

Informed Consent

Permanent Supportive Housing Initiative Evaluation

I. NATURE AND DESCRIPTION OF STUDY

The Economic Roundtable is conducting a study of housing services provided by the Skid Row Collaborative. You are being asked to participate because you received services from the Skid Row Collaborative sometime between January 2004 and November 2007. The study is being paid for by the Los Angeles Homeless Services Authority.

We request your permission to access information about services or benefits you have received from agencies in the Skid Row Collaborative, from Los Angeles County agencies or departments, and from the Veteran's Administration (if you are a veteran). The purpose of the study is to see if it costs government agencies less money before or after you received Skid Row Collaborative services. The information we need to complete the study includes:

- The type of service you received, such as a hospital stay, an emergency room visit, a mental health service, a substance abuse service, a housing voucher, a period of time in the jail or a prison, or a benefit such as Medi-Cal or SSI or General Relief.
- The date(s) on which the service or benefit was received.
- The amount of service or benefit provided (which would include the cost).
- Other information about you in the agency admission or discharge records that would help us understand the reason for starting or stopping the services you got, such as a diagnosis or criminal offense you were charged with, and why the services ended (for example, that you moved), or whether you were housed at the time.

To help find your records, we will also request personal identifying information from you such as your name, gender, race/ethnicity, address, phone number, medical record number(s), social security number and date of birth, if that information is not available through the Skid Row Collaborative. We will also ask you to provide any other names or aliases you may have used when you received services in the past from the agencies named above. In order to access your information from these agencies, we will also ask you to sign a form stating that you grant us permission to access your information. You may have to sign more than one form for different types of information.

Your participation in this research study is completely voluntary. You are free to choose not to participate in this study. If you choose not to participate, it will have no effect on you, or housing and services you are currently receiving or may use or receive in the future. If you choose to participate, you can withdraw your permission for us to use your personal information at any time by:

- a. Writing the principal investigator(s) identified in the Informed Consent form (Daniel Flaming, Ph.D., Economic Roundtable, 315 West Ninth Street, Suite 1209, Los Angeles, CA 90015) or;
- b. Informing a member of the Skid Row Collaborative Program Staff (Molly Rysman, 213683-0522, ex. 122) that you wish to cancel your authorization.

If you cancel this authorization, information about you that has already been collected will continue to be used. No new information will be collected about you or services you receive after you cancel your authorization.

II. PURPOSE OF THE STUDY AND BENEFITS OF PARTICIPATING

The purpose of this study is to better understand the costs and savings of the housing and services provided through the Skid Row Collaborative. These services cost money but they may reduce other costs—for example, by reducing emergency room visits. By participating in the study, you can help other organizations decide how to provide supportive housing and social services to other persons like yourself. You will not receive a direct benefit if you participate in the study. However, if this program is shown to be effective, it may be help other homeless individuals receive similar services.

III. RISKS, PRIVACY AND CONFIDENTIALITY

The Economic Roundtable promises to keep all information collected about you strictly private and to use this information only for this study (which may include a comparison with other Los Angeles County homeless programs). Your name will never appear in any public document associated with this study. Your records will be assigned an identification number, and whenever possible, this number will be used on records instead of your name or social security number. All confidential information will be stored under lock and key accessible only by the research team. Confidential information stored in electronic format (such as computer hard drives, magnetic tapes, or peripheral storage devices) will be protected by a password and only accessible by the research team. **None of the information about you will be shared with building management, service providers or other tenants. Your name will not be used in any reports or publications that result from this study. Information about your services will be only be presented in combination with information about other research participants—that is, as a group rather than individuals.**

IV. MORE INFORMATION

If you would like more information about the study, you can call Dan Flaming at the Economic Roundtable (213-892-8104) or Molly Rysman at the Skid Row Housing Trust: (213) 683- 0522 ext. 122.

Do you have any questions at this time?

Yes, I agree to participate in this study. _____ (Initial)

If you agree, you will be given a copy of this Consent form to keep so that you can be sure about what you have agreed to.

My rights as a study participant have been explained to me and my questions have been answered. My signature or initials below indicate that I understand my rights. I have been given a copy of this form to keep.	
Signature: _____	Date: _____
Printed Name: _____	

Additional Information Regarding Your Permission to Release Personal Information for Permanent Supportive Housing Initiative Evaluation

1. Study Information

Study Title: Permanent Supportive Housing Initiative Cost Study

Principle Investigator: Daniel Flaming, Ph.D. (Economic Roundtable, 315 West Ninth Street, Suite 1209, Los Angeles, CA 90015)

Other researchers authorized by this consent: Manuel Moreno, Ph.D. and Halil Toros, Ph.D. (Los Angeles County, Research and Evaluation Services, Service Integration Branch, Chief Executive Office 222 S. Hill Street Los Angeles, CA 90012); Gerald Sumner, Ph.D., Patrick Burns, M.A., Maribel Carlillo, and Michael Matsunaga, M.A. (Economic Roundtable, 315 West Ninth Street, Suite 1209, Los Angeles, CA 90015).

