

# Ohio's State Opioid and Stimulant Response (SOS) Grant

## Sample Script on SOS Program Background & Procedures

### Background & Purpose

You were selected as a possible participant in an evaluation because you have been referred to and enrolled in [YOUR SOS PROJECT NAME]. The evaluation collects information on your SOS services from [YOUR SOS PROJECT NAME]. Your participation in the client assessments will help us determine if SOS programming improved your health and well-being. The Ohio Department of Behavioral Health and [YOUR LOCAL BOARD OR YOUR AGENCY] received a grant from the federal Substance Abuse and Mental Health Services Administration (SAMSHA) to offer these enhanced services. Your agreement to participate in the evaluation is voluntary and confidential. If you choose not to participate in the evaluation your ability to receive all SOS services is the same.

### Procedures

If you agree to be a participant, you may be assessed at different points in time: the beginning of your [PROGRAM DESCRIPTION AT AGENCY OR PROGRAM NAME], 6-months after enrollment, 12-months after enrollment, and at the end of the program. These assessments will include questions about your drug and alcohol use, past and current treatment, general health, employment, housing status, criminal justice involvement, and social connectedness. I will also ask for some contact information for those follow-up assessments. Before I get started do you have any questions that I can answer for you?

# Sample Script When Client is Referred to Program

## Background & Purpose

Good [morning/afternoon]. My name is \_\_\_\_\_ and one of the [Assessors, Probation Officers, or Case Managers] may have mentioned that I would be meeting with you (or mention the referral source). You were selected as a possible participant in an evaluation because you have been referred to and enrolled in SOS grant program here at [LOCAL AGENCY NAME]. The evaluation collects information on your SOS services from [YOUR SOS PROJECT NAME]. Your participation in the client assessments will help us determine if SOS programming improved your health and well-being. The Ohio Department of Behavioral Health and [YOUR LOCAL BOARD OR YOUR AGENCY] received a grant from the federal Substance Abuse and Mental Health Services Administration (SAMSHA) to offer these enhanced services. Your agreement to participate in the evaluation is voluntary and confidential. If you choose not to participate in the evaluation your ability to receive all SOS services is the same.

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## **Scripts to Overcome Hesitancy or Resistance**

### **Interviewing: Client Seems Hesitant or Concerned About Participating**

#### **Possible ways to begin:**

- “I sense that you’re not so sure about doing this assessment. What would be helpful to you in making a decision?”
- “Is there anything I haven’t mentioned that you’d like to know about completing this assessment?” “What concerns, if any, do you have about participating?”
- “Would it be helpful if I explained in more detail why this information is useful for [NAME OF AGENCY] and the people we serve?”
- “It’s entirely up to you whether you choose to do this interview. Obviously, I’d like it if you would, but it’s totally your decision.”

### **Interviewing: Client Express a Desire Not to Participate**

#### **Possible ways to begin:**

- “It’s totally up to you, of course, whether you participate. Is there something in particular that concerns you?”
- “Other people I’ve met with for assessments sometimes have expressed concerns about participating due to... [FOR EXAMPLE, PRIVACY CONCERNS, NOT SEEING THE POINT OF THE INTERVIEW]. I wonder if any of those things are of concern to you?” [Once learning of any hesitancy, see if the client can be reassured.]
- “I respect your decision. Thank you for considering it.”
- “Thank you for letting me know that you don’t wish to participate. Take good care.”