

**Attachment 6: Staff Site Visit Interview Consent**

## **Consent to Participate in an Evaluation Study**

### **Substance Abuse and Mental Health Services Administration (SAMHSA) National Evaluation of SAMHSA's Homeless Programs**

#### **Staff Site Visit Interview Consent**

##### **About the Study**

This site visit interview is part of the data collection for a national evaluation effort to describe the implementation, effectiveness and sustainability of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) and Center for Substance Abuse Treatment (CSAT) Homeless Programs throughout the country. SAMHSA's Homeless Programs include CSAT Grants for the Benefit of Homeless Individuals (GBHI) General, Services in Supportive Housing (SSH) and Cooperative Agreements to Benefit Homeless Individuals (CABHI) grants, CMHS SSH grants and CMHS Projects for Assistance in Transition from Homelessness (PATH) grants. The evaluation will examine the effects of the SAMHSA Homeless Programs project activities on client outcomes, treatment services, services systems and cost-effectiveness and identify challenges and successes in implementing and sustaining projects for homeless or housed individuals who have substance abuse and mental health problems. RTI International, an independent non-profit research company in Research Triangle Park, North Carolina, is conducting the national cross-program evaluation for SAMHSA's Homeless Programs.

This site visit is a follow-up to our review of your grant application, other materials your program submitted to SAMHSA, the Project Director Telephone Interview, and our telephone discussions organizing the site visit. You are one of 75 program sites funded by SAMHSA's CMHS and CSAT Homeless Programs in 2009, 2010, 2011 or 2012 who will be participating in evaluation site visits. We will tour your program sites, observe your interventions and meet individually or in groups with Project Directors, Program Managers, Financial/Accounting staff, local contracted and agency employed Evaluation staff, Quality Assurance/Continuous Quality Improvement staff, and Treatment, Wrap Around Services, Housing and Case Management staff who may be agency employees or from a collaborating partner agency who are implementing the local SAMHSA funded program, along with partners and other stakeholders, trainers or consultants. We will also be holding a focus group with some of your project participants who if they choose to participate will complete a separate consent form for the client focus group. In these staff/partner/stakeholder interviews and group meetings we will be asking about your perspectives on the local Homeless Programs project and services to help SAMHSA improve their GBHI, GBHI-CABHI, SSH and PATH Homeless Programs and the supports they offer to clients and grantees. These questions include background information about your agency and local community, the services provided by your agency and partners, your experience implementing, evaluating and sustaining the program, the costs of the program and lessons learned; these questions were approved by SAMHSA's CMHS and CSAT. Participants will be asked to share lessons learned with regard to barriers and successful strategies to overcome barriers to implementation, factors that impede or facilitate sustainability and their experience with and recommendations for implementing, adapting and evaluating evidence-based treatment, supportive services and housing practices. Participants may also be asked

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about their experience with CMHS and CSAT technical assistance (TA) or other supports and to provide input about ways SAMHSA may support future grantees. We will also observe your services/interventions and tour where your participants receive their services and housing.

### **Voluntary Participation and Privacy**

Your participation in this interview is completely voluntary. You can refuse any part of the study and you can stop participating at any time. You can refuse to answer any question.

Information about the program will be summarized and used for reporting to SAMHSA and may be disseminated in reports, via SAMHSA or the evaluation's website, conferences or professional journals. While your opinions and direct quotes will not be linked to your name and kept private for reporting and dissemination purposes, many of the interviews may be held with other employees, partners or consultants, therefore, others in the group may be able to link you to your comments and opinions. Quotes may be linked to your project and thus your agency. We will not divulge your individual responses to anyone else outside of the research team and your individual responses will not be shared with SAMHSA. Your name will be removed from transcripts and for computer entered data; you will be assigned an ID number to ensure that study data is not directly associated with your name. All computer entered data is password protected and all hard copy and tape files will be stored in locked cabinets accessible only to the research staff.

### **Risks and Benefits of the Study**

There is minimal risk of participation in these site visit interviews. In addition to the privacy protections described above, we will reduce the risk of inadvertent disclosure by associating your responses with a unique identifier and not your name. However, as others from your agency or partners may be present during the interviews we cannot guarantee that your responses will not be disclosed by others.

For GBHI, GBHI-CABHI and SSH sites, the interviews and group meetings will be held over three days; for PATH sites, the interviews and group meetings will be held over two days. Individual and group interviews will each take from about one and a half to two and a half hours; there may be multiple interviews over the period of the site visit. No incentive for participation is provided. Information about your program and comments from staff will be aggregated within your site or, for certain information, aggregated with other Homeless Programs sites. The results will help stakeholders, practitioners, policy makers, researchers and funders learn more about the efforts of local SAMHSA's Homeless Program Initiatives, factors contributing to their success and help inform SAMHSA and future programs about what works.

### **Questions**

You are welcome to contact our office any time if you have questions about the survey. Please call Dr. Nahama Broner, the SAMHSA Homeless Programs National Cross-Program Evaluation Project Director, toll free at 1-877-353-3422 and leave a message. You can also email Dr. Broner at [HomelessProgramsEval@rti.org](mailto:HomelessProgramsEval@rti.org) or write to her at RTI International, 121 West 27<sup>th</sup> Street, Suite 1001, New York, NY, 10001.

If you have any questions about your rights as a research study participant, you may call the RTI International Office of Research Protection toll-free at 1-866-214-2043; or you can write to them at RTI

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International Office of Research Protection, 3040 Cornwallis Road, PO Box 12194, Research Triangle Park, North Carolina, 27709-2194.

