Westat®
An Employee-Owned
Research Corporation

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

CONSENT TO ACT AS A PARTICIPANT IN A RESEARCH STUDY
Drug Court Team 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 are a member of the Drug Court Team. If you decide to participate, we will ask you a few questions about your experiences with the drug court. The interview will take about 1 hour and will take place in or near the courthouse. All key members of the Drug Court Team will be asked to participate in this interview, and will be interviewed individually.

Risks and Benefits: The risk may be the discomfort some people feel when answering questions about professional work issues (such as beliefs about the drug court program). 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 and no remuneration will be offered. 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 persons who are not a part of the research team. 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 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.

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.

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