



**ILLINOIS  
CRIMINAL JUSTICE  
INFORMATION AUTHORITY**

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300 W. Adams Street • Suite 200 • Chicago, Illinois 60606 • (312) 793-8550

**AGENDA**

**Institutional Review Board**

May 3, 2018 (1:00 – 3:00 PM)

Illinois Criminal Justice Information Authority

300 W. Adams Street, Suite 200

Chicago, IL 60606

- I. Call to Order and Roll Call
- II. Approval of February 1, 2018 Meeting Minutes
- III. Applications for Review
  - a. New application:
    1. Mental Health Crisis Response Survey (pp. 1 – 39)  
*Megan Alderden & Alysson Gatens*
  - b. Amendment:
    1. Evaluation of Pathway to Enterprise for Returning Citizens (pp. 40 – 79)  
*Jessica Reichert and Justin Escamilla*
- IV. Old Business: None
- V. New Business:
  - a. Expedited renewal application:
    1. Evaluation of the Safe Passage Initiative  
*Jessica Reichert*
  - b. Discussion about new IRB Initial Application Forms
- VI. Next IRB meeting – late June
- VII. Adjourn

This public meeting will be accessible to persons with disabilities in compliance with Executive Order #5 and pertinent State and Federal laws upon anticipated attendance. Persons with disabilities planning to attend and needing special accommodations should contact by telephone or letter John Klaer, Associate Director, Office of Administrative Services, Illinois Criminal Justice Information Authority, 300 W. Adams St. Suite 200, Chicago, Illinois, 60606-5150 or at (312) 793-8550. TDD services are available at (312) 793-4170.

Illinois Criminal Justice Information Authority

IRB

APPROVAL APPLICATION for Research Involving Human Subjects

**PROPOSAL INFORMATION**

**Principal investigator(s):** Dr. Megan Alderden, Alysson Gatens

**Principal investigator(s) email:** [megan.alderden@illinois.gov](mailto:megan.alderden@illinois.gov) , [alysson.gatens@illinois.gov](mailto:alysson.gatens@illinois.gov)

**Office Address:** 300 W. Adams St., Suite 200

**City, State, Zip code:** Chicago, IL 60606

**Office phone:** (312) 793-8550

**Project staff and affiliation:** Justin Escamilla, Research Analyst, ICJIA

**Start date of project:** May 2018

**End date of project:** May 2019

**Title of proposal:** Mental Health Crisis Response Survey

**Initial approval type:**                      **Full IRB:**   X                        **Expedited:**                             **Exempt:**       

**Is this IRB linked to other IRB approval?**                       Yes                       No

If YES, please explain:

**Will the data be primary data or secondary data?**                       Primary                       Secondary

If SECONDARY, please briefly indicate the source of the data:

**How is the end date of the study defined?**

The publication of one or more reports on the Illinois Criminal Justice Information Authority (Authority) website.

# I. VULNERABLE SUBJECTS

Will any of the following groups potentially be included in your sample?

	Yes	No
Minors under age 18	_____	<u>  X  </u>
Adult prisoners or individuals in secure confinement	_____	<u>  X  </u>
Juveniles in correctional or detention facilities	_____	<u>  X  </u>
Probationers, parolees, or individuals under court or correctional supervision	_____	<u>  X  </u>
Developmentally disabled, intellectually disabled, or cognitively impaired	_____	<u>  X  </u>
Individuals held in residential treatment, locked facilities, or hospitalized	_____	<u>  X  </u>
Pregnant women, if focus of research	_____	<u>  X  </u>
Non-English speakers	_____	<u>  X  </u>
Wards of the state	_____	<u>  X  </u>
Other—please specify	_____	<u>  X  </u>

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## II. PROJECT DESCRIPTION

### A. PROJECT SUMMARY

**1. Please provide a brief summary (3 – 5 sentences), in lay terms, of the purpose of the study and the procedures subjects will undergo.**

One respondent from each police department and sheriff’s department in Illinois will complete an online survey regarding their department’s present policies and practices when responding to mental health crisis incidents. This project does not solicit the respondent’s opinions; rather, it only asks about each department’s present operations. The purpose of this research is to learn more about police departments’ and sheriff departments’ responses to incidents involving individuals experiencing a mental health crisis.

## B. PROCEDURES

2. Describe the procedures involving human subjects and list the steps you will take. Include the following information:

- a.) *Time involvement of subjects:* It will take approximately 5-10 minutes to complete the survey.
- b.) *Location(s) the study will be conducted with subjects, including a description, if applicable:* Online survey which can be taken on any PC, phone, or tablet with Internet connection
- c.) *Amount of payment to subject, if any (consent form must note plan for payment if they withdraw voluntarily):* N/A
- d.) *What subjects will experience or do:* Subjects will complete an online survey regarding their department's policies and practices when responding to mental health crisis incidents.

## C. EQUITABLE SELECTION OF SUBJECTS

3. Please answer the following information about your proposed sample.

a.) *Anticipated total number of subjects in study:* 1102  
1,000 police departments in IL  
102 sheriff's departments in IL

b.) *Number in age ranges:* Under 18 \_\_\_\_\_ 18 and older 100%

c.) *Potential inclusion: race/ethnicity (check **ALL** that apply). If known, provide number:*

African American	<input checked="" type="checkbox"/>	American Indian	<input checked="" type="checkbox"/>		
Asian	<input checked="" type="checkbox"/>	Hispanic	<input checked="" type="checkbox"/>		
White	<input checked="" type="checkbox"/>	Other	<input checked="" type="checkbox"/>	Bi-racial	<input checked="" type="checkbox"/>
Unknown	<input checked="" type="checkbox"/>	Comments	_____		

d.) *Prisoners or individuals in secure confinement(n):* 0

e.) *Probationers, parolees, or other individuals under court or correctional supervision:* 0

4. Describe the procedures for subject recruitment

Administrative data \_\_\_\_\_ Recruitment X

The Illinois Association of Chiefs of Police and the Illinois Sheriffs' Association will send out a recruitment email on behalf of the study (see Attachment C). Additionally, ICJIA will send out the same recruitment email to the agency's mailing list. Subjects will be given a link to the

online survey. Follow-up emails and/or calls will be made to increase response rates.

**5. Identify the criteria for inclusion/exclusion of subjects and provide a clear rationale for them.**

Researchers will attempt to include all police and sheriff's departments in Illinois in the sample. These departments are included because they are often the first responders to incidents involving individuals experiencing a mental health crisis.

**D. RISK/BENEFIT ASSESSMENT**

**6. Briefly describe the potential benefits of the project to subjects and/or to society. Note: Social science research typically does not provide a direct benefit to the subjects.**

Use of these data will advance knowledge regarding police and sheriff's department responses to mental health crisis incidents and available mental health services across the state of Illinois. There is no direct benefit to the subjects.

**7. Does this study involve any of the following?**

<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Use of deception by researchers
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Use of punishment by researchers
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Use of drugs by subjects for study purposes
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Covert and/or participant observation
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Induction of mental and/or physical stress to subjects by researchers
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Procedures which risk physical harm to the subject
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Materials and behaviors commonly regarded as socially unacceptable
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Procedures by researchers that might be regarded as an invasion of privacy to subjects or cause a degree of discomfort
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Possible/probable disclosure of information by subjects to researchers that may be harmful to the subject (e.g., child abuse, criminal behavior, immigration status)

*a.) If you checked YES to any of the above procedures, explain the procedure in detail, as well as provide the methods being used to control or minimize the danger to the subjects.*

N/A

*b.) Please indicate the theoretical and/or methodological necessity for employing each procedure(s) checked YES.*

N/A

**8. If the study involves deception, when and how will the subjects be debriefed? (Generally, the nature of the deception and its necessity should be explained to the subjects).**

N/A

**9. Are provisions for subject's medical care available in the event of a personal (physical or mental) injury resulting solely from subject's participation in the research? Please explain.**

Yes \_\_\_\_\_ No \_\_\_\_\_ Not applicable  X

**10. Will other care or counseling be available or referrals made to agencies for the subject should he or she become stressed, uncomfortable, angry, or experience other psychological difficulties as a result of participating in the research? Please explain.**

Yes \_\_\_\_\_ No \_\_\_\_\_ Not applicable  X

**Minimal risk:** A risk is minimal where the probability and magnitude of harm or discomfort anticipated in the proposed research are not greater, in and of themselves, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

**Greater than minimal risk:** A risk is greater than minimal where the probability and magnitude of harm or discomfort anticipated in the proposed research are greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

**High risk:** A risk is high when a moderate-to-high probability of serious adverse effects might occur as a result of participation in a research study.

Risks and benefits that would result even if the research weren't undertaken should not be considered.

**11. Indicate the overall degree of the research's *physical* risk to the subject, according to the definitions provided below.**

X  Minimal  
\_\_\_\_\_ Greater than minimal  
\_\_\_\_\_ High

**12. Indicate the overall degree of the research's *psychological* risk to the subject, according to the definitions provided below.**

X  Minimal  
\_\_\_\_\_ Greater than minimal  
\_\_\_\_\_ High

**13. Indicate the overall degree of any *other* risk to the subject the research may have (e.g.,**

social, economic), according to the definitions provided below.

- Minimal  
 Greater than minimal  
 High

### **E. COMPENSATION**

**14. Will the participants be compensated monetarily for entering the study?**

Yes  No

a.) If **YES**, what is the amount and source of the funds?

Amount \$ N/A Source of funds N/A

b.) If **YES**, how will that money be distributed to subjects (e.g., gift cards, cash)? Explain.

N/A

**15. Are there other inducements planned to recruit subjects? If **YES**, describe other inducements.**

Yes  No

### **F. CONFIDENTIALITY**

**16. Will any data be gathered through photographic, video or sound recording devices?**

Yes  No

a.) If **YES**, how will the confidentiality of the materials produced by such devices be protected? N/A

**Note:** A separate line of the consent form for the subjects to agree to be video/audio taped or photographed must be included.

b.) What will be done with the still photos, video, or audio recordings after the study has been completed? Will this information be destroyed, kept xx number of years, used in publications, etc? How does the investigator(s) define "completion" of the study?

N/A

**17. Will names or individual identifiers of subjects be recorded? If **YES**, answer a through d below.**

Yes  No

a.) Where will the names or other individual identifiers be recorded (e.g., on test protocols,

on a separate list with code numbers, etc)?

