ILLINOIS
CRIMINAL JUSTICE
INFORMATION AUTHORITY

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

MEETING NOTICE

Institutional Review Board

June 1, 2017 – 1:00 PM

Illinois Criminal Justice Information Authority
300 W. Adams Street, Suite 200
Chicago, IL 60606

AGENDA

I. Call to Order
II. Roll Call
III. Approval of February 16, 2017 Meeting Minutes

IV. Applications for Review

1. Full IRB applications:
   a. Study of Police-Led Referrals to Treatment Initiatives in Illinois (J. Reichert)
   b. Outcome Evaluation of the Safe Passage Initiative (J. Reichert)

2. Renewal IRB applications:
   a. Evaluation of the Illinois Family Violence Coordinating Council's Protocol Training (L. Mock)

V. Old Business: None

VI. New Business

1. Exempt IRB applications: None

2. Expedited IRB application approved May 2017:
   a. Evaluation of Illinois Bullying Prevention Programs – Year 1 & 2 (L. Mock)
   b. Study of the Impact of Legal Debts (L. Gleicher)
   c. Process and Outcome Evaluation of Illinois Drug Task Forces (J. Reichert)

3. IRB application amendments: None

4. Upcoming IRB meetings:
   a. August 17th, 2017
   b. November 16th, 2017

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

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

ICJIA Institutional Review Board (IRB)
Meeting Minutes

Thursday, February, 16, 2017, 1:00 p.m.
Illinois Criminal Justice Information Authority
300 W. Adams Street, Suite 200
Chicago, Illinois 60606

I. Call to Order/Roll Call

Dr. Evan Harrington called the meeting to order at 1:10 p.m. ICJIA Associate General Counsel Simeon Kim called the roll.

Member Name	Present	Absent	By Telephone
Dr. Rachel Johnston, Chair		X	
Director John Maki, ICJIA		X	
Ms. Era Laudermilk	X		
Dr. LaDonna Long	X		
Dr. Evan Harrington	X		
Dr. Dan Cooper	X		
Ms. Maya Szilak	X		

Five members were present in person and a quorum was established.

II. Approval of Meeting Minutes – August 18, 2016.

Dr. Harrington asked for any comments regarding the meeting minutes of August 18, 2016. Dr. Harrington wanted to clarify a statement on page 3, in the second paragraph, where it stated, "Dr. Harrington stated that his comments were just suggestions; they are not really needed." He stated that the suggestions were best practices for research ethics, although not required by the federal regulations. The "not really needed" part could be "not required by the federal regulations."

Vote: Ms. Laudermilk moved to approve the minutes. Dr. Cooper seconded the motion. The motion passed by unanimous voice vote.

III. Full IRB Application Review: None.

IV. Renewal Application Review: None.

V. Old business: None.

VI. Exempt Application Review: None.

VII. Expedited Application:

A. Impact of Legislative Changes on the IDOC Prison Population (James Austin and Megan Alderden). This proposal was approved through the expedited review process in November 2016.

VIII. Amendment Application Review:

A. Impact of Legislative Changes on the IDOC Prison Population (Christine Devitt)

Protocol Change: The project methodology is being modified to include criminal history records of the cohort included in the study, which consists of all persons exiting from the Illinois Department of Corrections (IDOC) in state fiscal year 2015. Research staff from ICJIA will match the IDOC records to the corresponding criminal history records available in the Illinois Criminal History Record Information (CHRI) System, using last name, first name, and date of birth. The individuals' complete state criminal history records will be pulled from the CHRI System Ad Hoc Database. The IDOC and CHRI files will be combined, stripped of all identifiers, and disseminated to James Austin at JFA Institute, the principle investigator responsible for developing the state-specific sentencing model. This de-identified data file will not be shared with any researcher outside of JFA Institute, including the co-principle investigator at Rutgers University.

Discussion: Dr. Harrington asked if the addendum changes the de-identified status of the information. Ms. Devitt replied that ICJIA only provides de-identified data to the researchers. They do not need the identifiers in their model. Dr. Harrington stated that he does not see any additional risk so it would qualify similarly as the original protocol.

Vote: Dr. Cooper made a motion to approve. Ms. Laudermilk seconded the motion. The motion passed by unanimous voice vote.

B. Evaluation of Safe Passage (Jessica Reichert)

Protocol Change: We would like to obtain more demographic information from the Safe Passage Initiative Client Intake Form. We would like first and last name, date of birth, race/ethnicity. The Dixon Police Department will electronically send an encrypted file by secure email the identifying information of clients to the PI (ICJIA Research Manager). The identifying information received from Dixon will be destroyed once no longer needed.

We will use name and date of birth to pull their criminal history record information to compare arrest activity before and after participation in Safe Passage. ICJIA researchers will link the names to arrest data. Identifiers are needed to link to electronic Criminal History Record Information (CHRI). After the data is gathered, a unique id code can

replace their name, so the database is de-identified. All data will be saved on secure, password-protected computer. The names will be under the researcher's exclusive control and will not be shared in any written publication. With a relatively small sample size, care will be taken to maintain our participants' confidentiality.

We would like to add interviews with treatment providers who provide services for those Safe Passage clients with substance use disorders. Questions and consent form are attached.

Consent Procedure Change: For the analysis of the intake form data, we were approved for a waiver of consent due to our use of administrative, de-identified data.

Consent Document Change: Adding a consent form.

Discussion: Dr. Harrington asked if the consent forms were for just the 10 treatment providers. Ms. Reichert stated "correct." Dr. Long asked if there was another way of asking Question 41, "Do you think police need more training?" She said the question might lead someone to think that the researchers think police need more training. Dr. Cooper stated that Ms. Reichert may want to ask whether someone in the individual organizations could better speak to treatment provided under the Safe Passage Initiative. He said an organization's executive director may know more than individual treatment providers.

Vote: Dr. Cooper moved to approve. Ms. Laudermilk seconded the motion. The motion passed by unanimous voice vote.

IX. Dr. Mock introduced Caitlin Delong as the new IRB manager.

X. Adjourn:

Ms. Laudermilk moved to adjourn at 1:35 p.m. Dr. Cooper seconded the motion. The motion passed by unanimous voice vote.

