

INDEPENDENT EVALUATION OF THE FAMILY AND ME PROGRAM

DATA SHARING AGREEMENT

September 1, 2025

Between

**COUNTY OF MONTEREY
DEPARTMENT OF SOCIAL SERVICES**

And

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

I. DECLARATION

This Data Sharing Agreement (“Agreement”) is entered into by and between the **COUNTY OF MONTEREY DEPARTMENT OF SOCIAL SERVICES** (“MOCO DSS”) and **the REGENTS OF THE UNIVERSITY OF CALIFORNIA** (“REGENTS”) for the purpose of sharing data to allow the University of California, Berkeley Human Rights Center (“HRC”) to conduct an independent evaluation of Monterey County families participating in the Commercially Sexually Exploited Children (“CSEC”) Placement and Services Continuum Model (the “Pilot Continuum”).

II. BACKGROUND

On February 11, 2025, MOCO DSS entered into an agreement with the City and County of San Francisco (“the city”) and Seneca Family of Agencies to provide Pilot Continuum services to foster youth in Monterey County. The Pilot Continuum directly benefits youth who are at risk of, or have experienced, commercial sexual exploitation and their caregiver(s). The Pilot Continuum includes an emergency placement model, home-based placement model, and a short-term residential therapeutic program to increase placement stability and safety for youth in the program.

This agreement allows MOCO DSS to share data with the REGENTS in order to conduct a rigorous evaluation of the home-based care component of the Pilot Continuum called Family & Me (“FAM”), as required by grant funding for the Pilot Continuum. The FAM evaluation aims to understand youth and caregiver experiences with FAM, identify service needs and preferences of youth and caregivers, and understand how FAM influences outcomes among youth and caregivers over time. The evaluation includes semi-structured interviews with youth, caregivers, and service providers, surveys for youth and caregivers, as well as the analysis of administrative and service provision data.

III. TERM

This agreement shall commence effective September 1, 2025, and remain in full force and effect through December 31, 2025, unless sooner terminated as provided herein. Either party may terminate this agreement by giving thirty (30) days’ written notice to the other party. This agreement is contingent upon the continued execution of the Pilot Continuum agreement in Monterey County.

IV. SCOPE OF SERVICES

DSS and the REGENTS agree to:

1. Share information pertaining to individual youth as needed for the purpose of evaluating the FAM program. Confidential information sharing shall only occur when the youth (and, where required by law, their legal representative) has provided a written informed release of information, or when otherwise authorized by existing law or policy. All such information sharing shall further comply with all applicable federal,

state, and local laws and regulations, including but not limited to the federal Health Insurance Portability Information and Accountability Act of 1997 (“HIPAA”), California Welfare & Institutions Code section 10850, 45 CFR Sec. 205.50, and the California Department of Social Services’ requirements for Confidential, Sensitive, and/or Personal Information and its Manual of Policies and Procedures, Chapter 19. Whether or not covered by W&I Code Sec. 10850 or by 45 CFR Sec. 205.50, confidential medical or personnel records and the identities of clients and complainants shall not be disclosed unless there is proper consent to such disclosure or a court order requiring disclosure.

DSS agrees to:

1. Allow DSS staff, including primary social workers serving FAM youth as well as management involved in FAM implementation, to join the evaluation and participate in interviews about the program every 6 months. Staff participation is voluntary and not required.
2. Share baseline and follow-up child welfare data for each youth who participates in FAM with HRC (“Data”). The Data includes the following:
 - a. Youth’s Client Identification (ID)
 - b. Case Start Date
 - c. Case ID
 - d. Removal Date
 - e. Reason for Removal
 - f. Type of Maltreatment
 - g. Type of Maltreatment in Foster Care
 - h. Victim Perp Relationship
 - i. Placement Start Date
 - j. Alternative Care Provider Relationship
 - k. Placement Facility Name
 - l. Placement Facility Type
 - m. Placement City
 - n. Placement End Date
 - o. Placement Change Reason
 - p. Number
 - q. Level of Care
 - r. Frequency
 - s. Number
 - t. Duration
 - u. Reasons for Leaving
 - v. How many referrals youth has had
 - w. How many cases they have had
 - x. How long they’ve been in system

- y. What their case plan is: Date, intended outcome, secondary concurrent planning
 - z. Access to wrap-around services
 - aa. CSEC Risk
 - bb. Episodes and settings
 - cc. At risk list
 - dd. Child and family team meetings
 - ee. Educational enrollment
3. Assist HRC in obtaining consent for minors to participate in the FAM evaluation by allowing the primary social worker to provide the contact information of the FAM youth's attorney.

