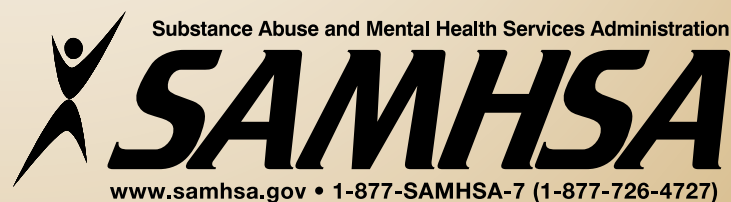




Staying in Touch: A Fieldwork Manual of Tracking Procedures

Third Edition



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Third Edition

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
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Authors' Preface

Welcome to the third edition of *Staying in Touch: A Fieldwork Manual of Tracking Procedures*. The authors have revised and updated the second edition of this manual to assist grantees of the Substance Abuse and Mental Health Services Administration (SAMHSA) in their efforts to stay in touch with and locate participants for program evaluation and government reporting purposes. The value of follow-up information depends largely on minimizing attrition of the participants. A major concern is the difficulty of maintaining contact with participants over months, and sometimes years, after they leave the program. This manual is intended to (1) familiarize SAMHSA grantees with the steps needed to prepare for successful participant follow-up, (2) provide users with practical advice and resources to stay in touch with their program participants, (3) provide users with strategies to locate participants with whom they have lost contact, and (4) provide users with practical examples of forms and documents designed to maximize their follow-up success. In other words, this manual provides the tools that grantees need to stay in touch.

There are changes in nearly every content area since the second edition. One important change involves including methods pioneered by Christy Scott, who developed a follow-up system that emphasizes continuous contact. By including her methods, this manual is truer to the title, *Staying in Touch*. The emphasis has shifted from finding people who have disappeared to staying in touch so you can reach them for follow-up. Of course, finding participants is still important, but remaining in touch means that you have fewer program participants to find. This manual reflects the continuing proliferation of online information sources and social media. It includes hyperlinks formatted [in blue and underlined](#) to help you recognize them. Because the Internet and app development are dynamic with new resources appearing frequently, watch for new, emerging resources.

Included in this third edition of the manual are several new sections:

- establishing your program brand,
- building rapport,
- motivational interviewing,
- using a trauma-informed approach,
- training follow-up team members,
- choosing and supervising staff,
- using e-mail and social media, and
- working with special populations (for example, criminal justice, people experiencing homelessness, LGBT community).

There are updates of the sections on jail and prison interviewing ([Section 9.4.1, page 118](#)), Institutional Review Board clearance ([Chapter 2 page 18](#)), Health Insurance Portability and Accountability Act requirements ([Chapter 2, page 18](#)), Safety in the Field ([Section 7.7.5, page 97](#)), and guidelines on addressing potentially reportable situations, such as child abuse ([Appendix C, page 149](#)).

Since the first edition of *Staying in Touch* was published in 1996, there have been changes that, in some cases, make staying in touch with participants easier (such as searching the Web), but in other cases, more challenging. The tightening of security in the aftermath of the September 11, 2001, attacks has made it more difficult to locate participants currently in the military because the worldwide locator services were suspended. Also eliminated are the Social Security and Internal Revenue Service (IRS) letter forwarding services. Privacy concerns have also brought about a tightening of access to public databases or directories, including the Department of Motor Vehicles (DMV), voter lists, and utility customer lists. The ubiquity of cell phones means that landlines are disappearing along with phone books. Unfortunately, up-to-date online cell phone directories have not replaced phone books. In addition, information that was available free on the Web (such as phone numbers and addresses, real estate records, and court records) is now often behind pay walls. This third edition will help you navigate the benefits and challenges of the current circumstances.

Staying in touch refers to the process by which the program and follow-up teams continue to contact and engage a program participant during the intervention and even after that participant has completed or left the program. **Tracking and locating** refers to the process of searching, as well as the desired outcome: finding the participant for the follow-up interview. The authors use the terms *tracking* and *locating* interchangeably throughout the manual. For the sake of consistency, the authors use the term *participant* throughout this manual to refer to an individual who is currently or was recently receiving services from a program.

This manual includes information on numerous staying-in-touch, tracking, and locating procedures from the simple and inexpensive to the complex and costly. The authors provide information and instructions in as much detail as possible for all agencies and procedures involved in the process. Although the governmental structures of the populous states may be similar, government agencies and departments may have different names and different procedures. More sparsely populated states may offer less complicated avenues for investigators. Local laws and customs also affect the application of tracking and locating techniques. For example, in New York City, many participants will lack a driver's license, whereas in Los Angeles most participants are licensed or have California-issued identification. Matters of confidentiality also vary by state. Information easily obtained in one state may be restricted in another.

Program directors and evaluators who wish to achieve the highest levels of follow-up must plan for time-consuming and sometimes expensive procedures. First, this involves establishing relationships with the program participants as well as with officials in the criminal justice system, the department of social services, and other agencies. Considerable time and effort may be necessary to make personal contacts in government agencies and to undergo the necessary introductions and review procedures to gain access to these sources. Though there are standard procedures for gaining such access, a great deal also depends on building trust; public officials must believe that the program director and program staff will protect the confidentiality of the participants and the agency, and that their work is important enough to justify giving them confidential information.

As stated, many federal, state, and local agencies have very careful rules about disclosing information. However, if you can obtain the assistance of someone in authority at your federal funding agency to write a letter to the source agency, that agency will often provide more timely information. In addition, if you can present proof of not-for-profit status, source agencies may waive their charge for record searches. Success in follow-up necessitates diligence in staying in touch and applying tracking and locating techniques. You may need to repeat the search procedures several times; follow-up success depends largely on persistence.



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1. Introduction



A major concern in the collection of follow-up data is the difficulty of maintaining contact with participants during and after they leave the program. The practical value of any longitudinal data collection depends largely on minimizing the attrition of the program participants. Individuals with mental health and substance use conditions present unique challenges to project directors and evaluators who are trying to locate them. Many are unemployed, periodically incarcerated, have no regular contact with family, or lack permanent housing. Persistent and creative application of the tracking and locating techniques described in this manual is crucial to the overall success of any program involving participant follow-up. Programs will need to repeat many of the procedures over an extended period in order to stay in contact with an individual. *Stay in touch! Don't give up!*

1.1 Why Follow Up?

There are many reasons why mental health and substance use treatment agencies, program directors, and evaluators may want to follow up on program participants. Foremost is that SAMHSA-funded programs are required to provide follow-up data as part of the [Government Performance and Results Modernization Act of 2010](#) (GPRAMA). This act requires federal agencies to set long-term goals and shorter-term performance goals for grantees. Because of this mandate, SAMHSA grantees collect and report performance data using approved data collection measurement tools. The intended result is to increase program effectiveness and public accountability by promoting a focus on results, service quality, and customer satisfaction.

From a program perspective, there are additional reasons to follow up with individuals participating in treatment and prevention services. Among them are to

- keep participants engaged with the program,
- learn how participants are doing after receiving services,
- find out what contributes to participants' long-term success,
- understand which participants drop out and why,
- document treatment and service agency success,
- learn what support services participants need after program completion,
- get participant feedback on a program,
- help relapsing participants return to treatment, and
- support participants in their recovery and wellness efforts.

Reliable information from follow-up data can lead to improved policy, enhanced services, and better outcomes for those receiving services in the future. In addition, better follow-up—say between 80 to 100 percent—decreases nonresponse bias and improves power for evaluation analyses (Bonevski et al., 2014; Fischer, Dornelas, & Goethe, 2001; Hansten, Downey, Rosengren, & Donovan, 2000; Rhodes & Marks, 2011).

The procedures outlined in this manual have been developed and refined during 30 years of longitudinal studies with individuals with mental health and substance use conditions, among the most challenging populations to study longitudinally because of the difficulty of retaining participants in the sample. Because of careful and consistent application of these procedures, investigators associated with Semel Institute for Neuroscience and Human Behavior at the University of California, Los Angeles (UCLA), the Lighthouse Institute of Chestnut Health Systems, and University of Pittsburgh Medical Center have consistently achieved a 90 percent or better follow-up rate in their longitudinal studies. For example, Christy Scott of Chestnut Health Systems cites eight evaluations with adult and adolescent substance users that achieved over 90 percent follow-up rates (Scott, 2004). More recently, Scott and Dennis (2012) achieved similar results with women newly released from jail. In a study of youth with disruptive behavior disorders that assessed participants each year for 13 years, Cotter, Burke, Stouthamer-Loeber, and Loeber (2005) noted an overall retention rate of more than 90 percent. In a five-year follow-up study of men who received substance use disorder treatment in prison, Prendergast, Hall, Wexler, Melnick, and Cao (2004) had a location rate of 90 percent. Even with an extremely difficult to locate population—individuals experiencing homelessness who also had mental health conditions—researchers have been able to locate 85 to 86 percent of participants (Veldhuizen et al., 2014; Wenzel et al., 2004). There are many additional examples. The take away message is that if others can do it, so can you!

There are documented retention rates of 85% – 90% for hard-to-reach populations. If they can do it, so can you!

1.2 Evaluation Design and Tracking

Typically, SAMHSA grantees must assess program effectiveness, ensure quality of the services and strategies provided, identify successes, implement needed improvement, and promote sustainability of effective programs and practices. As a result, grantees devote a portion of their budgets to program evaluation, including performance data to meet GPRAMA compliance reporting. Most program evaluators use a **prospective** design where they recruit or approach participants and invite them to participate, and the evaluation group is composed of those who give consent. Then the program follows the group over a set time period. For these studies, the first step in locating participants for the follow-up interviews is the completion of a detailed locator form during the initial interview (see [Appendix A](#), [page 123](#)).

1.3 Integrating Follow-Up into Your Evaluation Design

Since a high follow-up rate is essential to demonstrating the success of a treatment program or intervention, it is important to integrate follow-up activities into program design. Consider the need for follow-up when budgeting for staff (consider your needs for tracking, interviewing, data entry, and data analysis personnel); resources (consider additional mail, phone, database, and computer costs); and participant incentives (such as payment or vouchers for follow-up participation). (See Meyers, Webb, Frantz, & Randall, 2003, and Cotter et al., 2005, for discussions of costs associated with follow-up activities.) Include a description of staying-in-touch and tracking procedures in your participants' consent forms. During the intake process, program staff will need to take time to educate participants about the program's follow-up activities and complete a locator form and other related forms. Also, consider the follow-up instrument. Will you use the GPRAMA compliance reporting form only, or are there additional evaluation questions you want to address? Early consideration of these procedures will help avoid delays and unexpected costs.

1.3.1 Techniques and Sources of Information

For successful follow-up, programs must take advantage of a variety of follow-up techniques and information sources. Techniques and sources of information for contacting participants include

- mail contacts,
- text messaging or texting,
- telephone contacts,
- e-mail,
- social media messaging,
- Internet searches,
- home visits, and
- peers.

Public sources can also provide locating information:

- web-based directories or white pages,
- criminal justice systems,
- commercial searches,
- vital statistics records, and
- the Social Security Death Index.

Specialized institutional information systems can also be useful, for example:

- county and state substance use treatment program offices,
- county and state service providers for those with mental health conditions,
- Housing and Urban Development's Homeless Management Information System, and
- the U.S. Department of Veterans Affairs.

The following pages describe various contact techniques in detail. The easiest and least expensive methods, such as contact via mail, e-mail, text messaging, telephone, or social media, are mentioned first because staff usually apply these first. Your target population and budget will dictate the appropriate steps to take and when to take them. This manual can help you choose among the options available.

1.4 Importance of Data Collection, Management, and Utilization

SAMHSA's [mission](#) is to reduce the impact of substance use disorders and mental illness on America's communities. SAMHSA makes substance use disorder and mental health condition information, services, and research more accessible. SAMHSA must report annually to the U.S. Senate and House Appropriations Committee, providing detailed justifications and estimates for programs and services that SAMHSA deems necessary to fund. In addition to requesting funding, SAMHSA provides information about projected outputs and outcomes for its funded programs. SAMHSA compares these to data from previous years to illustrate targets met, exceeded, or unmet.

As mentioned above, SAMHSA-funded programs must provide follow-up data as part of GPRAMA compliance. SAMHSA continues to prioritize

SAMHSA provides leadership and devotes its resources, including programs, policies, information and data, contracts and grants, to help the United States act on the knowledge that:

- Behavioral health is essential to health
- Prevention works
- Treatment is effective
- People recover from mental and substance use disorders

data, outcomes, and quality, recognizing that an integrated data strategy and a national framework for quality improvement in behavioral health care will inform policy, measure program impact, and lead to improved quality of services and outcomes for individuals, families, and communities. [Data](#) help SAMHSA and the nation address behavioral health disparities.

In order to keep programs funded and to receive future funding to sustain established programs and services, SAMHSA relies on accurate, robust quantitative and qualitative data from its funded programs to demonstrate impact on individuals, communities, and states.

Grantees must increase data literacy among all staff members to ensure their program's ability to collect, manage, and use participant-level data. Therefore, SAMHSA provides training and technical assistance to grantees for strategic planning, addressing programmatic and clinical concerns, and meeting data requirements. SAMHSA's [Grantee Data Technical Assistance](#) program works to improve the accuracy, completeness, and timeliness of grantee data and to promote the use of data to improve practice, program design, and policy development.

1.5 Considerations for Fieldwork Implementation

The use of specialized information systems, such as those of the criminal justice system, the welfare system, and the mental health system, requires that your program be associated with those agencies or that you make contact with the proper agency for access authorization. This process may involve a lengthy review and justification process, which is designed to help the agency in question balance the needs of the program against the privacy rights of individuals. Some specialized information services charge a fee for use.

If your population is heavily involved with the criminal justice system, you may want to concentrate your efforts around those avenues, checking, for example, jail and prison rosters and probation and parole records. If your program includes many participants experiencing homelessness, then access to the local Homeless Management Information System (HMIS) through your agency or through a sister agency could be very helpful for maintaining contact (Chapter 9, on special populations discusses these examples in more detail). Each program director will have to invest the time to determine availability, cost, and usefulness for locating your program's participants.

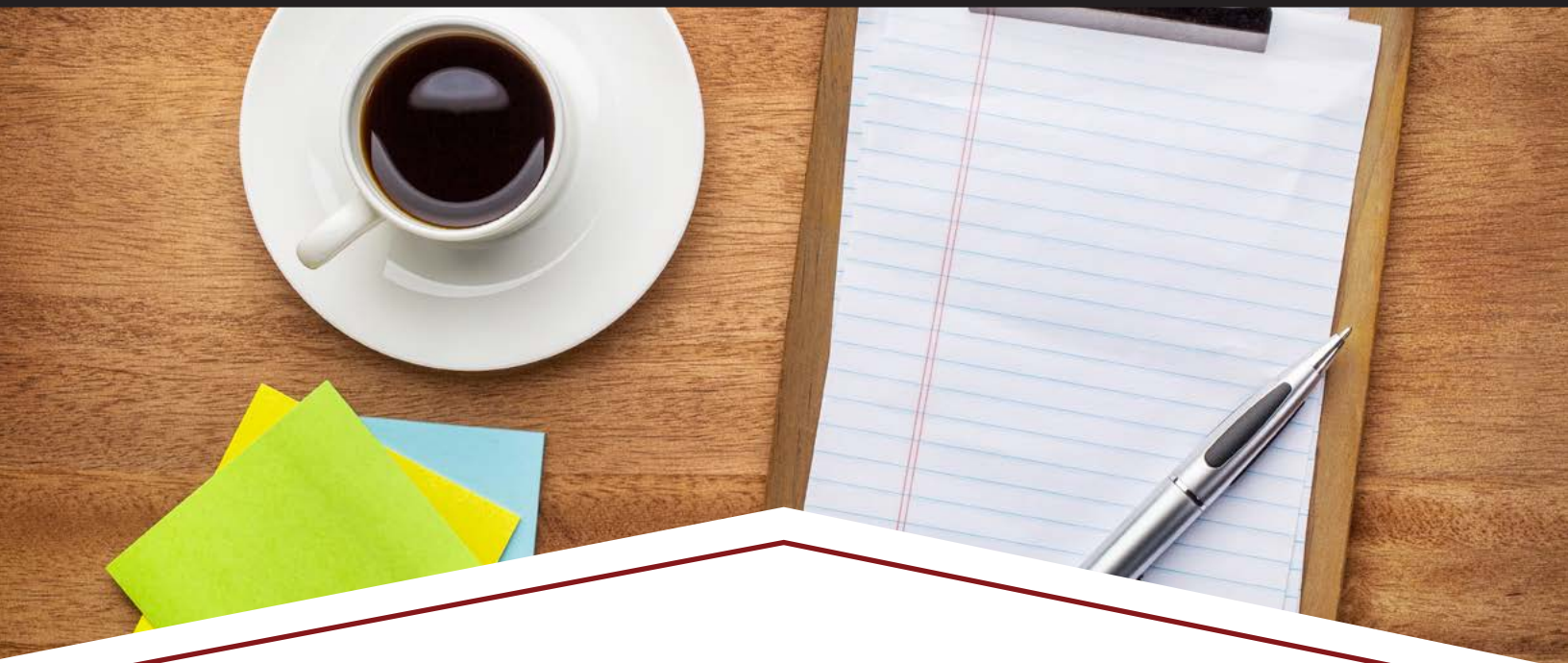
On the other hand, an information resource that is difficult to access and that is of limited use may not be cost-effective. In view of the high costs in time, energy, and money of using certain information resources, grantees should estimate each resource's value to the program outcomes before requesting access to restricted information. For example, if only a few participants are likely to be unstably housed, you may decide that gaining access to HMIS is not worth the effort.

No matter what methods you choose, you must be persistent and resourceful. The maxim, "If at first you don't succeed, try, try again" holds true for successful locating. We hope the manual provides workable methods, useful ideas, and practical solutions. We wish you the best of luck!

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2. Before You Start: Consent and Confidentiality



Before collecting data on your participants, you must carefully attend to the confidentiality issues that may apply to them. Federal and state laws protect the confidentiality of participants. There are regulations at the federal, state, and organizational level regarding participant confidentiality, Institutional Review Board (IRB) approval, informed consent, Health Insurance Portability and Accountability Act (HIPAA) compliance, certificate of confidentiality, and confidentiality and ethical practices when tracking. Regulations vary from state-to-state; therefore, you must be familiar with the regulations where your program is located. Many states impose additional confidentiality protections to participants. Organizational policies generally correspond to the state and federal policies and provide a detailed explanation of how the organization will implement the policy at the program level. This manual covers neither state nor organizational regulations, however, it does cover each of the federal regulations. Before collecting participant information, you will need to become familiar with federal and state regulations, as well as your organization's policies regarding participant confidentiality.

2.1 Federal Regulations Regarding Participant Confidentiality

There are specific federal regulations regarding the confidentiality of records for patients with alcohol or substance use disorders. Programs receiving federal funds for substance use disorder treatment must protect participant confidentiality. The Federal Regulation 42 C.F.R. Part 2 governs confidentiality of substance abuse treatment information (2010). Below is a summary on participant

confidentiality from the Center for Substance Abuse Treatment (CSAT) Technical Assistance Publication (TAP) Series 18, [*Checklist for Monitoring Alcohol and Other Drug Confidentiality Compliance*](#), Department of Health and Human Services (DHHS) publication no. (SMA) 96-3083, 1996.

Federal regulations (42 C.F.R. Part 2, see note in box below) generally prohibit programs from disclosing “patient-identifying information.” “Patient-identifying information” means any information that identifies a person as having applied for or received “alcohol or other drug-related services” (diagnosis, treatment, counseling, or referral for treatment), or “being an alcohol or other drug (AOD) abuser” (§ 2.11, 2.12). The purpose of the federal regulations is to encourage participants to seek treatment without fear of confidentiality violation.

By prohibiting “disclosures,” the regulations do not merely refer to explicit statements, such as, “[A specified person] is or was a patient” or “[A specified person] is a substance abuser.” Rather, the term “disclosure” includes implicit disclosures, such as the following:

- allowing a receptionist to confirm that a particular person is a patient, even if the caller or visitor says that he or she is the patient’s family member and knows the patient attends the program;
- sending a patient a letter in an envelope that suggests that the addressee may be a patient;
- faxing a letter on the program’s stationery, revealing or suggesting the patient’s status to the patient’s workplace;
- faxing any patient-identifying information about a patient to the wrong fax number;
- leaving a telephone message revealing or suggesting patient status with a patient’s roommate or on a patient’s answering machine, from which another person may hear the message;
- disclosing the patient’s name and the fact that the patient attended a program to a bill collection agency, attorney, or small claims court;
- having a program counselor appear at a patient’s workplace or home and revealing his or her relationship with the patient to someone else;
- disclosing descriptive or anecdotal material from which a patient’s identity may be inferred (for example, by referring to a patient as “the mayor’s daughter”);
- producing and identifying a patient when the police arrive at the program with an arrest warrant but without a valid court order; and
- permitting the police to have access to patient records without first protesting, when the police arrive at the program with a search warrant but without a valid court order.

NOTE:

- You can access the Code of Federal Regulations (C.F.R.) at <http://www.ecfr.gov>
- Title 42, Chapter 1, Subchapter A, Part 2—Confidentiality of Alcohol and Drug Abuse Patient Records can be accessed at [42 C.F.R., Volume 1, Chapter I, Part 2](#).
- You can access an explanation of the application of 42 C.F.R. Part 2 at <http://www.samhsa.gov/about-us/who-we-are/laws/confidentiality-regulations-faqs>

Federal regulations require programs to be in compliance when conducting participant tracking and follow-up activities. Programs must have signed consent forms and notify participants of the requirements to conduct follow-up interviews.

The restrictions on disclosure in these regulations do not apply to communications between a program and a qualified service organization when the organization needs the information to provide services to the program (CIHIS, 2010). Other exceptions to these regulations include research activities, a qualified service organization agreement,¹ medical emergency, or participant consent. When integrating services by more than one provider or within a system, agencies can share state-based confidentiality policies to protect participants. When tracking participants for follow-up within an integrated service system, you can share information as long as policies and protocols are in place (Reynolds, 2011).

Federal regulations allow the release of information without individual participant consent for program evaluation and research purposes. It is up to the program director to determine whether the research merits disclosure of treatment information.

¹ A Qualified Service Organization Agreement (QSOA) is a two-way written agreement that allows programs to disclose information without patient consent to an outside organization that provides services to the program. The outside organization agrees not to disclose patient-identifying information except as permitted by 42 C.F.R. Part 2. See <http://www.ncbi.nlm.nih.gov/books/NBK64363> for more on QSOAs and for a sample agreement

SAMHSA's grant funding opportunity announcements (FOAs, formerly Request for Applications) require applicants to describe their policies and procedures relating to confidentiality, participant protection, and the protection of human subjects when applying for funds. These guidelines explain the requirements that you should implement to protect study participants. Most SAMHSA FOA guidelines require these seven policy components in grant applications:

- 1.** protection of participants and staff from potential risk,
- 2.** fair selection of participants in an evaluation research design,
- 3.** absence of coercion,
- 4.** data collection (from whom will the grantee collect data, what type of data, how and when will the grantee collect data?),
- 5.** privacy and confidentiality,
- 6.** adequate consent procedures, and
- 7.** risks and benefits discussion.

SAMHSA expects grantees to follow the confidentiality procedures that it provides in the FOA application in addition to federal and state regulations. Safeguards to protect participants before enrollment into the program are to be established.



2.2 Health Insurance Portability and Accountability Act (HIPAA)

HIPAA protects the privacy of a medical patient's personal and health information. Examples of protected health information include a person's name, address, birth date, age, phone and fax numbers, e-mail addresses, medical records, billing records, referral authorizations, and research records. This is information that SAMHSA-funded programs, project directors, evaluators, and researchers routinely keep confidential. HIPAA provides nationwide standards for confidentiality, and all health care providers (including mental healthcare providers) are required to be HIPAA compliant. HIPAA does not cover criminal justice and non-health related information, but other privacy laws may cover these areas. For more information on HIPAA and to determine whether your organization is subject to HIPAA requirements, refer to <http://www.hhs.gov/ocr/hipaa>. SAMHSA (2004) also provides information on the application of [HIPAA to alcohol and drug treatment programs](#).

HIPAA rules allow disclosure of health information for research purposes. According to the DHHS Office of Civil Rights, provided your participant has given consent (that is, the informed consent from states that you will be obtaining medical information), you may request research-related information from healthcare providers. For more information, see <http://www.hhs.gov/hipaa/for-professionals/special-topics/research/index.html> (Office of Civil Rights, United States Department of Health and Human Services, 2003).

If an IRB approves your program's procedures, and you and your staff maintain participants' confidentiality, you are most likely HIPAA compliant.

2.3 Electronic Medical Records

The federal regulation 42 C.F.R. Part 2, regarding participant confidentiality while in a substance use disorder treatment program, applies to the use of electronic medical records in the same manner as written medical records. Treatment programs can maintain electronic participant files as long as the participant provides written consent.

The federal confidentiality regulations require that electronic medical records (EMR) be secure with restricted access. Any approved EMR system uses data encryption to protect patient information and to ensure confidentiality. When considering the use of electronic medical records, the system must be able to implement participant consent. HIPAA electronic medical records privacy rules allow an agency to use or disclose participant information for treatment purposes without the patient's authorization. This includes sharing information to consult with other providers who provide services to the participant (OCR, 2003).

HHS published a final Security Rule in February 2003. This rule sets national standards for protecting the confidentiality, integrity, and availability of electronic protected health information.

Compliance with the Security Rule was required as of April 20, 2005 (April 20, 2006 for small health plans). You will find a summary of the HIPAA Security Rule pertaining to electronic medical records at <http://www.hhs.gov/hipaa/for-professionals/security/laws-regulations/index.html>.

You can access medical records, privacy, and confidentiality regulations and guidelines at <http://www.samhsa.gov/laws-regulations-guidelines/medical-records-privacy-confidentiality>.

2.4 Institutional Review of Program Procedures

The authors suggest that you seek Institutional Review Board (IRB) approval for your follow-up activities. IRBs review research projects, ensure that the projects meet all federal guidelines, and ensure that the research plan is ethical and protects confidential health information. Although, SAMHSA generally does not require its programs to obtain IRB approval to conduct follow-up activities, there are some situations when IRB approval may be necessary.

When determining whether your program needs to go through an IRB for your follow-up activities, consider the following questions.

Is this research? Research is a systematic investigation, which can include development, testing, and evaluation. For instance, if you are only using data to track participants and report to SAMHSA, this is not research. However, if you will use data to test a hypothesis, such as “participants who receive supportive services have longer stays in housing,” that is research. You may not know whether you will test a hypothesis at the grant’s onset. A new board member, for example, may want to analyze the data after the program has begun or a graduate student may approach your program and request the data for a research project. In cases like this, consider the next question.

Will you use the findings to contribute to generalizable knowledge? If your program intends to analyze and publish findings from the follow-up data, you need to obtain IRB approval before data collection begins. Obtaining IRB approval after the fact may not be possible so it is important to consider this possibility at the beginning of a program. This is especially important if you publish the findings in an academic journal.

When determining whether you need IRB approval, ask yourself the following questions:

1. Is this research?
2. Will I use the findings to contribute to generalizable knowledge?
3. Does my state or local agency require IRB approval?

Does your state or local agency require IRB approval? While SAMHSA may not require IRB approval, states and agencies have their own rules, and many have their own IRBs. It is important to investigate your local rules at the very beginning of a program to ensure that you are in compliance.

For more on the issue of when IRB approval is required, please consult the following resources:

- National Institutes of Health (NIH) Infographic http://grants.nih.gov/grants/policy/hs/hs_infographic.pdf
- Your organization's Institutional Review Board
- UCLA's Office of the Human Research Protection Program
 - **Policies and guidance**
<http://ora.research.ucla.edu/OHRPP/Pages/PoliciesandGuidance.aspx#authority>
 - **Worksheet: Quality improvement or research?**
http://ora.research.ucla.edu/ohrpp/documents/policy/3/P3QI-Research_Worksheet.pdf
 - **Determining which activities require human subjects review**
http://ora.research.ucla.edu/OHRPP/Documents/Policy/3/Activities_Requiring_Review.pdf

IRB approval is more than just paperwork. By gaining IRB approval, you obtain extra protection for your participants by undergoing outside review of your procedures and by making it possible for your program's evaluation to receive a federal Certificate of Confidentiality. A Certificate of Confidentiality protects the evaluation records of your participants from subpoena. (For more information, see the next section in this chapter on Certificate of Confidentiality.)

Researchers and evaluators have a fundamental responsibility to safeguard the rights and welfare of the people participating in their research activities. In scientific jargon, research participants are known as subjects. The following material is adapted from the [NIH training](#) on protecting human research participants. The HHS regulations ([45 C.F.R. 46.120](#)) require that Federal Departments and Agencies that conduct or support human subjects research must evaluate all applications for research using the following criteria:

- risks to the subjects,
- adequacy of protection against these risks,
- potential benefits of the research to the subjects and others, and
- importance of the knowledge gained or to be gained.

The main concepts of human subject protection in the U.S. come from the [Belmont Report](#), which summarizes three basic ethical principles of research listed below. The researcher is specifically responsible for ensuring that these principles are followed.

Ethical Principles of Research

Respect for persons

- Individuals should be treated as *autonomous persons* capable of deliberation about personal goals.
- Persons with *diminished autonomy* are entitled to additional protections.

Beneficence

- Do no harm.
- Maximize possible benefits and minimize possible harms.

Justice

- Justice requires that individuals and groups be treated fairly and equitably in terms of bearing the burdens and receiving the benefits of research.

Federal regulation requires that the IRB ensures that:

- the study is well-designed, scientifically sound, and yields valid results;
- participants meet selection and eligibility requirements;
- the agency obtains and documents informed consent;
- participation is voluntary;
- vulnerable populations receive the required extra protection;
- the agency conducts the study in accordance with approved protocols;
- protocol changes and adverse events are reported to appropriate boards and authorities;
- the rights and welfare of participants are monitored throughout the research intervention; and
- all research team members are qualified and trained in research methods and human participant protections.

Before any participant recruitment or data collection can begin, the program director or Evaluator must submit a description of the study procedures and a copy of the informed consent form to the IRB. Most IRBs have templates and sample forms.

NOTE:

- IRBs require that investigators submit certifications showing that they and their study staff have received training on protection of research participants. If you have an internal IRB, your institution may have its own training materials. In addition, the National Institutes of Health offers free online training at <https://phrp.nihtraining.com/users/login.php>
- Some IRBs require CITI certification, which has fees starting at \$100 for independent learners: <https://www.citiprogram.org/index.cfm?pageID=88>

The IRB reviews the documents submitted by the program and may require additional information or changes to the informed consent form. At the time of approval, the informed consent form is stamped and given a one-year expiration date. (Researchers must renew approval annually for the life of the study. See the section below for more on the informed consent process.)

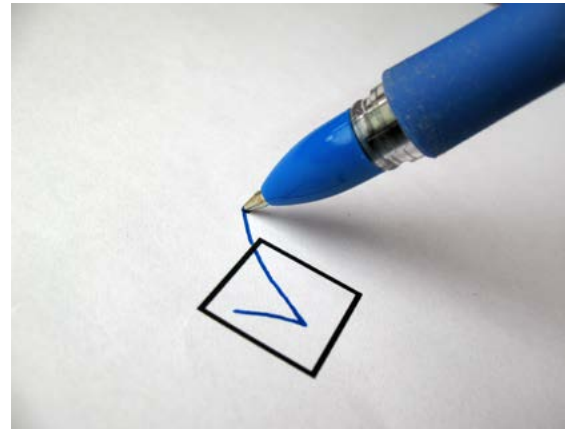
I need IRB approval, now what? Typically, organizations that receive SAMHSA grants also have Institutional Review Boards. If you determine that you need to obtain IRB approval and your organization has an IRB, contact them for next steps. If you need IRB approval and your organization does not have an in-house IRB, there are many independent IRBs throughout the country. Initial reviews typically cost \$1,000–\$1,400, with yearly continuing reviews costing about \$500–\$600. The costs of working with an external IRB can vary greatly. Be sure to speak with someone about your program and make sure you understand the billing structure before signing a contract. Your local college or university may also provide this service without cost.

Additional Resources. If you need more information about IRBs, start with these resources.

- HHS decision charts that help guide you in regard to human subjects regulations: <http://www.hhs.gov/ohrp/policy/checklists/decisioncharts.html>.
- Part 46 of the Code of Federal Regulations (C.F.R.) addresses the protection of human subjects: <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>.
- The Office for Human Research Protection is also a great resource for information on the protection of human subjects: <http://www.hhs.gov/ohrp>.