Illinois Criminal Justice Information Authority

IRB

APPROVAL APPLICATION for Research Involving Human Subjects

PROPOSAL INFORMATION

Principal investigator(s):

Jessica Reichert, Senior Research Analyst

Principal investigator(s) email:

Jessica.Reichert@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:

Start date of project: May 18, 2017

End date of project: May 18, 2018

Title of proposal: Study of Police-Led Referrals to Treatment Initiatives in Illinois

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

Is this IRB linked to other IRB approval? [ ] Yes [X] No

If **YES**, please explain:

Will the data be primary data or secondary data? [X] 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 evaluation reports on the Illinois Criminal Justice Information Authority (Authority) website and/or journal.

I. VULNERABLE SUBJECTS

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

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

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.

Researchers will survey and interview police agency staff about current police-led substance use disorder diversion initiatives operating in Illinois. The purpose is to learn more about the characteristics and implementation issues of these initiatives. These initiatives are new, but growing across the country, and more information is needed to understand how they operate, ways in which they differ, and the challenges and successes of these initiatives to inform other police agencies interested in implementing similar initiatives.

B. PROCEDURES

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

Participants will be told that there are two components: a survey documenting information about program sustainability and an interview about program design and implementation. Participants will be offered the opportunity to voluntarily complete both of these components.

Component 1: Online survey (Program Sustainability Assessment Tool)

a.) Time involvement of subjects: Participants will be asked to complete a 10 minute on-line survey documenting information related to implementation and sustainability.

b.) Location(s) the study will be conducted with subjects, including a description, if applicable: Participants will be able to complete the survey using any PC or mobile device.

c.) Amount of payment to subject, if any (consent form must note plan for payment if they withdraw voluntarily): No compensation will be offered.

d.) What subjects will experience or do: After reviewing the informed consent form and agreeing to participate in the study by clicking agree, participants will be asked 40 questions that measure factors associated with program implementation and sustainability. Participants will be informed that they may choose to answer any question and may stop the survey at any time.

Component 2: Interview

a.) Time involvement of subjects: 30 minutes to 1 hour

b.) Location(s) the study will be conducted with subjects, including a description, if applicable: In-person or by telephone depending on distance, resources, and respondents' preference and schedule.

c.) Amount of payment to subject, if any (consent form must note plan for payment if they withdraw voluntarily): No compensation will be offered.

d.) What subjects will experience or do: Researchers will review the informed consent form with potential participants. After signing and scanning and emailing a consent form (if not in person), subjects will be asked to answer questions about their initiative and opinions related to their initiative. Participants will be asked if they are willing to be audio-recorded during the consent procedure. They will be informed about the voluntary nature of this request and that they may still complete an interview should they choose not to be recorded. Participants will be informed that they may choose to answer any question and may stop the interview or audio recording of the interview at any time.

C. EQUITABLE SELECTION OF SUBJECTS

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

a.) Anticipated total number of subjects in study: 10

b.) Number in age ranges: Under 18 0 18 and older 10

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

African American	X	American Indian	X		
Asian	X	Hispanic	X		
White	X	Other		Bi-racial	X
Unknown		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

Researchers will identity potential agencies through a web search and by consulting national and state experts in this area, including TASC and PAARI (Police Assisted Addiction and Recovery Initiative). The agency chiefs or other identified personnel will be contacted for potential participation. Participants will be told that there are two components associated with the study: a survey documenting information about program sustainability and an interview about program design and implementation.

At the end of the interview, those who participate in the interviews will also be asked if they know of other programs in the state that we could contact.

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

Researchers will include all police programs and initiatives of this type that are identified in Illinois. Only these programs will be examined as the purpose is to learn more about how these programs have been designed and implemented.

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.

There are no direct benefits for participating in this study. This study, however, will document program design, implementation, and sustainability information that may help participants further refine their programs. The information may also help guide program development and implementation decisions in other Illinois jurisdictions interested in these diversionary programs.

7. Does this study involve any of the following?

Yes	No	
____	X	Use of deception by researchers
____	X	Use of punishment by researchers
____	X	Use of drugs by subjects for study purposes
____	X	Covert and/or participant observation
____	X	Induction of mental and/or physical stress to subjects by researchers
____	X	Procedures which risk physical harm to the subject
____	X	Materials and behaviors commonly regarded as socially unacceptable
____	X	Procedures by researchers that might be regarded as an invasion of privacy to subjects or cause a degree of discomfort
____	X	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.

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

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).

Does not apply.

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.

__X__ Minimal

_____ Greater than minimal

_____ High

E. COMPENSATION

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

Yes ____ No __X__

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

Amount _____ Source of funds _____

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

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

Yes ____ No __X__

F. CONFIDENTIALITY

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

Yes **X** No ____

*a.) If **YES**, how will the confidentiality of the materials produced by such devices be protected?*
Note: A separate line of the consent form for the subjects to agree to be video/audio taped or photographed must be included.

Interviews will be audio recorded, if participants consent, using hand-held recording devices. The audio-recordings will be saved on secure, password protected servers only accessible to the research staff and deleted from the recording devices within 48 hours of the interview.

The recordings will be transcribed in computerized word processing files stored securely on the Authority servers. Only the researchers affiliated with this project will have access to the transcriptions. No identifying information will be recorded during the transcription process. The audio-recordings and the transcriptions will be maintained separately. Additionally, the items (audio-recordings and transcriptions) will be maintained separately from the signed informed consent forms. The informed consent forms will be maintained in a locked file cabinet accessible only to the researchers.

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?

Audio-recordings on the recording devices will be erased within 48 hours of recording. The recordings will be transcribed in computerized word processing files will be stored securely on the Authority computers and servers. Audio recordings saved to the Authority servers will be destroyed after completion of the project. Completion is defined as publication of a final report. The transcriptions, which will not contain identifying information, will be destroyed three years after completion of the project. The transcriptions will be coded by researchers to identify themes, which will be used to provide general descriptions of program design elements and implementation and sustainability issues.

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

Yes **X** 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.)?

Individual identifiers will be recorded on the informed consent forms used for the interviews. The informed consent forms will be maintained separately from the interview audio-recordings, interview notes, and transcripts.

Participants will also be asked if they would like their agency and contact information made available for public dissemination at the end of the report. This information would not be linked to the survey and interview findings, but rather as a list of agencies that currently have programs operating in Illinois. Agencies may choose to have their information shared even if they do not participate in a survey or interview or vice versa.

