A Practical Evaluation Guide

for "COVID and Justice Involved" Grantees in NC

Version 1, August 2021

Duke Opioid Collaboratory

Contents

A. Setting Intentions – Purpose of this Guidance Document 3

B. JUSTICE Technical Assistance Evaluation Team Members 3

C. Evaluation Timeline (2021-2022) 5

D. What is Evaluation? Why Do It? 6

1. Process Evaluation: How will you know what happens in the program? 6
2. Outcome Evaluation: How will you know if the program works? 6

E. Recommendations for Completing Your Evaluation Plan 7

F. Your Assignments! 8

G. Organizational Readiness Assessment 8

H. Logic Models: Clarifying Your Program Plan and Evaluation 11

1. Identifying Inputs 12
2. Defining Activities and Linking Outputs 13
3. Determining Outcomes/ Impacts 15
4. Bringing It All Together: Make Your Logic Model! 16
5. Checking the Logic in Your Model 17

I. Data Collection Plan 18

1. Writing up your Data Collection Plan for Each Measure 18
2. Your Data Collection Plan 21
3. Additional Considerations Related to Data Collection 22
4. Data Collection Tools 23

J. Analyzing Your Data 25

K. Using and Sharing Your Evaluation Results 26

L. Reminder 26

Appendices 27

General Evaluation Resources 27

Sample Materials for Pre- and Post-Arrest Diversion Programs (Strategy A) 28

Sample Materials for Comprehensive Re-entry Planning and Navigation (Strategy B) 29

Sample Materials for MOUD Programs in Detention Centers 29

A. Setting Intentions – Purpose of this Guidance Document

This guide was developed for grantees of the funding mechanism "Opioids & COVID: Supporting Justice Involved Individuals with SUD during COVID," (a.k.a. *COVID and Justice Involved Grant*) awarded through the NC Department of Health and Human Services (DHHS), Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) in 2021. This document, with accompanying templates and tools, introduces you to basic evaluation concepts and walks grantees through the steps to develop three components to an Evaluation Plan:

- Organizational Readiness Assessment
- Logic Model
- Data Collection Plan

Reference documents are also included for review and consideration. This is intended to be a working document and will be updated with additional resources as needed. The evaluation processes we lay out here can be applied to any project, and we envision that this guide may have relevance to other people beyond your project team. Please note that some of the language and examples are written with *COVID and Justice Involved* specific grantees in mind.

B. JUSTICE Technical Assistance Evaluation Team Members

The UNC Formerly Incarcerated Transitions (FIT) Program, NC Harm Reduction Coalition (NCHRC), and the Duke Opioid Collaboratory (DOC) are your three technical assistance (TA) providers that make up the **JUSTICE TA Team**. Together we provide support to grantees who have received funding under the *COVID and Justice-Involved Grant* to address the needs of people with opioid use disorder who are involved with the legal system during the COVID-19 pandemic. The DOC is specializing our JUSTICE TA around evaluation – both to build capacity of grantees to develop their own evaluations and to assess the effectiveness of the TA provided to the grantees. NC DHHS DMH will serve as your contract, financial, and grant monitors.

NC DHHS DMH/DD/SAS	JUSTICE Evaluation TA Team
Develops required performance measures	Advises grantees directly on the development of Evaluation Plans, which may include your required performance measures
Collects monthly performance reports, including financial information and invoices	Serves as an ongoing resource to grantees for evaluation and implementation questions
Develops and monitors contracts	Conducts evaluation of the TA provided to grantees

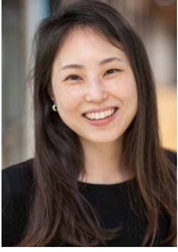
For help with your program evaluation, contact the Duke Opioid Collaboratory at HarmReduction@duke.edu or Amy.ORegan@duke.edu (your first DOC point of contact).

Nidhi Sachdeva, MPH, Senior Research Program Leader
Nidhi built and leads a portfolio of prevention research, implementation science, and evaluation projects focused on reducing harms and saving lives from the overdose epidemic. She came to Duke from the North Carolina Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch where she led strategic planning, partnership development, policy and program implementation, and local capacity building for statewide injury and violence prevention efforts with a special focus on the prevention of drug poisoning and overdose death. Nidhi also served as a Program Manager at the University of North Carolina's (UNC) Injury Prevention Research Center, where she coordinated several poisoning prevention policy and program evaluation studies. She has worked in public health in various capacities and on multiple levels within government (local and state) and research universities. Nidhi holds a Master of Public Health in Health Behavior from the UNC Gillings School of Global Public Health.

Andrea Des Marais, MPH, Research Program Leader
Andrea is a public health professional with over a decade of experience in project management, dissemination, and evaluation. At Duke, she supports a diverse portfolio of projects aimed at addressing the overdose epidemic. Prior to coming to Duke, Andrea was a Project Director at the UNC Gillings School of Global Public Health, where she developed and managed projects related to cervical cancer prevention. Her training and experience include program evaluation, quantitative and qualitative research methods, and intervention design and planning. Andrea received her Master of Public Health in Health Behavior from the UNC Gillings School of Global Public Health.

Amy O'Regan, MPH, Clinical Research Coordinator
Amy's work at Duke focuses on increasing access to opioid use disorder treatment and supporting community based programs that empower people who use drugs. She supports numerous quality improvement and evaluation projects for the Duke Health System. She has strong project management, evaluation, training and scientific writing skills. Before coming to Duke, Amy was a Research Associate at FHI 360 supporting studies focused on HIV prevention and economic strengthening in sub-Saharan Africa. Amy obtained her Master of Public Health from Columbia University in 2016 with concentrations in epidemiology and global health.