Respondents will be asked to provide the name of the agency for which they are responding. The identifying information is requested in order to document response rates and generalizability of the survey responses. Respondents will be asked to voluntarily provide contact information (name, job title) that will be used to complete follow-up discussions with agencies. The contact information will be maintained separately from the final dataset.

*b.) Describe project procedures for maintaining the security of these records at every point in the data collection process.*

After the recruitment email is sent to potential respondents, the online survey data will be collected using the online survey platform, Qualtrics. Qualtrics safeguards all customer data and uses secure data centers to ensure the highest protection as per HITECH requirements. HITECH (Health Information Technology for Economic and Clinical Health Act) complies with HIPAA rules to ensure that data are properly protected and best security practices followed. Only ICJIA research staff with passwords can access the survey. Once the data have been collected, it will be downloaded from Qualtrics to either Excel or SPSS, which will be kept on secure, password protected servers and computers accessible only to the research staff.

*c.) Would it be possible to conduct the proposed project without recording names or other individual identifiers? Please explain why or why not.*

Yes  No

The purpose of the research is to understand differences in departments' responses to mental health crisis incidents. Information regarding department name is needed in order to compare policies and practices between departments and to document the survey's response rate. Respondent name/job title are not required, and so they are specifically noted as optional.

**d.) Will access to names be under your exclusive control?**

Yes  No

*If **NO**, what will be done to protect the confidentiality of the subjects? Who would have access to names or other individual identifiers? Describe the procedures for maintaining security of paper files, automated files, and other records.*

*e.) Will names of subjects be included in any publication based on this study? If **YES**, for what reason(s)?*

Yes  No

Names of individual subjects will not be included in any publications. The information will be used to conduct follow-up discussions with agency staff.

**18. Sometimes research findings are presented in a manner that permits knowledgeable readers to infer the identity of a person used as a subject, even if names are omitted. Do you expect to present findings that may possibly provide such clues? If **YES**, explain.**



Yes \_\_\_\_\_ No X

**19. Will information be obtained pertaining to persons other than immediate subjects (e.g., their friends)? If YES, how will the confidentiality of such persons be protected?**

Yes \_\_\_\_\_ No X

### **G. INFORMED CONSENT**

**20. Do you intend to obtain informed consent?**

\_\_\_\_\_ Verbal \_\_\_\_\_ Written \_\_\_\_\_ No consent needed X Waiver of consent documentation

If **NO CONSENT NEEDED** or **VERBAL**, please answer *a* through *c* below.

*a.) Why do you not intend to use written forms?*

Our survey will be administered online, thus we cannot obtain written consent on a paper form. Instead researchers will offer information about the study before survey questions are displayed and by clicking a button to continue, subjects will affirmatively consent to the study.

*b.) In what manner and to what extent would potential subjects be given advance information about the procedure in which they are asked to participate? If using a contact letter, please include it.*

Information about the survey and associated procedures will be provided on a page at the beginning of the survey prior to responding any survey questions (see Attachment A).

*c.) In what manner would potential subjects be advised that their participation and continuation in the project would be entirely voluntary? Please provide a copy of the text to be used.*

Survey information on the page prior to the beginning of the actual survey will include information about participation and continuation in the survey as completely voluntary, and what to do if they do not want to continue on with the survey or have questions (see Attachment A).

**21. If receiving verbal or written consent, please attach a copy of the script or the consent form that you will use.**

Attached X Unable to provide \_\_\_\_\_ Not applicable \_\_\_\_\_

*a.) If you are unable to provide the script or consent form, please explain why*

**22. Please give a detailed description of the process that will be used to obtain consent and answer all applicable questions:**

*a.) Who will obtain consent?* Researchers will obtain consent from respondents electronically through the online survey.

b.) *How will consent be obtained?*

For the online survey, consent will be obtained through the subject following an online link and being supplied information with the details of the study they have been asked to participate in (see Attachment A). Subjects will be instructed to click to the next screen to begin the survey if they consent.

c.) *How often will consent be obtained (e.g., longitudinal or long-term field studies)?*

Consent will be obtained at one point in time – prior to beginning the survey.

d.) *How will you verify the subject fully understands the consent?* Subjects will be asked to affirmatively select “Yes” to a question asking for their consent. Contact information for the researchers will be provided if respondents wish to ask any questions about the consent process.

e.) *How will your investigators be trained to use the informed consent process?* All Authority research staff are certified in the National Institutes of Health Office of Extramural Research’s web-based training course “Protecting Human Research Participants.”

**23. Will/is the consent form be translated for non-English speaking participants?**

Yes  No

a.) *If **NO**, please explain why.*

Non-English speaking participants are not expected to participate in this survey on behalf of any police or sheriffs’ departments.

b.) *If **YES**, please provide an explanation of who will/did translate the forms and their qualifications.*

N/A

**24.** Does the consent form you have attached fully comply with ICJIA instructions for consent forms that are in compliance with general requirements as outlined in the *Code of Federal Regulations 46.116* and the Authority’s IRB procedures? Please refer to the checklist.

Yes  No

a.) *If **NO**, please explain why.*

**25. Will all project staff be IRB certified and trained to follow the basic guidelines for the ethical care of subjects?**

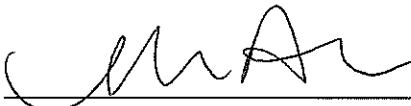
Yes  No (explain below)

**SIGNATURE PAGE**

**Illinois Criminal Justice Information Authority**  
**IRB**  
**APPROVAL APPLICATION: for Research Involving Human Subjects**

**PROJECT NAME:** Mental Health Crisis Response Survey

This page is to be signed by the principal investigator.

  
\_\_\_\_\_  
Signature of Principal Investigator

4/27/2018  
\_\_\_\_\_  
Date

**IRB ACTION:**

Request Approved \_\_\_\_\_ Request Denied \_\_\_\_\_

IRB Requests Modifications (see explanation below) \_\_\_\_\_

\_\_\_\_\_  
Signature of IRB Chair

\_\_\_\_\_  
Date

**Modifications Requested by IRB:**

**IRB Expiration:**  
The IRB approval granted for this project expires on \_\_\_\_\_  
Date

**Illinois Criminal Justice Information Authority  
Mental Health Response by Law Enforcement Agencies  
Consent Form**

You are being asked to participate in a 5-10 minute on-line survey about mental health responses used by law enforcement agencies. Researchers are required to provide a consent form such as this one to tell you about the research, explain that taking part is voluntary, describe the risks and benefits of participation, and help you make an informed decision.

***Why am I being asked?***

You are being asked to complete the survey as a representative of a law enforcement agency. All police agencies and Sherriff's Offices are being asked to complete the survey. We ask that only one person per agency completes the survey.

***What is the purpose of this research?***

Researchers at the Illinois Criminal Justice Information Authority (ICJIA) are documenting the number and types of programs law enforcement agencies use when responding to individuals experiencing mental health crises. We are also hoping to learn about the challenges agencies experience implementing these types of programs.

***What procedures are involved?***

You are being asked to complete a brief 5-10 minute on-line survey.

***How will the information be used?***

The information will be used by researchers to document the frequency and type of law enforcement-based mental health responses. The information may also be used to inform state policy, practice, and funding.

***Will anyone know that I am taking part in this study?***

No information collected will be shared in a manner that could be used to identify you or your agency.

***What are the potential benefits?***

There are no direct benefits to you. The information may be used, however, to inform state policy, practice, and funding.

***What are the potential risks and discomforts?***

To the best of our knowledge, participating in this research study will not put you at significant risk of harm. You can skip any questions. Your decision to participate in this survey will not impact any current or future relationship with the ICJIA.

***What about privacy and confidentiality?***

Your participation in the research will not be known to individuals other than the researchers. Researchers will not report any data or findings in a manner that identifies you or your agency in any way.

***What are the costs for participating in this research?***

There are no costs to you for participating in this research.

***Will I be reimbursed for any of my expenses or paid for participating?***

There will be no reimbursement for participating in the survey.

***May I withdraw my consent to participate in this study or share my information with researchers at a future date?***

Participating in the survey voluntary. You have the right, at any time, to withdraw from participating in the survey.

***Who should I contact if I have questions?***

Please feel free to contact Alysson Gatens, Research Analyst, at (312) 793-8550 or [alyssongatens@Illinois.gov](mailto:alyssongatens@Illinois.gov) if you have any questions about this study or your part in it, or, if you have questions, concerns or complaints about the research.

***What are my rights as a research subject?***

If you feel you have not been treated according to the descriptions in this form, or if you have any questions about your rights as a research subject, including questions, concerns, complaints, or to offer input, you may contact the IRB secretary, Simeon Kim, Associate General Counsel, at (312) 793-8550 or [Simeon.Kim@Illinois.gov](mailto:Simeon.Kim@Illinois.gov).

**Remember:**

Your participation in this research is voluntary. Your decision to participate will not affect your current or future relations with ICJIA. If you decide to participate, you are free to withdraw at any time without affecting that relationship.

I have read the above information and by clicking agree am providing my consent to complete the survey.

Agree – link to survey

Disagree – Thank you for your consideration.

# Mental Health Crisis Response Survey (MHCR)

## Survey Flow and Organization

The MHCR survey is organized into blocks of questions that are shown to respondents only if they answer certain questions in a certain way. There are currently 9 blocks of questions that are labeled by the group of respondents that will see that block and the general topics that the block covers. For example “[CIT] (5 items)” means only those respondents who indicated their agency uses a CIT model to respond to mental health crises will see the 5 items in that block. Items can include instructions as well so the number of questions in each block is likely smaller than the item count.

Each of the survey’s 9 blocks are broken down as follows (in order of appearance):

1. [All] Introduction & Consent (1 items)
2. [All] Part 1: Priority Issues, General Mental Health Training (5 items)
3. [All] Part 2: Agency Response to MH Crises (4 items)
4. [CIT] (5 items)
5. [Co-Responder] (6 items)
6. [CIT, Co-Responder, Other Special Protocol or Procedure] (10 items)
7. [No Special Protocol or Procedure] (4 items)
8. [All] Part 3: Mental Health Services (5 items)
9. [All] Part 4: Other Information (5 items)

Questions within each block may contain additional question display or skip logic that will result in respondents only being shown some of the questions in that block. This logic is reflected in the question details listed below.

*Note: Page breaks occur when the next question will be displayed to the respondent on a new page.*

## Start of Block: [All] Introduction & Consent

### Q1.1

You are being asked to participate in a 5-10 minute on-line survey about mental health responses used by law enforcement agencies. Researchers are required to provide a consent form such as this one to tell you about the research, explain that taking part is voluntary, describe the risks and benefits of participation, and help you make an informed decision.

