

Attachment Table of Contents

<u>Document</u>	<u>Page</u>
Attachment A. 2021 Departments of Corrections COVID-19 Special Data Collection (NPS-CPan)	2
Attachment B. Invitation to DOC Agency Head	11
Attachment C. Invitation to private company representative	13
Attachment D. Invitation to private prisons and jails	15
Attachment E. POC acknowledgement	17
Attachment F. Biographies of Abt Interviewers	19
Attachment G. Communication from AIDA to Tribal Jails	22
Attachment H. Frequently Asked Questions	24
Attachment I. Interview Guide	28
Attachment J. Institutional Review Board Determination	35

Attachment A.

2021 Departments of Corrections COVID-19 Special Data Collection (NPS-CPan)

**RETURN
TO**

Abt Associates
National Prisoner Statistics
Survey
10 Fawcett Street Cambridge,
MA 02138

FORM
 (2-9-2021)

NPS-CPan

2021 Departments of
Corrections COVID-19
Special Data Collection

U.S. DEPARTMENT OF JUSTICE
 BUREAU OF JUSTICE STATISTICS
 and ACTING AS COLLECTING AGENT
 ABT ASSOCIATES INC.

DATA SUPPLIED BY

NAME					Title		
TELEPHONE	Area Code	Number	Extension	FAX NUMBER	Area Code	Number	E-MAIL ADDRESS

GENERAL INFORMATION

- If you have any questions, contact the **Abt Associates Project Director, Tom Rich (617-349-2753 or tom_rich@abtassoc.com)** or the **BJS Program Manager, E. Ann Carson (202-616-3496 or elizabeth.carson@ojp.usdoj.gov)**.
- Please type your responses directly on the survey. Use the tab key to move from field to field. Save your results by selecting File > Save in your PDF reader.
- Please complete the survey before **June 14, 2021** by emailing the survey to tom_rich@abtassoc.com.
- Please retain a copy of the completed form for your records.

What types of inmates are included?

Inmates in your custody AND inmates held in privately-operated or contract facilities between January 1, 2020 and February 28, 2021.

- INCLUDE inmates who are unsentenced or who are sentenced to any length of time.
- INCLUDE inmates physically held in your prison facilities (e.g., prisons, penitentiaries, and correctional institutions; boot camps; prison farms; reception, diagnostic, and classification centers; release centers, halfway houses, and road camps; forestry and conservation camps; vocational training facilities; prison hospitals; and drug and alcohol treatment facilities for prisoners).
- INCLUDE inmates who are temporarily absent (less than 30 days), out to court, or on work release.
- INCLUDE inmates physically held in private or contract prison facilities in your state.
- INCLUDE inmates held in your facilities who are serving a sentence for your jurisdiction and another jurisdiction at the same time.
- INCLUDE inmates held in your facilities for another jurisdiction.
- EXCLUDE inmates held in local jails and inmates held in state-operated or private facilities located in other jurisdictions.

Definitions

Coronavirus - Refers to *coronavirus disease* (COVID-19) and the virus causing the disease, *severe acute respiratory syndrome coronavirus 2*, (SARS-CoV-2).

TEST - Refers to the viral or PCR test for COVID-19. Do not count serology or antibody tests for COVID-19.

ANTIBODY TEST - Serology test to detect antibodies produced in response to COVID-19. Do not count viral or PCR tests for COVID-19 as antibody or serology tests.

COVID-19 DEATH - A death where COVID-19 was the single cause of death, or one of the contributing causes. The cause of death could be determined by a positive viral COVID-19 test, or classified on the official death report as suspected or corona-virus related.

BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 2.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, Washington, DC 20531; and to the Office of Management and Budget, OMB No. 1121-0373, Washington, DC 20503.

SECTION I: PRISON POPULATION, ADMISSIONS, RELEASES

1. Between January 2020 and February 2021, how many persons were IN THE CUSTODY OF and ADMITTED to your state-operated and private prison facilities?

- ✓ *INCLUDE all types of admissions to your prison system, for sentences of any length or any total time served.*
 X *EXCLUDE prisoners under your jurisdiction held in local jails or in out-of-state prison facilities.*

IN CUSTODY ON--			ADMITTED DURING THE ENTIRE MONTH OF--		
2020	Jan. 31		2020	January	
	Feb. 29			February	
	Mar. 31			March	
	Apr. 30			April	
	May 31			May	
	Jun. 30			June	
	Jul. 31			July	
	Aug. 31			August	
	Sept. 30			September	
	Oct. 31			October	
	Nov. 30			November	
	Dec. 31			December	
2021	Jan. 31		2021	January	
	Feb. 28			February	

2. Between January 1, 2020 and February 28, 2021, how many prisoners in the custody of your state-operated and in private prison facilities ----

a. Were RELEASED?

- ✓ *INCLUDE all persons, sentenced to any length of time or unsentenced, released for any reason.*
 X *EXCLUDE prisoners under your jurisdiction held in local jails or in out-of-state prison facilities.*

b. Received EXPEDITED RELEASE ① in response to the coronavirus pandemic?

- ① *Prisoners are released prior to their scheduled and/or expected release date or parole/probation eligibility date, even if only by one day. These can include sentenced or unsentenced prisoners.*
 ✓ *INCLUDE releases in order to limit prisoner risk and exposure, or due to coronavirus related understaffing, court orders, legislative mandate, etc.*
 X *EXCLUDE prisoners under your jurisdiction held in local jails or in out-of-state prison facilities.*

3. Of those who received **EXPEDITED RELEASE** (item 2b), what were the criteria that your state used to determine who should be released early? (please check yes or no for each)

Criteria	Yes	No	N/A	
Risk-assessment score				
Time left on sentence				Max. sent. length remaining: _____
Only non-violent offenders				
Only non-viol. Offenders with no viol. priors				
Age				Minimum age eligible: _____
Health status				
Positive viral test for coronavirus				
Verified post-prison housing in community				
Person was unsentenced				
Other (please specify)				

SECTION II: PRISONER TESTING AND DEATHS

4. Between **March 1, 2020** and **February 28, 2021** ----

- a. How many coronavirus **TESTS** ⓘ did your state administer to prisoners in the custody of your state-operated or in private prison facilities?