The REGENTS agree to:

1. Conduct rigorous evaluation of FAM, including but not limited to:
 - a. Maintain Institutional Review Board (IRB) approval and abide by all requirements for ethical research
 - b. Work with youth, families, and providers as needed for ongoing evaluation design and data collection
 - c. Inviting DSS staff to participate in the evaluation
2. Reach out to the youth's attorney directly to obtain attorney permission for the youth under 18 to participate in the evaluation before obtaining informed assent from such youth. The youth's assent forms in addition to the attorney permission forms for youth under age 18 or consent forms inform youth that the evaluation will access their child welfare records.
 - a. A copy of the assent form is attached to this Agreement in **Attachment A**.
 - b. A copy of the consent form is attached to this Agreement in **Attachment B**.
 - c. All signed forms will be retained by MOCO DSS.
3. Only use confidential information provided by DSS or through interviews for the purpose of evaluating the FAM program.

V. RECORDS AND CONFIDENTIALITY

A. CONFIDENTIALITY

The REGENTS (i) will use reasonable care to protect the security of the Data, (ii) will limit access to the Data to authorized recipients, and (iii) will not at any time during or after the term of this Agreement disclose Data to persons other than authorized recipients without first obtaining DSS' prior written consent, except as otherwise required by law in which case the REGENTS shall, unless prohibited by law, notify DSS prior to such disclosure. The REGENTS will report within seventy-two (72) hours, or as soon as reasonably possible, to DSS any disclosure of the Data not authorized by this Agreement of which it becomes aware.

Notwithstanding the foregoing, in no event is information Data if it: (a) was lawfully in the possession of the REGENTS or authorized recipients before receipt from DSS under this Agreement; (b) is or becomes publicly available other than as a result of a breach of this

Agreement by the REGENTS; (c) is received by the REGENTS from a third party having an apparent bona fide right to disclose the information to the REGENTS; or (d) is independently developed by the REGENTS without use of the Data.

The REGENTS and its officers, employees, agents, and subcontractors shall comply with any and all federal, state, and local laws, which provide for the confidentiality of records and other information. The REGENTS shall not disclose any confidential records or other confidential information received from DSS or prepared in connection with the performance of this Agreement, unless DSS specifically permits the REGENTS to disclose such records or information. The REGENTS shall promptly transmit to DSS any and all requests for disclosure of any such confidential records or information. The REGENTS shall not use any confidential information gained by the REGENTS in the performance of this Agreement except for the sole purpose of carrying out the REGENTS' obligations under this Agreement.

Either Party may disclose both the existence and purpose of the relationship that is the subject of this Agreement, including the existence and terms of this Agreement.

B. COUNTY RECORDS

When this Agreement expires or terminates, the REGENTS shall return to DSS any DSS records which the REGENTS used or received from DSS to perform services under this Agreement.

C. MAINTENANCE OF RECORDS

The REGENTS shall prepare, maintain, and preserve all reports and records that may be required by federal, state, and County of Monterey rules and regulations related to services performed under this Agreement. The REGENTS shall maintain such records for a period of at least three years after termination of this Agreement. If any litigation, claim, negotiation, audit exception, or other action relating to this Agreement is pending at the end of the three-year period, then the REGENTS shall retain said records until such action is resolved.