2. Purpose of Release of Information

You have signed an Informed Consent agreeing to participate in a research study of the Skid Row Collaborative services. In addition to the study Consent form, we will ask you to sign forms authorizing the agencies that have provided you with services to share information with us about those services. You may have to sign more than one form, as different agencies may require different authorization forms. Signing an individual agency authorizations does not change any of the information described in the Consent Form. Rather, it is a separate authorization form specific to obtaining your personal service use information for the research study named above. It requests your permission to allow agencies that have your personal information to disclose and use your personal information. You have an opportunity to agree to allow the release of the type, cost and duration of services you may have received from several agencies. As a participant in the study, you are free to agree to the release of the records from any or all of the agencies whose authorization forms are printed below. There is a separate authorization section and signature depending on the agency and/or type of information to be shared. For each section you sign, you agree to the release of personal information and the release of the records which allow us to determine the type of service you received, the reason for starting or stopping services, the amount and cost of the service and date and duration of services you have received from that agency as well as the other information described in the Informed Consent.

3. Individual information to be Used or Disclosed

For each authorization you sign below, you will authorize that agency to provide the principal investigators and members of the research team who have signed an oath of confidentiality with access to information about the services you received from that agency. Examples include the type of services, reason for starting or stopping the services, amount and costs of the services, and the date and duration of the following types of services:

Health - Inpatient stays, outpatient visits, emergency room use, health related case management services, jail medical services, visits to Skid Row Collaborative agencies

Mental Health - Use of psychiatric outpatient services, psychiatric emergency and hospitalization, case management, psychiatric medication, and jail mental health services

Substance Abuse Services - Use of alcohol and drug treatment services

Criminal Justice - Criminal offense(s) charged and/or convicted, duration of incarceration, utilization of services while incarcerated, and time on probation or parole

Housing - Use of subsidized housing, receipt of housing vouchers

Office of AIDS Programs and Policy - Medical visits, medication, hospitalizations, and counseling

Benefits – Use of Medi-Cal, SSI, General Relief, CalWORKs or other income supports or supplements.

The records indicating the type, reason for starting or stopping, date, duration or amount, and cost of services you received from each agency will not be released unless you specifically authorize their disclosure by signing and dating the relevant section(s) below. Each agency has its own authorization language and signature and date line below, and you have the choice of what agency(ies) you wish to authorize to release your records.

Personal information to be used for all records you authorize to be released:

- Full Name
- Aliases (if any)
- Current and Past Addresses
- Current and Past Phone Numbers
- Date of Birth
- SSN
- Gender
- Race/Ethnicity
- Medical or Other Record Numbers Known to You or Available in Skid Row Collaborative Records
- Place of birth
- Mother's maiden name

4. Right to Revoke or Cancel Your Authorization.

You can cancel your Authorization to allow use of your personal information at any time by:

- a. Writing the principal investigator(s) identified in the Informed Consent form (Daniel Flaming, Ph.D., Economic Roundtable, 315 West Ninth Street, Suite 1209, Los Angeles, CA 90015) or;
- b. Informing a member of the Skid Row Collaborative Program Staff (Molly Rysman, 213683-0522, ex. 122) that you wish to cancel your authorization.

They may ask you to fill out a form.

If you cancel the Authorization, information about you that has already been collected will continue to be used. No new information will be collected about you or services you receive after you cancel the Authorization.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Whose Records are to be disclosed:

Name:	Social Security:	Date of Birth: (mm/dd/yyyy)
<i>PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING</i>		

I voluntarily authorize and request disclosure:

OF WHAT:

All my medical records and other information related to my medical and/or mental health care and/or drug/alcohol treatment, including but not limited to such things as assessments/evaluations, diagnoses, disposition/discharge information, outpatient services, hospitalizations, case management services, emergency services, residential services, payment sources, and costs of services. However, the following will only be release if you give us your specific permission by putting your initials on the lines below:

- _____ Psychological, psychiatric, or other mental health treatment information as defined in Welf. & Inst. Code 5328 (excluding "psychotherapy notes," as defined by 45 CFR 164.501).
- _____ Drug abuse, alcoholism, or other substance abuse records, as defined by 42 CFR 2.31, 2.34, 2.35.
- _____ Human Immunodeficiency virus (HIV) and/or Acquired Immunodeficiency syndrome (AIDS) information and records, including but not limited to test results, evaluations, diagnoses, and treatment.
- _____ Sexually transmitted diseases information and records, including but not limited to tests results, evaluations, diagnoses, and treatment.

