

JUSTICE Data Collection and Evaluation

Duke University School of Medicine
Opioid Collaboratory



Department of Population Health Sciences

Duke University School of Medicine



Your Evaluation TA Team



Nidhi Sachdeva



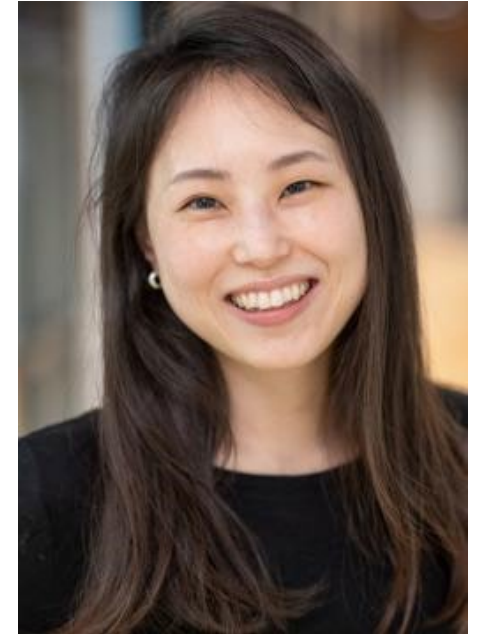
Andrea Des Marais



Amy O'Regan*



Hillary Chen



Yujung Choi

Roles and Expectations

NC DHHS DMH/DD/SAS	Evaluation TA Team (Part of JUSTICE TA Team)
Develops required performance measures	Advises grantees directly on the development of evaluation plans
Collects quarterly performance reports, including financial information	Serves as an ongoing resource to grantees for evaluation questions and implementation issues
Develops and monitors contracts	Conducts evaluation of the TA provided to grantees (including by interviewing grantees)

- DMH is on the call today, and will present at the September 9 grantee meeting
- Reach out to DMH directly if you have questions about required measures or monthly reporting
- Today's webinar will focus on your overall evaluation plans, which will be broader than the required performance measures

Questions for DMH?

- Jamie Sales, jamie.sales@dhhs.nc.gov



Orientation

- Grant requires that each project have an evaluation plan
 - Due to TA team Nov 1
- Your Evaluation Plans will have three parts
 - Logic model
 - Data collection plan
 - Organizational readiness assessment (Qualtrics)
- Today's webinar recording and additional resources will be distributed next week (toolkit, templates)

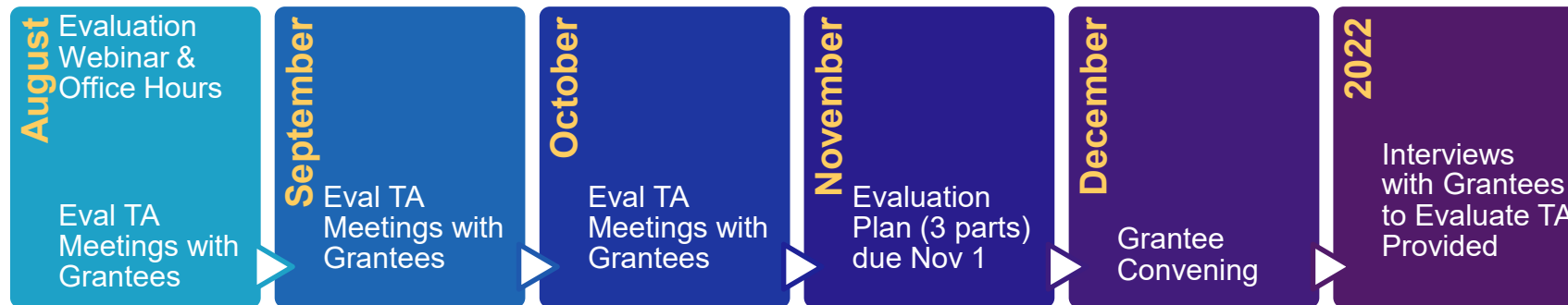


Special thanks to and inspiration from



Evaluation TA Timeline

- Open Zoom TA Office Hours on August 19, 9-3P
- Eval TA Team will be meeting with every grantee (Aug – October)
- Assessment, Logic Model and Data Collection Plan due by November 1, 2021



Introduction to Evaluation



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Evaluation Goals

1. Communicate progress within team and between players
2. Orient newcomers (esp. logic model)
3. Increase stakeholder support
4. Suggest quality improvements
5. Determine unintended positive and/or negative consequences
6. Provide accountability to stakeholders
7. Demonstrate impact to funders and potential funders
8. Gather information about program effects (build the “evidence base”)
9. Determine if program is appropriate to replicate elsewhere