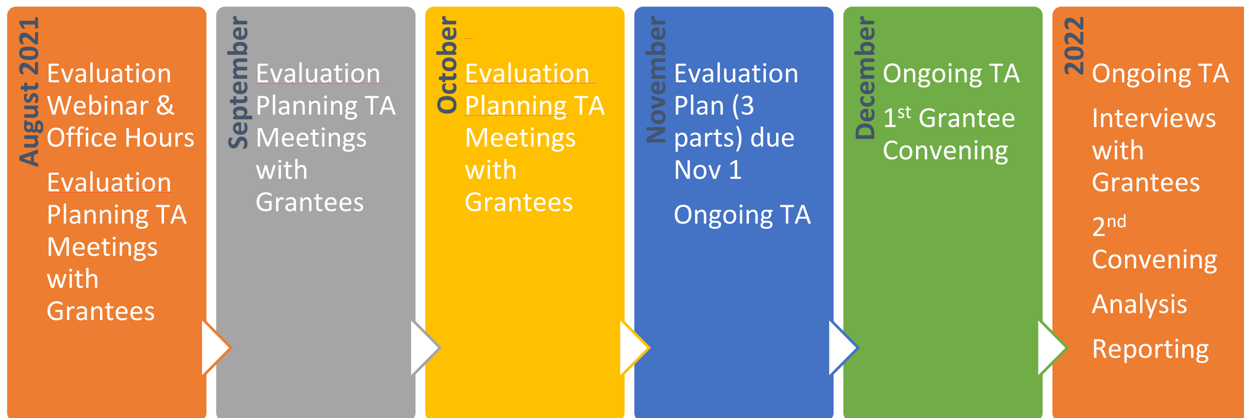
Hillary Chen, MPH, Clinical Research Coordinator
Hillary is a Clinical Research Coordinator with the Department of Population Health Sciences supporting a diverse portfolio of projects aimed at reducing the harms of opioids in North Carolina. She is a public health professional with both domestic and international experience, and with a specific interest in community-engaged research to promote health equity. Before joining the Duke team, Ms. Chen worked in Washington, DC on USAID-funded global health programs focused on nutrition and immunization in sub-Saharan Africa. Hillary received her Master of Public Health in Health Behavior from UNC Chapel Hill, and her Bachelor's in Health and Wellness Promotion from UNC Asheville.



Yujung Choi, MSc, Clinical Research Coordinator
Yujung is a Clinical Research Coordinator who manages various projects in Duke Opioid Collaboratory. She has experience in project management, intervention development and planning, quantitative and qualitative data analysis, and grant proposal development. Her research interests include integrating innovative community-based approaches to address health burdens, developing and validating culturally appropriate psychometric tools, and translating evidence-based research into optimal care to improve health outcomes. Yujung received her Master of Science in Global Health from Duke University and her Bachelor's in International Political Economy from the University of Puget Sound.

C. Evaluation Timeline (2021-2022)

Here is our expected timeline for evaluation activities related to the *COVID and Justice-Involved Grant*. This is subject to change depending on your needs and requirements of the grant or funder.



D. What is Evaluation? Why Do It?

The *COVID and Justice-Involved Grant* requires that each grantee develop an Evaluation Plan and report on certain performance measures to NC DHHS.

At its core, evaluation answers the questions:

- **"How much did we do?"**
- **"How well did we do it?"**
- **"Is anyone better off?"**

Evaluation helps determine what is working well and what could be improved about a program, project, or activity. **Program evaluation can be used to:**

- Communicate progress within team and between players
- Orient newcomers (especially using your logic model)
- Increase stakeholder support
- Suggest quality improvements
- Determine unintended positive and/or negative consequences
- Provide accountability to stakeholders
- Demonstrate impact to funders and potential supporters
- Gather information about program effects (build the "evidence base")
- Determine if program is appropriate to replicate elsewhere[1]

There are many different kinds of evaluation. Here we focus on two types, process and outcome:

1. Process Evaluation: How will you know what happens in the program?

1. Focuses how much interventions…
    - Reach whom we want to reach
    - Are carried out as planned (also called "fidelity")
2. Documents…
    - Complex interventions
    - Program changes and/or adaptations
    - Barriers and facilitators to implementation (activities)
3. Provides quality control
    - Answers "why" and "how" questions about the activities performed

2. Outcome Evaluation: How will you know if the program works?

a. Focuses on extent to which interventions…
    - Met their intended outcome objectives (or "impacts")
    - "Caused" changes/differences in
        - intervention participants
        - social/health condition(s)

[1] Rural Health Evaluation Hub, https://www.ruralhealthinfo.org/toolkits/rural-toolkit/4/evaluation-importance

b. Answers the "how well does the program work" and "is anyone better off" questions
c. Is difficult to assess in a short time frame, but measures need to be tracked throughout to allow for comparisons across time

E. Recommendations for Completing Your Evaluation Plan

1. **Start early.** It is best to start planning for evaluation before your project launches to make sure you collect the data you will need along the way, which is much easier to do than scrambling in the middle or end to do so retrospectively.

2. **Take time to plan**. If you take time to plan your evaluation you will understand more clearly why you are spending time, energy, and resources on your activities, and will have a better sense of where you are headed (goals/outcomes) and how you will get there (objectives/activities/ outputs).

3. **Work as a team**. While you may want one person or a small group to be primarily responsible for driving the evaluation planning process, you will want to tap the expertise of your entire team – including those with lived experience. Everyone has something to contribute and will understand different aspects of what is needed.

4. **Be realistic**. It is impossible and impractical to collect and analyze all of the data you might ever want to. Evaluation planning will give you a chance to focus in on and measure what is most impactful on your intended outcomes.

5. **Be strategic**. Have a plan for what you will do with each piece of data you collect. Don't collect data just to collect it. Ask yourself, what will we be able to ***do*** with this information? If you don't have a clear answer after careful consideration, then maybe you don't need to collect it.

6. **Think about your audience**. Make sure there is a planned action for all survey questions and pieces of data collected. Try to pick measures that will make sense and be useful to your intended audience.

