

# Evaluation of Services Release

Welcome to the Healthy Transitions (HT) evaluation intake form!

This form contains three pages of questions where new HT participants provide consent to evaluation of services, contact information, and some demographic data. If the new participant is 16 or 17 years old, a legal guardian must be present to sign the evaluation of services release. Verbal consent may be given in lieu of a signature during virtual service delivery, due to the COVID-19 situation. In total, these surveys usually take between 5-10 minutes. We recommend you complete all three pages at once, although if a parent or guardian is present, please wait to complete the demographic portion. If you are interrupted and need to complete later, you will be provided with a code to re-enter and pick up where you left off. If you have any issues completing these forms, please contact Perrin Robinson (probinso@som.umaryland.edu) and Megan Prass (mprass@som.umaryland.edu).

Healthy Transitions site:

- Anne Arundel County  
 Mid-Shore Region

The ID number your site assigned this participant:

(Do not include any personally identifying information or part of the participant's name.)

Full name of participant:

\_\_\_\_\_

On which date was this client enrolled in Maryland Healthy Transitions for this episode of care?

\_\_\_\_\_

Is this the participant's first time being enrolled in the 2019 grant of Healthy Transitions?

- Yes  
 No

How is this survey being conducted?

- In-person  
 Virtually, due to COVID-19 distancing

Please read the following information with the participant (or allow them to read) and ask if they have any questions: Maryland Healthy Transitions (MD-HT) seeks to improve and expand developmentally appropriate services for young people ages 16-25 with serious mental disorders. MD-HT is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is overseen by the Maryland Behavioral Health Administration (BHA). BHA contracted the University of Maryland, Baltimore (UMB) to evaluate the project. This means we collect data for MD-HT participants throughout the study to see which services are most helpful.

To collect data, your transition facilitator (or another staff member at your site) will complete a survey with you online that takes about 30 minutes. The survey may take more or less time than that. You take the survey:

once when you enroll in Healthy Transitions every 6 months while you are in Healthy Transitions when you discharge from Healthy Transitions. Is it possible you will be asked to participate in open-ended interviews, focus groups, or a national evaluation survey. You may always decline from completing a survey or from answering (a) specific question(s) at any time without penalty.

The information you share in the surveys is very important, as it helps us understand what services help young people the most. It also helps to get these services funded.

The information you provide in the surveys is confidential. This means only the evaluators at UMB see it, and it is stored on encrypted and password-protected computer servers. Your transition facilitator and site director will also see your survey results, but your name is not on them. We keep your information private, although we are legally required to take steps (notifying authorities) to prevent people from serious harm, including child abuse or neglect. When we report data to providers, the state of Maryland, and other reporters, we remove all identifying information and report in aggregate, so no data can be linked to any participants.

If you have any questions or concerns about the evaluation procedures, please discuss them with your transition facilitator or another staff member.

As of today, is the participant 18 years of age or older?

- Yes, the participant is 18 year of age or older  
 No, the participant is 17 years of age or younger

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By signing below, I acknowledge that Healthy Transitions staff will collect data for clinical and program evaluation purposes. I also understand that I will be asked to complete online surveys to evaluate the program. All data and records pertaining to Healthy Transitions services will be kept confidential and will not be released without permission.

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Signature of Participant/Parent/Legal Guardian

\_\_\_\_\_  
(Parent or legal guardian must be the signer if the participant is 16-17 years old.)

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Date of signature of Participant/Parent/Legal Guardian

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COVID-19 adaptation: In lieu of a participant (or parent) signature, please check below to indicate the participant's response based on their verbal confirmation of their agreement to participate in the Maryland Healthy Transitions evaluation.

- This participant has agreed to participate in the Maryland Healthy Transitions evaluation
  - This participant DOES NOT AGREE to participate
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Signature of Healthy Transitions Representative or Witness

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Date signed by Healthy Transitions Representative or Witness

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This NOMs ID number for this client is [noms\_id]. Please record this ID number in your tracking. It is very important and will be used to enter all evaluation data for the client moving forward. When you have recorded this ID number, please continue.

I have recorded this client's NOMs ID number as [noms\_id]