

Attachment 6 – Key Informant Community Plan Supporting Documents

Document B.4: Community Plan Focus Group Adult Consent

Document B.7: Community Plan In-Depth Interviews Version 1 Adult Consent

Document B.8: Community Plan In-Depth Interviews Version 2 Adult Consent

Document B.5: Community Plan Youth Focus Groups Caregiver Consent

Document B.6: Community Plan Focus Groups Youth Assent

Document B.9: Community Plan Interview Version 1 Caregiver Consent

Document B10: Community Plan Interview Version 1 Youth Assent

Document B.11: Community Plan Interview Version 2 Caregiver Consent

Document B.12 Community Plan Interview Version 2 Youth Assent

Evaluation of Native Aspirations Project

Document B.4: Community Plan Evaluation – Focus Group 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 holding focus groups to attendees involved in Community Mobilization and Planning (CMP) in order to help SAMHSA better understand the development, and implementation of community plans.

Description of Participation

You were asked to participate because you have been involved in developing the community mobilization plan for the Native Aspirations Project in your community. In the focus group we will ask you 7 sets of items about the community mobilization planning process, early implementation of the plan, and organizational and community awareness and involvement. The focus group should take approximately 60-90 minutes. If you decide to join in the discussion, here are some things you should know:

Risks and Benefits

There will be no direct benefit to you from participating in this evaluation. The benefit of this interview to you is that your input will help SAMHSA to build better prevention programs for tribal communities. Your input in this interview poses few, if any, risks to you. Questions may make you feel uncomfortable or cause you to feel emotional. You can choose not to answer any question for any reason.

Compensation

If you agree to take part 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 audiotaped 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.

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 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.

Contact information

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

Rights Regarding Participation

Your participation is totally voluntary. You may discontinue participation at any time, either by leaving the discussion group or not answering a question.

Voluntary Consent

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

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

Print your name: _____

Date: _____

Signature: _____

Witness: _____

THANK YOU

Evaluation of the Native Aspirations Project

Document B.7: Community Plan In-depth Interviews – Version 1 - Active Team Members 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 holding in-depth interviews during the third year of the Native Aspirations grant in order to help SAMHSA better understand the process for development, and implementation, of community plans in the years succeeding the Community Mobilization and Planning (CMP) meeting.

Description of Participation

We are asking you to participate in a 60-minute in-person interview with a trained interviewer who will ask you to respond to a set of questions about the CMP implementation process; organizational and community awareness and involvement with Native Aspirations; and the impact of the Native Aspirations program on the community. You were chosen to participate in this interview because you remained active in your community's mobilization and planning process.

Risks and Benefits

There will be no direct benefit to you from participating in this evaluation. The benefit of this interview to you is that your input will help SAMHSA to build better prevention programs for tribal communities. Your input in this interview poses few, if any, risks to you. You can choose not to answer any question for any reason.

Compensation

If you agree to take part in this interview, you will receive a \$20 incentive. Payment will be made to you upon completion of the interview.

Confidentiality

All responses will be treated confidentially. We will be taking notes during the interview about what was said, but we will not link responses to your identity. The interview will be audiotaped 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 be interviewed 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.

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 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.

Rights Regarding Decision to Participate

Participation in the interview is completely voluntary. You do not have to answer questions that you do not want to answer. You may choose to discontinue the interview 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 interview 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 Kara Riehman at Kara.S.Riehman@macrointernational.com or you may call her collect at (404-592-2148).

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

Please sign below to indicate that you have read the above and agree to take part in this in-depth interview.

Please print your name

Please sign your name

Date

THANK YOU

Evaluation of the Native Aspirations Project

Document B.8: Community Plan In-depth Interviews – Version 2 – Former Team Members 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 holding in-depth interviews during the third year of the Native Aspirations grant in order to help SAMHSA better understand the process for development, and implementation, of community plans in the years succeeding the Community Mobilization and Planning (CMP) meeting.

Description of Participation

We are asking you to participate in a 20-minute in-person interview with a trained interviewer who will ask you to respond to a set of questions about the CMP implementation process; organizational and community awareness and involvement with Native Aspirations; and the impact of the Native Aspirations program on the community. You were chosen to participate in this interview because of your role as a former team member in your community's Native Aspirations project. Here are some things we want you to know about participating in the interview:

Risks and Benefits

There will be no direct benefit to you from participating in this evaluation. The benefit of this interview to you is that your input will help SAMHSA to build better prevention programs for tribal communities. Your input in this interview poses few, if any, risks to you. You can choose not to answer any question for any reason.

Compensation

If you agree to take part in this interview, you will receive a \$20 incentive. Payment will be made to you upon completion of the interview.

Confidentiality

All responses will be treated confidentially. We will be taking notes during the interview about what was said, but we will not link responses to your identity. The interview will be audiotaped 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 be interviewed 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.

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 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.

Rights Regarding Decision to Participate

Participation in the interview is completely voluntary. You do not have to answer questions that you do not want to answer. You may choose to discontinue the interview 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 interview 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).

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

Please sign below to indicate that you have read the above and agree to take part in this in-depth interview.

Please print your name _____
Please sign your name _____
Date _____

THANK YOU

Evaluation of the Native Aspirations Project

Document B.5: Community Plan Evaluation – Focus Group 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 to attendees involved in Community Mobilization and Planning (CMP) in order to help SAMHSA better understand the development, and implementation of community plans.