7. **Be open to new tools or ways of doing things**. As programs evolve, your evaluation needs might too. There are many ways to evaluate programs, so be open to exploring new methods of gathering or storing data, tools you can use to make the process easier for you, or ways to present and share your results.

8. **Get help**! Check out the appendix of this document for additional curated resources. The TA team is available for office hours and one-on-one consultation. Also, consider your fellow grantees or academic institutions in your community that might be interested in helping with evaluation.

F. Your Assignments!

For the purposes of this *COVID and Justice-Involved Grant*, you will be required to complete and submit to the TA Team, by November 1, 2021, the following three deliverables as part of your Evaluation Plan:

1. Organizational Readiness Assessment (at the beginning and end of your grant period)
2. Logic Model
3. Data Collection Plan

Note, the Logic Model and Data Collection Plans are working documents that can and should be updated as you work on your programs over the course of the grant period.

G. Organizational Readiness Assessment

An organizational readiness assessment measures the degree to which your organization has different resources needed to implement a new program. It can serve as the earliest stage of an evaluation, by identifying the key resources and factors necessary to implement your program. Readiness assessments are also a way to measure your progress from early to later implementation.

There are many published readiness assessments out there that can be adapted to your organization's needs.[2] Your Evaluation TA Team reviewed many of them and built the following tool based on one that we thought was most relevant to our collective work under the *COVID and Justice-Involved Grant*.

Grantees, please complete this assessment at the beginning (by November 1, 2021) and end of your program period (due date TBD 2022):
https://duke.qualtrics.com/jfe/form/SV_9ZS9dsB7IP5Ol7M

We request that each agency involved in program implementation complete the assessment at each time point (beginning and end of the funded period). We know that some programs are working with more than one agency, so please have someone from each agency complete it. This means that if the 1) health department, 2) Sheriff's office, and 3) a community-based organization from Tarheel County are all working together on the program, you as a grantee would submit three organizational readiness assessments.

You will have the option to save the assessment when you are done. We recommend you do this, as it can be helpful as a program planning tool (e.g., to inform your logic model – discussed below!)

Though you will submit online through Qualtrics using the link above, we are including the Organizational Readiness Assessment questions here for your reference.

[2] If you're interested in looking at additional tools, check out this resource: https://www.nccmt.ca/knowledge-repositories/search/279

PREVIEW: Organizational Readiness Tool

The purpose of this assessment is to help you identify what resources you currently have available for the program, and where you might need additional support or resources. It will also help the TA team know where technical assistance is needed for grantees.

Note: Here "the program" refers to the activities planned under your Division of Mental Health Grant:

- Strategy A: Pre-arrest or post-arrest diversion
  and/or
- Strategy B: Comprehensive re-entry planning and navigation

What agency do you represent? ___________________________
What is the lead agency for the program you are working on? __________________________

Directions: Please circle the extent to which you agree or do not agree with the statement with a range from strongly disagree (1) to strongly agree (7).
KEY: **SD** = Strongly Disagree **SA** = Strongly Agree

In this agency:[3]	**SD**						**SA**	**No Opinion**
1. Our agency's top leadership is strongly supportive of the program.	1	2	3	4	5	6	7	0
2. Our agency's mission and vision support the adoption of the program.	1	2	3	4	5	6	7	0
3. Relevant staff are willing to participate in program implementation.	1	2	3	4	5	6	7	0
4. Relevant staff have a positive attitude toward program implementation.	1	2	3	4	5	6	7	0
5. Financial resources to support program start-up costs are adequate (including grant funds).	1	2	3	4	5	6	7	0
6. Financial resources for initial and ongoing program-related training or professional development are adequate.	1	2	3	4	5	6	7	0
7. Our agency is able to financially sustain the program beyond the grant period.	1	2	3	4	5	6	7	0

[3] Tool Adapted from the "Electronic Health Record (EHR) Organizational Readiness Tool for Licensed Nursing Facilities,"© Dr. Barbara Cherry, Texas Tech University Health Sciences Center, with support from grant funding from the Texas Department of Aging and Disability Services, 2007

In this agency:	SD						SA	No Opinion
8. Resources that meet specific needs of the program are available (e.g., toolkits, trainings).	1	2	3	4	5	6	7	0
9. Relevant staff with knowledge and willingness to lead program implementation are available.	1	2	3	4	5	6	7	0
10. Our agency can hire people with criminal records.	1	2	3	4	5	6	7	0
11. Program implementation leaders have expertise in the activities being implemented.	1	2	3	4	5	6	7	0
12. Representatives from across departments and levels will be involved in program implementation.	1	2	3	4	5	6	7	0
13. A well-defined implementation plan has been developed.	1	2	3	4	5	6	7	0
14. Implementation plans include a method to track participants through the program.	1	2	3	4	5	6	7	0
15. Implementation plans include approaches to gain buy-in from the staff.	1	2	3	4	5	6	7	0
16. Implementation plans detail initial and on-going training programs.	1	2	3	4	5	6	7	0
17. Implementation plans include an evaluation strategy.	1	2	3	4	5	6	7	0
18. Physical space for the planned program activities is adequate.	1	2	3	4	5	6	7	0
19. Program implementation leaders have a community network sufficient to implement the program activities.	1	2	3	4	5	6	7	0
20. We can coordinate effectively between agencies and/or departments to implement the program.	1	2	3	4	5	6	7	0
21. Our key external stakeholders support the program.	1	2	3	4	5	6	7	0

