

PARTICIPANT INFORMATION AND CONSENT FORM
Youth 18 years and older

TITLE: Evaluation of the Colorado Integrated System of Care Family Advocacy Demonstration Program

This research study is being done to evaluate the performance of your family advocate and the Family Advocacy Demonstration Program. You are being asked to volunteer to take part in this study because you and your family are working with a family advocate.

Please ask your family advocate to explain any information on this form that is unclear.

What the study is about: Because the family advocate program is being funded by the State of Colorado (Colorado Revised Statute 26-22-105), a study is required to look at whether having a family advocate is helpful to youth and their families who are involved in the legal system and who may be dealing with behavior or emotion issues.

What you will be asked to do: As a participant, you would fill out a questionnaire about your experiences with your family advocate. This questionnaire will take about 30 minutes to complete. Your agreement to participate would also allow us to access your file to record the services you received in order to determine how the advocate has helped you.

Your information will be kept confidential: The information accessed and questionnaire responses will be kept strictly confidential. Only your advocate and the two researchers will have access to this information. The names and contact information of the researchers are included below. Neither your name nor your file information will appear in any document or presentation of study results. The data from all participating youths and families will be combined and presented as group averages or summaries. The data will be stored in a secure location.

Benefits / Risks of participation: By participating in this evaluation, you can help improve the family advocate service and ultimately help other youth and families. Other than the time to complete the questionnaires, there are no other anticipated disadvantages or risks for participation in this study.

Payment for participation: You and your family will receive a small monetary gift to thank you for your time and participation.

Alternatives: You do not have to participate in this study to receive family advocacy services. You can still receive these services and not participate in the evaluation.

Taking part is voluntary: Your participation in this study is voluntary. You may decide not to participate or you may leave the study at any time without penalty or loss of benefits. If you are currently working with a family advocate, leaving the study has no impact on your continued interactions with the family advocate or with the juvenile justice system.

If you decide to withdraw from the study, please let your family advocate know. No new information about you will be gathered after your withdrawal date.

If you have questions or want a copy or summary of the study results: The two researchers assigned to the project are Kerry Cataldo (303-239-4663) and Kevin Ford (303-239-4446). Please call Kerry (the primary contact), if you have questions, concerns or complaints or if you want a copy or summary of the study results. Additional contact information can be found on the last page of the consent form. Funding for this research study is provided from the Colorado Short-term Innovative Health Programs Grant Fund through Colorado State Senate Bill 07-097 (Section 25-36-101 [2], C.R.S.).

This research project was reviewed and approved by an outside group (Western Institutional Review Board®) to determine whether your rights as a research participant are being protected. Although WIRB will not be able to answer some study-specific questions, please feel free to contact WIRB, if you have any questions about your rights as a research participant or you have any questions, concerns or complaints about the research. The WIRB may be reached at:

Western Institutional Review Board® (WIRB®)
3535 Seventh Avenue, SW
Olympia, Washington 98502
Telephone: 1-800-562-4789 or 360-252-2500
E-mail: Help@wirb.com

Any questions? Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions. You will be given a copy of this consent form to keep for your records.

Statement of Consent: I have read the above information (or had it read to me). I have had all of my questions about the study and my part in it answered. I voluntarily agree to take part in the study of Family Advocacy Demonstration Programs. By signing this consent form, I have not given up any of my legal rights.

Consent Instructions:

Consent: Participants 18 years and older must sign on the participant line below, if able.

Participant Name (printed)

Signature of Participant (18 years and older)

Date

Person Conducting Informed Consent Discussion

Date

----- Use the following only if applicable -----

If this consent form is read to the subject because the subject is unable to read the form, an impartial witness not affiliated with the research or investigator must be present for the consent and sign the following statement:

I confirm that the information in the consent form and any other written information was accurately explained to, and apparently understood by the subject. The subject freely consented to be in the research study.

Signature of Impartial Witness

Date

CONTACT INFORMATION

TITLE: Evaluation of the Colorado Integrated System of Care Family Advocacy Demonstration Program

PROTOCOL NO.: WIRB® Protocol #20081972

STUDY

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**LOCATION OF
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