

ID# _____

CATALIST PROGRAM

Data Collection Consent Form

We are asking if your CATALIST Services Coordinator (CSC) or Case Manager at the Day Report Center can do a 30 to 45-minute interview with you in 3 months and 6 months after you begin services. The purpose of these interviews is to learn whether the CATALIST services you have received were helpful and to make any changes to those services in the future.

HERE ARE THE DETAILS:

If you agree, we will contact you in 3 months and 6 months.

For the 3 month interview:

- Your CSC or Case Manager from CATALIST will complete the interview with you.
- You will be asked the same questions about your alcohol, other drug use, mental health, and related questions you were asked in your initial assessment.
- The 3-month interview takes about 20 to 30 minutes and you will receive a \$20 gift cards.

For the 6 month interview:

- Your CSC or Case Manager from CATALIST will complete part of the interview with you.
- A team member from our partner, the Center for Behavioral Health Integration (C4BHI), will also meet with you and your caregiver for 15 to 20 minutes to ask additional questions about your experience with our services (what you liked, what you did not like, how it was or was not helpful).
- The 6 month interview takes about 45 minutes in total and you will receive a \$30 of gift card.

For BOTH interviews:

- We will try to complete the interview with you even if you have chosen to stop receiving services through CATALIST. This means that if you are discharged from services for any reason, we ask permission to contact you to complete the evaluation interview. If we cannot reach you, we will ask you to allow us to release your contact information to the C4BHI so they can contact you to complete the interview.
- You can change your mind about doing the interviews any time.
- Doing or not doing the interview is your choice and won't change your services in any way.

CONFIDENTIALITY DETAILS (how we keep your information private):

- What you tell us today and at the follow up interviews is confidential (private) unless you're being hurt, are hurting someone, or are hurting yourself.
- What you tell us today and at the follow up interviews will not be shared with your parents/guardians unless you choose to share it. (continued on next page).

CONFIDENTIALITY DETAILS (continued):

- We would ask your permission to share your data with our evaluation partner, the Center for Behavioral Health Integration. They are helping us to evaluate CATALIST and would use the information you share and the information from other participating youth to understand how well CATALIST is working. **No information that could identify you will be included when data is sent to C4BHI with the exception of your contact information should you be discharged and you agree C4BHI can contact you to complete the follow up interviews.**
- C4BHI would keep your information on an encrypted external drive in a locked file cabinet and it would not be shared outside of the CATALIST evaluation team.

If you have any questions about the follow up interviews or how your information will be used you can contact [CSC contact at program] at [phone number].

BY SIGNING THIS FORM, YOU AND YOUR CAREGIVER AGREE TO:

1. Take part in the CATALIST program evaluation which includes completing the intake, 3-month and 6-month reassessment interviews.
2. As part of the 6-month interview, you and your caregiver agree to complete a 15-minute interview over phone or zoom to answer questions about your experience in the CATALIST program.
3. Provide your contact information below to be released to C4BHI CATALIST evaluation staff ONLY if you are discharged from the program and they need to reach you to complete the follow up interviews.

Your name: _____
Address: _____ _____
Phone numbers: Home _____ Cell _____
Caregiver Work (only if it's ok to call you there) _____
Email (only if you usually check it) _____
<input type="checkbox"/> Check here if it's not ok to leave a message about the follow up interview
<input type="checkbox"/> Check here if it's not ok to try to reach you through social media

_____ Signature of Participant	_____ Printed Name of Participant	_____ Date
_____ Signature of Caregiver	_____ Printed Name of Caregiver	_____ Date
_____ Signature of Witness	_____ Printed Name of Witness	_____ Date