- ⓘ Coronavirus test refers to the viral test for COVID-19. Do not count antibody or serology tests.
✓ INCLUDE sentenced or unsentenced prisoners tested either on or off facility grounds (e.g. at hospitals, medical centers, private labs, intake centers, or other health vendors).
✓ INCLUDE all tests administered, even if individuals got multiple tests over time.
X EXCLUDE prisoners under your jurisdiction held in local jails or out-of-state prison facilities.

- b. Of the tests in item 4a, how many **TESTS** were **POSITIVE** for coronavirus?

- X EXCLUDE "presumptive positive" test results.

- c. Individuals may test positive for coronavirus multiple times. Between **March 1, 2020** and **February 28, 2021**, how many **UNIQUE PRISONERS** ⓘ in the custody of your state-operated or in private prison facilities tested positive **AT LEAST ONE TIME**?

- ⓘ Multiple positive test results for the same individual should be counted only once.
X EXCLUDE prisoners under your jurisdiction held in local jails or out-of-state prison facilities.
X EXCLUDE antibody or serology test results.

Males	
Females	
TOTAL	

d. Of those UNIQUE PRISONERS who tested positive for coronavirus (item 4c), how many were---

White , <i>not of Hispanic origin</i>	
Black , <i>not of Hispanic origin</i>	
Hispanic or Latino	
American Indian or Alaska Native , <i>not of Hispanic origin</i>	
Asian , <i>not of Hispanic origin</i>	
Native Hawaiian or Other Pacific Islander , <i>not of Hispanic origin</i>	
Two or more races , <i>not of Hispanic origin</i>	
Other racial category , <i>not of Hispanic origin</i>	
Unknown racial category , <i>not of Hispanic origin</i>	
TOTAL (<i>Sum should equal TOTAL in Item 4c</i>)	

5. Between March 1, 2020 and February 28, 2021, how many PRISONERS DIED from the coronavirus while in the custody of your state-operated and in private prison facilities?

INCLUDE all deaths from coronavirus of prisoners---

- ✓ *IN CUSTODY of your state-operated and private prison facilities.*
- ✓ *WHILE IN-TRANSIT to an external medical facility or other prison facility.*
- ✓ *UNDER YOUR JURISDICTION but being treated at an external medical facility.*
- ✓ *Regardless of where and when the prisoner contracted COVID-19.*
- ✓ *Include all deaths where coronavirus was suspected or confirmed to be the cause of, or significant contributor to death*

X *EXCLUDE deaths of prisoners under your jurisdiction, but who died in local jails or out-of-state prison facilities.*

a. TOTAL deaths ⓘ from coronavirus

ⓘ *Deaths where coronavirus was suspected or confirmed to be the cause of death OR a significant contributor to the death.*

Males	
Females	
TOTAL	

b. Of those prisoners who DIED from coronavirus (item 5a TOTAL), how many were---

White , <i>not of Hispanic origin</i>	
Black , <i>not of Hispanic origin</i>	
Hispanic or Latino	
American Indian or Alaska Native , <i>not of Hispanic origin</i>	
Asian , <i>not of Hispanic origin</i>	
Native Hawaiian or Other Pacific Islander , <i>not of Hispanic origin</i>	
Two or more races , <i>not of Hispanic origin</i>	
Other racial category , <i>not of Hispanic origin</i>	
Unknown racial category , <i>not of Hispanic origin</i>	
TOTAL (<i>Sum should equal the item 5a TOTAL</i>)	

c. Of those prisoners who DIED from coronavirus (item 5a TOTAL), how many were ages--

24 years or younger	
25 - 34 years	
35 - 44 years	
45 - 54 years	
55 - 64 years	
65 - 74 years	
75 years or older	
TOTAL (<i>Sum should equal the item 5a TOTAL</i>)	

d. How many of the total deaths (item 5a TOTAL) were attributed to coronavirus based on a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records)?

e. Of those female prisoners who DIED from coronavirus (item 5a FEMALES), how many were pregnant at the time of death?

- e. Between March 1, 2020 and February 28, 2021, how many **TOTAL PREGNANT FEMALES** were in the custody of your state-operated or in private prison facilities for any period of time?

SECTION III: TRANSMISSION MITIGATION AND VACCINATION

6. At any time between March 1, 2020 and February 28, 2021, did your department of corrections implement any of the following mitigation tactics in response to the coronavirus pandemic in its state-operated and private correctional facilities? (please check one box for each policy)

	In no facilities	In some facilities	In all facilities	Unknown
Testing of all new prisoners at admission (not incl. antibody/serology tests)				
Automatic quarantine of new admissions				
Lockdown of prisoners in cells				
Suspension of transfers between prisons or local facilities (complete halt of transfers for any length of time)				
Suspension of educational programs (complete halt of programs for any length of time)				
Suspension of drug and alcohol treatment programs (complete halt of programs for any length of time)				
Suspension of prison labor programs (complete halt of programs for any length of time)				
Suspension of in-person family visitation to prisoners (complete halt of visitation for any length of time)				
Suspension of in-person legal visitation to prisoners (complete halt of visitation for any length of time)				
Suspension of ministry/religious service programs (complete halt of programs for any length of time)				
Daily temperature checks for prisoners				
Temperature checks for staff at beginning of each shift				
Isolation/quarantine of symptomatic prisoners				
Enforced sick or administrative leave for symptomatic staff				
Provision of hand sanitizer for prisoners				
Provision of face masks to prisoners				
Provision of face masks or gloves to staff				
Viral testing of prisoners before release (not incl. antibody/serology tests)				
Antibody/serology testing of staff				
Antibody/serology testing of prisoners				

7. On what date did your department of corrections first ADMINISTER A VACCINE ⓘ for coronavirus to prisoners or staff in your state-operated or private correctional facilities?

ⓘ The U.S. Food and Drug Administration approved the first coronavirus vaccine for use on December 11, 2020. Please report the date the first DOC staff or prisoner was given the vaccine shot in your state.