BY WHOM:

- All medical sources, including mental health providers and facilities, that have provided payment, treatment, or services to me or on my behalf.
- Drug and alcohol treatment providers.

TO WHOM:

- Researchers and agents of the Economic Roundtable, 315 West Ninth Street, Suite 1209, Los Angeles, CA 90015;
- Los Angeles County, Research & Evaluation Services, Service Integration Branch, Chief Executive Office, 222 S. Hill Street, Los Angeles, CA 90012

FOR THE PURPOSE OF:

Research study on supportive housing as described in section 1 and 2 of Additional Information Regarding Your Permission to Release Personal Information.

CAUTION:

I understand that by signing this Authorization there is the potential that my information may be redisclosed and that while State law protections may still apply, the information may no longer be protected by federal law.

EXPIRES WHEN: This authorization will expire at the end of the research study or on December 31, 2009, whichever occurs earliest.

YOU HAVE THE RIGHT TO:

Receive a Copy of this Authorization: I understand that if I agree to sign this Authorization, which I am not required to do, I must be provided with a signed copy of the form.

Revoke this Authorization: I understand that I have the right to cancel this Authorization at any time by following steps in section 5 of the Additional Information Regarding Your Permission to Release Personal Information. I also understand that a revocation will not affect the ability of any health care provider to use or disclose the health information for reasons related to the prior reliance on this Authorization.

CONDITIONS: I understand that I may refuse to sign this Authorization without affecting my ability to obtain treatment.

I have had an opportunity to review and understand the content of this authorization form. By signing this authorization, I am confirming that it accurately reflects my wishes.

Signature of Patient/Personal Representative:
Date:

If signed by someone other than the patient, state the relationship of this person and describe his or her authority to do so:

AUTHORIZATION FOR REQUEST OR USE/DISCLOSURE OF PROTECTED HOUSING AND CASE MANAGEMENT INFORMATION

I authorize Skid Row Housing Trust and Skid Row Housing Trust Property Management (herein Recipient of Information) to release protected housing and case management information as described in items 2 and 3 above to Daniel Flaming, Ph.D., Economic Roundtable, 315 West Ninth Street, Suite 1209, Los Angeles, CA 90015 for the purpose stated in item 2 above.

The information to be disclosed is the type, reason for starting or stopping, date, duration or amount, and cost of services I received including case management services, housing services, and property management services. Service documentation may include assessment/evaluation, notes, diagnosis, payment source, disposition, and medical history.

I understand that the protected housing and case management information used or disclosed as a result of my signing this authorization may not be further used or disclosed by Recipient of Information unless such use or disclosure is specifically required or permitted by law.

EXPIRATION DATE: This Authorization will expire at the end of the research study, upon the date of revocation of consent and authorization, or December 31, 2009, whichever occurs earliest.

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION:

Right to Receive a Copy of This Authorization: I understand that if I agree to sign this authorization, which I am not required to do, I must be provided with a signed copy of the form.

Right to Revoke This Authorization: I understand that I have the right to cancel this Authorization at any time by following the steps provided in item 6 above. I also understand that a revocation will not affect the ability of Skid Row Housing Trust or Skid Row Housing Trust Property Management to use or disclose the health information for reasons related to the prior reliance on this authorization.

CONDITIONS: I understand that I may refuse to sign this authorization without affecting my ability to obtain services.

I have had an opportunity to review and understand the content of this authorization form. By signing this authorization, I am confirming that it accurately reflects my wishes.

Signature of Applicant/Recipient of Services /Legal Representative:

If signed by other than the applicant/recipient of services, state the relationship and authority to do so:

Date: _____

**AUTHORIZATION TO RELEASE AND SHARE PUBLIC
SOCIAL SERVICES RECORDS AND THE LOS ANGELES HOMELESS
SERVICES AUTHORITY**

- ❑ I know that provisions of law, including, but not necessarily limited to, Welf. & Inst. Code section 10850, and Cal. Dept. Social Services Manual of Policies and Procedures (MPP) Chapter 19-004 et seq. make information related to public social services confidential and that those laws protect applicants and recipients, such as myself, of public assistance from the release of their confidential welfare information.

- ❑ I know that the fact that I am an applicant for or a recipient of, public social services is an example of confidential information.

I also know that I have the right to give or to withhold my permission to allow people to see my confidential information, and that the decision on whether to share this information will by no means affect my ability to receive social service benefits.

