

**ATTACHMENT 1:**

**A. Experienced Licensed mental health treatment provider organization**

- a. Indian Health Services
- b. Northern Winds Recovery Center

**B. List of all direct service provider organizations that have agreed to participate**

- a. Browning Public Schools
- b. Blackfeet Juvenile Healing to Wellness Court
- c. Sothern Peigan School Health (SPSH)
- d. Indian Health Service
- e. Northern Winds Recovery Center
- f. Alta-Care Program
- g. Crystal Creek Lodge

## C. Letters of Commitment

### **Browning Public Schools**

129 First Avenue S.E.  
P.O. Box 610  
Browning, MT 59417  
Phone: (406) 338-2715 • Fax: (406) 338-3200



March 12, 2019

To Whom it May Concern,

Please consider this to be a letter of commitment to work with the Good Medicine Program of Browning Public Schools in their effort to promote a "Zero Suicide" aspirational goal for health care and community support system and provide services and support to Blackfeet Indian Nation Youth on Blackfeet Reservation ages 10-19.

Through the Good Medicine initiative, we will work in collaboration to provide early intervention and assessment services (including screening programs) that are integrated with school systems for youth who are at risk for mental or emotional disorders that may lead to a suicide attempt.

We will work together to make sure referrals are handled timely for community-based mental health care and treatment to youth who are at risk for suicide or suicide attempts, including follow-up of youth who have attempted suicide and are being discharged from inpatient psychiatric units or emergency departments.

Our agency will assist in the collection and analysis of data on tribal youth suicide early intervention and prevention strategies

We will participate in efforts of Good Medicine Program to provide post-suicide intervention services, care and information to families, friends of youth who have recently died by suicide, to provide immediate support and information resources to families of youth who are at risk for suicide (e.g., families of youth who have attempted suicide).

Our organization will participate in training to effectively identify youth who are at risk for suicide and a timely response system to ensure that our child-serving professionals and providers will be properly trained in youth suicide early intervention and prevention strategies.

We look forward to continuing to work with Good Medicine to provide services to American Indian youth living on Blackfeet Nation and serviced by Browning Public Schools System.

Thank you,

Sincerely;

*Corrina Guardipee-Hall* ED.S.

Corrina Guardipee-Hall ED.S.  
Superintendent



## Blackfeet Juvenile Healing to Wellness Court

PO Box 1170  
Browning, Mt 59417  
(406) 338-5061

March 4, 2019

To Whom it May Concern,

Please consider this to be a letter of commitment to work with the Good Medicine Program of Browning Public Schools in their effort to promote a "Zero Suicide" aspirational goal for health care and community support system and provide services and support to Blackfeet Youth, age 10-19, on the Blackfeet Reservation.

Through the Good Medicine initiative, we will work in collaboration to provide intervention and assessment services (including screening programs) that are integrated with school systems for youth who are court involved, and at risk for mental or emotional disorders that may lead to a suicide attempt. We will also offer culturally appropriate treatment resources to promote healing and restoration into the tribal community.

We will work together to make sure referrals are handled timely for community-based mental health care and treatment to youth who are court involved, and at risk for suicide or suicide attempts, including follow-up of those who have attempted suicide and are being discharged from inpatient psychiatric units or emergency departments.

Our agency will assist in the collection and analysis of data on tribal youth suicide early intervention and prevention strategies.

Our organization will participate in training to effectively identify youth who are at risk for suicide and a timely response system to ensure that our child-serving professionals and providers will be properly trained in youth suicide early intervention and prevention strategies.

We look forward to continuing to work with Good Medicine to provide services to Blackfeet youth living on the Blackfeet Reservation and serviced by Browning Public Schools System.

Thank you,

A handwritten signature in cursive script that reads "Chaniel Grant".

