

THE OHIO STATE OPIOID RESPONSE GRANT (SOR)

Consent to Participate

You have been identified as a potential participant in the SAMHSA funded State Opioid Response Grant. As a result, you may be eligible for certain substance use treatment and support services offered through this project. Your participation is voluntary.

Background Information: The SOR Program is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is being administered by the Ohio Department of Mental Health and Addiction Services (OhioMHAS). Wright State University will be providing oversight of the SOR data collection and follow-up evaluation. The purpose of this project is to address the unique needs of individuals living with a substance use issue living in the community; and to determine through an evaluation process if selected treatment and support interventions impact participant wellness and success within the community.

Procedures: While enrolled in the SOR program, we may ask you to participate in the following things:

1. On-going assessments to assist you in determining your treatment and support needs and to develop and monitor your individualized case plan.
2. Three confidential interviews, at the beginning of the program, at six months into the program and at its completion. Each interview will last approximately 20-30 minutes and will occur at a mutually agreed upon location and time. You will be asked questions about your satisfaction with the services that have been provided and about various aspects of your life, including your housing, health, mental health, employment, criminal justice involvement, and overall functioning.
3. We will be using the data we collect from you to evaluate if participants' qualifying condition and quality of life improves as a result of the program. For your participation in the data collection, you will be compensated with a \$10 gift card for the initial/baseline interview and a \$20 gift card for the 6-month follow-up interview. We are asking that you provide contact information on a Locator Form so that we can send the gift card to you for the initial interview and to contact you when it is time for your 6-month follow-up interview. Upon completion of the 6-month follow-up interview, we will review and update, if necessary, the locator form in order to send your gift card. You will receive each gift card within two weeks of your interview, and a member of the SOR Evaluation team will mail the gift card to you from Wright State University. Completion of the Locator Form is part of your agreement to consent to participate in the SOR program evaluation.
4. Your participation in the evaluation component of the program is voluntary. You are free to refuse to participate in the interview(s), to decline to answer any question(s), or to terminate the interview at any time. You understand that if you take any of these actions they will in no way influence the provision of any services that you may be receiving or am eligible to receive

through the SOR Program. If you decide you do not want to participate any longer in the evaluation survey, you can tell the interviewer directly or tell your treatment provider.

Risks and Benefits to participating in SOR services and study: Potential risks for participating in this study are minimal and include the potential for psychological distress due to the nature of the information being shared. You are under no obligation to answer any question put forth nor will your responses be linked to your identity in any records. Although every step is taken to maintain confidentiality, the risk of breach of confidentiality exists.

Who is collecting the information: Any information about you obtained through the interviews is strictly confidential and is available only to program staff collecting the information and staff at OhioMHAS and Wright State University who are responsible for monitoring and evaluating the program. You will never be identified in any report or publication.

Confidentiality: You understand the information collected about you will be kept confidential. You will never be personally identified in any report, publication, or to any law enforcement or criminal justice agency with the following exceptions: admitting or threatening homicide on a particular individual, threatening suicide, or admitting or threatening child abuse. If you make such a threat, you will be reported to the appropriate law enforcement authorities.

1. You understand that project staff will report cases of child abuse to the appropriate agencies and I would be identified if I were involved in such cases.
2. If you threaten suicide, that threat will be assessed by project staff and, if warranted, you will be reported to the appropriate mental health authorities.

In Addition:

√All assessment responses that you provide will only be used to assist you in addressing your short and long term recovery support needs. It will not be shared with anyone without your written, informed consent.

√Service evaluation information will go directly to the evaluation associate (GPRA data collector). Your responses, if collected by paper and pencil, will be kept in a locked file cabinet. To keep your answers private, your name will not appear anywhere on the interview. We will use a number instead of your name. Your answers to the questions will be put together with many other people's answers and there will be no way to know whose answers are whose. In any report we might publish, we will not include any information that will make it possible to identify you. Access to the records will be limited to the project staff.

Statement of Understanding and Consent

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 and 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

I have read the above information. I have received answers to questions I have asked.

I agree to participate in the SOR Program.

I consent to participation in SOR Program confidential surveys and program evaluation and I am at least 14 years of age.

I agree to share information regarding my treatment and services I receive as a result of this grant.

I have been provided a copy of this form.

Signature Date

Witness Date

Parent Signature (Optional for adolescents 14-17) Date