#### ***Why am I being asked?***

You are being asked to complete the survey as a representative of a law enforcement agency. All police agencies and Sherriff's Offices are being asked to complete the survey. We ask that only one person per agency completes the survey.

#### ***What is the purpose of this research?***

Researchers at the Illinois Criminal Justice Information Authority (ICJIA) are documenting the number and types of programs law enforcement agencies use when responding to individuals experiencing mental health crises. We are also hoping to learn about the challenges agencies experience implementing these types of programs.

#### ***What procedures are involved?***

You are being asked to complete a brief 5-10 minute on-line survey.

#### ***How will the information be used?***

The information will be used by researchers to document the frequency and type of law enforcement-based mental health responses. The information may also be used to inform state policy, practice, and funding.

#### ***Will anyone know that I am taking part in this study?***

No information collected will be shared in a manner that could be used to identify you or your agency.

#### ***What are the potential benefits?***

There are no direct benefits to you. The information may be used, however, to inform state policy, practice, and funding.

#### ***What are the potential risks and discomforts?***

To the best of our knowledge, participating in this research study will not put you at significant risk of harm. You can skip any questions. Your decision to participate in this survey will not impact any current or future relationship with the ICJIA.

#### ***What about privacy and confidentiality?***

Your participation in the research will not be known to individuals other than the researchers. Researchers will not report any data or findings in a manner that identifies you or your agency in any way.

***What are the costs for participating in this research?***

There are no costs to you for participating in this research.

***Will I be reimbursed for any of my expenses or paid for participating?***

There will be no reimbursement for participating in the survey.

***May I withdraw my consent to participate in this study or share my information with researchers at a future date?***

Participating in the survey voluntary. You have the right, at any time, to withdraw from participating in the survey.

***Who should I contact if I have questions?***

Please feel free to contact Alysson Gatens, Research Analyst, at (312) 793-8550 or [alyssongatens@Illinois.gov](mailto:alyssongatens@Illinois.gov) if you have any questions about this study or your part in it, or, if you have questions, concerns or complaints about the research.

***What are my rights as a research subject?***

If you feel you have not been treated according to the descriptions in this form, or if you have any questions about your rights as a research subject, including questions, concerns, complaints, or to offer input, you may contact the IRB secretary, Simeon Kim, Associate General Counsel, at (312) 793-8550 or [Simeon.Kim@Illinois.gov](mailto:Simeon.Kim@Illinois.gov).

**Remember:**

Your participation in this research is voluntary. Your decision to participate will not affect your current or future relations with ICJIA. If you decide to participate, you are free to withdraw at any time without affecting that relationship.

I have read the above information and by clicking agree am providing my consent to complete the survey.

Agree – link to survey

Disagree – Thank you for your consideration.

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Page Break



**Q2.1 What are the three most important issues your department is presently facing in the community?**

Please drag and drop three issues from the left into the box on the right to rank them in order of importance (with 1 being the most important).

	Three Most Important Issues:
Addressing Victim Needs/Trauma	1
Crime related to alcohol use	2
Domestic Violence	3
Gangs	
Gun Violence	
Illicit Drug Sales	
Illicit Drug Use	
Impaired Driving	
Juvenile Delinquency	
Other Violent Crime	
Property Crime	
Police-Community Relations	
Repeat Offenders	
Responding to Mental Health Crises	
Sexual Assault/Rape	
Something else:	

**Q2.2 Now we would like to know the extent to which sworn officers in your agency are trained about mental health issues.**

*Note: "Sworn personnel" generally refers to those with arrest and firearm authority who interact with the public.*

---

Q2.3 When do your sworn personnel receive at least some training on issues related to mental health? (Please select all that apply)

- Training Academy
  - In-Service Training
  - Roll Call
  - Specialized Training
  - Other (please specify): \_\_\_\_\_
  - None of the above; sworn personnel do not receive this type of training
- 

Page Break

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*Display This Question:*

*If Q2.3 != None of the above; sworn personnel do not receive this type of training*

*Carry Forward Selected Choices - Entered Text from "Q2.3"*

Q2.4 During each of the following, what percentage of all sworn personnel receive training on issues related to mental health? (Click and drag each bar to select your response)

\_\_\_\_\_ Training Academy

\_\_\_\_\_ In-Service Training

\_\_\_\_\_ Roll Call

\_\_\_\_\_ Specialized Training

\_\_\_\_\_ Other (please specify):

\_\_\_\_\_ None of the above; sworn personnel do not receive this type of training

---

*Display This Question:*

*If Q2.3 != None of the above; sworn personnel do not receive this type of training*

*Carry Forward Selected Choices - Entered Text from "Q2.3"*

Q2.5 During each of the following, approximately how many hours of training are about issues related to mental health?

\_\_\_\_\_ Training Academy

\_\_\_\_\_ In-Service Training

\_\_\_\_\_ Roll Call

\_\_\_\_\_ Specialized Training

\_\_\_\_\_ Other (please specify):

\_\_\_\_\_ None of the above; sworn personnel do not receive this type of training

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Page Break

End of Block: [All] Part 1: Priority Issues, General Mental Health Training

---

Start of Block: [All] Part 2: Agency Response to MH Crises

Q3.1 Are any sworn personnel in your department specially trained to respond to mental health crisis incidents?

Yes

No

---

Page Break

Q3.2 Do community mental health service providers assist your department in any way when responding to mental health crisis incidents?

Yes

No

---

Page Break

**Q3.3 Now we would like to know whether your department follows any special protocol or procedure when responding to mental health crisis incidents.**

---

Q3.4 Which of the following describes your department's response to mental health crisis incidents? (Please select all that apply)

- A Crisis Intervention Team (CIT) model in which a subset of officers with specialized training respond to mental health crisis incidents.
- A Co-responder model in which a team of officers and mental health professionals work together to respond to mental health crisis incidents.
- Other (please describe): \_\_\_\_\_
- None of the above; we do not follow a special protocol or procedure

End of Block: [All] Part 2: Agency Response to MH Crises

---

Start of Block: [CIT]

**Q4.1 The following set of questions are specifically about your department's CIT program.**

---

Q4.2 Which sworn personnel receive CIT training? (Please check all that apply)

- All sworn personnel, regardless of rank, are required to receive CIT training.
  - Only sworn personnel of certain ranks are required to receive training
  - Only sworn personnel who volunteer receive CIT training
  - Other personnel (please specify):  
\_\_\_\_\_
-

Q4.3 What percent of your department's sworn personnel have completed CIT training?

---

Q4.4 Do you currently have enough CIT trained personnel to respond to all mental health crisis incidents?

- Yes
- No
- Unsure

---

*Display This Question:*

*If Q4.4 = No*

Q4.5 What are the reasons your department does not have enough CIT-trained personnel?  
(Please check all that apply)

- CIT training is not in our budget
- CIT training is too far away
- There are not enough spaces available in CIT training
- Frequent turnover in sworn personnel
- We do not have enough personnel to spare for training
- Other (please specify): \_\_\_\_\_

End of Block: [CIT]

---

Start of Block: [Co-Responder]

**Q5.1 The following set of questions are specifically about your department's co-responder model.**

---

Q5.2 Which of the following best describes your department's co-responder model? (Please select all that apply)

- Officers and mental health professionals jointly respond to the scene of mental health crisis incidents.
  - Mental health professionals remotely assist police officers who are in the field (e.g. over the phone).
  - Once the initial crisis has been addressed by police officers, mental health professionals respond on scene to assist.
  - Other (please specify): \_\_\_\_\_
- 

Q5.3 Were sworn personnel required to complete training specific to your department's co-responder model?

- Yes
  - No
  - Unsure / Do not know
- 

*Display This Question:*

*If Q5.3 = Yes*

Q5.6 Approximately how many hours of training for sworn personnel were required?

\_\_\_\_\_

---

Page Break



Q5.4 Does your department employ a mental health professional or partner with some other agency for assistance when responding to mental health crisis incidents? (Please select all that apply)

- Employ one or more mental health professionals (e.g. social worker, advocate, etc.)
  - Partner with another governmental agency (e.g. local department of public health)
  - Partner with a private mental health provider
  - Other (please explain): \_\_\_\_\_
- 

Q5.5 How often are mental health professionals available to assist in the response to mental health crisis incidents?

- Almost Never
  - Rarely
  - Sometimes
  - Often
  - Almost Always
- 

End of Block: [Co-Responder]

---

Start of Block: [CIT, Co-Responder, Other Special Protocol or Procedure]

**Q6.1 Now we would like to know about potential issues that may impact the ability of your department to effectively respond to mental health crisis incidents, whether you use a CIT or co-responder approach.**

---

Q6.2 How much of a problem is confidentiality when it comes to the ability to share information about individuals in crisis between your agency and mental health providers?

- Not a problem at all
- Minor problem
- Moderate problem
- Serious problem

---

Page Break

Q6.3 What role did/does each of the following stakeholders play in your agency's specialized response to mental health crises? (Please check all that apply)

	Helped in Development & Planning	Helped in Initial Implementation/Roll-out	Is an Ongoing Partner
Other law enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health service providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals with mental health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family members and loved ones of individuals with mental health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health advocacy organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some other stakeholder:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

Page Break

Q6.4 What prompted your department to develop special protocols or procedures to respond to mental health crisis incidents? (Please select all that apply)

- A specific local incident
- Local community pressure
- An increase in mental health crisis calls
- National attention on the issue
- Other (please specify): \_\_\_\_\_

---

Page Break \_\_\_\_\_

Q6.5 Jurisdictions sometimes train a wide variety of emergency response personnel on how to identify or respond to individuals experiencing a mental health crisis.

---

Q6.6 In your jurisdiction, do emergency communications personnel (e.g. dispatchers, call-takers) receive training on identifying mental health crisis incidents?

- Yes
  - No
  - I don't know
- 

Q6.7 In your jurisdiction, do emergency medical service (EMS) personnel or paramedics receive training on identifying and responding to individuals experiencing a mental health crisis?

- Yes
  - No
  - I don't know
- 

Page Break

---

Q6.8 When necessary, who is responsible for transporting individuals in crisis to a treatment provider or facility? (Please check all that apply)

- Law enforcement
- Fire department
- Emergency Medical Services
- Mental health service provider
- Other (Please specify): \_\_\_\_\_
- Not Applicable

---

Page Break

Q6.9 Now we would like to know about what data you collect about your department's response to mental health crisis incidents.

