

**UNIVERSITY OF CALIFORNIA, IRVINE  
CONSENT TO ACT AS A HUMAN RESEARCH SUBJECT**

**Improving Criminal Justice Outcomes for People Experiencing Housing Instability in  
Shasta County, California**

**Lead Researchers**

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**STUDY LOCATION(S): Good News Rescue Mission, Redding CA**

**STUDY SPONSOR(S): JPAL – North America**

**SUMMARY OF KEY INFORMATION:**

The information provided in this box includes a brief yet complete summary of key information about the research, presented first as required by the federal regulations. Some sections that require additional information may be repeated later in this document.

***Participation is Voluntary***

You are being asked to participate in a research study. Participation is completely voluntary. Please read the information below and ask questions about anything that you do not understand. A researcher listed above will be available to answer your questions.

***Study Purpose***

The purpose of this research study is to improve court attendance and lower incarceration rates for people charged with misdemeanors in Shasta County Superior Court, especially for people experiencing homelessness or housing instability.

***Study Procedures***

We are conducting a small number of focus groups in order to better understand the culture of the service providers and the homeless population in Shasta County. We hope to learn more about what might make it easier for people to attend scheduled court dates, and how people might respond to different possible strategies the Court might take to increase court attendance in misdemeanor cases.

***Expected Duration***

Participation will last approximately 45-60 minutes and will include one group meeting.

***Risks of Participation***

The more notable risks of participation include potential discomfort talking about personal experiences with economic hardship, or past encounters you, or your loved ones, may have had with the police or the courts. There is also a slight risk that personally identifiable information may be accidentally revealed outside of the focus group setting.

**Benefits to Participants**

You will not directly benefit from participation in this study.

**Benefits to Others or Society**

Individuals who are charged with misdemeanor offenses in Shasta County may benefit by being less likely to be penalized for missing court dates. People who are enrolled in a later evaluation of different court strategies to increase court attendance may be more comfortable with the process.

**Alternative Procedures or Treatments**

There are no alternative procedures available. The only alternative is not to participate in this study.

**HOW MANY PEOPLE WILL TAKE PART IN THIS STUDY?**

This study will enroll approximately 60 participants. All study procedures will be done at the Good News Rescue Mission

**AM I ELIGIBLE TO PARTICIPATE IN THIS STUDY?**

You must meet the following requirements to be in the study:

You are at least 18 years of age or older

And at least one of the following is true:

- (1) Have experienced homelessness,
- (2) Have used Good News Rescue Mission services.
- (3) Have used Horizon of Hope services.
- (4) Are employed or volunteer at the Good News Rescue Mission

**WHAT PROCEDURES ARE INVOLVED WITH THIS STUDY AND HOW LONG WILL THEY TAKE?**

Participation in the study will include one focus group, and take a total of about 90 minutes over a period of one day

**WHAT ARE THE POSSIBLE DISCOMFORTS OR RISKS RELATED TO THE STUDY?**

There are no known harms or discomforts associated with this study beyond those encountered in normal daily life. The possible risks and/or discomforts associated with the procedures described in this study include:

*Possible Psychological Risks:*

anxiety, embarrassment, social stigma (shame or disgrace); and invasion of privacy, a potential for a breach of confidentiality.

## WILL I BE PAID FOR TAKING PART IN THIS STUDY?

### **Compensation**

You will receive a \$100 Amazon Gift Card for your participation in this study.

### **Reimbursement**

You will not be reimbursed for any out of pocket expenses, such as parking or transportation fees.

### **Costs**

There is no cost to you for participation in this study. However there may be out-of-pocket expenses such as parking and transportation fees.

## WHAT HAPPENS IF I AM INJURED BECAUSE I TOOK PART IN THIS STUDY?

It is important that you promptly tell the researchers if you believe that you have been injured because of taking part in this study. You can tell the researcher in person or call him/her at the number listed at the top of this form.

If you are injured as a result of being in this study, UCI will provide necessary medical treatment. The costs of the treatment may be covered by the University of California or the study sponsor JPAL-North America, or billed to you or your insurer just like other medical costs, depending on a number of factors. The University and the study sponsor do not normally provide any other form of compensation for injury. For more information about this, you may call the UCI Human Research Protections unit at (949) 824-6662 or by e-mail at [IRB@research.uci.edu](mailto:IRB@research.uci.edu)

## WHAT HAPPENS IF I WANT TO STOP TAKING PART IN THIS STUDY?

You are free to withdraw from this study at any time. **If you decide to withdraw from this study you should notify the research team immediately.** The research team may also end your participation in this study if you do not follow instructions, or if your safety and welfare are at risk.

If you elect to withdraw or are withdrawn from this research study, the researchers will discuss with you what they intend to do with your study data. Researchers may choose to analyze the study data already collected or they may choose to exclude your data from the analysis of study data and destroy it, as per your request.

You are free to withdraw your consent to use your identifiable private information for future research at any time however there are some limitations. If you withdraw your consent, the researchers will not use your information in future research studies. However, any of your information already being used in a research study that began before your request to withdraw will continue to be used for that specific study. Also if information have already been provided to another researcher, institution, or company, it may not be possible to limit their continued and new uses.

## HOW WILL MY PERSONAL INFORMATION BE KEPT?

### **Subject Identifiable Data**

Identifiable information collected about you will be removed at the end of data collection.

**Data Storage**

Research data will be stored electronically on a secure network in an encrypted file with password protection.

The audio that can identify you will also be stored in a secure location; then transcribed and erased within 2 weeks of the session.

**Data Retention**

In accordance with UC Office of the President policy, information will be retained for 10 years after the end of the calendar year in which the research is completed, unless otherwise specified in the award agreement. This research is funded by an agency that requires that data, with all personally identifiable information that could identify you removed, be maintained in a data repository indefinitely.

**WHO WILL HAVE ACCESS TO MY STUDY DATA?**

The research team, authorized UCI personnel, and regulatory entities such as the Office of Human Research Protections (OHRP), may have access to your study records to protect your safety and welfare.

While the research team will make every effort to keep your personal information confidential, it is possible that an unauthorized person might see it. We cannot guarantee total privacy.

**Future Research Use**

Researchers will use your information to conduct this study. Once the study is done using your information, we may share them with other researchers so they can use them for other studies in the future. We will not share your name or any other private identifiable information that would let the researchers know who you are. We will not ask you for additional permission to share this de-identified information.

**WHO CAN ANSWER MY QUESTIONS ABOUT THE STUDY?**

If you have any comments, concerns, or questions regarding the conduct of this research, please contact the research team listed at the top of this form.

Please contact UCI Institutional Review Board by phone, (949) 824-6662, by e-mail at [IRB@research.uci.edu](mailto:IRB@research.uci.edu) or at 141 Innovation Drive, Suite 250, Irvine, CA 92697, if you are unable to reach the researchers listed at the top of the form and have general questions; have concerns or complaints about the research; have questions about your rights as a research subject; or have general comments or suggestions.

**What is an IRB?** An Institutional Review Board (IRB) is a committee made up of scientists and non-scientists. The IRB's role is to protect the rights and welfare of human subjects involved in research. The IRB also assures that the research complies with applicable regulations, laws, and institutional policies.

**HOW DO I AGREE TO PARTICIPATE IN THIS STUDY?**

You should not sign this consent form until all of your questions about this study have been answered by a member of the research team listed at the top of this form. You will be given a copy of this signed and dated consent form to keep. **Participation in this study is voluntary.** You may refuse to answer any question or discontinue your involvement at any time without penalty or loss of benefits to which you might otherwise be entitled. Your decision will not affect your future relationship with UCI or your quality of care at the UCI Medical Center.

\_\_\_\_\_ Yes, I agree to allow the research team to audio record my interview.  
 \_\_\_\_\_ No, I do not agree to allow the research team to audio record my interview.

Your signature below indicates you have read the information in this consent form and have had a chance to ask any questions you have about this study.

***I agree to participate in the study.***

\_\_\_\_\_  
**Subject Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Subject**

*Carly Will Sloan*

12/7/2020

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

\_\_\_\_\_  
**Date**

*(For research that is greater than minimal risk, this individual must be listed on Page 1 of this consent)*

CarlyWill Sloan, Claremont Graduate University

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