

# CONSENT TO PARTICIPATE IN THE EVALUATION

**[PLEASE PROVIDE THIS PAGE TO THE CLIENT TO KEEP.]**

## **Key Information**

1. This evaluation is about the treatment and/or recovery support services you will receive as part of Virginia's State Opioid Response (SOR) program. We are interested in understanding how the services you receive impact mental health, substance use, and related behaviors.
2. Participation in the evaluation is completely voluntary.
3. The evaluation will include three surveys (intake, discharge, and follow-up six months after intake), with each survey taking up to 40 minutes.
4. You may be asked questions about sensitive topics such as drug and alcohol use or mental health. These questions may be distressing to you as you think about your experiences. You may skip any question you do not want to answer.
5. There are no direct benefits to you from your taking part in this evaluation. However, findings from the evaluation may benefit the substance use treatment and recovery community.
6. This evaluation and the SOR treatment and recovery services you are receiving are funded by the State Opioid Response grant, which is a project funded by the federal government's Substance Abuse and Mental Health Services Administration.
7. If you complete the survey offered to you at six months after intake, you will be eligible to receive a \$30 gift card.

## **Why am I being invited to participate in this evaluation?**

You are being offered substance use treatment and/or recovery support services as part of the Virginia State Opioid Response program, a project funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). You are being asked to participate in an evaluation of the treatment and/or recovery support services you receive to understand how well it works for people. **This evaluation is voluntary.** If you decide not to take part, you can still receive services. The evaluation is meant to find out how treatment and recovery services impact mental health, substance use, and related behaviors.

## **How many people will take part in the evaluation?**

This evaluation takes place across all 40 Community Service Boards in Virginia. The evaluation will include approximately 3,000 people who enter treatment and/or recovery services through the SOR grant, beginning October 2022 through September 2024.

## **What information will be collected for the evaluation?**

If you agree to be in this evaluation, you will be asked to share information about your age, gender and race/ethnicity. You will also be asked about such things as your living situation, physical or mental health, use of alcohol or drugs, treatment received, criminal justice involvement, your education, if you work, and income. Information about any treatment and/or recovery support services you receive from this program will also be collected.

## **What happens to the information collected for the evaluation?**

This information will be collected by the facility where you are completing the survey and shared with OMNI Institute, a research and evaluation firm in Denver, CO which Virginia has hired to manage this evaluation. Your name will not be shared with OMNI Institute, only an ID number that is used in your medical records.

**The information you share will only be used for this evaluation and will be kept confidential.** The information you provide will be combined with information from others in the program so that **results from the evaluation cannot be linked to you individually.** Federal and state laws require that staff at each of the partner agencies protect the privacy of your records. Evaluation reports won't use any names or other information that would identify you personally. The evaluation team takes very careful steps to keep your information strictly confidential and minimizes the risk of loss of privacy.

There are exceptions to confidentiality. If you say something that makes us suspect that abuse or neglect has occurred to a child or an elderly person, we have to report that to Child Protective Services or Adult Protective Services. Also, if you tell us that you want to hurt yourself or someone else, we have to report that so you can get help.

### **How long will I be in the evaluation?**

You will be asked to complete an intake survey, a follow-up survey approximately 5-8 months from now, and a survey whenever you discharge from services. Each survey may take up to 40 minutes to complete. You will be considered to be in the evaluation until you have completed all three surveys, or until the grant follow-up period ends (estimated to be May 31, 2025).

### **What risks are there if I participate in this evaluation?**

This evaluation does not involve medical tests or procedures. Because of this, the risk for physical injury is low. You may be asked questions about sensitive topics such as drug and alcohol use or mental health. These questions may be distressing to you as you think about your experiences. **You may skip any question you do not want to answer**, and you will still receive the incentives if you skip questions. You may also decide to stop your participation in the evaluation at any time.

### **What benefits are there if I participate in this evaluation?**

If you complete the 6-month follow-up survey, you will receive a \$30 gift card. In addition, the data you provide may benefit the substance use treatment and recovery communities and future patients, as findings have the potential to lead to a better understanding of treatment outcomes and factors associated with success in recovery from substance use disorders.

### **What other options are there?**

This evaluation is voluntary. If you don't want to take part in the evaluation, you can still get the treatment and recovery services provided by this grant.

### **How will my legal rights be impacted by participating in this evaluation?**

You will not lose any of your legal rights by agreeing to participate in this evaluation.

### **Can I stop participation in the evaluation?**

**You can leave the evaluation at any time.** To leave the evaluation, contact Julia Simhai at OMNI Institute, [jsimhai@omni.org](mailto:jsimhai@omni.org) or (303) 839-9422 ext. 137. The evaluation team will remove your information from the evaluation records and will not use it in any reports prepared after they hear from you. They will not contact you for the follow-up or discharge survey. If you withdraw from the evaluation before the 6-month follow-up survey, you will not be eligible for the gift card, but you will not lose any benefits or services from any medical provider.

### **Who can I contact with questions, concerns, or complaints?**

If you have questions, concerns, or complaints about this study, please contact: Julia Simhai at OMNI Institute at [jsimhai@omni.org](mailto:jsimhai@omni.org) or (303) 839-9422 ext. 137.

**[OBTAIN SIGNATURE FROM CLIENT AND SAVE THIS FORM IN CSB RECORDS SEPARATE FROM THE INTAKE SURVEY DATA.]**

**Patient Consent and Legal Rights**

I have read the information above or it has been read to me. The evaluation has been explained to me, and all my questions have been answered to my satisfaction. By signing this consent form, I agree to each of the items listed below:

- I agree to be in this evaluation and the treatment facility may use the personal information I give in the interview for evaluation purposes.
- This treatment facility may contact me when I discharge from services and approximately six months from now to ask for additional survey interviews. I can decide at that time whether to be interviewed.
- This treatment facility may collect information about treatment and recovery support services I receive through this treatment program.
- I give my permission for this treatment facility to try to find me through the names and contact information I provide, as well as by contacting case managers or service providers that have worked with me as a part of this grant to ask for updated contact information for me.

I am voluntarily signing this form. I have been given a copy of this consent form. I am not giving up any of my legal rights by signing this form. There is no penalty if I decide not to take part or leave the evaluation.

**PRINT NAME OF PARTICIPANT:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Participant** **Date**

\_\_\_\_\_  
**Signature of Person Conducting Intake into Evaluation** **Date**