Chaniel Grant

Project Coordinator

(406)-338-5061

[crunningcrane@blackfeetnation.com](mailto:crunningcrane@blackfeetnation.com)



**Southern Peigan School Health (SPSH)**

213 2<sup>nd</sup> Street SW  
P.O Box 1289  
Browning, MT 59417  
Email: sphstaff@blackfeetnation.com

To Whom it May Concern,

Please consider this to be a letter of commitment to work with the Good Medicine Program of Browning Public Schools in their effort to promote a "Zero Suicide" aspirational goal for health care and community support system and provide services and support to Blackfeet Indian Nation Youth on Blackfeet Reservation ages 10-19.

Through the Good Medicine initiative, we will work in collaboration to provide early intervention and assessment services (including screening programs) that are integrated with school systems for youth who are at risk for mental or emotional disorders that may lead to a suicide attempt.

We will work together to make sure referrals are handled timely for community-based mental health care and treatment to youth who are at risk for suicide or suicide attempts, including follow-up of youth who have attempted suicide and are being discharged from inpatient psychiatric units or emergency departments.

Our agency will assist in the collection and analysis of data on tribal youth suicide early intervention and prevention strategies

We will participate in efforts of Good Medicine Program to provide post-suicide intervention services, care and information to families, friends of youth who have recently died by suicide, to provide immediate support and information resources to families of youth who are at risk for suicide (e.g., families of youth who have attempted suicide).

Our organization will participate in training to effectively identify youth who are at risk for suicide and a timely response system to ensure that our child-serving professionals and providers will be properly trained in youth suicide early intervention and prevention strategies.

We look forward to continuing to work with Good Medicine to provide services to American Indian youth living on Blackfeet Nation and serviced by Browning Public Schools System.

Thank you,

Phone: (406)338-3948

*"Looking out for the Health of our Blackfeet  
Youth provides hope for a better tomorrow"*

Fax: (406)338-2373



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service  
Health Resources and Services Administration

Indian Health Service Hospital  
Browning, Montana 59417

March 14, 2019

Rocky Mountain Tribal Leaders Council  
William Snell, Jr.  
711 Central Avenue, Suite 220  
Billings, MT 59102-5889

Dear Mr. Snell:

Please consider this letter of commitment to work with the Good Medicine Program, Browning Public Schools, in their effort to promote a "Zero Suicide" aspirational goal for health care and a community support system and provide services and support to Youth and their families the Blackfeet Reservation ages 10-19 years.

We look forward to working with the Good Medicine Program to provide services to American Indian youth living on the Blackfeet Reservation and serviced by Browning Public Schools System.

Sincerely,

Garland R. Stiffarm  
Chief Executive Officer



# *Northern Winds Recovery Center*

*138 East Boundary Street, PO Box 2255, Browning, Montana 59417*

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**(406) 338-5558 Fax (406) 338-2304**

To Whom it May Concern,

Please consider this to be a letter of commitment to work with the Good Medicine Program of Browning Public Schools in their effort to promote a "Zero Suicide" aspirational goal for health care and community support system and provide services and support to Blackfeet Indian Nation Youth on Blackfeet Reservation ages 10-19.

Through the Good Medicine initiative, we will work in collaboration to provide early intervention and assessment services (including screening programs) that are integrated with school systems for youth who are at risk for mental or emotional disorders that may lead to a suicide attempt.

We will work together to make sure referrals are handled timely for community-based mental health care and treatment to youth who are at risk for suicide or suicide attempts, including follow-up of youth who have attempted suicide and are being discharged from inpatient psychiatric units or emergency departments.

Our agency will assist in the collection and analysis of data on tribal youth suicide early intervention and prevention strategies

We will participate in efforts of Good Medicine Program to provide post-suicide intervention services, care and information to families, friends of youth who have recently died by suicide, to provide immediate support and information resources to families of youth who are at risk for suicide (e.g., families of youth who have attempted suicide).

Our organization will participate in training to effectively identify youth who are at risk for suicide and a timely response system to ensure that our child-serving professionals and providers will be properly trained in youth suicide early intervention and prevention strategies.

We look forward to continuing to work with Good Medicine to provide services to American Indian youth living on Blackfeet Nation and serviced by Browning Public Schools System.

