be reworded as they come from instruments required of the federal funder, the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration (SAMHSA), which prohibits the rewording of their questions.

Submitting materials to the Community Research Solutions

Once an interview has been conducted, it is important to forward it to the evaluators right away. Keeping completed evaluation materials lying around for too long delays data entry (which is important to the timelines imposed by the national evaluation), increases the likelihood that a family’s confidentiality will be violated, and delays payment to interviewers. For this reason, it is expected that interviewers will submit completed interviews within 24 hours. If an interviewer realizes that they need to follow-up with a respondent to gather missing information, this should be done before the interview is returned to the evaluators. Interviewers will submit data through the online portal. Keep the paper record until after you have received payment for the interview.

After payment is received, the paper copy should be destroyed, either by being shredded or burned. Please do not place interview packets in the garbage.

Once a completed interview is received, the evaluators will review the data collection materials. This review will be used to ensure that: (1) all required forms are completed; and (2) annotations and other written information is clear and legible. If the interview is not complete or legible, the evaluators will return the interview to the interviewer for correction. The interviewer will obtain or clarify the needed information and return the corrected information to the evaluators.

The materials submitted to Community Research Solutions each week should include all completed interview data.

Interviewer review of data

By the point that all data collection forms are ready for data entry, all responses should be clearly marked with the caregiver's responses.

The interviewers will be responsible for ensuring the correct data collection forms have been submitted and skip patterns are followed appropriately. If errors or inconsistencies are found, the evaluators will contact the interviewer to clarify a response. In situations in which an incorrect form was used, the evaluators will return portions of the interview packet to the interviewer to be completed.

The evaluators will also respond to notes, questions, or concerns made by the interviewer regarding interpretation of responses or administration of the survey instruments. If ongoing data collection errors are noted, these issues may be addressed through meetings with evaluation staff or additional interviewer training.

Payment for interviewers

Each week, the interviewers will submit online to the evaluators the following information:

- Data for all interviews completed during the past week, by Youth ID
- Information about all interviews scheduled for the upcoming week, by Youth ID
- Problems or concerns with scheduling interviews
- Information about any costs expended during interviews, such as mileage or parking (receipt required for parking reimbursement)

Information submitted will be cross-referenced with interview data submissions to pay interviewers. Payment will only occur for complete, submitted interviews, so please ensure that all interview data is submitted as quickly as possible.

Interviewers will receive \$100 for each discharge interview and \$50 for each follow-up interview for which complete data is submitted. In addition to their payment for the interview, interviewers will receive compensation for their mileage at the federally-approved rate.

Interviewers will be paid \$25 for each family for which a caregiver does not respond to interview requests after five contact attempts are made over a one-week timeframe, using all available contact methods (i.e. phone call, text, and email).

An online invoice form will also be used request payment for completed interviews, families for which attempts were not successful or the caregiver declined, and stipends for participation in training activities and evaluation team meetings (as requested by the evaluators).

Invoices are due on the 15th and last business day of the month for any interviews/attempts completed since the previous due date. Please fill out all relevant information on the invoice to avoid delays in payment.

Payment will through either Zelle or a check issued by the Community Research Solutions, based on the interviewers preference. Stipends for invoices received will be issued within three business days following the deadlines of the 15th or the last business day of the month. If you miss a deadline, the submitted invoice will be processed following the next due date.

Supervision and coordination of evaluation team members

Ongoing communication between all evaluation team members will be an essential component of the evaluation's overall success. As the evaluation is launched, all evaluation staff may be asked to participate in periodic conference calls and other ongoing communication to address issues that arise, such as logistical challenges or working through difficult interviewing scenarios. This initial communication plan will be adjusted to meet the changing needs of the evaluation staff throughout the project.

Coordination between interviewers and the lead evaluator

Updates regarding the assignment and scheduling of evaluation interviews will be conducted primarily via email. However, phone calls may also be necessary to work through logistical issues.

If interviewers are unable to contact a family after five attempts or otherwise learn that the contact information is incorrect, the evaluators should be notified so that alternative contact information can be obtained as soon as possible. Rescheduled interviews should also be reported to the evaluators immediately.

As issues arise for which interviewers need additional support or guidance, interviewers are encouraged to reach out to Cheryl or Lisa by phone, email or calendar meeting request to discuss how to proceed.

Coordination among all evaluation staff

Additional training may be used to address problems that arise, work through logistical issues, receive feedback on the interviews being submitted to Community Research Solutions, and/or to enhance coordination between evaluation members. On an as needed basis, additional training will be provided to interviewers.