2.5 Certificate of Confidentiality

Another very important document to include when collecting participant data for research or reporting purposes is the Certificate of Confidentiality (also known as the Confidentiality Certificate) issued by the U.S. Department of Health and Human Services. The certificate protects evaluation and program staff so that they cannot be compelled to reveal information about participants in response to any legal demands that involve federal, state, or local civil, criminal, administrative, legislative, or other proceedings. The only instances where an agency may breach confidentiality are cases of suspected or known child abuse or elder abuse or to protect the participant or another person from harm. If a participant requests in writing a release of information, however, the agency can disclose that information.



For many participants, the reassurance that the information they disclose is protected can be very important to their decision to participate in a program or to honestly report on their activities.

For further information on SAMHSA's Certificate of Confidentiality, go to <http://www.samhsa.gov/grants/gpra-measurement-tools/certificate-confidentiality>.

SAMHSA-funded programs can request a Certificate of Confidentiality by contacting SAMHSA directly:

SAMHSA CC Coordinator
SAMHSA
5600 Fishers Lane
Rockville, MD 20850 (zip code for overnight or courier delivery)
20857 (zip code for regular delivery)
(240) 276-1243

For information on certificates for programs that are outside of SAMHSA, refer to guidance from the National Institutes of Health: <https://grants.nih.gov/grants/policy/coc/cert-of-confidentiality.htm>.

2.6 Informed Consent

Before enrolling a participant in an evaluation study or program, staff must explain the procedures in detail. The participant must understand the program procedures and the voluntary nature of participation. Staff must provide participants with written, detailed information about a study so that they can decide whether to participate. The informed consent form should clearly state the following:

- name of the organization conducting and sponsoring the evaluation;
- purpose of the evaluation study;
- that participation is voluntary;
- that all information obtained during the interview remains confidential;
- that mandated reporting situations are exceptions to confidentiality (for example, child abuse, danger to self or others);
- benefits or risks, if any, to the participant;
- topics to be covered in the interview(s) and locator form
- amount of time involved;
- time periods that follow-up interview(s) will occur;
- procedures for locating participants for follow-up, including databases used;
- incentive or form of compensation to be used (for example, gift card, money, check, voucher), if any; and
- specimens to be collected, if any.

Your IRB should have an informed consent form template to help you address all of the points above. If you are new to the IRB process, you should work closely with your IRB administrator while developing your program's form. You may also consult [UCLA's minimal risk template](#), but keep in mind that your IRB might structure the forms differently.

You must provide informed consent forms to participants, and program enrollment takes place only after you have answered all participant's questions and participants have signed an informed consent form. Each participant must receive a copy of the signed informed consent form.

2.7 Identity Theft Procedures

Because of large and damaging data breaches involving well-known companies, cyber security is a major concern. While organizations protect against viruses, spyware, and malware by running Internet security software, it is also a good idea to use encryption software to protect lost or stolen laptops, tablets, and other portable devices from identity theft. Unless you encrypt files, anyone who steals a program's laptop or tablet might find a trove of information on your study participants. In addition, if you send unencrypted files by e-mail, hackers can intercept and steal the attachments. Encryption software is not expensive; some versions are free and most cost approximately \$30 to \$50. This is a small price to pay, because if there is a data breach, it could have a significant impact on all participants, and you must inform everyone possibly affected. Large healthcare institutions may require encryption of every portable device that could contain personal health information (for example, laptops, tablets, mobile phones, portable external hard drives, and flash drives). Be sure to discuss the encryption process with your organization's information technology (IT) specialist. You may also search "encryption software" on the Web to find the latest software available.

IT specialists also suggest that each device (desktop or portable) be password protected with a short-interval lock screen. That means that when a distraction occurs or you happen to leave a device unattended, the screen will lock quickly and require a password to access it, keeping information safe from prying eyes.

2.8 Confidentiality and Ethical Practices When Tracking

Programs that target hard-to-reach populations, such as those with mental health conditions or substance use disorders, experience unique challenges. Because members of these populations are often condemned by mainstream society, it is difficult to both locate them for evaluation purposes and to secure their consent for an interview (Bonevski et al., 2014). Working with clients who identify as racial or ethnic minorities has specific implications for how to conduct follow-up (Yancey, Ortega, & Kumanyika, 2006). Many participants would never consent to being part of a study if the agency could not assure them that it will protect their privacy and adhere to ethical standards. Thus, to protect participant privacy, agencies must establish and maintain confidentiality safeguards for tracking and locating activities for the program's duration. Agencies



must also inform participants that they will protect them. One important safeguard is to train staff and establish procedures so that staff never reveal the nature of the program (that is, involving substance use or mental health) either on the telephone (for incoming and outgoing calls and text-messaging) or in correspondence (both written mail and e-mail). Instead, describe the program as a health study or a study of people's health habits. Additionally, caller IDs and e-mail addresses should be neutral (that is, "Healthy City Project" or "healthycity1@gmail.com"). (See [Section 3.4 page 40](#), in the next chapter for more information.) Only after you establish that the person contacted is the participant should you discuss the nature of the study and only if necessary. You can confirm the participant's identity by requesting date of birth or mother's maiden name (see [Appendix B, page 144](#), for an example of a script that you can use to locate participants).

NOTE:

Despite the importance of obtaining a high interview completion rate, ethical and legal bounds are paramount. At no time should trackers or interviewers misrepresent themselves or the organization conducting the program. They must declare their status as representatives of the program and the organization conducting the study. If the organization or program's name includes words like **MENTAL ILLNESS, MENTAL HEALTH, DRUG USE, SUBSTANCE USE, OR DRUG ABUSE TREATMENT**, then more neutral names like **HEALTH STUDY**, the **UNIVERSITY HEALTHY CITY PROJECT**, or just **EVALUATION PROJECT** may be used. Trackers and interviewers should introduce themselves as such and explain that they are working on a health study. An exception to this contact procedure is when contacting a participant's employer; providing only the interviewer's name protects confidentiality (see [Section 7.5.2, page 86](#)).

In the course of tracking and locating, trackers may come across others, including members of law enforcement agencies, who are also searching for a particular person. These other people may ask the tracker to share information about a participant. **Under no circumstances may the tracker reveal any information about the participant.** It does not matter whether the individual requesting the information is a family member, bill collector, bail bondsman, social service agency worker, process server, or law enforcement official. The tracker or interviewer may offer, however, to pass information along to the participant once he or she is located. If a law enforcement official insists or produces a subpoena for the information, then staff must refer the official to the program director. It is of the utmost importance that all staff members know how to respond in these situations. When in doubt, staff should notify the program director and an appropriate official at the funding agency. Compromising a participant's confidentiality is unethical and a violation of the law. It could jeopardize a participant's employment, family situation, or legal status, and breaking confidentiality may put the entire program at risk.

Mandated reporting requirements are the only exceptions to confidentiality constraints. The federal government, states, and some municipalities have laws regarding situations (abuse, danger to self or others) requiring notification of the authorities. Be sure that you and your staff are up-to-date on your local laws and agency procedures and that your informed consent form contains information about what situations you are required to report. For general guidelines for interviewers and trackers who may encounter these situations, see *Appendix C*, [page 149](#).

Additionally, program staff members must not make false promises or claims to learn the whereabouts of a participant or to convince an ambivalent participant to consent to an interview. Program staff members have access to an array of tracking and locating tools, as well as strategies for motivating ambivalent participants to take part in a follow-up interview. These tools and strategies have a proven track record of success in previous studies. Questionable methods are unnecessary, and agencies should not allow them.

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3. Before You Start: Budget and Administration



Actions for staying in touch with and locating participants must be taken early by a program in order to ensure low attrition and high follow-up rates. This section discusses issues such as budget considerations, setting up an effective tracking system, documenting the procedures, creating your program brand, and actual tracking steps.

3.1 Budget Considerations

The cost of locating participants is, of course, a primary concern when budgeting for follow-up activities. Plan to ensure that you have the appropriate budget and resources to successfully complete participant follow-up interviews. SAMHSA generally permits up to 20 percent of the total grant award for data collection and assessment. This figure includes the cost of incentives for participating in the required data collection follow-up. The budget may make or break your success rate, so correct budgeting is vital. Grantees can markedly reduce the costs for tracking and locating at follow-up by obtaining complete locator information at intake. The intake interview is the time to ensure that interviewers get as much locating information as possible.

As a rule of thumb, it is highly recommended that a dedicated tracker work at least 25 percent time. This person, in concert with the program director, will make the decisions about

SAMHSA generally permits up to 20 percent of the total grant award for data collection and assessment.

when and how to proceed with various locating efforts. The authors estimate that an interviewer/tracker will spend about 10 minutes per participant per contact attempt. That does not include door knocking (that is, field locating), which is very expensive in labor cost alone. Although trackers find many participants quickly, you will probably average around 20 attempts per participant among all participants.

Other cost considerations include participant payment. Under current SAMHSA rules, the value of an incentive must not exceed \$30 per participant. Note that the value of incentives should not be an “undue inducement” that removes the voluntary nature of program participation.

Grantees may offer incentives in the form of restaurant or supermarket gift cards, checks, money orders, telephone calling cards, public transportation tokens or cards, groceries, various merchandise, and clothes. It is usually necessary to have the participant sign a receipt upon payment. Some form of payment can be an important incentive for participants to complete the follow-up interview. During the intake process, you should inform participants about the requirement to complete a six-month (or additional) follow-up interview. Participants who are aware of the requirement at the time of intake are more likely to participate in the follow-up if the interviewer tells them that there is an incentive for the follow-up interview.

Refillable gift cards have proven to be effective incentives for staying in touch (Farabee et al., 2016). For instance, in the Farabee study, participants were asked to call the researchers at the beginning of each calendar month for five months in order to update their locator information, even if nothing had changed. Each call resulted in a \$10 payment, issued via the gift card system or by sending money orders by mail. Relative to the comparison group who received the mailed money orders, the participants with the instantly refillable gift cards initiated more monthly calls, and this was especially true for participants with a low ability to defer gratification.

Other budget considerations include the following:

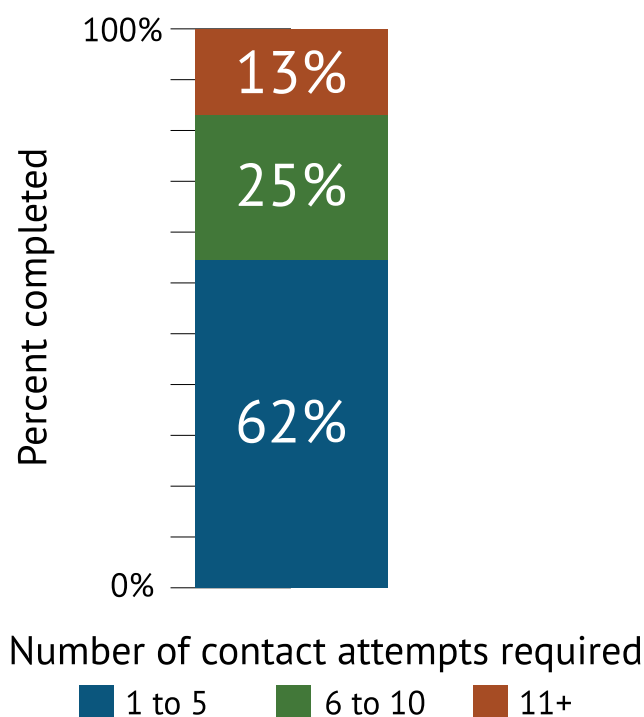
- **Does your program need a director’s time to set up formal contacts with different agencies?** If so, plan to allocate approximately 50 to 100 hours of that person’s time for this, depending on the scope of the evaluation.
- **How much do the various services cost that you want to access?** For example, is there a fee for obtaining information on arrest reports, department of motor vehicle records, etc.? How pertinent to your participant population are these records?
- **What is the acceptable follow-up rate for your program?** As illustrated in Figure 1, it probably will not be too costly to find 60 percent of the participants, but SAMHSA requires a follow-up rate of at least 80 percent. Finding the additional 20 percent comes at a higher price given that the process requires more costly procedures and person hours. Trackers can locate most participants through less costly methods, such as mail, e-mail, phone, and social media. Exhaust these methods first.



- **Does your funding agency allow follow-up by phone?** If not, you need to allow for local travel and travel to other cities or states. Also, please be aware that in order to conduct a follow-up interview via phone or videoconference, you will need approval from your government project officer.
- **How much time is there between the intake and the follow-up interviews?** The longer the time, the more money you will need.
- **How many waves of follow-up will be taking place?** Budget for each.
- **Are you conducting the program in a large metropolitan area, such as Los Angeles or New York, or in a rural area?** You need to consider the costs that may be unique to your location.

In order to maximize your follow-up rate, consider these factors as you plan and implement the program. Below, the authors describe studies that estimate the number of contact attempts and the approximate costs of those contact attempts.

Figure 1: Contact attempts needed at six-month follow-up



Adapted from Meyers, K., Webb, A., Frantz, J., & Randall, M. (2003). What does it take to retain substance-abusing adolescents in research protocols? Delineation of effort required, strategies undertaken, costs incurred, and 6-month post-treatment differences by retention difficulty. *Drug and Alcohol Dependence*, 69(1), 73-85.

Excluding subject payments, researchers estimated that programs need approximately \$85 per participant per follow-up wave (over and above program budgets) to adequately track, locate, and interview an adolescent research participant (Meyers et al., 2003, p. 73). Using the [Consumer Price Index Inflation Calculator](#), that comes out to roughly \$110 in 2016 dollars. Using steps such as those described in this manual (for example, sending a letter sent to the participant's last known address, making phone calls and Internet searches, writing letters to family members), Cotter, Burke, Stouthamer-Loeber, and Loeber (2005) estimate a cost of about \$20 per contact attempt (\$26 in 2016 inflation-adjusted dollars). Their average number of contact attempts ranged from nine to 16 over eight waves of data collection. Researchers found 68 percent of participants in 10 or fewer attempts, and found an additional 20 percent of participants in 11 to 20 contact attempts. Their experience is similar to ours; interviewers can find most participants with few contact attempts.

3.2 Setting up the Tracking System

Appoint a dedicated tracking coordinator. In order to ensure that program staff members utilize proper and efficient locating techniques, it is important that one person be in charge of coordinating the efforts for your program. This person should have locating experience or an experienced tracker should train this person. The money invested in this person is money well spent. The coordinator is in charge of all locating efforts, delegating tasks, and ensuring that staff members take appropriate steps at the appropriate time. This person is there to help when a tracker is unable to find a person, but must decide whether to make additional efforts to locate the person. It is essential that the tracking coordinator be sensitive to trackers' needs and aware of the difficulties and frustrations involved in locating participants, especially hard-to-reach participants. The coordinator should be involved at all levels of the tracking efforts: spending time tracking with the other trackers, making calls, and so on. It is important that staff feel supported and that the coordinator understands their experiences.



The Tracking coordinator is also the liaison between the program and various agencies and works with the program director in establishing contact with new sources. The Tracking coordinator should assign cases to interviewers/trackers and review all the cases on at least a monthly basis. Do not overburden trackers with large caseloads, as that might lead to the tracker feeling overwhelmed. The Tracking coordinator should hold weekly meetings with all staff. During this meeting, trackers bring in their cases and review progress. This is the time to share locator methods and successful, as well as unsuccessful, approaches. If a tracker has been unsuccessful with a participant, it might help to reassign the files to a new tracker.

Finalize organizational decisions early. An important prerequisite to a successful tracking and locating effort is the scheduling of adequate time for planning and preparation well in advance of actual fieldwork. There are several decisions to make and procedures to develop before initiating tracking and locating activities:

- deciding whether to operate the tracking and locating effort from a field office or from the central administration or program office;
- obtaining IRB Clearance and a Certificate of Confidentiality (see *Chapter 2*, [page 18](#));
- obtaining clearance for interviews, location information from criminal justice agencies, or both (see *Section 9.4.1*, [page 118](#)); and
- obtaining access to various databases (see *Chapter 8*, [page 101](#)).

Establish dedicated phone lines. Once the location of the operation is determined, the next step is to secure one or more dedicated telephone lines for tracking. The dedicated telephone line will be available expressly for incoming calls from participants and from others contacted in the effort to locate participants. The line is especially useful if the program is part of a larger health services facility where the program's confidentiality could be compromised if a staff member answers the call with a greeting naming the facility. You may train staff to answer this line, which should ring on all follow-up staff phones, with a neutral greeting such as, "*University Health Study*." The phone line should be equipped with voice mail and a message that announces that collect calls are accepted; however, if the collect call is from an automated service, it will not be possible to leave a message that way. Establishing a toll-free number is very useful and prevents phone charges from being a disincentive for parties returning locators' calls. Make sure that the information that shows up in the line's caller ID is neutral and consistent with the phone number and program name you are giving out.

Another option is to distribute cell phones to the trackers. Use cell phones to receive voice and text messaging and e-mails from participants and others contacted in efforts to locate participants. Trackers can set up the voice mail with a neutral greeting, such as a first name. Do not register the cell phone to the program if it could compromise confidentiality.

Cell phones serve two purposes: they provide a means for trackers to communicate with participants, and they provide a way for trackers to communicate back to the program when they are in the field. Most programs rely on cell phones as a safety precaution for staff working in the community.

One way to have a program line without incurring extra costs is to use Google Voice. Your program can link this free service, which supplies new numbers and voice-mail accounts, to an existing phone. You can use a Google Voice number as the new dedicated program line and set it to ring on all program phones, including landlines and cell phones). In addition, Google Voice supplies a transcription of voice-mail messages and can send and receive text messages. Google Voice can also be a resource for participants. For more information, visit these websites:

- https://support.google.com/voice/answer/115061?hl=en&ref_topic=1707989
- https://www.youtube.com/watch?v=_uJnXbzqqM&feature=player_embedded
- https://www.youtube.com/watch?v=qp_3Mnxc3wk&nohtml5=False

Create appropriate stationery and business cards. To protect confidentiality, stationery must be neutral (not mentioning drugs, alcohol, mental health treatment, or the name of a treatment agency). For example, you could use “University Health Study” stationery and include an 800-number on it. Business cards should also be specific to the program and neutral. (See “Creating Your Program Brand” below.)

Establish an e-mail system. Set up e-mail addresses for the tracking staff that are separate from the agency e-mail system (for instance, using Gmail). These generic e-mail addresses provide a direct connection between follow-up staff and the participants they are trying to reach. At intake, ask participants for an e-mail address as a way for staff to communicate with them. If a participant does not have an e-mail account, you may want to take the time to assist them in setting up an e-mail address and explain how to access their account. Electronic communication is a primary resource for contacting participants because computer access is readily available in many public locations free of charge. Be certain to discuss confidentiality procedures with participants to assure them that treatment information is not included in e-mail messages.

Establish a social media account. Set up a social media account with a neutral name to communicate with participants. If you plan to communicate with an individual participant via social media, you should use the private messaging tool within a social media account to communicate privately. At intake, ask participants to provide their social media accounts on the locator form. Your program may decide to establish a variety of social media accounts based on the type of accounts your participants are using. Be certain that you do not compromise confidentiality. An excellent guide for using Facebook in the mental health field is available from Didi Hirsch Mental Health Services:

One grantee told us about using social media to stay in touch with participants and to contact them for follow-up.

“We use the private ‘chat’ options to send messages to clients. We check-in to see how they’re doing in between appointments and support groups and remind them about their follow-up appointment. Our staff report that social media is the most successful contact tool for our LGBT participants.”

A Guide to Using Facebook to Promote Suicide Prevention and Mental Illness Stigma Reduction

- <http://www.didihirsch.org/download-guides-and-files> (scroll to bottom of page)
- http://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/documents/Homepage/AGuideToUsingFacebookSPSR_ItsUpToUs.pdf

It contains step-by-step instructions on how to set a Facebook site, privacy settings, posting, and other details. For more information on using social media to contact or locate participants, see [Sections 6.3, page 71](#) and [7.6, page 89](#).

Develop a tracking database. In order to automate tracking and locating tasks and to easily assess the status of a particular participant, an e-file system could have an additional tracking tab added, or a database program such as FileMaker Pro or Microsoft Access is typically used. Enter information from the locator form into the database upon intake. Alternatively, you may want to use a contact management or customer relationship management (CRM) software package for your tracking database. These software packages can help organize, automate, and track customer interactions, although many charge a monthly service fee. Many of them are cloud-based, which raises HIPAA concerns so you need to consult with your IT and HIPAA compliance specialists regarding particular software packages.

A tracking database program developed for SAMHSA grantees is available at <http://www.uclaisap.org/trackingmanual/download.html>.

With such a program in place, it is possible to generate personalized letters, print address labels, flag cases approaching the eligibility date for the follow-up interview, and print participant profiles for locators/interviewers to use in the field. You can program the tracking database to automate many of these tasks. Tracking staff must keep the database current, recording information such as a new address for the participant, the participant's prison or jail location, and the date an interview was completed. The database need not have the level of detail described in the Tracking Log below, but information on the status of every participant must be current. You may use information from the tracking database during weekly staff meetings; it allows you to see how close you are to meeting your goals. While trackers may desire to use the database in the field, it is not advisable because of possible loss, theft, or data breach. If you decide to use the tracking database in the field, take extreme care (see *Section 2.7, page 28*). Be sure to establish mobile security with encryption and password protections and block access using firewalls and other security measures. Rather than taking this risk, it is preferable to use hardcopy printouts on individual participants when attempting to locate participants in the field.

It might be helpful to include these or similar categories in your tracking database:

- due for contact this month/week;
- letter, e-mail, or text message sent;
- contacted;
- scheduled;
- confirmed appointment reminder (one month, one week, one day);
- no-show;
- needs additional tracking;
- located, not interviewed;
- incarcerated;
- out-of-area;
- in hospital/treatment/hospice;
- passive refusal (try again later);
- final refusal; and
- deceased.

Develop participant tracking files. The next step in preparing for the implementation of the tracking and locating effort is to create a separate file folder for each participant: a tracking file. A tracking file separates all participant locator documents from any clinical records. You must protect confidentiality, therefore, no treatment information or agency identifiers should be in the tracking files. Tracking files may include the locator form, updated locator information, a tracking log, database search results, any miscellaneous locator materials regarding the participant, a blank follow-up interview survey, tracking log that documents the success of participant contact information, participant's photo (if available), and a calendar that identifies the participant's regular program service visits and regular activities (see [Appendix A, page 123](#), for examples.) Establish the participant calendar at intake and update it periodically when you update the locator information. Establishing a pattern of behavior will be beneficial when attempting to locate the participant for a six-month follow-up.

When locating activities begin, organize the tracking files according to the participant's status, and then sort alphabetically. Sending the first follow-up letter to the "best mailing address" on the locator form activates the participant's file. Any contact or attempted contact with a participant means updating the tracking log with the participant's status.

3.3 Documenting the Procedures

Staff must document all tracking activities in the specially created tracking log for each participant. To protect participant confidentiality, you should file treatment and intervention information separately from the contact information of the tracking files. You can document tracking activities in a computer database file or on paper (see detailed examples of the tracking log in [Section 7.1.1, page 77](#) and in [Appendix A, page 123](#)). We find that it is better to format it as a continuous running note (with entries for each date an action was taken) rather than in separate case management-style entries. To make it more efficient, you and your staff can settle on abbreviations for specific actions or results.

Use each participant's log to track the following information:

- dates, times, and descriptions of all actions taken, including how contacted (phone, e-mail, text-message, social media) or data source used (online white pages, Google, etc.), even if the actions are unsuccessful;
- results of attempts, including who was contacted and what was said;
- letters that are returned;
- any new information on each participant;
- notes on any new leads to follow; and
- the initials of the person making the note.

Remember to keep the participants' tracking file and their treatment or intervention files separate. Not only does this help protect confidentiality, but it also helps prevent biasing the follow-up process.

This file will document any correspondence sent, telephone attempts, street locating efforts, incoming calls, requests submitted to government agencies or other sources of information, and any other miscellaneous information that is discovered about the participant (see sample logs in [Appendix A, page 123](#)). The documentation procedure is actually a process of constructing a personal tracking history for a participant. When a history is carefully constructed and documented, it can provide a tremendous wealth of information to locate the participant. Upon reviewing a complete and current file, the fragmented bits of information may fall into place and new leads appear regarding a participant's whereabouts. The tracking history will help to identify gaps in locator information early in the process, allowing trackers to focus on participants who may be more challenging to locate. Additionally, keeping a participant's tracking file complete and current reduces redundancy, helps avoid bothering sources with unnecessary contacts, and allows other staff members to work effectively with the file. At any time, a staff member not familiar with a specific case should be able to identify the next step in tracking a participant based on the efforts described in the participant file.

3.4 Creating Your Program Brand

The concept behind creating your *program brand* is to connect with participants while they are engaged in SAMHSA-funded activities. ***Creating a neutral name for your program is important to protect participant confidentiality***; choose a positive one and use it to engage your participants. It is likely that your staff members already have the skills to build participant rapport on a personal level. Here are some additional things you might want to consider.

- ***Using the neutral program name***, create an identity for your program.
- Use consistent logos, consistent slogans, and consistent staff.
- Post the program name and logo in waiting areas, on doors, on directional signage, on clip boards, etc.
- Be sure all phone IDs use the program name.
- Be willing to go the extra mile for participants.
 - Provide program-branded items with program phone number and logo (notebook, refrigerator magnet, wallet card, pen, cloth bag, back pack, etc.).
 - Provide referral lists with your program name and logo.
 - Provide incentives along with a thank you card with your program name, logo, and phone number for completing each wave of follow-up.
 - Offer food, transit cards, parking vouchers, etc. during the course of the program.

Program-branded items should be of **high enough quality** that participants would want to keep them.

We discovered this the hard way! We bought pens with the project name on them and sent them out along with a survey to complete—only to discover that the pens could barely write! Luckily our respondents were nice enough to complete the surveys anyway.

- Stay in contact by mail, e-mail, text-message, phone, and through social media using your program name and logo.
- Make interactions memorable and of value to participants.
- Prepare program participants for alumni groups.

Your program will likely be one of the more consistent aspects of your participants' lives, also, one of the most positive! Show hospitality toward your participants by being pleasant, polite, and offering drinks and snacks. Ask questions such as “*Did you have any trouble finding our office?*” and “*Did you need money for parking or transit fare?*” Try to make it clear that the program values them and their experiences. You can see an example of a program-branded letter in [Appendix D, page 159](#).

3.5 Use Your Logos

As mentioned above, in order to give an identity to the program and to distinguish your program communications from those of bill collectors, law enforcement, spammers, robocallers, and junk mailers, it is important to use your program logo and name on everything your program sends or gives out.

Below is an example of a logo for the “Healthy City Project.”



Healthy City Project

The logo you devise should go on the program placards, business cards, appointment cards, thank you cards, all letters, all envelopes (including incentive envelopes), all e-mail correspondence, and on your Facebook site. When you send text messages to participants, “Healthy City Project” would also appear in any text message. Your phone caller ID also needs to include “Healthy City Project” on all program phones, including cell phones and landlines. When choosing a logo, try to pick something friendly and neutral that participants will recognize, but that does not violate confidentiality by suggesting that the program is related to substance use or mental illness.

3.6 Create a Culturally Competent Environment

Cultural competency and awareness among staff members and for the program as a whole will be vital to ensuring your program's success. In an effort to reduce health disparities among minority populations, programs should employ strategies that increase program participation by various cultural, racial, ethnic, socioeconomic, gender, and age groups (Calamaro, 2008). These strategies include the following:

- hiring bilingual, bicultural staff members with knowledge and experience working with a specific racial and/or ethnic population;
- hiring staff members with experience or cultural knowledge of socioeconomic, gender, and age group populations;
- understanding participants' cultural values and how they may affect recruitment and retention; and
- developing culturally congruent strategies for recruitment and retention

(Betancourt, Green, Carrillo, & Ananeh-Firempong, 2003; Calamaro, 2008; Dong, Chang, Simon, & Wong, 2011; Longshore, Grills, & Annon, 1999).

“‘Culture’ refers to **integrated patterns of human behavior** evident in shared values, beliefs, norms, and perceptions of individuals, to social groups, and institutions” (Calamaro, 2008, p. 330).

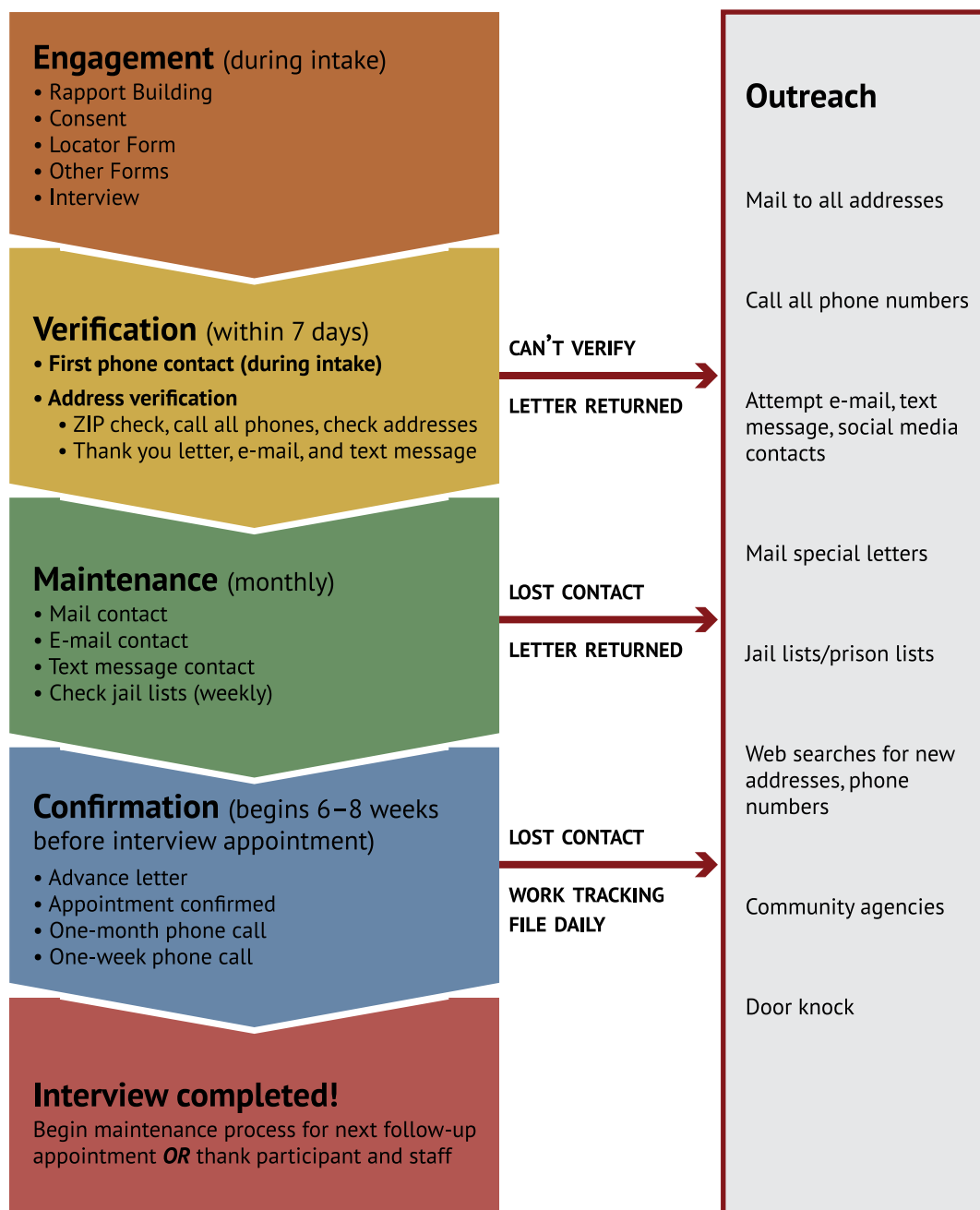
In an effort to reduce health disparities among minority populations, the Office of Minority Health of the Department of Health and Human Services developed the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care ([CLAS Standards](#)). The principal standard is to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. One important aspect of the CLAS Standards not previously discussed is that signage should be in multiple languages and make it clear that language assistance is available, if needed. For more information on improving cultural competence in treatment environments, consult SAMHSA's [TIP 59: Improving Cultural Competence](#).

3.7 Tracking Steps

Similar to what the authors describe in this manual, Christy Scott describes the staying-in-touch process in terms of engagement, verification, maintenance, and confirmation (Scott, 2004; Scott, Sonis, Creamer, & Dennis, 2006). To begin the process, staff members undertake an **engagement** process during which they educate the participant about the program, obtain consent, obtain locator information, complete intake forms, schedule the next appointment, provide the participant with a program-branded appointment card containing follow-up information, and send a thank you letter. In addition, during the engagement process program staff should role-play collecting locator data with the participant so that participants see how trackers conduct verification phone calls.