Thank you,

Crystal Evans, PhD LCPC  
Executive Director



#### D. Statement of Assurance

### Appendix C – Statement of Assurance

As the authorized representative of [insert name of applicant organization] Rocky Mountain Tribal Leaders Council, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- Official documentation that all mental health treatment provider organizations participating in the project have been providing relevant services for a minimum of two years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last two years; and
- Official documentation that all mental health treatment provider organizations: (1) comply with all local (city, county) and state requirements for licensing, accreditation and certification; OR (2) official documentation from the appropriate agency of the applicable state, county, or other governmental unit that licensing, accreditation, and certification requirements do not exist.<sup>9</sup> (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation, and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)
- For tribes and tribal organizations only, official documentation that all participating mental health treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and certification; OR 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

William F. Snee Jr

3-13-2019

<sup>9</sup> Tribes and tribal organizations are exempt from these requirements.

#### E. State Designation: N/A

**Attachment 2: Data Collection Instrument:**

[http://moschoolcounselor.org/files/2016/09/Student\\_BSAD-Screening-Form.pdf](http://moschoolcounselor.org/files/2016/09/Student_BSAD-Screening-Form.pdf)



## **Attachment 3: Sample Consent Forms**

### **SAMPLE CONSENT FORM**

**I. A. Purpose:** Good Medicine Program (GMP) will be using the Brief Screen for Adolescent Depression (BSAD) in 6-12<sup>th</sup> grade classes to assess the level of suicidal ideation and provide remediation.

**B. Procedures:** Your child will complete 1 questionnaire at the beginning of the school year. Questionnaires will be distributed and collected by study staff in a manner that protects the confidentiality of your child's responses. Each questionnaire will be administered during class time.

#### **II. Discuss the possible risks to study participants and safeguards used for their protection:**

The only thing your child will do in this study is complete 1 questionnaire. A sample copy of the questionnaire will be available for your review at the school. The questionnaires include items about past feelings of depression and/or suicidal ideas. There are no questions about current thoughts or feelings. If the questions bring up feelings of sadness or distress in your child, the mental health professionals in your child's school (counselors, school psychologists and social workers) will be available to speak with him or her. These school based mental health professionals will also be available to speak with you if you are concerned about your child and can help you get other assistance if appropriate.

The answers your child provides will be kept strictly confidential. This means that no one but the investigator and his study staff will have access to your child's responses.

#### **III. Possible benefits to you or others to be expected from your child's participation in this study:**

**A.** The school will benefit by learning whether the SOS program is effective and whether this program should be continued at your child's school.

**B.** The creators of the SOS program can evaluate and improve the program using the information from this study.

**C.** Youth that are identified as high-risk can get access to help within the community.

**IV. The investigator will answer any questions you may have concerning this study.** \_\_\_\_\_ can be reached at \_\_\_\_\_ .

**V. Your child's participation is voluntary and you may refuse to allow your child to participate or withdraw your consent and stop your child's participation in the project at any time without penalty or loss of any benefits to which your child is otherwise entitled.** This means that your decision whether or not to participate will not affect your child's grade in this class or standing in school. All data collected up to the date of withdrawal will be used in the analysis.

**VI. The confidentiality of your child's records will be maintained in accordance with the National Institutes of Health Guidelines** We will not make your child's responses available to you, the school or anyone else who is not involved in the collection or analysis of data or the protection of records for this study. Your child's name will be stored separately from his or her answers. The questionnaires will

be identified by a code to protect their names. The master file that links the code to your child will be maintained in a locked cabinet. A confidential password will protect access to any computer that contains information from this study.

VII. Possibly, at the conclusion of this program, GMP will publish an article on their findings. Information will be presented in summary form and your child will not be identified in any publications or presentations. We will only share identifiable information with authorities who must ensure that this investigation meets legal, institutional and/or accreditation requirements and safeguards.