- ✓ INCLUDE sentenced or unsentenced prisoners or staff who came into contact with prisoners OR who worked inside state-operated or private correctional facilities.
- ✓ INCLUDE vaccinations of staff that occurred from vaccine stock given to the department of corrections
- X EXCLUDE prisoners under your jurisdiction held in local jails or out-of-state prison facilities.

, 20____

8. By February 28, 2021, how many staff and prisoners had received at least one dose of the coronavirus vaccine?

Sentenced or unsentenced prisoners	
Staff members	
TOTAL	

9. Vaccines were in limited supply in the months after FDA approval. What policies were adopted by your department of corrections for vaccination distribution? (please check one box for each policy)

Policy	Yes, we followed this policy	No, this was not a policy we followed	N/A
All staff members in facilities were vaccinated before any prisoners received the vaccine			
All prisoners (with the exception of those who were medically unable to be vaccinated) were required to receive the vaccine			
Prisoners were allowed to opt-in or opt-out of vaccination			
All staff members (with the exception of those who were medically unable to be vaccinated) were required to receive the vaccine			
Staff members were allowed to opt-in or opt-out of vaccination			
Older prisoners were prioritized for vaccination, over younger prisoners			
Prisoners with chronic or other infectious diseases were prioritized for vaccination, over healthy prisoners			

Prisoners soon to be released were prioritized for vaccination, over those who would not be released in the near future			
Newly admitted prisoners were prioritized for vaccination, over those already in the general population			
Prisoners were offered incentives to receive the vaccine, such as free phone calls, extra family visitation sessions, or money added to their canteen balance			

SECTION IV: STAFF QUESTIONS

10. On February 28, 2021, how many unique STAFF MEMBERS were employed by your department of corrections and who worked inside one of your state-operated correctional facilities?

- ✓ *INCLUDE correctional officers, health care workers, janitorial staff, and any other paid personnel who came into contact with prisoners OR who worked inside a correctional facility operated by your DOC.*
- X *EXCLUDE staff who work for private correctional operators or prison volunteers.*
- X *EXCLUDE DOC-employed staff who do not work in correctional facilities.*

11. Between March 1, 2020 and February 28, 2021, how many STAFF MEMBERS employed by your department of corrections and who worked inside one of your state-operated correctional facilities----

a. Tested POSITIVE for the coronavirus at least once?

- ✓ *INCLUDE any positive viral coronavirus test, regardless of where it was administered.*
- ✓ *INCLUDE paid personnel who either came into contact with prisoners OR who worked inside a correctional facility operated by your DOC.*
- X *EXCLUDE antibody or serology tests, as well as "presumptive positive" test results.*
- X *EXCLUDE staff who work for private correctional operators or prison volunteers, and DOC-employed staff who do not work in correctional facilities*

b. DIED ⓘ from the coronavirus?

- ⓘ *All deaths where coronavirus was the cause of death OR a significant contributor to the death, regardless of where and when the staff member contracted coronavirus*

Attachment B.
Invitation to DOC Agency Head



U.S. Department of Justice

Office of Justice Programs

Bureau of Justice Statistics

Washington, DC 20531

Month Day, 2022

Dear <<Insert name of state DOC contact>>:

I am pleased to announce a new Bureau of Justice Statistics (BJS) research effort that will begin in the coming weeks: a study on the feasibility of collecting data on maternal health and health services that are available and provided to pregnant women in jails and prisons.

In 2021, the House Committee on Appropriations requested that BJS collect data on the health needs of incarcerated pregnant women in the criminal justice system, including the number of pregnant women in custody, outcomes of pregnancies, provision of pregnancy care and services, health status of pregnant women, and racial and ethnic disparities in maternal health at the Federal, State, tribal, and local levels. To respond to this congressional requirement, BJS has initiated this feasibility study.

BJS has enlisted Abt Associates (Abt) to conduct the Maternal Health Feasibility Study (MHFS) on our behalf. As part of this work, we are asking you to designate a point of contact (POC) at your agency who has knowledge of medical records for inmates—this can be a data administrator, a medical director, a physician, or a nurse practitioner who can provide facility-level information for the correctional facilities operated by your state. We will request data directly from either a central or individual reporter for correctional facilities under contract to hold inmates for your state.

The questions Abt will ask are centered on maternal healthcare policies and procedures, the availability and quality of maternal health data, obstacles to providing these data to BJS (e.g., legal, technological, resource, and confidentiality issues), and solutions that may help facilitate access to these data. We anticipate the interviews will take between 45 and 90 minutes.

Please email Seri Irazola, MHFS Project Director, at Seri_Irazola@abtassoc.com to provide the appropriate contact information for your POC. Also, please share this letter with your POC as notification of the upcoming feasibility study. If you prefer Abt reaches out directly to facilities operated by your state, please provide a list of facilities and a POC at each.

At the end of this letter, you will find the Frequently Asked Questions regarding this study. If you have any additional questions, please do not hesitate to contact the BJS MHFS Program Manager, Laura Maruschak, at Laura.Maruschak@usdoj.gov or 202-598-0802.

Sincerely,

Doris J. James
Acting Director
Bureau of Justice Statistics

Attachment C.
Invitation to private company representative



U.S. Department of Justice

Office of Justice Programs

Bureau of Justice Statistics

Washington, DC 20531

Month Day, 2022

Dear <<Insert name of state DOC contact>>:

I am pleased to announce a new Bureau of Justice Statistics (BJS) research effort that will begin in the coming weeks: a study on the feasibility of collecting data on maternal health and health services that are available and provided to pregnant women in jails and prisons.

In 2021, the House Committee on Appropriations requested that BJS collect data on the health needs of incarcerated pregnant women in the criminal justice system, including the number of pregnant women in custody, outcomes of pregnancies, provision of pregnancy care and services, health status of pregnant women, and racial and ethnic disparities in maternal health at the Federal, State, tribal, and local levels. To respond to this congressional requirement, BJS has initiated this feasibility study.