22. What other specific resources does your program need right now to start up and be sustained?

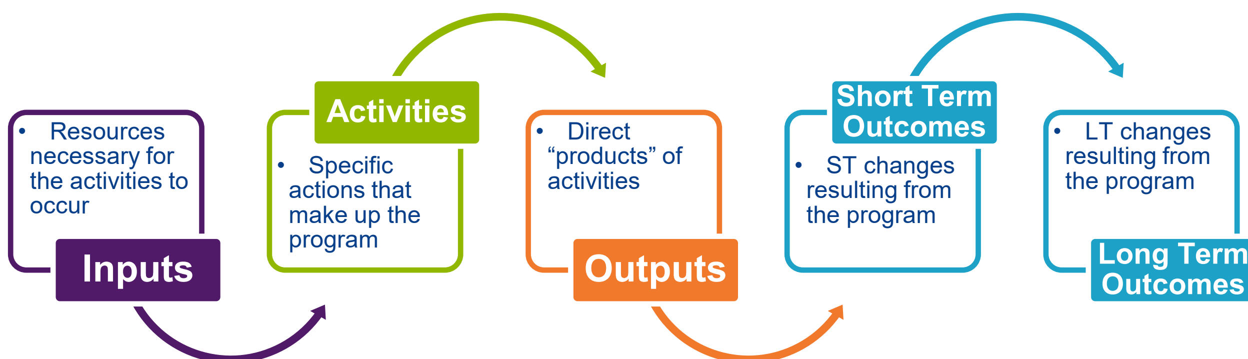
H. Logic Models: Clarifying Your Program Plan and Evaluation

A logic model is a picture ("model") that tells the story ("logic") of your program from beginning to end. There is some variation in what people put into a logic model, but the core pieces are:

- Inputs: What you put into the program
- Activities: The services or actions you perform
- Outputs: What you produce and who you reach
- Outcomes (short-term and long-term): What you accomplish or change

Logic models are a valuable tool for program and evaluation planning. For program planning, they help you to see whether you have the necessary resources and are doing the needed things to achieve what you are trying to accomplish. Making one before launching a program can help to identify key gaps before they lead to problems later on. For evaluation, making a logic model results in a list of what to consider measuring. A **process evaluation** looks at **inputs, activities, and outputs**. An **outcome evaluation** looks at, no surprise, **outcomes**.

If you have not made a logic model for your current program, the good news is that there is a document that contains many of the pieces already. Your COVID and Justice-Involved Grant funding proposal included a budget, which is a (partial) list of **inputs**, a strategy, which laid out your **activities** and possibly some **outputs**, and your proposed impacts, which are **outcomes**. The proposal probably does not contain every relevant detail, and your agency's plans have almost certainly changed at least a bit since the proposal went in, but it can be reassuring to know that the beginnings of your model have already been laid out somewhere. If you have already created a logic model, then this is an excellent opportunity to revisit it and make any needed changes or updates.



In strategic program planning, you often start with the health and wellbeing-related outcomes you want to achieve (start with your goal in mind), then work backwards (right to left on the logic model) to determine what changes need to happen to get to those outcomes, then what activities need to happen to make those changes, then what inputs you need to do those activities. However, in this evaluation guide, we will start from the left of the model, with inputs.

1. Identifying Inputs

Inputs are the resources that go into implementing a program. Your team already started the process of figuring out your program inputs when you put together your budget for your proposal. Everything on your budget is an input! However, there are many other resources required, both tangible things that fall under "indirect" (such as office space), and intangible things that do not have a clear dollar value (such as leadership buy-in). The Organizational Readiness Assessment will also help you identify inputs. Use the worksheet below to think through what resources you have and what resources you still need to conduct the activities in your proposed program.

Examples:

- Staff / Volunteers
- Partners
- Buy-in (from whom?)/ Political will
- Alignment with mission/ policy/ roles
- Time
- Funding
- Data, assessment findings, research base
- Materials/ Equipment
- Technology
- Space

INPUTS	
What resources do we have?	***What resources do we need?***

2. Defining Activities and Linking Outputs

Activities are actions or events undertaken as part of the program. They are what you actually do in your program, for example:

- Train, teach
- Deliver services
- Develop products and resources
- Network with others
- Build partnerships
- Assess
- Facilitate
- Launch
- Work with the media
- Develop or analyze policy

Activities are generally a verb (action word), like *training* law enforcement officers, *delivering* services to participants, or *developing* educational products.

Outputs are the immediate products created and people reached by doing the activities. They are what you have to show for your activities. For example:

- (# of) Participants trained
- Participants served
- Materials produced
- (# of) Clinics adopting
- Materials distributed
- People attending meetings
- Patients enrolled
- Coalitions formed
- Curricula developed
- Policies created/adopted
- Database established

The following performance measures required by DHHS for this grant are outputs. Be sure to include them in your logic model!

- Number of unique individuals served
- Number of connections to partner services made
- Number of naloxone kits distributed by the program
- Number of referrals made to obtain naloxone from another source
- Treatment incentives, social determinants of health items, or other giveaways

Fill in the table on the next page with your program activities and their corresponding outputs. It might be helpful to read the Outcomes section first to make sure you understand the difference between **outputs** and **outcomes,** as this distinction can be tricky.

Activities	Outputs
Multiple activities may be needed to produce 1 output	***Every activity should yield at least 1 output***

3. Determining Outcomes/ Impacts

Outcomes are the changes we hope or expect to see as a result of the program. They are the ultimate "why" of the work we do. They may also be called "results" or "impacts." In your proposals, you were required to list expected impacts (here called outcomes) of your program.

It can be easy to confuse outputs and outcomes. The following definitions may be helpful:

> "An **output** is what is created at the end of a process. Your outputs might be training classes offered, people served, and grants funded. Outputs tell the story of what you produced by doing your organization's activities. Output measures do not address the value or impact of your services for your participants.
>
> On the other hand, an **outcome** is the level of performance or achievement that occurred because of the activity or services your organization provided. Outcome measures are a more appropriate indicator of effectiveness. Outcomes quantify performance and assess the success of the process."[4]

Some examples of **outputs** from projects funded by this grant are:

- Number of people screened for program eligibility
- Number of people completing initial appointment with program staff
- Number of referrals made
- Naloxone kits distributed
- Stakeholder meetings held

Some examples of **outcomes** from projects funded by this grant could be:

Short Term

- Increased knowledge of overdose prevention practices
- Increased engagement with housing support services
- Increased participation in MOUD treatment

Long Term

- Reduced overdoses
- Increased employment
- Reduced re-arrest

You will fill in your short- and long-term outcomes on the next page in the appropriate boxes on the right side of your logic model. Look at your lists of activities and outputs, and think about the short and long term outcomes they will lead to. Also, look at the impacts you included in your approved proposals for inspiration on this section.

