

Attachment 4 – Key informant GONA Participant – Youth Supporting Documents

Document A.6: GONA Youth Focus Groups Caregiver Consent

Document A.7: GONA Youth Focus Groups Youth Assent

Evaluation of the Native Aspirations Project

Document A.6: GONA Evaluation – Youth Follow-up Focus Groups Caregiver Consent

Purpose of the Study

The Substance Abuse and Mental Health Services Administration (SAMHSA) in the United States Department of Health and Human Services is studying the Native Aspirations Project. American Indian and Alaska Native tribes across the United States and its Territories have received funding to decrease risks that contribute to suicide, bullying, school violence among youth and to increase factors that are linked to the healthy and safe development of children and their families. On behalf of SAMHSA, Macro International Inc. is holding focus groups with youth who attended the Gathering of Native Americans (GONA) meeting in order to help SAMHSA better understand the experience and impact of the GONA, and the impact of the Native Aspirations program on the community

Description of Participation

We have asked your child to participate because of his/her attendance at the GONA. In the focus group we will ask your child about his/her thoughts and experiences at the GONA as well as get his/her impressions of the impact of the GONA on your community. Participants may be asked sensitive questions, including questions about family relationships, suicide, and violence. The group will last about 60-90 minutes.

Risks and Benefits

There are no direct benefits to your child for participating in this discussion group, but s/he is helping to build better programs for tribal communities. Risks are considered to be minimal and include the possibility that your child will feel uncomfortable or emotional when answering questions. If a participant expresses feeling suicidal, homicidal, or emotional distress, the interviewer will refer the participant to a mental health professional for assistance.

Compensation

If you agree to your child's participation in this discussion group, s/he will receive a \$20 incentive. Payment will be made to your child upon the completion of the discussion group.

Confidentiality

All responses will be treated confidentially. We will be taking notes during the focus group about what was said, but we will not link responses to your child's identity. The interview will be audiotaped by the researchers unless your child requests not to be audiotaped. The tape will be in the sole possession of the researchers and will be destroyed at the end of the project. At the end of the study, we will erase the tapes and throw them away. Your child can choose to participate without being audiotaped. Your child's name and answers to these questions will be kept private. To protect your child's privacy, we will keep the records and tapes in locked files and only study staff will be allowed to use them. Your child's name will not be used in any reports about this study. Only authorized people will have access to the information your child provides.

In addition, to help protect the information that your child gives us, we have obtained a Certificate of Confidentiality from the United States Department of Health and Human Services (DHHS). The Certificate of Confidentiality will protect the members of the research staff from being forced, even under a subpoena, to release any information in which your child is identified. Exceptions to the Certificate of Confidentiality are information on child abuse and neglect, or information regarding imminent danger to themselves or others, which we will report to the appropriate local and state agency. Additionally, DHHS may see your child's information if we are audited. Finally, the Certificate of Confidentiality does not imply the endorsement or the disapproval of the Department of Health and Human Services.

Rights Regarding Participation

I understand that I or my child will not be in trouble if I do not want my child to be a part of this discussion group or if I or my child decides to quit after it has started. My child does not have to answer questions that s/he does not want to answer. If I change my mind about my child's participation, or if my child changes her/his mind and quits, all of my child's answers to questions will be destroyed, if that is what I want. No one will say that I or my child can't be in other projects because I don't want my child to be in this study or my child does not want to be in this study.

Contact information

If you have any concerns about your child's participation in this focus group or have any questions about the evaluation, please contact Christine Walrath at cwalrath@macrointernational.com or you may call her collect (646-695-8154) or contact Kara Riehman at Kara.S.Riehman@macrointernational.com or you may call her collect at (404-592-2148).

Caregiver Consent

By signing my name below, I freely agree to allow my child to participate in this discussion and for the discussion group to be audio-recorded. I have read this form or it has been read to me. I understand what it says. I have been asked if I have any questions and my questions (if any) have been answered.

I, _____, have read the above, or it has been read to me. My child may participate. (Caregiver/Guardian)

Guardian's Signature: _____

Date: _____

THANK YOU

Evaluation of the Native Aspirations Project

Document A.7: GONA Evaluation – Youth Follow-up Focus Groups Youth Assent

Purpose of the Study

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Description of the Focus Group

We are asking you to be part of this focus group because you attended the GONA. We will ask you about what you did at the GONA, how you felt about it, and if you think it will help your community. You may be asked sensitive questions, including questions about family relationships, suicide, and violence. The group will last about 60-90 minutes.

Risks and Benefits

There are no direct benefits to you for participating in this discussion group, but you are helping to build better programs for tribal communities. Risks may include feeling uncomfortable or emotional when answering questions. If anyone in the discussion group says they feel like they want to hurt themselves or someone else or gets upset by being part of the group, the interviewer will refer them to a mental health professional on-site for immediate assistance.

Payment

If you agree to participate in this discussion group, you will receive a \$20 incentive. Payment will be made to you upon completion of the discussion group.

Confidentiality

All responses will be treated confidentially. We will be taking notes during the focus group about what was said, but we will not link responses to your identity. The focus group will be audio taped by the researchers unless you request not to be audiotaped. The tape will be in the sole possession of the researchers and will be destroyed at the end of the project. At the end of the study, we will erase the tapes and throw them away. You can choose to participate without being audiotaped. Your name and answers to these questions will be kept private. To protect your privacy, we will keep the records and tapes in locked files and only study staff will be allowed to use them. Your name will not be used in any reports about this study. Only authorized people will have access to the information you provide.

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of Confidentiality will protect the members of the research staff from being forced, even under a subpoena, to release any information in which you are identified. Exceptions to the Certificate of Confidentiality are information on child abuse and neglect, or information regarding imminent danger to yourself or others, which we will report to the appropriate local and state agency. Additionally, DHHS may see your information if we are audited. Finally, the Certificate of Confidentiality does not imply the endorsement or the disapproval of the Department of Health and Human Services.

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Rights Regarding Participation

I understand that I will not be in trouble if I do not want to be a part of this focus group or if I decide to quit after it has started. I do not have to answer questions that I do not want to answer. If I change my mind and quit, all of my answers to questions will be destroyed, if that is what I want. No one will say that I can't be in other projects because I don't want to be in this study.

Voluntary Assent

I read this form or it has been read to me. I understand what it says. My questions (if any) have been answered. A copy of this form will be given to me. By signing my name below, I freely agree to be in the project.

_____ Please check here if you are willing to have the interview audiotaped.

Print your name: _____

Date: _____

Signature: _____

Witness: _____

THANK YOU