---

Q6.10 Does your department collect any data about the occurrence of the following items specifically related to mental health crisis incidents?

	Yes	No
Calls for service	<input type="radio"/>	<input type="radio"/>
Use of force	<input type="radio"/>	<input type="radio"/>
Arrests	<input type="radio"/>	<input type="radio"/>
Referrals to treatment providers	<input type="radio"/>	<input type="radio"/>
Transports to a treatment provider or facility	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="radio"/>	<input type="radio"/>

---

End of Block: [CIT, Co-Responder, Other Special Protocol or Procedure]

Start of Block: [No Special Protocol or Procedure]

Q7.1 What are the reason(s) your department does not have a special protocol or procedure for responding to mental health crisis incidents? (Check all that apply)

- Another organization handles these incidents.
- My department does not have the resources to dedicate to implementing a special protocol or procedure for mental health crises.
- My department has not been able to participate in training.
- I was not aware of specialized responses for handling individuals experiencing mental health crises.
- There is not a need for this type of response in my department's jurisdiction.
- Other (please specify): \_\_\_\_\_

---

*Display This Question:*

*If Q7.1 = Another organization handles these incidents.*

Q7.2 What other organization handles mental health crisis incidents?

\_\_\_\_\_

---

*Display This Question:*

*If Q7.1 = My department has not been able to participate in training.*



Q7.3 What are the barriers to keep you from participating in training?

- Training is too far away.
- Training would require time that my department can't spare due to staffing limitations.
- There are not enough available spaces in training.
- I don't know where to find information about training.
- Other (please specify): \_\_\_\_\_

---

Page Break

*Display This Question:*

*If Q7.1 != There is not a need for this type of response in my department's jurisdiction.*

Q7.4 If the limitations you previously identified were resolved, would your department be interested in implementing a specific policy or procedure for responding to mental health crisis incidents?

- Yes
- No
- I don't know.

End of Block: [No Special Protocol or Procedure]

---

Start of Block: [All] Part 3: Mental Health Services

**Q8.1 Now we would like to know generally about the availability of mental health services in your jurisdiction.**

---

Q8.2 Which of the following are offered by hospitals or mental health service providers to your department? (Please check all that apply)

- A designated place to take individuals in crisis with availability 24 hours a day
  - A designated place to take individuals in crisis with a no-refusal policy
  - A streamlined intake process
  - None of the above
- 

*Display This Question:*

*If Q8.2 = None of the above*

Q8.3 Are mental health services available in your community that officers/deputies can refer individuals to?

- Yes, one or more is available for referrals.
- No, there are none available for referrals.
- I don't know.

---

Page Break

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Q8.4 Does your department provide outreach to the community about when/how to contact law enforcement for assistance if an individual is experiencing a mental health crisis?

Yes

No

---

Page Break

Q8.5 Is there anything else you would like to tell us about your department's response to individuals experiencing a mental health crisis, or the mental health services in your community?

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End of Block: [All] Part 3: Mental Health Services

---

Start of Block: [All] Part 4: Other Information

Page Break

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Q9.1 Please enter the name of your agency.

---

Q9.2 Please enter the total number of sworn personnel employed at your agency.

---

Q9.3 Which of the following best describes your agency's jurisdiction?

- Mostly Urban
- Mostly Rural
- Completely Rural

Page Break

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ICJIA research staff may be conducting follow-up discussions with agencies about their programs, including the challenges and successes law enforcement agencies have encountered. If you are interested in participating in these follow-up discussions, please provide the name and title of the person we can contact.

Q9.4 Please enter your title/rank. (Optional)

---

Q9.5 Please enter your name. (Optional)

---

End of Block: [All] Part 4: Other Information

ICJIA



## ILLINOIS POLICE AND SHERIFFS' DEPARTMENTS: TAKE OUR MENTAL HEALTH CRISIS RESPONSE SURVEY

The Illinois Criminal Justice Information Authority is conducting a study about Crisis Intervention Teams and Law Enforcement - Mental Health Co-responder programs in Illinois. We ask that all agencies, regardless of whether you currently operate a program, complete a 5-10 minute on-line survey.

[CLICK HERE  
FOR SURVEY](#)

# Illinois Criminal Justice Information Authority

## IRB

AMENDMENT APPLICATION: for Research Involving Human Subjects

Any change to an approved research protocol, including the research plan, consent process and form, co-investigators, other research personnel, and/or methods of subject recruitment requires the submission of an Amendment. Please clarify the change(s) to be made and the rationale for the change(s). A cover letter or additional information may also be attached.

Amendments to approved IRB applications must be submitted to the chair or co-chairs of the IRB and receive signed approval. Maintain for your records initial approvals and signatures.

**Amendments to protocols may not be initiated until IRB approval has been obtained.**

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### PROPOSAL INFORMATION

**Co-Principal investigator(s):** Jessica Reichert, Senior Research Analyst  
Justin Escamilla, Research Analyst

**Co-Principal investigator(s) email:** [Jessica.Reichert@illinois.gov](mailto:Jessica.Reichert@illinois.gov)  
[Justin.Escamilla@Illinois.gov](mailto:Justin.Escamilla@Illinois.gov)

**Office Address:** Illinois Criminal Justice Information Authority  
300 W. Adams Street, Suite 200

**City, State, Zip code:** Chicago, IL, 60606

**Office phone:** (312) 793-8550

**Project staff and affiliation:** Christopher Mayer, Research Intern; Alysson Gatens, Research Analyst  
Dr. Maureen Hillhouse, Senior Research Scholar; and Michelle Straubel, Assistant Project Director

**Start date of project:** December 7, 2017  
(Initial IRB approval date)

**End date of project:** December 7, 2018

**Title of proposal:** Evaluation of PERC (Pathway to Enterprise for Returning Citizens)

**Initial approval type:** Full IRB: X Expedited: Exempt:



## AMENDMENT INFORMATION

Amendment initiated by: PIs: Jessica Reichert and Justin Escamilla

### What elements of the approved project are you proposing to change?

- Investigators or research staff (I)  
 Project advisors or consultants (II)  
 Protocol (e.g., instruments, data collection, recruitment procedures, compensation) (III)  
 Consent procedures (IV)  
 Consent documents (V)  
 Project sites or study participants (VI)  
 Changes in confidentiality, privacy, or security (e.g., data dissemination, storage, security, personnel, access) (VII)  
 Funding/sponsorship (VIII)  
 Start or end date change or modification (IX)  
 Other (please specify) (X):  
 Risk/benefits assessment (XI)

---

### I. INVESTIGATOR CHANGE

Changes

No changes

Adding or  changing co-principal investigator

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Reason for change \_\_\_\_\_

IRB certified  Yes  No

Certification course: \_\_\_\_\_ Date certified: \_\_\_\_\_

Certification number (if applicable) \_\_\_\_\_

### II. RESEARCH STAFF CHANGE

Changes

No changes

Adding or  Changing research staff

Name: Tyler Marcheschi and Lauren Weisner

Title: Research Interns

Reason for change New Summer 2018 interns starting

IRB certified  Yes  No

Certification course: NIH Date certified: 2018  
Start date of internship in May

Certification number (if applicable) TBD

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**III. PROJECT ADVISORS OR CONSULTANTS**  Changes  No changes

Adding or  changing project advisor or consultant

Name: Waverly Deutsch, PhD

Title: Clinical Professor and Academic Director of University-Wide Entrepreneurship  
Content, University of Chicago, Booth School of Business

Reason for change Entrepreneurship expertise

IRB certified  Yes  No

---

**III. PROTOCOL CHANGE**  Changes  No changes

**1.) Please explain in detail what changes you plan to make to the study design or protocol (such as changes to instruments used, data collection, recruitment procedures, or compensation)**

Researchers are conducting an evaluation of the PERC program. PERC offers entrepreneur training and coaching to formerly incarcerated/returning citizens and the opportunity to receive a business loan to start their own business. The initial IRB application was approved for researchers to administer an informed consent form to participate in the study. Only those who consented to participation in the research study will be in the program.

Two new components of the study will be added at this time to further understand and evaluate the program. They are detailed below and related forms are attached to this application.

### **Component 1: Client interviews (n=20)**

- a.) *Time involvement of subjects:* 60 minutes
- b.) *Location(s) the study will be conducted with subjects, including a description, if applicable:* The interviews will be completed at a private office or conference room at each of the four training agency location. All agencies in the PERC program are non-profit, community agencies in Chicago. Alternatively, interviews can be done at a mutually agreed upon location (public location with a private meeting room) or by phone.

Recruitment will be completed three ways:

1. Research staff will try to attend one or more classroom sessions to conduct interviews of clients who consent (schedule permitting) before or after class time.
2. The trainers and/or the PERC program manager will also offer clients a flyer in case they want to schedule an interview outside of classroom time either in person or by phone.
3. Researchers will directly contact those who were selected for the program (treatment group) but did not start or complete the program by phone or letter.

Note: Flyer and letter attached.

- c.) *Amount of payment to subject, if any (consent form must note plan for payment if they withdraw voluntarily):* \$20 gift card to Walgreens
- d.) *What subjects will experience or do:* Subjects who consent will be asked questions about themselves—demographics and their life experiences, as well as all aspects of PERC including the application and intake process, classroom training, and mentors. The interviews will be semi-structured with a brief questionnaire given at the end (on trauma/PTSD). The interviews will be audio-recorded.

Note: There are no names collected on the forms, only an ID number will be used. The interviews will be audio recorded and then transcribed. Audio recordings will be deleted off audio devices after being downloaded to ICJIA computers. The data will be maintained on a password protected folder on a secure server accessible only to research staff on this project.

### **Component 2: Stakeholder focus group (n=10)**

- a.) *Time involvement of subjects:* 30 minutes
- b.) *Location(s) the study will be conducted with subjects, including a description, if applicable:* In a conference room at ICJIA before or after the monthly PERC Leadership Meeting.
- c.) *Amount of payment to subject, if any (consent form must note plan for payment if they withdraw voluntarily):* none
- d.) *What subjects will experience or do:* Subjects who consent will be asked questions the

development of PERC and PERC operations. The interviews will be semi-structured and audio-recorded. Subjects who are stakeholders will include the PERC program manager, IDOC representatives, micro-lending group representatives, and ICJIA program coordinator.

Note: The interviews will be audio recorded and then transcribed. Audio recordings will be deleted off audio devices after being downloaded to ICJIA computers. The data will be maintained on a password protected folder on a secure server accessible only to research staff on this project.

