

## Appendix G. Informed Consent for Staff

### **PROJECT CONNECT, DCYF, AND OTHER AGENCY STAFF ORAL INFORMED CONSENT FORM**

*Before we begin, I want to tell you a few things about this study and your participation in it. Please feel free to ask me any questions you might have. We will also email you a copy of this information.*

A team of researchers from the Urban Institute, a non-profit research organization in Washington, DC, is working with the U.S. Department of Health and Human Services, Administration for Children and Families (ACF) to evaluate the Project Connect program in Rhode Island. This research project is funded by ACF.

Thank you for agreeing to meet today. We would like to invite you to participate in an/a [interview/focus group] that will last about 60/90 minutes. I'm going to start the [interview/focus group] by providing an overview of the study. I will then review our informed consent procedures:

- The study focuses on how the Project Connect program works for families involved with the child welfare system. We have questions about the program, the referral process, challenges in serving substance affected families, the community context, and family outcomes.
- Your participation in this interview is voluntary. You can choose not to answer any question or not participate in the interview at all. There will be no consequences to you if you choose not to participate.
- We will use what we learn today and from other interviews and discussion groups to contribute to a public report describing the outcomes of our evaluation and people's experiences receiving services. Our report will describe people's experiences in general and will not identify you personally. We will not quote you by name in project case studies or reports. The information we learn from the interviews will be combined and quantified based on patterns and will be archived with the National Data Archive on Child Abuse and Neglect at Cornell University. These files as part of the archive will not include any names or quote anyone personally and will only be available under password protected secure access.
- We will keep the information you provide private and will not share it with anyone except for research staff working on the study. This includes anything that can identify you such as your full name, address, or telephone number. When we write our report and discuss our findings, information from all the people we speak with is combined and presented so that no one person can be identified. Everyone on the Urban Institute team who works on this study has signed a document stating we will not reveal any of your personal information and can be severely penalized if we do. The only exception is if you tell us about your intention to harm yourself or someone else. We may be required by law to report this kind of information.
- We do not intend to identify you with any particular statement, but there is the potential due to your role that your comments could be associated with you or your organization.
- [FOR FOCUS GROUPS ONLY] We ask that you do not repeat anything heard in this discussion outside the group. We also request that participants do not take screenshots or record the conversation. While the Urban Institute promises to respect your privacy, we must note that your fellow participants may not. We advise you to be moderate in your responses due to the fact that not all participants might follow these guidelines. If possible, please participate in the focus group discussion from a private location where others cannot readily hear the discussion or with headphones if you do not have a private location to respect the privacy of yourself and the others in the discussion.

- This research is covered by a Certificate of Confidentiality from the National Institutes of Health. This means that the researchers cannot release or use information that may identify you in any action or suit unless you say it is okay. The Certificate DOES NOT stop reporting that is required by law which includes laws that require reporting of child or elder abuse, some communicable diseases, and threats to harm yourself or others.
- While you will not receive any direct benefits for participating in the study, you will be contributing to the growing evidence base for child welfare interventions. There is a potential for a reputational risk as the study has the potential to cast your agency or organization in an unflattering light depending on what is learned during data collection.
- If you agree, we will also record this [interview/focus group] today so that we make sure that we accurately capture the details of everything you tell us. The recording will be used only by the research team and kept secure on a secure computer drive. Once the project is complete, all recordings will be destroyed. During the discussion, we can also stop the recording if you want to make a particular off-the-record comment. It is okay if you do not wish to be recorded. We will take typed or hand-written notes.
- Everyone working on the research team has signed a confidentiality pledge agreeing to these terms.

DO YOU AGREE TO PARTICIPATE IN THE [INTERVIEW/FOCUS GROUP]?

DO WE HAVE YOUR PERMISSION TO USE THE RECORDER?

DO YOU HAVE ANY QUESTIONS?

This information is being collected to inform the evaluation of Project Connect conducted by a research team at the Urban Institute. This information will be used to inform the US Department of Health and Human Services Administration for Children and Families (HHS ACF) to improve the evidence base for programs relevant to the child welfare population. All the information you provide will be kept private to the extent permitted by law.

If you have questions or concerns about the study, please contact:

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If you agree to participate in this study and feel that your rights have been violated or that you have not been treated fairly, contact:

The Institutional Review Board Administrator  
Everett Madden  
Urban Institute  
500 L'Enfant Plaza SW  
Washington, DC 20004  
202-261-5632  
[emadden@urban.org](mailto:emadden@urban.org)

*An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB # and expiration date for the described information collection is OMB #: 0970-0XXX; expiration XX/XX/XXXX.*