VI. GENERAL PROVISIONS BETWEEN THE REGENTS AND THE COUNTY OF MONTEREY

A. INDEMNIFICATION

The REGENTS, to the extent permitted by law, shall indemnify, defend, and hold harmless the COUNTY OF MONTEREY, its officers, agents and employees from and against any and all claims, liabilities, and losses arising out of and directly related to the performance of this Agreement but only in proportion to and to the extent such claims, liabilities, and losses are caused by or result from the REGENTS' negligence or willful misconduct. The COUNTY OF MONTEREY, to the extent permitted by law, shall indemnify, defend, and hold harmless the REGENTS, its officers, agents and employees from and against any and all such claims, liabilities, or losses arising out of the sole negligence or willful misconduct of the COUNTY OF MONTEREY directly related to the performance of this Agreement.

B. INSURANCE PROVISIONS

Insurance Coverage Requirements: Without limiting the REGENTS' duty to indemnify, THE REGENTS shall maintain in effect throughout the term of this Agreement self-insurance with the following minimum limits of liability:

Commercial **General Liability**, including but not limited to premises and operations, including coverage for Bodily Injury and Property Damage, Personal Injury, Contractual Liability, Broad form Property Damage, Products and Completed Operations, with a combined single limit for Bodily Injury and Property Damage of not less than \$1,000,000.00 (one million dollars) per occurrence and \$2,000,000.00 (two million dollars) in aggregate and

Comprehensive **Automobile Liability** must include motor vehicles, including scheduled, non-owned, and hired vehicles, used in providing services under this Agreement, with a combined single limit or Bodily Injury and Property Damage of not less than \$1,000,000.00 (one million dollars) per occurrence; and

Worker's Compensation Insurance: If the REGENTS employ others in the performance of this Agreement, the REGENTS shall maintain Worker's Compensation Insurance in accordance with California Labor Code Section 3700, and with Employer's Liability limits not less than \$1,000,000.00 (one million dollars) each person, \$1,000,000.00 (one million dollars) each accident, and \$1,000,000.00 (one million dollars) each disease.

Professional Liability Insurance:

Instructions: Check YES or x NO. Professional Liability Insurance is usually required for contractors rendering professional services such as, but not limited to, medical services, legal services, engineering, accounting, and software design.

Professional Liability Insurance is required, pursuant to the following terms:

The REGENTS shall maintain in effect throughout the term of this Agreement Professional Liability Insurance in the amount of not less than \$1,000,000 (one million dollars) per claim, and \$2,000,000 (two million dollars) in the aggregate, to cover liability for malpractice or errors or omissions made in the course of rendering professional services. If Professional Liability Insurance is written on a "claims-made" basis rather than an occurrence basis, the REGENTS shall, upon the expiration or earlier termination of this Agreement, obtain extended reporting coverage ("tail coverage") with the same liability limits. Any such tail coverage shall continue for at least three (3) years following the expiration or earlier termination of this Agreement.

General Insurance Requirements: All insurance required by this Agreement shall be with a company acceptable to the COUNTY OF MONTEREY and authorized by law to transact insurance business in the State of California. Unless otherwise specified in this Agreement, all such insurance shall be written on an occurrence basis, or, if the policy is not written on an occurrence basis, such policy with the coverage required herein shall continue in effect for a period of three (3) years following the date the REGENTS complete its performance of services under this Agreement. Each policy shall provide identical coverage for each subcontractor, if any, performing work under this Agreement, or be accompanied by a certificate of insurance showing each subcontractor has identical insurance coverage.

Comprehensive General Liability and Automobile Liability policies shall provide an endorsement naming the COUNTY OF MONTEREY, its officers, agents, and employees as Additional Insureds, and shall further provide that such insurance is primary insurance to any insurance or self-insurance maintained by the COUNTY OF MONTEREY, and that the insurance of the Additional Insureds shall not be called upon to contribute to a loss covered by the REGENTS' insurance.

Prior to the execution of this Agreement by COUNTY OF MONTEREY, the REGENTS shall file Certificates of Insurance with COUNTY OF MONTEREY'S Contract Administrator, showing that the REGENTS have in effect the insurance required by this Agreement. The REGENTS shall file a new or amended certificate of insurance promptly after any change is made in any insurance policy, which would alter the information of the certificate then on file. Acceptance or approval of insurance shall in no way modify or change the indemnification clause in this Agreement, which shall continue in full force and effect.