BJS has enlisted Abt Associates (Abt) to conduct the Maternal Health Feasibility Study (MHFS) on our behalf. As part of this work, we are asking you to designate a point of contact (POC) at your company who has knowledge of medical records for inmates and can provide facility-level information for the correctional facilities operated by your organization.

The questions Abt will ask are centered on maternal healthcare policies and procedures, the availability and quality of maternal health data, obstacles to providing these data to BJS (e.g., legal, technological, resource, and confidentiality issues), and solutions that may help facilitate access to these data. We anticipate the interviews will take between 45 and 90 minutes.

Please email Seri Irazola, MHFS Project Director, at Seri_Irazola@abtassoc.com to provide the appropriate contact information for your POC. Also, please share this letter with your POC as notification of the upcoming feasibility study. If you prefer Abt reaches out directly to facilities operated by your company, please provide a list of facilities and a POC at each.

At the end of this letter, you will find the Frequently Asked Questions regarding this study. If you have any additional questions, please do not hesitate to contact the BJS MHFS Program Manager, Laura Maruschak, at Laura.Maruschak@usdoj.gov or 202-598-0802.

Sincerely,

Doris J. James
Acting Director
Bureau of Justice Statistics

Attachment D.
Invitation to private prisons and jails



U.S. Department of Justice

Office of Justice Programs

Bureau of Justice Statistics

Washington, DC 20531

Month Day, 2022

Dear <<Insert name of private prison/jail contact>>:

I am pleased to announce a new Bureau of Justice Statistics (BJS) research effort we will begin in the coming weeks: a study on the feasibility of collecting data on maternal health and health services that are available and provided to pregnant women in jails and prisons.

In 2021, the House Committee on Appropriations requested that BJS collect data on the health needs of incarcerated pregnant women in the criminal justice system, including the number of pregnant women in custody, outcomes of pregnancies, provision of pregnancy care and services, health status of pregnant women, and racial and ethnic disparities in maternal health at the Federal, State, tribal, and local levels. To respond to this congressional requirement, BJS has initiated this feasibility study.

As part of the Maternal Health Feasibility Study (MHFS), we would like to interview you or a representative identified by you to learn about maternal healthcare policies and procedures, the availability and quality of maternal health data, obstacles to providing these data to BJS (e.g., legal, technological, resource, and confidentiality issues), and solutions that may help facilitate access to these data. We anticipate the interviews will take between 45 and 90 minutes.

Please email Seri Irazola, MHFS Project Director, at Seri_Irazola@abtassoc.com to let us know whether you will be able to participate in this study. If you would like to designate a representative, please provide the appropriate contact information and share this letter with your representative as a pre-notification of the upcoming feasibility study. Upon hearing from you, Ms. Irazola will follow up to schedule an interview.

At the end of this letter, you will find the Frequently Asked Questions regarding this study. If you have any additional questions, please do not hesitate to contact the BJS MHFS Program Manager, Laura Maruschak, at Laura.Maruschak@usdoj.gov or 202-598-0802.

Sincerely,

Doris J. James
Acting Director
Bureau of Justice Statistics

Attachment E.
POC acknowledgement

Attachment E. POC Acknowledgement

Month Day, 2022

Dear <<Insert name of POC>>:

My name is Seri Irazola and I am the Project Director on behalf of the Bureau of Justice Statistics' (BJS) Maternal Health Feasibility Study (MHFS) for Abt Associates. I am reaching out to schedule an interview with you as you have been designated as the point of contact for this study.

Questions during the interview will be centered on maternal healthcare policies and procedures the availability and quality of maternal health data, obstacles to providing these data to BJS (e.g., legal, technological, resource, and confidentiality issues), and solutions that may help facilitate access to these data. We anticipate the interviews to take between 45 and 90 minutes.

Please provide your availability for the interview during the following period: **[insert interview timeline]**. We will follow-up to confirm a date and time and provide additional information on interview logistics.

At the end of this letter, you will find biographies of the Abt project team who will be conducting your interview. If at any time you have questions about the MHFS, the interviews, or your participation, please do not hesitate to reach out to me at Seri_Irazola@abtassoc.com, or the BJS MHFS Program Manager Laura Maruschak, at Laura.Maruschak@usdoj.gov or 202-598-0802.

Thank you in advance for your participation in this Study. We look forward to speaking with you soon.

Sincerely,

Seri Irazola
MHFS Project Director, Abt Associates

Seri P. Irazola, Ph.D. | Principal | **Abt Associates**

6130 Executive Blvd., Rockville, MD 20852

M: 202-270-4609

Pronouns: She/her/hers



Attachment F.
Biographies of Abt Interviewers

[Below are all potential lead interviewers; this will be tailored once interviewer availability is confirmed.]

Dana Hunt, PhD (Dana_Hunt@abtassoc.com)

Dana Hunt is a Principal Associate for Abt Associates, where she has spent nearly 35 years conducting research and evaluation for federal and state agencies, including: the National Institute on Drug Abuse (NIDA), the Substance Abuse and Mental Health Administration (SAMHSA), the Office of National Drug Control Policy (ONDCP), and the National Institute of Justice (NIJ). For NIJ this included evaluating the 35 site Arrestee Drug Abuse Monitoring (ADAM) program from 1997-2001, and again for ONDCP (ADAM II) in 10 U.S. counties from 2007 to 2014. This groundbreaking work involved interviewing probability-based samples of thousands of arrestees on a wide range of topics within 48 hours of their arrest. She also led the ONDCP “Pulse Check” initiative for a decade where she interviewed substance abuse treatment providers, law enforcement, and other individuals across the country to collect regional information on drug issues. Dr. Hunt is a widely recognized expert in research in alcohol and drug abuse, criminal justice research and methodological issues in these fields.

