



# Informed Consent to Participate in Research Involving Minimal Risk

Information to Consider Before Taking Part in this Research Study

**Title:** *Implementation and Evaluation of Jail Recidivism Reduction Program (USF Reentry Project)*

**Study #** 001184

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**Overview:** You are being asked to take part in a research study. The information in this document should help you to decide if you would like to participate. The Overview provides the basic information about the study. More detailed information is provided in the remainder of the document.

Study Staff: This study is being led by Dr. Edelyn Verona and Dr. Bryanna Fox who are professors at the University of South Florida. These individuals are called the Principal Investigators. Other research staff may act on behalf of the Principal Investigators.

Study Details: This study is being conducted at the Pasco County Jail and/or after you are released in the community. The purpose of the **USF Reentry Project** is to look at what services can help people stay out of trouble after released from jail. This study is funded by the National Institute of Justice (NIJ). This project is a randomized control trial. This means you have a 1 in 4 chance of being randomly assigned to receive one of the following: 1) evaluation only, 2) evaluation + coping skills group, 3) evaluation + reentry services group, or 4) evaluation + coping skills group + reentry services. You will continue to have access to any programs the jail offers, regardless of which group you are randomly assigned to.

With this form, we are asking your permission to conduct research with the data we collect from your participation in the USF Reentry Project. In addition, you may be referred to BayCare Behavioral Health for a resource to provide re-entry planning prior to release and to receive services in the community post-release.

Subjects: You are being asked to take part in this study because you are participating in the USF Reentry Project, and you are an inmate at the Pasco County Jail who will be released to the community.

Voluntary Participation: You do not have to give us permission to use your information for research and may withhold your permission at any time. There will be no penalties or loss of benefits or services if you decide to stop providing permission. If you later decide to take away permission, you may still participate in the USF Reentry Project.

Benefits, Compensation, and Risk: We believe that you will benefit from being in the USF Reentry project. Your participation may help us improve future services for inmates after release. You will be compensated with a \$25 gift card if you participate in the post-release evaluation session, which can be done over the phone, in person or online after you have been released from jail. If you later decide to take away consent to use your information for research, you may still be eligible for compensation, evaluations, and other activities. This research is considered minimal risk. Minimal risk means that study risks are the same as the risks you face in daily life.

Confidentiality: Your study information will be kept confidential. Your name will be replaced with an ID number. More details including information regarding a Privacy Certificate to help us protect your privacy, exceptions when we would need to tell someone what you told us, and



individuals who may have access to your information can be seen under the “Privacy and Confidentiality” section on page 3.

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## Study Procedures:

We are asking for your permission to conduct research with the information you provide from being part of the USF Reentry Project. You may or may not receive services, but everyone receives an evaluation of risks and needs and some recommendations.

You may have also participated in the “PARC jail study” (i.e., Pro00034041/Assessment of Inmate Risk). The PARC jail study collected some information about your risk factors and needs (using data from your arrest records as well as your responses to interviews and questionnaires that you filled out during the study). If you provided information in the PARC study, it can be used to create a personal services plan for you. This consent form asks if we can use the PARC study information in the USF Reentry Project.

You will meet with us a few times when you are in custody to complete interviews or surveys: baseline survey (20 minutes), needs and risks interview (1 hour), and pre-release survey (30 minutes). If you are assigned to the coping skills group, you will also attend those groups twice a week for 1 ½ hours each session. You are also being asked permission for us to use information in your jail files or criminal records. The files we review do NOT contain any medical or health history.

We want to also follow up with you after your release. To do so, we will ask you to complete a form containing your contact information and those of close relatives or friends. We also ask your permission to contact you through social media messenger services (e.g., Twitter, Facebook, WhatsApp). This is so that we can get a hold of you after your release for services, if you are assigned to receive reentry services. For participants assigned to receive reentry services (if assigned to the evaluation + reentry services group and evaluation + coping skills group + reentry services group), we will coordinate with BayCare Behavioral Health to provide you free services after your release. We also obtain from BayCare information regarding your behavioral health screenings, attendance in services, and contact information for follow up.

We would also like to interview you about one year after you are released (post-release interview that takes about 1 hour). We will measure how you are doing in the community. You will be compensated with a \$25 gift card for your time to complete the post-release interview. The USF Reentry Project then completes the final step by monitoring any re-arrests at 12 and/or 36 months post-release.

## Total Number of Subjects

About 800 individuals will take part in this study.

## Alternatives / Voluntary Participation / Withdrawal

You should not feel that there is any pressure to take part in the study. You are free to say no at any time. It is also okay to change your mind later on. Participating in this project will not affect the length of your detention. **Your decision to consent or not will not affect your status with the jail system or the courts.** If you choose to no longer participate in this study, it will not affect your relationship with the jail system or the courts in any way. No one outside of the USF team will be told whether you



agree to participate in the research or not. However, because some of the jail staff will know whether you are participating in services, they may be able to figure out that you are taking part in our research study.

The study personnel may choose to stop your participation at any time. If you decide to stop your participation in this project, the researchers may continue to use information on earlier evaluations in order to maintain the integrity of the research study.

## **Benefits**

Participating in the USF Reentry Project may be a direct benefit to you, including receiving an evaluation and recommendations. Potential benefits from any services you receive may be temporary or long-term.

## **Risks or Discomfort**

This research is considered to be minimal risk. That means that the risks involved are the same as what you face every day. You may be asked questions that are personal, but the questions are similar to those asked in many service programs or by jail staff.

## **Compensation**

You will receive a \$25 gift card if you complete the 6 and/or 12-month post-release evaluation. The gift card will be given to you after you complete the evaluation, even if you decide not to answer all of the evaluation questions. If you withdraw permission to use your data for research purposes, you may still be compensated and eligible to participate in study evaluations and activities.

## **Costs**

It will not cost you anything to take part in the study.

## **Privacy and Confidentiality**

When we look at your information for the research, we will replace your name with an ID number. This ID number can only be connected to your personal information by us later. No one else can connect your information with your ID number.

To further help us protect your privacy, we have an approved Privacy Certificate from the National Institute of Justice (NIJ). This certificate allows us to resist any attempts by lawyers or judges to identify you. We cannot be forced to give over any information or data about you, even by a court subpoena. The Federal law on confidentiality (34 U.S. Code §10231(a)) that applies to this study says that the identifiable data we collect about you can only be used for research purposes, and no other purpose, without your consent. You can still choose to release information about yourself if you want to do that. If an insurer, employer or other person obtains written consent from you to receive research information, then we will provide that information to them.

We do want to tell you that there may be times when we will have to tell someone what you told us. Your confidentiality will be breached if we learn that someone who is currently under the age of 18 is being abused (child abuse), or if we learn of a vulnerable adult being abused. A vulnerable adult includes elderly individuals and adults with disabilities. Please understand that we need your signature



below to confirm that you know that we will have to report such cases. If you do not consent to us reporting under these conditions, you may not participate in this study.

If we learn or you give us reason to believe that you are in immediate danger of harming yourself or harm may come to others, we may report this to authorities without your consent. Future criminal conduct may also be reported to authorities without your consent. At the jail, we need to tell someone if you tell us about a sexual assault that happened in the jail (to yourself or somebody else), or if you tell us about plans to escape.

Beyond the cases above when we would have to tell the authorities, only the following individuals will have access to your data:

- The USF Reentry Project research staff. This includes the people who asked you to consent to use your data and other staff in the USF Reentry Project.
- Certain government and university people may need to know more about the study. For example, individuals who provide oversight on this study may need to look at your records. This is done to make sure that we are doing the study in the right way. They also need to make sure that we are protecting your rights and your safety.
  - The USF Institutional Review Board (IRB) and its related staff who have oversight responsibilities for this study, and staff in USF Research Integrity and Compliance.
  - The Office of Human Research Protections (OHRP) under the Department of Health and Human Services (HHS), and its related staff, monitor prison research and may have access to your data.
- The funders of this study require that we share deidentified data (without names or identifiers) to the National Archive of Criminal Justice Data (NACJD), a large database run by the National Institute of Justice (NIJ). None of your personal information such as name, address, and phone number will be included. This identifiable information will be removed and replaced with a code number.
- If you are assigned to receive reentry services, we will provide BayCare Behavioral Health information regarding your contact information and a brief summary of your risks and needs, but only if you sign a release of information and HIPAA authorization later. If you receive reentry services from BayCare Behavioral Health, we will obtain information from them about your behavioral health screening assessments (alcohol use, depression, suicidality, anxiety), what post-release services they have referred you to, and your attendance at those sessions. They may also provide contact information if we cannot get a hold of you after your release.

We may publish what we learn from this study. If we do, we will not include your name. We will not publish anything that would let people know who you are.

### **You can get the answers to your questions, concerns, or complaints.**

If you have any questions, concerns or complaints about this study, or experience any problems, contact Dr. Edelyn Verona ([everona@usf.edu](mailto:everona@usf.edu)) or Dr. Bryanna Fox ([bhfox@usf.edu](mailto:bhfox@usf.edu)), the Investigators



of this study. You may also call Dr. Edelyn Verona at (813) 974-0392 or Dr. Bryanna Fox at (813) 974-4885. If you have questions about your rights in this study or have issues you want to discuss with someone outside the research study, call the USF IRB at (813) 974-5638 or contact by email at [RSCHIRB@usf.edu](mailto:RSCHIRB@usf.edu)

### Consent to Take Part in Research

I freely give my consent to take part in this study. I understand that by signing this form I am agreeing to allow the USF researchers to use the data collected from the USF Reentry Project. The purpose of this study, procedures to be followed, and the risks and benefits have been explained to me. I have been allowed to ask questions and my questions have been answered to my satisfaction. I have been told who to contact if I have additional questions.

I have read this consent form and voluntarily give consent to participate as a subject in this study. I understand that I am free to withdraw my consent at any time by notifying Dr. Edelyn Verona ([everona@usf.edu](mailto:everona@usf.edu)) at (813) 974-0392 or Dr. Bryanna Fox ([bhfox@usf.edu](mailto:bhfox@usf.edu)) at (813) 974 5638. I have received a copy of this form to take with me.

**BY SIGNING BELOW, YOU AGREE TO PARTICIPATE IN THIS STUDY.**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness signature



## Consent to Allow Reporting

I freely give my consent to allow reporting of confidential information in circumstances under which confidentiality can be broken. I understand these circumstances will be in cases of abuse toward children or vulnerable adults. Vulnerable adults include elderly individuals and adults with disabilities. I understand that if I do not consent to allow reporting in necessary circumstances, I may not participate in this study.

**BY SIGNING BELOW, YOU ACKNOWLEDGE THE CIRCUMSTANCES UNDER WHICH CONFIDENTIALITY CAN BE BROKEN**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness signature

## Statement of Person Obtaining Informed Consent and Research Authorization

I have carefully explained to the person taking part in the study what he or she can expect from their participation. I confirm that this research subject speaks the language that was used to explain this research and is receiving an informed consent form in their primary language. This research subject has provided legally effective informed consent.

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

\_\_\_\_\_  
Date

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