In the event the REGENTS are lawfully self-insured in any or all of the required insurance areas referenced above, a letter certifying those areas of coverage and in the minimum amounts as set forth in this Agreement, shall be furnished by the REGENTS to COUNTY OF MONTEREY'S Contract Administrator prior to the execution of this Agreement.

Cancellation of Insurance: Each liability policy shall provide that COUNTY OF MONTEREY will be given notice in writing at least thirty (30) days in advance of any change, cancellation, or non-renewal thereof. The REGENTS shall immediately obtain replacement coverage for any insurance policy that is terminated, cancelled, non-renewed, or whose policy limits have been exhausted, or upon insolvency of the insurer that issued the policy.

VI. NOTICE

Notice to the parties in connection with this agreement shall be given personally or by regular mail addressed as follows:

If to DSS:

Chelsea Chacon, Management Analyst III
Department of Social Services
1000 South Main Street, Suite 206
Salinas, CA 93901-2353

If to the REGENTS:

Catherine Strickland
The Regents of the University of California
C/O Industry Affiliates Office
2150 Shattuck Avenue, Suite 408
Berkeley, CA 94704-1362
cstrickland@berkeley.edu
cc: juliefreccero@berkeley.edu

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first herein above written.

COUNTY OF MONTEREY

BY

Roderick W. Franks, Director
Department of Social Services

APPROVED AS TO FORM:

DocuSigned by:

Anne Brenton

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Deputy County Counsel

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

BY

Signed by:

Kathryn Lewis

071000123050488...

Kathryn Lewis
The Regents of the University of California

UNIVERSITY OF CALIFORNIA AT BERKELEY



BERKELEY DAVIS IRVINE LOS ANGELES MERCED RIVERSIDE SAN DIEGO SAN FRANCISCO

SANTA BARBARA SANTA CRUZ

ASSENT TO PARTICIPATE IN A RESEARCH STUDY
Family and Me (FAM): Evaluating a Family-based Foster Care Pilot for Youth
At Risk of Commercial Sexual Exploitation in San Francisco

[Youth Participants]

My name is _____, and I am a researcher with the Human Rights Center (HRC) at the University of California, Berkeley. I am working on a study that I would like to tell you about. I would also like to find out if you would be willing to participate in this study.

I can read this form out loud to you, or you can decide to read it to yourself instead if you'd like. If any questions come up about research or this study, please ask me. I will try my best to answer your questions and clear up any confusion.

What is a research study?

A research study is when people like me collect a lot of information about a person or a subject to find out more about it. Before you decide if you want to be in this study, it's important for you to understand why we are doing the research and what is involved.

What is Informed Consent/Assent?

Informed consent is a process where researchers give you lots of information to help you understand the purpose and expectations of a research project. Then, you decide if you want to participate or not. *Consent* can be a written or spoken agreement from an adult aged 18 and older to participate in research.

When you are under the age of 18, you cannot legally provide consent. Researchers still explain the purpose and requirements of their research projects and ask you if you would be willing to participate. If you are under the age of 18 and decide to participate in research, you can provide a written or spoken agreement to participate in a study. This is called *assent*.

Even if you are under 18 and provide assent to participate in this research study, we are also required by the San Francisco Human Service Agency's Family and Children's Services to get permission from your attorney for you to participate in the study. If we receive your assent, we will ask your attorney to sign a permission form for you to participate in the study.

If you assent and we receive the permission form from your attorney, the San Francisco County Superior Court has given us permission to use some of the notes and forms from your family's court case, to evaluate Family and Me (FAM).

Why are we doing this study?

This research project is designed to do a couple of things. First, we are trying to understand how FAM is going. Second, by talking with youth like yourself, FAM caregivers, and service providers, we will try to find out what is working well and what is not working well in FAM.

Third, this study will be used to make FAM and other similar foster care programs the best they can be for other youth that get placed in out-of-home care in the future.

This study is completely separate from your family's court case or your involvement in FAM. Participating in none, some, or all of this study will NOT affect:

- Your FAM placement or services
- Your court family reunification plans or timelines
- The amount of time you will be placed in out-of-home care
- Your access to previous services and activities (therapist, after school sports, etc.)