Staying in Touch Phase Diagram

Adapted from Scott, 2004



Within a week or so of intake, your staff members should complete the **verification** process. The verification process involves calling every phone number obtained in the locator. When a participant or other person answers the phone, obtain the address, check it against what the client gave at enrollment, and document any discrepancies. Ideally, a staff member would have already verified the participant's primary address in ZIP Code Lookup and called their cell phone number during intake.

Next is the **maintenance phase**. During this stage, staff members typically attempt contact every month for shorter programs or every other month for follow-up periods of a year or more. The content of the contact message can vary and can include appointment reminders, seasonal messages, health messages, services information, and birthday greetings. The authors recommend performing actions in the "sets" listed below.

For each participant:

- mail correspondence to the participant's primary address,
- call and/or text-message all phone numbers listed for the participant, and
- send e-mails to the participant's e-mail addresses.

For most participants, this will be all it takes to stay in touch.

If these actions are unsuccessful, however, then:

- mail correspondence to all known addresses of named contacts,
- call or text-message all phone numbers listed for participant and named contacts,
- send messages to the participants' and contacts' e-mail addresses,
- search Internet white pages (see [Section 7.6.2, page 91](#)) for updated telephone numbers and addresses of participants and all potential contacts,
- search and send a private message via social media sites (see [Sections 3.2 page 35, 6.3 page 71, and 7.6 page 89](#)) using confidentiality protection strategies,
- search service or other official records to which you have access,
- review returned correspondence for address updates,
- send an additional letter to any address from which mail was not returned, and
- after trying the techniques listed above, go door knocking (see [Section 7.7.2, page 95](#)).

In addition, during the maintenance stage you will want to have staff check local jail and prison inmate listings for all participants weekly. Of course, you may need to repeat these steps numerous times before you are successful. Be persistent!

Finally, there is the **confirmation** process. Typically, this starts six to eight weeks (depending on when the appointment has been scheduled) before the date of the next follow-up appointment. This involves contacting the participant directly and confirming with them the date, time, location, and incentive amount for the follow-up interview. Ideally, this contact involves speaking with the participant on the phone, but contact through text messaging or e-mail is also acceptable, especially for younger participants. Once confirmed, it is essential that you make reminder calls, send texts, and e-mail at intervals that shorten in time as the appointment approaches (that is, one month, two weeks, one week, and one day before the appointment).

Confirmation reminder schedule

 Time before appointment	 First step	 If no contact, second step
6–8 weeks	Call, use media to confirm appointment	Send to outreach
1 month		
2 weeks		
1 week		
1 day		

If tracking staff members are unable to quickly reach a participant and confirm a follow-up appointment, then they need to initiate active outreach just as they would during the maintenance phase when contact attempts are unsuccessful.

Employing a variety of strategies improves follow-up success; Robinson and colleagues make this point in their 2015 review of retention strategies for participants in health studies. The researchers reviewed 88 studies of retention strategies and classified the strategies used according to themes. They found that the more strategies used, the better the retention of participants. This manual features the retention strategy themes identified, including the following:

- being systematic: using systematic methods for participant contact (for example, obtaining multiple contacts for participants);
- monitoring follow-up progress: monitoring appointment scheduling and participant retention;
- providing a good experience to participants: having positive visits with program staff, and minimizing participant burden (for example, offering flexible appointment times); and
- paying attention to the characteristics and training of program staff (for example, culturally sensitive staff members, staff who show empathy toward participants, etc.).

As the authors have indicated since the first edition of this manual, using a variety of strategies and using them diligently and systematically pays off in the end.

NOTE:

The tracking log is a **very important tool**. It keeps you from duplicating efforts and helps you to decide on the most productive options. Study both the tracking log and the locator form so that you can formulate the best next step.

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4. Choosing and Training Your Staff

Recruitment

Choosing your tracking staff wisely is one of the most important steps you can take to ensure overall success. Over the years, we have found that good trackers tend to have certain characteristics. Good trackers enjoy the challenge of finding people and staying in touch with them. They are diligent and committed to the problem-solving nature of the task. They are socially adept and mature enough to always keep confidentiality issues in mind and not go over the line. They are also street smart and understand the conditions under which participants tend to operate. They are computer and media savvy. They are friendly, maybe even have the gift of gab, but able to maintain appropriate professional boundaries. While they are confident in the field, they do not take unnecessary risks in unsafe situations. The authors discuss these and additional characteristics below. Trackers do not have to embody all these characteristics to be successful, but the more of these characteristics that they have, the more likely they are to succeed. Certainly, your team of trackers combined should have them all.

The ideal tracker has the following characteristics.

Is diligent. Staying in touch with participants requires diligence to send out mail, texts, and e-mails on time and to record outreach attempts and results.

Is detail-oriented. A good tracker documents everything: the phone numbers called and the results; the letters sent; the letters returned; impressions of the situation after phone calls; ideas about a good next step; or an address or phone number that may be good, but hasn't given results yet. You find all this and more in the tracking log of a good tracker.

Can work independently. Trackers often need to work evening and weekend hours, times when it may be difficult for you to be on hand for supervision. In addition, trackers should be able to make decisions about what course to follow without requiring constant oversight.

Is friendly, polite, and can build rapport easily. Because trackers are asking favors of others, a pleasant demeanor is essential, but even more important is the ability to quickly build rapport. Good trackers quickly put people at ease and engage them in assisting the search for your participant.

Is street smart. Street smarts are so important when following up on participants, especially in door knocking situations. We usually look for people with a history of working in the community. To gain more insight into current street situations, have trackers talk to other participants, such as your most knowledgeable counselor, local service providers, or anyone else who can give them a sense of what's going on out on the streets. Trackers should also be aware of places/situations that are unsafe (that is, drug-dealing areas, isolated areas, gang turf, turf wars, etc.).

Can work with a wide variety of people. To be successful, trackers have to secure the trust of your participants, participants' family members, participants' employers, social service agency personnel, criminal justice system personnel, and others. Be sure your tracker will treat people with substance use disorders, those with mental health conditions, parole officers, and others with respect.

Is nonjudgmental. Do you have participants who have relapsed? Who are involved in prostitution? Who are in unhealthy relationships? A tracker should be able to work with participants in these situations without appearing judgmental.

Is culturally sensitive. It is a good idea to have trackers from the same cultural groups you serve and who are aware of the cultural issues that might come up. Even over the phone, there are differences in things such as directness, use of silence, time spent on pleasantries, and so on that differ from one cultural group to another. These can be key to successfully locating a participant. (For more on this issue, see Calamaro, 2008, and Dong, Chang, Simon, & Wong, 2011.)

Is perseverant. You want someone who enjoys the challenge of finding program participants and who is not discouraged by a hard-to-find case. Trackers also need to be systematic, keeping notes on the steps they take, automating tasks (such as sending letters) when possible, making weekly checks for participants in the criminal justice system, and so on. Good trackers will follow up leads when they find them.

Understands confidentiality issues. There may be times when your tracking staff may be tempted to break confidentiality. For example, a social service worker or parole officer might ask for information on your participant in return for providing information. Trackers must understand that they cannot breach a participant's confidentiality, even when it might make their job a little easier.

Is smart and analytic. Trackers need to be able to study a file containing the locator form and tracking notes and figure out what the next best course is.

Is flexible. Your tracker should be willing to go to a not-so-nice park to find a participant experiencing homelessness or to make calls during evenings and weekends.

Is computer and media savvy. A good tracker should have good basic computer knowledge: understanding how to go online, how search engines work, how to use databases, how to do mail merge tasks, how to back up the computer, and other related tasks. Also important is social media knowledge. A tracker must know not only how to use social media to contact participants, but also how to protect confidentiality in the process.

4.1 Staffing

Typically, Program Directors employ college graduates with backgrounds in the social sciences as program trackers. Many of them come from nonwhite racial and ethnic groups and are bilingual. Most have relevant community experience, such as being an outreach worker, working in a homeless shelter, or tutoring youth in the community. Some grew up in the same neighborhoods as many of the participants in our studies. Some of our trackers and interviewers are in recovery.

Employing treatment or intervention program staff for tracking and locating is generally not advisable. Participants may not want their counselors to know that they are not doing well, or they may have had a negative experience at the program and do not want to interact with program staff. It may also create confidentiality concerns on the part of participants. If outreach workers are separate from the main program staff, they could fill the role of tracker or interviewer. Consider tasking the outreach workers with tracking and locating participants who are difficult to reach. They are familiar with the community and where to locate participants who may be transient, homeless, and relying on services. If your program has peer specialists, consider including them as a resource for the tracking staff. Peer specialists often have local knowledge that other staff members lack.

When staffing follow-up programs, you may have one person work an early shift (starting at 8:00 a.m. or earlier) while another comes into work later. That way, the program can cover phones from 8:00 a.m. to 8:00 p.m. This is extremely important when participants are calling from prison or jail, where they are required to make automated collect calls, and there must be someone at your office to accept the call. Programs need Saturday or Sunday covered every week as well. A tracker with early weekday hours can contact agency personnel (jails, prisons, social workers, department of motor vehicles, etc.), while trackers who work evening hours can contact people after they arrive home from work. Trackers do not have to work full time to be effective. The best trackers maximize their effectiveness by working in the evenings or on Saturday or Sunday, when they may be more likely to reach people by telephone.



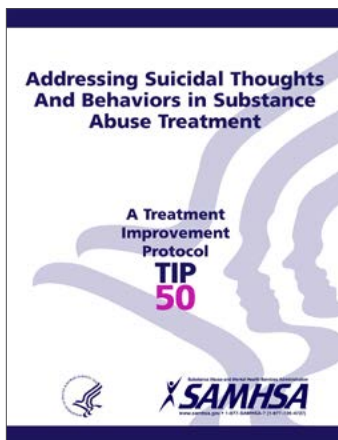
Even though you recruit and hire for the skill set described above, it is important to train continuously including cross training among the staff. This does not have to be particularly formal or time consuming. Just be sure that trackers with knowledge in particular areas assist other staff in learning this information.

How do you supervise staff members who are often working outside regular business hours? One way is to hold weekly all-staff meetings. Another is to monitor tracking logs. Does the staff member make clear, thorough notes of tracking attempts? Does the staff member make a reasonable number of tracking attempts? Are these attempts appropriate? Not everyone has the right mix of characteristics to make a good tracker. If your attempts to assist or train a staff member are not showing success, it is best to reassign that person to a different role and keep looking for the right tracker.

4.2 Staff Training

Once you have selected your program staff members, properly preparing them for follow-up and other program activities will be essential to your success. While most of this manual deals with the nitty-gritty of follow-up, there are also very important human aspects. Most program staff members (that is, interviewers, trackers) will not have had clinical training. By providing them with training in what are referred to in this guidebook as *Red Flags* situations (danger to self or others and abuse), motivational interviewing and trauma-informed care, you will increase their effectiveness and confidence in working with program participants.

4.2.1 Red Flags Training: Danger to Self or Others and Abuse



Since you will be providing services to participants with substance use or mental health conditions, it is important that all staff members are trained to deal with issues of abuse and danger to self or others. While you always strive to protect the confidentiality of program participants, there are certain situations that, by law, you must report to the authorities. The manual authors train staff members in the following areas: danger to self; danger to others; child, elder, and dependent adult abuse; and domestic violence/partner abuse. For all these situations, we ask staff members to complete program incident reports in addition to fulfilling mandated reporting requirements.

[Appendix C, page 149](#), provides general guidelines for assessing and addressing such situations. You will need to train staff members to be aware of these situations and others that might be pertinent to your program (that is, eating disorders, overdose, etc.). In addition, states and municipalities have varying definitions of these situations, so be sure that you have clear information about your state's policies regarding reporting. Certain professions (for example, doctors, nurses, teachers, and counselors) or job titles are mandated reporters of these situations.

Find out whether or not your program staff members are mandated reporters. Also, be sure you know your agency's procedures for dealing with these situations. It is important to have clear step-by-step procedures written down and sufficient time devoted to train staff on the procedures, because, in the rare event of having to make a report, your staff member will likely be feeling stress and will need clear directions. Teach staff members that when a potentially reportable situation arises, they should contact a supervisor who will assist them in the reporting process. As mentioned below in the section on trauma-informed approaches, it is also important to provide post-reporting support for staff members who make a Red Flags report.

It is important to have clear step-by-step Red Flags procedures written down and sufficient time devoted to train staff on them.

To summarize, for your Red Flags reporting procedures and training you will want to address certain questions.

- What are the policies of my state, county, and program?
- Who is a mandated reporter?
- Does our program have an on-call clinician?
- What should we do if a participant is no longer in treatment? What agency can provide assistance?
- Are the reporting phone numbers, websites, and forms up to date?
- How can supervisors support staff during and after the reporting process?
- Do I need to contact my Institutional Review Board after making a report?
- Should the participant be withdrawn from the follow-up program?
- How do I handle Red Flags situations in social media?

4.2.2 Motivational Interviewing: Staff Training

Motivation refers to a state of readiness to change or to take steps on a particular course of action, such as quitting smoking, entering treatment, enrolling in a prevention program, or completing follow-up interviews. Motivation is dynamic and fluctuates for any given individual based on a number of factors, and how interviewers and other program staff interact with participants can influence motivation. In this section, the authors briefly describe motivational interviewing (MI), discuss MI as an effective approach for engaging and retaining program participants, and list resources for MI training.



What is motivational interviewing? Motivational interviewing is a method of talking with participants about change. It is “a collaborative conversation style for strengthening a person’s own motivation and commitment to change” (Miller & Rollnick, 2012, p. 12). MI is practitioner guided and participant directed. In other words, in MI you believe that participants already possess within themselves much of what they need in order to change.

This person-centered, directive approach helps participants who are ambivalent about change by using their own “change talk” to explore and resolve ambivalence. In the past, participants were seen as “resistant” or “in denial” of their substance use or mental health conditions. Motivational interviewing, on the other hand, encourages program staff to help participants increase their readiness to change behavior by helping them focus on their own reasons and goals.

The spirit of motivational interviewing. The spirit of MI outlines the approach that guides and grounds MI practice. An MI stance is one that embodies partnership, acceptance, compassion, and evocation. The spirit of MI is an essential ingredient of effective MI practice, without which the skills often fall flat. Miller and Rollnick (2012) describe four dimensions of MI spirit.

- Partnership: demonstrating profound respect for the other; recognizing both parties’ expertise; “dancing” rather than “wrestling”
- Acceptance: prizing the other’s inherent worth and potential; providing accurate empathy; supporting autonomy; affirming strengths
- Compassion: coming alongside in a person’s suffering; actively promoting the other’s welfare; giving priority to the other’s needs
- Evocation: eliciting the person’s own knowledge, wisdom, strengths, and motivation

Interviewers can convey the spirit of MI in numerous ways. It has an experiential and a behavioral component. MI spirit is expressed through the various aspects of your body language, nonverbal expressions, tone of voice, and attitudes, as well as what you say and do over the course of an interaction. The partnership and acceptance aspects of MI can provide the grounding for participants to engage in the program.

Motivational interviewing could also be useful for those who are teetering on the brink of refusal, either at intake or during the follow-up process. Use the MI techniques to explore and help the participant resolve any ambivalence about program involvement. However, keep in mind that the participant’s right to refuse program involvement is always paramount.

Motivational interviewing requires both training and practice. If your program does not have someone with MI experience who can provide training, there are excellent resources to help, including the Miller and Rollnick manuals (Miller & Rollnick, 2012; Rollnick, Miller, & Butler, 2008) and others:

- Motivational Interviewing Network of Trainers (MINT): <http://www.motivationalinterviewing.org>
- Think, Teach, Transform (t3): <http://us.thinkt3.com>
- Addiction Technology Transfer Center’s MI resource page: <http://www.motivationalinterview.net>
- Videos on MI techniques are available if you search <http://www.YouTube.com> for motivational interviewing.

4.2.3 Trauma-Informed Care: Staff Training

Trauma affects approximately 90 percent of the U.S. population (Kilpatrick, Resnick, Milanak, Miller, Keyes, & Friedman, 2013). The relationship between mental health conditions, substance use disorders, and trauma is well established (Briere, Scott, & Jones, 2015; Darke, 2012; Felitti & Anda, 2010; Herman, 1997; Kramer, Polusny, Arbisi, & Krueger, 2014; Najavits & Hien, 2013). The majority of participants living with substance use disorders have experienced traumatic events during their lives, and many have post-traumatic stress disorder (APA, 2013) or Complex PTSD (Cloitre et al., 2012; Herman, 1997). Trauma comes in many forms, including natural disasters, community violence, poverty, interpersonal violence, torture, loss of homeland, war, homelessness, oppression, imprisonment, insidious trauma, historical trauma, and intergenerational trauma. For a thorough review of the impact of trauma on quality of life and health and among individuals with substance use disorders, refer to the online literature review that accompanies [TIP 57: Trauma-Informed Care in Behavioral Health Services](#) (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014b).

SAMHSA's (2014a) Working Definition of Trauma

Individual trauma results from an event, series of events, or set of circumstances that an individual experiences as **physically or emotionally harmful or life threatening**, and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Trauma can have a debilitating impact on people, the experiences and effects of which may often go unrecognized and unacknowledged in many treatment settings. It is important for program staff to be aware of trauma and its impact in the lives of the people with whom they work. Many of the symptoms that participants experience—which they may attempt to manage with substance use or other potentially harmful behaviors—are often a result of posttraumatic stress. Program staff can acknowledge participants' resilience and strength as trauma survivors and avoid judging a participant for these adaptive skills.

Trauma-informed care involves delivering services and administering program interviews in such a way as to be welcoming of and responsive to trauma survivors. Further, program staff members should assume that all program participants have survived trauma to avoid inadvertently or unnecessarily re-traumatizing them. Employing trauma survivors as peer specialists, when appropriate, to deliver services, advocate, administer interviews, assist with tracking and follow-up, and inform program development and policies will provide a new dimension to your program.

Program Directors can access assessment tools such as the [Trauma-Informed Organizational Toolkit](#) (Guarino, Soares, Konnath, Clervil, & Bassuk, 2009) or [TICOMETER](#) (Center for Social Innovation, 2015) for a comprehensive approach to assessing and implementing trauma-informed care in their particular setting.

SAMHSA's (2014a, p. 10) concept of trauma-informed care is a program, organization, or system that

- **realizes** the widespread impact of trauma and understands potential paths for recovery;
- **recognizes** the signs and symptoms of trauma in participants, families, staff, and others involved with the system;
- **responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and
- seeks to actively **resist retraumatization**.

Recognizing signs and symptoms of trauma. It is essential that program staff are able to recognize traumatic experiences and responses, and when indicated, support participants who are living with the effects of trauma. Misunderstood or ignored signs of trauma may interfere with help-seeking, limit engagement into services, result in premature drop out from treatment, lead to inadvertent re-traumatization of the people you are trying to help, and result in failure to make appropriate referrals. Conversely, recognizing and responding to the effects of trauma supports participant engagement, provides participants with a safe and trusting environment to elicit honest responses to interview questions, minimizes re-traumatization, responds to activation of past trauma, and facilitates the collection of valid data while contributing to data quality assurance.

For those who work with people who have experienced traumatic events, hearing about traumatic incidents (that is, vicarious trauma) can also have a negative impact. Mental health and substance use treatment programs should develop appropriate training and support mechanisms for staff so that they recognize the signs and symptoms of vicarious trauma and seek support.

Below is a table that describes how common trauma reactions may explain some “difficult” behaviors or reactions within treatment or program settings. Program interviewers are likely to come across these behaviors, so understanding why they occur and how to prevent or address them is crucial to increasing staff effectiveness. Please be aware that trauma reactions may *differ across age groups, specifically among children*, and you should train your staff accordingly.

“Difficult” Behaviors within Treatment Settings	Common Trauma Reactions
Has difficulty “getting motivated” to enroll in the program, participate in treatment, pursue other goals	Depression and diminished interest in everyday activities
Complains that the setting is not comfortable or not safe, appears tired and poorly rested, is up roaming around at night	Nightmares and insomnia
Perceives others as being abusive, loses touch with current-day reality, feels like the trauma is happening all over again	Flashbacks, triggered responses
Avoids meetings with interviewers and other study or program staff, shuts down when faced with traumatic reminders	Avoidance of traumatic memories or reminders
Isolates within the program, stays away from other participants and staff	Feeling detached from others
Lacks awareness of emotional responses, does not emotionally respond to others	Emotional numbing or restricted range of feelings
Is alert for signs of danger, appears to be tense and nervous	Hyperalertness or hypervigilance
Has interpersonal conflicts within the program, appears agitated	Irritability, restlessness, outbursts of anger or rage
Has difficulty keeping up with study interviews or other program activities	Difficulty concentrating or remembering
Becomes agitated within the program, is someone for whom rules and consequences act as triggers, has difficulty setting limits with children.	Feeling unsafe, helpless, and out of control
Has difficulty following rules and guidelines within the program, is someone for whom dealing with authorities acts as a trigger, will not accept help from others.	Increased need for control
Feels emotionally “out of control,” frustrates staff and other participants with unpredictable responses.	Affect dysregulation (emotional swings, such as crying and then laughing)
Seems spacey or “out of it,” has difficulty remembering whether they have done something, is unresponsive to external situations.	Dissociation
Complains of aches and pains, such as headaches, stomachaches, and backaches, becomes ill frequently	Psychosomatic symptoms, disrupted immune system
Cuts off from family, friends, and other sources of support	Feelings of shame and self-blame

“Difficult” Behaviors within Treatment Settings	Common Trauma Reactions
Has difficulty trusting staff members, feels targeted by others, does not form close relationships in the service setting	Difficulty trusting and/or feelings of betrayal
Complains that the system is unfair and that they are being targeted or unfairly blamed	Loss of a sense of order or fairness in the world
Shows a lack of effort by not following through on appointments, not responding to assistance	Learned helplessness
Invades others' personal space or lacks awareness of when others are invading their personal space	Boundary issues
Has ongoing substance use problems	Use of alcohol or drugs to manage trauma responses
Remains in an abusive relationship or is victimized again and again	Revictimization (disrupted ability to identify danger signs)

Adapted from Hopper, Bassuk, and Olivet, 2010.

Many factors related to the traumatic event(s), the individual, and the environment affect how someone responds to trauma. Cultural factors, such as norms for expressing psychological distress, defining trauma, and seeking help in dealing with trauma can affect people experience or respond to trauma.

SAMHSA's guide for collecting performance data using trauma-informed interviewing skills describes several opportunities for interviewers to integrate trauma-informed care over the course of their work (2015). Examples include establishing relationships between participants and program staff, attending to the physical environment, collecting data in the interview and role of the interviewer, recognizing and responding to post-trauma responses that occur during an interview, and ensuring staff self-care and supervision. Readers are encouraged to obtain a copy of this manual for a detailed description of each of these dimensions of integrating trauma-informed care during the evaluation process.

The physical environment within an organization is a good starting point when considering the implementation of trauma-informed care. A participant's perception and experience of the interview environment will affect their sense of safety as well as engagement in services and related studies. As a starting point, organizations may wish to conduct a trauma-informed walkthrough or environmental scan to assess for assets, barriers, and limitations that may exist in the environment. Whenever possible, conduct interviews in a private, confidential, quiet, inviting, and comfortable physical space set aside specifically for data collection interviews. Allow the participant to maintain as much control in the interview as possible by offering a choice in seating arrangement, access

to water or snacks, the ability to take breaks when needed, and access to clean, preferably gender-neutral, bathrooms. If the program serves children or families, create a dedicated space in the waiting area with activities and materials, such as books, games, or arts and crafts supplies. Changes to the physical environment can range from the simple and inexpensive to the more difficult and very expensive. Start by focusing on what you can do in the short-term while planning for longer-term changes.

SAMHSA's (2015) guide for trauma-informed interviewing contains an adaptation of motivational interviewing, outlining a method for initiating and conducting data collection interviews. Keeping a trauma-informed approach in mind, let the participant know of any next steps within the program, and invite them to contact program staff or other supports if they need assistance after the interview.

Staff Self-Care and Support. In addition to participants, program staff can also benefit from trauma-informed care through improved relationships with participants, personal and organizational approaches to self-care, and training and supervision that incorporate a trauma-informed approach. See Lipsky and Burk (2009), and Volk, Guarino, Grandin, and Clervil (2008) for more information on personal and organizational self-care.

For more information, visit these additional resources

- SAMHSA's National Center for Trauma-Informed Care (NCTIC): <http://www.samhsa.gov/nctic>
- SAMHSA's Efforts to Address Trauma and Violence: <http://www.samhsa.gov/trauma-violence/samhsas-efforts>
- National Child Traumatic Stress Network: <http://www.nctsn.org>

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5. What to Do during the First Meeting with the Participant



As the authors noted in the previous chapter, your program and staff members have the potential to be one of the more friendly and consistent aspects of your participants' lives. Building rapport can go a long way in making continuing contact and follow-up easier. Making your office, clinic, or waiting room a welcoming environment is an important first step.

5.1 Rapport Building: Facilitating Participant Engagement in the Program

Think of the intake process as an engagement process. Treating participants with **respect** is a key element of rapport building. Thank them for coming. Offer your participants hospitality by being pleasant and polite, and offer beverages and snacks. Ask if they had trouble finding the office or if they needed cash for parking or transit fare. It helps to reimburse them on the spot for parking or transit fare. You want to make it clear that you value them, their time, and their experiences. A participant with a hot cup of coffee (or tea, or hot chocolate) in front of them will be more willing to complete forms and participate in interviews than someone who feels that they are “just a number.” Respect is also an important element of trauma-informed care and incorporating trauma-informed principles will be essential to effective rapport building.

Rapport building is key to getting good locator information and reducing subsequent tracking difficulty.

As the authors suggested in the previous chapter, interviewers should assume that the person sitting in front of them has a history of trauma. By using a trauma-informed approach, you are more likely to engage participants. Likewise, respect is at the heart of cultural competency. In addition to having multilingual, culturally competent staff members and materials, you can also show cultural competence in other ways, such as providing the snacks and beverages favored by the cultural groups in your program. (For more information, see *Sections 3.6, page 42* and *9.5, page 118, and Chapter 4, page 49*)

In addition to showing respect by being welcoming, program staff members also show respect by being **competent and organized**. Materials should be ready before a participant arrives. Do not keep participants waiting, and they should not have to fill out the same information or answer the same questions repeatedly.

Due to the nature of the work on mental health and substance use disorders, your team will often ask questions about difficult subjects. Because they work with these topics daily, your staff may feel less embarrassment or reticence to discuss these subjects. This probably will not be true of your program participants, especially those who have experienced trauma. Using **active listening skills** to demonstrate that you understand where participants are coming from can help put them at ease.

Using your **observation skills and your knowledge of the participant's culture** will help with the rapport-building process. Does the participant seem uncomfortable with certain topics during the intake or interview process? When individuals start to disengage (for instance, by giving only the shortest answers) or their body language indicates discomfort, then it is important to address it. Ask if they are uncomfortable. Then, **validate**

their feelings (that is, "I can see why you would feel that way...") and make the adjustments possible (such as, putting a difficult section at the end, allowing them to point to responses, providing a short break, etc.). Sometimes participants may hesitate because they do not want to offend or embarrass the interviewer, not because of their own discomfort discussing the topic. If this appears to be case, the interviewer should ask and then reassure participants that they are familiar with the topic and the wide range of

behaviors that take place. The interviewer should let them know that the program needs information about what people really do and that being forthcoming about the behavior will help the program. After concluding the topic, the interviewer should thank the participant for being forthcoming on a difficult topic.

At the end of the intake process, thank participants again for their time and their contribution.

Explain what will happen next and give them their next appointment. Let them know about the reminders and other materials you will be sending to them. Remind them that the verification

"Contact difficulty is affected by the extent of location information gathered at baseline, ... [and] failure to ensure participants' confidentiality and establish rapport..." (Cunningham et al., 2008, p. 142).

You can influence this!

process will take place in the next week. Tell them about the incentive they will receive when they participate in the follow-up interview, and provide a program-branded appointment card and informed consent materials. Using the simple strategies just outlined will ensure that program participants will depart from the intake appointment feeling valued, respected, and willing to stay in touch with the program.

5.2 Participant Engagement: Obtaining Consent

As the authors explained in [Section 3.7, page 42](#), the consent process is part of the engagement phase. See the consent process as a way to educate the participant about the program and how it protects confidentiality, not as a boring process to rush through!

Typically, the consent process involves two steps. First, a staff member will approach each possible participant individually and give a brief overview of the program. During the overview, the staff member will briefly explain the program to prospective participants, the voluntary nature of their participation, and if they agree, arrange for a private time and space to complete the informed consent process with each individual. Next, the intake and consent process begins. This consent process will take place in private, secure areas of the community program. Give the participant an informed consent form and read the form aloud to the participant. Stress that participation is strictly voluntary, and that whether they participate or not, their decision will not affect their treatment at the program. During the consent process, the staff member will discuss the program intervention, the staying-in-touch process, the need for a six-month (or additional) follow-up, and the need for the information on the locator form. Explain in a clear way the ways that participants will benefit from participating, in other words, describe the services and other benefits they will receive as part of the program. Tell them about the value of the incentives for participation and when they will receive them. After explaining the program processes, the staff member will answer any questions the participant might have and confirm comprehension by asking comprehension questions. Expect the consent process to take 15 to 30 minutes.

5.3 Participant Engagement: The Locator Form

A comprehensive locator form (see [Appendix A, page 123](#)), properly and thoroughly completed, is the most important tool for locating

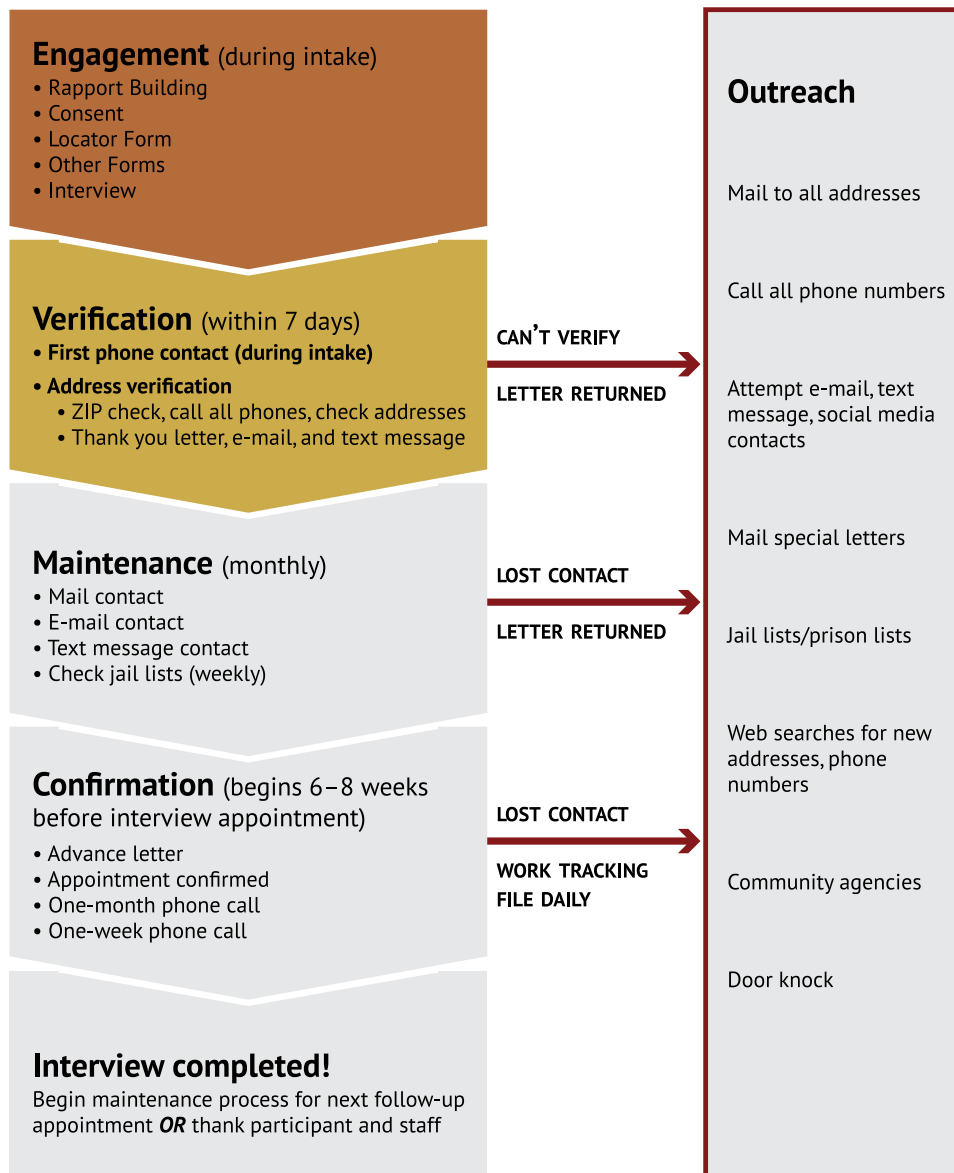
participants for follow-up. Completing the locator form continues the engagement process. The importance of working with participants to document as many leads as possible cannot be overstated. Staff must not break off attempts to collect locator information after collecting two or three items, or after encountering reluctance to provide information. Participants have legitimate privacy concerns, and their reluctance to give information can usually be overcome by a more thorough explanation of how the program protects their confidential information and how the staying-in-touch and tracking

Don't forget the **"Rule of Three"**: Get complete contact information for at least three people who will know where your participant is in a year (especially the participant's mother!).

process works (for example, “We only contact the people on your locator form if we cannot reach you directly”). Once a participant understands the staying-in-touch and locating process, their reluctance to provide locator information usually decreases.