[4] From "Outputs vs. Outcomes and Why it Matters," Measurement Resources: https://measurementresourcesco.com/2014/02/02/outputs-vs-outcomes-matters/

4. Bringing It All Together: Make Your Logic Model!

You are now ready to pull all your pieces together to build a complete logic model! You are welcome to use this worksheet to build your logic model, or other tools like Powerpoint or graphic design software. If you can, include the relationships between the components with arrows or connecting lines.

Your Program Name:				
Intervention or Program Plan/Process Evaluation			**Outcome Evaluation**	
Inputs	**Activities**	**Outputs**	**Short Term Outcomes**	**Long Term Outcomes**

5. Checking the Logic in Your Model

Congratulations! You have completed the first draft of your logic model. Now it's time to check its logic, and the relationships between each item.

Make sure you can follow the story from one end of the logic model to the other, forward and backward. Ask yourself:

1. But **HOW**? (Right to Left – Outcomes to Inputs)
   For each outcome, ask, "How will we accomplish this?" Look to the left to see if the necessary outputs and activities are there. Then ask, "How will we conduct these activities?" and look to inputs to see if you have everything you need.

2. But **WHY**? (Left to Right – Inputs to Outcomes)
   For each input, ask, "Why do we need this?" Look to the right to see if you have an activity that requires it. Then ask, "Why are we doing this activity?" Does every activity lead to a desired output or outcome? Look to the right to see if there are corresponding outputs and outcomes to the activity.

Additional reflection questions to confirm the logic in your model:

- Do you have all of the inputs listed that are necessary to complete each of your activities?
- Is each activity necessary to produce your intended outputs?
    - If there are any activities/outputs that are unnecessary to get you to your outcome, can you simplify or focus your plan?
- Does each output lead you to your expected outcomes?
- Do your outcomes contribute to your long term goal(s)?

If you can answer "yes" to all of these questions, run it by a few colleagues. If they agree with you, then you have a complete logic model!

I. Data Collection Plan

Now that you have developed your logic model, the next step is planning for data collection so that you can answer your three core evaluation questions, measure your progress, and learn more about your program. The table below might be a helpful way to think about how the pieces connect.

Type	Core Evaluation Question	Where to Look for Your Answers	How to Answer the Questions
PROCESS	*How much did we do?*	Inputs	Your Data Collection Plan!
		Activities	
		Outputs	(and your eventual analysis)
OUTCOME	*How well did we do it?*	Short Term Outcomes	
	Is anyone better off?	Long Term Outcomes	

Early program evaluation focuses on process questions, with measures that can be easier to track or count. Outcome questions can be harder to answer in the first few years especially, but keeping them in mind from the beginning and collecting these data over time is essential.

There are many ways to collect data. Having your outputs and outcomes in mind when developing your Data Collection Plan can make things easier later when reporting. For example, measuring the number of individuals served, including demographics, requires documenting individual encounters, but also special considerations so you do not double count someone with more than one interaction. It also requires gathering demographic information from all participants in a consistent way.

1. Writing up your Data Collection Plan for Each Measure

Use the table below to organize your Data Collection Plan. Having a consistent and documented process will make it easier to for your team members and partners to gather, manage, and report the data.

a) **MEASURES: What am I collecting?**
Your measures will come directly from your logic model, but it is likely not feasible to collect and analyze every item on your Logic Model. Prioritize measures that have value to key stakeholders and that will best help you understand how your program is working and whether it is having any effect (intended or unintended). Consider the following filters:

- How are you defining your measure?
- Can the data be effectively captured?
- Do measures reflect a few key aspects of a program that you have the ability to influence?
- Do measures identify disparities in access and outcomes?

Include measures you need to report to the funder, but do not stop there! In our example, we show one output and one program outcome. You may also want to measure inputs as part of your process evaluation.

b) **APPLICATION: Why am I collecting it?**
It is important to always keep in mind *why* you are collecting the data. This not only helps you identify which measures are worth spending your precious time to collect and analyze, it also informs how you will measure and analyze the data.

- How will this measure help you tell your story?

    - Does this measure communicate to your key stakeholders?
    - Would those who pay attention to your work understand what this measure means?
- What does this measure tell you about your program?
    - Does this measure say something of central importance about your program and its results?
- How will this measure help you with your goals?
    - To improve program quality? Build support for your program among stakeholders?

c) **SOURCE: What kinds of data can I use?**

Primary data sources are data you collect yourself for the program. This may include intake forms, surveys or interviews with participants, or direct observations of the program activities. These data can be collected in many ways.

Secondary data sources, also known as existing data, has already been collected by someone else. This may include public records, justice system data, police logs, and court documents that may pertain to your program participants. This could include any list of eligible participants you receive from a detention center or law enforcement, as well as medical records.

Potential Data Sources

Patient intake forms

Case notes

Surveys

Team meeting minutes

Interviews with participants

Interviews with staff

Organizational logs, reports

Community listening sessions

State and county health data

NC Opioid Action Plan Dashboard

d) **METHOD: How will I collect the data?**

Primary data considerations: You may collect data from the participant by asking the questions directly (verbally). You could also ask them to fill out surveys or forms: this may be helpful if asking more sensitive questions that the participant may not want to respond to aloud. You could also make observations and record them that way, through case notes, for example. Data can be collected on paper or electronically. Consider what resources you may need in the field to achieve these goals, e.g. tablets, paper forms, and folders. See the data collection tools section below for more details and considerations.

