

Consent form for Youth and procedures to participate in the National Outcome Measures (NOMs)

Introduction

- You are being asked to be in the evaluation of this project.
- You were invited as a participant because you have started receiving the project services.
- I am going to read to you why we are doing this evaluation, what we will ask you, and how we will protect your privacy.

Purpose of Study

You are being asked to complete the National Outcome Measures (NOMs) survey interview in order to provide information we can use to:

- Provide better services to children and young adults and their families
- Measure whether our services are effective and
- Report on the impact of our services to our funding agency.

Description of the Study Procedures

If you agree to be in this interview, you will be asked to answer questions about yourself. Some of these questions are very personal. These include questions about things like: Your mental health, Alcohol/drugs, Employment, and Education. We think the interview will probably take about 40 minutes. The NOMs interview tool will be administered at the start of services and every six months until clinical discharge.

Risks/Discomforts of Being in this Study

The risk of participating in this evaluation is expected to be minimal because we have taken steps to protect your privacy. Although every effort will be made to prevent it, you may find the sensitive nature of some of the questions upsetting. You may feel emotional or upset when answering some of the questions. You can tell the interviewer at any time if you want to take a break or stop the interview. In the event you are upset, we will provide you with a referral to a counselor with whom you may discuss your feelings. You may be uncomfortable with some of the questions and topics we will ask about. If you are uncomfortable, you are free to not answer or skip to the next question.

Benefits of Being in the Study

This data will help us know how to serve young people better, and you will be compensated for your time.

Confidentiality

We will keep what you tell us confidential to the limit allowed by law. We will put a code number on your interview instead of your name. When we provide information to our funding agency, we will use your code number and information will be reported in a group format. The NOMs forms will be kept strictly confidential. Paper NOMs records will be kept in a locked file, and all electronic information will be coded and secured using a password protected file. We will not include any information in any report we may publish that would make it possible to identify you.

Payments

You will receive a \$20 gift card for participating in the interview at intake and a \$25 gift card for each six-month reassessment interview.

Right to Refuse or Withdraw

This interview is completely voluntary. Only do this interview if you want to. If you start the interview, you do not have to finish. You can refuse to answer any question you want. You can still receive all services if you do not do the interview or parts of the interview.

Right to Ask Questions and Report Concerns

You have the right to ask questions about this survey interview and to have those questions answered by me before, during or after the survey. If you have any further questions about the study, at any time feel free to contact, Jess Clouser, at Jess.Clouser@uky.edu. If you like, a summary of the results of the study will be sent to you. If you have any problems or concerns that occur as a result of your participation, you can report them to Jess Clouser, at Jess.Clouser@uky.edu.

Consent

- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep, along with any other printed materials deemed necessary by the staff.

Subject's Name (print): _____

Subject's Signature: _____ Date: _____

Name and Signature of _____ Date: _____
the Person Obtaining

Consent: _____

Parent/Guardian form for Youth and procedures to participate in the National Outcome Measures (NOMs)

Introduction

- Your child/ward is being asked to be in the evaluation of the project.
- Your child/ward is invited as a participant because he/she has started receiving services.
- I am going to read to you why we are doing this evaluation, what we will ask, and how we will protect your child/ward's privacy.
- We are going to talk about the reason for doing this study, what we will ask your child/ward to do, and the way we would like to use information about your child/ward if you choose to allow your child/ward to be in the evaluation.

Why are you doing this study?

Your child is being asked to complete the National Outcome Measures (NOMs) survey interview in order to provide information we can use to:

- Provide better services to youth and young adults
- Measure whether our services to youth and young adults are being effective and
- Report on the impact of our services to our funding agency.

What will my child/ward be asked to do if my child/ward is in this study?

If you agree for your child/ward to be in this study, your child/ward will be asked to answer questions about himself/herself. Some of these questions are very personal. These include questions about things like: Mental Health, Alcohol/drugs, Employment, and Education. We think the interview will probably take about 40 minutes. The NOMs interview tool will be administered at the start of services and every six months until clinical discharge.

What are the possible risks or discomforts to my child/ward?

The risk of participating in this evaluation is expected to be minimal because we have taken steps to protect your child/ward's privacy. Although every effort will be made to prevent it, your child/ward may find the sensitive nature of some of the questions upsetting. Your child/ward may feel emotional or upset when answering some of the questions. Your child/ward can tell the interviewer at any time if he/she wants to take a break or stop the interview. In the event your child/ward is upset, we will provide a referral to a counselor with whom you and your child/ward may discuss your feelings. Your child/ward may be uncomfortable with some of the questions and topics we will ask about. If your child/ward is uncomfortable, they are free to not answer or skip to the next question.

What are the possible benefits for my child/ward or others?

This data will help us to serve young people better and your child/ward will be compensated for their time.

How will you protect the information you collect about my child/ward, and how will that information be shared?

We will keep what your child/ward tells us confidential to the limit allowed by law. We will put a code number on the interview instead of your child/ward's name. When we provide information to our funding agency, we will use the code number and information will be reported in a group format. The NOMs will be kept strictly confidential. Paper records will be kept in a locked file, and all electronic information will be coded and secured using a password protected file. We will not include any information in any report we may publish that would make it possible to identify your child. Results of the evaluation will be used in reports.

Financial Information

Participation in this study will involve no cost to you or your child/ward. Your child/ward will receive a \$20 gift card for participating in the interview at intake and \$25 gift card for each six month reassessment interview.

What are my child/ward's rights as a research participant?

Participation in the NOMs is voluntary. Your child/ward may withdraw from this study at any time—you and your child/ward will not be penalized in any way or lose any sort of benefits for deciding to stop participation. Your child/ward will continue to receive services even if you decide not to participate in the study.

Who can I contact if I have questions or concerns about this research study?

You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact, Jess Clouser, at Jess.Clouser@uky.edu. If you have any problems or concerns that occur as a result of your participation, you can report them to Jess Clouser, at Jess.Clouser@uky.edu.

Consent for Child/Ward's Participation in National Outcome Measure

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I give permission for my child/ward to participate in the research study described above and will receive a copy of this Parental/Guardian Permission form after I sign it._

Parent/Legal Guardian's Name (printed) and Signature

Date

Name and Signature of Person Obtaining Parental/Legal Guardian Permission

Date