Complete information is paramount. If an interviewer tends to collect sparse information on all participants, a supervisor needs to train this person regarding the importance of obtaining complete information and how to collect information that is more detailed. Interviewers who do their own tracking soon learn that their job is much easier at follow-up when the locator form is thoroughly complete. In addition to completing the locator form at the intake interview, it is important to update this information *at every subsequent contact point*. If there is to be more than one follow-up interview, complete a fresh locator at each follow-up. This minimizes the chance that the participant will tell you, “Everything is the same as last time.”

Staying in Touch Phase Diagram



Since many participants tend to be highly mobile, it is important to get as much information as possible. The Locator Form included in *Appendix A*, [page 123](#), asks for

- full name;
- date of birth;
- nicknames or aliases;
- place of birth;
- residence address and phone;
- best mailing address and phone;
- work phone;
- name, address, and phone number of immediate relatives and friends;
- name and contact information of other regular contact agency;
- e-mail and social media account information; and
- other information that has proven useful in locating participants in the past (for example, bars and known street corner hangouts).

Since users often abandon an e-mail address when spam gets too extensive, be sure to request the best e-mail address to use when someone has to reach the participant.

Who should fill out the locator form? Your interviewer! Participants' handwriting may not be legible, so it is crucial that your interviewer fill out the form. You can introduce the form as a way to hear about the participant's story. Ask participants to take out their phones or address books. Who do they call the most? Which relatives or friends do they check-in with? When obtaining contact information from participants, interviewers should ask participants to inform the people that they listed on the locator form that they are participating in a "health study." These people will then be aware of the "health study" and more likely to cooperate when contacted. Interviewers should role-play a phone call with participants so they can hear exactly what follow-up staff will say when calling a friend or relative to verify the locating information.

It is often advantageous to make a first pass of completing the locator form at the beginning of the interview and then to go over it again later in the session, after establishing rapport. When a person cannot recall exact information, such as a relative or friend's address, the interviewer should obtain whatever information is available (for example, cross streets near the friend's residence).

Locator form “must haves”

- Participant's full name, address, telephone numbers, e-mail addresses
- Names, addresses, e-mail addresses, and phone numbers of at least three people who will know where the participant is in a year
 - Check your locators to be sure they have as much contact information as possible
 - After rapport is established, try to obtain more contact information
- Participant's message number
- Participant's aliases or nicknames
- Participant's birth date

A number of participants may be homeless, isolated, and completely out of touch with family and friends and may have little or nothing to enter on the locator form. Locating members of this group can be arduous and require specialized procedures (see *Chapter 9*, [page 108](#)). The interviewer, however, should attempt to obtain as much information as possible, even if participants think the information is useless. For example, it is important to collect information on where participants hang out, shelters they may use, places they sleep, and where they get food and pick up their checks. In addition, even if the participant has not seen a family member for years, and may believe an address to be irrelevant, contact is sometimes re-established despite long periods of estrangement. In addition, as is sometimes the case with individuals who are experiencing homelessness, family members may be tracking them, even if they are not in direct contact with each other.

Locator form useful items

- A complete list of participant's relatives and their addresses and phone numbers
- Social media contact information
- Address and phone number for participant's place of work
- Participant's physical description
- Probation/parole officer's contact information
- Participant's photo

After completing the intake interview, verify participants' addresses before they leave the building. This allows the program to obtain the correct address if the participant initially provided it in error. To verify a participant's address, send the address through the U.S. Postal Service's [ZIP Code Lookup](#). This handy resource provides zip codes, gives information on address errors, and corrects common misspellings. It is a good idea to use this website to verify the other addresses provided by the participant in their locator form, including addresses for friends and family members.

The **ZIP Code Lookup** (<https://tools.usps.com/go/ZipLookupAction!input.action>) can be a great resource whenever you have a problem address. Not only does it give zip codes, it also provides information about address errors and corrects common misspellings.

5.4 Participant Engagement: Authorization for Release of Information

If, as part of your program, you need to gain access to personal health information that is confidential, such as treatment or hospital records, you will need to ask participants to sign an Authorization for Release of Information form, as required by the [Health Insurance Portability and Accountability Act](#), 45 C.F.R. Parts 160 and 164. If needed, the Release of Information form should be part of intake process. It is likely that your agency or program already uses these forms and has standardized them. When you present the form to participants, point out that it describes the type of information requested, that the release of information is voluntary, and the participant can revoke the release at any time. For information about the content of such release forms, please see [Appendix A, page 123](#).

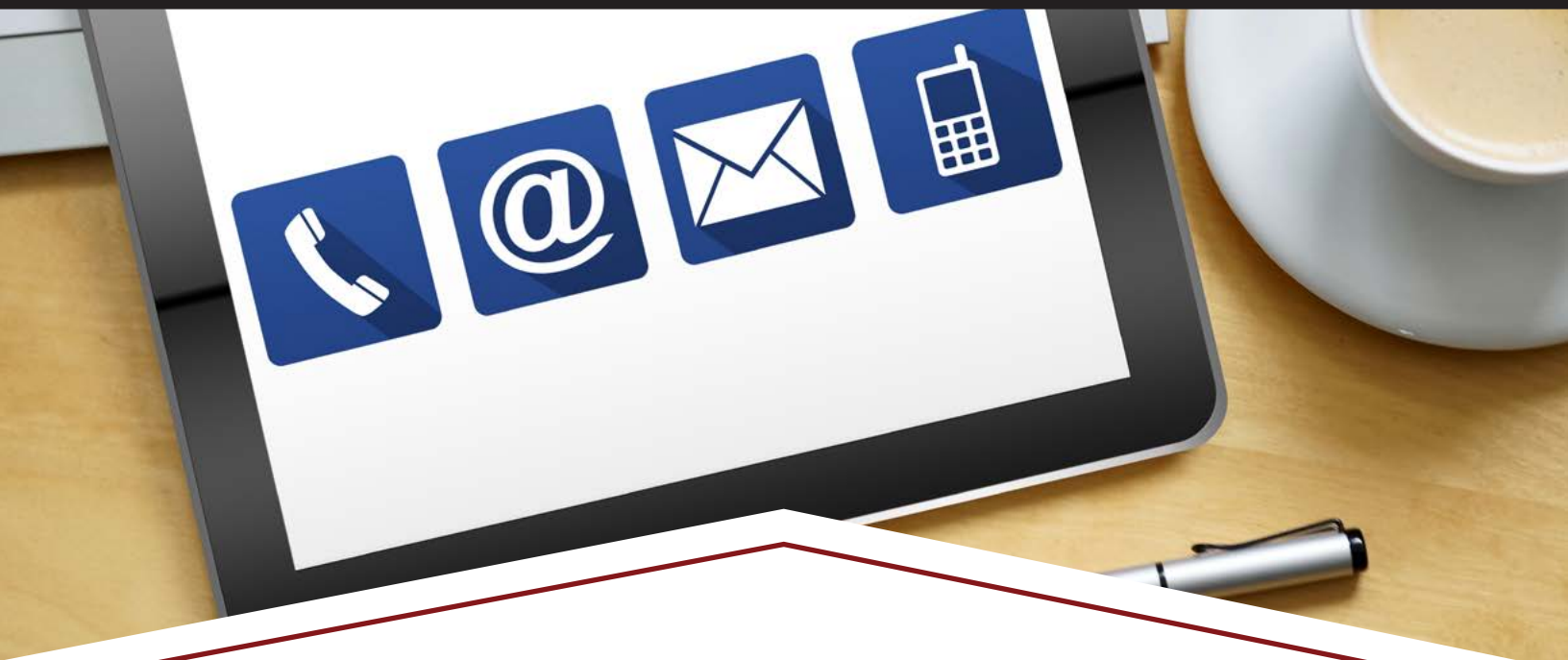
5.5 Participant Verification: Make the First Phone Contact Now!

Now that Lifeline Assistance phone plans (known as [Obama phones](#)) are available for cellular phones, the likelihood that participants will have a cell phone has greatly increased. Participants who qualify for food stamps (SNAP), Supplemental Security Income (SSI), Medicaid, or Temporary Assistance to Needy Families (TANF) all qualify for a phone. You may decide that assisting participants to obtain phones through this program is a good investment in rapport building. If a participant has a cell phone, it is very useful to **make the first phone contact while the participant is there in front of you**. Call the phone number and then help input your program's phone numbers and address (and any other pertinent information) into their contacts. By doing this, you accomplish several things. First, you verify the number provided. Second, when your program calls in the future and the caller-ID appears, the participant will recognize the number and be less likely to reject it. Third, you can also help them enter an appointment reminder into their phone. The verification process continues after the participant leaves. The next chapter covers that process.

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6. First Contact: Quick and Cheap



The process of staying in touch with a participant commences as soon as the initial intake interview is complete. This is part of the verification phase of follow-up. Once the participant leaves the program following the completion of the intake interview, the program staff members need to begin establishing first contact with the participant. First contact is vital because it sets the precedent for what the participant is to expect in terms of maintaining continuous contact with the program between the intake and follow-up interviews. The initial contact with your participant should include low-cost tracking techniques that are not time-consuming. This chapter provides valuable information on how to establish first contact by expressing gratitude towards participants and by reminding them of their upcoming follow-up interviews via mail, e-mail, mobile texting, and messaging through social media.

While each of these techniques can be effective when used on its own, it is more effective overall to use these multiple forms of contact simultaneously. This allows for immediate feedback on each method of contact and informs the program what method or methods of contact a participant prefers. Some contact methods will prove more successful than others will. It is important to note your participant's personal preferences regarding how to contact him or her (Bolanos et al., 2012, p. 9).

6.1 First Contact by Mail

Sending letters to a participant is a low-cost technique that will yield positive outcomes if used effectively. When establishing first contact by mail, the *thank you* letter described below is

essential. After making first contact, there are letters that you can send to the participant to ensure that the program and participant remain in touch between intake and follow-up (see [Chapter 7, page 75](#)).

Not only do letters serve as reminders for participants, they can also alert the program when participant addresses are incorrect. When mailing letters to participants, stamp envelopes “**ADDRESS CORRECTION REQUESTED.**” This practice ensures that the post office does not discard or forward the letter if the address is no longer good. Instead, the post office will return the letter to you with the new address if there is a forwarding address. Even without a forwarding address, letters returned by the post office can yield valuable information. They are indicators to try another search, another relative, or another contact method (more detail about this process is in the next chapter).



6.1.1 Trust, but Verify

If you did not have a chance to verify addresses in the locator form during the intake process with the participant, you should do it within a week of intake. As described in the previous chapter, the simplest way to do it is to send the addresses through the Postal Service’s [ZIP Code Lookup](#).

Verification of all addresses in the locator form should happen early and continue in the maintenance phase as your program obtains new addresses for participants.

6.1.2 Thank You Letter

Send the thank you letter to a participant within seven days of the participant’s intake visit and address it to the participant’s primary address. This important correspondence serves several purposes. First, it expresses the program’s gratitude to participants for agreeing to participate in

the health study. Second, it reminds participants of the date of their next interview and the incentive provided if they participate in the follow-up interview. Third, it provides the program contact information along with the name of the person to call if the participant has to reschedule or has a change in their contact information. Finally, the thank you letter verifies that the mailing address provided on the locator form is correct (Scott, 2004, p. 5). If incorrect, take appropriate follow-up actions for returned mail, which are in the next chapter. The staffer who completed the intake with the participant should sign this letter by hand. You should also send the thank you note to the participant via e-mail.

IMPORTANT: Make sure to send all correspondence on program-branded letterhead with return addresses that do not mention drug or mental health treatment services. Design the agency’s stationery and phone number(s) printed on the stationery to ensure confidentiality. For more information, see [Section 3.2, page 35](#).

6.2 First Contact by E-mail

Most people have at least one e-mail account that they can access through their computer, electronic tablet, or smartphone. Even those who do not own an electronic device can still access their e-mail at

Use your program's logo on all correspondence

the local public library. This is also true for participants who may be experiencing homelessness. Researchers conducting clinical studies for the National Institute on Drug Abuse found that many individuals experiencing homelessness routinely had access to the Internet through public libraries and were able to send and receive e-mails to study investigators

(Mitchell et al., 2015). Since many use e-mail daily, this contact method is essential in establishing first contact with your participant after the intake interview. It is also an important step in beginning the maintenance phase of follow-up.

As explained earlier in this chapter, use multiple methods of contact simultaneously when attempting to contact a participant. Send the thank you and reminder letter via e-mail about the same time that you send the letter via direct mail. Take into consideration that some participants may be more responsive to e-mails than to mailed correspondence or other contact methods. Many people prefer sending and receiving e-mails because they are more convenient, cheaper, and faster than mailing letters. A participant will be able to view an e-mail just seconds after it is sent from your program while a mailed letter could take two to seven days to be delivered to the participant's address.

In order to contact a participant successfully using e-mail, you first need to obtain the individual's e-mail address. Document all e-mail addresses for a participant on his or her locator form. Since most people have more than one e-mail account, make sure to document each one; periodically, ask if any of the addresses have changed.

It is critical for a program to maintain confidentiality with participants when attempting to locate them via e-mail. Be sure to review and comply with your program's policies and procedures on confidentiality when it comes to using e-mail to contact a participant. Not only will you be using a neutral program name (as described in the confidentiality and program brand sections above), but also your program's e-mail addresses should not create concerns about confidentiality. **Create a generic e-mail account that does not reveal that the source is a substance use or mental health treatment program.** Also, use subject line terms that do not identify the nature of the program. Since others in addition to the participant might read e-mail messages, the body of the message should also be neutral just like the letters you send. Following these instructions will assist in keeping participants' confidentiality intact while, at the same time, maintaining contact with them.

6.3 First Contact by Texting and Social Media Messaging

Text messaging is another participant locating technique that can be highly effective in establishing first contact with your participants. Texting is the most widely used data application in the world, with 81 percent of mobile phone subscribers using it in the U.S. (Nielsen, 2011). With so many

Americans using text messaging to stay in touch with family and friends, it comes as no surprise that many programs successfully use text messaging as a way to stay in touch with their participants and communicate health messages.

The uses of text messaging are very similar to that of e-mailing when it comes to establishing first contact with a participant. In addition to sending out letters via mail and e-mail, a program can send text messages to participants to thank them for their participation in the health study and to remind them of their upcoming appointments. If participants do not respond to mail or e-mail, they may respond to a text message. Text messaging, especially among adolescents, is a more popular form of communication when compared to e-mail ([Newport, 2014](#)). Make sure to ascertain your participants' contact preferences before they leave the office and document their preferences in the locator form.



When texting a participant, keep the messages brief, friendly, and professional. As with all methods of contacting a participant, follow your program's text messaging policies and procedures on participant confidentiality. These guidelines should be very similar to program e-mail confidentiality guidelines.

Sending private messages through social networking sites is another effective method in establishing first contact with a participant. Social media platforms such as Facebook, Twitter, and LinkedIn are widely used by the majority of Americans today. Over half of Americans have a profile on a social networking site ([Pew Research Center, 2014](#)).

With the popularity of using social media as a form of communication, many substance use and mental health treatment and service providers have recognized these platforms as very effective tools in locating and staying in touch with their participants (more detailed information on using social media to locate participants can be found in the next chapter).

Send the initial thank you and reminder message to participants through their social network profile accounts. Always confirm that locator forms document participants' social networking site account names.

Maintain confidentiality when sending first contact messages to your participants via a social media platform. It is imperative to keep these messages private so that the public cannot view them. The next chapter covers maintaining confidentiality via social media in detail.

6.3.1 The Verification Phase: When to Send Initial Mail, E-mail, Texts, and Social Media Messages

As stated earlier in this section, send thank you letters within one week after conducting the initial intake interview. Send these thank you letters via mail, e-mail, text, or as a private message using social media, and to increase the chance of participant response, use multiple forms of contact simultaneously.

As mentioned above, the first contact should take place within a week of the participant's intake interview. Send messages to establish first contact with your participants on the same day or to ease the influx of messages, you can space them out a day or two. Since locating strategies vary for different participant groups, it is necessary to understand your target population. When and how to send out first contact messages to your participants depends on their age, race, ethnicity, personal interests, and socio-economic status.

6.4 The Verification Phase: Calling to Check on Addresses

Earlier, in Chapter 3, the authors pointed out that an important part of the verification process developed by Scott (2004) is calling the all the phone numbers the participant has given in order to check on addresses. This occurs within the first week of intake. You will have already done part of the address verification through ZIP Code Lookup, which told you whether the address exists, the correct spelling, whether you need an apartment or unit number, and so on. By using phone verification, you are able to connect an address to a specific person. (You can also do this using LexisNexis services, which we discuss in [Section 7.6.4, page 93](#).) Another important feature of making the call at this time is that you—along with your participant—will have introduced the program to your participant's social circle. Remember that during intake, you role-played the call with the participant so that the participant understands that the tracker does not reveal the nature of the program. Making the verification call means that if you do lose contact with the participant later on, their social circle is already familiar with the program and may be more willing to assist you in locating that participant. Another advantage is that this method allows you to correct contact information before the trail gets cold. Some IRBs, however, may regard this step as being intrusive.

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7. Staying in Touch: Long-Term Strategies during the Maintenance and Confirmation Phases



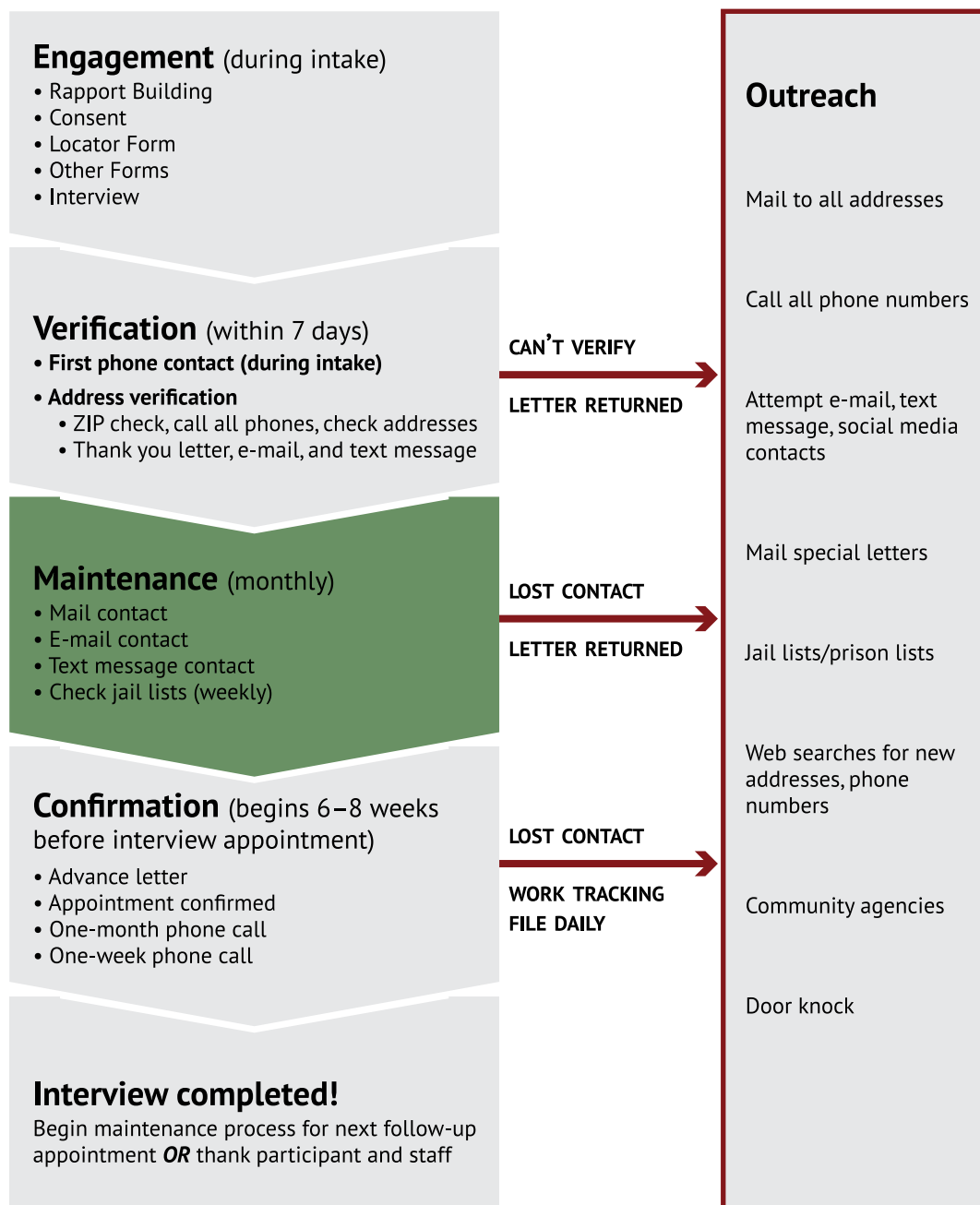
After you identify staff members for the follow-up process (see *Chapter 4*, [page 49](#)), keeping them engaged and on-task is an important part of follow-up success. While many participants stay in touch or you can find them easily, be aware that many participants will require multiple contact attempts. Surprisingly, dropout is highest at the first re-contact point and gets easier after that. In addition, participants you do not find in the first wave of follow-up may be located during subsequent waves (Scott, 2004). Throughout the follow-up process, it is important to keep staff members motivated and on track.

7.1 Supervising Follow-Up Team Members

One way to keep staff on track during the maintenance phase is to hold weekly or biweekly meetings where staff report out their follow-up progress. Typically, you would assign cases to specific staff members, with staff members trading cases every two to four weeks. During the staff meetings, the tracking team discusses the difficult-to-find cases and the group offers suggestions for additional strategies. At each meeting, you document your progress during the follow-up phases (that is, intake/verification, first contact, maintenance, and confirmation) and calculate our rate of completed follow-up interviews. Be sure to include the staff members who are working evenings or weekends in the meetings (if just with a report). You might reward your staff members with lunch when they meet certain milestones. If your agency has a bonus or incentive program, nominate your follow-up team for recognition when it meets major milestones.

Another important aspect of the follow-up meetings is planning. Using a program calendar and database, the team needs to plan for the major activities of follow-up during the maintenance phase (that is, letters, text messages, e-mails, jail list searches, etc.). Discuss the tracking checklist to be sure that the team did not skip a step that week. Typically, staff need to repeat steps until locating the participant. The more you routinize these tasks, the greater your success rate will be. Also, during these meetings, remember to ask staff for suggestions. Is there a better way to organize this? Is there a way to automate some of our processes? Are we not reaching certain cultural groups? Why not?

Staying in Touch Phase Diagram



7.1.1 Using the Tracking Log

As mentioned in Chapter 3, program staff members must document all follow-up activities and results in a tracking log kept for each participant. During the verification phase, the tracking log would have entries regarding address verification. It would document the thank you letters sent by U.S. Mail and e-mail, addresses checked, phone calls made, and any results. During the maintenance phase, the tracking log would document the monthly letters sent and their results. In both phases, if staff performed outreach activities, the tracking log would contain documentation of the steps taken and their results.

Below is an example of an actual tracking log for a hard-to-locate participant who was in the confirmation phase. In this example you will see the steps taken during active outreach. The sample log begins after the initial steps involving mail and phone calls had already been taken and were unsuccessful in locating the participant. Note several important features in this log. The dates of actions and the trackers' initials appear with each entry. To make their log entries more efficient, trackers use abbreviations for their activities and results; a key to the abbreviations is at the bottom of the log. In this example, because these entries are from an electronic tracking database, they appear in reverse chronological order so that staff can quickly see the most recent activity. Four trackers worked on this participant's file, so without clear notes, the trackers would have been unable to work efficiently as a team. The trackers used a variety of media to contact the missing participant: mail, phone, text messaging, and messaging through Facebook. They completed online look-ups of jails and prisons, checked VINELink, checked an online phone directory, and made calls to the participant's friend, mother, and parole officer. One tracker recorded the address of a returned letter, making it clear to the team which address was inaccurate. In this example, a tracker, who was careful to send a private message, found the participant via Facebook.

The tracking coordinator can act as a liaison between care staff and follow-up staff to facilitate the flow of information on hard-to-find participants.

Sample of Actual Electronic Tracking Log of a Participant with Little Contact Information

08/07/2012 JG: Met with R at Treatment Program and completed R's Follow-up. R was paid a total of \$30 in gift cards. R said he would be interested in participating in the Focus Groups in the future.

08/06/2012 JG: Called R at (323) 555-1212 at 10:37 AM to confirm R's F/U appointment. LVM asking R to call back to confirm his appointment at his nearest convenience.

7/31/2012 RV: RV called (323) 555-1212 and LVM for appointment reminder. R called back and rescheduled interview for 8/7/2012 at 10AM. Please give a reminder call to R on 8/6/2012 (a day prior to his appointment) on his cell phone (323) 555-1212.

07/26/2012 RV: RV called (323) 555-1212 at 3:26PM and R scheduled interview for 8/6/2012 at 10AM at Treatment Program. R said he would like to provide voluntary UA.

07/24/2012 JG: On 7/23/2012 received a message from this R. Telephoned R, left message.

07/21/2012 JG: T/C to participant's new cell phone. R didn't pick up- will send text message.

07/20/2012 RV: RV called (323) 555-1212 at 8:43 AM and LVM for R to call back.

07/20/2012 JG: R replied to Facebook message on 7/19/2012. R said he would like to participate in his Follow-up and should be contacted at his cell phone, (323) 555-1212.

07/18/2012 KV: Searched for R in VINELink database: no matches found.

07/17/2012 RV: Facebook message sent again. Last message was sent on 6/25/12 (see notes below). Please be aware that according to Facebook, R lives in Los Angeles, CA and is engaged to False Name who lives in Lancaster, CA.

07/16/2012 JG: R looked up in Los Angeles County jail and CDCR lookups. No matches found.

07/12/2012 JG: Letter that was mailed to R, 2400 New Address, Los Angeles, CA 90018 was returned to sender, attempted: not known, unable to forward.

07/10/2012 KV: R looked up in CDCR, Los Angeles, San Diego, San Bernardino, Riverside, and Orange County jail lookups. No match found.

07/09/2012 RV: Facebook lists Los Angeles as R's current city.

07/09/12 RV: RV called (323) 555-1212 at 10:36 AM and spoke with R's friend, Pseudonym, who said he hasn't seen R in a while and doesn't know where he lives. RV asked Pseudonym if we could send him a letter so he could give it to R, but Pseudonym said he will only pass on

ACRONYMS:

CDCR = California Department of Corrections and Rehabilitation

F/U = follow up

LVM = left voice-mail message

R = respondent (our participant)

T/C = tried calling

UA = urine sample

the message to R if he sees him again. RV provided Pseudonym with the project numbers for R. RV called R's mother at (707) 555-1212 at 10:41 AM and LVM for R's mother and R to call back regarding R's participation in the UCLA study (but at intake, R said he was not in contact with mother).

7/06/2012 RV: Sex offender look-up on www.meganslaw.ca.gov. No match found. Jail look-up on www.vinelink.com. No match found. Prison look-up. No match found.

07/03/2012 JG: Sent a letter to 2400 New Address, Los Angeles, CA 90018.

07/02/2012 JG: Spoke with Parole agent and who stated that R discharged 3/15/2012. His last known address: 2400 New Address, Los Angeles, CA 90018 (provided on 2/14/2012). RA verified address at zip+4—address not verifiable.

06/29/2012 KV: R looked up in CDCR, Los Angeles, San Diego, San Bernardino, Riverside and Orange County jail lookups. No match found.

06/27/2012 KV: R searched for in LA Homicide Blog: no results found.

06/26/2012 KV: R looked up in CDCR, Los Angeles, San Diego, San Bernardino, Riverside and Orange County jail lookups. No match found.

06/26/2012 KV: No match found for R on 411.com

06/25/2012 RV: Facebook look-up. Only 3 people found, and 2 of them are the same person. This person was born in Small Town, CA, just like our participant and shared the same ethnicity and probably same age (no birth date shown). Facebook message sent to the profile with latest activity (from 2012) regarding follow-up interview. Please be aware that Facebook lists Los Angeles, CA, as R's current city.

7.2 Mail

The idea behind the maintenance phase is to stay in touch with program participants and to note when contact is lost. This is why regular contact attempts are key to successful tracking. During the maintenance phase, typically you will attempt contact every month with positive messages that vary and can include appointment reminders, seasonal messages, health messages, services information, and birthday greetings (Scott, 2004, p. 5). Below is more information on those maintenance phase messages.

Reminder:

Use ADDRESS CORRECTION REQUESTED on the envelope of every letter you send.

7.2.1 Letters to Keep in Touch

Reminder letters. Send out reminder letters monthly for programs with shorter follow-up periods—six months, for example—or every other month for programs with a longer follow-up period. Send reminder letters to the participant's primary address. This letter should remind the participant of the next appointment, mention the incentive amount, and provide the program contact information along with the name of the person to call if the participant has to reschedule or has a change in their contact information. The **content of this letter should vary** from month to month because you want your participants to pay attention to it. Participants also appreciate birthday greetings. In addition, you can provide health tips or referral lists (typically on the other side of the page). Adding clip art, fun facts, puzzles, or word searches helps to liven up the content. In addition to the U.S. mail letter, send this same letter to the participant by e-mail.

Newsletters. If your program is a longitudinal one that requires repeated contact with participants, sending a newsletter containing health-related or other information that might be of interest to your participants is another useful way of keeping contact. The content can be similar to that of the health tips in the *reminder letter*, but the newsletter will look more official and should be at least two pages long. Your program name and logo will be at the top, along with program contact information. These newsletters are sent to all participants at various times throughout the program; they encourage participants to call when they are due for follow-up or in the event that address, phone number, or other means of contact change. In addition, if you include the “**ADDRESS CORRECTION REQUESTED**” stamp on the newsletter, fieldworkers will know when an address is no longer good, and initiate procedures to locate the participant in time before the next interview.

