Westat®
An Employee-Owned
Research Corporation

1650 Research Boulevard
Rockville, MD 20850-3195
tel: 301-251-1500
fax: 301-294-2040
www.westat.com

Drug Court Client Focus Group Informed Consent

Title: SAMHSA/CSAT Adult Treatment Drug Courts Cross-Site Evaluation

Study Description: This research is being conducted by Westat, a private research firm located in Rockville, Maryland, on behalf of the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT). The purpose of this study is to collect information about your participation in the Adult Treatment Drug Court (ATDC) that recently received Federal funds to expand/enhance their program.

You are being asked to participate in this study because you enrolled in ATDC program. If you decide to participate, we will ask you and some other drug court clients a few questions about your experience with the drug court. These questions will be asked in a "focus group" format. In a focus group, a small number of people are asked to discuss their thoughts and ideas about a topic. The topic for this focus group is your experience with the drug court, the drug court process, and your drug use. This will be an open discussion, and will be led by a researcher who is not involved with the drug court. The focus group will take about 1 hour and will occur in a private room in or near the courthouse.

Risks and Benefits: The risk may be the discomfort some people feel when answering questions about personal matters. However, you do not have to respond to all questions if you do not want to. Another risk may be that the information you give us would not be kept private. We describe in the section "Privacy" below our procedures. If there is anything that bothers you about the study, the persons listed below will be glad to talk about it with you.

There will be no direct benefit to you from this study. If you agree to take part in the interview, you will receive a $10 gift card to Wal-Mart for your time and effort. There is no cost to you for participation in this study.

Privacy: Any information obtained from you during this research will be kept as private as possible, to the extent of the law. During the focus group, only your first names will be used. Only the researchers will see your answers. We will not share this information with others. Information will be kept in locked files and only staff members connected with this project will have access to it. Forms with personal information that could be used to identify you will be kept in locked files in a locked room. Information from the interview will be entered into an electronic database and will be encrypted (you will be assigned a study number, and your responses will only be identified by that number). The information we gather will be used only in reports and scientific papers in summary form. However, if information on child abuse and/or neglect is obtained during the interview, the project director will report such information to the appropriate local or state agency. If during the course of the interview we receive information that suicide is being considered or that someone else may be seriously harmed, we may discuss with you, or later on contact you, to suggest options for help. Also, the project director will report such information to the appropriate local or state authorities. The information gathered as a part of this research will not be shared with any members of the Drug Court or anyone from the Department of Corrections. Participating in this study will not impact drug court sentencing.

Right to Withdraw: You may refuse to participate in this study and you may stop participating at any time. You also do not have to answer any questions that you do not want to answer. Your refusal to participate, or withdrawal from the study, will not affect any assistance you might need for treatment.

Federal Certificate of Confidentiality: To help us further protect your privacy, the investigators have obtained a Confidentiality Certificate from the Department of Health and Human Services (DHHS). With this Certificate, the investigators cannot be forced (for example by court subpoena) to disclose research information that may identify you in any Federal, State, or local civil, criminal, administrative, legislative, or other proceedings. Disclosure will be necessary, however, upon request of DHHS for audit or program evaluation purposes.

You should understand that a Confidentiality Certificate does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. Note however, that if an insurer or employer learns about your participation, and obtains your consent to receive research information, then the investigator may not use the Certificate of Confidentiality to withhold this information. This means that you and your family must also actively protect your own privacy. Finally, you should understand that the investigator is not prevented from taking steps, including reporting to authorities, to prevent serious harm to yourself or others and suspected child abuse and neglect.

The Certificate does not represent an endorsement of the project by the Secretary of the DHHS.

Voluntary Consent: All of the above has been explained to me and all of my current questions have been answered. I understand that I am encouraged to ask questions about any aspect of this research study during the course of this study, and that such future questions will be answered by the project director listed on the first page of this form. Any questions I have about the study will be answered by Craig Love, Ph.D. (240-314-2443) and any questions I have about my rights as a research participant will be answered by the IRB Administrator of the IRB Office, Westat (1-800-XXX-XXXX).

By signing this form, I agree to participate in this research study. A copy of the consent form will be given to me.

_____ _____

Participant's Signature Date

Certification of Informed Consent: I declare that I have personally explained the above information to the participant. S/he has had an opportunity to discuss it with me in detail. I have answered all her/his questions and s/he has provided affirmative agreement to participate in this study.

_____ _____

Interviewer's Signature Date