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Behavioral Health Voucher Program (BHVP) for Child Care Provider Employees (CCP):

Consent Form

Introduction: Welcome to the South Dakota Behavioral Health Voucher Program (BHVP) for Child Care Provider Employees (CCP). The BHVP for CCP is a South Dakota Department of Social Services Division of Behavioral Health (DBH) program funded by a grant from the American Rescue Plan Act (ARPA).

The goal of the BHVP for CCP Grant is to improve the behavioral health of South Dakotans employed by a state licensed and/or registered child care provider. The program will help the state provide coordinated services and will provide you with mental health treatment services to assist in your recovery. The goal is for you to have coordinated and comprehensive care to meet your behavioral health care needs.

Information from the BHVP for CCP will help local, state, and federal providers and funding authorities improve the way services are delivered for individuals with a mental health need who work in a child care setting. We may ask you to answer a series of questions or to participate in health screenings that are part of your treatment plan with your healthcare providers. You may feel uncomfortable answering some of these questions. If you are uncomfortable with any of the questions or screenings, please talk with your healthcare provider about your questions or goals. Your participation in your treatment plan is strictly up to you.

Benefits: When persons with mental health issues encounter challenges in accessing and engaging in care this approach may assist you to achieve better behavioral health outcomes. In addition, your participation in this program to meet your health goals may benefit others by helping us better identify if the way we provide your care has better outcomes or decreases problems related to use of alcohol, tobacco, or other drugs.

Information you will receive from the BHVP for CCP: Everyone participating will be asked to complete screening tools based on your own individual needs. Some tools may be for alcohol and drugs, some for depression and anxiety, and some may be for your medical conditions. You may feel uncomfortable answering some of these questions. If you are uncomfortable with any of the questions, you do not have to answer them. You will receive verbal communication about your screening scores and a staff member will discuss the program and, if you consent, will discuss with you the options available to you.



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Data Interviews: If you consent to participate in the BHVP for CCP, you will be asked to take part in three GPRA (Government Performance Results Act) or NOMS (National Outcome Measures) data interviews that take 15 to 45 minutes each; one at admission, one at 6 months following admission, and one at discharge from the program. GPRA/NOMS interviews ask questions about alcohol and drug use, education and employment, family and living conditions, involvement in the criminal justice system, and participation in social support and recovery groups. This data will be used to monitor your involvement and potential benefit. The Data is confidential and will not identify you by name. You can receive up to \$30 in non-cash incentive for completing the GPRA/NOMS follow-up interviews.

Release of Information: As part of your involvement in this project, you are authorizing contact between DBH, ARPA, and the involved site location staff where you are receiving services, to obtain information necessary for the BHVP for CCP grant project management. This may include, but is not limited to, screening questionnaires, interviews, information related to fiscal reporting, quality improvement, client progress, and data collection. By signing this form, you are authorizing release of information between you, DBH, and ARPA. You may revoke your release of information at any time except to the extent that action has already been taken.

Participation is voluntary: You can refuse to participate in the BHVP for CCP or leave at any time. Refusal to participate in the program will not affect any current or future services you receive at the site location. You may refuse to answer certain questions and still participate. If you refuse to answer a question, no one associated with the project will seek the information you did not provide from some other source. If you participate in the BHVP for CCP and later choose not to participate, information you already have given will remain in the project.

Risks and Confidentiality: DBH and your provider take privacy of your information seriously. Your providers, DBH, and ARPA confidentiality and protected health information requirements as set forth in Federal and State Confidentiality Regulations (42 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, 160 & 164). Your records are protected and cannot be disclosed without your written consent. Because the project involves coordination of services you want, providers will ask you to sign a release of information to allow them to talk with other providers. You may revoke your release of information at any time except to the extent that action has already been taken. Generally, a program may not condition your services on whether you sign a release of information, however, in the special circumstances of the voluntary SD BHVP for CCP; you cannot participate if you do not sign the Voluntary Consent Form. There are no foreseeable physical, medical, psychological, or legal risks involved in this project.

A unique identification number will be assigned to you as a BHVP for CCP participants. Authorized representatives from DBH and their contracted partners may have access to records



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that identify you by name. Any information you provide that is part of aggregate data given to ARPA will not include your name or other identifying data. If any publications or presentations result from the program, you will not be identified.

Client Rights: You have the right to:

- appropriate and considerate care and protection
- recognition and consideration of your cultural and spiritual values
- be told of all available resources or referrals needed for grant project services and providers
- refuse a recommended service or plan of care
- review records and information about your services
- expect providers, DBH, and ARPA to keep all communications and records confidential

Questions: If you have questions or concerns about this project, contact DBH at (605) 367-5236.

I have received, read, and understand the South Dakota BHVP for CCP - Voluntary Consent Form and all its contents. I agree to the conditions outlined in these three pages and choose to participate in this project.

Client Signature:

Date:

Provider / Witness Signature:

Date:



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