Evaluation team confidentiality statement

I, _____, understand that I will have access to personal information provided by persons involved as participants in the evaluation of Family Response and Stabilization Services (FRSS). As a member of the FRSS evaluation, I recognize that I have an obligation to protect the confidentiality of the information acquired in the conduct of this evaluation, and that I may disclose information so acquired only with the consent of both the lead evaluator and the individual(s) who is (are) the source of the information and/or whom the information concerns. I agree to comply with all requirements regarding the protection of confidential information and the circumstances under which disclosures may be made. My signature below indicates my acceptance of the obligation and restriction on disclosure set forth below.

Signature

Date

Printed Name

Procedure for making emergency disclosures of confidential information

In the course of conducting evaluation activities, it is possible that evaluation team members will encounter emergency situations. For example, assistance may be required if someone is injured or needs immediate assistance in dealing with a crime or other emergency. In these situations, it is expected that evaluation staff will contact emergency personnel for assistance, even if this contact will require a disclosure of confidential information. It should be noted that emergency personnel should NOT be contacted if there is not an existing or imminent risk of harm. For instance, if an interviewer learns that abuse has occurred in the home situation some time ago, but is not taking place during or immediately prior to the interview, this would not be considered an emergency.

If an evaluation staff member encounters an individual who is in an emergency situation, the following procedure should be followed:

1. If evaluation staff are interacting with an individual who is in an emergency situation that staff member should contact 911 immediately. This includes emergencies due to abuse, neglect, or domestic violence. The information provided to law enforcement regarding the situation should be limited to the minimum necessary to obtain assistance.
2. If a disclosure is made, the caregiver should be informed of the disclosure immediately, or as soon as it is appropriate.
3. If a staff person is not sure whether a call to 911 for a specific situation, they should contact Cheryl Holm-Hansen or Lisa Melquist.
4. If a disclosure is made, it should be documented immediately using the Disclosure Report form (Attachment 1.3).

Procedure for making disclosures of confidential information due to risk/threat of harm

During an interview or other contact with caregivers, it is possible that they will provide information suggesting that they are at risk of harming themselves, harming others, or being harmed by others. If you have concerns about these types of risks during an interview, complete this checklist and follow the recommendations at the end.

Child/youth name: _____ Unique ID: _____

Interviewer name: _____ Date of interview: _____

Section 1: Suicidal ideation

1. Was suicidal thinking or behavior reported during this interview?	YES	NO (skip to sec2)
2. Did their responses to the interview indicate that they had these suicidal thoughts in the past, but do not currently feel suicidal?	YES	NO (skip to sec2)
3. Are treatment providers aware of their suicidal thoughts or behaviors? (Ask if you are unsure)	YES	NO
4. IF REPORTED BY A CHILD: Are caregivers aware of the child's suicidal thoughts or behaviors? (Ask if you are unsure)	YES	NO
5. Did you tell the caregiver/child that we might have to tell his/her treatment providers about this?	YES	NO
6. Is the situation urgent (e.g., the participant currently appears very suicidal and treatment providers and caregivers are unaware of the situation?)	YES	NO

Section 2: Physical or sexual abuse

7. Was physical or sexual abuse observed during this interview?	YES	NO
8. Was physical or sexual abuse reported during this interview?	YES	NO (skip to sec3)
9. Are treatment providers aware of the physical or sexual abuse? (Ask if you are unsure)	YES	NO
10. Has there been an official report made to anyone about the abuse (child protection, police, etc.)?	YES	NO

11. IF REPORTED BY A CHILD: Are caregivers aware of the abuse? (Ask if you are unsure)	YES	NO
12. Did you tell the caregiver/child that we might have to tell his/her treatment providers about this?	YES	NO
13. Is the situation urgent (e.g., there is current unreported abuse reported by the child or caregiver or observed by you?)	YES	NO

Section 3: Threats of harm to others

14. Did the caregiver/child indicate a desire to hurt or cause physical harm to another person?	YES	NO (skip to sec4)
15. Are treatment providers aware of their threats? (Ask if you are unsure)	YES	NO
16. IF REPORTED BY A CHILD: Are caregivers aware of the child's thoughts or behaviors? (Ask if you are unsure)	YES	NO
17. Did you tell the caregiver/child that we might have to tell his/her treatment providers about this?	YES	NO
18. Was a threat of harm made against a specific person?	YES	NO

