County of Los Angeles – Department of Public Health

Substance Abuse Prevention and Control

**Survey Recruitment and Incentive Plan**

**SPA [insert #]**

**PURPOSE:** To prepare a coordinated and consistent plan for what the Environmental Prevention Services (EPS) and each of the Comprehensive Prevention Services (CPS) contractors in the Service Planning Area (SPA) agree to comply with for the archival data review and survey sections of the Comprehensive Community Assessment. The plan will outline what cities and/or regions each EPS and CPS will be responsible for during the archival review and surveys, and specific details about where and when surveys will be conducted to ensure a representative sample.

***TARGET AREA MAP***: Attach the target area map that details the areas of responsibility (e.g., city, community) for each EPS and CPS during the archival review and survey administration sections.

***LOCAL DATA REVIEW***:Complete the following table detailing what cities and communities each EPS and CPS agency is responsible for covering during the archival, media and political review. A subsequent section will detail areas of responsibility for the survey.

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|  | **LOCAL DATA REVIEW PLAN** | |
| **Contract**  **EPS/ CPS** | **Agency Name** | **Agreed Cities or Communities** |
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| **[EPS: INSERT THE CITIES OR COMMUNITES THAT ARE NOT COVERED DURING THE ARCHIVAL REVIEW AND WHY]** | | |

***LANGUAGE AND TRANSLATION***: To better understand the primary languages spoken in the SPA and current agency capacity to administer (ability to read any translated informed consent form and the adult survey questions to participants) the survey in these core languages and willingness to assist in any translation activities, please complete the following table. Only include languages considered primary languages spoken in the SPA; this should not be an exhaustive list.

**NOTE:** As outlined in Substance Abuse Prevention and Control’s (SAPC) Department of Public Health (DPH) Institutional Review Board (IRB) application, the informed consent form and survey **cannot** be translated/interpreted in the field. If the informed consent and survey need to be translated it must be done in advance of survey administration, approved by SAPC and the IRB, and be the same version used for all SPAs (unless an alternate dialect is justified and preapproved). Each agency administering a survey in a language other than English must ensure that survey administrators are qualified to read and speak effectively. Only the adult (25+) survey will be translated into multiple languages if needed.

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| **LANGUAGE AND TRANSLATION NEEDS** | | | | | | | | | | | | | |
| **Contract**  **EPS/ CPS** | **Agency Name** | **SPANISH** | | | **[INSERT PRIMARY LANGUAGE]** | | | **[INSERT PRIMARY LANGUAGE]** | | | **[INSERT PRIMARY LANGUAGE]** | | |
| Staff able to read? | Staff able to speak? | Staff able to assist in translation? | Staff able to read? | Staff able to speak? | Staff able to assist in translation? | Staff able to read? | Staff able to speak? | Staff able to assist in translation? | Staff able to read? | Staff able to speak? | Staff able to assist in translation? |
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| **For the purpose of this section, “staff” are considered individual(s) responsible for conducting the field surveys with adults (25+).** | | | | | | | | | | | | | |

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| **Describe any other language and/or translation concerns, recommendations and agreed solutions here.** |
| (FIELD WILL EXPAND AS NEEDED) |
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***INCENTIVES PLAN:*** The DPH IRB and SAPC require that each EPS and CPS contractor in the SPA be consistent in the value of the survey incentive provided to survey participants. This also must be consistent with SAPC’s IRB approved research design. The purpose of the incentive is to encourage participation in the survey and fairly compensate the participant for their time. Please complete the following table with the information as agreed by the SPA contractors.

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| **SURVEY INCENTIVES PLAN** | | | | | | | |
| **Contract**  **EPS/ CPS** | **Agency Name** | **Youth (12-17) Giftcard Brand** | **Agreed Amount** | **Young Adult (18-24) Giftcard Brand** | **Agreed Amount** | **Adult (25+)**  **Giftcard Brand** | **Agreed Amount** |
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| **Describe any other incentive related concerns, recommendations and agreed solutions here.** |
| (FIELD WILL EXPAND AS NEEDED) |
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***SURVEYORS***: Each individual administering field surveys must 1) be 18 years of age and older, an employee of the agency, and received DOJ/FBI fingerprint clearance; 2) be trained in DPH-IRB Human Subjects Protection requirements; and 3) attend the CCAT training *Conducting Community Surveys and Environmental Scans;* and 4)receive appropriate training from the agency to ensure safety and compliance with all contract/program requirements in advance of survey administration.

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| **DESCRIBE STEPS TO ENSURE COMPLIANCE WITH THE ABOVE REQUIREMENTS FOR SURVEYORS** | |
| **Agency Name** | **Description** |
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***SURVEY COVERAGE AREA AND PLAN***: This section is designed to thoroughly describe the surveying process for the SPA including 1) the street or community boundaries by agency and 2) the locations, days and times, and number of surveys completed per city/community.

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| **SURVEY BOUNDARIES BY STREET OR COMMUNITY** | | |
| **Contract**  **EPS/ CPS** | **Agency Name** | **Describe in detail the target areas, including street boundaries as applicable.** |
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| **EPS: INSERT HERE THE CITIES OR COMMUNITES THAT ARE NOT COVERED DURING THE ARCHIVAL REVIEW AND WHY** | | |

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| **Agency (abbreviate)** | **City or Community** | **Youth (12-17) Surveys** | | | **Young Adults (18-24) Surveys** | | | **Adults (25+) Surveys** | | |
| # of Surveys | Proposed Location(s)  and Address | Proposed Days/Times | # of Surveys | Proposed Location(s)  and Address | Proposed Days/Times | # of Surveys | Proposed Location(s)  And Address | Proposed Days/Times |
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| **DESCRIBE HOW THE LOCATIONS AND DAYS/TIMES OF SURVEY ADMINISTRATION LISTED ABOVE WILL ENSURE DATA COLLECTION WITH THE GENERAL POPULATION FOR EACH GROUP AGE GROUP FOR THE TARGET COMMUNITY(IES).** | |
| **Agency Name** | **Description** |
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| **EPS: Please confirm that there is not overlap in the survey areas of SPA contractors to ensure that the widest area is being surveyed as appropriate and to prevent duplication of survey participants.** |
| (FIELD WILL EXPAND AS NEEDED) |

This document represents a summary of the *Survey Recruitment and Incentive Plan* submitted by each CPS agency to the EPS, and the EPS agency’s plan. By submitting this document to SAPC, each EPS and CPS contractor listed herein agrees to the compiled plan. Agencies are required to contact SAPC if any major deviation from the plan is anticipated. Each agency must maintain this plan, and an agency specific plan consistent with this document, on-site and available to the SAPC Contract Program Auditor upon request.

Please list the name and title of the individual responsible for submitting the agency approved plan for each EPS and CPS agency included in this report. It is the CPS agency’s responsibility to ensure that the plan submitted to the EPS agency, and the compiled SPA plan, is approved by its agency’s administration in accordance with established policies and procedures.

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| **AGENCY NAME** | **CONTRACT TYPE (EPS/CPS)** | **INDIVIDUAL SUBMITTING** | **INDIVIDUAL’S TITLE** |
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