IX. **Will you find out the results of this study?** You may request a copy of the final report or publication from \_\_\_\_\_ at \_\_\_\_\_.

X. **Consent to Participation:** Please keep one copy of this form at home and return one signed and dated to the school. By signing this form you acknowledge that you have read (or have had read to you) this informed consent document, that you have been given the opportunity to ask questions and have them answered to your satisfaction and that you voluntarily consent to have your child participate in this project as described on this form. Your child will also be asked to agree to participate in the study. Please check the appropriate box and sign below:

**YES I DO** give permission for my child to be part of this study.

**NO I Do NOT** give permission

	Printed Name	Signature	Date
Parent/Guardian			
Student			

## **Attachment 4: Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines**

### **Confidentiality and Participant Protection:**

#### **1. Protect Clients and Staff from Potential Risks**

**Identify and describe any foreseeable physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity.**

This project will request and analyze the results of surveys conducted by the state and school partners as well as information obtained by evaluators from school records (minor/major behaviors, suspensions/expulsions) and records/documents relevant to grant activities. Interviews will also be conducted with key stakeholders at the state and local level to gather data on grant activities. Little to no risks should result from participating in the surveys, interviews and other data collection activities; the main potential risk is that some students might find certain questions to be sensitive (e.g., survey questions about anxiety, depression). That said, all data collection will be voluntary, anonymous, administered surveys will employ active or passive consent, and participants can opt out at any time.

Students who are identified as at-risk will be offered intervention services (e.g., mental health treatment, tiered support services). Participating in the provided services could trigger emotional and/or physiological reactions due to the sensitive nature of information that may be shared, however, certified behavioral health specialists will be available as part of service provision.

**Describe the procedures you will follow to minimize or protect participants against potential risks, including risks to confidentiality.**

The project and evaluation team will implement multiple procedures to ethically engage and protect individuals who participate in the evaluation and project and to protect the information they provide.

The surveys have been designed to protect participants' privacy. Students will not put their names on the survey. Additionally, evaluators will obtain the raw data with no identifiers. During site visits and training sessions, staff will be counted without the reporting of names and all satisfaction surveys will be anonymous. No school, staff member, or student will ever be mentioned by name in a report of the results.

Informed consents and assents to participate in data collection along with notification of the voluntary nature of participation in the evaluation and procedures for protecting the confidentiality of all data providers

Clinicians providing services will follow LEA safety/security policies and procedures to reduce the risk to the individuals. Trainings will ensure a licensed clinician is available to participants if needed. Further, the training will occur following all best practices of the model.

Contractors will sign confidentiality laws as part of providing services to abide by all confidentiality laws. There will be an MOU between entities who may be working together for service provision that will clearly document how confidentiality and privacy will be maintained. Data on referrals and service provision will be reported in aggregate form only (# of students served) to maintain client confidentiality. All client records will be placed in drawers with locks and keys and all clinicians will be bound by licensing standards by the State of Montana.

**Identify plans to provide guidance and assistance in the event there are adverse effects to participants.**

Clients will have a safety plan and know about community supports. In the event that participants experience adverse effects as a result of participation in this project, they will be referred to the appropriate school counselor or community mental health partner.

**Where appropriate, describe alternative treatments and procedures that may be beneficial to the participants. If you choose not to use these other beneficial treatments, provide the reasons for not using them.**

All direct service treatments will be provided by licensed or licensable professionals and will follow all regulations connected to licensure. All treatments provided by clinicians will utilize evidence-based practices.

**2. Fair Selection of Participants**

**Describe the population(s) of focus for the proposed project. Include age, gender, and racial/ethnic background and note if the population includes homeless youth, foster children, children of substance abusers, pregnant women, or other targeted groups.**

All students and families/caregivers within participating LEA communities will be targeted for participation, as well as staff and workforce individuals who have contact with school-aged youth for purposes of improving awareness, identification and connection to needed mental health and behavioral services.

**Explain the reasons for including groups of pregnant women, children, people with mental disabilities, people in institutions, prisoners, and individuals who are likely to be particularly vulnerable to HIV/AIDS.**

Not applicable.