Why are we talking to you about this study?

We are inviting all youth who are participating in FAM to participate in this study. We are also inviting FAM caregivers and FAM service providers to participate in this study. Participation is voluntary.

As a reminder, FAM is available to youth placed in out-of-home care by San Francisco's Family and Children's Services (FCS) or Juvenile Probation Department (JPD) who the county or a service provider has identified as at risk of past, present, or future commercial sexual exploitation. Commercial sexual exploitation is very common in the San Francisco Bay Area. One of the goals of FAM is to reduce this risk for foster youth, by providing services and supporting youth's relationships with their caregivers, family members, and friends.

What will happen if you are in this study?

If you agree to be in the study and we receive permission from your attorney, we will look at the following information:

- Surveys

We will ask you to complete one survey every 4 months for the duration of the study. You can take the survey online, on your phone or laptop, or a research team member can administer it to you, depending on your preference. These surveys will take about 20-30 minutes. You can take breaks during surveys. You can skip any questions that you don't want to answer or don't feel comfortable answering. This is completely up to you, based on your level of comfort.

- Interviews

A member of the research team will interview you every 4 months for the duration of the study. The interview will take about 45-60 minutes and will take place either in person [*location*] or virtually [*by Zoom or phone*], depending on your preference. Where possible, you will have the same interviewer each time, unless you prefer otherwise. You are welcome to have a caregiver or other supportive person sit in with you during interviews, but it is not required. You may take breaks during interviews and can decide to stop the interview early. You can also skip any questions or topics that you don't want to answer. With your permission, we will audio-record your interviews, so that later, the researchers can write down everything you shared with them. If you don't want to be audio-recorded, the researcher will take handwritten notes instead. We will not share the audio-recording with anyone other than the HRC research team.

- Records

When you meet with your Seneca support staff, they will complete a survey with you about your relationships with relatives, family members, and other adults in your life—called the Youth Connections Scale (YCS)—every 4 months. If you agree, they will share these assessment results, historical placement data, case notes, and other assessments and information about your use of services with us as part of our evaluation. Seneca may share information about my time in foster care between the dates of: _____ through _____.

Also, FCS and JPD will share relevant information from their records with us about you and your case, including your safety, justice system involvement, and placement history.

Is there any compensation for being in the study?

We will provide you with a \$20 gift card as compensation for every 20-30 minute survey you participate in (even if you skip questions). We will provide you with a \$50 gift card as compensation for every 45-60 minute interview you participate in (even if you skip questions).

Are there any benefits to being in the study?

There are no direct benefits in this study that directly help you. Our hope is that your experiences and valuable insights can help other young people and improve FAM and other foster care and family support programs like it in the future.

Are there any risks or discomforts to being in the study?

- You might get bored, tired, or uncomfortable and decide that you don't want to finish the study activities or the interview. If so, just tell the researchers that you want to stop. If you'd like to speak to someone about any issues or difficult feelings that come up for you during the interview, let the researcher know and they will give you information about counseling and other support services.
- A possible risk for any research is that people outside the study might see or get confidential study information. We will do everything we can to make sure that doesn't happen. The steps we're taking to protect confidentiality are explained below.

Who will know about your study participation?

If you choose to participate in this study, the researchers will talk with you somewhere private or over Zoom or by phone, and your opinions will be kept confidential. The researchers will not talk about your participation with any FAM participants, JPD, FCS, or any service providers — except for the staff responsible for data collection. These staff will not have access to your interview / survey responses or opinions about FAM. If you want to tell anyone else about our conversation, that is up to you. Even if someone sees you with a member of the research team, the researcher will not discuss how they know you or say that you are involved in the study without your permission. If the researchers publish reports or give talks about this study, they will not use your name or any other personal information that would identify you.

The research team will do everything possible to keep your responses and personal information safe. We will keep all interview notes and recordings in a secure, password-protected virtual platform or a secure, locked location at UC Berkeley until your personal information is removed and the responses can no longer be linked to you. The research team will destroy handwritten notes and audio recordings as soon as we have carefully typed out your words into another

secure computer document, which may be saved for 10 years after the study is over. The document will not contain your name or any other information that can be used to identify you.