Seri P. Irazola, MS, PhD (Seri_Irazola@abtassoc.com)

Seri Irazola serves as the Project Director for the Maternal Health Feasibility Study, and she is a Principal Associate for Abt Associates. Dr. Irazola has two decades of work leading mixed-methods criminal justice and public health research for the DOJ, HHS, Housing and Urban Development (HUD), and the Department of Education (ED). She has studied the implementation and impact of programs to help crime victims and survivors, justice-involved youth and individuals, and people in recovery from substance use disorders. She has designed and led dozens of surveys, interviews, and focus groups of vulnerable populations, and overseen complex analyses and modeling to improve rigor and transparency in data findings. Recently, she led a BJS commissioned feasibility study to understand if and how jails could provide aggregate administrative data to BJS on a regular basis. Before joining Abt, she served as the Director of the Office of Research and Evaluation for the National Institute of Justice (NIJ) at the US Department of Justice (DOJ). She spent nearly a decade working as a consultant and contractor directing research teams for ICF International and the Urban Institute. She began her career as a Statistician in the Corrections Unit for the Bureau of Justice Statistics (BJS).

Ann Loeffler, MSPH, PMP (Ann_Loeffler@abtassoc.com)

Ann Loeffler, MSPH, PMP has 20 years of health care experience at federal, state, and local levels. Her area of expertise focuses on mixed methods, community-based research to describe assets and challenges to reducing health inequities to inform systems change. Trained as an epidemiologist, she provides leadership and technical expertise on Abt projects addressing the needs of people who experience health inequities and disparities for projects such as: the National Healthy Start Evaluation Project, Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA); Infant Mortality Collaborative Improvement and Innovation Network, MCHB, HRSA, EvidenceNOW: Dissemination and Strategic Planning as well as the EvidenceNOW: State Capacity Building projects for the Agency for Health Care Research and Quality (AHRQ). Ms. Loeffler is also leading the MCHB Strategic Planning, Implementation, and Organizational Improvement project. She is an expert in the health center program supported by the Bureau of Primary Health Care (BPHC/HRSA).

Rosaria Trichilo, MPH (Rosaria_Trichilo@abtassoc.com)

Ms. Trichilo is a public health professional with a background in Maternal and Child Health, data analysis/dissemination and partner engagement. She has extensive experience managing statewide public health surveillance systems and local community action teams, supervising staff and implementing systems-level data driven interventions for the prevention of morbidity and mortality. She has worked both domestically and internationally. Prior to joining Abt, she served as the Statewide Surveillance Manager for the Louisiana Department of Health, Bureau of Family Health. In this role, she managed statewide maternal and child health (MCH) surveillance programs including: the Child Death Review (CDR); the Pregnancy Associated Mortality Review (PAMR); the Sudden Unexpected Infant Death Review (SUID); the Fetal Infant Mortality Review (FIMR); and the Pregnancy Risk Assessment Monitoring System (PRAMS). She is passionate about combining data, policy, and community-level action to build capacity to improve health outcomes.

Attachment G.
Communication from AIDA to Tribal Jails

NOTE: may be slightly modified if AIDA chooses to send directly to the Tribal Council instead of the jail POCs

Dear <<Insert name of Tribal jail contact>>:

My name is Ada Melton and I am the President for the American Indian Development Associates (AIDA). AIDA assists governmental agencies in promoting and developing culturally appropriate solutions for local problems through research and evaluation; we are the only organization that has ties to Indian Country and the criminal justice system.

We are writing to inform you of a new Bureau of Justice Statistics (BJS) research effort that will begin in the coming weeks: a study to inform the feasibility of collecting data on maternal health and health services that are available and provided to pregnant women in jails and prisons. BJS and its contractor Abt Associates (Abt) have enlisted our assistance in reaching out to tribal jails like yours.

In 2021, the House Committee on Appropriations requested that BJS collect data related to the health needs of incarcerated pregnant women in the criminal justice system, including, but not limited to, the number of pregnant women in custody, outcomes of pregnancies, the provision of pregnancy care and services, health status of pregnant women, and racial and ethnic disparities in maternal health, at the Federal, State, tribal, and local levels. To respond to this congressional requirement, BJS has initiated this feasibility study.

As part of the Maternal Health Feasibility Study (MHFS), Abt will be interviewing the most appropriate jail representative(s) identified by you, to discuss maternal healthcare policies and procedures in your facility, the availability and quality of maternal health data, access to the applicable data, obstacles to providing data to BJS (e.g., legal, technological, resource, and confidentiality issues), and solutions that may help facilitate access to these data. To ensure you have the most appropriate person(s) to provide input, please identify someone with knowledge of medical records for incarcerated persons – this can be a data administrator, a medical director, a physician, or a nurse practitioner. We anticipate the interviews to take between 45 and 90 minutes.

We understand there is a process of review and approval as it relates to gathering data from **NAME OF TRIBE**. We are hoping you can join an initial call with our organization and Abt to discuss the study, the way the data will be used, and answer any questions you may have. Please let us know by email if you would be willing to participate in an initial joint call, and if so, provide the appropriate contact information. We will then follow-up to schedule a time to talk.

At the end of this letter, you will find the Frequently Asked Questions regarding this study. If at any time you have questions about the study, the interviews, or your participation, please do not hesitate to reach out to the BJS MHFS Program Manager, Laura Maruschak, at Laura.Maruschak@usdoj.gov or the Abt MHFS Project Director, Seri Irazola, at Seri.Irazola@abtassoc.com.

Sincerely,

Ada Melton, President
American Indian Development Associates

Attachment H.
Frequently Asked Questions

Maternal Health Feasibility Study Frequently Asked Questions

What is the Maternal Health Feasibility Study?

The Maternal Health Feasibility Study is being conducted by the Bureau of Justice Statistics (BJS) to determine the feasibility of collecting data on maternal health and health services that are available and provided to pregnant women in jails and prisons. Abt Associates (Abt), BJS's data collection agent for this study, will conduct a phone interview with a representative to discuss maternal healthcare policies and procedures, the availability and quality of maternal health data, access to the applicable data, obstacles to providing data to BJS (e.g., legal, technological, resource, and confidentiality issues), and solutions that may help facilitate access to these data. **BJS is not asking facilities to provide any inmate data during the feasibility study.**

What is the Bureau of Justice Statistics?

The BJS is a component of the Office of Justice Programs within the U.S. Department of Justice. BJS is the United States' primary source for criminal justice statistics. BJS's mission is to collect, analyze, publish, and disseminate information on crime, criminal offenders, victims of crime, and the operation of justice systems at all levels of government. This information is critical to federal, state, and local policymakers in combating crime and ensuring that justice is both efficient and evenhanded.

