Youth—Other

Attachment B: System of Care Assessment

Youth Stipend Receipt

Date: _____

Project: CMHS, #633430.0.008.0x.005

Location: _____

I, _____, received $15.00 for my participation in an
(*Print Name)*

interview for the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program.

_____
(signature)

System/Program_____ Interviewer_____

Interviewed_____ Assessment #_____

Informed Consent
System of Care Assessment
Youth (18–21 years old)

Purpose

The ***(name of grant program)*** in your community provides services to children and youth and their families. The Center for Mental Health Services in the Federal government wants to know more about these services. They want to know how well these services work. The National Evaluation Team is talking to youth and their families in ***(name of grant program)*** to learn more about how to make these services better. I would like to ask you some questions about ***(name of grant program)***. You will be able to tell me what you think about the program and the services you have received.

This interview will last about 45 minutes. To help you decide if you want to participate in this interview, here are some things to know:

- Your participation is voluntary and completely by your own choice.
- You may choose to stop the interview at any time and for any reason. You also may choose not to answer any of the questions.
- The information you provide to us will be carefully protected. Your name will not be used in any reports from this interview.
- You will receive $15 in appreciation for meeting with me today.
- We have obtained a Certificate of Confidentiality (CC) from the U.S. Department of Health and Human Services (DHHS) to keep anything that you tell us private. This means that we will not tell anyone what you tell us even if a judge tries to force us to identify you as a person in the study. You should know, however, that we may tell local authorities if harm to you, harm to others, or if child abuse/neglect becomes a concern. Also, the government agency that has provided the money for this project may see your information if they ask for our records to ensure we were conducting the project correctly. The CC that we have does not mean that DHHS approves or disapproves this project.
- You will not get any benefit from participating in the interview. A risk is that you may feel uncomfortable about answering questions about your experiences in ***(name of grant program).***
- I will answer any questions you have about this interview before we begin. If you have questions after the interview is over, you may contact Mary Spooner at ICF, Atlanta, GA. Her toll-free telephone number is 1-866-368-5657.

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. A copy of this form will be given to me. By signing my name below, I freely agree to participate in this interview.

Participant Printed Name _____

Participant Signature _____

Witness_____Date_____

System/Program_____ Interviewer_____

Interviewed_____ Assessment #_____

Informed Assent
System of Care Assessment
Youth (14–17 years old)

The ***(name of grant program)*** in your community provides services to children and youth and their families. The Center for Mental Health Services in the federal government wants to know more about these services. They want to know how well these services work. The National Evaluation Team is talking to children and youth and their families in ***(name of grant program)*** to learn more about how to make these services better. I would like to ask you some questions about ***(name of grant program)***. You will be able to tell me what you think about the program and the services you have received.

This interview will last about 45 minutes. To help you decide if you want to participate in this interview, here are some things to know:

- Your participation is voluntary and completely by your own choice.
- You may choose to invite your parent or caregiver to sit in on the interview.
- You may choose to stop the interview at any time and for any reason. You also may choose not to answer any of the questions.
- The information you provide to us will be carefully protected. Your name will not be used in any reports from this interview.
- You will receive $15 in appreciation for meeting with me today.
- We have obtained a Certificate of Confidentiality (CC) from the U.S. Department of Health and Human Services (DHHS) to keep anything that you tell us private. This means that we will not tell anyone what you tell us even if a judge tries to force us to identify you as a person in the study. You should know, however, that we may tell local authorities if harm to you, harm to others, or if child abuse/neglect becomes a concern. Also, the government agency that has provided the money for this project may see your information if they ask for our records to ensure we were conducting the project correctly. The CC that we have does not mean that DHHS approves or disapproves this project.
- You will not get any benefit from participating in the interview. A risk is that you may feel uncomfortable about answering questions about your experiences in ***(name of grant program).***
- I will answer any questions you have about this interview before we begin. If you have questions after the interview is over, you may contact Mary Spooner at ICF, Atlanta, GA. Her toll-free telephone number is 1-866-368-5657.

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 participate in this interview.

Participant Printed Name _____

Participant Signature _____

Witness_____ Date_____

Attachment F: Consent Letters for Longitudinal Child and Family Outcome Study and Service Experience Study

SAMPLE INFORMED ASSENT—YOUTH VERSION
(Suggested Content and Wording)

Key Components of a Consent Form

Elements to Include:

Purpose of the Study

- **Funding source**
- **Local system of care name**
- **Description of why the study will be conducted**

Description of Participation

- **Participant responsibilities**
- **Description of data collection methods: interviews--frequency, duration; record review; observation, etc.**
- **Other guidelines (e.g., possible data sources, age, changes in participation over time, etc.)**

Risks and Benefits

- **Potential risk factors associated with participation**
- **Potential benefits that may be gained through participation**

Compensation for Participation

- **Type and amount of compensation participant will receive for participation**

Contact Information

- **Contact information for someone working on the study who will be available to answer participant questions**

Purpose
The ***(system of care name)*** in your community provides services to children and families. The Center for Mental Health Services in the Federal government wants to know more about these services. They want to know how well these services work. The National Evaluation Team is talking to children and families in the ***(system of care name)*** to learn more about how to make these services better.