Secondary data considerations: You may need to work with stakeholders and partners to obtain records such as court documents, incident reports, or data pulled from an electronic medical record. Depending on your existing relationships, you may need to set up a Data Use Agreement, which will usually involve the legal departments from both agencies. Other sources of secondary data include publicly available data, such as public arrest records or county and state epidemiology data.[5]

[5] The Opioid Action Plan Data Dashboard contains state and county-level measures related to opioids and social determinants of health.

e) **KEEPER: Who will collect and manage the data?**

Be sure that responsibility for data collection is clear. It is helpful to identify a person responsible for ensuring that data for each measure is collected properly, but also to have a trained back up in case that person is out. If you have a team of data collectors, you will need to plan for regular quality checks to ensure that data is being collected correctly (e.g., mock interviews, spot checking forms for missing data). When collecting data directly from participants, consider having trusted people with lived experience collect that data. It may make it easier for participants to be open and honest with their peers.

f) **TIMELINE: When will I collect the data?**

Data can be collected during interactions or afterwards. For example, if you are having a sensitive conversation with a participant, you might want to wait until immediately after the encounter to write up your case notes. Have a plan in place so data is always collected and try to do it the same way every time for consistency.

In general, it is best to record data at multiple time points, as conditions are likely to change throughout your program implementation period. To look at outcomes, which involve change over time, you have to compare multiple time points: ideally starting before your project begins (baseline) or as near to the beginning as possible. When comparing measure across time, it's particularly important to collect them in the same way (e.g., don't collect them via face-to-face interview at baseline and electronic survey at follow-up, or change the way you ask the question) – all the more reason to have a clear data collection plan in advance.

g) **DISSEMINATION: With whom will I share the findings?**

Your plans for how you will disseminate (tell others about) your findings will change over time, but keeping the endpoint in mind from the beginning is still helpful. Think about what measures are likely to be meaningful to the stakeholders you need or want to report to (or better yet, ask them!), how often you will need to report your findings, and how you will present the information (e.g. a written report, a presentation, email, newsletter, etc.)

2. Your Data Collection Plan

This template is available as a Word document in this folder: https://duke.box.com/s/yiosyg3wntqm429f0x05s9qaicoz6bzc

MEASURE ***What indicators are you interested in tracking? What questions do you want to answer?***	**APPLICATION** ***Why are you collecting this data? How will you use it?***	**SOURCE** ***Where is the data from? What source would you use to access the data? Primary (new) or secondary (existing) sources?***	**METHOD** ***How will you collect or access the data?***	**KEEPER** ***Who will collect and store the data? Who is responsible for keeping track?***	**TIMELINE** ***How often will you collect the data?***	**DISSEMINATION** ***How will you package and share this data? Who will you share this data with? How often?***
Example Output: Number of unique individuals served	To track participation, measure reach, and report to DMH	Intake log (primary)	Record each new participant on intake log spreadsheet (including demographics)	Program Coordinator	Daily	Include in quarterly progress report to DMH, annual reports to community partners
Example Outcome: Change in the number of participants utilizing SUD treatment services	To track progress toward intended outcome of increasing utilization of SUD treatment among participants	Case manager records, Referral log (primary) Electronic health records (secondary)	Record referral outcomes on log spreadsheet Search for patient IDs monthly	Case manager	Weekly Monthly	Aggregate data will be shared in annual report to community partners

3. Additional Considerations Related to Data Collection

a) Stakeholder Support

At every stage of your program and evaluation planning, efforts should be made to engage your stakeholders and include people with lived experience. Your projects will more likely be successful and impactful. For example, you might need their help when designing data collection instruments and plans, collecting/accessing sources, interpreting data, and taking action on or disseminating findings.

b) Quality Control

Keep in mind the following factors to ensure that you are spending your valuable time and energy collecting quality data!

- **Consistent plans and documentation:** Having a clear plan, starting with the above table, is essential to ensuring that data is collected consistently and correctly. Use tracking sheets to ensure that surveys are collected from participants or data is pulled on schedule. You may want to write up additional protocols for each data collection tool/ process.

- **Missing data:** Missing data is messy data! Paper forms are major culprits that lead to missing data. Consider including "Don't know" and/or "Prefer not to answer" response options so participants are less inclined to leave questions blank. Try to avoid skip patterns as much as possible on paper surveys, as they often lead to missing or contradictory data (e.g., when an individual responds to a follow-up that should not have been answered based on their previous responses). When programming online surveys, set questions to require a response and program skip patterns to minimize missing data. However, note that participants may abandon a survey if they are forced to provide answers to questions they do not have an answer to or do not want to answer – this is where the "Don't know" and "Prefer not to answer" options are helpful!

- **Regular data checks:** If you have the staff capacity, have a second person check all data collection forms for missing data as soon as possible after collection. If you cannot check all forms, at least spot check frequently to look for systematic problems. Get feedback from your data collectors early and often: are there particular questions that are confusing to participants or the collector that you might need to revise?

- **Leading questions:** Keep in mind the potential for some questions to lead a participant to a particular answer. Have someone outside your team review the survey or interview guide. E.g., if you want participants to report what they found helpful about the program, consider the following open ended phrasing:
    - What, if anything, did you find helpful about [the program]?
        - [Options that make sense for your program]
        - Other: ______
        - Nothing was helpful

c) **Ethical Considerations**

- **All participant data should be kept private and secure**. Only essential team members that need access to the data should have it. Paper forms should be stored in locked cabinets and electronic data should be password protected and not shared via email. If you will regularly be collecting sensitive data in the field on paper, invest in a document lockbox or lockbag.

- **Only collect data that you need to collect for your evaluation**. Gathering extra data that does not pertain to the program is beyond the scope of your evaluation. Participants in our programs should be respected; only gather information from them that is necessary and fair to ask.