**2.) Please explain in detail the rationale for the above change(s). What prompted the investigators to propose the amendment? Is the amendment the result of an adverse/negative event?**

This amendment is proposed to add study components of the evaluation to further understand and evaluate the PERC program. There have been no adverse or negative events with the research study to date. The rationale for the interviews (and brief survey) is to better understand program clients, their background and reentry challenges, as well as more in-depth information on their views of the many aspects of PERC. The data can inform on the program may indicate potential areas for staff training and other areas for program improvement. The rationale for the focus group component is to better understand the PERC stakeholders and how the program was developed and how it operates.

3.) Does this amendment alter, in any way, the assessment of potential risks described in your approved protocol?

\_\_\_\_\_ Yes        X   No

4.) If you answered yes to question 3, please explain in detail how this alters the assessment of potential risk and whether the benefits of the study outweigh the risks.

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**IV. CONSENT PROCEDURES**

Changes

No changes

**5.) If you are changing your consent procedures, please explain these alterations in detail.**

Both the focus group and interview will have a consent forms; they are described below. In addition, interviews conducted over the phone will seek verbal consent rather than signed consent.

**Component 1: Client interviews**

*a.) Who will obtain consent?* ICJIA researchers will provide consent forms to all clients.

*b.) How will consent be obtained?* Research staff provide the clients with the consent form. Each

of the subjects will have already signed a consent form to be in the overall study when they completed an application and met eligibility requirements. This will be an additional consent form for the in-depth interview. If the interview is done by phone, subjects will be asked for verbal consent.

c.) *How often will consent be obtained (e.g., longitudinal or long-term field studies)?*

Once

d.) *How will you verify the subject fully understands the consent?* The consent form is written in a 9th grade or lower reading level. The consent form will provide contact information for the principal investigator, the Authority's attorney/IRB secretary to request further information about the study, their rights as a research participant, and PERC. When seeking verbal consent over the phone, participants will be required to say "yes" when asked if they understand the study, their rights as a participant, and want to participate in the interview.

e.) *How will your investigators be trained to use the informed consent process?*

Trained research staff will be in charge of informed consent process.

## **Component 2: Focus groups**

a.) *Who will obtain consent?* ICJIA researchers will provide consent forms to all focus group participants.

b.) *How will consent be obtained?* Research staff provide the consent form.

c.) *How often will consent be obtained (e.g., longitudinal or long-term field studies)?*

once

d.) *How will you verify the subject fully understands the consent?* The consent form is written in a 9th grade or lower reading level. The consent form will provide contact information for the principal investigator, the Authority's attorney/IRB secretary to request further information about the study and their rights as a research participant.

e.) *How will your investigators be trained to use the informed consent process?*

Trained research staff will be in charge of informed consent process.

**6.) Please explain in detail the rationale for the above change(s). What prompted the investigators to propose the change? Is this change the result of an adverse/negative event?**

The rationale is to have all components of the study involve human subject consent. This is not due to an adverse/negative event.

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**V. CONSENT DOCUMENTS**

Changes

No changes

*Note: researchers are adding forms not changing exiting forms.*

7.) What types of changes are being made to the consent documents/forms?

\_\_\_\_\_ Adding or removing information from the consent form so that it is consistent with an already approved IRB statement (e.g., the cost section, or phone number change)

\_\_\_\_\_ Revising the consent form to reflect what was already approved in the protocol

\_\_\_\_\_ Defining a phrase(s) more clearly in lay language

\_\_\_\_\_ Incorporating in the consent form updated IRB-mandated language

\_\_\_\_\_ Minor editorial changes to the consent form which do not alter the meaning or procedures (e.g., spelling changes, revising a statement)

\_\_\_\_\_ Removal of questionnaires or instruments that required consent forms

\_\_\_\_\_ Other (please specify):

8.) Please explain in detail how you will alter the consent documents.

9.) Please explain in detail the rationale for the above change(s). What prompted the investigators to propose the change? Is this change the result of an adverse/negative event?

10.) Please submit the original and altered consent documents and highlight the changes. If filing the amendment electronically, are these documents appended to this form or contained in a separate document?

\_\_\_\_\_ Appended \_\_\_\_\_ Attached form

---

**VI. PROJECT SITES OR STUDY PARTICIPANTS**  Changes  No changes

11.) What types of changes are being made to the project sites or study participants?

- \_\_\_\_\_ Changing who is included in the study sample
- \_\_\_\_\_ Inclusion of new or additional special populations as subjects
- \_\_\_\_\_ Changing sites or programs
- \_\_\_\_\_ Changing the number of subjects
- \_\_\_\_\_ Other (please specify):

12.) Please provide a detailed explanation of how you will change who will be included in your study sample, if applicable.

13.) Please provide the rationale for making these changes.

14.) Will your study now include new or additional special populations? If yes, please indicate which ones:

- Minors under age 18
- Adult prisoners or individuals in secure confinement
- Juveniles in correctional or detention facilities
- Probationers, parolees, or individuals under court or correctional supervision
- Developmentally disabled, intellectually disabled, or cognitively impaired
- Individuals held in residential treatment, locked facilities, or hospitalized
- Pregnant women, if focus of research
- Non-English speakers
- Wards of the state
- Other—please specify:

15.) Please provide an explanation of why you are changing the sites or program of study, if applicable.



16.) Please provide the rationale for making these changes.

17.) Are you changing the number of subjects that will be included in your sample?

\_\_\_\_\_ Adding subjects to sample    \_\_\_\_\_ Reducing sample size

18.) How many subjects will be added to or subtracted from your initial sample size and what will your final sample size be?

\_\_\_\_\_ Initial sample size    \_\_\_\_\_ Number added    \_\_\_\_\_ Number reduced    \_\_\_\_\_ Final sample size

19.) Please provide the justification for making this increase/decrease.

20.) Please explain any other changes you are making to the project sites or study participants and provide the rationale or justification for these changes, if applicable.

---

**VII. CONFIDENTIALITY, PRIVACY, OR SECURITY**  Changes  No changes

*Note: researchers will maintain confidentiality and privacy consistent with the initial IRB application.*

21.) What changes are being made that may affect the confidentiality or privacy of the subjects, or security of the subjects or data?

22.) Please provide the rationale for making these changes.

23.) Please indicate what steps will be taken to ensure the privacy, confidentiality, and security of the study subjects or data.

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**VIII. FUNDING OR SPONSORSHIP**  Changes  No changes

24.) How has the funding or sponsorship of this study changed?

\_\_\_\_\_ Funding added \_\_\_\_\_ Funding decreased \_\_\_\_\_ New funding source \_\_\_\_\_ Funding restored

25.) How will the changes in funding and/or sponsorship affect the protection of the human subjects in the study?

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**IX. DATE CHANGE OR MODIFICATION**  Changes  No changes

26.) What date changes are you making to the study?

Start date  End date

Initial start date \_\_\_\_\_ New start date \_\_\_\_\_

Initial end date \_\_\_\_\_ New end date \_\_\_\_\_

27.) Please explain the necessity for these changes.

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**X. OTHER CHANGES**

Changes  No changes

28.) Please provide a detailed explanation of other changes being made to the IRB that are not covered in previous sections.

29.) Please provide the rationale for the changes and provide a statement as to how they may affect the protection of human subjects in your study?

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## **XI. RISK/BENEFIT ASSESSMENT**

### **30.) Discuss how these proposed changes may affect the risks posed to human subjects.**

There is minimal risk.

Names will not be collected on the client interview form, but there will be some demographics information collected.

The interviews and focus groups will be audio recorded, but confidentiality will be maintained.

Clients and focus group participants can choose to consent to participate and audio recording or opt-out of the research.

They can also skip questions or stop at any time. An incentive (\$20 gift card to Walgreens) will be given to all who consent to the interview with clients before the interview or mailed to them if they participate in a phone interview. We do not believe the amount to be overly coercive.

The interview will feature a brief questionnaire on trauma/PTSD. We will offer a referral sheet to all human subjects that shares services for housing, entrepreneurship, trauma, domestic violence/sexual assault, and substance use disorders.

### **31.) Discuss how these proposed changes may affect the potential benefits of the project to subjects and or society.**

These changes will enhance the potential benefits to subjects and society. These additions make the evaluation more rigorous and informative. They will allow researchers to answer additional research questions to understand how the program operated and how it can be enhanced. The knowledge gained can help better serve clients of this and similar programs in the future.

#### **Attachments:**

- Attachment A Research interview flyer
- Attachment B: Client interview letter
- Attachment C: Client interview consent
- Attachment D: Client interview schedule
- Attachment E: Client trauma survey
- Attachment F: Client interview resource list
- Attachment G: Stakeholder focus group consent
- Attachment H: Stakeholder focus group questions

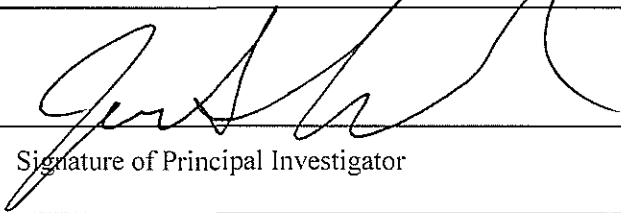
**Illinois Criminal Justice Information Authority**

**IRB  
Amendment Application**

**SIGNATURE PAGE**

Evaluation of PERC (Pathway to Enterprise for Returning Citizens)  
Last Presented to IRB on: March 29, 2018

This page is to be signed by the principal investigator.

	<u>4-27-18</u>
Signature of Principal Investigator	Date

**IRB ACTION:**

Request Approved _____	Request Denied _____
IRB Requests Modifications (see explanation below) _____	
_____	_____
Signature of IRB Chair	Date

**Modifications Requested by IRB:**

<b>IRB Expiration:</b>
The IRB approval granted for this project expires on _____
Date



# SHARE YOUR EXPERIENCE!

PARTICIPATE IN A RESEARCH INTERVIEW

Tell us about yourself & your experience with PERC

Receive \$20 gift card!

SET UP AN INTERVIEW,  
IN PERSON OR BY PHONE

Contact PERC researchers  
Justin or Jessica  
312-793-8550  
Justin.Escamilla@Illinois.gov  
Jessica.Reichert@Illinois.gov



**ILLINOIS  
CRIMINAL JUSTICE  
INFORMATION AUTHORITY**

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300 W. Adams Street • Suite 200 • Chicago, Illinois 60606 • (312) 793-8550

Dear XXXX,

If you recall, you applied to, and were accepted into, the Pathway to Enterprise for Returning Citizen (PERC) program and research study. The program was designed to help individuals learn skills to start their own business.