**Explain the reasons for including or excluding participants.**

Not applicable.

**Explain how you will recruit and select participants. Identify who will select participants.**

A MTSS and PBIS tiered team-based approach in schools will be used for early identification and referral of students exhibiting signs or symptoms they are struggling with mental wellness/behavioral health issues. The CONNECT referral system and partnerships amongst community agencies and service providers will allow for further student identification through the information sharing projects being developed at the LEA and State level, the specifics of which will be further developed as part of this grant. The Workforce Development plan developed upon grant award will specifically identify ways to recruit individuals, expanding on already existing infrastructures in place for recruiting youth interested in the mental health fields for the Heads Up camp(s). Staff, families and individuals in the community who have contact with school-aged youth will be targeted for recruitment in mental health awareness trainings.

### 3. Absence of Coercion

**Explain if participation in the project is voluntary or required. Identify possible reasons why participation is required, for example, court orders requiring people to participate in a program.**

Participation in targeted services and evaluation data collection will be voluntary.

**If you plan to compensate participants, state how participants will be awarded incentives (e.g., money, gifts, etc.). Provide justification that the use of incentives is appropriate, judicious, and conservative and that incentives do not provide an “undue inducement” which removes the voluntary nature of participation. Incentives should be the minimum amount necessary to meet the programmatic and performance assessment goals of the grant. Applicants should determine the minimum amount that is proven effective by consulting with existing local programs and reviewing the relevant literature. In no case may the value if an incentive paid for with SAMHSA discretionary grant funds exceed \$20.**

Participants will not be offered monetary incentives or gifts for participation.

**State how volunteer participants will be told that they may receive services intervention even if they do not participate in or complete the data collection component of the project.**

In the program information documentation and any associated consent forms, participants will be informed that they may receive services and interventions whether or not they participate in any data collection components of the project.

### 4. Data Collection

**Identify from whom you will collect data (e.g., from participants themselves, family members, teachers, others). Describe the data collection procedures and specify the sources for obtaining data (e.g., school records, interviews, psychological assessments, questionnaires, observation, or other sources). Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.**

As shown in the table below, data will be collected on students, training participants, schools/LEAs, partnering agencies, and on program implementation and service delivery. Data will be obtained from school records, annual surveys, referral and services tracking systems, training surveys, program-specific progress monitoring/evaluation/ implementation tools, state educational agency/LEA documents, semi-structured interviews and site visits.

<b>Data Collection Activities</b>	<b>Source of Data / Setting (as applicable)</b>	<b>Who Will Collect</b>	<b>How It will be Collected</b>
<ul style="list-style-type: none"> <li>Document review (e.g., state/LEA/partner reports, policies, MOUs/MOAs, etc.)</li> </ul>	SEA, LEAs, partner organizations	Evaluators	Documents will be gathered throughout the year as they are developed and formally requested on a semi-annual or annual basis, as applicable.
<ul style="list-style-type: none"> <li>Annual key informant interviews with state and local stakeholders &amp; site visits</li> </ul>	State and local agencies/partners and other key stakeholders. At the site/LEA as well as private offices or other private locations	Evaluators	Following a semi-structured interview protocol, evaluators will schedule and conduct interviews either in person or via telephone
<ul style="list-style-type: none"> <li>Documentation of training and service delivery activities.</li> </ul>	Documentation of trainings  Program participant data	Service providers and training facilitators will document and provide this information to evaluators	Sign-in sheets and online logs will be used to get counts of participants and associated training information without revealing individual participants names or other identifiable information. Anonymous satisfaction / feedback surveys will be handed out at the end of the trainings. The coordinators will also track start/end times, location, and implementation information.  Service providers will document the number of unique participants receiving services at each Tier in schools, and utilize progress monitoring tools embedded to ascertain the effectiveness of services.
<ul style="list-style-type: none"> <li>Fidelity of implementation measures/associated</li> </ul>	Schools in participating LEAs	Designated individuals implementing the EBPs	Fidelity measures (i.e, implemented as intended by the program developer) and any aligned outcome measures