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

Signed consent forms will be kept secure in a locked file cabinet accessible only to research staff. Electronic interview and survey data will be kept on secure, password protected servers and computers accessible only to research staff.

Online survey data will be collected using 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.

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 X

Names will be recorded during the informed consent process for the interviews.

Participants will also be asked if they would like their agency and contact information made available for public dissemination at the end of the report. However, this information would not be linked to the survey and interview findings, but rather as a list of agencies that currently have programs operating in Illinois. Agencies may choose to have their information shared even if they do not participate in a survey or interview or vice versa.

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

Yes X 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 X No ____

Participants will also be asked if they would like their agency and contact information made available for public dissemination at the end of the report. However, this information would not be linked to the survey and interview findings, but rather as a list of agencies that currently have programs operating in Illinois. Agencies may choose to have their information shared even if they do not participate in a survey or interview or vice versa.

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 **X** No ____

Responses from the survey and interviews will be aggregated. Researchers will be careful to not report information in a manner that may identify participants.

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

Yes ____ No X

G. INFORMED CONSENT

20. Do you intend to obtain informed consent?

____ Verbal X Written ____ No consent needed ____ Waiver of consent

If **<u>NO CONSENT NEEDED</u>** or **<u>VERBAL</u>**, please answer *a* through *c* below.

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

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.

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.

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?* The on-line survey will involve an on-line informed consent form. Participants will be asked to review the on-line consent form and select agree if they choose to complete the survey. The informed consent form for the interview will be provided to the participants by the research staff prior to the interview. If the interview is by telephone, the researchers will send the inform consent form to the participants in advance, instructing them to review the consent form and sign and return it.

b.) *How will consent be obtained?* The on-line survey will involve an on-line informed consent form. Participants will be asked to review the on-line consent form and select agree if they choose to complete the survey. The informed consent form for the interview will be provided to the participants by the research staff prior to the interview. If the interview is by telephone, the researchers will send the inform consent form to the participants in advance, instructing them to review the consent form and sign and return it.

c.) *How often will consent be obtained (e.g., longitudinal or long-term field studies)?* Once prior to the survey and once prior to the interview.

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

participant, and the initiative.

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 **X**

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

All subjects, primarily police chiefs, are expected to be English speakers.

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

24. Does the consent form you have attached fully comply with the Authority's 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 **X** 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 **X** No (explain below) ____

Attachments

Component 1:
Consent for online survey
Online survey (Program Sustainability Assessment Tool)

Component 2:
Consent form for interview
Interview questions

Illinois Criminal Justice Information Authority

IRB

APPROVAL APPLICATION: for Research Involving Human Subjects

SIGNATURE PAGE

PROJECT NAME: Study of Police-Led Referrals to Substance Use Treatment Initiatives in Illinois

This page is to be signed by the principal investigator.

_____ _____

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:

IRB Expiration:

The IRB approval granted for this project expires on _____

Date

Illinois Criminal Justice Information Authority
Consent for Participation in Research
Police-Led Referrals to Substance Use Treatment

You are being asked to participate in a research study on police-led referrals to substance use treatment often referred to, and refer to in this consent form, as "deflection initiatives." Researchers are required to provide a consent form to tell you about the research, explain that taking part is voluntary, describe the risks and benefits of participation, and help you to make an informed decision. Please feel free to ask the researchers any questions you may have.

Principal Investigator: Jessica Reichert, Manager, Center 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. This project was funded by the Justice Assistance Grant Program.

Why am I being asked?
You are being asked to be a subject in a research study about police deflection initiatives. You are being asked to complete brief online survey. In the questions, you will rate your initiative across a range of specific factors that affect sustainability. The online survey will take about 10 minutes.

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future dealings the Illinois Criminal Justice Information Authority (Authority). You may skip any questions you do not want to answer. **If you decide to participate, you are free to withdraw at any time without affecting those relationships.** Approximately 10 people may be involved in this research.

What is the purpose of this research?
Researchers at the Authority are evaluating the police deflection initiatives in Illinois. The survey tool (Program Sustainability Assessment Tool) will assess implementation of your initiative focusing on current and ongoing capacity and sustainability.

What procedures are involved?
You will be asked to complete a brief online survey.

What are the potential risks and discomforts?
To the best of our knowledge, completing the survey will have no more risk of harm than you would experience in everyday life.

Are there benefits to taking part in the research?
This study is not designed to benefit you directly. This study is designed to learn more about police deflection initiatives in Illinois. The study results may be used to guide and inform your deflection initiative; the public, practitioners, and policy makers; other deflection initiatives; and other communities interested in starting similar deflection initiatives.

What other options are there?
You have the option to not participate in this study.

What about privacy and confidentiality?

To date, there are a small number of deflection initiatives in Illinois (we are aware of less than ten in the state). The survey responses will be aggregated and used to generally describe the characteristics, barriers and challenges, successes, and issues around capacity and sustainability. Although no information will be directly attributed to your program, it is possible someone might attribute the findings to you or your program.

What are the costs for participating in this research?
There are no costs.

Will I be reimbursed for any of my expenses or paid for my participation in this research?
There is no reimbursement.

Can I withdraw or be removed from the study?
If you decide to participate, you are free to withdraw your consent and discontinue participation at any time without penalty. At any time, you can take a break or stop the survey.

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 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.

By checking this box, I consent to participate in this research study. I understand the survey will be connected to future surveys and other records containing information about me.

- ☐ **I agree to participate**
- ☐ **I do not agree to participate [END OF SURVEY]**

Illinois Criminal Justice Information Authority
Consent for Participation in Research
Police-Led Referrals to Substance Use Treatment

You are being asked to participate in a research study on police-led referrals to substance use treatment often referred to, and refer to in this consent form, as "deflection initiatives." Researchers are required to provide a consent form to tell you about the research, explain that taking part is voluntary, describe the risks and benefits of participation, and help you to make an informed decision. Please feel free to ask the researchers any questions you may have.

Principal Investigator: Jessica Reichert, Manager, Center 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. This project was funded by the Justice Assistance Grant Program.

Why am I being asked?
You are being asked to be a subject in a research study about police deflection initiatives. You are being asked to complete an interview about your community's deflection initiative. The interview (in person or by phone) will take about 30 minutes to 1 hour.

Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future dealings the Illinois Criminal Justice Information Authority (Authority). You may skip any questions you do not want to answer. **If you decide to participate, you are free to withdraw at any time without affecting those relationships.** Approximately 10 people may be involved in this research.

What is the purpose of this research?
Researchers at the Authority are evaluating the police deflection initiatives in Illinois. The interview will provide information on the characteristics and implementation of those types of initiatives.

What procedures are involved?
You will be asked to participate in a research interview.

What are the potential risks and discomforts?
To the best of our knowledge, completing the interview will have no more risk of harm than you would experience in everyday life.

Are there benefits to taking part in the research?
This study is not designed to benefit you directly. This study is designed to learn more about police deflection initiatives in Illinois. The study results may be used to guide and inform your deflection initiative; the public, practitioners, and policy makers; other deflection initiatives; and other communities interested in starting similar deflection initiatives.

What other options are there?
You have the option to not participate in this study.

What about privacy and confidentiality?
With your permission, we would like to audio-record the interview. This is to make sure we capture everything you tell us in the interview and convey your responses accurately. Please know the following about recordings:

- Only the researchers working on this project will have access to the audio recording.
- The recording will be transcribed. Recordings and transcripts will be kept confidential.
- All interview notes and recordings will be electronically stored on password-protected computers and servers.
- Recordings will be destroyed once the final report is complete.
- Transcripts will be destroyed three years following publication of the findings or results.

You may still participate in the interview even if you choose not to be recorded. In such a case, researchers will take notes using pencil and paper.

To date, there are a small number of deflection initiatives in Illinois (we are aware of less than ten in the state). The interview responses will be aggregated and used to generally describe the characteristics, barriers and challenges, successes, and issues around capacity and sustainability. Although no information will be directly attributed to your program, it is possible someone might attribute the findings to you or your program.

What are the costs for participating in this research?
There are no costs.

Will I be reimbursed for any of my expenses or paid for my participation in this research?
There is no reimbursement.

Can I withdraw or be removed from the study?
If you decide to participate, you are free to withdraw your consent and discontinue participation at any time without penalty. At any time, you can take a break or stop the interview.

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 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.

I have read the above information. I agree to participate in this research. I can keep a copy of this signed and dated form.

_____ _____

Signature Date

_____

Printed Name

I agree to be audio recorded.

_____ _____

Signature Date

_____

Printed Name

Deflection Initiatives Interview Questions

Thank you for agreeing to speak with me today. We would like your honest feedback and opinions regarding your initiative. There are no right or wrong answers. First, I am going to ask you some questions about you and your agency and then ask some specific questions of your initiative?

About subject/respondent

1. What is your title/role in the agency?
2. How long have you worked at your agency?
3. Are you the point of contact for the initiative?
4. How long have you worked in your field?

About your initiative

5. What is the name of your initiative?
6. When was the initiative started?
7. What partner agencies are involved in the initiative?
8. Have you collaborated with additional stakeholders (agencies/groups)?
9. Number of police agencies on board?
10. What are the goals of the initiative?
11. How would you describe the jurisdiction/area covered of the initiative (urban, rural area)?
12. How would you describe your community's concerns with substance misuse?
13. Why was the initiative created?
14. How many people have you served?
15. Do you have paid staff? Describe.
16. Do you use volunteers? How?

About the treatment aspect

17. Do you have a main assessment point for referral to treatment?
18. How are clients assessed?
19. How many treatment providers can you access?
20. Do you have memorandums of understanding in place?
21. What is the treatment capacity for your clients? How do they pay?
22. What level and type of care is available (OP, IOP, residential, MAT)

Data and evaluation

23. Do you get data or updates from treatment providers?
24. Do you do follow up with the clients? Is that documented? How?
25. What data do you collect if any? Do you do an intake?
26. Has it been evaluated by an external evaluator? If yes, describe.

Public awareness

27. How have you let the public know about your initiative?
28. How has the community responded?

29. Do you think the initiative improves police-community relationships? How?

Funding/resources

30. What are the cost of the program?
31. Do you get any funding for the program? Where from and how much?
32. Have you seen solicitations or applied for funding?
33. Do you get support from PAARI? Or other similar initiatives?
34. What additional resources do you need for the initiative? What is most needed?

Training/overdose response

35. How have you trained staff/officers regarding the program and SUD?
36. Do you train officers on Naloxone? How many?
37. How officers many carry Naloxone?
38. Do you ever reach out to individuals on the initiative or treatment following an overdose?

Other/closing questions

39. What have been some successes?
40. What have been some obstacles?
41. Any other lessons learned or things you would share to other police agencies who are considering starting or have just started a similar initiative?
42. What are some obstacles related to implementation?
43. Do you think these initiatives should be expanded across the state, country?
44. Do you think there is enough treatment capacity if it is scaled up?
45. Do you have any further comment about the initiative or these types of initiatives?

We would like to provide a listing of current deflection initiatives with contact information. Can you please provide exactly what should be written (name, agency, phone, email)?

Thank you.

Program Sustainability Assessment Tool

This tool is to be used to assess current and ongoing program capacity and sustainability. It is to be administered at the planning, development, and implementation phases. The responses collected will identify strengths and challenges. Responses will differ at different phases of program development. In the initial phases you may not have responses to some of the questions. That is to be expected. Results can be used for decision-making and planning with respect to assessment and sustainability.

In the following questions, you will rate your program across a range of specific factors that affect sustainability. Please respond to as many items as possible. If you truly feel you are not able to answer an item, you may select "NA." For each statement, circle the number that best indicates the extent to which your program has or does the following things.

When completed, review your program's summary Sustainability Report from the Program Sustainability Assessment Tool. The report results will provide a snapshot of your program's current sustainability capacity. Discuss any surprises in the results and differences in opinion about scores. Note that there is no score that can guarantee a program's sustainability. Low scores in a domain are deserving of attention and opportunities to review and make planning decisions. Domain scores serve as guideposts and are a starting point for discussion rather than an end point.

