

**Attachment 8 – Service Provider Supporting Documents**

**Document D.3: Service Provider Focus Group Version 1 Consent**

**Document D.4: Service Provider Focus Group Version 2 Consent**

## Evaluation of the Native Aspirations Project

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### Document D.3: Service Provider Focus Group – Clinical/Agency Staff Consent Form

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#### 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. 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 that will help SAMHSA better understand provider and service availability for Native youth, and the perspectives of providers in regards to the impact of the Native Aspirations program on services and service delivery.

#### Description of Participation

We are asking you to take part in a discussion about the availability of wellness and mental health services, how agencies work together, awareness of violence/suicide prevention activities, and areas for improvement in your community. We are asking you to participate in the focus group because you are a provider of youth services in your community. The focus group will last approximately 2 hours. You may be asked to participate in up to two focus groups; one in year 1 (baseline) and one in year 3 (follow up) of the grant. If you agree to be in the group, here are the things you should know:

#### Risk & Benefits

Your input in this focus group poses few, if any, risks to you. None of the questions asked are of a sensitive nature, so none of them should make you uneasy. You can choose not to answer any question for any reason.

#### Compensation

If you agree to take part in this evaluation, you will receive a \$20 incentive for participating in the focus group now and \$20 to participate in the focus group two years from now.

#### Confidentiality

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

You are free to join the study or not. You may choose to leave the group at any time for any reason with no penalty or consequence. You can choose not to answer any question at any time for any reason. If you change your mind and quit at any time, 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 focus group or have any questions about the evaluation, please contact Christine Walrath at [cwalrath@macrointernational.com](mailto:cwalrath@macrointernational.com) or you may call her collect (646-695-8154) or contact Kara Riehman at [Kara.S.Riehman@macrointernational.com](mailto: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 discussion audiotaped.

Please sign below to indicate that you have read the above and agree to take part in this focus group.

Please print your name \_\_\_\_\_  
Please sign your name \_\_\_\_\_  
Date \_\_\_\_\_

**THANK YOU**

## Evaluation of the Native Aspirations Project

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### Document D.4: Service Provider Focus Group – Non-Agency Staff Consent Form

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#### 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. 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 that will help SAMHSA better understand provider and service availability for Native youth, and the perspectives of providers in regards to the impact of the Native Aspirations program on services and service delivery.

#### Description of Participation

We are asking you to take part in a discussion about the availability of wellness and mental health services, how agencies work together, awareness of violence/suicide prevention activities, and areas for improvement in your community. We are asking you to participate in the focus group because you are a provider of youth services in your community. The focus group will last approximately 2-hours. If you agree to be in the group, here are the things you should know:

#### Risk & Benefits

Your input in this focus group poses few, if any, risks to you. None of the questions asked are of a sensitive nature, so none of them should make you uneasy. You can choose not to answer any question for any reason.

#### Compensation

If you agree to take part in this evaluation, you will receive a \$20 incentive for participating in the focus group now and \$20 to participate in the focus group two years from now.

#### Confidentiality

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

You are free to join the study or not. You may choose to leave the group at any time for any reason with no penalty or consequence. You can choose not to answer any question at any time for any reason. If you change your mind and quit at any time, 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 focus group or have any questions about the evaluation, please contact Christine Walrath at [cwalrath@macrointernational.com](mailto:cwalrath@macrointernational.com) or you may call her collect (646-695-8154) or contact Kara Riehman at [Kara.S.Riehman@macrointernational.com](mailto: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 discussion audiotaped.

Please sign below to indicate that you have read the above and agree to take part in this focus group.

Please print your name \_\_\_\_\_  
Please sign your name \_\_\_\_\_  
Date \_\_\_\_\_

**THANK YOU**