

State Opioid Response (SOR) Program

Consent Form for Participation in Program Evaluation and Data Collection

Introduction

You are being offered substance use treatment and/or recovery support services as part of the SOR 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 through this program **to understand how well it works for people**. You will still receive a referral for treatment and/or recovery support services. The evaluation is meant to find out if the treatment services decrease substance use, reduce acute treatment costs, and connect clients to Medical Assisted Therapy.

Is my participation voluntary?

This evaluation is **voluntary**. **If you decide not to take part, it will not affect your treatment services in any way.** You will still receive a referral for treatment and/or recovery support services. If you choose to participate, **you may skip any questions** at your discretion throughout the interview.

How many people will take part in the evaluation?

This evaluation takes place throughout Colorado. The program plans to provide treatment and recovery services to over 2,000 people over a two year period, beginning in October 2020.

What happens if I participate in the evaluation?

- If you agree to participate in the 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, employment, and income. **None of the information you share will impact your treatment or recovery support services.**
- This information will be collected by treatment providers and by The Evaluation Center at the University of Colorado Denver on behalf of the Office of Behavioral Health.
- Information will be collected either in person or by telephone.
- 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 other individuals participating in the program so that **results from the evaluation cannot be linked to you individually**.
- Participation in the evaluation involves the following:
 - Information that you provide during the intake process, including your answers to questions about your health such as alcohol and drug use, and physical and mental health, will be shared with the evaluation team.
 - Information about the treatment and/or recovery support services you receive through SOR will be collected and shared.



- You will be asked to complete an **intake, 6-month follow-up, and discharge surveys**, which will only take about **30 minutes each time**. The Evaluation Center will contact you to schedule and complete the 6-month follow-up and discharge surveys.
- We will ask you to provide contact information for up to three people who will be able to get a message to you when it is time for your follow-up surveys, in case we are not able to contact you directly or your contact information has changed. **We will NOT provide information to these individuals about your treatment**. We simply ask that they let you know to call The Evaluation Center.

What will happen to the information collected about me?

The information you share will only be used for this evaluation and federal reporting about state treatment services and **will be kept confidential**. The information you provide will be combined with information from other individuals participating in the program so that **results from the evaluation cannot be linked to you individually**.

What about confidentiality?

Federal and state laws require that staff at each partner agency **protect the privacy of your records**. When reports on the evaluation are written, your information will be combined with information from other people. Evaluation **reports won't use any names or other information that would identify you personally**.

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, or report that someone wants to hurt you, we have to report that so you can get help.

How long will I be in the evaluation?

- You will be in the evaluation from the time of your intake into the treatment program through the date you discharge from the program. However, you may be asked to participate in follow-up evaluation activities through October 31, 2023. Again, your participation is entirely voluntary.
- Your permission for the evaluators to contact you ends October 31, 2023, twelve (12) months after the grant ends. By that date, the evaluators will remove your name and other information that identifies you from their records. They will keep the evaluation records without your name and other identifiers indefinitely to use in final evaluation reports.

What are the risks of the evaluation?

- You will be asked questions about sensitive topics such as drug and alcohol use, sexual activity, and 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**. If you are experiencing distress, the following resources are available:
 - Colorado Crisis Line: You can chat online at <https://coloradocrisisservices.org/>, text "TALK" to 38255, or call 1-844-493-8255.



COLORADO
Office of Behavioral Health
Department of Human Services



The Evaluation Center
UNIVERSITY OF COLORADO
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- Find a mental health or substance use provider near you:
https://www.colorado.gov/LADDERS/OBH_PSS_Search?
- This evaluation does not involve medical tests or procedures. Because of this, the risk for physical injury is low. The evaluation team takes very careful steps to keep your information strictly confidential and minimizes the risk of loss of privacy.

Are there benefits to taking part in the evaluation?

Findings may benefit the substance abuse treatment community 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 abuse. If you elect to participate in the follow-up evaluation activities you will receive a modest gift card to a local grocery store.

What other options are there?

This evaluation is voluntary. If you don't want to take part in the evaluation, you can still receive the treatment and recovery services provided by this grant. If you want more help with mental health, drug or alcohol problems but decide not to receive any services through SOR, you will be given the name of someone else to talk to. You may choose to skip any question asked of you, or discontinue your participation at any time.

What are the costs?

There are no costs to you. If you get a referral to treatment or recovery services as part of this project, these services are free.

What are my rights as a participant?

If you have questions about your rights as a person taking part in the evaluation, you may call Stephanie Rogers, OBH Evaluation Manager, at (303) 866-7058. You do not have to give your name if you call. You may also learn more or schedule your own follow-up survey by visiting: <https://www.sorcolorado.org/gpra-clients/>

Can I stop participation in the evaluation?

Even if you agree to take part, **you can change your mind and leave the evaluation** at any time. To leave the evaluation, contact The Evaluation Center at (720) 693-9372 or GPRA@SORColorado.org. The evaluation team will remove your information from the evaluation records and will not use it in any reports after they hear from you. They will not contact you for the 6-month and discharge follow-up surveys. If you withdraw from the evaluation, you won't lose any benefits or services from any medical provider.

If you have questions about this program, you may contact:

Stephanie Rogers, MSW
Office of Behavioral Health
3550 W. Oxford Avenue
Denver, Colorado 80236
Stephanie.Russell@state.co.us
(303)866-7058

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Client 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 of 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 evaluators may use the personal information I give in the interview for evaluation purposes.
- The evaluators may also contact me at my 6-month and discharge time and ask for an interview. I can decide at that time whether to be interviewed.
- The evaluators may also contact me and ask for participation in a focus group or an individual interview. I can decide at that time whether I want to participate.
- The evaluators may collect information about treatment and recovery support services I receive through SOR program.
- I give my permission for the evaluators to try to find me through the names and contact information I provide, as well as by contacting case managers or services 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 will be 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 CLIENT: _____

Signature of Client

Date

Signature of Person Conducting Intake into Evaluation

Date

Copies to: Client
 Hold Original Copy