Support: Internal and external agents in support of the program

	To little or no extent						To a very great extent	Not able to answer
1. Champions – internal and/or external – actively advocate for the program.	1	2	3	4	5	6	7	NA
2. The program demonstrates the availability of champions with the ability to garner additional support and attract new resources.	1	2	3	4	5	6	7	NA
3. The program has support within the larger institution or consortium.	1	2	3	4	5	6	7	NA
4. The program has clear and public support from outside of the institution or consortium.	1	2	3	4	5	6	7	NA
5. The program has strong advocacy support at other institutions, consortia, or funding agencies.	1	2	3	4	5	6	7	NA

Notes:

Funding: Evaluating the financial base of your program

	To little or no extent						To a very great extent	Not able to answer
1. The program is developed and will be sustained in a supportive financial climate.	1	2	3	4	5	6	7	NA
2. The program is supported by policies designed to help ensure sustained funding.	1	2	3	4	5	6	7	NA
3. The program does not rely on a single funding source.	1	2	3	4	5	6	7	NA
4. The program is funded or will be funded through a variety of sources – it has a combination of stable and flexible funding.	1	2	3	4	5	6	7	NA
5. The program has sustained funding now.	1	2	3	4	5	6	7	NA

Notes:

Partnerships: Creating and cultivating connections between program and stakeholders

	To little or no extent						To a very great extent	Not able to answer
1. Diverse individuals, departments, and institutions are invested in the development and sustainability of the program.	1	2	3	4	5	6	7	NA
2. The program has established communication pathways with community participants.	1	2	3	4	5	6	7	NA
3. Community participants – faculty and staff – are involved with the program.	1	2	3	4	5	6	7	NA
4. Community participants – faculty and staff – are passionately committed to the program.	1	2	3	4	5	6	7	NA
5. The community is engaged in the development and implementation of program goals.	1	2	3	4	5	6	7	NA

Notes:

Organizational Capacity: The support and resources required to effectively manage and sustain the program and its activities are available

	To little or no extent						To a very great extent	Not able to answer
1. The program is well integrated into the operations of the institution or consortium.	1	2	3	4	5	6	7	NA
2. Organizational systems are in place to support program requirements.	1	2	3	4	5	6	7	NA
3. Leadership effectively articulates the vision of the program to constituents and partners.	1	2	3	4	5	6	7	NA
4. Leadership has established effective organizational designs to efficiently manage program staff and resources.	1	2	3	4	5	6	7	NA
5. The program has adequate staff to complete and sustain the program's goals.	1	2	3	4	5	6	7	NA

Notes:

Program Evaluation: Program assessment to inform planning and document results

	To little or no extent						To a very great extent	Not able to answer
1. The program has a plan for program evaluation in place.	1	2	3	4	5	6	7	NA
2. The program has a plan to report short term and intermediate outcomes.	1	2	3	4	5	6	7	NA
3. There is a plan to integrate evaluation results into ongoing program planning and implementation.	1	2	3	4	5	6	7	NA
4. There is a plan and a schedule to document and share program evaluation results to funders and key stakeholders to demonstrate successes.	1	2	3	4	5	6	7	NA
5. The program provides strong evidence to the larger academic community that the program is successful.	1	2	3	4	5	6	7	NA

Notes:

Adaptation: Plans and actions to adapt the program to ensure ongoing effectiveness

	To little or no extent						To a very great extent	Not able to answer
1. A plan to periodically review program results is in place.	1	2	3	4	5	6	7	NA
2. The program review helps to adapt and adopt new strategies as appropriate.	1	2	3	4	5	6	7	NA
3. The program review enables adaptation to new and emerging technologies, pedagogical methods and practices.	1	2	3	4	5	6	7	NA
4. The program enables faculty, staff, and administration to proactively adapt to changes and opportunities in education.	1	2	3	4	5	6	7	NA
5. The program provides for decision-making about which components are ineffective and how to discontinue.	1	2	3	4	5	6	7	NA

Notes:

Communications: Strategic communication with stakeholders about your program

	To little or no extent						To a very great extent	Not able to answer
1. The program has integrated communication strategies to secure and maintain external awareness and support.	1	2	3	4	5	6	7	NA
2. Program staff communicates the rationale for the program to the other institutions, consortia, and funding agencies.	1	2	3	4	5	6	7	NA
3. The program communication plan is marketed and distributed in a way that generates broad interest.	1	2	3	4	5	6	7	NA
4. The program results in increased community awareness of the issue, opportunity, and challenges.	1	2	3	4	5	6	7	NA
5. The communication plan clearly demonstrates program value to the larger academic community.	1	2	3	4	5	6	7	NA

Notes:

Strategic Planning: Processes that guide your program's direction, goals, and strategies

	To little or no extent						To a very great extent	Not able to answer
1. The program includes plans for future resource needs.	1	2	3	4	5	6	7	NA
2. The program includes a long-term financial plan.	1	2	3	4	5	6	7	NA
3. The program has a sustainability plan in place.	1	2	3	4	5	6	7	NA
4. The program goals and objectives are clearly understood by all stakeholders.	1	2	3	4	5	6	7	NA
5. The program clearly outlines roles and responsibilities for all stakeholders.	1	2	3	4	5	6	7	NA

Notes:

Illinois Criminal Justice Information Authority

IRB

APPROVAL APPLICATION for Research Involving Human Subjects

PROPOSAL INFORMATION

Principal investigator(s):
Jessica Reichert, Senior Research Analyst

Principal investigator(s) email:
Jessica.Reichert@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:

Start date of project: May 18, 2017

End date of project: May 18, 2018

Title of proposal: Outcome evaluation of the Safe Passage Initiative

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

Is this IRB linked to other IRB approval? [ ] Yes [X] No

If **YES**, please explain:

Will the data be primary data or secondary data? [X] Primary [X] Secondary

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

Safe Passage Initiative intake forms
Prior treatment records of former Safe Passage clients
Illinois State Police, Criminal History Record Information
Illinois Department of Employment Security, employment records
Illinois Department of Corrections, corrections records
Illinois Department of Public Health, hospital records

How is the end date of the study defined?

The publication of one or more evaluation reports on the Illinois Criminal Justice Information Authority (Authority) website and/or in a peer-reviewed journal.

I. VULNERABLE SUBJECTS

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

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

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.

Data will be collected and analyzed for an evaluation of the police-led substance use disorder treatment initiative (or diversion initiative) called *Safe Passage,* operating in Lee, Whiteside, and Livingston Counties in Illinois. The outcome evaluation will analyze (1) administrative program data, including client treatment records, and (2) data collected through a pre- and post-test survey.