Evaluation Questions

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

From the Results Based Accountability framework, Clear Impact
<https://clearimpact.com/results-based-accountability/>

Process Evaluation

- Focuses on how much programs...
 - Reach whom we want to reach
 - Are carried out as planned (“fidelity”)
- Documents
 - Measures required for this grant (e.g., number of people served)
 - Program changes and/or adaptations
 - Barriers and facilitators to implementation
- Helps with quality control
 - Answers “how” and “why” questions

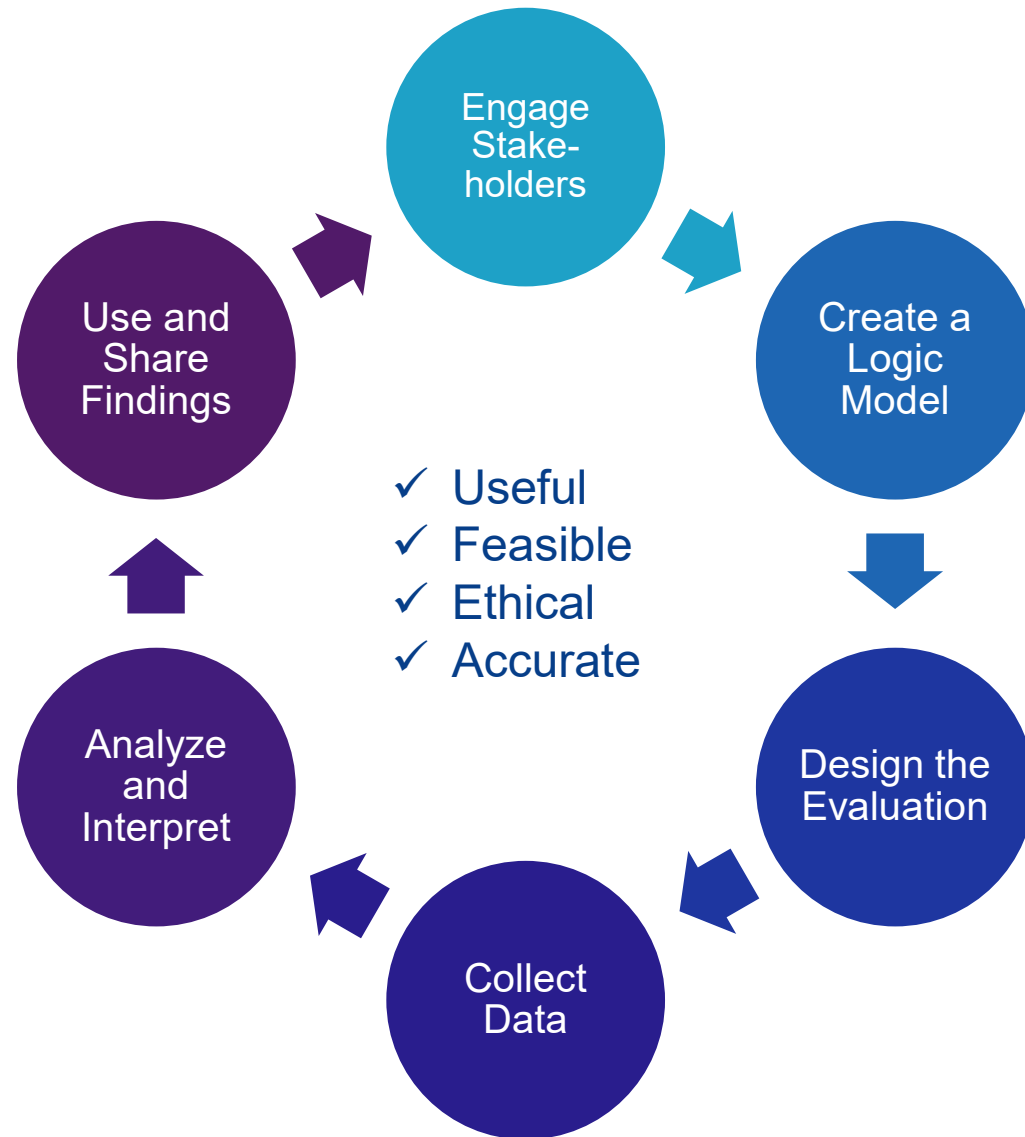
Outcome Evaluation

- Focuses on extent to which programs:
 - Met their stated outcome objectives (proposed impacts)
 - “Caused” changes/differences in targeted
 - Program participants
 - Social/health condition(s)
- Answers the “how well does the program work” and “is anyone better off” questions

