
State Opioid Response 4 – Limited Release of Information

Michigan Department of Health & Human Services
Wayne State University, School of Social Work

You are invited to participate in the evaluation of the Michigan Department of Health & Human Services, State Opioid Response (SOR) 4 grant, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

As a recipient of SOR 4 services, you will complete a survey when you begin and end services. The agency will complete these surveys with you. The Wayne State Evaluation Team will reach out to you to complete the last follow-up survey between five and eight months after starting services.

How does it work?

The Wayne State Evaluation Team will text, call, and/or email you between five and eight months after starting services to complete the follow-up survey. The survey will take about 30 minutes and will ask questions about your education, job, income, legal matters, living situation, medical history, substance use, and social connections. For the follow-up survey, you will receive a \$30 gift card to thank you for your time and effort. The survey will help state and program staff understand how to improve services for future clients.

Contact Consent

We ask you to provide contact information so the Wayne State Evaluation Team can contact you via texts, calls, emails, and/or any other method provided, to complete the follow-up survey. This includes your own contact details and collateral contact information. All contact details will be stored securely and once the follow-up survey is completed or the three-month window closes, all contact information will be deleted.

How are my answers used?

The information you provide during the follow-up survey is confidential. The following Codes of Federal Regulation (CFR) regarding confidentiality laws and regulations prohibit the disclosure of all information: Title 42 Part II, Title 45, and Title 46.

What are the risks and benefits of participating?

Several steps have been taken to reduce the potential risks:

- All staff have been trained on mental health and substance use.
- Most communication will occur through peer recovery coaches.
- The information about your identity and answers are kept on separate files that are only linked through the non-identifiable client ID.
- Responses are stored on locked, secure accounts.
- Data will only be reported on groups of people, and not be identifiable.

The information you provide will not be shared except instances where you pose a danger to yourself or others, or there is unreported child abuse. You may feel discomfort from the nature of questions and are free to refuse to answer any such questions. At the follow-up, the Wayne State Evaluation Team will provide information on immediately available resources and contact information for physically accessible services. All participants may benefit from the knowledge provided and it could help improve services for individuals with substance use disorder.

Project Assurance of Consent

- The process involved in the follow-up survey has been explained to me.
- I have had the opportunity to ask questions.
- I have the right to refuse to answer any question, take breaks if needed, or stop at any time.
- I have the right to remove myself from text, call, email, and/or any other communication, at any time.
- My contact information and that of my collateral contact(s) will be deleted eight months after the date I complete this form.
- I can get a copy of the consent form for my records.
- I understand that if I have questions or concerns about the follow-up interviews, I can contact the SOR Evaluation Project Director and Data Coordinator, Danielle Hicks, at danielle.hicks@wayne.edu.

I hereby **agree** ___ / **do not agree** ___ (*INDICATE ONE*) to participate in the surveys described above.

Consented Contact Methods	
I consent to the following contact methods:	
	Text messages
	Phone calls
	Emails
	Social media
	Other communication: _____

Signed Consent	
Client Name	
Client Signature	
Date (MM/DD/YYYY)	____ / ____ / ____
Witness Name	
Witness Signature	

Verbal Consent	
Did the client verbally consent? (<i>circle one</i>)	Yes No
Client Name	
Staff Name	
Verbal Consent Date (MM/DD/YYYY)	____ / ____ / ____
Verbal Consent Time	____:____ AM PM