What is Abt Associates' role in this study?

Abt Associates (Abt) is BJS's data collection agent for the Feasibility Study. Abt will be responsible for scheduling interviews with facilities, conducting phone interviews, coding responses, analyzing coded responses, and producing a study report for BJS. Abt has over 40 years of experience working with the U.S. Department of Justice and other criminal justice agencies across the country.

How long will the interview take?

The interview will take between 45 and 90 minutes.

Is participation in the Feasibility Study voluntary?

Yes, participation in the study is voluntary. You may decline to answer any and all questions, or stop the interview, at any time. However, we ask for your assistance with this study because your responses are valuable for BJS to understand how jails and prisons keep data on maternal health care and services, what information is recorded, and the capability of jails and prisons to share this information, so that BJS can make an informed decision on whether and how to proceed with collecting these data.

What questions will be asked during the interview?

The interview will consist of a series of questions that focus on three areas:

1. Your facility's policies/practices/procedures on maternal health care and services for pregnant women, including the way data is collected and stored.
2. The availability of specific data elements in your system, including outcomes of pregnancies, the provision of pregnancy care and services, health status of pregnant women, and racial and ethnic disparities in maternal health.

3. Your facility's capability and burden experienced in sharing records on pregnant inmates if requested by BJS in the future, including technical, legal, and confidentiality issues involved in sharing your records.

The interview will be conducted by an experienced interviewer from BJS's data collection agent, Abt. The interviewer will be accompanied by a note-taker who will take notes during the phone interview; the phone interview **will not be recorded**.

How will the results of this study be used by BJS?

The results of this study will be used by BJS for planning purposes to determine whether BJS should try to gather data from jails and prisons on pregnant women in custody. Responses collected from jails and prisons for this feasibility study will not be published or released outside of BJS. Eventually, if this pilot project is successful, BJS may consider the feasibility of collecting inmate-level data for pregnant women in jails and prisons.

Why is BJS interested in obtaining maternal health care and services information of pregnant inmates?

In 2021, the Bureau of Justice Statistics (BJS) received the following request from the House Committee on Appropriations:

The Bureau of Justice Statistics shall include in the National Prisoner Statistics Program and Annual Survey of Jails statistics relating to the health needs of incarcerated pregnant women in the criminal justice system, including, but not limited to, the number of pregnant women in custody, outcomes of pregnancies, the provision of pregnancy care and services, health status of pregnant women, and racial and ethnic disparities in maternal health, at the Federal, State, tribal, and local levels. The Committee directs BJS to provide a publicly-accessible report, not later than 180 days after enactment of this Act, which summarizes this data.

Our goal of this feasibility study is to respond to the Appropriations Committee and determine what data can be collected on pregnant women in custody. As a federal statistical agency, BJS protects all data at the highest level of security. Data security and protection is paramount to our mission, and. According to federal law (34 USC § 10231), BJS and its contractors are required to use the data for research and statistical purposes only, maintain and protect the data securely, and ensure that any aggregate statistics generated go through the proper disclosure review prior to dissemination to confirm that a person's identity is not disclosed. See also next, "How does BJS keep data secure?"

How does BJS keep data secure?

BJS and Abt are bound by federal law (Title 34 U.S.C. § 10231), which provides that "No officer or employee of the Federal Government, and no recipient of assistance under the provisions of this chapter shall use or reveal any research or statistical information furnished under this chapter by any person and identifiable to any specific private person for any purpose other than the purpose for which it was obtained in accordance with this chapter. Such information and copies thereof shall be immune from legal process, and shall not, without the consent of the person furnishing such information, be admitted as evidence or used for any purpose in any action, suit, or other judicial, legislative, or administrative proceedings."

Attachment H: Frequently Asked Questions

BJS has numerous confidentiality and security protections governing the data collected by BJS and its data collection agents. BJS and Abt are required to follow the [BJS Data Protection Guidelines](#), which summarizes the federal statutes, regulations, and data security procedures governing BJS and its data collection agents in more detail. These guidelines ensure the confidentiality of all data, including PII.

Who do we contact for more information?

For more information, please contact Laura Maruschak, BJS MHFS Project Manager, at Laura.Maruschak@usdoj.gov or 202-598-0802, or Seri Irazola, Abt MHFS Project Director, at Seri_Irazola@abtassoc.com or 202-270-4609.

Attachment I.
Interview Guide

Maternal Health Feasibility Study: Interview Guide

Facility(ies): _____ Interviewer(s): _____

Facility POC: _____ Notetaker(s): _____

Date: _____ Interviewee(s): _____

Introduction and purpose of the call

Hello, this is [INTERVIEWER NAME], calling from Abt Associates on behalf of the Bureau of Justice Statistics (BJS). Thank you for agreeing to participate in BJS's Maternal Health Feasibility Study!

Information about the Study: The purpose of the feasibility study is to learn about maternal health care standards and practices in your <<facility/facilities>>, data on maternal health care and services that are collected and how/where those data are housed, and potential challenges and solutions if BJS were to request administrative and/or individual-level inmate records for research purposes. We are collecting this information for internal BJS planning purposes to determine whether BJS should try to gather administrative and/or individual-level inmate data from prisons and local jails in the future.

IRB Disclosures: Individual responses about your <<facility/facilities>> will not be published or released outside of BJS. BJS and Abt are bound by federal law (34 USC 10231) to use data for research and statistical purposes only, maintain and protect the data securely, and ensure data confidentiality. The interview should take between 45 and 90 minutes. Your participation in this study is voluntary. You may decline to answer any and all questions, or stop your participation, at any time. However, we ask for your assistance with this study because your response is valuable for BJS to understand record keeping on maternal health, what information about maternal health is recorded, and the capability of facilities to share these data with us, so that BJS can make an informed decision on whether and how to proceed with collecting and reporting statistics on pregnant women in custody. **Do you consent to participate in the study?** *[If not, ask for clarification (e.g., is s/he the right person to answer the questions? Are there any specific concerns we can address?) and then thank individual for their time.]*

Before we Begin: We want to be sure your <<facility/DOC/company>> has identified the best person/people to talk with us. Can you please tell us your official title and role within the <<facility/DOC/company>>? *[Prompt to be sure the person has knowledge about the maternal health data and/or standards/processes.]*

We also want you to know that you may not have all of the answers to our questions – that's okay! We will be taking notes, and we will send them to you after the interview, along with any questions that were outstanding. Do you have any questions before we begin?

