

Focus Group Consent Form

You are invited to help improve how behavioral health care is provided by participating in a focus group conversation. This focus group is part of a project that involves figuring out new ways to deliver better behavioral health care. The purpose of the focus group is to learn about your recent experiences receiving care from **[CCBHC name]**. The focus group will be held online using a computer or phone.

Your participation in the focus group and your responses will not have any effect on your care. The people leading the focus group discussion are from an independent research organization called [Mathematica/Advocates for Human Potential], **which is not a part of [CCBHC name]**.

What does it mean to participate in a focus group?

A focus group is an informal small group discussion led by a person who guides the discussion by asking questions about a recent experience. The focus group leaders will ask questions about your experiences receiving services and care from **[CCBHC name]**. This focus group will be held virtually using a computer or phone. Other people who receive care at **[CCBHC name]** will participate in the focus group discussion with you.

The focus group discussion will take about 45 minutes to an hour. The group leaders will be taking written notes during the focus group. The focus group also will be recorded with your permission.

There are no “right” or “wrong” answers; the study leaders are only interested in learning about your experiences and opinions. You may choose not to answer any questions asked, and you may leave the focus group discussion at any time.

What are the benefits of participating in a focus group?

Your participation in the focus group will help policymakers understand what is working well and what could be working better at **[CCBHC name]** and other organizations like it.

You will receive a \$50 gift card as a thank you for your time and insights.

What are the risks of participating in a focus group?

There is no known risk to you for participating in the focus group. If you feel any discomfort answering any question, you may choose not to answer it.

How will the study protect my privacy?

To protect your privacy, [Mathematica/Advocates for Human Potential] will keep all of the notes and recordings from this focus group in a safe place. Only the members of the [Mathematica/Advocates for Human Potential] team will be able to listen to the recordings or read the notes. We will destroy all of the focus group notes and recordings at the end of the project. Your name will not be used in any reports.

If you agree to participate, you must also agree to not share the names or comments of other focus group participants with anyone outside of this group.

We will not share any information from this discussion with anyone at [CCBHC name] unless we believe that you or other participants may be harmed.

Do I have to be in the focus group?

No. Your participation in the focus group is entirely up to you. You may decide to stop taking part in the discussion at any time. You may refuse to answer any question you do not wish to answer during the focus group.

What if I have questions?

If you have any questions about taking part in the focus group you can ask [CCBHC focus group recruitment coordinator name and number] or contact the study director, Allison Wishon, at Mathematica (202-554-7522). If you have questions about your rights as a participant, you can contact [contact name], the Institutional Review Board representative, at [phone number].

Statement

- I have read this form and understand the information presented.
- I agree to participate in this focus group.
- I know it is my choice whether to participate in the focus group.
- I am at least 18 years of age.
- I understand I can drop out of the focus group at any time.
- I agree to have this focus group recorded.
- I know that the study team will follow strict rules to protect my privacy. My name will never appear in any public document.

Participant name (print): _____

Signature of focus group participant:

Date of consent: _____