outcome measures for EBPs			associated with selected EBPs will be embedded.
• Activity monitoring logs	LEAs/SEA partners	LEA and SEA project directors	All grant activities specified to be implemented will be monitored using a progress monitoring log submitted quarterly by project directors.
• Student survey	Students (8 <sup>th</sup> grade and at least one grade level at the high school level, to be used consistently through the grant)	Classroom educators	Collected annually. Schools can either choose hard copy or electronically depending on internet availability.  Student survey will measure key domains of mental health literacy and awareness, student resiliency and pro-social behaviors, awareness of safe spaces and community resources, and perceptions of school climate and safety.
• Collaboration & Capacity Survey	State and local management teams / online survey	Evaluators	Evaluators will develop and distribute surveys to management team members on an annual basis.
• CONNECT online referral and service delivery system	Community agencies and referral/service delivery data entered into the system by designated users.	Local CONNECT administrator	Evaluators will request reports from the CONNECT system semi-annually. Information will be provided in aggregate/summary form to maintain confidentiality/privacy.
• Other Referral & service tracking data sources	LEAs and service providers, as applicable	Evaluators	Data on mental health referral and service provision will be requested on a semi-annual basis. For those service providers not yet on the CONNECT system, they will draw from their record keeping systems or evaluators will provide a method for them to document such referral and service delivery information.
• Other existing Student Survey information [e.g., Montana Prevention Needs Assessment (MPNA), Youth Risk	Secondary students (grades 6-12) / Schools	LEAs	LEAs will administer the respective survey they are responsible for (annually) – these are all voluntary and confidential. Raw data,



Behavior Survey (YRBS), existing school climate surveys being utilized]			containing no identifiers, will be provided to evaluators for analyses. This data will be accessed only if LEAs are administering these surveys as part of existing state data collection efforts, which are voluntary.
• Survey of Mental health Literacy administered to training participants.	Mental health awareness and literacy training participants	Training facilitators	Training participants will
• LEA/SEA Records	Students (K-12) / Schools	Evaluators	School data personnel will receive a data request from evaluators for aggregate counts of student behavioral data (minors/majors) and suspension/expulsion data.
• Site Visits	LEAs/State Management Team	Evaluators	Evaluators will visit sites, observe program implementation, and conduct semi-structured interviews with key stakeholders on an annual basis.

**Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation or if other use(s) will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.**

Not applicable.

**Provide in Attachment 2, “Data Collection Instruments/Interview Protocols,” copies of all available data collection instruments and interview protocols that you plan to use.**

See Attachment 2. Instrumentation will be finalized based upon the final EBPs that are utilized and the Performance Assessment Plan developed within three months of project award.

**5. Privacy and Confidentiality**

**Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.**

**Describe:**

- **How you will use data collection instruments.**

- **Where data will be stored.**
- **Who will or will not have access to information.**
- **How the identity of participants will be kept private, for example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.**

Data collection will occur according to the Data Collection table on the prior page. While collecting, analyzing, and storing data, the evaluators and state partners will comply with the provisions of FERPA and Federal Policy for the Protection of Human Subjects by maintaining the following policies:

1. Use the data shared during this project for no purpose other than fulfilling the project. Data received during this project will not be shared with any other entity.
2. Maintain all data obtained during this project in a secure computer environment and not copy, reproduce or transmit data obtained pursuant to this agreement except as necessary to fulfill the purpose of this project.
3. Ensure that transmission or transfer of data is done via secured methods by and between Educational Agencies, other institutions authorized to provide data for purposes of this project, and the evaluators for purposes of fulfilling the project. This includes: password protecting data files with confidential information if being sent electronically and providing password in a separate communication; and burning password-protected files onto a CD-ROM/DVD/other storage device and shipping via a carrier that tracks their shipments (e.g., FedEx, UPS) and providing tracking information.
4. Not to disclose any data obtained under this agreement in a manner that could identify an individual student, except as authorized by FERPA, to any other entity. The evaluators may report information obtained, but specifically agrees to abide by the “small numbers” policy of excluding all data items that include any group of students less than ten (10), and to report data only in aggregate form only with no identifying information.
5. Not to provide any data obtained under this agreement to any party ineligible to receive data protected by FERPA or prohibited from receiving data from any entity by virtue of a finding under Section 99.31(6)(iii) of Title 34, Code of Federal Regulations.
6. Destroy all data obtained during this project when it is no longer needed for the purpose for which it was obtained.
7. If applicable, maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