We will be receiving your records electronically. While we cannot guarantee the complete confidentiality of data transmitted over the internet, we will use a process that minimizes any possible confidentiality breaches.

Rights

- You get to decide whether or not to participate in this evaluation of FAM. You can also decide, at any point, if you'd like us to stop accessing your case files, notes, or other information from your service providers. If at any time you'd like to withdraw your participation in the study, all information collected will be deleted or destroyed.
- Participating in this study is completely voluntary and you can quit the study at any time with no consequences to you, the services you receive, or your FCS case.
- You can discuss this with your parents, relatives, caregivers, friends, or anyone else before you make a decision if you'd like to, although this is not required.
- You can contact our research team with any and all questions.

Do you have any questions?

If you have any questions about this research, please feel free to contact the research team directly or through someone you trust. You can reach a research team member or Program Director Julie Freccero at (510) 590-8407, or by email at famstudy@berkeley.edu. If you have any questions about your rights or treatment as a research participant in this study, please contact the University of California at Berkeley's Committee for Protection of Human Subjects at +1 (510) 642-7461 or by e-mail at: subjects@berkeley.edu

ASSENT OF ADOLESCENT (12–17 years old)

If you decide to participate, we'll give you a copy of this form to keep if you'd like.

If you would like to be in this research study, please sign your name on the line below.

Child's Name/Signature (*printed or written by child*)*

Date

Signature of Investigator/Person Obtaining Assent

Date



CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Family and Me (FAM): Evaluating a Family-based Foster Care Pilot for Youth At Risk of Commercial Sexual Exploitation in San Francisco

[Youth Participants]

My name is _____, and I am a researcher with the Human Rights Center (HRC) at the University of California, Berkeley. I am working on a study that I would like to tell you about. I would also like to find out if you would be willing to participate in this study.

I can read this form out loud to you, or you can decide to read it to yourself instead if you'd like. If any questions come up about research or this study, please ask me. I will try my best to answer your questions and clear up any confusion.

What is a research study?

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What is Informed Consent?

Informed consent is a process where researchers give you lots of information to help you understand the purpose and expectations of a research project. Then, you decide if you want to participate or not. *Consent* can be a written or spoken agreement from an adult aged 18 and older to participate in research.

Researchers still explain the purpose and requirements of their research projects and ask you if you would be willing to participate. If you are aged 18 or older, you can decide to participate in research, by signing this form to certify your *consent* to participate.

Why are we doing this study?

This research project is designed to do a couple of things. First, we are trying to understand how FAM is going. Second, by talking with youth like yourself, FAM caregivers and service providers, we will try to find out what is working well and what is not working well in FAM. Third, this study will be used to make FAM and other similar foster care programs the best they can be for other youth that get placed in out-of-home care in the future.

This study is completely separate from your family's court case or your involvement in FAM. Participating in none, some, or all of this study will NOT affect:

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As a reminder, FAM is available to youth placed in out-of-home care by San Francisco's Family and Children's Services (FCS) or Juvenile Probation Department (JPD) who the county or a service provider has identified as at risk of past, present, or future commercial sexual exploitation. Commercial sexual exploitation is very common in the San Francisco Bay Area. One of the goals of the FAM program is to reduce this risk for foster youth, by providing services and supporting youth's relationships with their caregivers, family members, and friends.

What will happen if you are in this study?

If you agree to be in the study, we will look at the following information:

- Surveys

We will ask you to complete one survey every 4 months for the duration of the study. You can take the survey online, on your phone or laptop, or a research team member can administer it to you, depending on your preference. These surveys will take about 20-30 minutes. You can take breaks during surveys. You can skip any questions that you don't want to answer or don't feel comfortable answering. This is completely up to you, based on your level of comfort.