Section 4: Other

19. Were there any other issues of immediate concern reported during the interview (e.g., fire setting, serious threats of violence either to the child or by the child)?	YES	NO (skip to end)
20. Are treatment providers aware of this? (Ask if you are unsure)	YES	NO
21. IF REPORTED BY A CHILD: Are caregivers aware of the child's thoughts or behaviors or experiences? (Ask if you are unsure)	YES	NO
22. Did you tell the child caregiver/child that we might have to tell his/her treatment providers about this?	YES	NO
23. Is the situation urgent (e.g., fire setting that could cause damage or was intended to cause damage, specific and/or immediate threats of serious violence)?	YES	NO

If the answer to question 6, 13, 18 OR 23 is "YES"

If there is evidence of a situation that may require urgent intervention, call or email Cheryl Holm-Hansen immediately after the interview. Cheryl can be reached at (612) 644-2463 or evaluation@community-research.solutions. If you cannot reach Cheryl, contact Lisa Melquist at (612) 760-2151 or evaluation@community-research.solutions. When you reach them, describe the situation and provide contact information for the family. Complete a Disclosure Report form and submit it, along with this checklist, to evaluation@community-research.solutions, along with the completed interview.

Other situations requiring disclosure

If the situation is not urgent, but you are worried about suicide, abuse, harm to others, or other situations, complete the above instructions within 24 hours after the interview.

Procedure for filing grievances about services

Occasionally, during an interview, a respondent may mention some concerns or grievances to an interviewer. If a respondent believes that a client has been neglected, abused, or otherwise mistreated during his/her service episode, the interviewer should complete this checklist. Some examples of situations that may warrant filing a grievance include:

- The respondent expresses concerns about bruises that have appeared following services
- The respondent feels that service is inadequate or failing to meet the client's needs
- Behavior of staff person providing services appears to the respondent to be improper or suspicious

Evaluation staff are not responsible for investigating these claims, nor would it be appropriate to do so. If these experiences are reported, we can forward the claim to others within the system of care for follow-up, etc. If complaints are made, please complete the following checklist.

1. Is the caregiver/youth willing to make a complaint directly to the agency/program staff?

NO (Go to question 2)

YES (Encourage them to contact program staff; no further action necessary)

2. Is the caregiver/youth willing to make a complaint directly to the project director, Asad Dahir?

NO (Go to question 3)

YES (Encourage them to contact the project director and provide his contact information; no further action necessary)

3. Is the caregiver/youth willing to waive their right to confidentiality so that we can file a grievance on their behalf?

NO (No further action necessary)

YES (**Complete reverse side of this form**)

Description of complaint

Agency/program: _____

Specific staff person (if known): _____

Child/youth name: _____

Caregiver name: _____

Contact information for parent (or youth age 18 or older): _____

Nature of complaint

Signature of person conducting interview

Today's date

Suggested responses for handling family objections to participating in evaluation

Occasionally, participants may express objections, complaints, or criticisms about participating in the interviews. It is important these issues be addressed promptly and accurately. *Objections, complaints, and criticism should be taken seriously.* Participants who are contacted have signed informed consent forms. The Informed Consent form is like a legal contract that is binding for the evaluation, but the participant can stop at any time even though they have signed the form. Below are some common objections and responses to help you successfully respond to objections that may arise.

We have no time to do this!

If approximately 1 hour is too long, the packet can be broken up in shorter sessions. While splitting up the interview is not ideal, it is preferable to the family declining being interviewed.

The caregiver does not live here anymore. I don't know anything about this!

Is the youth still living there in the home? If the youth is still there, it is important first to find out the legal caregiver of the youth. If the identified caregiver is still the legal guardian, find out how to contact that person without providing too much information about why. If you call or visit a home and the person participating is not there, you should not explain to those who are there the details of the family's participation in a study connected with mental health services. It is best to reveal as little as necessary. Further questions should be asked of the youth's legal guardian, or the youth if the youth is of legal age. The interviewer may need to find out why the caregiver is not living there any longer in order to find out who to interview as the caregiver. It is important to know who most often looks after the youth at the present time (the primary caregiver). This could be the father, grandmother, aunt, etc. If the person on the phone or at the door is not the legal guardian, the interviewer should not proceed with the consent or the interview and will have to explain to the person that he/she will call/come back another time. The lead evaluators will determine whether the interviewer can interview a new caregiver. It is important to always keep in mind the protection of the evaluation participant's confidentiality.