The person who takes care of you has been asked questions for this project in the past. Because you are now 11 years old, we would like to ask you questions. You will be able to tell us about yourself and what you think about the services you have received.

Description of Participation
You will have an interview every 6 months. You may have up to five interviews. You may have fewer interviews, depending upon when you started services. We can talk with you in your home or any other place that is best for you. Each interview will take about 1 hour.

You will be asked questions about how you feel. You will be asked about what you do at home, in school, and in your neighborhood. You will be asked about what you do with your family and friends. You will be asked about the services you have had. We will still ask to talk to you if you stop getting services.

We would like you to let us look at your school records. These records include your grades, how much you were absent, and if you were ever in detention. We want to look at court records and records about your services. We may also want to talk to people who work for the court or your school.

Risks and Benefits
You will not get any benefits from being in this project. A risk is that you may feel uncomfortable about answering questions about yourself.

Compensation
You will receive $XX for each interview to thank you for your time.

Contact Information
If you have any questions about this evaluation project, you can call ***(evaluator)*** to have your questions answered. You can call him/her collect at (555) 555-5555. To contact the Institutional Review Board that reviewed this project, call (555) 555-5555.

Continued on next page

Key Components of a Consent Form

Protection of Information

- **Protocol for maintaining participant privacy**
- **Mandated reporting requirements**
- **Description and purpose of the Federal Certificate of Confidentiality**

Rights Regarding Decision to Participate

- **Statement of participant rights to terminate participation at will**
- **Statement that the termination of participation will not lead to adverse consequences**

Voluntary Assent

- **Statement of participant understanding of the assent form**
- **Statement that participant has had all of his or her questions answered**
- **Permission to be interviewed**
- **Permission to access service provider records for 12 months previous to service and 24 months after the first service**
- **Signature line for participant to sign, thus assenting to participate**
- **Signature line for guardian signature**
- **Date**

Protection of Information

Anything we learn about you will be kept as secret as possible. We have taken steps to protect your privacy. None of the information for this study will have your name on it. It will have only special codes. Papers with your name on them will be kept in a locked filing cabinet. In reports, your information will be grouped together with information from others. We will never mention your name. Only approved people will be able to see your information. The information will be shared with the agency that pays for this study, companies that work for them, and other places that provide services to you.

There are some times when we cannot promise to keep your name secret. If you tell the person who interviews you that you plan to hurt yourself or someone else, then she/he will have to tell a doctor or some other authority so that you can get help. Interviewers must obey State laws and report certain kinds of diseases that other people can catch. And they must report child abuse.

Also, we have applied for a Certificate of Confidentiality from the Federal government to protect the people who interview you from being forced, even under a court order or subpoena, to identify you. An exception to privacy is if we learn about child abuse or neglect or if you tell the person who interviews you that you plan to harm yourself or someone else, then he/she will tell a doctor or some other authority so that you can get help. Interviewers may report child abuse. In addition, the Federal agency funding this research may see your information if it audits us. The Certificate of Confidentiality does not imply that the government has approved or disapproved of this project.

Rights Regarding Decision to Participate

I understand that I will not be in trouble if I do not want to be in the study or if I decide to quit later. 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 project. No one can say that I cannot get services because I don't want to be in this project.

Voluntary Assent

I read this form, or it has been read to me, and 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 interviewed every 6 months, for up to 24 months ____

- to have the project access my mental health records, education records, juvenile justice records, department of social services and child protection records, or service records from other services coordinated through ***(system of care name)***

	Past 12 Months	**Next 24 Months**
	____	____

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

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

I, _____, have read the above. My child may participate.
(Caregiver/Guardian)

Guardian's Signature: _____ Date: ___/___/____

INFORMED CONSENT—YOUNG ADULT VERSION
(Suggested Content and Wording)

Components of a Consent Form

Elements to include:

Purpose of the Study

- **Funding source**
- **Local program name**
- **Description of why the study will be conducted**

Description of Participation

- **Participant responsibilities**
- **Description of data collection methods: interviews--frequency, duration; record review; observation, etc.**
- **Other guidelines (e.g., possible data sources, age, changes in participation over time, etc.)**