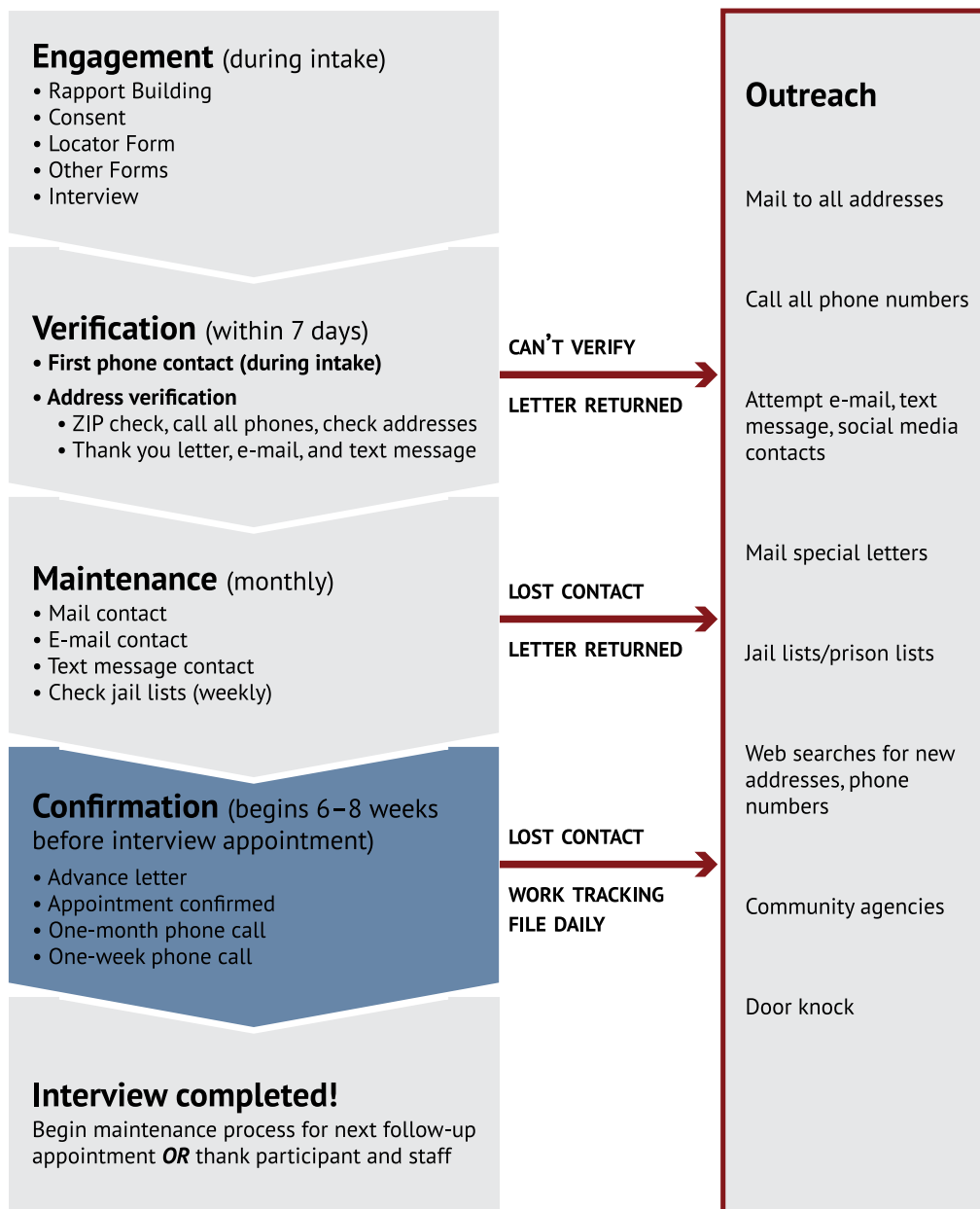
7.2.2 Confirming the Follow-Up Appointment

Advance letter. Send the advance letter, which is part of the confirmation process, six to eight weeks before the interview is due. It explains the purpose of the contact, emphasizes payment or other benefits to the participant, and asks the participant to call in to confirm the follow-up appointment. This letter is also sent by e-mail to the participant's e-mail address and by text message to the participant's phone number. If there is no response, send the advance letter to all available addresses and began additional outreach activities.

7.2.3 The Confirmation Process

Ideally, the participant receives your advance letter, calls in, and confirms their appointment day and time or schedules a new one. This is the beginning of the confirmation process. Confirmation requires that participants speak to a follow-up team member and confirm that they are coming to the follow-up appointment (or reschedule if necessary). The confirmation process continues with appointment reminder phone calls. These take place one month, one week, and one day before the follow-up interview appointment. This usually results in a completed follow-up interview. No shows will require outreach. For programs with more than one follow-up point, the maintenance process begins again.

Staying in Touch Phase Diagram



7.3 Outreach

7.3.1 When Contact Has Been Lost: Returned Mail

Despite your best efforts to stay in touch, you may lose contact with some participants. Returned mail (usually marked “Return to Sender”) should trigger outreach efforts. When the post office returns mail and there is no new address, note the reasons provided, as this can provide useful information for further action.

Forwarding time expired (no new address given). Forwarding time is limited to 12 months. Call all phone numbers and get updated numbers from directory assistance or online sources (see *Section 7.6.2, page 91*). Try database search services (*Sections 7.6.3 page 92* and *7.6.4 page 93*) for a new address. Also, send a resident letter (described below) to the old address; someone there may know your participant.

Moved, address unknown. Send resident letters to other addresses. Go door knocking at the old address. Check with the local mail carrier; he or she may know when the participant moved. Check with neighbors who might know the participant’s whereabouts.

Addressee unknown. Send a letter in care of “resident” if the names of other persons at the address are unknown. Follow the instructions listed above.

No such street or number. Check the [ZIP Code Lookup](#) website or Google Maps for possible misspelling of the street name. Look at the address on the original locator form; was it misread or did staff enter the information incorrectly? Check the numbering range and mail letters to what could be the correct address.

If more than two weeks pass since the mailing and the post office has not returned the letter, decide on next steps. Depending on the response and which techniques you have tried, you could decide to schedule a door knock or move to other locating methods.

7.3.2 Letters to Send When Trying to Re-Establish Contact

As soon as it appears that contact has been lost with a participant, your follow-up team should initiate outreach activities. While your team may use several strategies to re-establish contact, a good place to begin is with the letters described below.

Resident letter. You can use resident letters in several ways:

- Address the resident letter to “Resident” and send it to an address from which the post office returned a letter to see if there is anyone still living there who knows the participant.
- Send a resident letter if the post office has not returned previous correspondence to determine if someone is forwarding mail to the participant.
- Use a resident letter in the field for home visits (see *Section 7.7.2, page 95*).

Best contact letter. This letter goes to one or more persons your participant has listed as a best contact. It asks the best contact to pass a letter on to the participant and to call the agency with contact information. It mentions that the participant agreed to follow-up for a health study and asks for assistance in locating the participant. It also mentions that the agency will pay the participant for his/her time.

Special letters. If there is reason to think the address is good but the participant is refusing to answer, send a special personalized letter. This letter might emphasize a willingness to meet at a convenient time or location, an understanding of concerns about confidentiality, the compensation for participating in the interview, the importance of the participant's input to the health study, or the opportunity to help others with similar problems. A sample letter for incarcerated participants is in [Appendix D, page 159](#).

Incentive/reward letter. Use this letter as an incentive to the participant's friends or relatives. It promises a dollar amount if, through this contact, the participant schedules and keeps the interview appointment. When the person fulfills the commitment, send a gift card or money order to the friend or relative. Adjust the incentive letter to reflect the type of compensation your program uses.

Even if letters described here fail to immediately locate the participant being tracked, sending the letter can provide information that is useful in deciding what the next step ought to be. For example, if the post office does not return a letter and there is no response, it is possible that someone at that address is holding your letter. A good next step would be to send a resident letter, which might produce a response. If there is still no response, and other avenues have not been successful, the staff member may decide to schedule door knocking at that address.

7.4 E-mail

Your program should use e-mail and the postal service concurrently and in a similar manner. That is, use e-mail to maintain contact with participants and as part of outreach when contact has been lost. Every time you send correspondence to a participant, also send a duplicate e-mail message (and text message). Because replying to e-mail is so easy, be sure to ask the participant to hit reply to acknowledge the e-mail and their availability for the scheduled appointment time.

Since users often abandon an e-mail address when spam gets too extensive, ask the participant for the best e-mail address to use when someone must reach the participant. This chapter covers searching for new e-mail addresses in [Section 7.6.2, page 91](#).

7.5 Phone Outreach and Appointment Confirmation

Telephone contact is an essential component of a successful tracking and locating strategy and is used both during the outreach and confirmation processes. Program staff will use telephone calls to contact the participant directly and to contact others who may provide new information on the whereabouts of the participant. It is usually best to wait a week after sending letters and e-mails before attempting telephone contact. This delay allows willing participants to schedule an interview appointment after receiving a letter, saving the time and resources that staff would use making unnecessary calls. The section below describes who to contact, what to say on the phone, how to proceed when phone numbers are disconnected, and how to leave messages on answering machines. It also discusses the use of directory assistance and online lookup.



Start both the outreach and confirmation processes by calling the telephone numbers included on the locator form. Be sure to record every telephone attempt on the tracking log for the participant (see [Section 7.1.1, page 77](#) and [Appendix A, page 123](#) for examples). Several outcomes can occur from these attempts. The best outcome, of course, is that the participant, or someone who knows the participant personally, answers the call. When that happens, you can work with them to confirm their follow-up appointment. The more likely outcomes are that the number is no longer in service; the number has been changed to a new, perhaps unlisted, number; or the number is a new number for someone who does not know the participant.

Sometimes a number that is reported as disconnected or changed was actually misdialed, so it is important to check your phone's readout of the number dialed or to try the number again to make sure. When the person answering the call does not know the participant, verify that you dialed the correct number. Also, check for area code changes (see [Appendix E, page 169](#)) because the telephone company will only redirect callers to the new area code for a limited time (usually six months). After that time, you will get a "not in service" message or the service provider reassigns the number to another customer.

On some occasions, a number is "temporarily disconnected," because of an overdue telephone bill. It is important to continue calling this number periodically on the chance that service is restored.

7.5.1 Family and Friends

When a tracker calls a valid number and someone other than the participant answers, remember that this may not be the first time that unknown persons have called about the participant. Other callers may include law enforcement officials, bill collectors, former friends or partners, lawyers, or social

CAUTION: When making telephone contact with participants, **make sure that you are talking to your participant** before divulging information about the nature of the program. Ask the participant to state where the intake interview took place or to provide his or her birth date and verify these with your records. Tell the participant that you do this to ensure confidentiality. Also, ask if this is a good time to talk, and make certain that someone else is not overhearing the conversation.

workers. Often the person who answers is screening calls to protect the participant. This is a primary reason why the locator/interviewer's presentation is critically important for a successful call. Begin the call by introducing yourself and the name of the program (for example, "Hi, this is Rhashan Jones from the Health City Project.") then explain that you are trying to get in contact with the participant for a health study. Also, mention that the participant volunteered to take part in the health study some months ago and that this is a reminder call. If you are speaking to a person listed on the locator form, mention that the participant "gave us your name as a contact because they thought you would know where they are."

If the person is somewhat hesitant or less than forthcoming with information about the participant, describe some general details about the health study, such as the number of people participating in the study, the incentive payment

given to participants, and that the interview is conducted at the participant's convenience. Under no circumstances is any detailed information shared about the nature of the program. If the person asks if this is the study about substance use or mental illness, explain again that this program is a health study and that it is confidential.

Ideally, the person will provide the necessary contact information about the participant. If the person appears uncertain or nervous about revealing any information, just leave a telephone number and ask that someone pass it on to the participant. In all telephone locating attempts, always thank the person for his or her assistance and strive to end the call in a courteous manner that will ensure receptivity to future calls. After a few calls, the person may feel secure enough to provide the information needed to locate the participant.

7.5.2 Employer Contact

When it appears that the telephone numbers on the locator form for the participant's family or friends are not productive, it then becomes appropriate to call the participant's employer. **Any calls to an employer must be completely discreet.** In the first call, ask to speak to the participant, but do not formally introduce yourself and the organization or mention anything about the program. If the employer wants to know who you are, give your full name, but again do not mention the organization or program. If the employer asks who you represent, provide the organization's name if it is neutral. At this point, the employer is likely to let the participant take the call or may offer to take a message. This response confirms that the business employs the participant.

It is also possible that the employer will state that the participant no longer works there. The locator/interviewer can then discreetly probe the employer for locating information. Please note, however that to avoid litigation, most large organizations will release only dates of employment and position title. Still, you may ask the following questions:

- Do you happen to know how to reach the participant?
- How long ago did the participant leave?
- Did the participant find other employment? If yes, where and with what employer?
- Do you know how I can get a message to the participant?
- If you happen to see the participant, could you pass a message on to call me?
- Do you know anyone else who might be able to get a message to the participant?

CASE STUDY:

A program called an employer, an auto-wrecking yard, to locate a participant. The manager said the participant no longer worked there, but was living in a nearby motel. He even provided the motel's name and phone number.

7.5.3 Voice Mail: What to Say

While the use of voice mail is common, it is also accompanied by Caller ID, Call Blocking, Call Forwarding, Call Back, and so on.

These services create both opportunities and challenges for those trying to locate participants. For instance, using Caller ID to identify incoming calls can prove to be useful for the program. However, while participants may not have Caller ID on their phone, other people you call in an effort to locate the participant may have Caller ID. This could potentially cause a problem if the locator or interviewer placing the call leaves a number that is different from that appearing on the Caller ID device.

When your call goes to voice mail, you need to decide whether it is appropriate to leave a message. If you are calling a phone number directly connected to your participants, such as one they listed on their locator form, then leaving a message is appropriate. If you are calling a phone number not

directly connected with or provided by your participant, such as a number obtained from Internet white pages, then it is better not to leave a message. This avoids confusion among tracking staff members when the wrong “John Doe” returns a call. Try the number at a different time of day in hope of finding someone home.

When you do leave a message, make it brief, introduce yourself and the organization, and state that the purpose of your call is to contact the participant (for example, “to get in touch with John Doe regarding your health study appointment”). Make sure you mention that you have a toll-free number or will accept collect calls, if that is the case. If no one returns the call, try again at different times of the day and on different days. Having a different person leave messages may also be helpful, as some people become weary of repeated contact. This works well, especially if participants are reluctant to call back because they are avoiding a particular staff member. Calling in the evenings or on weekends will frequently produce results because people are often home at those times.

It is best to leave only two or three messages over a two-week period because people screen their calls and if your program’s number shows up repeatedly, it may appear to be a robocall and never be answered. If there is no response to the messages after several weeks, or if no one answers, move on to other locating strategies. Make a notation of all calls and their results on the tracking log. Remember to include

- the number called,
- the name of the person you spoke with,
- the day and time you called, and
- the message you left (with a person or on voice mail).

7.5.4 Directory Assistance

It may seem ironic that with the explosion of telecom, directory assistance is not easy to obtain and through the traditional telecom carriers, it is no longer free. Even worse, it is very difficult to obtain cell phone numbers from directory assistance. Still, the easiest way to get the phone number of a participant may be to call directory assistance. There are a few strategies for doing this.

First is through a free service:

- 1-800-FREE-411 (or 1-800-373-3411)

Advertisers sponsor this service, so you have to listen to a 10-second commercial before you can access the lookup service. The lookup uses an automated voice-recognition system, so be prepared to speak slowly and distinctly. Like most 411 services, this service does not provide cell phone numbers.



You can also use the directory assistance through your phone's telecom carrier. This is not a free service, and below is a sample of the services offered (in this case by AT&T) and their cost as of this writing.

- **Local Directory Assistance:** \$1.79. Get a business or residence listing within your local area.
- **National Directory Assistance:** \$2.09. Get a business or residence listing outside your local area.
- **Reverse Number Search:** \$1.99. Look up the name and address of that mystery number on your caller ID.

Here are some tips for using directory assistance:

1. **Be prepared.** Have the full name and as much as you know about the address of the person you are trying to locate, (for example, “Tempe, Arizona, John Smith on Foxhole Drive”).
2. **Use the two listings per call allowance.** Be prepared with more than one request. When you reach the operator, tell them that you want two listings before they get started.
3. **Widen your search.** If there is no listed number for that name at that address, ask if John Smith has an unlisted number. If he does and does not answer your letters, you may need to go in person to the address. If there is no John Smith on Foxhole Drive, but there are three others by that name in the city or area, get the phone numbers for all of them and start dialing. You may get lucky. This, of course, is only feasible if your participant has an uncommon name or you are searching in a small area.

According to [AT&T](#) (2016), “For privacy reasons, the directory of U.S. cell phone numbers is limited to only customers who have requested that their cell phone numbers be made available via Directory Assistance.”

7.5.5 Reverse Lookup

Reverse lookup can be useful when you have an address that might be useful but no phone number to go with it, or, when a phone number is available, but it is not clear what person or address is associated with it. While there are companies that produce reverse directories for businesses, they tend to make them available as a bulk resource and are not convenient or economical to use for small programs. On the other hand, the Internet can be a good source for reverse directory lookup. As of this writing, among the most useful free sources for reverse directory lookup are

- <http://10digits.us> (for phone number and address reverse lookup, don't use zip for addresses),
- <http://www.pipl.com> (for phone number reverse lookup),
- <http://www.whitepages.com> (for phone number and address reverse lookup), and
- <http://www.switchboard.com> (for phone number and address reverse lookup, may list surrounding neighbors in addition to residents of an address).

Try all of these resources for reverse lookup because during our testing of these services, we found that if one did not give a result, one of the others often did.

7.6 Social Media, Websites, and Apps

7.6.1 Social Media Searching

When SAMHSA published this manual in 2003 Facebook did not exist. Today, over 160 million people in the U.S. have Facebook accounts, and an estimated 1.55 billion people use Facebook every month ([Facebook](#), 2016). The emergence of Facebook, along with other major social media platforms such as Twitter and LinkedIn, has opened up new channels of communication for substance use and mental health treatment and recovery programs to stay in touch with their participants. In this section the authors will discuss social media platforms that, when used properly, will assist programs in staying in touch with participants as well as help in locating and tracking participants for follow-up interviews. This guide will focus primarily on Facebook and Twitter in this section. Keep in mind that the instructions and guidelines used for these two platforms are all encompassing and you can use them for other types of social media.

Facebook is the most popular social media platform used today. It is free to register, uncomplicated to access (personal computer, public library computer, mobile phone application), and all demographics can use it effectively (Mychasiuk & Benzies, 2012, p. 753). After users register on the site, they are able to share information, personal experiences, interests, opinions, and exchange messages with other registered users. With so many Facebook users, the chances of your participants having active registered accounts are very high.

Many substance use and mental health treatment programs have their own Facebook accounts set up to relay beneficial program information and messages to the public. As you saw from our sample Tracking Log in [Section 7.1.1, page 77](#), Facebook can be a valuable tool when trying to locate someone. The authors recommend that you setup a Facebook account for your program if you have not done so already. (See [Section 3.2 page 35](#) for more information on setting up a Facebook account.) With an active Facebook account, your program will have a greater chance of tracking and locating participants who have been unreachable due to unforeseen circumstances. Studies have shown that the use of Facebook as a tracking method does indeed increase the chances of locating lost participants (Mychasiuk & Benzies 2012, p. 754).

One reason that programs have successfully located participants by using Facebook is that participant Facebook user profiles never change, even when the participant changes e-mail addresses linked to their account (Schneider, Burke-Garcia, & Thomas, 2015, p. 2). On the other hand, participant residential addresses, phone numbers, and e-mail addresses can change frequently, which can lead to loss of contact if the participant does not inform the program of updated contact information.

As with all other methods of locating a participant, make sure to have the participant provide their Facebook profile name on their locator form. Once you have their profile name you can then begin to send private messages to stay in touch. Sending messages to your participants privately when using any form of social media is extremely important and the authors will touch more upon this towards the end of this section. Additionally, always remember to receive participant consent to communicate with them via Facebook or any other social media platform.

Twitter, another very popular social media platform, is a micro-blogging service where users are able to share information and ideas via short messages (tweets) of up to 140 characters. There are approximately 350 million monthly active Twitter users ([Twitter](#), 2016) and just like Facebook, this platform is free to register and easy to access. Once a participant provides their Twitter account profile name (aka handle) on their locator form, you and the participant will be able to read each other's posted tweets. This form of communication will go a long way in staying in touch with participants while they receive services at your program. Additionally, Twitter allows users to send private messages to one another, called Direct Message. This one-on-one form of communication will allow your program to communicate directly with the participant in order to stay in touch or to ask for their whereabouts if the program is not successful in locating them. Note that a program can only Direct Message a participant when both parties are following each other on Twitter. As with Facebook, if you intend to use Twitter for follow-up, you will need to set up a program account; you should not message participants from your own personal account.

Facebook and Twitter are not the only social media games in town. A myriad of social media platforms are available to programs that can assist in staying in touch and locating participants. Examples of other social media platforms include **LinkedIn, Pinterest, Tumblr, Flickr, Google Plus, Instagram, YouTube, online forums and magazines, social blogs, and podcasts**. Ascertain from participants if they use any of these platforms and if so, document relevant account information on the locator form. Take time to become familiar with these platforms and become aware of what demographic would most likely frequent the sites. For example, 90 percent of Instagram users are younger than 35 years of age (Pennsylvania State University, 2015). This type of demographic information will help programs narrow down the type of social media platform a participant may be actively using.

The social media platforms are free to use, which is of great benefit to programs. Using social media is not only an effective tracking and locating strategy but also a cost-efficient strategy as well. Additionally, you will notice that the majority of these sites also have search functions. Use these to your advantage. Even if a participant does not use one of these sites, there is a chance that a family member or friend listed on their locator form does.

Of course, a discussion about the advantages of using social media to track and locate participants would be incomplete without discussing the importance of confidentiality. It is vital to protect the confidentiality of participants when using social media to stay in touch or locate them while they are receiving program treatment and recovery services. Due to social media being open to the public, there is a high risk of unintentionally violating confidentiality laws. It is imperative to keep following your program's policies and procedures on participant confidentiality and privacy. Additionally, make sure that all program staff members are aware of how to comply with federal and state confidentiality laws.

There are general participant confidentiality guidelines that programs need to follow when using social media to stay in touch with participants. As stated earlier, always use private messages to contact participants. Never publicly post on social media that a participant is receiving treatment services at your program. If the messages do not remain private, the public will be able to view them, which will lead to a breach of confidentiality.

Use your neutral program name when contacting participants. Additionally, most social media programs have privacy settings that you can use to your benefit. Always use the most strict privacy settings to ensure participant confidentiality. It is helpful to remind participants that you may contact them via the social media networks that they actively use. Participants need to be aware that if they want to contact a program via a social media platform, they should only contact the program through private, not public, messages. Provide participants with information on how both parties will properly contact each other via social media, and confirm that participants are aware of confidentiality issues related to using social media.

7.6.2 Free Internet Resources

In addition to social media, there are websites that programs can use to locate participants. This section discusses the free Internet resources available, including search engines, white page services, and public record websites. Although these resources are free to access, there is a chance that you may encounter pay walls while navigating through these sites. A pay wall is a system that only allows those who pay a subscription fee to access certain website content. You might encounter pay walls when navigating websites to obtain background checks, criminal records, or public records on participants. Be aware of these pay walls when navigating free online resources. While a detailed People Search report might cost only ninety-five cents, paying for different participants multiple times adds up quickly. Additionally, many background checks that are behind pay walls can cost up to \$50 or more.



Online search engines are an easy-to-use, free resource at your disposal. A search engine helps you sort through the millions of sites online and find the ones that are relevant to your needs and convenient for tracking and locating a participant. Three popular search engines available today are Google, Bing, and Yahoo.

- <http://www.google.com>
- <http://www.bing.com>
- <http://www.yahoo.com>

Online white page services have a number of advantages when being used to locate a participant. They are inexpensive, fast, and have several people search options that programs will find helpful.

These options include look-ups within an entire state (or even the entire country), reverse look-up by phone number or address, and e-mail look-up. Some provide hints to improve your search results. They also have disadvantages, the main ones being

- listings that are not current (listings can be six months to two years old) with no information about the age of the listing,
- very limited cell phone information,
- poor quality reverse look-up,
- no information about unlisted numbers, and
- incorrect zip codes (double-check all zip codes).

Keep in mind that these sites may send you to other websites with a pay wall. If this happens, clear your browsing and search history and try another site. Despite these disadvantages, online white pages are a very useful and inexpensive source of information. Below are the ones that the authors find most useful.

- **Pipl** is a comprehensive white page directory that also uses the “deep Web” to find people by searching databases normally not used by other standard search engines. You can search by name, online username, phone number, and e-mail address. <http://pipl.com>
- **Anywho** is an online white page directory where you can search by name, address, or reverse phone number lookup. <http://www.anywho.com/whitepages>
- **Whitepages** is an online directory that provides names, addresses, Google Map locations, phone numbers, and type of phone being used (landline or Voice over Internet Protocol). <http://www.whitepages.com>
- **Switchboard**, a sub-brand of Whitepages, is a phone book online that offers searches similar to Whitepages. <http://www.switchboard.com>
- **Superpages** can provide names, addresses, Bing Maps Locations, phone numbers, type of phone, and driving directions. <http://wp.superpages.com>

Obtaining online public records is another free Internet resource available to programs. States and counties often have at least some of their public records online. Be aware that some of these sites have pay walls where the user will have to pay a fee in order to obtain participant public record information. Below is a public record website that the authors have found the most useful: <http://www.publicrecordsources.com>

7.6.3 Paid Internet Services

If using social media platforms, search engines, and other free Internet resources is ineffective in locating participants during outreach, another option available would be to use online search services that charge a fee. However, please be cautious when using these sites. Due to the cost involved in accessing participant contact information, these services are not highly recommended. Some of these fees include paying just a one-time fee while others include paying a monthly subscription for the services. These subscriptions are not cheap but can be useful as a last resort. If allowed by your program and if you have the budget, you might find that you have more success using these

paid Internet services than the other services listed in this section. You will notice that many of these sites are very similar in search functionality, and the only major difference is the cost for accessing different types of participant contact information. Below are the paid Internet services commonly found.

- **Intelius** is a provider of public data that collects available records on people and makes them available in one database that you can only access by paying a fee. Fees range from ninety-five cents for a basic people search to \$50 for a background report. This site allows you to conduct a people search and reverse look-up search as well as background checks and criminal record reports. You might notice that some free Internet resource sites listed in this section send you to a pay wall, which tends to be the Intelius website. <http://www.intelius.com>
- **Instant Checkmate** is an online people search engine that gives a user access to federal, state, and local public records. Performing a search can provide you with detailed contact information (including social media profile names), criminal history, court documents, and extensive background checks. It costs approximately \$20 to conduct unlimited searches for one month. Single reports can cost up to \$30. <http://www.instantcheckmate.com>
- **PeopleFinders** allows users to conduct a basic people search to obtain contact information as well as searching for background checks, criminal records, public records, and a reverse phone look-up. A people search report that contains various types of contact information costs around \$2. A more detailed background check report costs around \$20. <http://www.peoplefinders.com>



The authors have not used these paid search services and cannot advise about their usefulness. You can directly access what may be a more extensive compilation of databases using the commercial data service described below.

7.6.4 Commercial Data Services

The following source is a private company in the business of compiling and selling information from public and other databases. The company compiles data from hundreds, even thousands, of sources. (Note that while other companies do the same thing, they do not offer services to small users.) This service is not cheap; there is a monthly cost of \$200. However, the information provided is generally comprehensive and up-to-date. Because the company searches public records, it does not require special participant permission. The authors of this manual have used this service many years with great success. If you have a large number of participants with whom you have lost contact, this service would be helpful to your program. The general nature of the product, LexisNexis Public Records, is described on the Web at <http://www.lexisnexis.com/en-us/products/public-records.page>

In particular, the authors have had success with the LexisNexis SmartLinx Comprehensive Person Report, and the user guide is available here: <http://www.lexisnexis.com/bis-user-information/docs/Smartlinx%20Guide%20for%20Nexis%20Users.pdf>

7.6.5 Phone and Computer Apps

There are mobile and computer applications that you can use to track and locate participants. Keep in mind that you can access the majority of the social media platforms discussed earlier via mobile phone app. This will be helpful for trackers or other program staff members who are actively trying to locate a participant while on the go and not in the office.

Google Maps is a Web-based mapping service that provides street maps and directions, satellite views, photographic street views, and mobile GPS navigation. This app will come in handy when navigating unfamiliar neighborhoods to locate participants. You can also view important landmarks, restaurants, community centers, places of interest, and so on that are located in the surrounding area of your participant's last known place of residence. You can use these locations identified on Google Maps as interview sites or visit them in an effort to locate a participant in their neighborhood.

Another beneficial app is VINEmobile, the mobile app version of VINE (Victim Information and Notification Everyday), the National Victim Notification Network. This app works as a searchable database to obtain information on criminal offenders. It provides timely and reliable information on the custody status of participants who are in jail or prison. The VINEmobile app makes it easier to track participants who are likely to be in and out of jail or prison while they are receiving program treatment services. More detailed information on VINELink website and its usefulness can be found in the next chapter.

Finally, there are also several text messaging phone applications you can use to help stay in touch with your participants. These applications can be downloaded onto your mobile phone or computer and allow for you and your participants to communicate via text message without using your own cellular minutes. A very popular text messaging application used today is WhatsApp: <https://www.whatsapp.com/>

WhatsApp is a mobile application that allows programs and participants to exchange messages without having to pay for text messages or SMS (Short Message Service). Many participants, especially youths, will find this feature very convenient. In addition to sending messages, users can also provide their real-time location while using the app, a feature that many programs will find very convenient. Be aware that WhatsApp is free to use for the first year after which there is a 99 cents yearly fee.

There are quite a few additional text messaging phone applications. Be aware that there are stipulations when using these text messaging phone applications, and they vary from company to company. Not all of these services are free and many of them will only work if connected to a

wireless network. Take the time to research the text messaging phone applications listed below and decide if any of these could be used as a source of communication between you and your participant. In addition, there is always a chance that your participant is already using one of these text messaging applications, so please be sure to request this contact information while the participant is completing the locator form. The authors found these text messaging phone applications to be most useful:

- **Talkatone** <http://www.talkatone.com>
- **Viber** <http://www.viber.com/en>
- **Sideline** <http://www.sideline.com>
- **Nextplus** <http://www.nextplus.me>
- **Rebtel** <https://www.rebtel.com/en>

7.7 Community Outreach and Contact (Door Knocking)

7.7.1 Social Service Agencies (Public, Nonprofit, Religious)

Most SAMHSA programs are associated with public, nonprofit, or religious social service agencies. It is important to take advantage of these established relationships as a strategy for locating a participant. Their staff members or outreach workers may be familiar with your lost participants. Note that sharing of information between agencies should be set up ahead of time with a written agreement or memorandum of understanding (see [Section 2.1, page 18](#), for information on Qualified Service Organization Agreements). Information on searching social service agency records is in [Section 8.2, page 105](#) and information on special populations is in [Chapter 9, page 108](#).

7.7.2 Door Knocking

When the “easy” locating methods produce no results, the next step is a personal visit to the participant’s home or neighborhood, which is commonly referred to as *door knocking*. Door knocking is often a last resort strategy because of the time, staffing, and cost involved. But, you can do your best to make it economical; if you have an interview scheduled in a neighborhood and also want to go door knocking nearby, do them both on the same day.

7.7.3 Home Visits

If an address appears to be good but you have had no response, prepare to conduct a home visit or door knock. First, complete a home visit card or printout; this is an index card or printout that contains the participant’s name, address, date of birth, date of

REMINDER:

Fieldworkers must **always protect participant confidentiality**. To help ensure confidentiality, stationery must be neutral (not mentioning drugs, alcohol, treatment, or the name of a treatment agency) and include a toll-free number. Business cards should also be specific to the program and neutral.

last interview, aliases, and nicknames. If available, include a physical description or view a photo of the participant before leaving the office. Please note that fieldworkers should be very careful about taking personal health information with them when conducting home visits. This includes information stored electronically or on paper. Any lost information is a confidentiality breach. We recommend taking an individual home visit card, with its limited information, to a home visit.

Place the completed card or printout into the home visit file. Group these files by area and make these visits when an interviewer has reason to travel to that area or when there are enough door knocks needed to warrant a trip. When a field or home interview is scheduled, check the home visit files to see if there are door-knocking visits that staff need to do in the area. If there are, take the cards and several resident letters ([Appendix D, page 159](#)). Designed to leave with relatives or neighbors, these letters give a brief explanation of who you are and why you are looking for the participant. Take several interview forms in case you meet more than one of the participants you are seeking.

7.7.4 Door-Knocking Guidelines

The following are guidelines for door-knocking procedures.

Present yourself appropriately. Explain who you are, who you are looking for, and why. Dress appropriately for the area so that you blend in. Wear or carry an identifying badge of your organization so that others do not mistakenly identify you as a law enforcement officer. Carry the necessary materials with you so that if you locate the participant you can conduct the interview on the spot. This may be your only chance to interview your participant.

When you visit people in the field, you may occasionally encounter what the authors call Red Flag situations (for example, observing child abuse, learning that a participant is a danger to self or others). Please see the “Red Flags” Sample Guidelines in [Appendix C, page 149](#) for further guidance.

Seek cooperation. If the participant is not at home, ask when the participant might be home and if it will be okay to come back at that time. If you are not getting cooperation from your contact, emphasize the importance of the program, the payment (if any), and the fact that your participant has already agreed to participate. Ask as many questions as possible; you may not get another chance. Avoid any reference to substance use disorders or mental health; refer to the program as a “health study.” Carry business cards with your name and the program phone number. Pass these out to contacts and ask them to hand the card to your participant if they meet up. Never give out your home phone number or address. (For an example of a conversation script, see [Appendix B, page 144](#).)



Contact neighbors and possible associates of the participant. If the participant no longer lives at the address, probe landlords, property managers, neighbors, and nearby businesses on both sides of the street tactfully to learn

- how long ago they moved away;
- whether anybody in the building or neighborhood knows where they went;
- whether they have any friends who are still here;
- whether there are family members around;
- where they worked;
- who they hung out with;
- whether they frequented any bars, restaurants, or pool halls; and
- whether they dated anyone in the neighborhood.

