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Informed consent procedures for Behavioral Health Voucher Program

Clients of all ages have the freedom to choose whether or not to enter into or remain in a counseling or other behavioral therapy relationship, and must be provided adequate information about the process, the participating provider, and the risks and benefits associated with the services being offered. These rights will be reviewed in writing and verbally with each client and will be re-addressed throughout the service delivery process as needed to ensure informed consent is maintained throughout.

The following describes how consent will be obtained from targeted populations, including special populations as identified. At no point will the client be asked or implied to waive or appear to waive any legal rights, or to release the project or its agents from liability for negligence. Voluntary participation will be emphasized verbally at the time of consent and included in the form language. At no point will a client be mandated for services through this program.

Adults: Consent forms will be provided in print form to the client at the time of service and collected by the individual community treatment providers for direct services. Release of Information forms, also in print form, will be utilized to support coordinated care among multiple providers if/as necessitated. Clients will be provided a copy of their signed consent forms. All procedures will align with the most recently adopted Code of Ethics as approved by the American Counseling Association Governing Council (2014).

School-aged Youth: Procedures will align with the National Association of School Psychologists 2020 Professional Standards adopted in May 2020, which state:

Standard I.1.2 – Consent to establish a School Psychologist-Client Relationship:

Except for urgent situations or self-referrals by a minor student, school psychologists seek parental consent (or the consent of an adult student) prior to establishing a school psychologist–client relationship for the purpose of psychological diagnosis, assessment of eligibility for special education or disability accommodations, or to provide ongoing individual or group counsel.

1.1.2a *It is ethically permissible to provide psychological assistance without parental notice or consent in emergency situations or if there is reason to believe a student may pose a danger to others; is at risk for self-harm; or is in danger of injury, exploitation, or maltreatment.*

1.1.2b *When a student who is a minor self-refers for assistance, it is ethically permissible*



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to provide psychological assistance without parental notice or consent for one or several meetings to establish the nature and degree of the need for services and to ensure that the child is safe and not in danger. It is ethically permissible to provide services to mature minors without parental consent where allowed by state law and school district policy. However, if the student is not old enough to receive school psychological assistance independent of parental consent, the school psychologist obtains parental consent to provide continuing assistance to the student beyond the preliminary meetings or refers the student to alternative sources of assistance that do not require parental notice or consent.

Standard I.1.3 – Seeking Informed Consent: *School psychologists ensure that an individual providing consent for school psychological services is fully informed about the nature and scope of services offered, assessment/intervention goals and procedures, any foreseeable risks, the cost of services to the parent or student (if any), and the benefits that reasonably can be expected. The explanation includes discussion of the limits of confidentiality, who will receive information about assessment or intervention outcomes, and the possible consequences of the assessment/intervention services being offered. Available alternative services are identified, if appropriate. This explanation of informed consent takes into account language and cultural differences, cognitive capabilities, developmental level, age, and other relevant factors so that it may be understood by the individual providing consent. School psychologists appropriately document written or oral consent. Any service provision by interns, practicum students, or other trainees is explained and agreed to in advance, and the identity and responsibilities of the supervising school psychologist are explained prior to the provision of services.*

Special Populations – Elderly: In alignment with the ACA professional practice standards, behavioral health professionals will communicate information in clear and understandable language when discussing issues related to informed consent. Should the professional observe that the adult is not able to comprehend the consent process and/or is unable to give voluntary consent, the counselor will seek the assent of clients to services and include them in decision making as appropriate. The needs of the client and their capacity to give consent or assent to receive services, as well as the familial legal rights and responsibilities to protect these clients and make decisions on their behalf, will be observed.

Special Populations – Non-English Speaking: In alignment with both professional practice standards previously cited (ACA and NASP), behavioral health professionals will communicate information in clear and understandable language when discussing issues related to informed consent. If a client has difficulty understanding the language that the behavioral health professional is using, the professional will arrange for a qualified interpreter or translator to



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ensure comprehension by the participant, or other therapeutic intervention outside the classroom.

Risk/Benefit Discussion

Disclosure of risks and benefits as well as potential for harm will be conducted with each participant or their guardian if school-aged youth in the event they are referred for behavioral health services. These will be delivered by the participating provider and/or school-based mental health professionals in alignment with their code of ethics for their respective disciplines. Key factors to be included in that disclosure include:

- Invitation to be a part of the program and receive services (screening, referral and/or treatment as applicable)
- Discussion of what the program is about, and why it is being made available to them.
- Discussion of what will happen if they engage in services.
- Discussion and identification of what risks might result from engaging in services, such as discomfort or triggering effects resulting from participation in behavioral health services.
- Discussion of potential benefits from engaging in services, e.g. learning more about oneself.
- Discussion and disclosure of how their private information will be protected, emphasizing client-level detail is being exclusively maintained by the participating provider/clinician and only that which is needed to process voucher payment will be relayed to the state.
- Discussion on how participation and engagement in services is entirely voluntary, and that the individual or their guardian can opt-out of services or data collection at any time.
- Provision of contact information for the individual to access with any further questions with regards to the risks or benefits posed to them by engaging in services.

Protection of Human Subjects Regulations

At the time of this writing Institutional Review Board (IRB) approval is not anticipated to be necessary. However, the Assessment Lead will submit the data collection plan and program activities to the University of South Dakota's IRB for review in anticipation of receiving exemption. The Project Director and Assessment Lead will keep the GPO apprised of any changes to this as the project matures.