B. PROCEDURES

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

Component 1: Client treatment records (n=150)

a.) Time involvement of subjects: Potential participants will be asked to review and sign a consent form allowing researchers access to treatment records. It will take approximately 2 minutes to read and sign the consent form.

b.) Location(s) the study will be conducted with subjects, including a description, if applicable: Consent forms will be provided to clients by the treatment provider facility. Treatment providers may include the following: Rosecrance, Unity Point, Gateway, Sinissippi, Banyan, and Chestnut Health Systems.

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 will sign a consent form.

Component 2: Online pre- and post-test (n=150)

a.) Time involvement of subjects: Potential participants will be asked complete a short pre and post-test survey. Each survey (one pre/one post) will take approximately 10 minutes each.

b.) Location(s) the study will be conducted with subjects, including a description, if applicable: Participants will be asked to complete an online survey administered upon intake at a treatment provider facility. The survey will be administered again prior to exiting treatment.

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 will be asked to complete a survey about their views on their substance use.

C. EQUITABLE SELECTION OF SUBJECTS

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

a.) Anticipated total number of subjects in study: 310
Former clients n=160
New clients n=150

b.) Number in age ranges: Under 18 0 18 and older 310

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

African American [X] American Indian [X]

Asian [X] Hispanic [X]

White [X] Other [ ] Bi-racial [X]

Unknown [ ] Comments Census statistics show 90%+ white population

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 X Recruitment X

Clients receiving treatment at one the treatment facilities will be offered the opportunity to participate in the evaluation of the program. The informed consent form outlining the purpose of the evaluation, risks, benefits, the procedures involved should they choose to participate, and the voluntary nature of the study will be provided to participants upon intake by the treatment provider staff.

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

All clients receiving treatment from one of the providers partnering on the Safe Passages Initiative will be offered the opportunity to participate in this study. The study will track outcomes of Safe Passage clients as well as clients referred through other means (comparison group).

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.

There is no direct benefit to participants. The evaluation will examine outcomes of clients with substance use disorders at treatment providers. The results may influence programming, policies, and funding decisions in Illinois and inform similar jurisdictions.

7. Does this study involve any of the following?

Yes	No	
	X	Use of deception by researchers
	X	Use of punishment by researchers
	X	Use of drugs by subjects for study purposes
	X	Covert and/or participant observation
	X	Induction of mental and/or physical stress to subjects by researchers
	X	Procedures which risk physical harm to the subject
	X	Materials and behaviors commonly regarded as socially unacceptable

____	____	
____	X	Procedures by researchers that might be regarded as an invasion of privacy to subjects or cause a degree of discomfort
____	X	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 <u>YES</u> 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.

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

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).

Does not apply.

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.

__X__ Minimal

_____ Greater than minimal

_____ High

E. COMPENSATION

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

Yes ____ No __X__

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

Amount _____ Source of funds _____

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

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

Yes ____ No __X__

F. CONFIDENTIALITY

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

Yes ____ No **X**

*a.) If **YES**, how will the confidentiality of the materials produced by such devices be protected?*
Note: A separate line of the consent form for the subjects to agree to be video/audio taped or photographed must be included.

a.) 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?

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

Yes **X** 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.)?

Individual identifiers will be recorded on pre- and post-tests. These identifiers are needed to match the pre- and post-tests and to link to administrative data on the client.

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

Online survey data will be obtained through 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) updated HIPAA rules to ensure that data are properly protected and best security practices followed.

At the close of the pre- and post-tests, ICJIA researchers will download a dataset and link the pre- and posttest data along with the other administrative data collected by research staff. This dataset will then be stripped of the identifiers and a unique id number will be used in place of identifiers. Only the final, de-identified dataset will be used to analyze the data.

The final de-identified dataset 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 X

Researchers need to link pre- and post-tests and administrative data in order to answer its research questions.

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

Yes X 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 X

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 X Written _____ No consent needed X Waiver of consent

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

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

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.

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.

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? Consent forms for administrative data will be administered by licensed substance use treatment providers that serve Safe Passage clients including Gateway, Rosecrance, Chestnut Health Systems, Unity Point, and Banyan. Consent for the pre- and posttest survey data will be made available on-line through the on-line survey software. Participants will be asked to review the consent materials and click agree if they wish to participate.

b.) How will consent be obtained?

Online consent for pre- and post-test.
Paper form for administrative data.

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

Once for administrative records at intake to treatment provider services.
Each time a client takes the pre- or post-test.

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

e.) How will your investigators be trained to use the informed consent process?
Treatment provider staff are experienced in obtaining consent regarding the use of health and treatment records. These records will be maintained in a secure location by treatment provider staff. Researchers will periodically travel to the sites to obtain the forms, which will then be placed in a locked file cabinet accessible only to research staff.

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 **X**

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

All participants are expected to be English speakers. According to the U.S. Census Bureau (July 2015), 5% of Lee, 12% of Whiteside, and 6% of Livingston county residents are Hispanic or Latino, and therefore, likely less to be non-English speaking.

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

24. Does the consent form you have attached fully comply with the Authority's 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 **X** 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 **X** No (explain below) ____

Attachments

Safe Passage Intake Form

Component 1:
Consent for administrative records

Component 2:
Online pre-and post-test

Illinois Criminal Justice Information Authority

IRB

APPROVAL APPLICATION: for Research Involving Human Subjects

SIGNATURE PAGE

PROJECT NAME: Outcome evaluation of the Safe Passage Initiative

This page is to be signed by the principal investigator.

_____ _____

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:

IRB Expiration:

The IRB approval granted for this project expires on _____

Date

Script for Treatment Providers:

This is a consent form to participate in a research study. It explains taking part in the research is voluntary and describes the risks and benefits of participation, in order to help you to make an informed decision.

Illinois Criminal Justice Information Authority
Consent for Participation in Research

You are being asked to participate in a research study. Researchers are required to provide a consent form such as this one to tell you about the research, to explain that taking part is voluntary, to describe the risks and benefits of participation, and to help you to make an informed decision. You should feel free to ask the researchers any questions you may 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. This project was funded by the federal Justice Assistance Grant Program.

Why am I being asked?
We would like to compare outcomes of clients based on different treatment referral methods.

How will the information be used?
We will use this information to determine whether people who access treatment by different means (Safe Passage/police referral, court ordered, or other referral) have different outcomes (e.g., days in treatment, completion of treatment level of care, arrests).

Will anyone know that I am taking part in this study?
The investigators of this research project and their staff members will have access to this information.

What are the potential risks and discomforts?
To the best of our knowledge, completing the interview will have no more risk of harm than you would experience in everyday life.

How long is this authorization valid*?*
Information may be obtained from your treatment records and other state records and used by this research team which expires at the end of the study. State records include criminal justice records, employment records, and public health records.

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

You have the right, at any time, to withdraw from participating in this study. Deciding not to participate or withdrawing from the study will not affect your current or future treatment care or relationship with Safe Passage (if applicable).

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 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.

By signing this form I consent to participate in this research study and provide my authorization to share my treatment records with the research team.

_____ _____
Signature Date

_____
Printed Name

Safe Passage Intake Form

Name:

Safe Passage ID#:

Date of Birth

Sex of Participant: ☐ Male ☐ Female

Relationship status (that is, does Participant have a partner)?
☐ Legally married ☐ In a committed relationship ☐ Widowed
☐ Separated ☐ Single, never married ☐ Divorced

How much school has the Participant completed?
☐ Some high school ☐ Some college
☐ High school graduate/GED ☐ College graduate

At any time in the past 30 days, did the Participant work at a paying job?

NO YES, part-time full-time (type of job) _____

Does Participant have health Insurance?
☐ None ☐ Medicare ☐ Other ☐ Medicaid ☐ Private Insurance

Insurance carrier? _____

Does Participant have doctor or regular place where they get medical care? NO YES

Does Participant know anyone who has gone through Safe Passage Initiative? NO YES

Has Participant been in the Safe Passage Initiative before? NO YES, when?
_____

Warrant check completed? YES NO List any warrants:
_____

Search completed? YES NO

Has the Participant been arrested for drugs? YES NO If yes, about how many times? _____

CQH check completed? YES NO History of violence? YES NO

Any concerns by the officer or the supervisor of a reasonable belief that the GUIDE could be seriously harmed by the participant? YES NO

Does CQH include 3 or more drug related arrests, and at least one of them is a conviction for possession with intent to distribute OR trafficking OR drug violation in a school zone? YES NO

If Yes, List:

_____

Sinnissippi Evaluation? YES NO

Participant turning over drugs? NO YES Description: _____

Participant turning over paraphernalia? NO YES Description: _____

Participant Assigned "GUIDE"? NO YES Name of GUIDE: _____

Participant transported to _____ by whom? _____

Treatment type? Admitted? YES NO

☐ Detox ☐ In-Patient ☐ Out-Patient

DAST Score: _____

When was the last time the Participant used any opiate? Date: _____ Time: _____

What opiate did the Participant use? _____

How old was the Participant when he/she first used drugs? _____ Kind? _____

How old was the Participant when he/she first used opiates? _____

Does the Participant currently use heroin? NO YES, inject YES, snort

How long has he/she been using? _____ How often? _____ How much? _____

Does the Participant currently use prescription opiates? YES NO

Is the Participant a smoker? YES NO

Any prescription medications currently taking: YES NO

Does the Participant have any medical issues? YES NO

Has the Participant been diagnosed with a mental health disorder? NO YES

How many times has the Participant been to detox? _____

Except for detox, has the Participant ever received addiction treatment in the past (before this time)?
YES NO

If yes, what types of treatment did the Participant received?

☐ Mental Health ☐ In-Patient ☐ Out-Patient ☐ Recovery Group ☐ Detox only ☐ Other _____

Did the Participant have a source of care or recovery support after treatment? YES NO

Has the Participant ever been involved with a self-help program (NA, other)? YES NO

Did the Participant ever try to get addiction treatment and was unable to get in? YES NO

How did the Participant hear about the Safe Passage Initiative?

_____

Why did the Participant decide to come for this service now?

_____

May we contact the Participant again to learn more about his/her experience with this program?
YES NO

Please list any other relevant comments or issues:

Officer: _____ Supervisor:

_____

Illinois Criminal Justice Information Authority
Consent for Participation in Research

You are being asked to participate in a research study. Researchers are required to provide a consent form such as this one to tell you about the research, to explain that taking part is voluntary, to describe the risks and benefits of participation, and to help you to make an informed decision. You should feel free to ask the researchers any questions you may 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. This project was funded by the federal Justice Assistance Grant Program.

Why am I being asked?
You are being asked to complete a brief online survey on personal substance use. We would like to compare responses based on different treatment referral methods.

How will the information be used?
We will use this information to determine whether people who access treatment for a substance use disorder compared to other means (Safe Passage/police referral, court ordered, or other referral) have different views on personal substance use before and after treatment.

Will anyone know that I am taking part in this study?
The research team will have access to this information. We will need identifying information in order to link the surveys you take before and after treatment, as well as link to other records.

What are the potential risks and discomforts?
To the best of our knowledge, completing the interview will have no more risk of harm than you would experience in everyday life.

What about privacy and confidentiality?
The research team will know that you are a research subject. Authority staff will use the surveys for research only. Identifying information, including name and data of birth, will be kept confidential.

The final report will include a summary of information received from this and other surveys. The Authority will publish the results from the study on their website. Authority staff may also share the results at meetings or other public forums. When the results of the research are published or discussed in conferences, no information will be included that would reveal your identity.

***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 completing the survey?
You will not be offered payment for being in this study.

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 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.

By checking this box, I consent to participate in this research study. I understand the survey will be connected to future surveys and other records containing information about me.

- ☐ **I agree to participate**
- ☐ **I do not agree to participate [END OF SURVEY]**

Name: _____

Date of Birth: _____

Personal Drug Use Questionnaire

INSTRUCTIONS: Please read the following statements carefully. Each one describes a way that you might (or might not) feel about your drug use. For each statement, circle one number from 1 to 5, to indicate how much you agree or disagree with it right now. Please circle one and only one number for every statement.

	Strongly Disagree	**Disagree**	**Undecided or Unsure**	**Agree**	**Strongly Agree**
1. I really want to make changes in my use of drugs.	1	2	3	4	5
2. Sometimes I wonder if I am an addict.	1	2	3	4	5
3. If I don't change my drug use soon, my problems are going to get worse.	1	2	3	4	5
4. I have already started making some changes in my use of drugs.	1	2	3	4	5
5. I was using drugs too much at one time, but I've managed to change that.	1	2	3	4	5
6. Sometimes I wonder if my drug use is hurting other people.	1	2	3	4	5
7. I have a drug problem.	1	2	3	4	5
8. I'm not just thinking about changing my drug use, I'm already doing something about it.	1	2	3	4	5
9. I have already changed my drug use, and I am looking for ways to keep from slipping back to my old pattern.	1	2	3	4	5
10. I have serious problems with drugs.	1	2	3	4	5

11. Sometimes I wonder if I am in control of my drug use.	1	2	3	4	5
12. My drug use is causing a lot of harm.	1	2	3	4	5
13. I am actively doing things now to cut down or stop my use of drugs.	1	2	3	4	5
14. I want help to keep from going back to the drug problems that I had before.	1	2	3	4	5
15. I know that I have a drug problem.	1	2	3	4	5
16. There are times when I wonder if I use drugs too much.	1	2	3	4	5
17. I am a drug addict.	1	2	3	4	5
18. I am working hard to change my drug use.	1	2	3	4	5
19. I have made some changes in my drug use, and I want some help to keep from going back to the way I used before.	1	2	3	4	5

Illinois Criminal Justice Information Authority

IRB

RENEWAL REQUEST: for Research Involving Human Subjects

PROPOSAL INFORMATION

Principal investigator(s): Lynne H. Mock, Ph.D.

Principal investigator(s) email: Lynne.Mock@Illinois.gov

Unit: Research and Analysis

Office Address: ICJIA 300 West Adam Street, Suite 200

City, State, Zip code: Chicago, IL 60606

Office phone: 3-0897

Initial start date of project: April 2015

Initial end date of project: September 30, 2017

Title of proposal: Evaluation of the Illinois Family Violence Coordinating Council's Protocol Training

Date of initial approval: April 16, 2015

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

RENEWAL INFORMATION

Renewal initiated by: Lynne Mock, Ph.D.

I. Project summary

1.) Please provide a brief summary or abstract of your study.

The purpose of the study is to evaluate the Illinois Family Violence Coordinating Council's (IFVCC) trainings on model protocols and mini-tool kits for assisting victims of domestic violence, elder abuse, and abuse of persons with disabilities. The evaluation will help make suggestions for programmatic enhancements and document progress toward its goals. The IFVCC was awarded a 3 year grant from the a US Department of Justice Office on Violence Against Women Grant and the training evaluation is administered and coordinated by ICJIA staff. Subjects will complete pre- and post –tests. The tests are voluntary, and anonymous. ICJIA staff and IFVCC's Evaluation Committee have created tests for the following protocols:

1. Law Enforcement Domestic Violence Training
2. Law Enforcement Elder Abuse and Persons with Disabilities Training
3. Prosecutor Domestic Violence Training
4. Prosecutor Elder Abuse and Persons with Disabilities Training
5. Court Personnel Promising Practices and Mini-Tool Kit
6. Emergency Medical Services Promising Practices and Mini-Tool Kit
7. Probation Promising Practices and Mini-Tool Kit
8. 911 Telecommunicators Promising Practices and Mini-Tool Kit

2.) Please provide a brief statement of the progress made since the initial approval.

Authority researchers drafted a preliminary report based upon 182 pre-tests and 173 post-tests from nine trainings conducted by IFVCC. In addition, 61 pre/post-test were received in March 2017 from two trainings. We will continue to collect pre/post-test through September 30, 2017.

3.) Please indicate why this renewal is being requested.

We need to continue data collection through September 30, 2017, the end of the federal fiscal year, to complete a report for the Office for Violence Against Women, IFVCC's funder for this project.

II. Please answer the following questions:

4.) Are you requesting the renewal with changes?

[ ] Yes [X] No

If **YES**, please provide a summary of any requested changes to the research *since last review.*

3.) Have there been any amendments made since the initial approval/last approval?

[Y] Yes [ ] No

If **YES**, when were the changes approved?

Date: 5/19/16

If **YES**, please provide a summary of any amendments or modifications to the research *since last review*

Since the last review, pre/post-test for the mini-tool kits were added to the evaluation protocol, along with changes in the types and number of participants.

4.) Number of subjects accrued:

242 Total number of subjects

5.) Number of special populations accrued:

0 Minors under age 18

0 Adult prisoners or individuals in secure confinement

0 Juveniles in correctional or detention facilities

0 Probationers, parolees, or individuals under court or correctional supervision

0 Developmentally disabled, intellectually disabled, or cognitively impaired

0 Individuals held in residential treatment, locked facilities, or hospitalized

0 Pregnant women, if focus of study

0 Non-English speakers

0 Wards of the state

0 Other—please specify:

6.) Number of subjects to be recruited in the future:

750 Total number of subjects

7.) Number of special populations to be recruited in the future:

0 Minors under age 18

0 Adult prisoners or individuals in secure confinement

0 Juveniles in correctional or detention facilities

0 Probationers, parolees, or individuals under court or correctional supervision

0 Developmentally disabled, mentally retarded, or cognitively impaired

0 Individuals held in residential treatment, locked facilities, or hospitalized

0 Pregnant women

0 Non-English speakers

0 Wards of the state

0 Other not specified (Please specify):

8.) Please provide a description of:

a.) Any adverse events or unanticipated problems involving risk to subjects or others: There were none reported to the investigator.

b.) Any withdrawal of subjects from the research: None reported to the investigator.

c.) Complaints about the research: None reported to the investigator.

9.) Federal regulations require that we have current consent form(s) being used on file. Attach copies of both:

This section does not apply to this research since we were approved for a Waiver of consent documentation during the initial IRB review.

_____ The consent form, even if it is identical to last year's

_____ Any revisions in the consent form to accommodate any protocol amendments or adverse events encountered.

Failure to attach these documents will result in the delay of the review process

SIGNATURE PAGE

Illinois Criminal Justice Information Authority

IRB

RENEWAL REQUEST: for Research Involving Human Subjects

PROJECT NAME: Evaluation of the Illinois Family Violence Coordinating Council's Protocol Training

This page is to be signed by the principal investigator.

_____ _____

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: