Project STEER

PARTICIPANT REGISTRATION PACKET

(For minors, this form is to be completed by Parent/Legal Guardian)

Please return to WestCare Pacific Islands

PARTICIPANT INFORMATION:			
Last Name:	**First Name:**	**Date of Birth:** *MM / DD / YYYY* **Age:**	**Gender:** ☐ Male ☐ Female ☐ Transgender ☐ Non-Binary ☐ Prefer Not to Answer ☐ Other _____
Phone Number:	**Secondary Phone Number:**	**E-mail Address:**	
Do you have any allergies we should be aware of? If yes, please indicate allergy and any special instructions.			
Do you have any physical or behavioral health conditions we should be aware of? If so, please indicate which health condition and special conditions.			

(For minors*) PARENT INFORMATION**		
Parent/Legal Guardian Name:		**Parent/Legal Guardian Name:**
Phone number:	**Email:**	**Phone number:**

In case of an emergency, please provide alternative contact(s)

(For Minors: Please indicate the person(s) approved of picking up your child, other than yourself with a check mark [☐])

NAME	RELATIONSHIP	CONTACT NUMBER
☐		
☐		
☐		

Funding for this project was provided by the USDHHS SAMHSA Grant: # H79SP08297. These services are available to all eligible persons, regardless of race, gender, age, disability, or religion.

CHRS#: IRB-23-15
Effective Date: January 30, 2025
Effective Expiration Date: January 30, 2026

CONSENT TO PARTICIPATE IN STEER

ABOUT THE PROGRAM

WestCare Pacific Islands' STEER (Stop Transmission through Education, Empowerment & Resources) is a 5-year program that started in October 2021. This project is funded by the Department of Health and Human Services - Substance Abuse and Mental Health Services Administration (SAMHSA). Grant Number: H79SP082097. It addresses behavior that may lead to you using alcohol or drugs or getting HIV or Hepatitis. STEER tries to decrease risk-taking behavior, prevent alcohol and drug use, and improve school performance. It also encourages awareness of your HIV and Hepatitis status.

STEER program's goal(s) is to provide prevention education to 500 youth and young adults between the ages 13-24; provide HIV or Viral Hepatitis testing to 250 youth and young adults; and participate in community outreach and social media campaigns.

OUR PURPOSE IS TO

Create an environment free of stigma or fear. We are a safe space promoting happiness and health in the lives of our youth and young adults.

OUR MISSION IS THAT

We motivate and guide (youth) towards a path of a healthier future through education, empowerment, and partnerships within our community.

OUR VISION IS

A generation of youth equipped with the confidence, skills, and knowledge to effectively navigate through life.

PROCEDURE

The first step to enrolling in STEER is the intake evaluation. A staff member will ask questions about your life. Questions will be about your drug and alcohol use and risky behavior. There will be questions about your education, living situation, and illegal activity. You also will answer questions about your friends and family members, how you get along with them, and about the way you spend your free time. The interview usually takes about 1 hour.

You will receive substance use prevention education using a curriculum called Prime for Life. Prime for Life increases perceptions of the risks related to alcohol and other drugs, decreasing intentions to use alcohol and other drugs and increases the ability to self-identify potential substance-related problems. Prime For Life provides a "judgment-free way of understanding how alcohol and drug-related problems develop, what we can do to prevent them, and why sometimes we need help. It shifts attitudes, beliefs, and risk perceptions, bringing behavior change within reach. It provides research-based information in an easy-to-understand format and teaches how we can apply that information in our own lives. It creates a unique self-assessment opportunity to enhance awareness of our values and what we might be risking."

While in the program, you also can have testing for HIV and Viral Hepatitis if you choose to. We will administer a rapid-result HIV or Viral Hepatitis test. In about 20 minutes, you will know whether you were exposed to HIV or Hepatitis or not. You will receive special counseling before and after the test. If the test shows that you were exposed to HIV or Hepatitis, we will refer you to some other services. The tests for HIV and Hepatitis are completely voluntary. You do not have to have it even if you want to have the group and individual sessions. If you want testing for HIV or Hepatitis, you will sign a different consent form.

As part of STEER, we will ask you to complete the questionnaires you did when you joined the program two more times. You will complete them when you finish the group and individual sessions and 3 months after that. This helps us to see how you are doing, for you to tell us if you are having any problems, and for us to help you get any services that you may need or want.

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RISKS
You may lose some privacy by joining STEER. This is because you will share personal information. During the assessment, group, and/or individual sessions you may feel some discomfort or emotional stress. This is because you are discussing personal information.

If someone is abusing or neglecting you, if you are abusing or neglecting someone, or if you are a danger to yourself or someone else, the law requires that we must report this to the proper authorities.

CONFIDENTIALITY
Another risk is a breach of confidentiality. Anything you tell us is personal and confidential to the extent the law permits. The staff will discuss information about you only with each other. Authorized staff or staff from other agencies may review your records for audit purposes. They must follow confidentiality laws.

Staff cannot share information with family or friends. You must know about it and agree to it.

Federal laws protect the confidentiality of alcohol and drug abuse records that WestCare Pacific Islands keeps. Staff cannot tell someone outside the program that you are in the program. They also cannot give any information that suggests you use alcohol or drugs *UNLESS:*
You consent in writing.
A court order allows the disclosure; or
The disclosure is to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. You may report suspected violations to appropriate authorities in accordance with Federal regulations.

Federal laws do not protect any information about a crime committed by you either at WestCare Pacific Islands or against any person who works for WestCare Pacific Islands or about any threat to commit such a crime.

Federal laws do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate State or local authorities.

BENEFITS
There is no guarantee that these services will benefit you. We cannot promise you any benefits from being in the program. However, you may experience some benefits.
These may include decreasing your risky behavior or not using alcohol or drugs. You also may benefit by knowing if you were exposed to HIV or Hepatitis. You also may have improved access to community resources.

REIMBURSEMENT
You will not get any money for doing the intake evaluation, getting services, or completing the program.

COMPENSATION
If you get injured while getting services, treatment will be available in most cases. Money to pay for the treatment is not available. Money to pay for pain, losing wages, or other damages caused by injury is not available.

COSTS
There are no costs to you or your family for being in STEER.

RIGHT TO WITHDRAW
You have the right to ask questions at any time. You can skip any questions you do not want to answer. Your participation in the program is voluntary, and you may withdraw at any time. There will be no penalties should you choose to withdraw. If you choose not to participate or to withdraw from the program, The program will not deny you other services if space is available and you are eligible for these services.

There is a difference between refusing to join STEER and refusing care from WestCare Pacific Islands. If you refuse care from WestCare Pacific Islands, we will make every effort to refer you to another service. If the court or a Judge ordered you into services, you also have the right to refuse. However, this may result in consequences from the court such as an order to another treatment or incarceration.

We encourage you to ask about anything you do not understand. We want you to consider this program and the consent form carefully before you agree to participate. You may take as much time as necessary to think it over.

PERSONS TO CONTACT
You have the right to ask questions about the consent or the program at any time. The Program Manager or Prevention Specialist also may answer your questions at this time. If you have questions after you complete the interview or about your rights as a participant, you may contact Leslie Estrella, Steer Program Manager at 472-0218/9.

Again, I understand that I may contact the facilitator with questions or comments about the group sessions or the evaluation/follow up. "I have read and understand the foregoing description of the WestCare STEER program. I have had the chance to ask any questions I have about my or my son/daughter's participation. I agree to permit myself or my son/daughter to participate in the program. I have received a copy of this consent form." (Please sign below.)

_____ _____

Signature of Participant **Date**

_____ _____

Signature of Parent (If participant is a Minor) **Date**

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Client Email/Texting Informed Consent Form

1. Risk of using email/texting

The transmission of client information by email and/or texting has a number of risks that clients should consider prior to the use of email and/or texting. These include, but are not limited to, the following risks:

1. Email and texts can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
2. Email and text senders can easily misaddress an email or text and send the information to an undesired recipient.
3. Backup copies of emails and texts may exist even after the sender and/or the recipient has deleted his or her copy.
4. Employers and on-line services have a right to inspect emails sent through their company systems.
5. Emails and texts can be intercepted, altered, forwarded or used without authorization or detection.
6. Email and texts can be used as evidence in court.
7. Emails and texts may not be secure and therefore it is possible that the confidentiality of such communications may be breached by a third party.

2. Conditions for the use of email and texts

The Research Assistant and Evaluation Team cannot guarantee but will use reasonable means to maintain security and confidentiality of email and text information sent and received. The Research Assistant and Evaluation Team are not liable for improper disclosure of confidential information that is not caused by the Research Assistant or Evaluation Team's intentional misconduct. Clients/Parent's/Legal Guardians must acknowledge and consent to the following conditions:

1. Email and texting is not appropriate for urgent or emergency situations. Provider cannot guarantee that any particular email and/or text will be read and responded to within any particular period of time.
2. Email and texts should be concise. The client/parent/legal guardian should call and/or schedule an appointment to discuss complex and/or sensitive situations.
3. All email will usually be printed and filed into the client's medical record. Texts may be printed and filed as well.
4. Provider will not forward client's/parent's/legal guardian's identifiable emails and/or texts without the client's/parent's/legal guardian's written consent, except as authorized by law.
5. Clients/parents/legal guardians should not use email or texts for communication of sensitive medical information.
6. Provider is not liable for breaches of confidentiality caused by the client or any third party.
7. It is the client's/parent's/legal guardian's responsibility to follow up and/or schedule an appointment if warranted.

3. Client Acknowledgement and Agreement

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with the communication of email and/or texts between my Therapist/Counselor/Case Manager and me, and consent to the conditions and instructions outlined, as well as any other instructions that my Therapist/Counselor/Case Manager may impose to communicate with me by email or text.

Client name: *Participant or Youth's Full Name*

Client signature: *Participant or Youth's Signature* Date: _____

If participant is a minor, please complete below.

Parent/Legal Guardian name: *Parent/Guardian Full Name*

Parent/Legal Guardian signature: *Parent/Guardian's Signature* Date: _____

Provider name: *Please Leave Blank*

Provider signature: *Please Leave Blank* Date: _____

Please return to WestCare Pacific Islands

Informed Consent for Media Release

Individual Name: _____ **DOB:** _____
(Youth) Last Name First Name

Location of Services (program/site of service)**:** _____

Name of Media(s) (person/agency/social media platform) **and Purpose of Release:**

NAME OF MEDIA	PURPOSE OF RELEASE
Photos/Still Images	*To be used on official WPI social media platforms and other program promotion purposes only*
Video	*To be used on official WPI social media platforms and other program promotion purposes only*

Definition of Media Release:
This release allows WestCare to use the information provided only for the purpose expressed above. This consent is voluntary and can be revoked at any time, with the exception of information which may have already been used. It is important to understand that with this release there are benefits and risks some of which, not limited to, are outlined below.

Potential Benefits:
1. Helps to publicize WestCare's good works.
2. Can educate new staff, interns, students, potential donors, etc.
3. Can be an excellent way to promote the benefits of treatment.

Potential Risks:
1. Any time a person served's photograph(s), name, video, and/or voice are used in publicity material there is the real danger of breaching confidentiality.
2. With disclosures to the media or other promotional outlets is that by definition they involve re-disclosure.
3. WestCare cannot guarantee that this information will not be discovered and distributed to additional media outlets therefore being re-disclosed.

By signing this form, I understand and agree to the following:
1. I acknowledge that I have been counseled on the risks of disclosing information to the media and that I fully understand these risks.
2. I understand that my consent is voluntary and can be revoked at any time, with the exception of information which may have already been used/shared.
3. I release WestCare from any and all liability, which may be the result of publicity, which identifies me as a person served by WestCare, or participant in any WestCare program in which I voluntarily participate or participated in.

(Youth's Signature)

Signature of Person Served (or Authorized Signer) **Date**

(Parent/Guardian's Signature

If Authorized Signer, relationship to Person Served: **Date**

(Youth and/or Parent/Guardian's Signature)

Witness **Date**

I have been offered a copy of this consent form (person served or authorized signers initials) _____

Hafa Adai,

WestCare Pacific Islands (WPI) is excited to offer the Project STEER program which is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of this program is to provide prevention services for substance misuse and HIV/AIDS. The program aims to serve youth and young adults ages 13-24.

Participants in our program will be asked to complete surveys at three time points: intake, discharge, and follow up. The target number of participants involved in our program is 500 (100 annually).

As part of the intake evaluation, participants will be interviewed and asked to fill out surveys concerning many different aspects of their personal history. They will be asked questions about drug and alcohol use, perceptions of risk associated with drug and alcohol use and safe sex, and their experiences socially. This will require approximately 1 hour of their time.

Based upon the information provided in the interview, participants will be asked to participate in one of the program services offered that are specifically designed to meet their needs. Participants will be connected to either group education/counseling sessions, HIV Counseling, Testing and Linkages or mental health and/or substance use treatment.

When a participant either completes the program or discharges from the program early, there will be a discharge interview that will also need to be completed. The same surveys used during the intake interview will also be used at the discharge interview. This will require approximately 1 hour of time as well.

Participants will also be asked to complete a follow-up interview. The follow-up interview will use the same surveys as the intake and discharge interviews. This will also require approximately 1 hour of their time.

Risks are minimal. Participation in the program means that there will be some loss of privacy in that they will be asked to share personal information. During their assessment and participation in the program, participants may feel some discomfort or emotional stress from discussing personal matters. If they have been abused or neglected or are a danger to themselves or others, by law, we are required to report this to the proper authorities.

The information obtained about participants will be kept in confidence. No names will be used. All surveys will be coded. Names will only be able to be traced by the researcher. The information may be used for statistical purposes without identifying youth as individuals. The data collected will be secured in password protected files. Surveys will not be linked by IP addresses. No person will have access to data other than the researchers. Files will be permanently deleted as soon as the grant ends.

Any significant new findings will be provided.

Participants are free to withdraw from this project at any time without penalty or loss of benefits to which participants would otherwise be entitled. Should a physical injury occur, appropriate first aid will be provided, but no financial compensation will be given. If you have any questions about our program or your rights or your child's rights as a participant, please contact Kimberly Marino at (252) 213-1324 or Kathleen Aguon at (671) 989-9792.

Thank You,

Kimberly Marino, Principal Investigator
WestCare Foundation, Inc.
(252) 213-1324
Kimberly.marino@westcare.com

Kathleen Aguon, Program Manager
WestCare Pacific Islands, Steer
(671) 989-9792
kathleen.aguon@westcare.com

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