## **6. Adequate Consent Procedures**

**List what information will be given to people who participate in the project. Include the type and purpose of their participation. Identify the data that will be collected, how the data will be used and how you will keep the data private.**

Participants will be informed about the purpose of the project, the voluntary and confidential nature of participation, the planned uses of the data, the ability to discontinue participation at any time without penalty, and contact information should they have questions (see Attachment 4 for sample consent forms).

**Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.**

State agencies/partners will administer the respective annual survey they are responsible for and follow their pre-established consent procedures. The evaluation will undergo IRB approval, as required for data collection activities. As necessary, consent forms will be read aloud to participants unable to read/comprehend the form clearly (e.g., elderly unable to see writing, people who communicate/indicate poor reading skills,

In addition, any data collected in tribal communities will be through their permission and approved by the tribal council prior to release.

**Indicate if you will obtain informed consent from participants or assent from minors along with consent from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?**

Applying these guidelines to the proposed data collection activities, the following procedures will be used:

- For youth surveys, as long as they are voluntary, items related to the eight protected areas can be included (e.g., items on mental health or delinquency-related behaviors); however, it will be necessary to provide direct written notification to parents along with passive parental consent (e.g., providing them with the opportunity to opt out) when asking questions related to these areas.
- Informed consent will be obtained from all interview participants via verbal consent by the evaluator, and they will be asked questions to be sure that they understand the consent form;
- For existing data or sharing of data across service providers, if there is any identifiable information (including IDs, names, etc.), then active parental consent (e.g., release forms) will be obtained by provider. If no identifiable information is collected (e.g., the data is obtained in aggregate form or else individual data has records with no identifiers) then no parental consent is required;
- Consents for treatment among minors will require active parental consent and will be requested by the provider; and

- Participants will be provided copies of what they sign.

**Include, as appropriate, sample consent forms that provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. The sample forms must be included in Attachment 3, “Sample Consent Forms”, of your application. If needed, give English translations.**

**Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both participant protection in treatment intervention and for the collection and use of data?**

Separate consents will be collected for: 1) data collection and 2) treatment services, and will be designed in accordance with the procedures outlined above.

**Additionally, if other consents (e.g., consents to release information to others or gather information from others) will be used in your project, provide a description of the consents. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?**

As previously noted, release forms will be utilized when applicable (i.e., sharing of information between providers). A sample is provided in Attachment 4.

Participants who do not consent to having individually identifiable data collected will be allowed to participate in the project.

## **7. Risk/Benefit Discussion**

**Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.**

It is expected that completing the surveys or interviews will cause little or no risk to the participant. The only potential risk is that some participants might find certain questions to be sensitive. The participants will get no benefit right away from taking part in the surveys or interviews. The results of data collection activities will help the participants and other children in the future by helping state and school leaders understand factors impacting student/family well-being and facilitate modification/selection of targeted programs that address such factors.

Participating in services or treatment interventions is expected to benefit the participant by improving their emotional and behavioral health directly. It is expected that participating in the services may have minimal risk, such as creating emotional and/or physiological reactions to sensitive questions, but risks are minimal in comparison to the benefit of receiving evidence-based interventions.

## **Protection of Human Subjects Regulations**

Following award of the grant, it will be determined whether IRB approval is necessary. Should IRB approval be necessary, PRES Associates will submit approval through an independent IRB review board.