Great! We will begin taking notes now. *[Start notetaking]*

Confirming Facility Information *[Pre-populated prior to call]*

I would like to begin by confirming some of the information we have collected on your <<facility/DOC/company>>. Let me read the information we have gathered, and you can tell me if there is any incorrect information.

▪ **Facility type(s) (check all that apply):**

- ☐ Jail
 - ☐ Locally operated
 - ☐ Privately operated
 - ☐ Tribal jail
- ☐ Prison
 - ☐ State operated
 - ☐ Privately operated
 - ☐ BOP operated
- ☐ Unified system (combined jail/prison)

▪ **Facility(ies) house (check all that apply):**

- ☐ Pretrial
- ☐ Holds for other agencies
- ☐ Sentenced
- ☐ Other (specify) _____

▪ **Respondent type**

- ☐ Reporting for a single facility
- ☐ Reporting for multiple facilities
 - ☐ DOC
 - ☐ BOP
 - ☐ Private corporation
 - ☐ Jail jurisdiction

▪ **Custody status(es) of inmates in your facility(ies) (check all that apply):**

- ☐ Minimum/Low
- ☐ Medium
- ☐ High
- ☐ Super
- ☐ Administrative

▪ **Sex:** Female-only / Coed facility / Combo

▪ **Average daily population of females (exclude if reporting for multiple facilities):** _____

[If respondent is reporting on multiple facilities:]** Since you will be reporting on multiple facilities in your jurisdiction, I would like you to answer on behalf of those facilities, but please let me know if there are any questions that may have different answers for different facilities. For example, you may have the same maternal health policies and procedures for all of your facilities, however you may have case management system vendors that differ based on facility.

The interview has three sections:

- (1) The policies and procedures that guide your maternal health practices within your facility;
- (2) Your facility's data management system and particular variables of interest; and
- (3) Key challenges you may have in providing this data to BJS, and potential mitigation strategies.

Let's begin with Section 1.

Section 1: Policies and Procedures

- 1a. Does your <<facility/facilities>> have specific policies/procedures on how to care for pregnant women?
 - If **yes**: Do you have a hard or electronic copy that you would be willing to share?
- 1b. Does your <<facility/facilities>> have specific policies/procedures on the types of service(s) pregnant women receive?
 - If **yes**: Do you have a hard or electronic copy that you would be willing to share?

- 1c. Does your <<facility/facilities>> offer specialized training and/or modules for new COs or facility staff on how to care for and/or provide services to pregnant women?
- 1d. Does your <<facility/facilities>> have any certification (e.g., NCCHC, APA, other) as it relates to maternal health care/services?
 - [If **no**] Is this something you anticipate getting?
 - [If **yes**] Which certification and why? *[Nudge to try to get the impetus for the certification; reactive or proactive in nature?]*
- 1e. Does your <<facility/facilities>> provide any material on maternal health to pregnant women?
 - If **yes**, can you please provide it to us? *[If **no**, prompt for who designed/drafted the material]*
- 1f. How does your <<facility/facilities>> provide pregnant inmates access to healthcare?
 - Does your <<facility/facilities>> have an **onsite** medical infirmary or hospital to treat inmates?
 - o *[If **yes**] Is that onsite facility equipped with the conditions to handle prenatal care, live- or stillborn births, and post-natal care to the mother and baby?*
 - o *[If **no**] How are inmates transported in the case emergency care services are required? How long is the travel time to the nearest appropriate facility?*
- 1g. Does your <<facility/facilities>> have a special housing unit for pregnant women?
 - *[If **yes**] Can you please tell me more about what this looks like and how it differs from other housing conditions?*
- 1h. Does your <<facility/facilities>> have any special units that allow for a baby to stay in the facility with the mother?
 - *[If **yes**] How long can the baby stay in the facility? What are the conditions? What are the limitations and/or restrictions?*
- 1i. At what point are women screened for pregnancy?
- 1j. Are women of a certain age automatically screened for pregnancy?
- 1k. How quickly are pregnancy test results returned to the <<facility/facilities>>? To the pregnant woman?
- 1l. Once identified as being pregnant, what happens to the woman immediately afterwards? *[Allow to answer openly, then prompt below.]*
 - Specialized housing?
 - Specialized diet and/or prenatal medication?
 - Provided access to OB/GYN medical provider? *[Direct or indirect access?]*
 - Access to Substance Use Disorder (SUD) or other treatment?
 - Access to mental health counselor or social worker?
 - Standardized information provided on options regarding the pregnancy outcome and the baby's placement (if the woman will still be incarcerated)?
 - Connected to special ombudsperson or another designee to facilitate decision-making?

Section 2: Data Management System

Facility Inmate Management System Characteristics

2a. Vendor and product name for inmate case management system: _____

2b. Where is the data stored? In-house, external vendor, centralized, other?

- For **external** vendors, is there a charge to: Add in data elements? Pull the individual-level data at your request? Pull the aggregate-level data at your request?
- For **internally** developed and managed systems, do you have the ability to create new aggregate reports (e.g., the number of pregnant women in custody)?

2c. Are inmates' medical records housed in the case management system?

- If **no**: Where are the medical records housed? Who oversees/keeps that data? Can the data be linked to your inmate case management system?

Before we move forward, I want to remind you that the questions we ask are intended to help inform BJS of what is actually feasible to collect and report. I will be asking questions about PII and other protected data, and our intention is not to request this data, but to understand some of the challenges that BJS may have if they decided to pursue a request. Also, some of the questions in this section may be answered by any of your guiding policies and procedures documentation; by providing these documents, we can further report on additional challenges or resources that BJS can consider.