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**Participant Agreement**

By verbally agreeing to participate in this evaluation, you are not giving up any of your legal rights. Verbally agreeing to participate indicates that you have been read the information provided above, have received answers to your questions, and have freely decided to participate. Do you give your verbal consent to participate in this evaluation? Please provide your signature on the appropriate line.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Yes—Participant Agrees—Participant Signature

\_\_\_\_\_  
No—Participant Does Not Agree- Participant Signature

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**Consent to Audio Taping**

I consent to the interview being audio taped to be used solely for ensuring that notes from the interviews are accurate and to facilitate accurate data collection and analysis. I understand that following transcription, individual names will be removed and that at the end of the study the tapes will be erased. Please provide your signature on the appropriate line.

\_\_\_\_\_  
Yes—Participant Agrees Participant Signature

\_\_\_\_\_  
No—Participant Does Not Agree- Participant Signature

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I certify that the nature and purpose, potential benefits, and possible risks associated with participating in this evaluation have been explained to the above-named individual.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Printed Name of Person Obtaining Consent

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**Attachment 7: Client Site Visit Focus Group Consent**

## **Consent to Participate in an Evaluation Study**

### **Substance Abuse and Mental Health Services Administration National Evaluation of SAMHSA's Homeless Programs**

#### **Client Site Visit Focus Group Consent**

#### **Introduction**

You are being asked to take part in a national study of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Homeless Programs, including the Grants for the Benefit of Homeless Individuals (GBHI) Program, the Services in Supportive Housing (SSH) program, the Cooperative Agreements to Benefit Homeless Individuals (CABHI) program, and the Projects for Assistance in Transition from Homelessness (PATH) program. The study is going to measure how the program is doing in helping people who have been homeless. This form describes who can be in the study and the risks and benefits of being in the study. This form also tells how your information will be protected and who you can call if you have any questions. Please ask the interviewer to explain anything you do not understand before you make your decision.

#### **Purpose**

RTI International (RTI) is an independent non-profit research company in Research Triangle Park, North Carolina. RTI is conducting this study of SAMHSA's Homeless Programs. The questions asked in this group meeting are asked as part of this study. This focus group meeting is meant to help us learn how the program is doing. It may also help find ways to make the program better. This focus group interview is sponsored by SAMHSA, which is a government agency. The RTI team will be facilitating this focus group interview. Because you are a client of one of the Homeless Programs, we are asking for your help in understanding how the program may benefit you and your suggestions for improvement.

#### **Procedures**

This group will include other clients from your program and the evaluation staff from RTI or its research partners. We will have a discussion about your experiences with homelessness, services, and recommendations. We will take notes and record the interview to make sure all notes are accurate. Once we have confirmed the accuracy of the notes, we will destroy the recording. Please only use your first name if you identify yourself. Your name will not be used in the notes.

#### **Study Duration**

The group will meet one time for 1.5 hours. That includes time to read this permission form, listen to instructions, and take part in a group discussion.

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## **Risks and Benefits**

There is a small risk that answering the questions may make you feel uncomfortable or sad. If this happens, we can, with your permission, connect you with someone from your program who can help. While we ask that all group members keep the information we discuss in the group private, there is also a chance that other group members will share the group discussion with others outside of the group. The information collected in this group interview will help us learn how SAMHSA's Homeless Programs are doing. It may also help improve the programs for future clients. Participating in this group allows SAMHSA Homeless Program clients like you to give their thoughts on the SAMHSA Homeless Program.

## **Privacy**

RTI will not record your name or any identifying information connected with your comments. This consent form will be kept in a locked cabinet and not linked to your responses. We ask that you sign the form with a mark or only your first name to further protect your privacy. The program will also assign an ID number to protect the privacy of your responses. RTI will not be able to connect your responses in this focus group to you. Your answers will be combined with other answers from people in the group and across the country.

## **Your Rights**

Participation in this focus group is voluntary. That means you can refuse to answer any question. It also means you can choose not to take part in this group interview or to leave at any time during the interview. Participating or not participating in this group will not affect any parole status, probation status, or other legal status you may have. Participating or not participating in this group will also not affect your ability to receive any of the services you are receiving from your program including treatment and housing. If you participate in this focus group you do not need to participate in other evaluation activities.

## **Incentive**

No incentive will be given for participation in this focus group. Refreshments will be served.

## **Your Questions**

If you have questions about this study, please call Dr. Nahama Broner, the study's principal investigator, toll-free at 1-877-353-3422, leave a message and she will return your call. You can also e-mail the evaluation at [HomelessProgramsEval@rti.org](mailto:HomelessProgramsEval@rti.org). If you have questions about your rights in this study, please call RTI's Office of Research Protection toll-free at 1-866-214-2043, or you can write to them at RTI International Office of Research Protection, 3040 Cornwallis Road, PO Box 12194, Research Triangle Park, North Carolina, 27709-2194.

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### Audio Taping

I consent to the focus group interview being taped. I understand that the tape will only be used to ensure the accuracy of the notes and will not be shared with anyone outside of the RTI research team. I also understand that at the end of the study the tape will be erased.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature or Mark of Participant  
[First name only, or X]

\_\_\_\_\_  
Printed First Name of Participant or Mark  
[First name only, or X]

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### Participation In the Focus Group

Your signature below indicates that you have read (or been read) the information provided above, have received answers to your questions, and have freely decided to participate. By agreeing to participate in this evaluation, you are not giving up any of your legal rights.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature or Mark of Participant  
[First name only, or X]

\_\_\_\_\_  
Printed First Name of Participant or Mark  
[First name only, or X]

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I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this evaluation have been explained to the above-named individual.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Printed Name of Person Obtaining Consent

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