

Attachment 12 – Community Member, Survey – Youth Supporting Docs

Document E.4: C-KABS Youth Caregiver Consent

Document E.5: C-KABS Youth Assent

Evaluation of the Native Aspirations Project

Document E.4: Community Knowledge, Awareness, and Behaviors Youth Version Ages 11 and older (C-KABS-Y) Caregiver Informed Consent Form

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 asking that your child complete this Community Survey. The survey includes questions about your child's experiences, behaviors, attitudes, and beliefs. The survey also asks about things in your child's life that both help him/her grow and things that create challenges. The findings from the survey will inform SAMHSA about the impact of the Native Aspirations program on community knowledge attitudes and behavior.

Description of Participation

Your child was randomly selected to respond to this survey because your community, along with other tribal communities across the country, received federal funding to prevent violence, bullying, and suicide among Native American youth. The survey has 28 questions and should take approximately 45 minutes for your child to complete. S/he may be asked to complete the Community Survey once per year for up to three years.

Risks and Benefits

Completing this survey poses few, if any, risks to your child. One risk is that s/he may feel uncomfortable answering sensitive questions about themselves and sharing personal matters. S/he may chose not answer a question, or stop completing the survey altogether, for whatever reason. Your child's participation will not result in any direct benefits to them. However, your child's input will be used to help Native American youth, Native American communities, and the Native Aspirations program. If any respondent says they feel like they want to hurt themselves or someone else or gets upset by taking this survey, the researcher will refer them to a mental health professional on-site for immediate assistance.

Compensation

If you agree to your child's participation in this evaluation, your child's name will be placed in a lottery for [Insert community-specific incentive].

Confidentiality

All responses will be treated confidentially. Your child's name and answers to these questions will be kept private. To protect your child's privacy, we will keep the records 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 you provide. The information that we report will be done in aggregate, will not contain any identifying information and your child's name will not be used in any reports about this evaluation.

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 your child 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 Decision to Participate

Participation in the interview is completely voluntary. Refusal to participate involves no penalty or consequences. Your child does not have to answer questions that s/he does not want to answer. S/he may choose to discontinue the survey at any time, for any reason. If your child changes his/her mind and quits, all of their answers will be destroyed if that is what you and your child want.

Contact information

If you have any concerns about your child's participation in this survey 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 survey. I 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.

Print your name _____ Date _____

Signature _____ Witness _____

Evaluation of the Native Aspirations Project

Document E.5: Community Knowledge, Awareness, and Behaviors Youth Version Ages 11 and older (C-KABS-Y) Youth Assent Form

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. Macro International Inc. is working with SAMHSA on this project, and is asking that you complete this Community Survey. The survey includes questions about your experiences, behaviors, attitudes, and beliefs. The survey also asks about things in your life that help you and things that create challenges. The findings from the survey will inform SAMHSA about the impact of the Native Aspirations program on community knowledge attitudes and behavior.

Description of Participation

You were randomly selected to respond to this survey because your community, along with other tribal communities across the country, received federal funding to prevent violence, bullying, and suicide among Native American youth. The survey has 28 questions and should take approximately 45 minutes for you to complete. You may be asked to complete the Community Survey once per year for up to three years.

There are no right or wrong answers to this survey. Here are some things we want you to know about the survey prior to agreeing to participate:

Risks and Benefits

Completing this survey has few, if any, risks for you. One risk is that you may feel uncomfortable answering sensitive questions about yourself and sharing personal matters. You may choose to not answer any question, or stop completing the survey all together, for whatever reason. Your participation will not have any direct benefits to you. But your answers will be used to help Native American youth, Native American communities, and the Native Aspirations program. If anyone says they feel like they want to hurt themselves or someone else or gets upset by taking this survey, the researcher will refer them to a mental health professional on-site for immediate assistance.

Payment

If you agree to take part in this evaluation, you will be placed in a lottery for [Insert community-specific incentive].

Confidentiality

All responses will be treated confidentially. Your name and answers to these questions will be kept private. To protect your privacy, we will keep the records 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. The information that we report will be done in aggregate,

will not contain any identifying information and your name will not be used in any reports about this evaluation.

In addition, to help protect the information that you give 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 you are identified. Exceptions to the Certificate of Confidentiality are information on child abuse and neglect, or information regarding imminent danger to you 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.

Rights Regarding Decision to Participate

Participation in the survey is completely voluntary – you do not have to complete the survey if you don't want to. There is no penalty or bad consequences if you choose not to fill out the survey. You do not have to answer questions that you do not want to answer. You may choose to stop filling out the survey at any time, for any reason. If you change your mind and quit, all of your answers will be destroyed if that is what you want.

Contact information

If you have any concerns about your participation in this survey 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).

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 the survey.

Youth's Name (Type or Print Full Name): _____

Signature of Youth: _____ Date: ____/____/____

THANK YOU