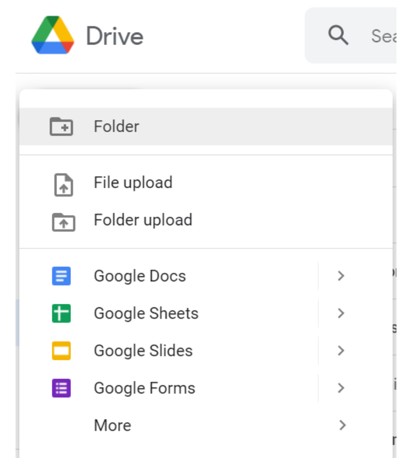
- **Be empathetic to your participants in designing your data collection tools.** Consider how asking personal questions may make a participant feel. Consider a trauma informed approach[6] and tread lightly when asking about sensitive subjects. If collecting data directly from the participant, try to do so in a private area or have them fill out the form themselves to keep their information private.

4. Data Collection Tools

Each of your organizations will have different levels of capacity to collect, store, and manage data. Find what works best for you.

a) Paper forms are often the easiest for participants to fill out, and may be your best choice depending on your available resources. However, they add work by requiring that someone enter the data into a spreadsheet to summarize or analyze the data. Entering data directly from a form into a spreadsheet also introduces potential errors and inconsistencies in data entry. If you will have staff entering data directly from paper forms, consider using a tool like Google Forms to reduce errors in entry.

b) Google Forms is a cool tool for creating forms and surveys. You will first need a Google account. Create a new Form by clicking on New in Google Drive. If Forms doesn't show, scroll down to More, and select Google Forms.



Creating a form is simple and user friendly, and data entered through Forms is stored directly in a spreadsheet in Sheets. You can also view the data directly in charts or graphs without having to know anything about Sheets or Excel.

There are many tutorials on using Forms, which you can easily find with a web search. Here is one good 18-minute one: https://www.youtube.com/watch?v=BtoOHhA3aPQ

One important note: Google Suite CAN be HIPAA-compliant IF the following conditions are met:

1. You use a paid G Suite version

[6] General information about trauma-informed approaches.
An example of a survey designed with trauma-informed approach.

2. You signed a Business Associate Agreement (BAA) with Google
3. Your G Suite is configured correctly to support HIPAA compliance[7]

If your version of Google Suite is not HIPAA compliant, make sure you only collect and store data that does not contain personal health information – such as anonymous surveys or forms that do not include information like names or dates of birth. Creating a unique identifier for your participants (that does not have elements of their personal information in it) to use on forms is one good way to manage this problem. Just be sure to store the "key" that connects the identifier with the participant in a secure way.

c) Other Online Survey Tools like Survey Monkey and Qualtrics are often used. Both have free versions that allow for a limited number of questions and respondents. You can view collected data in charts and graphs or in spreadsheets. If you are interested in using one of these tools, there are trainings available online.

d) Microsoft Excel, Google Sheets and spreadsheets are powerful tools to work with your data. They are not as user-friendly as forms for data entry and are more vulnerable to errors and accidental overwriting. However, there are tricks to improve data entry, such as using drop down lists (see training video, below).

You can find tons of Excel and Google Sheets trainings through web searches. Here are a few suggestions:

1. Using Excel – Basics (creating a workbook, entering data, formatting, etc.): https://www.youtube.com/watch?v=k1VUZEVuDJ8
2. Using Google Sheets – Basics: https://www.youtube.com/watch?v=FIkZ1sPmKNw
3. Excel formulas (like adding, counting cells, etc.): https://www.youtube.com/watch?v=Jl0Qk63z2ZY
    a. Note that most Excel formulas also work in Google Sheets.
4. Creating drop down lists to reduce errors in data entry: https://www.youtube.com/watch?v=QR04owFaJy4
5. Using Pivot Tables for quick data analysis: https://www.youtube.com/watch?v=m0wI61ahfLc
6. Some cool Google Sheets functions: https://www.youtube.com/watch?v=O0k9uE4xnD0

e) Electronic Health Records or Case Management Software may be available to some of your grantee organizations. Work with your IT teams to see if you have pull these data to help inform your evaluation.

[7] Is G Suite HIPAA Compliant? An Admin Guide For Configuring G Suite for HIPAA Compliance, https://spinbackup.com/blog/is-g-suite-hipaa-compliant/

J. Analyzing Your Data

Ta da! Now you have a bunch of data. Great! Now what to do with it? The Cottage Health Evaluation Toolkit clearly lays out a process for working with your collected data:

> The next step in your evaluation is to organize, analyze, and interpret your data so that you are able to use the results to make decisions and improve your program.
>
> **Organize** - You will need to organize or “clean” your data to make sure that data are ready to analyze.
>
> **Analyze** - Quantitative analysis includes things like tallying responses, counting program activities, or calculating changes in health outcomes. Qualitative analysis includes things like looking systematically at the stories people shared with you in interviews or survey questions where people wrote in their answers.
>
> **Interpret & Draw Conclusions** - What is the analysis telling you about your program? Sometimes it’s useful to compare your data with other available data to better understand results. For example, it can be useful to compare the change you see in health behavior in your participants with existing data about similar changes across a bigger population to understand how similar or different they may be.
>
> **Why is Data Interpretation Important?**
> Calculating numbers or identifying themes is an important first step, but equally important is how you draw conclusions from those data. You can look at data through many different lenses and each view could change your idea of what the results mean for your program.
>
> Refer back to the original purpose of the evaluation and the questions you outlined in your plan to help you determine what the data mean for your program.
>
> Be sure to involve stakeholders in this work to help you understand the data's significance and to justify conclusions. When stakeholders agree on conclusions, they will be more inclined to act on the results.
>
> **How Do You Analyze and Interpret Your Data?**
>
> Data analysis and interpretation can seem complicated, but there are straightforward steps and guidelines for the process. The key is to keep your evaluation plan front and center during your analysis process to stay focused on the questions you are trying to answer.

Check out this handout, which takes you through the steps of organizing and analyzing, including some common techniques for both quantitative and qualitative data analysis.