HINT:

If someone tells you that your participant is out of town but will be back in six months, it might be an indication that the person is in jail or prison.

Follow the same procedures with all possible sources, and continue to ask questions until your sources run dry. Be sure to leave resident letters and business cards with everyone you contact. Do not leave a letter in a mailbox as this is against the law. If your program allows it, you might be able to offer a letter to a friend or relative who assists you in locating your participant. (Keep in mind that you cannot use SAMHSA funds for this purpose.) Of course, do not give the incentive until successfully completing the interview. Remember, if you offer an incentive to more than one person, check and verify with your participant (when found and interviewed) who is to receive the incentive, as several people may claim it.

7.7.5 Safety in the Field

It is always important to take certain safety precautions when in the field. Programs should provide training to outreach staff members on safety. Below are some general guidelines that the authors encourage trackers to take.

First, always check in with your agency to notify them of your tracking activities to be certain that others are aware of your whereabouts, particularly when conducting door-knocking activities. Second, know the area where you will be door knocking. If it seems unsafe, trackers should travel in pairs. Even though evenings may be the best time to find people at home, do not visit a high-crime area after dark. Conduct tracking efforts in those areas on a weekend afternoon instead. Once you have assured yourself of the safety of the area, go to the participant's address and knock. You should have a fully charged cell phone when in the field and should check in regularly with your supervisor. If you are working with a high-crime population, you may also want to consider carrying pepper spray and getting basic self-defense training.

CAUTION:

It is never a good idea to transport participants or other contacts in your car. If someone asks for a ride, explain that your program's insurance policy prohibits it. Instead, offer to pay for transportation, if necessary.

You must always be ready to conduct the interview when you find a participant; however, for safety reasons it is sometimes preferable to conduct interviews in a public place rather than the participant's home. This is especially important if the participant and his or her environment are unknown to you. You can always suggest that the interview take place at a convenient fast food place. Participants often appreciate being treated to a meal or beverages. A park or public library may also be suitable.

As stated before, always dress appropriately for the area you are going to so that you will not stand out. Bring only the materials you need for the door knocking or interviewing. Do not bring personal belongings, such as a purse or wallet. However, do bring a cell phone. Only bring the money or gift card that you need to pay the participant for that interview. Leave everything else in the trunk of your car, placing these items in the trunk *before* your arrival; you do not want others to see you placing valuables in the trunk of the car.

When you are in the field for interviewing, carry a cell phone. When you arrive, tell the participant that you have to call the office to let them know where you are. Then, call your supervisor or other program staff. This is a safety precaution that makes the participant or others aware that someone else knows your location and who you are with. It is a good idea to have a pre-arranged code to use to get out of potentially “bad” situations. One might, for example, arrange to say, “Okay, I guess I’ll have to come right back, then. I will try to reschedule this interview for another day.” Then remove yourself from the environment. This would be appropriate if the participant appears too intoxicated to continue, too hostile, too unstable, or if other people are present who would interfere with the interview and who refuse to leave.

If you have had a bad experience during a field visit, always complete and place an incident report in the participant's file to alert others of potential problems that may occur during subsequent interviews. Discuss the incident with your supervisor and, depending on the situation, seek additional support. See [Section 4.2.3, page 53](#) for more information on trauma-informed care.

Lastly, remember that your safety is always more important than any interview. If you arrive at the arranged location and for whatever reason the place does not appear safe, leave and attempt to reschedule the interview for another time and place.

7.7.6 Apps to Improve Safety

Before starting door knocking, it is helpful to investigate the address and neighborhood that you will be visiting. There are apps available that allow you to “see” the area that you will be visiting. You can download these apps to your phone. This allows you to get a sense of where you will be going and what to expect when you arrive. Google Street View allows you to see 360-degree image of a location by simply searching on a location. Another useful app available in many cities is one that provides access to neighborhood-level crime data. Search the websites of your local police department or search the Internet using the search terms “crime map” and your locality. Other useful apps include those of companies that allow users to find their nearest business location (for those with GPS on their phones) or the location nearest to a zip code or address. More specifically, this type of app would be helpful if you are trying to find the closest chain restaurant to use as an interview site.

CASE STUDY:

John, a tenacious tracker, was door knocking and not having much luck. The participant had moved from the address and the only information that the new tenant had was that our participant was very messy and had left the apartment filthy. John went to the apartment manager and asked if he remembered the messy tenant and if he knew of his whereabouts. The manager said the participant was now homeless and hanging out at the gas station down the street. John drove to the gas station where some men were standing around. He asked if any of them knew “J.R., a guy from Belize.” One of the men told John to check with a man sitting on the curb as he was also from Belize and might know our participant. When approached, the man told John that he was J.R. and correctly gave the first and last name of his mother as confirmation of his identity. John conducted the interview on the spot.

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8. Tracking over the Long Haul



Participants from publicly funded mental health and substance use treatment programs may have a criminal history that includes several arrests or incarcerations. The criminal justice system (CJS) provides a number of possible avenues for locating participants and determining their outcomes.

8.1 Criminal Justice Databases

For locating participants, booking logs and county jail and state prison inmate lists can be very helpful. Many CJS locating sources are available online and links are provided below. On the other hand, state criminal history records are useful for extracting data on long-term outcomes but less so for locating. Other CJS-based information sources include FBI reports, parole and probation records, and deportation records. Below, the authors describe CJS locating resources and discuss criminal history records information sources that you can use for outcomes reporting.

8.1.1 County Jail Inmate Lists and Booking Logs

It is possible that some of the participants that you are having difficulty locating have encountered the criminal justice system. You should check jail inmate lists regularly. How regularly depends on the characteristics of your program's participants; try checking weekly, if not more often. Jail inmate lists typically include everyone in jail the day you check the list, but some have archived information and probation information as well. Inmate lists typically contain information on an inmate's arrest

date, arrest charges, release date, and court dates. They may also include the physical description of the inmate, aliases, or mug shots. Many counties now offer inmate lists on their websites (see below).

Some counties only have booking logs, which typically have information only about recent arrests, and post this information online for a short time (one day, three days, or seven days). That means that someone could be in jail and not be on the booking log. If that is the case for your municipality, then you will need to check the booking log website often so that you will not miss participants or make regular visits to the jail to check their inmate list.

Below is a link to a site that has a state-by-state list of counties that currently have online jail inmate lists, booking logs, and warrants for arrest (which means that a criminal justice agency is also seeking your participant).

- <http://www.ancestorhunt.com/county-jail-inmates-search.htm>

Additionally, you can use search the Internet to determine whether a particular county has an inmate listing. You can usually accomplish this by typing in the name of the county, followed by “sheriff’s department” or “inmate locator” in the search window of any Internet search engine.

You may find that smaller counties or parishes do not have booking or inmate information online. In that case, call the sheriff’s department and find out what the best procedure is for checking for inmates. If you have staff that can easily and economically stop by the county jail on a weekly basis, your best option may be to have them check the jail list of inmates. The list is often available at the front desk at the jail, and anyone can inspect it, or you may obtain it by permission from the jail commander.

When a tracker finds a participant, a staff member should call the inmate information number and give the booking number and date of birth to verify that the inmate is indeed your participant. Then schedule the interview, either in jail or after the participant is released.

HINT:

When you find a participant in jail, it is always a good idea to conduct the interview there. Once participants get back on the street, they will be much more difficult to locate.

8.1.2 State Prison Listings and VINELink

If you want to find out whether a participant is currently incarcerated in a state prison, access the available inmate-locator website or call the number for the department of corrections (DOC) in that state. When looking up or calling, have on hand the participant’s full name, date of birth, and DOC identification number, if available. Usually you can search by first and last name, although if the name is common, you will need to check the information against birth date, race and ethnicity, and so on. Department personnel or the locator website will be able to tell you where your participant is housed and provide a phone number for the facility. Typically, this is public information and you need no special permission to access the system.

Not only do most states provide information on the current location (which prison) of an inmate, but also many provide information on the inmate's status (on parole, discharged from parole, etc.). Some states include the conviction offense, physical descriptions, release dates, even mug shots. These can be helpful when you are trying to determine whether an inmate is indeed your participant or just someone with a similar name.

You may be able to get information from the DOC on the region to which parolee is assigned, which may help in your tracking and locating efforts. If your participant has been discharged from prison (that is, released without parole), or, you live in a state that transfers parole supervision responsibilities to the counties, then DOC personnel will be unable to provide you with any information other than that the inmate has been discharged or released.

- This website has links to the inmate locators for all 50 states and the District of Columbia. http://www.ancestorhunt.com/prison_search.htm
- Another site will take you to the departments of corrections for most states. <http://www.corrections.com/>
- Click on "Resources," and then click on "Inmate Locator." <http://www.corrections.com/links/show/20>

An umbrella site, VINELink, links to inmate databases throughout the country. Simply click on a state to begin the search. County jail information may also be available within a state search. VINELink's state listings are not as comprehensive as those the authors listed above are.

- <http://www.vinelink.com>

8.1.3 Parole and Probation

If a participant is on parole or probation, identify the region in which the participant's supervision is occurring by calling the appropriate state office of the department of corrections or county probation office, and get the name of the officer in charge of the case. Contact the parole/probation officer and explain that a participant of theirs is a participant in a federally funded or state-funded health study and there is no current address or phone number for that person. Although occasionally the officer may divulge an address or phone number for the participant, usually the officer will decline to do so for reasons of confidentiality. Frequently, however, the parole/probation officer will be willing to forward a letter from the program to the participant.

Do not divulge any personal information about the participant to the parole/probation officer. Sometimes the officer will say, "I haven't seen him either for several months. I will call you if he shows up, and you call me if you find him, OK?" Do not make any agreements with others to violate the participant's confidentiality.

8.1.4 Federal Prison Inmates

Federal prisoners are under the jurisdiction of the Federal Bureau of Prisons. To find out whether a participant is currently housed in a federal prison, access the inmate-locator website for federal prisons listed below. Give the participant's full name and date of birth. The request is straightforward, as this is public information. The database includes all federal inmates entering prison from 1982 to present.

- Federal Bureau of Prisons inmate locator: <http://www.bop.gov/inmateloc/>
- Inmate visiting information: <http://www.bop.gov/inmates/visiting.jsp>

8.1.5 Immigration Holds and Deportation

If your participant is an immigrant and you have exhausted other possibilities, you may find that your participant is in the process of deportation. U.S. Immigration and Customs Enforcement (ICE) can hold people in detention for months before deporting them, so you may be able to complete the follow-up interview at an ICE detention center, so it is worthwhile to check on a participant's status.

You can locate someone who is currently detained for possible violation of immigration laws by using the Online Detainee Locator System or by getting in touch with one of the field offices of the Office of Enforcement and Removal Operations (ERO).

- Online Detainee Locator System: <https://locator.ice.gov/odls/homePage.do>
- Field office link: <https://www.ice.gov/contact/ero>
- You can also call ICE ERO Detention Reporting and Information Line: 888-351-4024

For more information on this topic, see United States Citizenship and Immigration Services, in *Chapter 9*, [page 108](#).

8.1.6 State Criminal History Records and FBI Reports

Criminal history records usually provide information on all arrests, criminal court sentences, and jail/prison time for an adult. States deem juvenile arrests confidential, however, and it is not easy to obtain these records. In some states, criminal history records (also known as *rap sheets*) are public information; in others, you will need special evaluation program permission or signed authorization by the participant to obtain them. Researchers typically request criminal history records as a large dataset. When obtained as a dataset, criminal history records can be especially useful for participants who are receiving long-term (one year or longer) treatment services at a program. You can use them in two ways. First, you can request records that may provide information that opens up new search routes. For example, you may discover alternative names to search for online. The second way is to use them for outcome data. You can use the database to determine what percentage of your participants was re-incarcerated after receiving services, their types of arrest charges, and the length of time from program exit to re-incarceration.

Call the attorney general's office in the state in which you are searching to obtain the regulations governing the issuing of criminal justice records for evaluation purposes. Criminal history records include the charges, name, and location of the arresting agency, dates of arrest, and disposition of each case. In addition, important personal information is usually included, such as date and place of birth, driver's license number(s), Social Security number(s), and other names the participant has used in the past.

FBI Report. An FBI report provides information for participants arrested out of state as well as in your state. Access to FBI records is usually only possible via special approval from a law enforcement office or other criminal justice agency.



8.2 State and County Social Service Databases

Many participants receive General Relief (GR), Supplemental Nutrition Assistance Program (also known as food stamps or SNAP), Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or other forms of public assistance. If participants have children, they may receive food stamps or Women, Infants, and Children (WIC), a nutrition program. In addition, your participant may use the services of the public health agency or receive visits from public health nurses. Become familiar with these public assistance programs because many of them require monthly office visits. Use the 2-1-1 helpline center or information and referral service, search the county government pages of your phone directory, or search online for numbers for various social service agencies. You can contact the caseworkers at the local offices directly if you know that the participant either lives in or receives payments from that district. If this information is not available, a call to the central office can establish which office handles the participant's case.

NOTE:

The Social Security Administration issues the prefix (first three digits) of a Social Security number (SSN) according to the state in which the applicant is living when applying for the number. Links to state-by-state listing of SSNs are located in [Appendix E, page 169](#). If the participant you are searching for has an out-of-state SSN, it may be useful to search phone directories and databases in that state because the participant may have returned there.

Many SAMHSA programs are part of or closely linked to social service agencies. It would be important to take advantage of their resources as long as you clear it with the agency.

You should also consider local nonprofit (nongovernmental) assistance agencies. The local food pantry, church charity, or other agencies may also be willing to forward a letter to your participant. Many religious organizations in urban areas have nonprofit arms that provide services to the needy, so be sure to find out about all the service providers in your area. (For a listing of agencies that work with the homeless, see *Chapter 9*, [page 108](#).)

For public services, once you have the correct district office, call and ask to speak to the caseworker. You probably will not be able to obtain the participant's address and phone number directly from the caseworker, as this violates participant confidentiality, but if a participant is currently receiving public assistance, the caseworker will be able to forward a letter.

The appropriate procedure is to put your letter to the participant in an envelope, stamp it, but leave it unsealed, and put the participant's name on the outside. Then seal that envelope into a slightly larger one and address it to the caseworker. The caseworker can add the participant's address to the inner envelope and mail it to the participant. Provide the program's phone number and a message to pass on to the participant in case they come into the service agency office in person. Keep in close contact and follow up with caseworkers; they are very busy, and these requests will not be high on their list of priorities. It is helpful to establish a good relationship with a key person in these offices. This can later pave the way to fast and efficient assistance.

Caseworkers have to protect the confidentiality of their participants, but they may provide valuable "hints" nonetheless. One caseworker told our tracker, "That case is not in our jurisdiction. Try County B." The tracker checked the phone listings for County B and found our participant.

8.3 Obtaining Vital Statistics Records

8.3.1 Social Security Death Index

If you think that a participant is dead, but a request for a death certificate from the state or county health department produces no results, an alternative information source is the Social Security Death Index. This index lists deaths reported to the Social Security Administration and it has limitations; for example, it is not an index to all deceased individuals assigned SSNs. However, it is often useful and easy to access via the Web. Due to new legislation, the results are at least two years behind the actual reporting of a death, so the sites are only useful for longer-term follow-ups.

Social Security Death Index on the Web. There are a number of sites offering Social Security Death Index searches. The information includes birth date, death date, last residence, and the state that issued the person's Social Security card. These sites provide information about how current their listings are – usually listings are two years behind the current date.

- FamilySearch.org: <https://familysearch.org/search/collection/1202535>
- Ancestry.com: <http://search.ancestry.com/search/db.aspx?dbid=3693>
- GenealogyBank.com: <http://www.genealogybank.com/explore/ssdi/all>

8.3.2 National Death Index

The National Death Index (NDI) is a big data resource compiled by the Centers for Disease Control and Prevention (CDC). It is a central computerized index of death record information from state vital statistics offices. According to the CDC, the National Center for Health Statistics established the NDI as a resource to aid epidemiologists and other health and medical investigators with their mortality ascertainment activities. Large studies typically use the NDI, which is available to investigators solely for statistical purposes in medical and health research. Like the Social Security Death Index, the data available is typically one to two years behind. It is not accessible to organizations or the public for legal, administrative, or genealogy purposes. More information about access to the NDI is available at <http://www.cdc.gov/nchs/ndi.htm>.

9. Special Populations



9.1 Participants Who Are Experiencing Homelessness

Locating participants experiencing homelessness can be a challenge, but with the right kind of preparation, tracking staff can succeed even with this hard-to-find population. If a large proportion of your participants are experiencing homelessness, you and your staff will need to pay special attention to how locator forms are completed. “Must have” items for the locator form include the following:

- A brief list of places where the participant usually hangs out (street corner, park, bridge)
- Shelters, single-room-occupancy (SRO) hotels: which ones do they tend to use?
- Which soup kitchens and restaurants do they use?
- Where do they like to buy necessities? (Store owners who give credit may know where participants tend to hang out.)
- Where do they cash checks?
- Does the participant know any service workers in the area? Get agencies and names.
- Do they stay in different places in the winter compared to the summer? Collect possible places.
- If participant receives government assistance, who is the representative payee?

Locating participants who are experiencing homelessness and have little or no regular contact with family and social agencies can be especially time-consuming. The tracker or interviewer will need to spend time on the street and visiting shelters, soup kitchens, and other known places where

people experiencing homelessness congregate. To be successful locating this population, the tracker needs to be a person who feels comfortable on the streets. The tracker must gain the confidence of others who are experiencing homelessness or have a history of homelessness, so they know the tracker is not a snitch or a cop. Once trackers establish this trust, they may be able to obtain helpful information regarding participants. Evaluators and Project Directors, however, must decide whether to invest the time and resources in order to find homeless participants.

9.1.1 Places to Track Participants Who Are Experiencing Homelessness

Homeless shelters and missions. Typically, these places do not provide information about their residents over the phone. It is possible, however, to contact a shelter, speak to a director, explain your program, and gain access to the intake roster. Be persistent, as shelter staff must follow strict confidentiality guidelines. If you cannot obtain direct information about a participant, you may be able to leave a message or post a notice or flier on a bulletin board. Check shelters and soup kitchens to learn when and where they serve meals, and visit these places at designated mealtimes. It is helpful for tracking staff members become known on the streets, so we recommend that the same staff member visit the same places whenever possible. Some shelters are unsafe, and participants who complete an interview and have valuables—such as gift cards—may be vulnerable to assault by other residents. Check with the director before leaving notices about payments to assure that it is advisable.

SRO hotels. An agency will sometimes issue vouchers for an individual or families experiencing homelessness to stay in single-room-occupancy (SRO) hotel rooms. The hotel manager may tell you if a particular person resides at the hotel, so you can leave a letter or card. Inquire about hotel occupancy patterns; when are participants most likely to take a room? Hang out in the lobby for a while (if allowed); you may meet other residents who are able to help.

Representative payee services. Participants on disability often have representative payees to assist in managing their Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) funds, and this may be true for other types of government assistance. Your own agency may provide this service to participants, or a family member or friend may help in this regard. If you have many participants experiencing homelessness, include a question about representative payees on your locator form.

Check-cashing services. If your participants receive payments in the form of a check or as a direct deposit, they may be using a check-cashing

HINT:

If you can photograph your participant during the intake interview, this may be helpful when trying to locate the person later, especially when using street location techniques. To protect the participant's confidentiality, study the photograph before going into the field, but leave the photo in the participant's file. If you do not have a photo, have a general description of the participant; for example, "A 45-year-old man, tall, white, with a tattoo on his left arm."

service. Visit check-cashing companies in your participant's neighborhood on the first or second day of the month (or whenever checks are mailed in your area). The company generally keeps a record of regular customers, and the manager may tell you when your participant routinely cashes checks.

General Relief offices. If you live in an area where the county provides General Relief, inquire about the payment process and work requirements. Do participants need to see a welfare agent on a monthly basis? Is there a place where they usually go to fulfill work requirements? If so, it may prove worthwhile to visit the public assistance office at the time of the month that checks are paid or to the work assignment site. Ask if anyone knows your participant. Often, the same individuals visit the office on the same day each month.

Other social service agencies. To identify other agencies that provide public services, go to <http://nationalhomeless.org/references/directory>. This site provides information on social service agencies nationwide. If many of your participants are people experiencing homelessness, the tracking staff should get to know the local service providers. In addition, read the sections below on the U.S. Department of Housing and Urban Development (HUD) Continuum of Care and on the Salvation Army Missing Persons Locator Service.

Parks and other public places. Scout local parks, alleys, and bus and train depots. In good weather, you might find your participant in the park, or on rainy days, in the train station, bus depot, or public library. Trackers may need to visit these places many times before locating your participants, so persistence is a necessity. If many of your participants are experiencing homelessness, your tracking staff members need to become familiar figures in the areas where homeless people gather. Is there something useful that you could offer to the person experiencing homelessness? For example, offer your contacts hygiene kits (containing shampoo, wipes, toothbrush, toothpaste) and include your business card in the bag. Energy bars and candy bars are another inexpensive, popular option. Have program business cards ready, and include useful referral numbers.

NOTE:

When tracking people experiencing homelessness, you might find yourself in parts of town where your safety is at risk. If you feel threatened or afraid, leave the area immediately. No interview is worth injury to an interviewer. It is advisable to go in pairs when you are tracking in a rough or dangerous neighborhood. See [Section 7.7.5, page 97](#) for more information on safety in the field.

9.1.2 Establish Post Office Boxes or Allow Participants to Receive Mail at Your Organization

In order to maintain contact with participants who are homeless, it may be cost-effective to rent post office boxes for individuals who lack a stable address. The agency can rent the box for the program's duration in the participant's name, if the participant agrees. The participant can have other mail sent there, which may be an incentive to agree to this arrangement. Program staff should periodically mail letters to the box to keep in contact, encouraging participants to call and keep in touch. This relatively small expense may save valuable time and resources later on.

Alternatively, you may allow participants to use your organization's address for their mail. When participants visit to pick up their mail, program staff can update their contact information or complete an interview. Agencies providing services to homeless individuals often provide this type of mail service. If the service will be time-limited, be sure to let participants know. Before initiating this service, discuss procedures and any federal regulations with your letter carrier or local postal official.

9.1.3 Assist Participants in Obtaining Lifeline Phones

As mentioned in [Section 5.5, page 67](#), Lifeline Assistance phone plans (known as Obama phones) are available for cellular phones. These phones increase the likelihood that your participants experiencing homelessness will have a cell phone since individuals who qualify for food stamps, SSI, Medicaid, or Temporary Assistance to Needy Families (TANF) qualify for a phone and basic phone service. If your program participants include a large number of individuals who are homeless or housing insecure, assisting participants in obtaining a phone through your program helps build rapport and increases the likelihood that you will be able to reach participants for follow-up.

TIPS FOR SUCCESSFUL OUTREACH

- Have mental health, additional treatment, vocational services, shelter, and other referrals ready for participants who need them.
- Wear identifying badges.
- Walk or drive in the area and talk to the people who are there.
- Use bad weather to your advantage. Check emergency shelters that are only open on extremely cold or hot days. Check under bridges, bus stations, or other locations where homeless individuals congregate when it rains.
- Provide incentives for “buddies” to help you locate your participant. Reward buddies only when you locate the participant or the participant contacts you.

9.1.4 U.S. Department of Housing and Urban Development (HUD) Continuum of Care

The Continuum of Care (CoC) is a local or regional body that carries out specific responsibilities toward ending individual and family homelessness. Its role is to coordinate planning activities among service providers and the larger community. Composed of stakeholders including nonprofit organizations, governments, advocates, persons with lived experience, health agencies, housing

agencies, and others, the CoC prioritizes interventions to assist those most in need to receive appropriate levels of assistance. The CoC board has specific responsibilities under the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, which include governance of federal CoC funds, implementation of a regional plan to end homelessness, performance monitoring of homeless service providers, and implementation of a Homeless Management Information System (HMIS). SAMHSA grantees working with persons experiencing homelessness should collaborate with the CoC to ensure that their work to end homelessness aligns with the CoC's strategy. CoC publishes contacts on the [HUD Exchange](#).

CoC contacts should be able to direct you to local resources, including emergency shelters, supportive housing, and day centers to continue your search. While they may be unable to provide details on where a participant is, CoC contacts should be able to provide a list of local street outreach teams and tell you when and where those teams deliver services. These teams will be able to deliver messages to individuals on your behalf or they may allow you to accompany them on their shifts to locate people.

9.1.5 Homeless Management Information System (HMIS)

HMIS is a database tool for local communities to collect participant-level data on people experiencing homelessness. HUD allows communities to apply for funds to set up and operate the system, and requires all homeless service providers receiving HUD funding to use HMIS. In recent years, other federal programs, including Veterans Administration-funded housing and support services programs and SAMHSA's Projects for Assistance in Transition from Homelessness (PATH) program have begun to transition to entering data into HMIS. Non-federally funded homeless service providers are also encouraged to use HMIS for collecting participant-level data. Local agencies and organizations enter data to record and coordinate services for individual participants as well as to gain an overall picture of programs and services provided for planning purposes.



A robust HMIS with a large percentage of participating community agencies contains valuable information about unique individuals as well as system-level trends. Agencies that use the HMIS systems are potentially subject to HUD's HMIS regulations, Health Insurance Portability and Accountability Act (HIPAA) regulations, 42 C.F.R. Part 2 regulations, and any relevant state or local privacy regulations, depending on the agency's funding streams and services. The agency must default to the strictest of the regulations relevant to their circumstances.

HMIS systems across the nation have differing protocols for sharing data. Usually, a written and signed informed consent form is needed for a third party other than the participant or the originating

agency to access identifiable information about a specific individual. If you need to find a participant who lives locally, then collaborate with your local CoC to access information with the participant's consent.

Without securing a memorandum of understanding for your program (drawn up during program development) or obtaining a participant's consent to release information (obtained at intake), it is difficult to access HMIS data; however, some systems have the ability to place a note in the electronic file requesting that the participant contact you. Ask that any professional working with the participant request the participant's permission to contact you.

9.1.6 Salvation Army Missing Persons Service

The primary purpose of the Salvation Army's Missing Persons program is to reunite family members who wish to find each other. The program recognizes the individual's right to privacy by not divulging the individual's whereabouts without consent. Direct all inquiries to the territorial Missing Persons office serving your region.

The Salvation Army does not charge for the cost of its search service, however, a fifty-dollar registration fee is required with all applications for service. This fee is to cover the cost of setting up the case and there is no charge for search efforts or follow-up services. Further contributions to help offset the cost of services are welcome.

Salvation Army Missing Persons Service Offices

Eastern Territory
440 West Nyack Road
West Nyack, NY 10994-1739
(800) 315-7699
<http://easternusa.salvationarmy.org/use/missing-persons>

Western Territory
180 East Ocean Blvd.
Long Beach, CA 90802-7728
(800) 698-7728
http://www.salvationarmy.usawest.org/usw20/missing_persons_info

9.2 Youth

9.2.1 Special Considerations for Youth

According to SAMHSA, an estimated 1.3 million youths (aged 12 to 17) had a substance use disorder in 2014 ([SAMHSA](#), 2016). Regarding mental health conditions, “half of adult mental illness begins before the age of 14, and three-fourths before age 24” ([SAMHSA](#), 2016). These numbers reflect how critical it is for mental health and substance use programs to stay in touch with their youth participants in order to continue to provide them with appropriate treatment services. In this section, the authors will discuss strategies and techniques to use when attempting to stay in touch with or locate youth participants. Additionally, we touch upon the benefits of using social media to maintain contact with youth participants.

The process of maintaining periodic contact with youth participants begins during the intake interview. It is vital to establish rapport with a youth participant at the onset. Trauma-informed care ([Section 4.2.3](#), [page 53](#)) and rapport-building techniques ([Section 5.1](#), [page 60](#)) are particularly relevant for youth. Providing clear information and showing empathy and understanding will help you to establish trust, which increases the chances that the youth will keep in touch with the program. Some youth, however, are reluctant participants. Those with criminal backgrounds or those in the juvenile court system can be hesitant to provide accurate information (such as locator form information) due to the perceived risk that their parole officer, parents, or other authoritative person will discover this information.

One way to overcome this barrier is to reassure your participant about the confidentiality of the program’s records throughout the intake interview process. The limits to confidentiality must also be clear; program staff must report danger to self or others and child abuse. The more you explain confidentiality, however, the more likely the youth will be at ease with providing accurate locator information.

Using incentives is another strategy to build strong rapport with youth participants and increase the chances of remaining in contact with them. SAMHSA allows mental health and substance use program grantees to provide participants with an incentive if the participant returns to the program to complete a follow-up interview. The incentive amount for each participant at follow-up is up to \$30 and can be in the form of a gift card, money order, transportation voucher, and so on. Additionally, the program can provide incentives if it has funding from other sources or receives monetary or other types of gifts from private sources.



Because many youth participants are transient, mobile, and without a steady income, using incentives is essential to staying in touch with this population. As with adult participants, youth participants must be aware of incentive amounts for follow-up before they leave the office after completing an intake interview. Provide an appointment card that includes the date of the follow-up interview as well as a reminder of the incentive amount that they will receive for participating in the interview.

Text messaging is another method that can assist programs in contacting youth participants. As of 2012, 75 percent of all youths communicate via text messaging. Text messaging is by far the most popular mode of communication for the youth population, surpassing phone calls, face-to-face interaction, social media use, and e-mailing ([Pew Research Center](#), 2012a).

Use text messaging to your advantage. Text youth participants to stay in touch and provide program information and motivational messages. Be aware that some participants may not have unlimited texting, so get consent to communicate via text message. Whenever contacting participants, update their locator forms if their cell phone number has changed.

Additionally, youths are beginning to use WhatsApp, a mobile phone messaging application that allows users to message each other without having to pay text message fees. This feature makes the app very popular among youth. Ask participants if they use this app and if so, record their user profile name on their locator form. More information on WhatsApp is in [Section 7.6.5, page 94](#).

There is a possibility that the only way to keep in touch with youth participants is by going into the community to locate them. We recommend developing a special youth locator form in order to obtain detailed information on their places of interest. Examples of places to look for youth include game stores, skateboard parks, shopping malls, coffee shops, movie theatres, neighborhood shops, restaurants, and community centers. Additionally, obtain contact information for a youth's network of friends since many youths run away from home and are transient.

9.2.2 Social Media

As of 2012, 81 percent of U.S. teens who go online are using some type of social media ([Pew Research Center](#), 2012b). While communicating via social media for youths is not as popular as communicating via text messaging, it is still an significant platform for staying in touch with your youth population. Facebook is the most common social media platform used by youths today with 71 percent of U.S. teens ages 13 to 17 using the site ([Pew Research Center](#), 2015). Information on creating a Facebook page for your program is in [Section 3.2, page 35](#). More information on Facebook, the benefits of using social media, and available social media platforms is in [Sections 6.3, page 71](#) and [7.6.1, page 89](#).

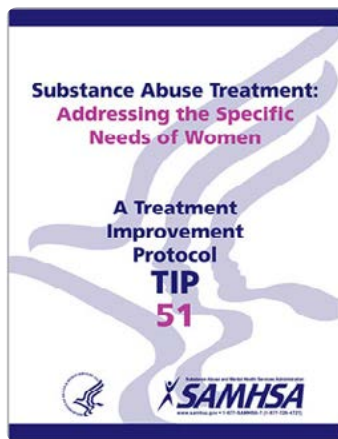


Not only do data exemplify how popular social media is among youth today, but they also show how effective social media can be in locating youths who are in substance use or mental health treatment programs. A three-year follow-up study of girls originally contacted in 8th grade conducted by Jones, Saksvig, Grieser, and Young (2012) indicated that the use of social media, especially Facebook, had helped in contacting the girls to participate in their follow-up interviews. When using mass mailings and phone calls as contact methods, 175 young women in the 11th grade could not be located. However, 78 of these young women in the study were successfully located by using Facebook. The study concluded by stating that the use of social media helped reduce follow-up loss and was a promising method to recruit youth participants (Jones, Saksvig, Grieser, & Young, 2012, p. 7). Therefore, we recommend using social media to locate youth participants as it can significantly increase the chances of locating them after traditional tracking and locating methods (phone, mass mailings) have failed.

As stated earlier, the authors recommend developing a specialized youth locator form in order to obtain unique information related to youth, including the numerous social media platforms that they may actively use. Ascertain which social media platforms youth prefer, obtain consent to contact them via the preferred platform, and obtain their profile names for each platform.

