

**PARTICIPANT INFORMATION AND CONSENT FORM**  
**Parents/Guardians**

**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 (the parent or guardian) and your child are being asked to volunteer to take part in this study because you are working or have worked 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 and your child will be asked to do:** As a study participant, you would allow two researchers access to your child's file to record information about the services the family advocate has helped you and your child receive. The names and contact information of the researchers are included below. You would also complete a Family Empowerment Scale and a questionnaire about your experience with your family advocate. These questionnaires, which may be completed twice, should take no longer than 90 total minutes of your time. Also, you would agree to allow your child to fill out a questionnaire about their experiences with the family advocate. The youth questionnaire should take no more than 30 minutes to complete.

**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. No research participants will be personally identified in any document or presentation of study results. The data from all participating 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 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:** 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 and your child's participation in this study is totally voluntary. Either you or your child or both of you can drop out of 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 notify your family advocate. The researchers will remove your data from the study and gather no new data about you or your child 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 or your child's 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 for my child and myself to take part in the study of Family Advocacy Demonstration Programs. By signing this consent form, I have not given up any of my or my child's legal rights.

***Consent and Assent Instructions:***

*Consent: For participants under 18 and some over 18, consent is provided by the parent or guardian.*

*Assent: Is required for participants 17 and under and where parental consent is required for participants 18 and over.*

\_\_\_\_\_  
Printed Name of Youth Participant

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Conducting Informed Consent Discussion

\_\_\_\_\_  
Date

**ASSENT SECTION:**

Statement of person conducting assent discussion:

1. I have explained all aspects of the research to the participant to the best of his or her ability to understand.
2. I have answered all the questions of the participant relating to this research.
3. The participant agrees to be in the research.
4. I believe the participant's decision to enroll is voluntary.
5. The study staff agree to respect the participant's wish to withdraw as expressed through any physical or emotional discomfort displayed at any time during this research if the discomfort pertains to the activities related to this research.

\_\_\_\_\_  
Signature of Person Conducting  
Assent Discussion

\_\_\_\_\_  
Date

Statement of Parent or Guardian:

My child appears to understand the research to the best of his or her ability and has agreed to participate.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Youth Participant

\_\_\_\_\_  
Date

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

*If this consent form is read to the parent or guardian because they are 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 parent or guardian. They 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**

**RESEARCHERS:** Primary contact:  
Kerry Cataldo  
303-239-4663  
Kerry.Cataldo@cdps.state.co.us

Secondary contact:  
Kevin Ford, Ph.D.  
303-239-4446  
Kevin.Ford@cdps.state.co.us

**LOCATION OF  
RESEARCHERS:**

Office of Research and Statistics  
Division of Criminal Justice  
Colorado Department of Public Safety  
Suite 3000  
700 Kipling Street  
Denver, Colorado 80215  
United States

**SUPERVISOR OF  
RESEARCHERS:  
(PRIMARY  
INVESTIGATOR)**

Kim English, MA  
Office of Research and Statistics  
Division of Criminal Justice  
Colorado Department of Public Safety  
Suite 3000  
700 Kipling Street  
Denver, Colorado 80215  
United States