Whether you participated or not, **we want to interview you!** We want to learn about you and your experiences with PERC. We are offering a **\$20 gift card** to Walgreens to those interested in participating in an interview done in person or over the phone. Please send an email to [Jessica.Reichert@illinois.gov](mailto:Jessica.Reichert@illinois.gov) or give us a call at 312-793-8550 to schedule an interview soon.

Best,

PERC research staff



**Illinois Criminal Justice Information Authority  
Pathways to Enterprise for Returning Citizens (PERC) Interview  
Consent Form**

You are being asked to participate in an interview and brief survey as part of the research study of PERC.

Researchers are required to provide a consent form such as this one to tell you about the research, explain that taking part is voluntary, describe the risks and benefits of participation, and help you make an informed decision. You should feel free to ask the researchers any questions you have.

**Principal Investigator:** Jessica Reichert, Manager, Center for Justice Research and Evaluation  
**Agency and Funding:** Illinois Criminal Justice Information Authority, 300 W. Adams St., Suite 200, Chicago, IL 60606 or (312) 793-8550.  
The research project was funded by a federal Justice Assistance Grant.

***Why am I being asked?***

As a participant of the Pathway to Enterprise for Returning Citizens (PERC) program, you are being asked to agree to be interviewed about yourself and your views on, and experience with, the PERC program. It will take about one hour to complete.

***What is the purpose of this research?***

Researchers at the Illinois Criminal Justice Information Authority (ICJIA) are evaluating PERC. Researchers are trying to learn more about program participants, the program itself, and its effectiveness.

***What procedures are involved?***

You will be asked to complete a research interview and brief survey to be held in a private location at the training site, at a location of your convenience, or by phone. Approximately 20 subjects may be involved in this research study. The interview will be audio recorded.

***How will the information be used?***

The information will be used by researchers to learn more about PERC clients and the program.

***Will anyone know that I am taking part in this study?***

If conducted during PERC classroom time, the PERC training staff will know you participated in an interview. However, information about you or your responses will not be shared outside of the program or research team. If completed at a separate time, in-person or by phone, training staff will not know you participated.

***What are the potential benefits?***

Those who consent to the interview will be given a \$20 gift card to Walgreens. You will get the gift card even if you do not complete the interview. In addition, you will help researchers and others learn more about PERC clients and the program. This information may help to improve the program.

***What are the potential risks and discomforts?***

To the best of our knowledge, participating in this research study will not put you at significant risk of harm. Some questions cover sensitive topics that have the potential to make you feel uncomfortable. You can skip any questions or stop the interview at any time. In addition, you will be given a sheet of social services available in the Chicago area that you can contact for assistance.

Participating (or not) will not affect your relationship with PERC or your ability to receive a PERC loan.

***What about privacy and confidentiality?***

Your participation in the research will not be known to individuals other than the researchers. The exception is if the interview is during PERC class time. Then the PERC trainers will know of your participation.

The research team will keep your personal information confidential. We will do so by making sure your personal information is stored securely. Only the research team will have access to this information. Researchers will not report any data or findings in a manner that identifies you in any way. In some cases, we may use a made-up name to refer to you and your responses.

The information we collect about you and other participants will be used for a report about the program. Researchers will publish the results from the study on our agency's website. We may also share the results at meetings or other public forums. When the results of the research are published or talked about in conferences, no information will be included that reveals your identity. You may request a copy of the report.

***What are the costs for participating in this research?***

There are no costs to you for participating in this research.

***Will I be reimbursed for any of my expenses or paid for participating?***

You will be offered a \$20 gift card to Walgreens.

***How long is this authorization valid?***

The interviews can take place during the entire time of the study.

***May I withdraw my consent to participate in this study or share my information with researchers at a future date?***

Participating in an interview is voluntary. You have the right, at any time, to withdraw from participating in the interview or this study. The study will not affect future services that you are otherwise entitled to receive from the state or your relationship with those agencies. This includes the Illinois Department of Corrections, PERC training agencies, Chicago Neighborhood Initiative (CNI) Micro-lending group, or the Illinois Criminal Justice Information Authority (ICJIA).

***Who should I contact if I have questions?***

Contact the researchers Jessica Reichert, Senior Research Analyst, at (312) 793-8550 or [Jessica.Reichert@Illinois.gov](mailto:Jessica.Reichert@Illinois.gov) if you have any questions about this study or your part in it, or, if you have questions, concerns or complaints about the research. If you have questions about PERC, contact your PERC trainer or Randy Kurtz at (312) 793-8550 or [Randy.Kurtz@Illinois.gov](mailto:Randy.Kurtz@Illinois.gov).

Client interview

***What are my rights as a research subject?***

If you feel you have not been treated according to the descriptions in this form, or if you have any questions about your rights as a research subject, including questions, concerns, complaints, or to offer input, you may contact the IRB secretary, Simeon Kim, Associate General Counsel, at (312) 793-8550 or [Simeon.Kim@Illinois.gov](mailto:Simeon.Kim@Illinois.gov).

**Remember:**

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future relations with PERC or ICJIA. If you decide to participate, you are free to withdraw at any time without affecting that relationship.

I have read (or someone has read to me) the above information. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. I agree to participate in this research. I will be given a copy of this signed and dated form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Obtaining Consent

**I understand that the interview will be audio recorded for research purposes only. I agree to have this interview audio taped.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Obtaining Consent

**PERC Evaluation**

**INTERVIEWS WITH  
PERC CLIENTS**

**SEMI-STRUCTURED INTERVIEWS**

**2018**

Interviewer initials \_\_\_\_\_

Date of interview \_\_\_\_/\_\_\_\_/\_\_\_\_

Location of interview \_\_\_\_\_

Time interview started \_\_:\_\_ AM/PM

Time interview ended \_\_:\_\_ AM/PM

## INTRODUCTION

Thank you for agreeing to talk with me today. As you may know, I am interested in what you have to say about yourself and as someone who was originally selected for the Pathway to Enterprise for Returning Citizen (PERC) program. Seeing as how PERC is a new program it is important for everyone running the program to understand the people who are interested in it and the experiences they have had. Your input is valuable to them and us so we'll be asking a few questions about your life and your experiences today.

During the interview, if you want to stop or take a break at any time, just tell me. If anything I ask about happens to be too personal or makes you feel uncomfortable, please let me know and we can skip it and move on. Take your time and be sure to let me know if you are not sure what I am asking you. Finally, I want to emphasize to you that everything you tell me today will **NOT** be shared in any form that would identify you personally. So, we will never use your name when we talk about the results of any research interviews.

Do you have any questions before we start?

Here is your gift card. **Hand over gift card.**

I will now start the recorder. **Start recorder.**

### SECTION 1: DEMOGRAPHICS

1. What is your date of birth? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_
2. Current age: \_\_\_\_\_
3. Are you Spanish/Hispanic/Latino?
  - No
  - Yes
4. What is your race? (Read from the list. Check all that apply-whatever race the respondent identifies with. Do not check if none specified.) Use ANSWER CARD.
  - White
  - Black or African American
  - American Indian or Alaskan Native
  - Asian
  - Native Hawaiian or other Pacific Islander
  - Some other race, Provide name of your race: \_\_\_\_\_
5. What is the highest level of education you have completed? (Read from the list. Check all that apply-whatever race the respondent identifies with. Do not check if none specified.) Use ANSWER CARD.
  - Bachelor's degree or higher
  - Associate degree
  - Technical/Vocational school
  - Some college (no degree)
  - High school/GED
  - Some high school (no diploma)
  - Junior high school (6<sup>th</sup> – 8<sup>th</sup> grade)

- Elementary school (1<sup>st</sup> – 5<sup>th</sup> grade)
- No schooling completed

## SECTION 2: BACKGROUND/EXPERIENCES GROWING UP

**Prompt: I'd like to ask you just a couple questions about your childhood.**

6. Where were you born? [Probe: country, state, city]
7. When you think about your childhood, how would you describe the area where you grew up? [Probe: safety, neighbors, moving]
8. When you think about your childhood, what do you remember most about family or friends?
  - a. Probe: parents/guardians, siblings, aunts/uncles, cousins, school?
  - b. School probe: Do you remember any important challenges or successes in school?
9. When you think about your childhood, who usually provided for things like your housing, food and clothes?

**Prompt: Now I'd like to ask you a few questions about your life today.**

10. Where do you currently live?
  - a. General probes: Is it at an apartment or house, or is it something else?
  - b. Apt/house probes: Do you own or rent the place you currently live in or does someone else own or rent it? How do you/they pay the rent/mortgage?
  - c. Facility probes: How long have you lived at that facility? How long do you plan to be there?
  - d. Homeless probes: Please tell me more about how you ended up without a place to stay. How long have you been without a permanent place to stay?
11. Are you currently or have you ever been in a romantic relationship with someone?
  - a. Yes probes: Could you please talk a little about your most recent relationship? How long? First meeting?
12. Do you have any children?
  - a. Yes probe: How many children? How old are they today? How would you describe your children? What do your children like to do for fun?
13. What is your family like?
  - a. Probe: Who do you normally see? How often do you see them? What kind of things do you do together? Would you say you are all close?
14. How would you describe your friend/friends? What do you and your friends typically like to do together?
15. How many people would you currently consider to be a *close* friend of yours?
16. What kinds of things do you do in your free time?
  - a. Probe: Describe your hobbies or what you do for fun when you have the time.

**Prompt: This all very helpful, thank you. Now I'm going to ask just a couple questions about health and your experience with the criminal justice system. Just let me know if you would like to skip anything.**

17. How would you describe your current physical and mental health?

- a. Probe: How many times were you in the hospital last year and this year? Have you seen a doctor for any kind of health issue you might have had in the past year? Are you taking any medications for an ongoing illness?
- 18. What kinds of experiences do you have using drugs or alcohol?
  - a. Probe: What types of things have you used? How often? Still using? How often has it caused some kind of legal trouble? How often has it caused some kind of trouble with family or friends?
- 19. What kind of interactions have you had with the criminal justice system throughout your life?
  - a) Probe: How many arrests? For what crimes? Incarcerations? For what crimes? Where incarcerated? How long? What lead to recent incarceration?

