

PARTICIPANT INFORMATION AND CONSENT FORM
Parents/Guardians
COMPARISON GROUP

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

This research study is being done to evaluate the Family Advocacy Demonstration Program. You and your child are being asked to take part in the comparison group in this study because your child has been involved in the juvenile justice system, but has not been included in the Family Advocacy Demonstration Programs.

Please ask your pre-trial services officer 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: By participating in this research study, you would complete the Family Empowerment Scale and a questionnaire about your experience with the juvenile justice system. 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 juvenile justice system. The youth questionnaire should take about 30 minutes to complete.

Your information will be kept confidential: The questionnaire responses will be kept strictly confidential. Only 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. You will still receive any and all pre-trial services or supervision that you are due whether or not you decide to participate in the study.

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 decide not to participate or decide later to withdraw, there will be no impact at all on you or your child's interactions with the juvenile justice system.

If you decide to withdraw from the study, please notify your pre-trial services officer. The researcher 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 Program. 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, consent is provided by the parent or guardian.

Assent: Is required for participants 17 or under and where parental consent is required for some participants 18 or 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 Programs

PROTOCOL NO.: WIRB® Protocol #20081972

STUDY

RESEARCHERS: Primary contact:
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**LOCATION OF
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**SUPERVISOR OF
RESEARCHERS:
(PRIMARY
INVESTIGATOR)**

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