

Evaluation Participation Agreement

Welcome to the Maryland Healthy Transitions (MD-HT) evaluation agreement and intake form!

Only complete this intake survey if this is the participant's first time enrolling in Healthy Transitions. If they have previously discharged and are re-enrolling, skip this step and go directly to the Baseline NOMs Assessment.

This form contains three pages of questions where new HT participants can agree to participate in the evaluation and provide contact information and some demographic data. If the new participant is 16 or 17 years old, a legal guardian must provide agreement to participate in the evaluation. 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 Cameron Sheedy (csheedy@som.umaryland.edu).

Healthy Transitions site:

- Arundel Lodge
- Crossroads Community Inc.

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?

How is this intake survey being conducted?

- In-person
- Virtually

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 3 times:

when you enroll in Maryland Healthy Transitions 6 months after you begin Maryland Healthy Transitions when you discharge from Maryland Healthy Transitions It is 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.

Verbal agreement may be given in lieu of a signature during virtual service delivery.

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

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.

Signature of Participant/Parent/Legal Guardian

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

Date of signature of Participant/Parent/Legal Guardian

COVID-19 adaptation: In lieu of a participant (or parent) signature, please 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

Signature of Healthy Transitions Representative or Witness

Date of signature by Healthy Transitions Representative or Witness

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]

Contact Information

Full name of participant:

Home address:

Email address:

Phone number:

Do you agree that the Healthy Transitions evaluators may contact your caregiver or parent with questions about the Healthy Transitions services?

- I agree to my caregiver/parent being contacted
- I do not agree to my caregiver/parent being contacted

Caregiver/Parent Name:

Caregiver/Parent Home Address:

Caregiver/Parent Email Address:

Caregiver/Parent Phone Number:

I confirm that all information entered above is accurate as of today.

- Yes

Client Demographics

Date of birth:

Age as of today:

How did you learn about Healthy Transitions?

- Community Provider
 - Community Outreach
 - School
 - Directly from a Healthy Transitions Outreach and Education Specialist
 - Not listed
- (Select all that apply/)

The way I learned about Healthy Transitions was not listed above. I learned about Healthy Transitions through:

Race/Ethnicity:

- American Indigenous or Alaska Native
 - Asian
 - Black or African-American
 - Hispanic or Latinx
 - Native Hawaiian or Pacific Islander
 - White
 - Prefer not to share
- (Select all that apply.)

Which best describes your gender?

- Woman
- Man
- Gender-diverse, Non-binary, Bigender, Genderfluid, or Genderqueer
- Agender
- Two Spirit
- Unsure
- My gender is not listed here
- Prefer not to share

My gender was not listed above. My gender is:

My pronouns are (select all that apply):

- she/her/hers
 - he/him/his
 - they/them/theirs
 - My pronouns are not listed here
 - Prefer not to share
- (Select all that apply.)

My pronouns were not listed above. My pronouns are:

Which best describes you?

- I am transgender (my sex assigned at birth does not match my gender identity)
- I am cisgender (my sex assigned at birth matches my gender identity)
- Unsure
- Prefer not to share
- I am agender

Which term(s) below describe your sexual orientation?

- Straight
 - Lesbian or Gay
 - Bisexual
 - Pansexual
 - Asexual / Ace Spectrum
 - Unsure
 - My sexual orientation is not listed here
 - Prefer not to share
 - Queer
- (Select all that apply.)

My sexual orientation was not listed above. My sexual orientation is:
