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## Behavioral Health Voucher Program (BHVP) Minor Consent Form

**Introduction:** Welcome to the South Dakota Behavioral Health Voucher Program (BHVP). The BHVP is a South Dakota Department of Social Services Division of Behavioral Health (DBH) program funded by a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA).

**The goal of the BHVP Grant** is to improve the behavioral health of South Dakotans affected by the natural disasters of 2019 and/or the ongoing COVID-19 pandemic. The BHVP will help the state provide coordinated services and will provide your child with treatment and recovery support services to assist in their recovery from mental health and/or substance use disorders. The goal is for your child to have coordinated and comprehensive care to meet their behavioral health care needs.

**Information from the BHVP** will help local, state, and federal providers and funding authorities improve the way services are delivered for individuals with a mental health and/or substance use disorder who have been affected by the natural disasters of 2019 and/or the ongoing COVID-19 pandemic. We may ask your child to answer a series of questions or to participate in health screenings that are part of their treatment plan with their healthcare providers. Your child may feel uncomfortable answering some of these questions. If your child is uncomfortable with any of the questions or screenings, please talk with their healthcare provider about these questions or goals. Your child's participation in their treatment plan is strictly up to you.

**Benefits:** When persons with mental health and/or substance use disorders encounter additional challenges in accessing and engaging in care due to the natural disasters of 2019 and/or the ongoing COVID-19 pandemic, additional crisis support, treatment, and recovery supports are needed to help manage their health during and after these challenges. This approach may assist your child to achieve better behavioral health outcomes. In addition, your child's participation in this program to meet their health goals may benefit others by helping us better identify if the way we provide their care has better outcomes or decreases problems related to use of alcohol, tobacco, or other drugs.

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



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**Data Interviews:** If you consent to allow your child to participate in the BHVP, they 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 child's involvement and potential benefit. The Data is confidential and will not identify your child 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 child's involvement in this project, you are authorizing contact between DBH, SAMHSA, and the involved site location staff where your child is receiving services, to obtain information necessary for the BHVP 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, your child, DBH, and SAMHSA. You may revoke your release of information at any time except to the extent that action has already been taken.

**Participation is voluntary:** Your child can refuse to participate in the BHVP or leave at any time. Refusal to participate in the program will not affect any current or future services your child receives at the site location. Your child may refuse to answer certain questions and still participate. If your child refuses to answer a question, no one associated with the project will seek the information they did not provide from some other source. If your child participates in the BHVP and later chooses not to participate, information your child has already given will remain in the project.

**Risks and Confidentiality:** DBH and the provider take privacy of your information seriously. Your child's providers, DBH, and SAMHSA must comply with 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 child's 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 child's release of information at any time except to the extent that action has already been taken. Generally, a program may not condition your child's services on whether you sign a release of information, however, in the special circumstances of the voluntary SDBHVP; your child 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.



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A unique identification number will be assigned to your child as a BHVP participant. Authorized representatives from DBH and their contracted partners may have access to records that identify your child by name. Any information you provide that is part of aggregate data given to SAMHSA will not include your name or other identifying data. If any publications or presentations result from the program, your child will not be identified.

**Client Rights:** Your child has the right to:

- appropriate and considerate care and protection
- recognition and consideration of your child’s 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 child’s services
- expect providers, DBH, and SAMHSA to keep all communications and records confidential

**Questions:** If you have questions or concerns about this project, notify the Division of Behavioral Health, Department of Social Services, by calling 605-367-5236.

**I have received, read, and understand the South Dakota BHVP – Minor Voluntary Consent Form and all its contents. On behalf of my child, I agree to the conditions outlined in these three pages and choose to have my child participate in this project.**

\_\_\_\_\_  
Client Name (minor):

\_\_\_\_\_  
Authorized Guardian Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Provider / Witness Signature:

\_\_\_\_\_  
Date:

