ILLINOIS
CRIMINAL JUSTICE
INFORMATION AUTHORITY

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

AGENDA

Institutional Review Board
February 1, 2018 (1:00 – 3:00 PM)
Illinois Criminal Justice Information Authority
300 W. Adams Street, Suite 200
Chicago, IL 60606

I. Call to Order and Roll Call
II. Approval of December 7, 2017 Meeting Minutes
III. Applications for Review
    a. New applications:
        1. Survey on Response to Opioid Use Disorders in Jail and Probation (pp. 2-50)
        Jessica Reichert
    b. Amendments:
        1. Evaluation of Dual Diagnosis Program in Logan Correctional Center (pp. 51-64)
        Jessica Reichert
        2. Evaluation of Pathway to Enterprise for Returning Citizens (pp. 65-90)
        Jessica Reichert and Justin Escamilla
IV. Old Business: None
V. New Business
    a. Exempt IRB applications:
        1. Opioid Prescribing in Illinois: Examining Prescription Drug Monitoring Program Data
        Jessica Reichert and Alysson Gatens
    b. Expedited IRB applications:
        1. Illinois Department of Juvenile Justice Recidivism Study
        Lily Gleicher
        2. Study of Adult Redeploy Illinois Outcomes by Demographics and Region
        Lynne Mock
VI. Next IRB meeting: May 3rd, 1:00 – 3:00 PM
VII. Adjourn

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

Illinois Criminal Justice Information Authority

IRB

APPROVAL APPLICATION for Research Involving Human Subjects

PROPOSAL INFORMATION

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

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

Office Address: Illinois Criminal Justice Information Authority
300 West Adams, Suite 200

City, State, Zip code: Chicago, IL 60606

Office phone: 312-793-8550

Project staff and affiliation: Sharyn Adams, Research Analyst, ICJIA; Lily Gleicher, Research Analyst, ICJIA

Start date of project: February 2, 2018

End date of project: February 2, 2019

Title of proposal: Survey on Response to Opioid Use Disorders in Jail and Probation

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 (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.

ICJIA researchers will survey staff from Illinois probation departments and jails on their use of medication-assisted treatment and safe withdrawal for opioid use disorders. The research will assist the state in understanding barriers to use and training needs in these areas of the criminal justice system.

B. PROCEDURES

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

a.) *Time involvement of subjects:* Participants will be asked to complete a 10 to 15 minute on-line survey documenting information related to responses to opioid use disorders, with a focus on medication-assisted treatment.

b.) *Location(s) the study will be conducted with subjects, including a description, if applicable:* Participants will be able to complete the survey using a 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 questions about current use, barriers to use and training needs of medication assisted treatment for opioid use disorders. Participants will be informed that they may choose to answer any question and may stop the survey 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: 204

b.) Number in age ranges: Under 18 _____ 18 and older 204

*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

A list of e-mails for all sheriff's and probation directors will be obtained from The Illinois Probation and Court Services Association and the Illinois Sheriffs Association. ICJIA staff will use those lists to generate an invitation e-mail asking one person who is the appropriate representative from each agency to answer the survey questions and participate in the study (see attached e-mail recruitment language). Subjects will then be given a link to the online survey. Follow-up calls will be made to increase response rates.

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

The study's research questions focus on the practices in Illinois' county jails and probation departments. Researchers will attempt to include all probation department directors and sheriffs in Illinois in the study. Only these departments will be examined as the purpose is to learn more about current use, barriers to use and training needs of medication assisted treatment in probation departments and jails.

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 barriers and training needs 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 medication-assisted treatment for opioid use disorder 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

____	____	Possible/probable disclosure of information by subjects to researchers that may be harmful to the subject (e.g., child abuse, criminal behavior, immigration status)[6]
____	X	

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. [7]

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.

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?

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 survey. This information will include current job title and county where probation department or jail is located. This information is necessary in order to document response rates and generalizability of the survey responses.

b.) Describe project procedures for maintaining the security of these records at every point in the data collection process.
A list of all sheriffs and probation directors will be compiled using an excel spreadsheet. That spreadsheet will be used to create an electronic mailing list to send out the initial request for participation. Staff will track response to the request and use the spreadsheet to track participation and follow-up efforts.

The 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. Once the data have been collected, it will be downloaded from Qualtrics to either excel or SPSS, which will be kept on secure, password protected servers and computers accessible only to the research staff.

c.) Would it be possible to conduct the proposed project without recording names or other individual identifiers? Please explain why or why not. [9]

Yes ____ No X

The purpose of the research is to understand barriers to use and training needs for opioid use disorder responses and medication assisted treatment within the criminal justice system. This information is needed in order to compare the barriers and needs between counties and between probation departments or jails and to document the survey's response rate.

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**

Responses from the survey will be aggregated. Researchers will not report information in a manner that may identify participants or participating counties.

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

Yes ____ No **X**

G. INFORMED CONSENT

20. Do you intend to obtain informed consent?

_____ Verbal _____ Written _____ No consent needed X Waiver of consent documentation

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

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

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

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

Survey information will be provided at the beginning of the survey as an information sheet (see attached), prior to any survey questions.

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

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

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

Attached ____ Unable to provide ____ Not applicable **X**

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?

For the online survey, consent will be obtained through the participant clicking the arrow to continue to the survey content.

b.) How will consent be obtained?

For the online survey, consent will be obtained through the subject being supplied an information sheet with the details of the study they can consent to participate in (see attached). Subjects will be instructed to click to the next screen to begin the survey if

they consent to the study.

c.) How often will consent be obtained (e.g., longitudinal or long-term field studies)?
Consent will only be obtained once at the start of the survey.

d.) How will you verify the subject fully understands the consent?
The online consent form is written in a 9th grade or lower reading level. The consent form will provide contact information for the principal investigator, the Authority's attorney/IRB secretary to request further information about the studies, their rights as a research participant, and the initiative. The subjects will be instructed to click to the next screen to begin the survey if they consent to the study.

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, probation directors and sheriffs, 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 ICJIA instructions for consent forms that are in compliance with general requirements as outlined in the *Code of Federal Regulations 46.116* and the Authority's IRB procedures? Please refer to the checklist. N/A

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) ____

Illinois Criminal Justice Information Authority

IRB

APPROVAL APPLICATION: for Research Involving Human Subjects

PROJECT NAME: Survey on Response to Opioid Use Disorder in Jail and Probation

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

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

Dear [AGENCY NAME],

The Illinois Criminal Justice Information Authority (Authority) is a state agency dedicated to improving the administration of criminal justice. The Authority brings together key leaders from the justice system and the public to identify critical issues facing the criminal justice system in Illinois, and to propose and evaluate policies, programs, and legislation that address those issues.

The Authority is conducting a study to better understand if and how Medication-Assisted Treatment (MAT) is incorporated or used for individuals detained in jails and those individuals on probation supervision. You will be asked to answer survey questions related to Medication-Assisted Treatment (MAT) in your jurisdiction as it relates to your agency (jail or probation). Your input is invaluable to learning about and assessing the status of Medication-Assisted Treatment (MAT) throughout the state of Illinois with regard to jails and probation supervision.

Your participation in this study is completely voluntary and should take approximately 10 to 15 minutes. Responses from the survey will be aggregated and researchers will not report information in a manner that may identify your agency or the county you work in. You may decide not to participate and this decision will not impact current or future grant funding from our agency, nor our relationship with you in any other way.

Should you decide to participate, please follow the link below: INSERT LINK

Thank you for your time and consideration.

Cordially,

Jessica Reichert, Manager
Center for Justice Research and Evaluation
Illinois Criminal Justice Information Authority
300 W. Adams St., Suite 200
Chicago, IL 60606
Phone: 312-793-8550

ILLINOIS
CRIMINAL JUSTICE
INFORMATION AUTHORITY

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

Dear [AGENCY NAME],

Approximately 2 weeks ago your agency was sent a link to participate in a study being conducted by the Illinois Criminal Justice Information Authority. The purpose of this study is to better understand if and how Medication-Assisted Treatment (MAT) is incorporated or used for individuals detained in jails and those individuals on probation supervision.

For this study you will be asked to answer survey questions related to Medication-Assisted Treatment (MAT) in your jurisdiction as it relates to your agency (jail or probation). Your participation in this study is completely voluntary and should take approximately 10 to 15 minutes. Researchers will not report information in a manner that may identify your agency or the county you work in.

Your input is invaluable to learning about and assessing the status of Medication-Assisted Treatment (MAT) throughout the state of Illinois with regard to jails and probation supervision. Should you decide to participate, please follow the link below: INSERT LINK

Thank you for your time and consideration.

Cordially,

Jessica Reichert, Manager
Center for Justice Research and Evaluation
Illinois Criminal Justice Information Authority
300 W. Adams St., Suite 200
Chicago, IL 60606
Phone: 312-793-8550

Survey on Opioid Medication-Assisted Treatment Use in Criminal Justice

Start of Block: General Information

Illinois Criminal Justice Information Authority Research Information and Consent for Participation in Research
Survey on Opioid Medication-Assisted Treatment Use in Criminal Justice
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, Senior Research Analyst
Department and Institution: Center for Justice Research and Evaluation, Illinois Criminal Justice Information Authority, 300 W. Adams St., Suite 200, Chicago, IL 60606 or (312) 793-8550.

Why am I being asked?
You are being asked to participate in this survey as an administrator of a jail or probation agency on the scope of Medication-Assisted Treatment (MAT) practices, policies, and procedures. You will be asked to answer questions related to Medication-Assisted Treatment (MAT) policies, practices, and procedures in your jurisdiction as it relates to your agency (jail or probation). The survey will take approximately 10 minutes to complete.

Your participation is *voluntary*. Your decision whether or not to participate will not affect your current or future dealings with the Illinois Criminal Justice Information Authority (ICJIA). **If you decide to participate, you are free to withdraw at any time without affecting that relationship.**

What is the purpose of this research?
Researchers at the Illinois Criminal Justice Information Authority are looking to assess the scope and status of practices, policies, and procedures regarding Medication-Assisted Treatment (MAT) throughout the state of Illinois for individuals detained in jails and supervised on probation.

What procedures are involved?
You will be asked to complete this survey, taking approximately 10 minutes of your time.

What are the risks and discomforts?

To the best of our knowledge, the things you will be asked on the survey will have no more risk of harm than you would experience in everyday life. All information provided through the survey will be reported in aggregate form so that it does not specifically identify your agency or the county you work in.

Will I be told about new information that may affect my decision to participate?

During the course of the study, you will be informed of any significant new research information (either good or bad), such as changes in the risks or benefits resulting from participation in the research or new alternatives to participation that might cause you to change your mind about continuing in the research. If new information is provided to you, your consent to continue participating in this research may be re-obtained.

What are the potential benefits to taking part in the research?

There are no direct benefits. However, the survey responses will be vital to enhancing the collective understanding and landscape of Medication-Assisted Treatment (MAT) practices across the state related to jail and probation supervision.

What other options are there?

You have the option not to participate in the survey.

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 my participation in this research?

You will not be offered payment for being in this survey.

Can I withdraw or be removed from the study?

Your participation is completely voluntary. You are free to skip questions or stop answering the survey at any time. If you want to stop taking the only survey, you can simply leave the website. If you do not click the "Submit" button at the end of the survey, your answers will not be saved.

Who should I contact if I have questions?

Contact the researcher, 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 call the IRB secretary, Simeon Kim, Associate General Counsel, at (312) 793-8550 or Simeon.Kim@Illinois.gov.

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

I have read (or someone has read to me) the above information. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. I agree to participate in this research.

If you understand the statement above, and freely consent to complete the survey, check "I agree."

O I agree to participate in this survey

O I DO NOT agree to participate in this survey.

IMPORTANT

For this survey, Medication-Assisted Treatment (MAT) is defined as the use of medications (buprenorphine, methadone, and/or naltrexone), generally used in conjunction with evidence-based therapies, as part of the recovery and rehabilitation process for individuals with opioid use disorders.

This does not include medical detoxification. Some of these medications may also treat alcohol use disorders (naltrexone); however, for the purpose of this study we are asking about their use for MAT with opioid use disorders.

For the survey, researchers will be using the following terms:

Buprenorphine: This is any buprenorphine/buprenorphine-naloxone medication used for individuals with opioid use disorders.
Buprenorphine brand names include Suboxone®, Subutex®, Zubsolv®, Bunavail®, Butrans®, Buprenex®, Probuphine®, Belbuca®.

Naltrexone: This is a full antagonist medication used for those with opioid use disorders.
Brand Name: Vivitrol®, ReVia®.

Naloxone: This is the revival medication used for individuals who are overdosing on opioids.
Brand Names: Narcan®, EVZIO®

Methadone: This is the full agonist medication used for those with opioid use disorders.
Brand Names: Methadose®, Dolophine®, Diskets®, Methadone Intensol®.

General Information

O Your agency: _____

Which county does your agency serve? (select all that apply)
hold down Ctrl to select multiple counties

☐ *County Dropdown List*

To what extent is heroin or other opioid misuse (e.g. fentanyl, prescription pills) a problem in your county?

O Not a problem at all

O A slight problem

O A moderate problem

O A serious problem

What is your current field of work?

O Jail

O Probation

End of Block: General Information

Start of Block: Probation

What is your current job title?

- O Chief or Director
- O Assistant Director
- O Supervisor or Manager
- O Probation officer
- O Pre-sentence investigator or pre-trial officer
- O Field supervision officer
- O Program coordinator
- O Other (please specify) _____

How familiar are you with **the use and purpose of** the following medications used for Medication-Assisted Treatment (MAT)?

	Not familiar at all	Slightly familiar	Moderately familiar	Very familiar	Extremely familiar
Methadone	O	O	O	O	O
Buprenorphine	O	O	O	O	O
Naltrexone (Vivitrol®)	O	O	O	O	O

How familiar are you with **the effectiveness** of the following medications used for Medication-Assisted Treatment (MAT)?

	Not familiar at all	Slightly familiar	Moderately familiar	Very familiar	Extremely familiar
Methadone	O	O	O	O	O
Buprenorphine	O	O	O	O	O
Naltrexone (Vivitrol®)	O	O	O	O	O

How familiar are you with **the administration** of the following medications used for Medication-Assisted Treatment (MAT)?

	Not familiar at all	Slightly familiar	Moderately familiar	Very familiar	Extremely familiar
Methadone	O	O	O	O	O
Buprenorphine	O	O	O	O	O
Naltrexone (Vivitrol®)	O	O	O	O	O

How familiar are you with **how each of the medications used** for Medication-Assisted Treatment (MAT) work?

	Not familiar at all	Slightly familiar	Moderately familiar	Very familiar	Extremely familiar
Methadone	O	O	O	O	O
Buprenorphine	O	O	O	O	O
Naltrexone (Vivitrol®)	O	O	O	O	O

Page Break

How much **training have you received** about each of the medications that may be used for clients who participate in Medication-Assisted Treatment (MAT) programs?

	None at all	A little	A moderate amount	A lot	A great deal
Methadone	O	O	O	O	O
Buprenorphine (e.g. Suboxone®)	O	O	O	O	O
Naltrexone (Vivitrol®)	O	O	O	O	O

Was the training you received offered by your agency or sought out on your own?

O Provided by the agency

O Sought out on my own

O By outside consultants

O Other _____

O Don't know

Page Break

How much **training have staff in your agency** received about each of the medications that may be used for clients who engage in Medication-Assisted Treatment (MAT)?

	None at all	A little	A moderate amount	A lot	A great deal
Methadone	O	O	O	O	O
Buprenorphine (e.g. Suboxone®)	O	O	O	O	O
Naltrexone (Vivitrol®)	O	O	O	O	O

Were staff in your agency generally provided training by the agency, seek out training on their own, or by outside consultants?

O Provided by the agency

O Sought out on their own

O By outside consultants

O Other _____

O Don't know

Page Break

How knowledgeable are you **about where staff can refer an eligible client** to receive any of the following medications used for Medication-Assisted Treatments (MAT)?

	Not knowledgeable at all	Slightly knowledgeable	Moderately knowledgeable	Very knowledgeable	Extremely knowledgeable
Methadone	O	O	O	O	O
Buprenorphine (e.g. Suboxone®)	O	O	O	O	O
Naltrexone (Vivitrol®)	O	O	O	O	O

Page Break

Does your agency **allow individuals to use (or allow prescriptions for) the following medications** approved for Medication-Assisted Treatment (MAT) while under probation supervision?

	Yes	No	Don't know
Methadone	O	O	O
Buprenorphine (e.g. Suboxone®)	O	O	O
Naltrexone (Vivitrol®)	O	O	O

Page Break

How **open are you** to referring clients to any treatment programs or services that offer the following options for Medication-Assisted Treatment (MAT):

	Not open at all	Slightly open	Moderately open	Very open	Extremely open	Don't know
Methadone	O	O	O	O	O	O
Buprenorphine (e.g. Suboxone®)	O	O	O	O	O	O
Naltrexone (Vivitrol®)	O	O	O	O	O	O

Page Break

How **open is staff within your agency** to referring clients to treatment programs or services that offer the following options for Medication-Assisted Treatment (MAT):

	Not open at all	Slightly open	Moderately open	Very open	Extremely open	Don't know
Methadone	O	O	O	O	O	O
Buprenorphine (e.g. Suboxone®)	O	O	O	O	O	O
Naltrexone (Vivitrol®)	O	O	O	O	O	O

What do you see as **barriers for client access to medications** for Medication-Assisted Treatment (MAT)? (Select all that apply)

- [ ] Stigma
- [ ] Cost to client
- [ ] Waiting lists/Available slots
- [ ] Insurance that only partially covers cost
- [ ] No insurance
- [ ] Drug testing for probation compliance
- [ ] Concern about diversion of medications
- [ ] Limited knowledge of medications
- [ ] Rejection of medication by 12-step community
- [ ] Medication adherence
- [ ] Don't know

Are clients on staff caseloads with a substance use disorder(s) **required** to participate in **recovery support groups**?

- O Yes
- O Only certain populations (please specify)

  _____
- O Don't know
- O No

Page Break

Are clients on staff caseloads with a substance use disorder(s) **specifically required** to attend **12-step recovery support groups** [e.g. Alcoholics Anonymous (AA), Narcotics Anonymous (NA)]?

O Yes

O Only certain populations (please specify)

_____

O Don't know

O No

Are clients with a substance use disorder(s) allowed to attend recovery support groups **other than (or in lieu of) 12-step recovery support groups** (e.g. SMART Recovery, Double Trouble in Recovery, other peer-support services) to meet conditions of supervision?

O Yes

O Only certain populations (please specify)

_____

O Don't know

O No

What **peer recovery support groups** are probationers allowed to attend to meet conditions of supervision? (Select all that apply)

- [ ] Narcotics Anonymous (NA)
- [ ] Alcoholics Anonymous (AA)
- [ ] Cocaine Anonymous (CA)
- [ ] Other 12-step
- [ ] SMART Recovery
- [ ] Double Trouble in Recovery (for Co-Occurring Mental Health and Substance Abuse disorders)
- [ ] Peer recovery coaches
- [ ] Don't know
- [ ] Other _____

Does your agency currently **provide probation staff with naloxone**, the opioid overdose reversal medication (e.g. Narcan, EVZIO)?

- O Yes
- O Don't know
- O No

Does your agency currently **require probation staff to carry naloxone** in the office and/or out in the field?

- O Yes, in the office
- O Yes, in the field
- O Yes, both the office and the field
- O Don't know
- O No

Does your agency currently **provide probation staff** with **naloxone** (the opioid overdose reversal medication, e.g. Narcan) **to distribute** to clients and/or clients' family members/loved ones?

- O Yes
- O Don't know
- O No

End of Block: Probation

Start of Block: Jail

What is your current job title?

- O Sheriff
- O Deputy Sheriff
- O Sergeant
- O Lieutenant
- O Correctional officer or Detention deputy
- O Program coordinator
- O Jail physician or jail medical provider
- O Other (please specify) _____

Does your jail currently have protocol to respond to individuals experiencing withdrawal from opioids or other substances?

- O Yes
- O No
- O Don't know

What is your jail's current withdrawal management protocol?

_____

_____

_____

_____

_____

What is currently provided, if anything, to individuals going through withdrawal from opioids or other substances?

_____

_____

_____

_____

_____

Is **medical detoxification** offered within the jail for persons with opioid dependence and/or opioid use disorders?

O Yes

O No

O Don't know

Which medications does the jail currently **offer for medical detoxification**? (select all that apply)

- [ ] Methadone
- [ ] Clonidine
- [ ] Buprenorphine
- [ ] Lofexidine
- [ ] Benzodiazepine (e.g. Clonazepam, trazodone, Zolpidem)
- [ ] Levo-alpha-acetyl-methadol (LAAM)
- [ ] Other _____
- [ ] Don't know

Is Medication-Assisted Treatment (MAT) offered within the jail for persons with opioid use disorders and/or opioid dependence?

- O Yes
- O Yes, but only for women who are pregnant
- O No
- O Don't know

Page Break

Does the jail currently provide **methadone** as part of Medication-Assisted Treatment (MAT)?

- O Yes
- O Yes, but only to women who are pregnant
- O No
- O Don't know

What is the method of administration for **methadone** within the jail? (select all that apply)

- ☐ Pill
- ☐ Liquid
- ☐ Wafer
- ☐ Don't know

Is there a certified Opioid Treatment Program (OTP) within the jail?

An OTP is a certified, accredited, and licensed program that provides methadone treatment.

- O Yes
- O No
- O Don't know

How is Medication-Assisted Treatment with **methadone** funded/paid for? (select all that apply)

- [ ] Medicaid/Medicare
- [ ] Private insurance
- [ ] Out of pocket
- [ ] Pharmaceutical company
- [ ] Grant funds
- [ ] DHS/DASA
- [ ] Don't know
- [ ] Other _____

Are those detainees on **methadone** connected to an Opiate Treatment Program (OTP) in the community prior to or upon release?

- O Connected prior to release
- O Connected once released
- O Can continue to receive methadone at jail OTP
- O Not connected to a provider by agency staff/not connected to a provider
- O Don't know

Page Break

Does the jail provide Medication-Assisted Treatment with **buprenorphine (e.g. Suboxone®)**?

- O Yes
- O Yes, but only to women who are pregnant
- O No
- O Don't know

What is the method of administration for **buprenorphine (e.g. Suboxone®)**? (select all that apply)

- ☐ Pill
- ☐ Patch
- ☐ Buccal (film)
- ☐ Injection
- ☐ Implant
- ☐ Don't know

How is **buprenorphine (e.g. Suboxone®)** maintenance funded/paid for? (select all that apply)

- [ ] Medicaid/Medicare
- [ ] Private insurance
- [ ] Out of pocket
- [ ] Pharmaceutical company
- [ ] Grant funds
- [ ] DHS/DASA
- [ ] Other _____
- [ ] Don't know

Are those detainees on **buprenorphine (e.g. Suboxone®)** connected to a buprenorphine provider in the community prior to or upon release?

- O Connected prior to release
- O Connected once released
- O Not connected to a provider by agency staff/not connected to a provider
- O Don't know

Page Break

Are individuals entering the jail, who are already prescribed **methadone** or **buprenorphine (e.g. Suboxone)**, allowed to continue with those medications during their time in jail?

- O Yes
- O No
- O It depends (please specify) _____
- O Don't know

Are detainees on **methadone** or buprenorphine (e.g. Suboxone®**)** required to taper off their medication at any point while in custody?

- O Yes
- O No
- O Don't know

What **reasons** would require a current detainee to **taper off** of methadone or buprenorphine (e.g. Suboxone®)?

_____

_____

_____

_____

_____

What is the **protocol for pre-trial detainees** that may potentially be sentenced to the Illinois Department of Corrections who come into the jail facility on methadone or buprenorphine (e.g. Suboxone®)?

_____

_____

_____

_____

_____

Are detainees in the jail allowed/able to begin **methadone** or **buprenorphine (e.g. Suboxone®)**?

O Yes

O No

O Don't know

What is the protocol for detainees in your agency who have been through full opioid withdrawal inducted onto **methadone** and/or **buprenorphine (Suboxone®)**?

_____

_____

_____

_____

_____

Page Break

Does your agency provide Medication-Assisted Treatment with **naltrexone (Vivitrol®)**?

- O Yes
- O Yes, but only to women who are pregnant
- O No
- O Don't know

What is the method of administration for **naltrexone (Vivitrol®)**? (select all that apply)

- ☐ Pill
- ☐ Injection
- ☐ Don't know

Who administers **naltrexone (Vivitrol®)** in your agency? (select all that apply)

- ☐ Doctor
- ☐ Nurse
- ☐ Nurse Practitioner
- ☐ Correctional staff
- ☐ Other _____
- ☐ Don't know

How is **naltrexone (Vivitrol®)** funded/paid for? (select all that apply)

- [ ] Medicaid/Medicare
- [ ] Private insurance
- [ ] Out of pocket
- [ ] Pharmaceutical company
- [ ] Grant funds
- [ ] DHS/DASA
- [ ] Other _____
- [ ] Don't know

Are those detainees on **naltrexone (Vivitrol®)** connected to a provider in the community prior to or upon release?

- O Connected prior to release
- O Connected once released
- O Individual may come back to the jail to receive follow-up naltrexone
- O Not connected to a provider by the agency/not connected to a provider
- O Don't know

Page Break

Is your agency **considering expanding the availability** of the following for Medication-Assisted Treatment (MAT):

	Not considering it at all	Undecided on expanding	May consider expanding	Definitely considering expanding
Methadone	O	O	O	O
Buprenorphine (e.g. Suboxone®)	O	O	O	O
Naltrexone (Vivitrol®)	O	O	O	O

In your agency, what is the **likelihood of expanding** Medication-Assisted Treatment (MAT) in the next two years?

O Very unlikely

O Unlikely

O Undecided

O Likely

O Very likely

How open is your agency to **offering** the following for Medication-Assisted Treatment (MAT):

	Not open at all	Slightly open	Somewhat open	Moderately open	Extremely open	Undecided
Methadone	O	O	O	O	O	O
Buprenorphine (e.g. Suboxone®)	O	O	O	O	O	O
Naltrexone (Vivitrol®)	O	O	O	O	O	O

What is the **likelihood of introducing** Medication-Assisted Treatment (MAT) in the next two years?

- O Very unlikely
- O Unlikely
- O Undecided
- O Likely
- O Very likely

Is **naloxone (e.g. Narcan®, EVZIO®)** provided to **individuals** with opioid use disorders upon release from your agency's facility?

- O Yes
- O No
- O No, but planning to in the near future
- O Don't know

Is **naloxone (e.g. Narcan®, EVZIO®)** provided to **the family members and/or friends** of an individual with an opioid use disorder who is being released from your agency's facility?

- O Yes
- O No
- O No, but planning to in the near future
- O Don't know

Are correctional officers and other jail staff provided access to **naloxone**?

- O Yes
- O No
- O Don't know

Are correctional officers and other jail staff **required to carry naloxone** while working in the jail?

- O Yes
- O No
- O Don't know

End of Block: Jail

Start of Block: MAT Barriers

To what extent are **barriers present** in your agency's ability to currently offer Medication-Assisted Treatment OR potential ability to offer Medication-Assisted Treatment.

- O Not at all
- O Slightly
- O To a moderate extent
- O To a great extent
- O To a very great extent

Please answer the following questions regarding **barriers** to the current use OR potential use of Medication-Assisted Treatment (MAT) in your agency.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Clinical staff at your agency object to the use of MAT.	O	O	O	O	O
Administration in your agency object to the use of MAT.	O	O	O	O	O
Your agency favors medication/drug-free treatment over MAT.	O	O	O	O	O
Your agency has liability issues (e.g. potential medication diversion/misuse) about MAT.	O	O	O	O	O
Your agency has concerns about the cost of MAT/not enough funding.	O	O	O	O	O
There is not enough guidance on how to begin a MAT program or sustain a MAT program.	O	O	O	O	O
There is not enough institutional knowledge of medications and how they work.	O	O	O	O	O
There is a lack of access to medical personnel with expertise in delivering MAT.	O	O	O	O	O

Regulations prohibit use of MAT at the agency.	O	O	O	O	O

Are there any additional barriers to Medication-Assisted Treatment within your agency?

_____

_____

_____

_____

_____

How interested would you be in any/further training regarding Medication-Assisted Treatment (MAT) for justice-involved individuals with opioid use disorders?

O Not interested at all

O Slightly interested

O Somewhat interested

O Moderately interested

O Extremely interested

End of Block: MAT Barriers

Illinois Criminal Justice Information Authority

IRB

AMENDMENT APPLICATION: for Research Involving Human Subjects

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

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

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

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:
Sharyn Adams, Research Analyst ICJIA
Alysson Gatens, Research Analyst ICJIA
Christine Head, Research Intern, ICJIA; Graduate student, UChicago Social Service Administration

Title of proposal: Evaluation of Dual Diagnosis Program in Logan Correctional Center

Date of initial approval: December 7, 2017

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

AMENDMENT INFORMATION

Amendment initiated by: Jessica Reichert

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

_____ Investigators or research staff (I)

_____ Project advisors or consultants (II)

__X__ Protocol (e.g., instruments, data collection, recruitment procedures, compensation) (III)

_____ Consent procedures (IV)

_____ Consent documents (V)

_____ Project sites or study participants (VI)

_____ Changes in confidentiality, privacy, or security (e.g., data dissemination, storage, security, personnel, access) (VII)

_____ Funding/sponsorship (VIII)

_____ Start or end date change or modification (IX)

_____ Other (please specify) (X):

_____ Risk/benefits assessment (XI)

I. INVESTIGATOR CHANGE ☐ Changes ☒ No changes

☐ Adding or ☐ changing co-principal investigator

Name: _____

Title: _____

Reason for change _____

IRB certified ☐ Yes ☐ No

Certification course: _____ Date certified: _____

Certification number (if applicable) _____

☐ Adding or ☐ changing research staff

Name: _____

Title: _____

Reason for change _____

IRB certified ☐ Yes ☐ No

Certification course: _____ Date certified: _____

Certification number (if applicable) _____

☐ Other change(s) to personnel or staff

Explanation: _____

IRB certified ☐ Yes ☐ No

Certification course: _____ Date certified: _____

Certification number (if applicable) _____

Have updated privacy certificates been filed? ☐ Yes ☐ No (explain why):

II. PROJECT ADVISORS OR CONSULTANTS ☐ Changes ☒ No changes

☐ Adding or ☐ changing project advisor or consultant

Name: _____

Title: _____

Reason for change _____

IRB certified ☐ Yes ☐ No

III. PROTOCOL CHANGE ☒ Changes ☐ No changes

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

Proposed change #1: Data collected: In the initial design study, ICJIA researchers were examining Wells Center Treatment files including:

- Names and dates of birth of program participants
- Names and dates of birth of individuals on the program waiting list who did not receive the program

Researchers would like to examine the following:

- IDOC #
- Date of admission/ date of interview for the program
- Mandated for treatment
- Date of discharge
- Type of discharge
- Race
- Age at admission (not DOB)
- Marital Status

- Primary & Secondary Drugs of choice, Methods used
- Age of first use
- # of treatment episodes
- Education level

Proposed change #2: Method of data collection: Researchers would like to conduct the staff interviews (n=3) by phone rather than in person.

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

Proposed change #1: Researchers learned from that the Wells Center files contained additional variables that were available to examine. Examining additional variables will offer a richer understanding of client characteristics that impact outcomes. This change is not due to any adverse/negative events.

Proposed change #2: Researchers would like to conduct phone interviews in order to accommodate the schedules of the staff and researchers. In order to use time at the correctional center wisely, researchers will spend five days focusing on conducting in person interviews with clients, rather than staff. The same questions will be asked but only not in person. This change is not due to any adverse/negative events.

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

_____ Yes _X_ No

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

IV. CONSENT PROCEDURES [ ] Changes [X] No changes

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

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

V. CONSENT DOCUMENTS [ ] Changes [X] No changes

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

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

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

_____ Defining a phrase(s) more clearly in lay language

_____ Incorporating in the consent form updated IRB-mandated language

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

_____ Removal of questionnaires or instruments that required consent forms

_____ Other (please specify):

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

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

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

_____ Appended _____ Attached form

VI. PROJECT SITES OR STUDY PARTICIPANTS [ ] Changes [X] No changes

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

_____ Changing who is included in the study sample

_____ Inclusion of new or additional special populations as subjects

_____ Changing sites or programs

_____ Changing the number of subjects

_____ Other (please specify):

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

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

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

_____ Minors under age 18

_____ Adult prisoners or individuals in secure confinement

_____ Juveniles in correctional or detention facilities

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

_____ Developmentally disabled, intellectually disabled, or cognitively impaired

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

_____ Pregnant women, if focus of research

_____ Non-English speakers

_____ Wards of the state

_____ Other—please specify:

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

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

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

_____ Adding subjects to sample _____ Reducing sample size

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

_____ Initial sample size _____ Number added _____ Number reduced _____ Final sample size

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

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

VII. CONFIDENTIALITY, PRIVACY, OR SECURITY ☐ Changes ☒ No changes

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

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

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

VIII. FUNDING OR SPONSORSHIP [ ] Changes [X] No changes

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

_____ Funding added _____ Funding decreased _____ New funding source _____ Funding restored

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

IX. DATE CHANGE OR MODIFICATION [ ] Changes [X] No changes

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

[ ] Start date [ ] End date

Initial start date _____ New start date _____

Initial end date _____ New end date _____

27.) Please explain the necessity for these changes.

X. OTHER CHANGES

[ ] Changes [X] No changes

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

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

XI. RISK/BENEFIT ASSESSMENT

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

This research is minimal risk.

The changes made by adding additional data variables collected or method of data collection (phone interview rather than in-person) will not affect risks posed to human subjects.

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

Examining additional variables will offer a richer understanding of client characteristics that impact outcomes.

Conducing phone interviews will help ensure that the input of staff is collected. This will utilize the limited resources of researchers and program staff wisely.

Both proposed changes will help aid in the understanding of the program and can help offer suggestions to improve this and future programs.

Illinois Criminal Justice Information Authority

IRB
Amendment Application

SIGNATURE PAGE

Evaluation of Dual Diagnosis Program in Logan Correctional Center
Last presented to IRB on: December 7, 2017

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

IRB

AMENDMENT APPLICATION: for Research Involving Human Subjects

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

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

PROPOSAL INFORMATION

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

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

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

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

Office phone: (312) 793-8550

Project staff and affiliation: Alysson Gatens, Research Analyst, ICJIA
Dr. Maureen Hillhouse, Senior Research Scholar, and Michelle Straubel, Assistance Project Director (added on this amendment application)

Start date of project: December 7, 2017

End date of project: December 7, 2018

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

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

AMENDMENT INFORMATION

Amendment initiated by: PIs: Jessica Reichert and Justin Escamilla

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

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

I. INVESTIGATOR CHANGE [X] Changes [ ] No changes

[ ] Adding or [ ] changing co-principal investigator

Name: _____

Title: _____

Reason for change _____

IRB certified [ ] Yes [ ] No

Certification course: _____ Date certified: _____

Certification number (if applicable) _____

[X] Adding or [ ] changing research staff

Name: Alysson Gatens

Title: Research Analyst, Illinois Criminal Justice Information Authority

Reason for change Ms. Gatens will assist on the project

IRB certified [X] Yes [ ] No

Certification course: NIH Date certified: 10/16/17

Certification number (if applicable) 2533813

[ ] Other change(s) to personnel or staff

Explanation:

IRB certified [ ] Yes [ ] No

Certification course: Date certified:

Certification number (if applicable)

II. PROJECT ADVISORS OR CONSULTANTS [X] Changes [ ] No changes

[X] Adding or [ ] changing project advisor or consultant

Name: Maureen Hillhouse, PhD

Title: Senior Research Scholar, Litmus Program, BetaGov, The Marion Institute of Urban Management, New York University

Reason for change Dr. Hillhouse will provide research assistance

IRB certified [X] Yes [ ] No

Name: Michelle Straubel

Title: Assistant Project Director, Litmus Program, BetaGov, The Marion Institute of Urban Management, New York University

Reason for change Ms. Straubel will provide research guidance

IRB certified [X] Yes [ ] No

III. PROTOCOL CHANGE [X] Changes [ ] No changes

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

Researchers are conducting an evaluation of the PERC program. PERC offers entrepreneurial training and coaching to formerly incarcerated/returning citizens and the opportunity to receive a business loan to start their own business. The initial IRB application was approved for researchers to administer an informed consent form to participate in the study. Only those who consented to participation in the research study will be in the program. Two components of the study will be added at this time to further understand and evaluate the program. They are detailed below and related forms are attached to this application.

Component 1: Intake form (n=125)

a.) *Time involvement of subjects*: 15 minutes

b.) *Location(s) the study will be conducted with subjects, including a description, if applicable*: At one of the five training agency locations. All agencies in the PERC program are non-profit, community agencies in the City of Chicago. Training staff from the five training agencies will be asked to use this intake form. They will share the forms with researchers.

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 questions about themselves including demographics and information related to entrepreneurial experience and needs. The program focuses more narrowly on entrepreneurial training rather than broader general business training.

Component 2: Pre- and post-test (n=125)

a.) *Time involvement of subjects*: Total 60 minutes—30 minutes at the beginning of the training course and another 30 minutes at the end of the training course.

b.) *Location(s) the study will be conducted with subjects, including a description, if applicable*: At one of the five training agency locations. All are non-profit, community agencies in the City of Chicago. Training staff from the five training agencies will be asked to use and administer the pre- and post-test. They will share the paper forms with researchers.

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 given a consent form outlining the purpose of the pre- and post-test and their rights as a research participant. The test will ask questions to gauge entrepreneurial knowledge.

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

This amendment was proposed to add study components of the evaluation to further understand and evaluate the PERC program. There have been no adverse or negative events with the research study to date. The rationale for each additional component are below.

Component 1: Intake form

Rationale: To collect base-line data on all program participants to know more detailed information on who participated in PERC.

Component 2: Pre- and post-test

Rationale: To measure program effectiveness by learning changes in entrepreneurial knowledge before and after the training course.

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

_____ Yes _X_ No

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

IV. CONSENT PROCEDURES [X] Changes [ ] No changes

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

The pre- and post-test will have a consent form (attached). Researchers are requesting to obtain verbal consent by reading a consent form which serves as a detailed script.

a.) *Who will obtain consent?* ICJIA researchers will provide consent forms to the five PERC training agencies who will obtain consent.

b.) *How will consent be obtained?* Research staff with instruct the PERC training agencies to read the consent form. Subjects will not be asked to sign the consent form. Completing the survey and providing it to the trainer will indicate consent.

c.) *How often will consent be obtained (e.g., longitudinal or long-term field studies)?* Twice total—once for pre-test and once for post-test.

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

e.) *How will your investigators be trained to use the informed consent process?* The trainers will be provided instruction on reading the consent form. Researchers have periodic meetings with trainers to describe the research study procedures.

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

The rational is to have consent for the pre- and post-test that is being added with this amendment. Since the pre- and post-test is a research tool, as well as programmatic tool, it will explain about the test and their rights as a research participant. This is not due to an adverse/negative event.

V. CONSENT DOCUMENTS ☐ Changes ☒ No changes

Note: researchers are adding forms not changing exiting forms.

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

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

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

_____ Defining a phrase(s) more clearly in lay language

_____ Incorporating in the consent form updated IRB-mandated language

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

_____ Removal of questionnaires or instruments that required consent forms

_____ Other (please specify):

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

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

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

_____ Appended _____ Attached form

VI. PROJECT SITES OR STUDY PARTICIPANTS [ ] Changes [X] No changes

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

_____ Changing who is included in the study sample

_____ Inclusion of new or additional special populations as subjects

_____ Changing sites or programs

_____ Changing the number of subjects

_____ Other (please specify):

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

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

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

_____ Minors under age 18

_____ Adult prisoners or individuals in secure confinement

_____ Juveniles in correctional or detention facilities

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

_____ Developmentally disabled, intellectually disabled, or cognitively impaired

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

_____ Pregnant women, if focus of research

_____ Non-English speakers

_____ Wards of the state

_____ Other—please specify:

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

applicable.

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

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

_____ Adding subjects to sample _____ Reducing sample size

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

_____ Initial sample size _____ Number added _____ Number reduced _____ Final sample size

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

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

VII. CONFIDENTIALITY, PRIVACY, OR SECURITY ☐ Changes ☒ No changes

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

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

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

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

VIII. FUNDING OR SPONSORSHIP [ ] Changes [X] No changes

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

_____ Funding added _____ Funding _____ New funding _____ Funding

_____ _____ decreased _____ source _____ restored

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

IX. DATE CHANGE OR MODIFICATION ☐ Changes ☒ No changes

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

☐ Start date ☐ End date

Initial start date _____ New start date _____

Initial end date _____ New end date _____

27.) Please explain the necessity for these changes.

X. OTHER CHANGES ☐ Changes ☒ No changes

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

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

XI. RISK/BENEFIT ASSESSMENT

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

There is minimal risk.

Individual identifiers will be collected on the forms (intake and pre- and post-test) which are needed to link to other program and outcome data. Once the data have been linked, the data will be stripped of the identifiers. Only the unique study ID number will remain. Only the final, de-identified dataset will be used to analyze the data.

The master list containing the personally identifying information and study ID will be maintained on secure, password protected servers and computers accessible only to the research staff. The final de-identified dataset will also be kept on secure, password protected servers and computers accessible only to the research staff separate from the master list.

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

These changes will enhance the potential benefits to subjects and society. These additions make the evaluation more rigorous and informative. They will allow researchers to answer additional research questions to understand which training programs/curriculums affect outcomes. Researchers can offer elements associated with successful outcomes and help enhance current and future programming. The knowledge gained can help better serve clients of this and similar programs in the future.

Illinois Criminal Justice Information Authority

IRB
Amendment Application

SIGNATURE PAGE

Evaluation of PERC (Pathway to Enterprise for Returning Citizens)
Last Presented to IRB on: December 7, 2017

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

PATHWAY TO ENTERPRISE FOR RETURNING CITIZENS APPLICATION

Please allow 15 minutes to answer all questions fully – please do not to leave any blank!

CONTACT INFORMATION

First name _____ Last name _____

List aliases used in the past 10 years _____

Current street address, Unit/Apartment number _____

City _____ State _____ Zip Code _____

Phone number _____ Email address _____

Emergency contact name _____ Emergency contact phone number _____

DEMOGRAPHIC INFORMATION

1. Gender:

Man ☐ Woman ☐ Transgender ☐ Other ☐

2. Date of birth (dd/mm/yy)

____ ____ / ____ ____ / ____ ____

3. Are you a legal U.S. resident? ☐ Yes ☐ No

4. Is English your primary language? ☐ Yes ☐ No

5. Is your ethnicity Hispanic, Latino/a, or Spanish? ☐ Yes ☐ No

6. What best describes your race?

☐ White
☐ Black/African-American
☐ American Indian/Alaskan Native
☐ Asian
☐ Native Hawaiian/Pacific Islander
☐ Other:_____

7. Which of these best describes your highest level of completed education?

☐ Less than high school
☐ Some high school
☐ High school diploma or GED
☐ Some college
☐ Associates degree
☐ Vocational school/apprenticeship
☐ Bachelor's degree
☐ Graduate degree

8. What is your current marital status?

☐ Never married
☐ Married
☐ Separated
☐ Divorced
☐ Widowed
☐ Other:_____

8. In total, how many people depend on you for their basic needs (e.g. housing, food, healthcare)?

☐ 1 (Just me)
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6+

9. Have you ever served in the U.S. military? Yes ☐ No ☐

10. Are you receiving government/public assistance (e.g. TANF, welfare, unemployment, etc.)? Yes ☐ No ☐

11. Are you currently covered by medical health insurance? Yes ☐ No ☐

If yes, please specify the type of health insurance:

☐ Under Affordable Care Act (ACA)/ "Obamacare"
☐ Medicaid
☐ Medicare (over age 65)
☐ Private health insurance (typically employer-based)
☐ Other (specify):_____

12. Do you think you may need extra help during the training (due to a disability or other reason)? Yes ☐ No ☐

BUSINESS INFORMATION

12. Do you have a personal checking or savings account with a bank? Yes ☐ No ☐
13. Do you currently owe any money to a bank, a friend, a family member, or other lender? Yes ☐ No ☐
13. Have you ever worked as a manager or supervisor? Yes ☐ No ☐
14. Do you know your current credit score? Yes ☐ No ☐
15. Do you own a reliable, working car? Yes ☐ No ☐
16. Do you have access to a working computer? Yes ☐ No ☐
17. Do you have access to the Internet? Yes ☐ No ☐

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

You are being asked to take an assessment as part of the research study. The assessment will be administered before the PERC training course (often called a pre-test) and after the training course (often called a post-test).

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

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

Why am I being asked?
As a participant of the Pathway to Enterprise for Returning Citizens (PERC) program, you are being asked to agree to take an assessment. The assessment will measure knowledge of entrepreneurial skills before and after the training course of. The questions will be multiple choice and open-ended and will focus on basic entrepreneurial skills that will be covered during the training course.

How will the information be used?
The information will be used by researchers to understand how well the program helped and informed program participants.

Will anyone know that I am taking part in this study?
The PERC training staff will know you completed the assessment. However, information about you or your responses will not be shared outside of the program or research team.

What are the potential benefits?
There are no direct benefits to you. You may also learn what areas you are personally most knowledgeable in. However, you can help the program and the trainers learn how well they trained you and other participants to improve this and future programs.

What are the potential risks and discomforts?
To the best of our knowledge, participating in this research study will put you at no more risk of harm than in everyday life.

What about privacy and confidentiality?
Your participation in the research will not be known to individuals other than the researchers outside the PERC trainers who gave you this sheet and the assessment.

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

You will be asked to complete the assessment if you decide to participate in this study. We will ask that you include your name on it. Your name is needed so that we can link your assessment before and after you take the classes and to other program information. We need your name only for those purposes and will remove your name once linking is complete

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

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

Will I be reimbursed for any of my expenses or paid for participating?
You will not be offered payment for taking the assessment.

How long is this authorization valid*?*
The information will be obtained for the entire time of the study.

May I withdraw my consent to participate in this study or share my information with researchers at a future date?
Taking the assessment is voluntary. You have the right, at any time, to withdraw from participating in this study. The study will not affect future services that you are otherwise entitled to receive from the state or your relationship with those agencies. This includes the Illinois Department of Corrections, PERC training agencies, or the Illinois Criminal Justice Information Authority.

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. If you have questions about PERC, contact your PERC trainer or Randy Kurtz at (312) 793-8550 or Randy.Kurtz@Illinois.gov.

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

Entrepreneurship Assessment

To the best of your ability, please read and answer the following questions about starting your own business. Some questions will ask you to write an answer and others will ask you to mark your answer with an "X" or circle. This isn't a test that will affect you in any way and we don't expect you to know everything asked. This just allows us to better understand what you may know at this point.

1. First name:_____ Last name:_____

2. Please select when you are taking this assessment (**Check one.)**

- ☐ Before training starts (pre)
- ☐ After training ends (post)

3. Please briefly describe the business you want to start:

_____

4. Do you currently have a written business plan? **(Check one.)**

- ☐ Yes
- ☐ No

3. What are three important ways a business plan helps to start a business? **(Write in answers.)**

1. _____
2. _____
3. _____

4. Which of the following sections go into a complete business plan? (**Check all that apply**)

- ☐ Financial
- ☐ Executive Summary
- ☐ Sales Projections
- ☐ Marketing
- ☐ Bankruptcy details
- ☐ Product details

5. True or False? A good business plan should tell lenders how they will get their money back. (**Check one.**)

- ☐ True
- ☐ False

6. What does the abbreviation **LLC** stand for?

_____

7. Which of the following is not a type of business? (**Circle one.**)

A. "S" Corp
B. LLC
C. "D" Corp
D. "C" Corp
E. I don't know

Commented [EJ1]: + 1 point for each correct answer (3 possible)

Commented [EJ2]: + 1 point for each correct answer, -1 point for each incorrect answer (4 point total?)

Commented [EJ3]: +1 point for true

Commented [EJ4]: +1 point for completely correct answer

Answer: Limited Liability Company/Corporation

Commented [EJ5]: +1 point for correct answer

8. How much money do you think it will cost to start your business?

$_____

9. What are the four parts of a S.W.O.T. analysis? **(Check all four.)**

- ☐ Strengths
- ☐ Workforce
- ☐ Timeline
- ☐ Opportunities
- ☐ Ownership
- ☐ Weaknesses
- ☐ Threats
- ☐ Strategy

10. What is a business profit? **(Circle one.)**

A. The money that comes in from customers that day.
B. The money that is used to buy supplies.
C. The money that is leftover after all expenses are paid.
D. The money from wages.
E. I don't know

11. What is a profit margin? **(Circle one.)**

A. The amount by which revenue from sales exceeds costs.
B. The amount which you pay to your suppliers.
C. The total assets of your business.
D. Your monthly budget allowance.
E. I don't know

12. Which of the following would be the best personal credit score? **(Circle one.)**

A. 300
B. 430
C. 510
D. 720
E. I don't know

13. Which of the following directly affects your credit score? **(Check all that apply.)**

- ☐ Paying a loan back late
- ☐ Paying off a credit card
- ☐ Saving money at home in a safe
- ☐ Applying for a credit card

14. True or False? My business credit history is always the same as my personal credit history. **(Check one.)**

- ☐ True
- ☐ False

Commented [EJ6]: Informational, but could be compared from pre to post.

Can also be used to break up factual questions, which might be nice if they don't know any of the answers so far.

Commented [EJ7]: + 1 for each correct answer, -1 for each incorrect answer (4 possible)

Commented [EJ8]: +1 for correct answer

Commented [EJ9]: +1 for correct answer

Commented [EJ10]: +1 for correct answer

Commented [EJ11]: + 1 for each correct answer, -1 for each wrong answer (3 possible)

Commented [EJ12]: +1 point for false

15. What is cash flow? **(Circle one.)**

A. The amount of cash in your register.
B. The total amount of assets your business can claim on your taxes.
C. The amount of cash you pay your employees.
D. The total amount of money being transferred into and out of a business.
E. I don't know

Commented [EJ13]: +1 point for correct answer

16. What is a microloan? **(Circle one.)**

A. A large loan that must be paid back in full within 30 days.
B. A small, short-term loan.
C. An investment by an angel donor that does not need to be paid back.
D. A small loan paid back over twenty years.
E. I don't know

Commented [EJ14]: +1 point for correct answer

17. Which four of the following terms are important in marketing? These are also known as the "Four P's" of marketing. (**Check all four.**)

- ☐ Product
- ☐ Performance
- ☐ Profitability
- ☐ Place
- ☐ Progress
- ☐ Price
- ☐ Promotion
- ☐ Planning

Commented [EJ15]: + 1 point for each correct answer, -1 for each incorrect answer. (4 possible)

18. Please list up to 6 specific ways a new business could promote their product or service. (e.g. radio advertisement). (**Write in answers.**)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Commented [EJ16]: +1 point for each correct answer (6 possible, + 0.5 for radio advertisement)

19. Which of the following must you do when trying to understand the market for your product or service? (**Check all that apply.**)

- ☐ Define the target market
- ☐ Gather market data
- ☐ Travel to different cities
- ☐ Evaluate and Analyze market data
- ☐ Meet with suppliers
- ☐ Determine if the market is ready
- ☐ Talk to lawyers about the market

Commented [EJ17]: +1 point for each correct answer, -1 for each incorrect answer (4 possible)

20. Please name three types of people an entrepreneur would want to make a business pitch to. **(Write in answers**).

1. _____

2. _____

3. _____

Commented [EJ18]: +1 point for each correct answer. (3 total)

21. Please briefly describe the purpose of insurance for your business (1-2 sentences). (**Write your answer.r**)

_____

_____

_____

Commented [EJ19]: +1 point for complete and correct answer.

22. Which one of the following things would an entrepreneur focus on to make their product or service more appealing than the competition? **(Circle <u>one.</u>)**

A. Supplier contracts
B. Employee wages
C. Customer Experience
D. Technology
E. I don't know

Commented [EJ20]: +1 for correct answer

23. Please list up to 6 potential sources of funding for someone who wants to start a business. **(Write your answers.)**

1. _____

2. _____

3. _____

4. _____

5. _____

Commented [EJ21]: +1 point for each correct answer (6 possible)

Commented [AJ22]: 48 total points available

Thoughts about Starting your own Business

1. For each of the following statements, please circle one response that best fits.

	Strongly Disagree	***Disagree***	***Neutral***	***Agree***	***Strongly Agree***
a. I know how to start my own business	1	2	3	4	5
b. I have a clear business idea	1	2	3	4	5
c. I know how to set my prices to make a profit	1	2	3	4	5
d. I know how to grow my business	1	2	3	4	5
e. I know how to market to people	1	2	3	4	5
f. I know who my target customers are	1	2	3	4	5
g. I know how to talk to other people about my business plan	1	2	3	4	5
h. Anyone can start a business	1	2	3	4	5
i. Starting a business is difficult	1	2	3	4	5
j. Running a business could be fun	1	2	3	4	5
k. Entrepreneurs are lazy	1	2	3	4	5
l. People who want to start a business are inspiring	1	2	3	4	5
m. I want to start a business within the next 12 months	1	2	3	4	5
n. I know how to manage a business	1	2	3	4	5
o. I know where to get money to start a business	1	2	3	4	5
p. I have a network of people who can help me start a business if I wanted to	1	2	3	4	5
q. I know how to improve my credit	1	2	3	4	5

2. Please choose how clear you are about each part of the business you want to start.

	***Not* Clear at All**	***Somewhat Unclear***	***Neutral***	***Somewhat Clear***	***Totally Clear***	***Does not apply***
r. What my main product or service is	1	2	3	4	5	N/A
s. The location of my business	1	2	3	4	5	N/A
t. The hours my business will be available for customers	1	2	3	4	5	N/A
u. What equipment I will need to buy	1	2	3	4	5	N/A
v. How many employees I need	1	2	3	4	5	N/A
w. Who my suppliers will be	1	2	3	4	5	N/A
x. My business plan	1	2	3	4	5	N/A

Thank you for completing the assessment!