Availability of Individual Data Elements (Yes/No)

2d. Does your <<facility/facilities>> case management system capture the following data elements on persons detained or serving time in your facility?

Category	Data Element	Availability
Personal identifiers and characteristics	Full Name	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Date of birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sex	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Race and ethnicity	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Citizenship	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Years of schooling completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Occupation	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Fingerprint-backed State ID #	<input type="checkbox"/> Yes <input type="checkbox"/> No
	FBI number	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Full Social Security Number (SSN)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Last 6-digit SSN	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Defendant's prior criminal history	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Status in custody (e.g., pretrial, sentenced, hold for another agency)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Illicit drug use/SUD	<input type="checkbox"/> Yes <input type="checkbox"/> No

Category	Data Element	Availability
Initial Screenings	Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Prescription drug use/abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Alcohol use/abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other bodily injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Potential Maternal Health Complications (<i>once identified as pregnant</i>)	Method of delivery (vaginal or cesarean)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Hospitalization(s) <i>unrelated to birth</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Preeclampsia	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Gestational Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other pregnancy-related complication(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Maternal hospitalization(s) <i>related to birth</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incarceration Services/ Exposures	Mental health care services	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Substance abuse services (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Number of obstetrics exams	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Number of ultrasounds	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Regular prenatal counseling, as requested	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pregnancy Outcomes	Pregnancy loss such as stillbirth or other miscarriage (neonatal mortality)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Abortion	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Live birth	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Major neonatal abnormalities (structural, malformations, chromosomal)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Live birth weight	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sex of child	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Apgar score	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Infant requiring NICU care	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Severe maternal morbidity and mortality (1-year post-partum)	<input type="checkbox"/> Yes <input type="checkbox"/> No

2e. Additional measures that your data management system collects on maternal health?

Section 3: Key Challenges/Solutions

3a. Do you have a Data Use Agreement (DUA) or a Memoranda of Understanding (MOU) template for data sharing?

- If **yes**, would a DUA be required to share aggregate-level maternal health data with BJS?

- If **yes**, would a DUA required to share individual-level maternal health data with BJS?

-

- ***Facility's Capability and Burden to Share Aggregate-Level Data with BJS***

- If BJS were to request aggregate-level maternal health data for statistical and research purposes:

- 3h. What administrative processes does your facility have in place for sharing aggregate maternal data with other agencies?

- 3i. Are there any major legal challenges to providing aggregate maternal health data to BJS? If yes, please explain.
- 3j. Are there any major technical challenges to providing aggregate maternal health data to BJS? If yes, please explain.
- 3k. Are there any major management/resource challenges to providing aggregate maternal health data to BJS? If yes, please explain.
- 3l. Any other challenges to providing aggregate maternal health data on maternal health? If yes, please explain.
- 3m. What types of assistance can BJS provide to you to decrease the challenges in providing aggregate-level maternal health data?

Facility's Capability and Burden to Share Individual-Level Data with BJS

If BJS were to request individual-level inmate maternal health data for statistical and research purposes:

- 3b. What administrative processes does your <<facility/facilities>> have in place for sharing individual-level maternal health data with other agencies?
- 3c. Are there any major legal challenges to providing individual-level maternal health data to BJS? If yes, please explain.
- 3d. Are there any major technical challenges to providing individual-level maternal health data to BJS? If yes, please explain.
- 3e. Are there any major management/resource challenges to providing individual-level maternal health data to BJS? If yes, please explain.
- 3f. Any other challenges to providing individual-level data on maternal health? If yes, please explain.
- 3g. What types of assistance can BJS provide to you to decrease the challenges in providing individual-level maternal health data?

Burden to Pull Data Extracts [Can be hours of work and/or length of time from initial request to produce the data]

- 3n. How long would it take you to create an aggregate data extract that contains the number of pregnant women in custody for a period of one year? You may use 100 fields per record for estimating purposes.
- 3o. How long would it take you to create an aggregate data extract that contains the number of pregnant women in custody for a one-day count? You may use 100 fields per record for estimating purposes.

- 3p. How long would it take you to create an aggregate data extract that contains the outcomes of pregnant women in custody for a period of one year? You may use 100 fields per record for estimating purposes.
- 3q. How long would it take you to create an individual-level data extract that contains the health care utilization and provision of services of pregnant women in custody for a period of one year? You may use 100 fields per record for estimating purposes.
- 3r. How long would it take you to create an individual-level data extract that contains the overall health status of pregnant women in custody for a period of one year? You may use 100 fields per record for estimating purposes.
- 3s. Of the surveys and data requests you are asked to report on an annual basis, which (if any) would be relevant to these answering these questions? (E.g., do you have any other data requests that may be applicable to answering questions on maternal health care and practices?)
- 3t. Who is your contact person should BJS wish to discuss maternal health practices and services with your <<facility/facilities>>? Is that the same individual who would be best to provide the data to BJS, should they request it?

Thank you for your time and assistance. Do you have any questions we can answer?

Attachment J.
Institutional Review Board Determination



Institutional Review Board Determination

Principal Investigator/Project Director: Seri Irazola

Project Title: BJS Maternal Health Feasibility Study

Sponsor Agency: DOJ Bureau of Justice Statistics

Abt IRB #: 2151

Determination: Does not require review by the IRB because project activities do not meet the definition of human subjects research per 45CFR46.102(I)

Please note the following requirements:

Abt Associates IRB #: This study has been assigned the following Abt Associates IRB# 2151. Please refer to this number in your future correspondence with the Board.

Change in Study Status: This determination only applies to the phases of the project submitted to the IRB for review at this time. Should there be changes to this phase of the project in the future, the project should be resubmitted to determine whether further IRB review is required.

Questions or concerns regarding this determination should be directed to the Abt Associates' IRB at irb@abtassoc.com.

Teresa Doksum, Ph.D., M.P.H.

IRB Chair

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Cambridge, MA 02138

irb@abtassoc.com

617-349-2896

Date: 11/23/2021

Cc: Lauren Rosapep, IRB Administrator