K. Using and Sharing Your Evaluation Results

You did all the work to identify, collect, and analyze your data – now what? Ideally, you have been thinking about what you will do with your results all along the way, so you could be strategic about what data you collected. The following questions may be helpful now as you think about using your results:

- "What **recommendations** do we want to make?
- What **actions** should be taken based on what we learned?
- **With whom** should we share our evaluation findings?
- What findings will interest different **stakeholder groups**? How will we reach them?
- **When** should we share recommendations so they are **timely and have maximum effect**?"[8]

Cottage Health said it better than we could! We recommend you check out this excellent and helpful handout on using and sharing your evaluation findings.
https://www.cottagehealth.org/app/files/public/2247/Use_and_Share_Evaluation_Results_Cottage_Health_Evaluation_Toolkit.pdf

L. Reminder

We, your JUSTICE TA Team, are committed to helping you with your program implementation and evaluation. Please consider us an extension of your teams. Stay in touch!

For help with your program evaluation, contact the Duke Opioid Collaboratory at HarmReduction@duke.edu or Amy.ORegan@duke.edu (your first DOC point of contact).

[8] Use and Share Your Evaluation Findings, https://www.cottagehealth.org/population-health/learning-lab/toolkit/use-share-evaluation-findings/

Appendices

General Evaluation Resources

- Practical Program Evaluation for COVID & Justice Involved Grantees
  - Recording of the TA team's evaluation training, August 12, 2021: https://drive.google.com/file/d/18VtcH5CCfdEn4GFk9suvc_uIOTy1fO3i/view
  - Slides from the training are in this folder: https://duke.box.com/s/yiosyg3wntqm429f0x05s9qaicoz6bzc
  - Templates for the logic model and data collection plan table are in the same folder
- Data Collection Across the Sequential Intercept Model: https://store.samhsa.gov/product/data-collection-across-the-sequential-intercept-model-sim-essential-measures/PEP19-SIM-DATA
  - Lists data sources and defines measures for looking at inputs, population characteristics, and outcomes for a variety of legal system interventions
- MAT for OUD in Jails and Prisons toolkit: https://www.thenationalcouncil.org/medication-assisted-treatment-for-opioid-use-disorder-in-jails-and-prisons/
  - Contains an overview of evaluation planning for such programs, and appendices with sample measures
- Cottage Health Evaluation Toolkit: https://www.cottagehealth.org/population-health/learning-lab/toolkit/
  - A well-designed toolkit that walks you through each step of a 6-part process of conducting health-related program evaluation.
- North Carolina Opioid Action Plan Data Dashboard: https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/opioid-action-plan-data-dashboard
  - Presents up-to-date county and state-level data on diverse measures related to opioids and social determinants of health

Sample Materials for Pre- and Post-Arrest Diversion Programs (Strategy A)

The following resources are in the Pre- and Post-Arrest Diversion subfolder in this folder: https://duke.box.com/s/yiosyg3wntqm429f0x05s9qaicoz6bzc

- Example list of evaluation topics and questions: A list of example process and outcome evaluation questions that were used for LEAD evaluations in North Carolina.
- List of example data measures for LEAD evaluation: List of example process and outcome measures for LEAD evaluations in North Carolina
- Recommendations for data tracking: Recommendations for consistent program data tracking that can be useful for evaluation purposes.
- LEAD Logic Model: A program logic model for a generic LEAD program that can be adapted to a specific program and be used to identify potential evaluation measures.
- LEAD Participant Interview Guide SAMPLE: Sample interview questions to use for qualitative interviews with program participants
- LEAD Participant Survey Questions SAMPLE: Sample survey questions to use with program participants to assess participant perceptions of program and to track outcomes overtime.
- LEAD Police Officer Focus Group Guide: Sample focus group questions to use for focus groups with police officers who are involved with the program to learn their perspective on the program.
- LEAD Stakeholder Interview Guide SAMPLE: Sample interview questions to use for qualitative interviews with program partners (stakeholders) to learn their perspectives on the program.
- Blank Criminal Justice Data Entry Form: An example data entry form to collect data on criminal justice outcomes before and after referral to program.
- Blank MCO Data Spreadsheet: A blank example of a spreadsheet that can be produced by Managed Care Organizations (MCOs) to collect data on MCO-covered mental health and substance use service utilization involvement before and after referral to program.
- Example for Creating Comparison Group: An example process for constructing a comparison group that was used for LEAD evaluations in North Carolina. Comparison groups can be helpful in interpreting your findings when conducting an outcome evaluation. If you are interested in learning more about them, ask your TA team.

Sample Materials for Comprehensive Re-entry Planning and Navigation (Strategy B)

The following resources are in the Re-Entry Planning subfolder in this folder:
https://duke.box.com/s/yiosyg3wntqm429f0x05s9qaicoz6bzc

- FIT Program Intake Form: Collects detailed information on new participants in the FIT re-entry navigation program. You might use these items on your own intake, or pull them for a periodic survey if you don't want to collect them from all participants. This tool is intended to be collected verbally.
- FIT Patient Satisfaction Survey: This survey was collected from FIT program participants. It covers things like patient experiences with their individual providers, the clinic overall, and their community health workers. This tool is intended to be collected verbally.

Sample Materials for MOUD Programs in Detention Centers

Some grantees have expressed interest in providing MOUD in detention centers. The following resources from an evaluation of a jail/prison-based MOUD program may be helpful for evaluating such programs. They are in the MOUD in Detention Centers subfolder in this folder:
https://duke.box.com/s/yiosyg3wntqm429f0x05s9qaicoz6bzc

- Interview Guide Community Stakeholders: Qualitative interview guide for use with staff of the community healthcare organization that provided the MOUD care.
- Interview Guide Jail Stakeholders: Qualitative interview guide for use with jail/prison staff.
- Interview Guide Patients Initial: Qualitative interview guide for use with patients shortly following release. **Some of these questions might be useful to pull for interviewing participants in other programs.**
- Interview Guide Patients Follow Up: Qualitative interview guide for use with patients some months after release.