My child is not sick!

Fortunately, most children are not. We are just as interested in families and children who don't have challenges any longer, as we are interested in families and children who still have challenges. We want to learn why some children keep having challenges, but we also want to learn why in some children challenges disappear. We are interested in all children regardless of their current circumstances.

What is this all about anyway?

We are interested how services can be delivered to families in the best possible way. We would like to talk to you to learn more about your experiences and opinions to be able to see if the way services are delivered may improve children's functioning and how they feel.

Will the school get the information about us?

No, everything you tell us is confidential; the principal and teachers will not be informed of what you or your child says.

Are you connected to the police, court, IRS, welfare office, etc.?

No, we work for the FRSS initiative. We do work that has to do with children and families. We are not connected to _____, and all the information we gather has no bearing on your involvement with _____.

Who funds this research?

The research funded by the Federal Government. [If the person wants more detail]: The specific agency that funds the evaluation is the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration.

Will I be able to see the results?

We write reports on our findings. These reports are public, but it will be quite a while before they are available. Of course, we will not discuss individual participants or families in these reports. No information you give will be able to be traced back to you.

What will you do with the information?

In the end, we hope to have a better understanding of the way services should be delivered to children in need of help with emotions and behaviors and what works the best. This may help parents, teachers, doctors, people working in the clinics, and policymakers in how to provide better services.

Why do you want to pry into my life?

We really don't mean to pry. Your experience as a caregiver is valuable to us, and you are the expert on what it is like to bring up children like (name of child). We would like to learn from you. That is why we need your help.

I don't want you to come to my home.

That is no problem. We can meet anywhere you suggest, like a library, community center, McDonald's, or we can meet at the office [this could be the program office or the office in which the evaluation resides.]

It is not enough money.

We know it is not much money and we are sorry we can't offer you more. We realize you would have to sacrifice some time for this, but we would hope that you would be willing to help us anyway.

Another relative says the caregiver does not want to do it.

I respect that, but I would like to be able to talk to the caregiver personally. [It is important for us to understand what the reasons are for not wanting to do it.]

The caregiver says his/her partner does not want him/her to do it.

It is an important study, and we would like as many people as possible to participate. Would it help if we talked to your partner?

I don't want to answer some of the questions that you ask.

Is there a specific reason why you do not wish to answer this question? If so, I would like to reassure you that all the information that you give me is confidential and will **not** be shared with anyone outside the study. Also, the information you give us is coded and entered into the computer, so that your name is not used along with the answers you have given. These same questions are being asked of all the other participants in the study. [If this reassurance does not work, participants can be told that they may refuse to answer any question that they don't feel comfortable answering.]

Let me think about it and call you back.

Participants should be kept engaged in the first contact. Instead of having them call back, a specific time when the interviewer will call them back should be arranged. If the caregiver is hesitant in making a commitment, barriers and solutions to those barriers should be identified. Interviewers should avoid getting no for an answer. If everything else fails, interviewers should leave the door open for future contact.

Attachment 1.6

Interviewer Toolkit Checklist

Prior to each interview, use the following checklist to make sure you have all items you may need.

Administrative items

- Identification
- Map/directions to the family's home/other meeting location
- Contact and address information
- Watch (to keep track of time during the interview)
- Notepad to track mileage
- "Sorry I Missed You" notes

Materials for each interview

- Family Contact Information Form, to update current contact information
- Interview packet
- Ink pens
- Paper for notes during the interview
- Interview incentive(s) and incentive receipt(s) (Attachment 1.7)
- Post-its or other stickers to flag survey items

Additional forms

- Procedures for emergency disclosures (Attachment 1.2)
- Procedures for disclosures due to risk/threat of harm (Attachment 1.3)
- Disclosure report (Attachment 1.4)
- Procedure for filing grievances about services (Attachment 1.4)

NOTE: You should only carry family contact information and other identifiable data with you if you will be conducting an interview that day.

Attachment 1.7

Incentive receipt

Two copies of this form should be completed for each incentive that is distributed. One copy should be submitted by the interviewer with the completed interview packet. The other copy should be given to the interview participant.

Interview date _____

Child ID _____

Name of individual who was interviewed: _____

Type of interview (circle one): Caregiver / Youth 18+

Timeframe: Discharge interview Follow-up interview

Incentive amount: \$ _____

Your signature indicates that you participated in this interview and received an incentive in the amount specified above.

Name of participant

Participant signature

Date

Name of interviewer

Interviewer signature

Date