- Interviews

A member of the research team will interview you every 4 months for the duration of the study. The interview will take about 45-60 minutes and will take place either in person [*location*] or virtually [*by Zoom or phone*], depending on your preference. Where possible, you will have the same interviewer each time, unless you prefer otherwise. You are welcome to have a caregiver or other supportive person sit in with you during interviews, but it is not required. You may take breaks during interviews and can decide to stop the interview early. You can also skip any questions or topics that you don't want to answer. With your permission, we will audio-record your interviews, so that later, the researchers can write down everything you shared with them. If you don't want to be audio-recorded, the researcher will take handwritten notes instead. We will not share the audio-recording with anyone other than the HRC research team.

- Records

When you meet with your support staff, they will complete a survey with you about your relationships with relatives, family members, and other adults in your life—called the Youth Connections Scale (YCS)—every 4 months. If you agree, they will share these assessment results, historical placement data, case notes, and other assessments and information about your use of services with us as part of our evaluation. Seneca may share information about my time in foster care between the dates of: _____ through _____.

Also, FCS and JPD will share relevant information from their records with us about you and your case, including your safety, justice system involvement, and placement history.

Is there any compensation for being in the study?

We will provide you with a \$20 gift card as compensation for every 20-30 minute survey you participate in (even if you skip questions). We will provide you with a \$50 gift card as compensation for every 45-60 minute interview you participate in (even if you skip questions).

Are there any benefits to being in the study?

There are no direct benefits in this study that directly help you. Our hope is that your experiences and valuable insights can help other young people and improve the FAM program and other foster care and family support programs like it in the future.

Are there any risks or discomforts to being in the study?

- You might get bored, tired, or uncomfortable and decide that you don't want to finish the study activities or the interview. If so, just tell the researchers that you want to stop. If you'd like to speak to someone about any issues or difficult feelings that come up for you during the interview, let the researcher know and they will give you information about counseling and other support services.
- A possible risk for any research is that people outside the study might see or get confidential study information. We will do everything we can to make sure that doesn't happen. The steps we're taking to protect confidentiality are explained below.

Who will know about your study participation?

If you choose to participate in this study, the researchers will talk with you somewhere private or over Zoom or by phone, and your opinions will be kept confidential. The researchers will not talk about your participation with any FAM participants, JPD, FCS, or any service providers – except for the staff responsible for data collection. These staff will not have access to your interview / survey responses or opinions about FAM. If you want to tell anyone else about our conversation, that is up to you. Even if someone sees you with a member of the research team, the researcher will not discuss how they know you or say that you are involved in the study without your permission. If the researchers publish reports or give talks about this study, they will not use your name or any other personal information that would identify you.

The research team will do everything possible to keep your responses and personal information safe. We will keep all interview notes and recordings in a secure, locked location until your personal information is removed and the responses can no longer be linked to you. The research team will destroy handwritten notes and audio recordings as soon as we have carefully typed out your words into another secure computer document, which may be saved for 10 years after the study is over. The document will not contain your name or any other information that can be used to identify you.

We will be receiving your records electronically. While we cannot guarantee the complete confidentiality of data transmitted over the internet, we will use a process that minimizes any possible confidentiality breaches.

Rights

- You get to decide whether or not to participate in this evaluation of FAM. You can also decide, at any point, if you'd like us to stop accessing your case files, notes, or other information from your service providers. If at any time you'd like to withdraw your participation in the study, all information collected will be deleted or destroyed.
- Participating in this study is completely voluntary and you can quit the study at any time with no consequences to you, the services you receive, or your FCS case.
- You can discuss this with your parents, relatives, caregivers, friends or anyone else before you make a decision if you'd like to, although this is not required.
- You can contact our research team with any and all questions.

Do you have any questions?

If you have any questions about this research, please feel free to contact the research team directly or through someone you trust. You can reach a research team member or Program Director Julie Freccero at (510) 590-8407 or by email at FAMstudy@berkeley.edu. If you have any questions about your rights or treatment as a research participant in this study, please contact the University of California at Berkeley's Committee for Protection of Human Subjects at +1 (510) 642-7461 or by e-mail at: subjects@berkeley.edu

CONSENT OF YOUTH (18–21 years old)

If you decide to participate, we'll give you a copy of this form to keep.

If you would like to be in this research study, please sign your name on the line below.

Participant Signature

Date

Signature of Investigator/Person Obtaining Consent

Date