9.3 Gender-Specific Concerns

In general, there are not many differences between men and women when it comes to program engagement and retention. According to SAMHSA's Center for Substance Abuse Treatment, women are as likely to stay and engage in treatment as men, and gender does not play a role in predicting participant retention (Center for Substance Abuse Treatment [CSAT], 2009, p. 137-138). Programs have a greater chance of staying in touch with women, however, since women are more likely to have recovery-oriented social support systems, higher rates of employment, and be less likely to return to the criminal justice system (CSAT, 2009, p. xxiii).



There are strategies and techniques that programs can use to maintain steady contact with participants who are women. First, providing staff members with appropriate social and cultural trainings related to gender-specific concerns will help keep in touch with women participating in programming (CSAT, 2009, p. xxiii). A strategy to use when attempting to locate a woman is to contact and collaborate

with women's support groups and agencies, such as Women for Sobriety (CSAT, 2009, p. 186). These groups can be very helpful to treatment programs and their leaders might know the location of women you work with.

Additionally, in order to maintain contact with women, make transportation readily available to and from the program. This can be an important incentive since women are more likely to have difficulties obtaining transportation to their treatment program (CSAT, 2009, p. 87). Transportation can also be difficult if the woman has to travel with her children. For mothers of young children,

your program can offer childcare during scheduled appointments (CSAT, 2009, p. 88). Offering childcare, having toys on hand, and providing child-friendly snacks and beverages all can help increase the chances that a woman you are working with will return to your program for her follow-up interview.

We also recommend providing referrals specifically targeted to meet women's needs (see the Sample Holiday Letter in [Appendix D, page 159](#) for an example of referrals offered to women participants.) For example, you can provide shelter and housing information to women who may be experiencing domestic or intimate partner violence.

9.4 Lesbian, Gay, Bisexual, and Transgender Clients

Be mindful of participants' gender identity and sexual orientation in order to maintain rapport and stay in touch with them while they receive treatment and recovery services at your program. Mental health conditions and experiences with substance use can be sensitive topics to people who identify as lesbian, gay, bisexual, and/or transgender. Lack of cultural awareness can damage these relationships and lead to difficulties maintaining contact with participants.

There are techniques that you can use to stay in touch with participants that are part of the LGBT community. It can be challenging to stay in touch with these participants due to the many obstacles and barriers they experience while attempting to receive treatment and recovery services. Participants within the LGBT community may avoid or delay treatment services due to fear of disclosing their sexual orientation or gender identity to a healthcare provider. Many of these participants have experienced homophobic, biphobic, or transphobic healthcare providers discriminating against them, judging them, and attempting to convert them to heterosexuality (Gay and Lesbian Medical Association [GLMA], 2006, p. 1).

The majority of trans-identified people report one or more negative experiences with healthcare providers that are directly linked to their identities and are often a refusal of care or deliberately refusing to acknowledge them as trans (this includes refusal to use someone's preferred pronouns or chosen name, and difficulties when a chosen name is different from that on an ID or birth certificate). These negative experiences tend to cause participants from the LGBT communities to discontinue treatment services, leading to loss of contact between program and participant. To avoid this, program staff members need training to be sensitive to and culturally aware of the LGBT



“...an online presence is an **essential** dimension for organisations working with LGBT youth in any capacity.”
(Jensen & Karl, 2014)

community. Staff should be familiar with the difference between sexual orientation and gender identity. Another thing that staff should note is LGBT relationships with their families. Family members, for example, may be unaware of LGBT participants’ sexual orientation or gender identity, or LGBT participants may not maintain family relationships if family members are disapproving. For participants who identify as trans, contacting a family

member and asking for participants by their chosen name could out them before they are ready. Provide program staff training on LGBT issues periodically, especially when there is staff turnover, and include training on appropriate language and specific LGBT health issues (GLMA, 2006, p. 13).

In addition to training, the main strategies used to stay in touch with LGBT participants involve using social media, connecting with LGBT community resources, and commemorating LGBT events. LGBT community members were early adopters of social media. Connecting via social media helps maintain contact with program participants on a continuous basis. In addition, trackers should take advantage of community resources and service agencies available within LGBT communities. These include local LGBT health centers or community centers, the National Association of Lesbian and Gay Addiction Professionals, and the Gay and Lesbian Medical Association (CSAT, 2012, p. 58). For programs that have a large number of LGBT participants, setting up formal information-sharing relationships with community service agencies could improve your ability to locate participants with whom you lose touch. Having program staff members present at events such as Pride Month and National Coming Out Day will help increase awareness of your program and help you connect with participants who are out of contact. Finally, showing sensitivity to LGBT issues, developing mentoring and networking opportunities, and participating in other awareness-raising activities will increase the chances of staying in touch with LGBT participants (The Joint Commission, 2011, p. 29).

9.5 Incarcerated Participants

There is always a possibility that hard-to-find participants are in jail or prison. Keep in mind that this is a difficult and painful situation for relatives, so they may not be forthcoming about the participant’s location. They may say the participant is out of state and will not be back for a number of months, or something similar. Search information for participants who may be involved in the criminal justice system is in [Chapter 8, page 101](#). If you find that your participant is in jail or prison, try to schedule an interview with them there.

9.5.1 A Note on Interviewing Participants in Jails and Prisons

In most states and counties, there is a differentiation between jails and prisons. Typically, jails hold people for shorter periods, possibly less than a day. Jails hold people who have been arrested, are awaiting trial (pre-conviction), or who have a shorter sentence (post-conviction) of less than a year.

Jails also hold people who have violated probation, parole, or cannot pay their fines. Prisons usually house people who are convicted and sentenced to a year or more, although in some states parole violators return to prison for brief periods. For the most part, tracking staff will be checking for those recently arrested and in jail.

In general, each county has its own jail system run by the county sheriff's department. When law enforcement arrests a person and sends them to county jail, a booking number is assigned. This booking number, valid only in the county of incarceration, is temporary. Within a couple of weeks after the person's release, it may be impossible to trace the number to a specific person. If a participant is in jail, conduct an interview as soon as possible since the person may not be there for long. Individuals can be arrested and not charged, post bond, or be released on their own recognizance. Because a county may have more than one jail, look online or call a central booking information number to get the participant's location. You will need the participant's full name, date of birth, and booking number, if available. If the participant is incarcerated, booking information staff can provide the participant's booking number, which you will need in order to conduct the interview at the jail.

To ensure confidentiality during the interview, program staff members should request access to an attorney room for the interview. Smaller departments will often let you use their attorney room on an as-needed basis. Provide your information to the watch commander of the jail you want to visit. If the interview is approved, the commander will tell you which day you can conduct the interview. This process can take up to a week or longer. Larger departments may require interviewers to secure attorney room privileges for central jails before scheduling the interview. While departments have varying procedures, all require a detailed explanation of the program seeking access to the person in jail and a background check of staff who will conduct the interview.

When conducting the interview in the jail's attorney room, be aware that you cannot make physical contact with the inmate. The deputy must visually approve any material that you will hand to the inmate. Any materials that an inmate can use as a weapon, such as paper clips or staples, are not allowed into the meeting room. Pens and pencils are exceptions, but the inmate must return them to the interviewer immediately after signing the interview consent form. In some jails, the interviewer conducts the interview in a cubicle with a glass wall between the interviewer and the respondent using a phone receiver to communicate with the respondent. In this situation, physical contact is impossible and the interviewer is unable to pass response cards to the respondent. Therefore, the interviewer must hold the cards up for the respondent to see and give the informed consent form to a deputy, who takes it to the respondent to sign. In this scenario, it is better to get verbal agreement from the respondent to do the interview and have the respondent sign the consent form after completing the interview.

If your participant is in prison and you wish to conduct an interview, you must contact the prison to arrange it. If your organization is only conducting a few prison interviews, obtain clearance for your staff on an as-needed basis. Typically, you will contact the prison's public information officer (PIO) or the warden's assistant. That person will need information on the prisoner (full name and inmate identification number), information on your interviewer (for example, full name, driver's license

number, date of birth, any arrests), and the planned date of the visit. Inform the PIO that you need to conduct the interview in an attorney interview room, and that your program has been cleared through the proper channels. It is best to fax this information because a fax is secure form of communication, while e-mail messages may not be. Your staff members should understand that they must be completely honest about any of their own arrests or convictions. Arrest and conviction history, if it is long enough ago, generally will not prevent staff from having prison access. Some prisons, however, bar entry to anyone convicted of drug trafficking. Prisons typically need approximately two weeks to obtain clearance.

Once you arrange a visit, interviewers should call the PIO one to two days in advance of the visit to confirm that gate clearance is in place. Be sure that the interviewer has contact information for the PIO and warden's assistant, since there are often problems with clearance upon arrival. Prisons have dress codes for visitors (so that they may be distinguished from prisoners). Be sure that the interviewer checks the prison's website, the recorded information for visitors via the prison phone number, or both, regarding these policies. Interview facilities vary greatly from one facility to another, but interviewers should be prepared for the possibility of being locked in a room with the prisoner.

In some instances, incarcerated participants are not allowed to accept incentives for the interview. This is true for all participants in the Federal Bureau of Prisons system. In some institutions (not within the Federal Bureau of Prisons, however), participants can designate someone to receive the payment on their behalf. The interviewer must record the gift recipient's name and address, and have the participant sign an amended receipt reflecting the name of the party receiving payment.

9.6 Immigrants

9.6.1 Bilingual, Bicultural Interviewers

Community-based treatment and prevention cannot be maximally effective without being culturally competent. The same is true for program follow-up activities. This does not mean that follow-up staff must exactly match the demographics of your program participants. However, it is important to have bilingual and bicultural interviewers on staff because even if participants are fluent in English, it is unlikely that all of their relatives will be. Moreover, understanding the cultural backgrounds of participants, no matter how acculturated they appear to be, is key to remaining in touch with program participants. Employing bilingual and bicultural staff is essential, and grantees should train all staff in the cultural sensitivities of your program's populations. Understanding not just the language but also cultural expectations about phone conversations (for example, expected greetings, length of time spent on small talk, amount of silence expected) is helpful in gathering reliable follow-up information. Some cultures regard substance use and mental health conditions negatively; follow-up staff should tread lightly. This is why not revealing the specific purpose of the program and using neutral program names such as "Healthy City Project" or "Health Study," is critical.



9.6.2 United States Citizenship and Immigration Services (USCIS)

With immigrants, depending on their immigration status, you may have difficulty contacting them. Having culturally competent staff and the ability to assure participants of confidentiality will be crucial in maintaining contact. As described in the previous chapter, when you cannot find participants, consider the possibility that the U.S. Citizenship and Immigration Services (USCIS) may have deported them or that they are in detention. The government can deport noncitizens convicted of an aggravated felony, even if they are legal residents. Use the online detainee locator mentioned in *Section 8.1.5*, [page 104](#) to determine if the individual is in detention, or has been recently deported or released.

If you are part of a public agency, you may be able to obtain deportation information by phone. Contact the nearest USCIS field office, listed on the Immigration and Customs Enforcement website at <https://www.ice.gov/contact/ero>. Introduce yourself, your organization, and the program, referring to it as a health study. The procedure for obtaining an interview with a participant who is a detainee is similar to that described above for those in the criminal justice system.

You may want to access USCIS records to document a participant's deportation. These records are generally not open to the public; however, information on deportations is in the public domain. To get information on the disposition of a deportation case, submit a

Freedom of Information Act Request (FOIA) to the USCIS. The disposition information will tell you whether the subject has been deported and may provide additional U.S. addresses for the participant. Note that Form G-639 is not required to make a FOIA request; however, you must make all FOIA requests in writing.

For more on cultural competence in healthcare service delivery, visit these websites:

- The Provider's Guide to Quality & Culture:
<http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English>
- National Center on Cultural Competence:
<http://nccc.georgetown.edu>

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APPENDIX A: Tracking and Locating Forms

- Locator Form
- Mini-Locator Form
- Participant Tracking Log
- Authorization for Release of Information
- Checklist for Tracking and Locating
- Samples of Completed Forms

Locator Form

LOCATOR FORM

INTAKE DATE: _____ INTERVIEWER INITIALS: _____

SCHEDULED 6-MONTH FOLLOW-UP INTERVIEW DATE: _____ TIME: _____

Name: _____ Nickname(s): _____

Date of birth:

--	--

 /

--	--

 /

--	--	--	--

Month Day Year Current Age: _____

Home Phone Number: (_____) _____ - _____

Cell Phone Number: (_____) _____ - _____ Work phone: (_____) _____ - _____

Where were you born? _____

What is your current address?

Street: _____ Apt./Room: _____

City: _____ State: _____ Zip Code: _____

Whose name is on the mailbox?

_____	_____
Name	Relationship

How long have you lived there? _____ Do you plan to move soon? Yes _____ No _____

If you're moving soon, do you know where? _____

What is your best mailing address?

Street: _____ Apt./Room: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ County: _____

Who lives here?

_____	_____
Name	Relationship

!

Do you have another phone number where you can receive phone messages? If yes, what is the name of the person who might answer the telephone?

_____	_____
Name	Phone Number

Is there a different place to leave messages if you relapse? If yes, please provide the name and phone number: _____

Do you have any relatives who usually know how to reach you if you should move or leave the program?

Mother's full name: _____

Address: _____

Phone: (____) _____ Cell phone: (____) _____

E-mail address: _____

Father's full name: _____

Address: _____

Phone: (____) _____ Cell phone: (____) _____

E-mail address: _____

Relative's full name: _____

Address: _____

Relationship: _____ E-mail address: _____

Phone: (____) _____ Cell phone: (____) _____

Relative's full name: _____

Address: _____

Relationship: _____ E-mail address: _____

Phone: (____) _____ Cell phone: (____) _____

Relative's full name: _____

Address: _____

Relationship: _____ E-mail address: _____

Phone: (____) _____ Cell phone: (____) _____

Relative's full name: _____

Address: _____

Relationship: _____ E-mail address: _____

Phone: (____) _____ Cell phone: (____) _____

Relative's full name: _____

Address: _____

Relationship: _____ E-mail address: _____

Phone: (____) _____ Cell phone: (____) _____

Do you have any friends who usually know how to reach you if you should move or leave the program?

Full name: _____

Address: _____

Relationship: _____ E-mail address: _____

Phone: (____) _____ Cell phone: (____) _____

Full name: _____

Address: _____

Relationship: _____ E-mail address: _____

Phone: (____) _____ Cell phone: (____) _____

Full name: _____

Address: _____

Relationship: _____ E-mail address: _____

Phone: (____) _____ Cell phone: (____) _____

Full name: _____

Address: _____

Relationship: _____ E-mail address: _____

Phone: (____) _____ Cell phone: (____) _____

Full name: _____

Address: _____

Relationship: _____ E-mail address: _____

Phone: (____) _____ Cell phone: (____) _____

Are you receiving any services at other agencies, and if so, would you provide the name of the contact person that you regularly see there?

Name: _____

Address: _____

Phone: (____) _____ Agency: _____

Name: _____

Address: _____

Phone: (____) _____ Agency: _____

Is there any place you go regularly to hang out or to meet with friends when you are in recovery?

Place: _____

Address or intersection: _____

Times you might be there (indicate a.m. or p.m.): _____

Friend's names or nicknames: _____

Phone: (____) _____

Whose phone is this?

Phone: (____) _____

Whose phone is this?

Is there any place you go regularly to hang out or to meet with friends when you relapse?

Place: _____

Address or intersection: _____

Times you might be there (indicate if am or pm): _____

Other Places in the community: _____

Times you might be there (indicate a.m. or p.m.): _____

Friend's names or nicknames: _____

Phone: (_____) _____

Whose phone is this?

Phone: (_____) _____

Whose phone is this?

Internet Contacts

Do you have an e-mail address? Yes _____ No _____

If yes, please list your e-mail address or addresses below:

- _____
- _____
- _____

Do you use any social media websites? Yes _____ No _____

If yes, please list your account usernames for any of the social media websites below:

1. Facebook username: _____
2. Twitter username: _____
3. LinkedIn username: _____
4. WhatsApp username: _____
5. Tumblr username: _____
6. Flickr username: _____
7. Instagram username: _____
8. Other social media websites used and usernames for each site:

Are you on probation, parole, or do you have an active court case? Yes_____ No_____

(If yes) Agency: _____

I.D. Number (Department of Probation/Corrections, Case Number): _____

Probation/Parole Officer's Name: _____

Phone: (_____) _____

INTERVIEWER: IF PARTICIPANT IS EXPERIENCING HOMELESSNESS, OR HAS OFTEN BEEN HOMELESS, OBTAIN THE FOLLOWING INFORMATION:

Which shelters, parks, or underpass do you tend to use? Where did you sleep last night?

(Identify location) _____

Which restaurant or soup kitchen do you usually go to? Where did you eat yesterday?

Where do you go to buy necessities, liquor, etc.? _____

Who do you hang out with? _____

What is his/her name or nickname? _____

Where do you usually hang out? _____

Do you know any other (agency) workers in the area where you hang out?

Do you stay in different places in the summer vs. winter? (If yes, identify where)

Do you visit the library? Yes _____ No _____ Branch: _____

When do you usually go? (times/days/seasons/etc.) _____

Which part of the library do you usually visit? _____

INTERVIEWER: Please note the following: *(do not ask, estimate)*

Approximate height: _____ feet _____ inches Hair color: _____

Eye color: _____ Ethnicity: _____

(If possible, attach photo to Locator Form)

INTERVIEWER: *Please note any permanent identifying physical characteristics such as scars, tattoos, or use of aids for physical limitations, such as using a cane, crutches, wheelchair, etc.!*

If appropriate (for people experiencing homelessness, for example), establish a daily pattern of routine by determining where the participant hangs out, eats, showers, sleeps, and so on.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Mini-Locator Form

Name: _____		Nickname: _____	
Current Address: _____			
Current Phone: _____		Cell Phone: _____	
E-mail Address: _____		Other E-mail: _____	
Best person to contact if we need to find you?			
Name: _____		Phone: _____	
Address: _____			
Where do you hang out? _____			

If you needed to move, who would you live with?			

Is there anyone else we could contact if we needed to find you? (P/O, counselor, etc.)			

Participant Tracking Log

DATE	TIME	ACTIVITY	RESULT	TRACKER ID

Authorization For Release Of Information

As summarized in CSAT TAP Series 18, *Checklist for Monitoring Alcohol and Other Drug Confidentiality Compliance*, a program may disclose any information about a participant if the participant authorizes the disclosure by signing a valid consent form (42 C.F.R. Part 2, § 2.31, 2.33). A consent form under federal regulations is much more detailed than a general medical release. It must contain each of the following nine elements. If the form is missing even one of these elements, it is not valid.

1. The name of the participant
2. The name or general designation of the program making the disclosure
3. The recipient of the information
Although the recipient should not be as general as an entire agency or department, it need not be as specific as the name of an individual. Instead, the consent form may give the recipient's job title or describe the recipient's job functions. It is permissible to list more than one recipient on a single consent form and to authorize disclosures between and among all parties listed. When doing such multiple-party consents, however, it is important that the "information," "purpose," and all other elements of the form (see below) be the same for all of the authorized disclosures.
4. The purpose of the disclosure
Describe the purpose narrowly and be sure that it corresponds with the information that the agency will release. Never describe the purpose broadly, for example, as being "for all participant care."
5. The type of information that the agency will release
Describe the information as exactly and narrowly as possible in light of the purpose of the release. Releases for "any and all pertinent information" are not valid.
6. Ensure that participants understand that they may revoke the consent at any time—orally or in writing—except to the extent that the agency has already taken action based on the consent.
Consent for a participant whom the criminal justice system referred, however, may be irrevocable for a period of time (§ 2.35). (Note that some state statutes and regulations provide for the automatic expiration of such consents after 60 or 90 days.) When a participant revokes a consent form, the program should note the date of the revocation clearly on the consent form and draw an X through the form.
7. The date or condition upon which the consent expires, if it has not been revoked earlier
Although federal regulations do not provide for any time limit on the validity of a consent form, some state laws provide for the automatic expiration of consents after a certain period.
8. The date the participant signs the consent form
9. The participant's signature

Checklist For Tracking And Locating

1. Mail letters to all addresses on the locator form. Use a mail merge function to get letters out each month as participants become due for follow-up.
2. Send e-mails to the participant's and contacts' e-mail addresses.
3. Check your participant's criminal justice status via phone or online resources.

Check jail status for all active participants (that is, all participants due for follow-up). If the participant is in jail, be certain to mail the participant a letter and send an interviewer to the jail as soon as possible. If you get information that the participant is incarcerated, but is not listed on the jail or the state department of corrections list, search jail lists of other counties.

Check probation status for all active participants. If on probation or community release, gather information on status, including region or office and phone number for the probation or community supervision office. Call and obtain the probation officer's name, then contact the probation officer.

Check the state department of corrections system status for all active participants. If the participant is incarcerated, be certain to mail the participant a letter. If on parole, get information on status, including the region or office and phone number for participant's parole officer. Get parole officer's name, then contact the parole officer.

Check the Federal Bureau of Prisons Inmate locator website at <http://www.bop.gov/inmateloc> to determine if a participant is housed in a federal prison.

4. Call and/or text message all numbers on the locator form listed for the participant and any named contacts. Try evening and weekend calls. Write down all contact attempts in the participant's tracking log. Record whose and which numbers you called and if you talk to someone, write down the person's name and what was said.
5. Send private messages via social media sites (using confidentiality protection strategies).
6. Search online white page websites, public record websites, and online commercial data services to get possible numbers for the participant, relatives, and friends.
7. Review any returned correspondence for address updates. Make sure to log all addresses to which you sent letters, when they were sent, and from where they were returned.
8. Check vital records such as the Social Security Death Index (SSDI), the National Death Index (NDI), and court records.
9. Check specialized institutional information systems such as the U.S. Department of Veterans Affairs and the Homeless Management Information System.
10. Go door knocking.

Samples of Completed Forms

LOCATOR FORM

INTAKE DATE: 09/22/15 INTERVIEWER INITIALS: HB
 SCHEDULED 6-MONTH FOLLOW-UP INTERVIEW DATE: 3/25/16 TIME: 2:10 pm

Name: John Michael Smith Nickname(s): _____

Date of birth: 01/18/1985 Current Age: 31
 Month Day Year

Where were you born? Cleveland, OH

What is your current address?

Street: 555 Monica Blvd. Apt./Room: 150

City: Los Angeles State: CA Zip Code: 90025

Whose name is on the mailbox?

John Smith
 Name Relationship

Home Phone Number: (310) 555-8555

Cell Phone Number: (310) 555-1234

What is your best mailing address?

Street: Same as above Apt./Room: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ County: _____

Who lives here?

Marianne Johnson Girlfriend
 Name Relationship

Do you have another phone number where you can receive phone messages? If yes, what is the name of the person who might answer the telephone?

N/A
 Name Phone Number

Is there a different place to leave messages if you relapse? If yes, please provide the name and

phone number: N/A

Do you have any relatives who usually know how to reach you if you should move or leave the program?

Mother's full name: Jennifer E. Smith
 Address: 555 Coventry Ct., Pasadena, CA 91364
 Phone: (310) 555-3555 Cell phone: (310) 555-2555
 E-mail address: jsmith123@get-mail.org

Father's full name: David C. Smith
 Address: Long Beach, CA
 Phone: () Don't know Cell phone: () Don't know
 E-mail address: Don't know

Relative's full name: Robert Smith
 Address: 123 7th St. New York, NY
 Relationship: Brother E-mail address: rsmith71@yahoo.org
 Phone: (212) 555-9555 Cell phone: () N/A

Relative's full name: Cindy Ryan
 Address: 555 Federal Ave., Winston Salem, NC 27101
 Relationship: Sister E-mail address: crymool2@my-mail.net
 Phone: (336) 555-8555 Cell phone: (336) 555-6455

Relative's full name: Melinda Carson
 Address: 555 Old River Ln., Cleveland, OH 44112
 Relationship: Grandmother E-mail address: N/A
 Phone: (216) 555-8955 Cell phone: () N/A

Relative's full name: Jackie Roberts
 Address: Owensboro, KY
 Relationship: Cousin E-mail address: robertsj12@gmail.org
 Phone: (270) 555-7255 Cell phone: (270) 555-3255

Relative's full name: _____
 Address: _____
 Relationship: _____ E-mail address: _____
 Phone: (____) _____ Cell phone: (____) _____

Do you have any friends who usually know how to reach you if you should move or leave the program?

Full name: Joseph Bantee
 Address: 555 May St. Cleveland, OH 44106
 Relationship: Friend E-mail address: jbantee@get-mail.org
 Phone: (216) 555-4555 Cell phone: (216) 555-0555

Full name: Amber Burns
 Address: 555 Monica Blvd. #152, Los Angeles, CA 90025
 Relationship: Neighbor E-mail address: axb20@hailmail.net
 Phone: (310) 555-2955 Cell phone: (310) 555-1955

Full name: Connor Bennett
 Address: 5555 Hill Ave., Los Angeles, CA 90027
 Relationship: Friend E-mail address: cbx20@yahoo.org
 Phone: (310) 555-5557 Cell phone: (310) 555-5552

Full name: Marianne Johnson
 Address: 555 Monica Blvd. #150, Los Angeles, CA 90025
 Relationship: Girlfriend E-mail address: mjohnson32@get-mail.net
 Phone: (310) 555-6255 Cell phone: (310) 555-1255

Full name: Sarah Gibson
 Address: Don't know
 Relationship: Friend E-mail address: Don't know
 Phone: () Don't know Cell phone: (310) 555-2255

Are you receiving any services at other agencies, and if so, would you provide the name of the contact person that you regularly see there?

Name: Dr. Tom Jenkins
 Address: 555 Baden Blvd., Los Angeles, CA 90025
 Phone: (310) 555-4055 Agency: Kaiser

Name: _____
 Address: _____
 Phone: () _____ Agency: _____

Is there any place you go regularly to hang out or to meet with friends when you are in recovery?

Place: Gotham Hall
 Address or intersection: 10th and Main St.
 Times you might be there (indicate a.m. or p.m.): Evening
 Friend's names or nicknames: Paul and Ryan
 Phone: () N/A _____
 Whose phone is this?

Phone: () N/A _____
 Whose phone is this?

Are you on probation, parole, or do you have an active court case? Yes _____ No ✓

(If yes) Agency: _____

I.D. Number (Department of Probation/Corrections, Case Number): _____

Probation/Parole Officer's Name: _____

Phone: (_____) _____

INTERVIEWER: IF PARTICIPANT IS HOMELESS, OR HAS OFTEN BEEN HOMELESS, OBTAIN THE FOLLOWING INFORMATION:

Which shelters, parks, or underpass do you tend to use? Where did you sleep last night?

(Identify location) _____

Which restaurant or soup kitchen do you usually go to? Where did you eat yesterday?

Where do you go to buy necessities, liquor, etc.? _____

Who do you hang out with? _____

What is his/her name or nickname? _____

Where do you usually hang out? _____

Do you know any other (agency) workers in the area where you hang out?

Do you stay in different places in the summer vs. winter? (If yes, identify where)

Do you visit the library? Yes _____ No _____ Branch: _____

When do you usually go? (times/days/seasons/etc.) _____

Which part of the library do you usually visit? _____

INTERVIEWER: Please note the following: (do not ask, estimate)

Approximate height: 5 feet 10 inches Hair color: Brown

Eye color: Blue Ethnicity: White

(If possible, attach photo to Locator Form)

INTERVIEWER: Please note any permanent identifying physical characteristics such as scars, tattoos, or use of aids for physical limitations such as using cane, crutches, wheelchair, etc.:

• Scar on left ankle

• Tattoo of a cross on right arm

If appropriate (for those experiencing homelessness, for example), establish a daily pattern of the participant's routine, determine where they hang out, eat, shower, sleep, and so on.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Mini-Locator Form

Client Name:	<u>John Michael Smith</u>	Nickname:	_____
Current Address:	<u>555 Monica Blvd. #150, Los Angeles, CA 90025</u>		
Current Phone:	<u>(310) 555-8555</u>	Cell Phone:	<u>(310) 555-1234</u>
Email Address:	<u>jmsmith85@earthlink.net</u>		
Other Email:	<u>N/A</u>		
Best Person to contact if we need to find you?			
Name:	<u>Marianne Johnson</u>	Phone:	<u>(310) 555-6255</u>
Address:	<u>Same as John's</u>		
Where do you hang out?	<u>Gotham Hall, Billiards Pub, YMCA, tennis court, dog park</u>		
If you needed to move who would you live with?			
<u>Marianne Johnson - Girlfriend</u>			
Is there anyone else we could contact if we needed to find you? (P/O, Counselor, etc.)			
<u>Jennifer Smith - Mother</u>			
<u>(310) 555-3555</u>			

Participant Tracking Log

DATE	TIME	ACTIVITY	RESULT	TRACKER ID
01/14/16	10am	Searched online whitepages (Anywho and Superpages)	Found possible address at 555 Ohio St. Sent letter to address.	HB
01/20/16		Reverse lookup for Ohio St.	No listing. Requested DMV report	HB
01/28/16	1 pm	Letter to Ohio St. returned	Undeliverable as addressed	HB
02/01/16		Searched LexisNexis	Two new addresses. 555 Shelter Ave. and 555 Monica Blvd. sent letters to both addresses	HB
02/08/16		Reverse lookup for both addresses	No listing for Shelter Ave. Monica Blvd. address belongs to possible relative. Phone number is 310 555 8555	HB
02/09/16	11 am	Phone call to new number	No answer	HB
02/15/16		Letter to Shelter St. returned	Undeliverable as addressed	HB
02/21/16		Received DMV report. T/C to (310) 555-8555. Sent letter to Monica Blvd.	Monica Blvd. latest address for John according to report. Still no answer to new #	HB
02/28/16	12 pm	T/C to 310 555-8555	No answer	HB
03/05/16	4 pm	T/C to 310 555-8555	No answer	HB
03/10/16	1 pm	T/C to 310 555-8555	No answer	HB
03/16/16	10am	More phone calls. No answers. No returned letter.	Planning to doorknock over the weekend	HB
03/20/16	3 pm	Spoke with John's father at Monica Blvd. address. Received cell # (310) 555-1234	Spoke with John. Set up interview appointment for Monday.	HB
03/25/16	2 pm	Completed followup interview		HB

APPENDIX B: Sample Scripts for Door Knocking and Telephone Locating Techniques

Scripts for Locating Participants by Telephone

- Script #1: Reaching the Participant
- Script #2: Reaching a Family Member, Roommate, or Other Contact
- Script #3: Leaving a Voice Mail

Scripts for Door Knocking

- Script #1: Participant Contact
- Script #2: No Participant Contact

Use these scripts as guides for contacting participants by telephone or in person at their places of residence. While you may customize them to suit the needs of particular projects or agencies, interviewers must adhere to these two basic rules:

1. Never mention drugs, substance use treatment, mental health treatment, or mental health until you have validated the participant's identity.
2. Never leave messages that may identify you or your agency as part of a mental health or substance use treatment program.

Scripts for Locating Participants by Telephone

Script #1: Reaching the Participant

Interviewer: “Hello, my name is _____ and I am calling from [name of project].” [Make certain the project name does not reference drugs or substance use treatment, or mental health or mental health treatment.]

Interviewer: “May I speak with [participant’s name]?”

Participant: “This is [name].”

Interviewer: “You may remember that you took part in a health study with us about [time] ago. It’s time for the follow-up interview that we discussed, and we would like to schedule the interview at a time that’s convenient for you.” [At this point, the participant may volunteer information about the previous interview, such as the location or interviewer’s name, or may mention receiving correspondence from the project.]

Interviewer: “In order to protect confidentiality, I need to confirm that I’m speaking to the right [name]. Can you please tell me your date of birth?” [Participant responds]. “Thank you, and can you also tell me the location of our intake [or last] interview?” [Participant responds]. “Thank you.” [Proceed to provide details about the follow-up and schedule the interview.]

[If participants are unable to provide adequate validation of their identity, stop the conversation at this point. Explain that you can only discuss the study with an identified participant. You can provide a phone number for the participant to call for more information.]

Script #2: Reaching a Family Member, Roommate, or Other Contact

Important: Many participants are hesitant to respond to unsolicited phone calls and may use household members as gatekeepers over the phone. If the participant is available, refer to script #1. Record any relevant information that arises during a telephone conversation, such as work hours, the name of someone who might know the participant's location, the amount of time since the participant moved away, and other details.

Scenario A

Interviewer: "Hello, my name is _____ and I am calling from [name of project]. [Make certain the project name does not reference drugs or substance use treatment, or mental health or mental health treatment.]

Interviewer: "May I speak with [participant's name]?"

Answer: "What's this about?"

Interviewer: "[Name] has been participating in a health study and we are trying to contact him for a follow-up interview. Is he available?"

Answer: "No, he's not here."

Interviewer: "Can you tell me when is the best time for me to call back and talk to him?"

