

Improving Family-to-Family Services in Children's Mental Health
FAQs for Caregivers

1. What is the purpose of this study?

Improving Family-to-Family Services in Children's Mental Health is a five-year research grant from the National Institute of Mental Health. This grant focuses on the services families receive in Home and Community Based Services (HCBS) Waiver Programs. This study tests whether an organizational intervention improves the quality of Waiver services and caregiver/youth outcomes.

2. Who are we seeking to enroll?

We are inviting caregivers who use services in HCBS Waiver programs across NY State to be a part of this study. You are being asked to participate because you are a caregiver receiving services in a Waiver program.

3. What is involved in participating in this study and what is the time requirement?

You will be interviewed by phone 3 times over 6 months. These interviews will take place at the beginning of your family support services in Waiver (for about 1 hour), midpoint (10 minutes), and at 6 month follow up (45 minutes). During these calls, a member of the research team will ask you some questions related to family support services (if applicable) within Waiver.

4. Will participants be compensated?

You will receive \$25 up to three times for a total of \$75 for completing all three interviews.

5. How do I participate?

Once you sign the permission to contact form, you will be contacted by a research staff member from NYU Langone Medical Center. The research staff member will go over details of the study and your involvement, and obtain your consent to participate. The consent form includes information about study participation, and contact information for Dr. Hoagwood, the study's principal investigator. Your participation is entirely voluntary and your refusal to participate will not impact your or your child's services at the agency.

7. How will we ensure confidentiality?

The research team will take precautions to protect your information in the following ways:

- a. No identifying information will appear on your questionnaires.
- b. Privacy will be protected through the use of codes (an ID number).
- c. Your name and other personal information will be stored in a secure location at NYU Langone Medical Center.

8. For additional information or if you have any questions, please contact:

Michele Pollock (Project Manager): Michele.Pollock@nyumc.org (646-754-5111)

Specific study concerns can be directed to:

Kimberly Hoagwood (Principal Investigator): Kimberly.Hoagwood@nyumc.org

Serene Olin (Co-Investigator and Project Director): Serene.Olin@nyumc.org

PERMISSION TO CONTACT PARENTS/CAREGIVER

I have been notified about the study Improving Family to Family Services in Children’s Mental Health.

- Yes I would like to learn more about this study. The research staff member may contact me (See below). I understand that learning more about the study in no way obligates me to participate. The decision to participate or not is mine to make.
- No I do not wish to learn any more about this study.

Name (Please Print) _____ Date _____

Signature

If permission to contact is granted:

You may contact me by telephone at this number:

() _____ - _____

Please indicate (check all that apply) the best time to reach you:

- Morning
 Afternoon
 Evening

I do not have a phone. You may contact me at this address:

Street _____
Apartment _____
City _____ State _____
Zip _____

You may contact me by email at this address:

Email: _____

Please return all completed forms to Michele Pollock, Fax # 646-754-9762