Risks and Benefits

- **Potential risk factors associated with participation**
- **Potential benefits that may be gained through participation**

Compensation for Participation

- **Type and amount of compensation participant will receive for participation**

Contact Information

- **Contact information for someone working on the study who will be available to answer participant questions**

Purpose
The Center for Mental Health Services in the United States Department of Health and Human Services is sponsoring a national evaluation of programs that are funded to improve community-based mental health services for children and families. You were invited to participate in this project because you received such services. At that time, your family agreed to participate in the project we are doing. Now that you are 18 and a legal adult, we need to ask you again if you would like to continue participation in the project. In this project, we are interested in finding out about how you feel; what you do at home, in school, and in the neighborhood; the kinds of services you have received; and how you feel about these services. The results of the project will be used to help improve the quality of services for children and families. The national evaluation is authorized by Section 565 of the Public Health Service Act.

Description of Participation
We will interview you up to five times depending upon whether you entered the study at the beginning or toward the end. Participation includes follow-up interviews every 6 months while you are in the evaluation. We will ask you to continue to participate in the project even if you do not receive services any longer. The interviews will be conducted in your home or any other place that is convenient for you. Each visit will take about 1 hour.

You will be asked questions about your behavior at home, in school, and in the community. We will also ask you questions about your family and your experiences with the services you have received, including mental health and substance use services.

As part of the project, we would like your permission to make use of your school records, including disciplinary, attendance, and transfers, and other records related to services you may have received (for example, juvenile court records, records from the department of human services and child protection, mental health services records). Your agreement to participate in this project and your signature on this form provide your permission for the release of any of these records. We may also want to ask questions of agency representatives from juvenile court, the department of human services and child protection, and/or your school.

Risks and Benefits
You will not get any benefits from being in this project. A risk is that you may feel uncomfortable about answering questions about yourself.

Compensation
You will receive $XX for each interview to thank you for your time.

Contact Information
If you have any questions about this evaluation project, you can call ***(evaluator)*** to have your questions answered. You can call him/her collect at (555) 555-5555. To contact the Institutional Review Board that reviewed this project, call (555) 555-5555.

Continued on next page

Components of a Consent Form

Protection of Information

- **Protocol for maintaining participant privacy**
- **Mandated reporting requirements**
- **Description and purpose of the Federal Certificate of Confidentiality**

Rights Regarding Decision to Participate

- **Statement of participant rights to terminate participation at will**
- **Statement that the termination of participation will not lead to adverse consequences**

Voluntary Consent

- **Statement of participant understanding of the consent form**
- **Statement that participant has had all of his or her questions answered**
- **Permission to be interviewed**
- **Permission to access service provider records for 12 months previous to service and 24 months after the first service**
- **Signature line for participant to sign, thus assenting to participate**
- **Signature line for guardian signature**
- **Date**

Protection of Information

Anything we learn about you will be kept as secret as possible. We have taken steps to protect your privacy. None of the information for this study will have your name on it. It will have only special codes. Papers with your name on them will be kept in a locked filing cabinet. In reports, your information will be grouped together with information from others. We will never mention your name. Only approved people will be able to see your information. The information will be shared with the agency that pays for this study, companies that work for them, and other places that provide services to you.

There are some times when we cannot promise to keep your name secret. If you tell the person who interviews you that you plan to hurt yourself or someone else, then she/he will have to tell a doctor or some other authority so that you can get help. Interviewers must obey State laws and report certain kinds of diseases that other people can catch. And they must report child abuse.

Also, we have applied for a Certificate of Confidentiality from the Federal government to protect the people who interview you from being forced, even under a court order or subpoena, to identify you. An exception to privacy is if we learn about child abuse or neglect or if you tell the person who interviews you that you plan to harm yourself or someone else, then he/she will tell a doctor or some other authority so that you can get help. Interviewers may report child abuse. In addition, the Federal agency funding this research may see your information if it audits us. The Certificate of Confidentiality does not imply that the government has approved or disapproved of this project.

Rights Regarding Decision to Participate

I understand that I will not be in trouble if I do not want to be in the study or if I decide to quit later. 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 project. No one can say that I cannot get services because I don't want to be in this project.

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. A copy of this form will be given to me. By signing my name below, I freely agree:

- to be interviewed every 6 months, for up to 24 months ____
- to have the project access my mental health records, education records, juvenile justice records, department of social services and child protection records, or service records from other services coordinated through ***(system of care name)***

	Past 12 Months	**Next 24 Months**
	____	____

Young Adult's Name (Type or Print Full Name): _____

Signature of Young Adult:

_____

Date: ___/___/____