

**University of Hawai'i**  
**Agreement to Participate in Data Collection for Federal Reporting**

Victoria Fan, Principal Investigator

*Project title: Emergency Grants to Address Mental and Substance Use Disorders During COVID-19  
(Emergency COVID-19)*

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Aloha! You are invited to participate in data collection for federal reporting as part of the Emergency Grant to Address Mental and Substance Use Disorders During COVID-19, a DOH-led project with data collection and evaluation conducted by Victoria Fan ScD and Andrew Abe PharmD of the Myron B. Thompson School of Social Work at the University of Hawaii.

***What am I being asked to do?***

If you decide to participate in this data collection, you will be interviewed in person or via telephone at a date and time of your preference.

***Taking part in this data collection is your choice.***

You can choose to take part or you can choose not to take part in this data collection. You also can change your mind at any time. If you stop being in the data collection, there will be no penalty or loss to you. If you decide you do not want to participate any longer in the evaluation survey, you can tell the interviewer directly or tell your treatment provider.

***Why is this data collection being done?***

The purpose of this project is to collect data for reporting as required by the Substance Abuse and Mental Health Services Administration (SAMHSA). We are asking you to participate because you are currently being provided services funded by the Emergency COVID-19 program.

***What will happen if I decide to take part in this data collection?***

If you decide to participate in this data collection, you will be asked to do the following: Participate in up to three confidential interviews, at the beginning of the program, at six months into the program, and at your discharge from the program. Each interview will last approximately 30-40 minutes and will occur at a mutually agreed upon location and time, in person or telephonically. You will be asked questions about various aspects of your life, including your housing, health, mental health, employment, criminal justice involvement, and overall functioning.

***What are the risks and benefits of taking part in this data collection?***

Potential risks for participating in this data collection are minimal and include the potential for psychological distress due to the nature of the information being shared. You are under no obligation to answer any question put forth nor will your responses be linked to your identity in any records. Although every step is taken to maintain confidentiality, the risk of breach of confidentiality exists. Should you voluntarily choose to participate in this study, you may receive an incentive at the 6-month follow-up and at the discharge interview (see below). There are no other direct benefits to you for participating in this project. The results of this project may help the Adult Mental Health Division deliver services in the future.

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***Privacy and Confidentiality:***

We will keep all data secure in a locked filing cabinet in a locked office/encrypted on a password protected computer. Only the UH Evaluation Team and designated officials of the Adult Mental Health Division will have access to the information. Other agencies that have legal permission have the right to review research records.

You will never be personally identified in any report, publication, or to any law enforcement or criminal justice agency with the following exceptions: admitting or threatening homicide on an individual, threatening suicide, or admitting or threatening child abuse. If you make such a threat, you will be reported to the appropriate law enforcement authorities. We will use a “synthetic client identification number”, a made-up number for reporting to allow us to protect your privacy and confidentiality to the extent allowed by law.

1. You understand that project staff will report cases of child abuse to the appropriate agencies, and you would be identified if you were involved in such cases.
2. If you threaten suicide, that threat will be assessed by project staff and, if warranted, you will be reported to the appropriate mental health authorities.

***Compensation:***

As approved by SAMHSA and UH System Tax Office, you will be compensated with a \$10 gift card at the end of your 6-month follow-up interview, and \$10 gift card at the end of your discharge interview if applicable. If you are a healthcare provider, by accepting this incentive, you understand and have reviewed your employer institution(s) Policy and Procedures and are able to accept gift card incentives.

1. Within the next year, do you intend to earn more than \$600 from participating in studies conducted by personnel at the University of Hawai'i?

YES

NO

2. If you receive an incentive from participating in a University of Hawai'i study, then do you agree to take the necessary actions and be solely responsible for filing and claiming incentive amounts as potential taxable income?

YES

NO

***Future Research Studies:***

Even after removing identifiers, information from this data collection will not be used or distributed for future research studies.

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**Questions:**

If you have any questions about this data collection, please email Dr. Andrew Abe PharmD at [aabe@hawaii.edu](mailto:aabe@hawaii.edu). You may also contact the Principal Investigator for the Emergency COVID-19 project, Dr. Victoria Fan ScD at [yfan@hawaii.edu](mailto:yfan@hawaii.edu).

Keep a copy of the informed consent for your records and reference.

**Signature(s) for Consent:**

I give permission to join the data collection project entitled, "*Emergency Grants to Address Mental and Substance Use Disorders During COVID-19.*"

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**Name of Participant (Print)**

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**Participant's Signature**

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**The patient is physically unable to sign this consent form. The interviewer (person obtaining consent) attests that the patient agrees to participate in data collection, has been provided a copy of this form and has been given the opportunity to ask questions regarding the data collection.**

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**Signature of the Person Obtaining Consent**

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**Date**

Mahalo!