Description of Participation

We will ask your child 7 sets of questions about the community mobilization planning process, what the status of the plan is, and what needs to happen next. We would also like to find out how the process has been going in these first months. Your child was asked to participate because s/he has been involved in developing the community mobilization plan for the Native Aspirations Project in your community. 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.

Compensation

If you agree to your child's participation in the discussion group, s/he will receive a \$20 incentive. Payment will be made to your child 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 child's identity. The focus group 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 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.

Contact information

If you have any concerns about your child’s participation in this discussion 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 Kara Riehman at Kara.S.Riehman@macrointernational.com or you may call her collect at (404-592-2148).

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.

Caregiver Consent

By signing my name below, I freely agree to allow my child to participate in this discussion group and for the discussion group to be audio-recorded. 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.

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 B.6: Community Plan Evaluation – Focus Group Youth Assent

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 holding focus groups to attendees involved in Community Mobilization and Planning (CMP) in order to help SAMHSA better understand the development, and implementation of community plans.

Description of Participation

We will ask you 7 sets of questions about the community mobilization planning process; where you are with the plan and what needs to happen next. We would also like to find out how the process has been going in these first months. You were asked to participate because you have been involved in developing the community mobilization plan for the Native Aspirations Project in your community. The discussion 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.

Payment

If you agree to participate in the 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 audiotaped 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.

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 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.

Contact information

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

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

Evaluation of the Native Aspirations Project

Document B.9: Community Plan Evaluation Interview Version 1 – Active Team Members 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 interviews with attendees involved in Community Mobilization and Planning (CMP) in order to help SAMHSA better understand the development, and implementation of community plans.

Description of Participation

The interview will last about 1 hour. We will ask your child a set of questions about the community mobilization planning process; organizational and community awareness and involvement with Native Aspirations; and the impact of the Native Aspirations program on the community. Your child was chosen to participate in this interview because s/he remained active in your community's mobilization and planning process. If you decide your child can join in the discussion, here are some things you should know:

Compensation

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

Confidentiality

All responses will be treated confidentially. We will be taking notes during the interview about what was said, but we will not link responses to your child's identity. The interview will be audio taped 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 s/he 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 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.

Contact information

If you have any concerns about your child’s participation in this interview 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).

Rights Regarding Participation

I understand that I or my child will not be in trouble if I do not want my child to take part in this interview 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.

Caregiver Consent

By signing my name below, I freely agree to allow my child to participate in this interview and for the interview to be audio-recorded. 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.

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

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 B.10: Community Plan Evaluation Interview Version 1 – Active Team Members Youth Assent

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 holding interviews with attendees involved in Community Mobilization and Planning (CMP) in order to help SAMHSA better understand the development, and implementation of community plans.

Description of Participation

The interview will last about 1 hour. We will ask a set of questions about the community mobilization planning process; the community awareness about the project; and the impact of the Native Aspirations Project on your community. You were asked to participate because you have been involved in developing the community mobilization plan for the Native Aspirations Project in your community. If you decide to join in the interview, here are some things you should know:

Payment

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

Confidentiality

All responses will be treated confidentially. We will be taking notes during the interview about what was said, but we will not link responses to your identity. The interview 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.

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.

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).

Rights Regarding Participation

I understand that I will not be in trouble if I do not want to be a part of this interview 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

Evaluation of the Native Aspirations Project

Document B.11: Community Plan Evaluation Interview Version 2 – Former Team Members 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 program. 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 interviews with attendees involved in Community Mobilization and Planning (CMP) in order to help SAMHSA better understand the development, and implementation of community plans.

Description of Participation

The interview will last about 20 minutes. We will ask your child a set of questions about the community mobilization planning process; organizational and community awareness and involvement with Native Aspirations; and the impact of the Native Aspirations program on the community. Your child was chosen to participate in this interview because s/he remained active in your community's mobilization and planning process. If you decide your child can join in the discussion, here are some things you should know:

Compensation

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

Confidentiality

All responses will be treated confidentially. We will be taking notes during the interview 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 you are 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 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.

Contact information

If you have any concerns about your child’s participation in this interview 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).

Rights Regarding Participation

I understand that I or my child will not be in trouble if I do not want my child to take part in this interview 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.

Caregiver Consent

By signing my name below, I freely agree to allow my child to participate in this interview and for the interview to be audio-recorded. 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.

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

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 B.12: Community Plan Evaluation Interview Version 2 – Former Team Members Youth Assent

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 holding interviews with attendees involved in Community Mobilization and Planning (CMP) in order to help SAMHSA better understand the development, and implementation of community plans.

Description of Participation

The interview will last about 20 minutes. We will ask a set of questions about the community mobilization planning process; the community awareness about the project; and the impact of the Native Aspirations Project on your community. You were asked to participate because you have been involved in developing the community mobilization plan for the Native Aspirations Project in your community. If you decide to join in the interview, here are some things you should know:

Payment

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

Confidentiality

All responses will be treated confidentially. We will be taking notes during the interview about what was said, but we will not link responses to your identity. The interview will be audiotaped 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.

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.

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).

Rights Regarding Participation

I understand that I will not be in trouble if I do not want to be a part of this interview 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