## **RECENT INCARCERATION/PAROLE**

**Prompt: Now I'm going to ask about you being released after your most recent incarceration.**

- 20. What prison were you released from?
- 21. For your last prison stay, what was the offense you were convicted of?
- 22. When were you released from prison?
- 23. Where did you go to live?
  - a. Probe: Did that change? How often and to where?
- 24. What assistance or services did you need after leaving prison?
- 25. Are you currently on parole?
- 26. How long is/was your parole?

## **EMPLOYMENT AND BUSINESSES**

**Prompt: These next questions are going to be more related to jobs and business ideas.**

- 1. After leaving prison, were you able to get a job?
  - a. When?
  - b. How many jobs?
  - c. Full or part time?
  - d. Hours per week?
  - e. Shift?
  - f. Type of jobs?
  - g. Employers?
  - h. Pay?
  - i. How long did it take you to get a job?
  - j. How hard or easy was it to get a job?
  - k. Do you like your job?
  - l. Have you had any issues at your job?
- 2. IF NO JOB: What prevented you from getting a job?
  - a. Probe: Criminal record? Education? Economy?
- 2. How many jobs did you apply for?
- 3. How many job interviews did you go on?
  - a. Probe: Hard to get interviews? Why? How did the interviews go? Did they ask about criminal history? Did you disclose criminal history? Did they do a background check?

4. Sources of income:
  - a. Unreported job?
  - b. Illegal income?
  - c. Child support?
  - d. Family?
  - e. Government assistance (SSI, link card)?
5. Have you ever taken employment/job training before?
  - a. Probe: Like resume, job skills, job interviewing? If yes, when and where?
6. Have you ever taken business or entrepreneurship classes? If yes, where and when?
7. Did you ever operate your own business?
  - a. Yes probe: How long? Why that business? Where did you learn those skills? Were you licensed to operate? Was it successful? How much did you earn?
8. Did your family ever own or operate a business?
  - a. Yes probe: Tell me about it.

### **SECTION 3: EXPERIENCES WITH PERC**

**Prompt: Now I'd like to ask about your experiences during PERC.**

1. Did you end up going to PERC classes, connecting with a mentor and completing the program? (YES skips to application process)
2. How many PERC classes did you end up attending?
  - a. None probe: Why were you unable to attend any of the PERC classes offered?
  - b. More than 0, but did not complete probe: Why were you able to attend PERC classes but not able to complete the program?
3. No probe: What could the program have done differently to make that happen? Do you think you would try to complete the program in the future?

#### **Application process**

4. Do you remember how you first heard about PERC?
  - a. Probe: Flyer? Word of mouth? Warden?
5. Do you remember attending the information session about PERC while in prison? (NO skip to 41...)
  - a. Probe and clarifying: Do you remember what was said? Did you ask any questions? Did you take an application at the end?
6. Do you think there was additional information that would have been helpful at that session?
  - a. Yes probe: What?

On applying:

7. Why did you decide to apply to PERC in the first place?
8. Did you remember getting any assistance with the application at the prison?
9. From 1 to 7, how interested in the program were you when you applied? 1 being not interested at all and 7 being very interested? (USE SCALE CARD)
10. Can you explain your original business plan when you applied?
  - a. Probe: Why did you choose that? Did you know or have experience in that area? Did you see a need for it?



11. Have you changed your plan since applying? If yes, when and why?

### **Program Start**

1. From 1 to 7, how clear were the PERC program expectations? 1 being not clear at all and 7 being perfectly clear. (USE SCALE CARD)
  - a. Probe: What did you think about the workload and time commitment required?
2. How were you notified that you were accepted to PERC?
3. When and how were you first contacted by a program?
4. What, if any, work did your PERC program assign before the classroom? Was that helpful? (only those contacted)

### **Classroom training (PERC participation only)**

1. How convenient was the classroom training location?
  - a. Probe: How far was it from where you were living?
2. How did you get to and from class?
  - a. Probe: Was it costly? How long did it take? Need transportation help?
3. Tell me about the classroom session/s.
4. What was your level of your attendance like? Did you make it to most classes?
  - a. Probe: Why good or bad attendance?
5. Was the program flexible if things came up and you could not make it to a class or missed a homework assignment?
6. What skills that were taught/learned were most helpful?
7. Did you have guest speakers in class?
  - a. Probe: Who were they? How effective were they?
8. Tell me about the homework assignments.
  - a. Probe: how long did they take? Were they helpful?
9. Did you develop a business plan?
10. Did you work while enrolled in PERC? If yes, tell me about the work.
11. To what extent do you think PERC helped you get a job? (job only)

### **PERC Training and trainers (PERC participation only)**

12. How many trainers did you have during the classroom portion?
13. What did you think about the trainers?
14. How would you describe their training style?
15. Do you have any recommendations for the trainers?
16. What materials did you use during class? (texts, work books, etc)
17. Did you have access to computers? What computer work did you do?

### **Other participants (PERC participation only)**

18. What did you think of other participants?
19. Did you get along with other participants?
20. Were other participants supportive of you?
21. Did you make friends at PERC? Still in contact with them?

22. What did you think of the training facilities?

**Mentors (PERC completion only)**

- 23. Tell me about your mentor or coach who helped you after the class ended.
  - a. Probe: Who: His/her background.
- 24. Do you think the mentor was a good match for you?
- 25. To what extent was your mentor engaged?
- 26. To what extent was you mentor helpful?
- 27. How often did you meet? How did you meet (phone, in person)?
- 28. How would you describe the amount of contact?
- 29. What was the best part of having a mentor? What was the worst?
- 30. What would you recommend regarding mentors for the PERC program moving forward?
- 31. Do you plan to continue contact with your mentor?

**Other needs/services (PERC participation only)**

- 1. Could you tell me about your interactions with parole while at PERC?
  - a. Probe: How often did you check in with parole?
- 2. Did your parole agent know about PERC involvement?
  - a. Yes probe: Did your parole agent make any changes in your parole requirements to help accommodate your PERC participation?
- 3. What, if any, of your needs coming out of prison were not addressed while you were in PERC?
- 4. What could the PERC program do better in terms of providing or referring services?

**Other**

- 5. From 1 to 7, how satisfied are you with your level of involvement in PERC? 1 being not satisfied at all and 7 being completely satisfied. (USE SCALE CARD)
- 6. What is the most important way you think PERC could be improved to help someone like yourself?
- 7. Have you or would you in the future recommend PERC to others? Why or why not?
- 8. Who do you think would benefit most from PERC?
- 9. How do you feel about life in general right now?
  - a. Probe: Hopeful? Concerned? Sad? Excited?
- 10. What aspect of your life do you think you need to focus on the most right now?
  - a. Probe: Work and finances? Family? Health? Are you pursuing any specific goals?
- 11. How would you describe the effect that PERC has had on your life in general?
  - a. Probe: Income, happiness, direction, support
- 12. Is there anything else you want to tell us about yourself or your experiences during PERC?

***Thank you for taking the time to talk about your experiences.***

Time end of interview: \_\_\_\_\_:\_\_\_\_\_ AM/PM



National Center for  
**PTSD**  
POSTTRAUMATIC STRESS DISORDER

# The PTSD Checklist for *DSM-5* with Life Events Checklist for *DSM-5* and Criterion A

**Version date:** 14 August 2013

**Reference:** Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). *The PTSD Checklist for DSM-5 (PCL-5) – LEC-5 and Extended Criterion A* [Measurement instrument]. Available from <http://www.ptsd.va.gov/>

**URL:** <http://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>



## PCL-5 with LEC-5 and Criterion A

### Part 1

**Instructions:** Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it happened to you personally; (b) you witnessed it happen to someone else; (c) you learned about it happening to a close family member or close friend; (d) you were exposed to it as part of your job (for example, paramedic, police, military, or other first responder); (e) you're not sure if it fits; or (f) it doesn't apply to you.

Be sure to consider your entire life (growing up as well as adulthood) as you go through the list of events.

Event	Happened to me	Witnessed it	Learned about it	Part of my job	Not sure	Doesn't apply
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)						
2. Fire or explosion						
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)						
4. Serious accident at work, home, or during recreational activity						
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)						
6. Physical assault (for example, being attacked, hit, slapped, kicked, beaten up)						
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)						
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)						
9. Other unwanted or uncomfortable sexual experience						
10. Combat or exposure to a war-zone (in the military or as a civilian)						
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)						
12. Life-threatening illness or injury						
13. Severe human suffering						
14. Sudden violent death (for example, homicide, suicide)						
15. Sudden accidental death						
16. Serious injury, harm, or death you caused to someone else						
17. Any other very stressful event or experience						

## Part 2

A. If you checked anything for #17 in PART 1, briefly identify the event you were thinking of: \_\_\_\_\_

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B. If you have experienced more than one of the events in PART 1, think about the event you consider the worst event, which for this questionnaire means the event that currently bothers you the most. If you have experienced only one of the events in PART 1, use that one as the worst event. Please answer the following questions about the worst event (check all options that apply):

**Briefly describe the worst event** (for example, what happened, who was involved, etc.).\_\_\_\_\_

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**How long ago did it happen?** \_\_\_\_\_ (please estimate if you are not sure)

### How did you experience it?

\_\_\_\_\_ It happened to me directly

\_\_\_\_\_ I witnessed it

\_\_\_\_\_ I learned about it happening to a close family member or close friend

\_\_\_\_\_ I was repeatedly exposed to details about it as part of my job (for example, paramedic, police, military, or other first responder)

\_\_\_\_\_ Other, please describe \_\_\_\_\_

### Was someone's life in danger?

\_\_\_\_\_ Yes, my life

\_\_\_\_\_ Yes, someone else's life

\_\_\_\_\_ No

### Was someone seriously injured or killed?

\_\_\_\_\_ Yes, I was seriously injured

\_\_\_\_\_ Yes, someone else was seriously injured or killed

\_\_\_\_\_ No

**Did it involve sexual violence?** \_\_\_\_\_ Yes \_\_\_\_\_ No

### If the event involved the death of a close family member or close friend, was it due to some kind of accident or violence, or was it due to natural causes?

\_\_\_\_\_ Accident or violence

\_\_\_\_\_ Natural causes

\_\_\_\_\_ Not applicable (The event did not involve the death of a close family member or close friend)

### How many times altogether have you experienced a similar event as stressful or nearly as stressful as the worst event?