Answer: "I don't know when he'll be around."

Interviewer: "Can I leave a message for him? He agreed to participate in our health study and it's important that we reach him. We will compensate him for his time." [Leave a message that only mentions the health study follow-up interview, the compensation that will be paid, and the number for the participant to call for more information.]

Interviewer: "Thank you for your time."

Scenario B

Interviewer: "Hello, my name is _____ and I am calling from [name of project]. [Make certain the project name does not reference drugs or substance use treatment, or mental health or mental health treatment.]

Interviewer: "May I speak with [participant's name]?"

Answer: "He doesn't live here anymore."

Interviewer: "Can you tell me how I might reach him? He gave us this number so we could get in touch with him."

Answer: "I can't tell you anything more than that."

Interviewer: "Could you please take a message for him? He agreed to continue to participate in our study and it's important that we reach him. We will compensate him for his time." [If the respondent still has contact with the participant, leave a message using the guidelines recommended above. If there is no longer any contact, refer to other phone numbers and sources on the Locator Form.]

Script # 3: Leaving a Voice Message

Often, the participant's locator phone number will be valid, but the participant is not home when called.

Interviewer: "Hello, this message is for [name]. This is _____ and I'm calling from [name of project]. You participated in our health study about [time ago]. We would like to schedule the follow-up interview with you and we will pay you for your time. To schedule an interview, or to receive more information, please call us at [number]. That is a toll-free number and you can reach us between [hours]. Thank you, and we look forward to hearing from you."

Scripts for Door Knocking

When door knocking, it is always best to have your identification visible. It is also useful to have a card or call back form to give out that contains only the project's name and telephone number.

Script # 1: Participant Contact

Interviewer: "Hello, my name is _____, and I am looking for [name]."

Answer: "What do you want? Who are you?"

Interviewer: "I'm _____ and I work for [name of project]. I'm trying to locate [name], who is a participant in our health study. [Present your program-branded card.]

Answer: "Yeah, I'm [name]. I remember now. It was the [name of] project about six months ago, right?"

Interviewer: "In order to protect confidentiality, I need to confirm that you are a [name of project] participant before I go into more detail. Could you please give me your birth date?"

Answer: "Yes, it's _____."

Interviewer: "Great, thank you. Yes, this is a follow-up interview to the one we did with you last [time frame]. We will pay you as we did the last time and I can conduct the interview right now, if you have the time. Would you like to do it here or would you prefer that we go somewhere else?"

Note: If you are at the door-knocking stage with this participant, it is important that you make all attempts to conduct the interview immediately. Do not conduct the interview in the participant's home, however, unless you are certain of privacy and safety! Parks are a good choice, weather permitting, and outdoor venues such as coffee shops and restaurants work well if there is enough privacy. Libraries and other public spaces are suitable locations.

Script # 2: No Participant Contact

Interviewer: “Hello, my name is _____. I am looking for [name].”

Answer: [May be suspicious.] “There isn’t anyone here by that name. What do you want?”

Interviewer: “Sorry. I work for [name of project]. [Present your program-branded card.] We are trying to locate [name] to follow up on a health study that he is participating in, and this is the address he gave us when we saw him last year.”

Answer: “He doesn’t live here now. I don’t know anything about him.”

Interviewer: “I understand. Could you please tell me the manager’s name [if this is an apartment or condo complex]? Do you know if any of the neighbors have been here over a year or so? They may have known him and might be able to help me locate him. I really appreciate your help.”

Answer: “The manager’s in apartment number 2 and I don’t know my neighbors, but the people living next door were here when I moved in.”

Interviewer: “Thank you very much for your time. Goodbye.” [Proceed to other sources.]

APPENDIX C: “Red Flags” Sample Guidelines

- Danger to Self or Risk of Suicide
- Danger to Others
- Child Abuse
- Elder or Dependent Adult Abuse
- Domestic or Partner Abuse

While we strive to protect the confidentiality of project participants, there are certain situations that, by law, we must report to the authorities. Because many of the questionnaires used by SAMHSA grantees include content on sensitive subjects, a participant might disclose what we are calling a “Red Flag” situation, the most common one being thoughts of suicide. Project staff may come across other Red Flag situations during the course of their interactions with participants.

*Staff members should receive **thorough training** regarding Red Flag situations.* In addition to training, it is imperative to provide staff with documents that they can quickly refer to in Red Flag situations. When making decisions about reporting, it is always advisable to consult with the program’s clinician. Program supervisors should provide support to the staff member who witnesses or reports these situations.

This appendix features sample protocols and procedures that you may adapt for your agency. ***You should revise as necessary to fit your program’s procedures and include the actual phone numbers, names, and websites of the reporting agencies.***

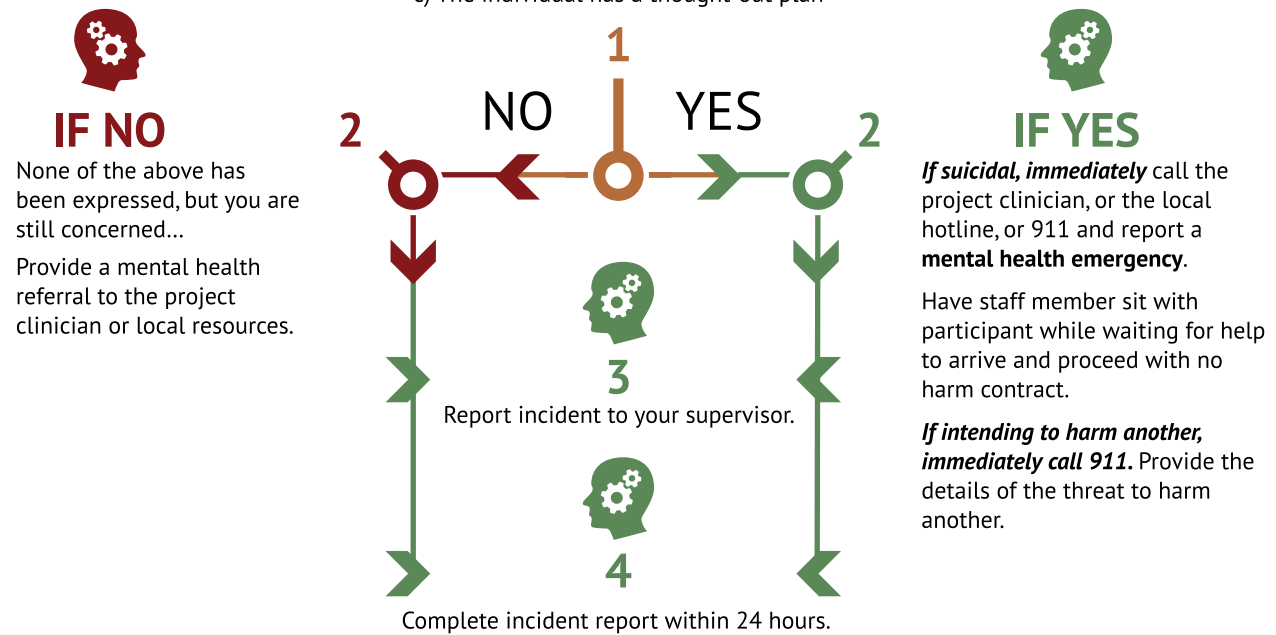
Overview: Danger to Self or Others



START

Is participant dangerous to self or others?

- a) The individual expressed intent to harm or kill themselves or a specified person
- b) The individual has the means (gun, knife, etc.)
- c) The individual has a thought-out plan





Red Flag: Danger to Self or Risk of Suicide

During your work in this program, you may encounter a participant who expresses suicidal intentions, or you may suspect that a participant is suicidal. Document the information requested in Sections I and II below, as you will need to provide that information to the project's clinician, the on-call clinician in the department of mental health, or emergency services (911).

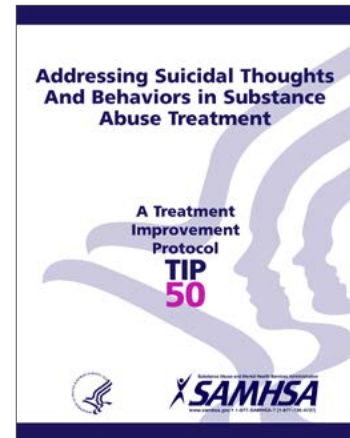
1. Is the participant a suicide risk?
 - The participant is currently thinking about suicide.
 - The participant has a plan and the means to commit suicide.
 - The participant has attempted suicide in the past.

If any of the above statements are true, or if you suspect that the participant is suicidal, also note if:

- The participant is currently exhibiting serious depression or anxiety.
- The participant is experiencing stressful life events.

If the participant attempts self-harm in your presence, or if you feel that suicide is imminent, call 911 immediately and indicate that this is a mental health emergency.

2. Gather information about the participant's support system, so that you can provide it to the clinician:
 - Is the participant under professional care (psychologist, psychiatrist, therapist, counselor)?
 - Does the participant have a social support network (friends, family, sponsor)?
 - Has the participant talked to any members of his or her social support network in the past 30 days?
 - Is the participant able to talk about this issue with his or her support system?
 - Is the participant aware of available social service programs?
3. If the participant appears to be suicidal, take the following steps:
 - Let the participant know that you are concerned and that you need to inform a clinician and your supervisor.
 - If you are at a treatment program, contact the participant's clinician or counselor, or the supervising counselor. Have the participant wait with you until you can reach a clinician. The clinician or counselor will make the decision about what steps to take with this participant.



- If you are not at a treatment program, have the participant wait with you or hold on the line while you take the following steps:
 - If the participant has indicated that he or she is under professional care, ask the participant for permission to contact that clinician. If the participant grants permission, obtain the clinician's contact information. Be sure to document the participant's permission and the clinician's contact information; you will need to provide it to the on-call clinician, who will confirm the participant's permission and make the contact.
 - Document the details of the call with the clinician.
 - ***If no clinician is available, call the Suicide Hotline or 911.*** Stay with the participant while waiting for help to arrive and proceed with a no-harm agreement.
 - ***If the participant attempts self harm in your presence, or if you feel that suicide is imminent, contact 911 immediately.*** Request a person familiar with handling mental health emergencies. The police may place the participant in a psychiatric facility for a 72-hour emergency hospitalization. Obtain the police report number.
 - ***Report to your supervisor immediately.*** Contact the supervisor on duty. The supervisor should then immediately contact the project director. Supervisors are as follows:
 - Supervisor 1, phone numbers (include contact numbers for after regular work hours)
 - Supervisor 2, phone numbers (include contact numbers for after regular work hours)
 - Complete an incident report detailing the problem and action taken. Place the incident report in the participant's file so that those working with the file in the future know that an incident occurred.
 - Arrange to follow up on your participant's status with the treatment program counselor, project clinician, or on-call clinician within the next seven days.
- 4. Your responsibility is to gather information to inform the clinician or emergency services and allow them to make the decision as to what intervention to apply.**
 - 5. Upon contact with the clinician or emergency services, if the participant does not want any help, there is nothing you can do. You do not have control over the results of the intervention or the action taken by the appropriate authorities.**

 Red Flag: Danger to Others

Occasionally, a participant may express a desire to harm another person. This is a rare, but reportable, event.

- 1.** Is the participant dangerous to others?
 - The participant expressed intent to harm or kill a specified person or persons.
 - The participant has the means (gun, knife, or other weapon) to harm that person.
 - The participant has a thought-out plan.
- 2.** If you feel that the participant is dangerous to others and is likely to follow through, take the following steps:
 - Assess the situation. If it is safe, complete the interview. If you are at a treatment program, report the information to the participant's counselor, clinician, or the supervising clinician.
 - If you feel unsafe or are unsure about it, make an exit from the situation. Try to be as subtle as possible, so the participant does not sense that you are planning to report the situation. For example, complete the form you are working on or make up a reason for leaving, and state that you need to reschedule the remainder of the interview. Pay the participant in full. If the situation is volatile, leave immediately. Trust your sense of the situation and act accordingly.
 - If the situation is life threatening, leave immediately and call 911. Request a person familiar with handling mental health emergencies.
 - Report to your supervisor immediately. Contact the supervisor on duty. The supervisor should then immediately contact the project director. Supervisors are as follows:
 - Supervisor 1, phone numbers (include contact numbers for after regular work hours)
 - Supervisor 2, phone numbers (include contact numbers for after regular work hours)
 - If you report the situation to the police, get the report number from the police.
- 3.** Complete an incident report. Be sure to put a copy of the incident report in the participant's file, so that those working with the file in the future know that an incident occurred. You are under no obligation to inform the participant that you are reporting the incident.
- 4.** You do not have control over the results of the intervention or the action taken by the appropriate authorities.

Overview: Child Abuse and Elder or Dependent Adult Abuse



Red Flag: Child Abuse

Employees of healthcare or social service organizations are legally mandated to report known or suspected child abuse. The following guidelines will assist in addressing these cases.

1. Is the individual being abused?
 - The individual is a minor and disclosed that he or she has been, or is currently being, physically or sexually abused.
 - The child has unexplained bruises or marks.
 - The child presents signs of neglect.

OR

2. Is the participant abusing a child?

The participant provided information that gives you reason to believe that he or she has committed, or is currently engaging in, child abuse.

You witnessed or received information regarding unjustified or excessive physical punishment of a child.

3. If you suspect that a child may be experiencing—or may have recently experienced—physical or sexual abuse, or neglect, **OR**, if you believe that the participant has committed—or is currently engaging in—child abuse, take the following steps:
 - Assess the situation. *If it is safe*, complete the interview. If you are in a treatment program, report the information to the participant’s counselor, clinician, or the supervising clinician.
 - If you feel unsafe or are unsure about the situation*, end the interview. Try to be as subtle as possible. For example, finish the form you are working on or make up a reason for leaving, and state that you need to reschedule the remainder of the interview. Pay the participant in full. Trust your sense of the situation and act accordingly. ***If the situation is life threatening, leave immediately and call 911.*** Request a person experienced with child abuse situations.
 - Although you may have mixed feelings about leaving a child with a potential perpetrator of abuse, you should under no circumstances try to take the child with you, or try to “rescue” the child. You can remain in a safe location nearby, await the arrival of emergency personnel, and provide additional information if deemed necessary.
 - **Report to your supervisor immediately.** Contact the supervisor on duty. The supervisor should then immediately contact the project director. Supervisors are as follows:
 - Supervisor 1, phone numbers (include contact numbers for after regular work hours)
 - Supervisor 2, phone numbers (include contact numbers for after regular work hours)
 - **Work with your supervisor to call in the report and complete the child abuse report forms for Child Protective Services.** Get the name of the Child Protective Services worker you speak to, as well as the report identification number.
4. Complete an incident report. Put a copy of the incident report in the participant’s file, so that those working with the file in the future know that an incident occurred. You are under no obligation to inform the participant that you are reporting the incident.
5. You do not have control over the results of the intervention or the action taken by the appropriate authorities.



Red Flag: Elder or Dependent Adult Abuse

Employees of healthcare or social service organizations are legally mandated to report known or suspected elder or dependent adult abuse. Abuse of elders and dependent adults includes physical or sexual abuse, neglect, financial exploitation, isolation, mental suffering, or abandonment. The following guidelines can assist in addressing these cases.

1. Is the participant being abused?

- The participant is an elder or dependent adult who disclosed that he or she has been, or is currently being, physically or sexually abused.
- The elder or dependent adult presents signs of neglect.
- The elder or dependent adult has disclosed that he or she is being financially exploited, or you see evidence of financial exploitation.
- The elder or dependent adult has unexplained bruises or marks.
- The elder or dependent adult is intentionally being isolated—prevented from receiving mail, telephone calls, or visitors.
- The elder or dependent adult is experiencing mental suffering as a result of another person intentionally causing fear, agitation, or confusion through threats, harassment, or other intimidating behavior.
- The elder or dependent adult is abandoned by caregivers.

OR

2. Is the participant committing acts of abuse or neglect?

- The participant provided information that gives you reason to believe that he or she has committed, or is currently engaging in, elder or dependent adult abuse.

3. If you believe that the participant may be experiencing physical or sexual abuse, neglect, financial exploitation, isolation, mental suffering, or abandonment, OR, if you believe that the participant has committed—or is currently engaging in—elder or dependent adult abuse, take the following steps:

Assess the situation. *If it is safe*, complete the interview. If you are in a treatment program, report the information to the participant's counselor, clinician, or supervising clinician.

If you feel unsafe or are unsure about it, end the interview. Try to be as subtle as possible. For example, complete the form you are working on or make up a reason for leaving, and state that you need to reschedule the remainder of the interview. Pay the participant in full. Trust your sense of the situation and act accordingly. ***If the situation is life threatening, leave immediately and call 911.*** Request a person experienced with elder abuse situations.

- **Report to your supervisor immediately.** Contact the supervisor on duty. The supervisor should then immediately contact the project director. Supervisors are as follows:
 - Supervisor 1, phone numbers (include contact numbers for after regular work hours)
 - Supervisor 2, phone numbers (include contact numbers for after regular work hours)
 - **Work with your supervisor to call in the report and complete the abuse report forms for Adult Protective Services.** Get the name of the Adult Protective Services worker you speak to, as well as the report identification number.
4. Complete an incident report. Put a copy of the incident report in the participant's file, so that those working with the file in the future know that an incident occurred. You are under no obligation to inform the participant that you are reporting the incident.
 5. You do not have control over the results of the intervention or the action taken by the appropriate authorities.



Red Flag: Domestic or Partner Abuse

You may encounter cases in which you suspect or know that domestic or partner violence is taking place. You may or may not be mandated to report domestic or partner violence. Your project should establish policies and procedures for reporting domestic or partner violence.

1. Is the participant experiencing abuse?
 - The participant has disclosed that he or she has experienced—or is currently experiencing—physical, psychological, or sexual violence.
2. If the participant may have experienced, or may be experiencing, domestic/partner abuse, take the following steps:
 - Let the participant know that you are concerned for her or his well-being.
 - Assess the situation. *If it is safe*, complete the interview. If you are in a treatment program, report the information to the participant's counselor, clinician, or the supervising clinician.
 - **If you are not at a treatment program, ask the participant if she or he would like to speak with the project clinician** who can provide a list of referral services, let the participant know about current domestic/partner violence law, and assist the participant to contact a law enforcement agency. **If the situation is life threatening, leave immediately and call 911.**
 - *If you feel unsafe or are unsure about the situation*, end the interview. Try to be as subtle as possible. For example, complete the form you are working on or make up a reason for leaving, and state that you need to reschedule the remainder of the interview. Pay the participant in full. Trust your sense of the situation and act accordingly.
 - **Report to your supervisor immediately.** Contact the supervisor on duty. The supervisor should then immediately contact the project director. Supervisors are as follows:
 - Supervisor 1, phone numbers (include contact numbers for after regular work hours)
 - Supervisor 2, phone numbers (include contact numbers for after regular work hours)
 - Remember that domestic violence situations can be dangerous, even to outsiders. Your safety is paramount. **Leave the situation immediately if you have any concerns about your personal safety.**
3. Complete an incident report. Put a copy of the incident report in the participant's file, so that those working with the file in the future know that an incident occurred. If you reported the situation to authorities, you are under no obligation to inform the participant that you made a report.
4. You do not have control over the results of the intervention or the action taken by the appropriate authorities.

APPENDIX D: Sample Project Letters and E-mail Messages

- Thank You and Reminder Letter
- Advance Letter
- Resident Letter
- Best Contact Letter
- Letter to Incarcerated Participant
- Special Letter
- Incentive or Reward Letter

Example of Thank You and Reminder Letter

[Project Name and Logo]

[Date]

Dear [Name],

Thank you for participating in the [Name of your project] health study. We enjoyed talking with you and look forward to meeting with you again.

We are writing to remind you that your follow-up interview is set for [Month, date, year]. As we discussed, when you come in for the interview, [Name of your project] will provide you with a \$30 gift card in appreciation for your time and effort. Remember, we want to talk to you about anything that has happened in your life since our last interview.

If your address or telephone number changes or if you need to reschedule the interview, please call us soon so that we can stay in touch. You can call us toll-free at 1-800-555-4567 or if you prefer, call collect at 1-310-555-4567. You can also stop by our office Monday through Friday from 8:00 a.m. to 5:00 p.m.

As always, the information you provide is completely confidential. [Name of your project] is committed to protecting the privacy of the personal information we collect during the health study. We can only use your information for evaluation purposes and, if you wish, we can provide a legal statement that guarantees your right to privacy.

We look forward to hearing from you.

Sincerely,

[Include the names of everyone who will be answering the project phones]

Example of Advance Letter

[Project Name and Logo]

[Date]

Dear [Name],

You may recall that [six months ago, a year ago], [Name of your project] interviewed you as part of a health study. At that time, you expressed willingness to participate in our project follow-up.

[Name of your project] is scheduling follow-up interviews and would like to arrange for you to participate.

In appreciation for your time and effort, you will receive a \$30 gift card for participating in the follow-up interview. We can set up appointments during days, evenings, or weekends. Please call us toll-free at 1-800-555-4567 or if you prefer, call collect at 1-310-555-4567 to schedule an interview at a day and time most convenient for you.

As always, the information you provide is completely confidential. [Name of your project] is committed to protecting the privacy of the personal information we collect during the health study. We can only use your information for evaluation purposes and, if you wish, we can provide a legal statement that guarantees your right to privacy.

You have made an important contribution to our project, and we look forward to hearing from you.

Sincerely,

[Include the names of everyone who will be answering the project phones]

Example of Resident Letter

[Project Name and Logo]

[Date]

Dear Resident,

[Name of your project] is trying to reach [Name], who was part of a health study conducted [six months ago, a year ago]. At that time, [Name] expressed interest and willingness to participate in a project follow-up.

[Name of your project] is now scheduling these follow-up interviews and would like to contact [Name] to participate. In appreciation for [Name]'s time and effort, [Name] will receive a \$30 gift card for participating in the follow-up interview. Any information that [Name of your project] collects during the health study is completely confidential and can only be used for evaluation purposes.

If you can give [Name] a message or help us get in touch, please call us toll-free at 1-800-555-4567 or if you prefer, call collect at 1-310-555-4567. We are open Monday through Friday, between 8:00 a.m. and 6:00 p.m., or you can leave a message anytime, 24 hours a day.

Thank you for your help, we greatly appreciate it.

Sincerely,

[Include the names of everyone who will be answering the project phones]

Example of Best Contact Letter

[Project Name and Logo]

[Date]

Dear [Name],

[Name of your project] is trying to contact [Name], who was part of a health study conducted [six months ago, a year ago]. At the time, [Name] expressed interest and willingness to participate in a project follow-up interview. [Name] also gave us your name as a way to reach [him, her] in case we lost contact.

We are writing because we are scheduling these follow-up interviews and would like [Name] to participate. [Name of your project] will mail [Name] a letter in care of your address for you to give [Name]. In appreciation for [his or her] time and effort, [Name] will receive a \$30 gift card for participating in the follow-up interview. This interview is completely confidential. Evening and weekend interview times are also available for [Name's] convenience.

If you can give [Name] a message or help us make contact, please call us toll-free at 1-800-555-4567 or if you prefer, call collect at 1-310-555-4567.

It has been [six months, one year] since we last spoke to [Name] and [his or her] participation at this stage of our project is very important to us. If you do not know how to get in touch with [Name], however, please call one of the numbers above and let us know so we can remove you from our contact list.

We greatly appreciate your help.

Sincerely,

[Include the names of everyone who will be answering the project phones]

Example of Letter to Incarcerated Participant

[Project Name and Logo]

[Date]

Dear [Name],

You may recall that [six months ago, a year ago], [Name of your project] interviewed you as part of a health study. At that time, you expressed an interest and willingness to participate in the project's follow-up interview.

We are writing because we are scheduling these follow-up interviews and would like very much for you to take part.

In appreciation for your time and effort, [Name of your project] will provide compensation for your participation in the follow-up interview and we can arrange to meet you at your current location. Please call us collect at 1-310-555-4567. We are open Monday through Friday from 8:00 a.m. to 6:00 p.m. You have made an important contribution to our project, and we look forward to hearing from you as we move forward to this next step.

As always, the information you provide is completely confidential. [Name of your project] is committed to protecting the privacy of the personal information we collect during the health study. We can only use your information for evaluation purposes and, if you wish, we can provide a legal statement that guarantees your right to privacy.

We know that sometimes people in the criminal justice system are moved around. If you are relocated, please give us a call at one of the numbers above and let us know your current location.

If you happen to be released, or know that you will be released before we are able to interview you, please call us so that we can set up an interview at a place and time convenient for you.

Sincerely,

[Include the names of everyone who will be answering the project phones]

Example of Special Letter

[Project Name and Logo]

[Date]

Dear [Name],

As Project Director of [name of your project], I am writing this special message to emphasize how important you are to our project. Please take a moment to read this letter.

[Name of your project] is contacting people who received care in [2015] to conduct a follow-up interview. To compensate people for their time and effort, we are offering a \$30 gift card.

Our main goal is to improve the quality of health services available in [your area].

We cannot reach our goal, however, unless we find and interview as many people as possible. That is why we keep trying to reach you. Our results will be useful only if we talk to a wide variety of people who are involved in the project. Therefore, regardless of what has happened in your life, no matter where you are living now, your opinions and experiences are very important to us!

If you agree to participate in the interview, we will be asking about the problems and successes you have had since receiving care, and what you think should be done to improve care.

You matter to the project. Because of that, we want to make it easy for you to take part. Please call us toll-free at 1-800-555-4567 or if you prefer, call collect at 1-555-123-4567 to arrange your interview. We can schedule the interview for an evening or weekend, if that is most convenient for you.

Thank you for your earlier participation in the project. If you have any questions, I am happy to discuss these with you personally.

Sincerely,

[Your Name]

Project Director

Example of Incentive or Reward Letter

[Project Name and Logo]

[Date]

Dear [Contact Name],

As you know, [Name of your project] is trying to contact your [friend, son, daughter, grandson, etc.], [Name]. [Name] originally participated in our project about [six months, a year] ago, and we hope that you can help us locate [him, her].

In the event that the help you provide results in [Name] completing the follow-up interview, we will send you a \$30 gift card in appreciation for your time and effort.

We can arrange the interview at a convenient time and location for [Name], and [he or she] will also receive a \$30 gift card for completing the interview.

When you next see [Name], please have [him, her] call us toll-free at 1-800-555-4567 or call collect at 1-555-123-4567. Also, if you have information that can help us locate [Name], please contact us at one of the above phone numbers.

It was a pleasure speaking with you on the telephone. We greatly appreciate any assistance you can give to help us reach [Name].

Sincerely,

[Include the names of everyone who will be answering the project phones]

Sample Holiday Letter

(page 1)



December 2016

Dear Participant,

The holiday season provides us the opportunity to extend our warmest wishes to you and your family for a safe and happy holiday season. We would like to personally thank you and express our gratitude for the effort you have made to participate in our Healthy City Project.

We have a toll-free telephone number for you to contact the UCLA Health Study team: 1-800-555-2500. Please feel free to give us a call, especially if you have a new address.

On the reverse of this letter is our resource list for 2016 with information on agencies that provide a wide range of services. We hope that this list can be of value to you and those around you.

Once again, thank you for your participation in the UCLA Healthy City Project and we wish you and your loved ones the happiest holiday season!

Warmest regards,

Anna Mario Claudia Rhashan

Healthy City Project



(page 2)



Healthy City Project Resources

Reach us at 1- 800-555-2500
310-555-5511



Help Lines:

Information Line of Los Angeles

211

<https://www.211la.org/>

Free multilingual information about and referrals to human services in Los Angeles County.

California Youth Crisis Line

800-843-5200

Free 24 hour phone crisis intervention counseling and resource referral for youth under 24. Counseling provided for suicide prevention, sexual abuse, substance abuse, and a variety of other issues facing young people.

Los Angeles Child Protection Hotline

1-800-540-4000

Los Angeles Drug and Alcohol Helpline

1-800-564-6600

Shelters:

1736 Family Crisis Center

2116 Arlington Ave., Suite 200

Los Angeles, CA 90018

Crisis: 213-745-6434

Office: 310-797-3900

Haven Hills

Crisis: 818-887-6589

Office: 818-887-7481

Good Shepherd Shelter

213-737-6111

Haven House

P.O. Box 50007

Pasadena, CA 91115

Crisis: 213-681-2626

Office: 213-564-8880

House of Ruth (long-term shelter)

323-266-4139

The shelters listed above provide emergency housing, food, clothing, counseling, advocacy, for those experiencing domestic violence.

Mental Health:

Hollywood Mental Health Center

1224 Vine Street

Los Angeles, CA 90038

213-769-6100

Los Angeles County Mental Health Emergency Line

1-800-854-7771

Compton Mental Health

921 E Compton Blvd

Compton, CA 90221

310-668-6800

West-Central Mental Health

3751 Stocker St.

Los Angeles, CA 90008

323-298-3680

The above mental health agencies offer county-sponsored mental health services, which include: medication, counseling, short-term therapy, group therapy, social and living skills instruction, and services for the dually diagnosed.

Self-help and Phone Outreach:

AA (Alcoholics Anonymous)

1-800-923-8722

323-936-4343

CMA (Crystal Meth Anonymous)

1-877-262-6691

NA (Narcotics Anonymous)

323-933-5395

National Runaway Safe Line

1-800-786-2929

CA (Cocaine Anonymous)

1-888-714-8341 (24 hours)

Substance Abuse and Mental Health Services

1-800-662- HELP (4357) English and Spanish

APPENDIX E: Useful Internet Resources

- [Area Codes](#)
- [Social Security Numbers](#)
- [Vital Statistics by State](#)
- [USCIS FOIA Records](#)
- [Military Service Records](#)

Area Codes

- FoneFinder is a telephone search engine that allows users to find the general location for someone by entering an area code and prefix (that is, the first three numbers of a seven-digit telephone number). For instance, when I enter 310 and 825, which are the area code and prefix for University of California, Los Angeles, and click the Search by Number button, I learn that this number is located in West Los Angeles. The search also links to a map of the area and the website of the telephone company that services this number. <http://www.primeris.com/fonefind>
- The North American Numbering Plan Administration (NANPA) has current area code maps for the U.S. When you click on a state, you get the labeled state area code map including single and overlay area code regions. http://www.nanpa.com/area_code_maps/ac_map_static.html
- [ZipInfo.com](http://www.zipinfo.com) allows you to enter a zip code and learn which city and state correspond to that zip code. You can also search additional information, such as area codes, MSA (Metropolitan Statistical Area) codes, or PMSA (Primary Metropolitan Statistical Area) codes. <http://www.zipinfo.com/search/zipcode.htm>
- Jay Computer Services offers options for searching for zip codes, area codes, and their corresponding locations. <http://www.jcsm.com>
- All Area Codes provides area code lists, free reverse phone lookup, area code lookup, and area code maps in the United States and Canada. <http://www.allareacodes.com>

Social Security Number Prefix by State

- Social Security Numerology provides a complete list of all area numbers, also known as the prefix or first three numbers of a Social Security number (SSN), for assigned Social Security numbers. The Social Security Administration generally assigns a number based on an individual's state of residence at the time it issues the number. <http://socialsecuritynumerology.com/prefixes.php>
- The Official Social Security Website has a list of area numbers, or SSN prefixes, presented as number ranges corresponding to a particular state. For instance, if a Social Security number prefix is 201, you can look in the SSN Area Number column and see that 201 is in the 159–211 range, so the corresponding area of issuance for a 201 SSN is Pennsylvania. <https://www.ssa.gov/employer/stateweb.htm>

Obtaining Vital Statistics Information by State

- The National Center for Health Statistics provides information on contacting the appropriate entity to receive birth, death, marriage, and divorce records based on the locality where the event occurred. Choose the appropriate locality at the following website to receive more information on cost and where to write for vital records: <http://www.cdc.gov/nchs/w2w.htm>.
- Application guidelines for accessing vital records are online at <http://www.cdc.gov/nchs/w2w/guidelines.htm>.

USCIS FOIA Records

- You can find information on obtaining United States Citizenship and Immigration Services (USCIS) Freedom of Information Act and Privacy Act (FOIA) records at <https://www.uscis.gov/about-us/freedom-information-and-privacy-act-foia/uscis-freedom-information-act-and-privacy-act>.
- The request form, USCIS Form G-639, is available as a downloadable PDF at <https://www.uscis.gov/sites/default/files/files/form/g-639.pdf>.

Military Service Records

- The National Archives holds Veterans Service Records, which you can request online or by mail or fax. Information on requesting military service records is online at <https://www.archives.gov/veterans/military-service-records>.
- Access the Standard Form 180 (SF-180) to request military records at <https://www.archives.gov/veterans/military-service-records/standard-form-180.html>.

APPENDIX F: Acknowledgements

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