I authorize the Los Angeles County Department of Public Social Services and the Los Angeles Homeless Services Authority to release information as described in items 2 and 3 above to the persons described in item 1, including Daniel Flaming, Ph.D., Economic Roundtable, 315 West Ninth Street, Suite 1209, Los Angeles, CA 90015 for the purpose stated in item 2 above.

The information to be disclosed is the type, reason for starting or stopping, date, duration or amount, and cost of services or benefits I received including the use of subsidized housing and receipt of housing vouchers.

I understand that I may cancel this authorization at any time by following the steps provided in item 6 above. Otherwise, this Authorization will expire at the end of the research study, upon the date of revocation of consent and authorization or December 31, 2009, whichever occurs earliest. I further understand that I have a right to receive a copy of this authorization upon my request.

Signature of Applicant/Recipient of Services /Legal Representative:

If signed by other than the applicant/recipient of services, state the relationship and authority to do so:

Date: _____

AUTHORIZATION TO RELEASE AND SHARE PROBATION RECORDS

I authorize the Los Angeles County Probation Department to release information as described in items 2 and 3 above to Daniel Flaming, Ph.D., Economic Roundtable, 315 West Ninth Street, Suite 1209, Los Angeles, CA 90015 for the time period beginning January 1, 2001 and ending December 31, 2009 for the purpose stated in item 2 above.

The information to be disclosed is the type, reason for starting or stopping, date, duration or amount, and cost of services I received from the Department of Probation.

I understand that I may cancel this authorization at any time by following the steps provided in item 6 below. Otherwise, this Authorization will expire at the end of the research study, upon the date of revocation of consent and authorization, or December 31, 2009, whichever occurs earliest.

Information you provide will not be used by the Los Angeles Probation Department to execute outstanding warrants or take any action that may result in you being detained or incarcerated.

I further understand that I have a right to receive a copy of this authorization upon my request.

Signature of Patient/Legal Representative: _____

If signed by other than the patient, state the relationship and authority to do so:

Date: _____

**AUTHORIZATION TO RELEASE AND SHARE INCARCERATION AND
ASSOCIATED SERVICES RECORDS**

I authorize the Los Angeles County Sheriff's Department to release information as described in items 2 and 3 above to Daniel Flaming, Ph.D., Economic Roundtable, 315 West Ninth Street, Suite 1209, Los Angeles, CA 90015 for the time period beginning January 1, 2001 and ending December 31, 2009 for the purpose stated in item 2 above.

The information to be disclosed is the type, reason for starting or stopping, date, duration or amount, and cost of services I received from the Sheriff's Department.

I understand that I may cancel this authorization at any time by following the steps provided in item 6 below. Otherwise, this Authorization will expire at the end of the research study, upon the date of revocation of consent and authorization, or December 31, 2009, whichever occurs earliest.

I agree to hold harmless the County of Los Angeles, the Sheriff's Department, its agents, officers and employees from and against any and all liability for damages of any nature whatsoever arising from or connected with the release of information under this authorization.

Information you provide will not be used by the Los Angeles County Sheriff's Department to execute outstanding warrants or take any action that may result in you being detained or incarcerated.

I further understand that I have a right to receive a copy of this authorization upon my request.

Signature of Patient/Legal Representative: _____

If signed by other than the patient, state the relationship and authority to do so:

Date: _____

Skid Row Housing Trust Study
ALL RESPONSES ARE CONFIDENTIAL

Name _____

Building: _____

Education

What is the highest degree or level of school you have COMPLETED? *Mark (X) ONE box.*

- 0-8 Years
- 9-12 Years, No Diploma
- High School Graduate
- Some College
- Bachelor's degree or higher

Employment history

In which of the following years did you earn money from a job? *Mark (X) for ALL that apply.*

- 2009
 2008
 2007
 2006
 2005
 2004
 2003
 2002
 2001
 2000
 1999

Housing history

How many months were you homeless in each of following years? *Fill in ALL that apply.*

2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999

Health information

Have you ever had any of the following health problems? *Mark (X) for ALL that apply*

- Physical health problem – for example, difficult walking, seeing, or hearing.
- Serious illness – for example, diabetes, high blood pressure, HIV/AIDS, heart disease
- Emotional or mental health problems
- Drug or alcohol problems
- Other health problems (please specify) _____

Hospital history

Were you admitted to a hospital in any of the following years? *Mark (X) ALL that apply.*

- 2009
 2008
 2007
 2006
 2005
 2004
 2003
 2002
 2001
 2000
 1999

Were you admitted to a hospital for emotional or mental health problems in any of the following years? *Mark (X) ALL that apply.*

- 2009
 2008
 2007
 2006
 2005
 2004
 2003
 2002
 2001
 2000
 1999

Incarceration history

How many months were you jail or prison in each of the following years? *Fill in ALL that apply.*

2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999