\_\_\_\_\_ Just once

\_\_\_\_\_ More than once (please specify or estimate the total number of times you have had this experience \_\_\_\_\_ )

## Part 3

Below is a list of problems that people sometimes have in response to a very stressful experience. Keeping your worst event in mind, please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "superalert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

# CHICAGO RE-ENTRY RESOURCE SHEET

## Entrepreneurial Training Organizations

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Bethel New Life	773-473-7870	<a href="http://www.bethelnewlife.org">www.bethelnewlife.org</a>
Chatham Business Association	773-994-5006	<a href="http://www.cbaworks.org/programs.php">www.cbaworks.org/programs.php</a>
Chicago Urban League	773-602-3000	<a href="http://www.thechicagourbanleague.org">www.thechicagourbanleague.org</a>
North Lawndale Employment Network	773-638-1825	<a href="http://www.nlen.org">www.nlen.org</a>
Rogers Park Business Alliance	773-508-5885	<a href="http://www.rpba.org">www.rpba.org</a>
Safer Foundation	312-922-2200	<a href="http://www.saferfoundation.org">www.saferfoundation.org</a>
Sunshine Enterprises	312-868-0040	<a href="http://www.sunshineenterprises.com">www.sunshineenterprises.com</a>

## Micro Business Loan Providers

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Chicago Neighborhood Initiatives Micro Finance Group	773-341-2070	<a href="http://www.cnimfg.org">www.cnimfg.org</a>
Accion Chicago	312-275-3000	<a href="http://www.us.accion.org">www.us.accion.org</a>
CIBC - Entrepreneur Loan Program	844-702-7882	<a href="http://www.us.cibc.com/en/small-business/entrepreneur-loan-program.html">www.us.cibc.com/en/small-business/entrepreneur-loan-program.html</a>
Women's Business Development Center	312-853-3477	<a href="https://www.wbdc.org/entrepreneurial-programs/access-to-capital/">https://www.wbdc.org/entrepreneurial-programs/access-to-capital/</a>

## Housing Support

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City of Chicago Affordable Housing	312-744-4190	<a href="http://www.cityofchicago.org/city/en/depts/dcd/supp_info/affordable_rentalhousingresourcelist.html">www.cityofchicago.org/city/en/depts/dcd/supp_info/affordable_rentalhousingresourcelist.html</a>
Deborah's Place (females only)	773-722-5080	<a href="http://www.deborahsplace.org">www.deborahsplace.org</a>
Featherfist	773-721-7088	<a href="http://www.featherfist.org">www.featherfist.org</a>
Heartland Alliance	312-660-1300	<a href="http://www.heartlandalliance.org">www.heartlandalliance.org</a>
Mercy Housing Lakefront SRO	312-447-4500	<a href="http://www.mercyhousing.org/lakefront">www.mercyhousing.org/lakefront</a>
ReVive Center	312-997-2222	<a href="http://www.revivecenter.org">www.revivecenter.org</a>
Safer Foundation	312-922-2200	<a href="http://www.saferfoundation.org">www.saferfoundation.org</a>
A Safe Haven	773-435-8300	<a href="http://www.asafehaven.org">www.asafehaven.org</a>

## Employment Assistance

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Bethel New Life	773-473-7870	<a href="http://www.bethelnewlife.org">www.bethelnewlife.org</a>
CARA	312-798-3300	<a href="http://www.carachicago.org">www.carachicago.org</a>
Erie Neighborhood House	312-563-5800	<a href="http://www.eriehouse.org">www.eriehouse.org</a>
Howard Area Community Center	773-262-6622	<a href="http://www.howardarea.org">www.howardarea.org</a>
North Lawndale Employment Network	773-638-1825	<a href="http://www.nlen.org">www.nlen.org</a>
Preservation of Affordable Housing	773-451-8077	<a href="http://www.poahchicago.org">www.poahchicago.org</a>
Safer Foundation	312-922-2200	<a href="http://www.saferfoundation.org">www.saferfoundation.org</a>
STRIVE	212-360-1100	<a href="http://www.striveinternational.org">www.striveinternational.org</a>
St. Leonard's Ministries	312-738-1414	<a href="http://www.slministries.org">www.slministries.org</a>
Target Area	773-651-6470	<a href="http://www.targetarea.org">www.targetarea.org</a>



## **Crisis Hotlines**

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Chicago Domestic Violence Helpline	877-863-6338
■ TTY	877-863-6339
Chicago Rape Crisis Hotline	888-293-2080
Child Abuse – DCFS	800-25ABUSE
Elder Abuse	800-252-8966
IL Poison Control Center	800-942-5969
■ TTY	312-906-6185
Salvation Army Sex Trafficking Hotline	877-606-3158

## **Domestic Violence Shelters**

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### Chicago

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CAWC – Greenhouse Shelter (North)	773-278-4566
TTY	773-278-4114
Neopolitan Lighthouse (West)	773-722-0003
Family Rescue (South)	773-375-8400
Rainbow House/Arco Iris (South)	773-762-6611
Apna Ghar (North)	773-334-4663

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### Suburban

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Evanston Shelter (North)	847-864-8780
Crisis Center for South Suburbia (South)	708-429-7233
South Suburban Family Shelter (South)	877-335-3020
Constance Morris House (Southwest)	708-485-5254

## **Domestic Violence Shelters/Sexual Assault Counseling Services**

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Metropolitan Family Services	800-644-8991
Rape Victim Advocates	312-663-6303
Uptown Center Hull House Association	773-561-3500
YWCA	312-372-6600
Sarah’s Inn (West)	708-386-4225
Mujeras Latinas en Accion	312-738-5358
Howard Brown Health Center (LGBT)	773-388-8900

## **Substance Abuse Treatment Centers**

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Southwood Interventions	773-737-4600
Healthcare Alternative Systems	773-252-3100
Women’s Treatment Center	312-850-0050
Gateway Foundation	877-312-7326
Haymarket Center	312-226-7984

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**Illinois Criminal Justice Information Authority  
Pathways to Enterprise for Returning Citizens (PERC) Focus Group  
Consent Form**

You are being asked to participate in a focus group as part of the research study of PERC.

Researchers are required to provide a consent form such as this one to tell you about the research, explain that taking part is voluntary, describe the risks and benefits of participation, and help you make an informed decision. You should feel free to ask the researchers any questions you have.

**Principal Investigator:** Jessica Reichert, Manager, Center for Justice Research and Evaluation  
**Agency and Funding:** Illinois Criminal Justice Information Authority, 300 W. Adams St., Suite 200, Chicago, IL 60606 or (312) 793-8550.  
The research project was funded by a federal Justice Assistance Grant.

***Why am I being asked?***

As a stakeholder of the Pathway to Enterprise for Returning Citizens (PERC) program, you are being asked to agree to participate in an audio-recorded focus group about your experience with the PERC program. It will take about 30 minutes to complete.

***What is the purpose of this research?***

Researchers at the Illinois Criminal Justice Information Authority (ICJIA) are evaluating PERC. Researchers are trying to learn more about program stakeholders, the program itself, and its effectiveness.

***What procedures are involved?***

You will be asked to participate in an audio recorded focus group in a conference room at ICJIA's office. Approximately 10 subjects may be in the focus group.

***How will the information be used?***

The information will be used by researchers to learn more about PERC stakeholders and the program.

***Will anyone know that I am taking part in this study?***

Your fellow focus group participants and researchers will know about your participation. However, information about you or your responses will not be shared outside of the research team.

***What are the potential benefits?***

There are no direct benefits. You will help researchers and others learn more about PERC. This information may help to understand the program.

***What are the potential risks and discomforts?***

To the best of our knowledge, participating in this research study will put you at no more risk of harm than in everyday life. Participating (or not) will not affect your relationship with ICJIA.

***What about privacy and confidentiality?***

Your participation in the research will not be known to individuals other than other focus group participants and researchers.

The research team will keep your personal information confidential. We will do so by making sure your personal information is stored securely. Only the research team will have access to notes and audio. Researchers will not report any data or findings in a manner that identifies you specifically.

The information we collect about you and other participants will be used for a report about the program. Researchers will publish the results from the study on our agency's website. We may also share the results at meetings or other public forums. When the results of the research are published or talked about in conferences, no information will be included that reveals your identity. You may request a copy of the report.

***What are the costs for participating in this research?***

There are no costs to you for participating in this research.

***Will I be reimbursed for any of my expenses or paid for participating?***

There is no reimbursement offered.

***How long is this authorization valid?***

The focus group will take place during the entire time of the study.

***May I withdraw my consent to participate in this study or share my information with researchers at a future date?***

Participating in the focus group is voluntary. You have the right, at any time, to withdraw from participating. The study will not affect future services or relationship with ICJIA.

***Who should I contact if I have questions?***

Contact the researchers Jessica Reichert, Senior Research Analyst, at (312) 793-8550 or [Jessica.Reichert@Illinois.gov](mailto:Jessica.Reichert@Illinois.gov) if you have any questions about this study or your part in it, or, if you have questions, concerns or complaints about the research. If you have questions about PERC, contact your PERC trainer or Randy Kurtz at (312) 793-8550 or [Randy.Kurtz@Illinois.gov](mailto:Randy.Kurtz@Illinois.gov).

***What are my rights as a research subject?***

If you feel you have not been treated according to the descriptions in this form, or if you have any questions about your rights as a research subject, including questions, concerns, complaints, or to offer input, you may contact the IRB secretary, Simeon Kim, Associate General Counsel, at (312) 793-8550 or [Simeon.Kim@Illinois.gov](mailto:Simeon.Kim@Illinois.gov).

Stakeholder Focus Group Consent

**Remember:**

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future relations with PERC or ICJIA. If you decide to participate, you are free to withdraw at any time without affecting that relationship.

I have read (or someone has read to me) the above information. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. I agree to participate in this research and be audio recorded in the process. I will be given a copy of this signed and dated form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Obtaining Consent

## PERC Stakeholder Focus Group Questions

1. How, when and by whom was the idea for PERC conceived?
2. What were the original goals of the PERC program and do you think they have changed along the way?
3. Please tell us how the program model developed? Was it based on previous experience, prior programs, an evaluation?
4. How were the following PERC stakeholders selected, approached, and engaged in the program?
  - Funders (specify who they are)
  - Lending agency
  - Training agencies
  - IDOC
5. How and when did PERC's policies, procedures, and contracts get set up and running?
6. To date, what do you see as PERC's strengths? Weaknesses?
7. What have been some barriers or hurdles to overcome in implementing the PERC program, if any?
8. To what extent have they been addressed so far?
9. What has surprised you the most about the process of implementing PERC? What have you learned?
10. Where do you see PERC one year from now (funding, size, etc)?

Finally, is there anything else you would like to share?