



An Employee-Owned
Research Corporation

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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 a few questions about each of the following areas: your current and previous substance use, involvement with the criminal justice system, mental health issues, and your feelings about your involvement in the drug court. The interview will take about 30 minutes. The interview will take place in your home or any other place where the interview can be private. If you are in jail/prison, the interview may also take place at that location.

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 \$20 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. 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. Your name will never be used unless you sign a separate form giving your permission. 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 you tell us you are pregnant, and the interviewer learns that you are using alcohol and/or drugs, you will be referred for substance abuse treatment services. 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. If you are in jail/prison, you should understand that information gathered as a part of this research will not be shared with 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. If you are in jail/prison, your participation or refusal to participate will not affect your release date.

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