General Suggestions for Evaluation

- Start early
- Take time to plan
- Work as a team, engage stakeholders
- Be realistic
- Be strategic
- Think about your audiences
- Be open to new methods, questions, and findings
- Ask for help (your team, TA team, fellow grantees)
 - Open TA office hours Thursday, Aug 19, 9A – 3P

Evaluation Framework



Stakeholder Engagement

- Should be done throughout – every step of the process
- Involve people with lived experience – Nothing about us without us
- Consider what information would be useful for stakeholders, of interest
- Might need their help when collecting data, interpreting data, and taking action on findings
- Stakeholders might have access to different data sources
- Can help disseminate findings/share results, build support

Logic Models



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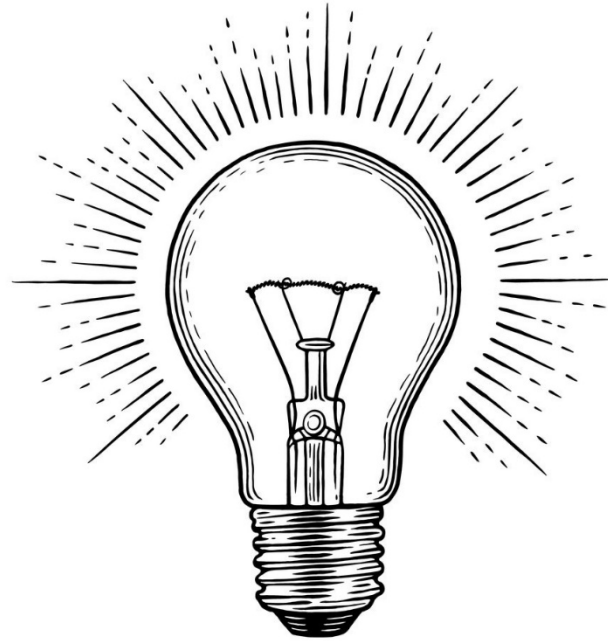
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Poll: Logic Models

- What is your experience with using logic models for program planning and/or evaluation?
 - a) I have no experience with them
 - b) I am familiar with the idea, but have never actually made one
 - c) I have made one, but not yet for this COVID and Justice Involved Grant
 - d) I have made one for our current COVID and Justice Involved Grant

Logic Model

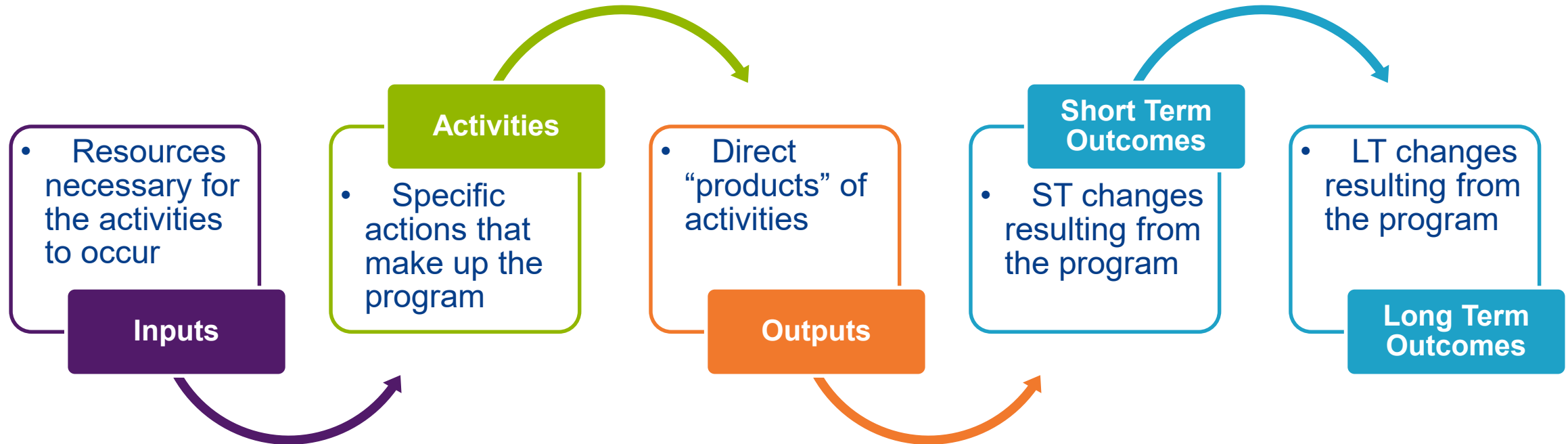
- A picture
- A visual presentation of relationships among the
 - Resources you plan to invest (inputs)
 - Activities you plan to implement (activities)
 - “Products” you plan to create (outputs)
 - Changes or results you hope to achieve (outcomes)
- Should stand alone / be self-explanatory



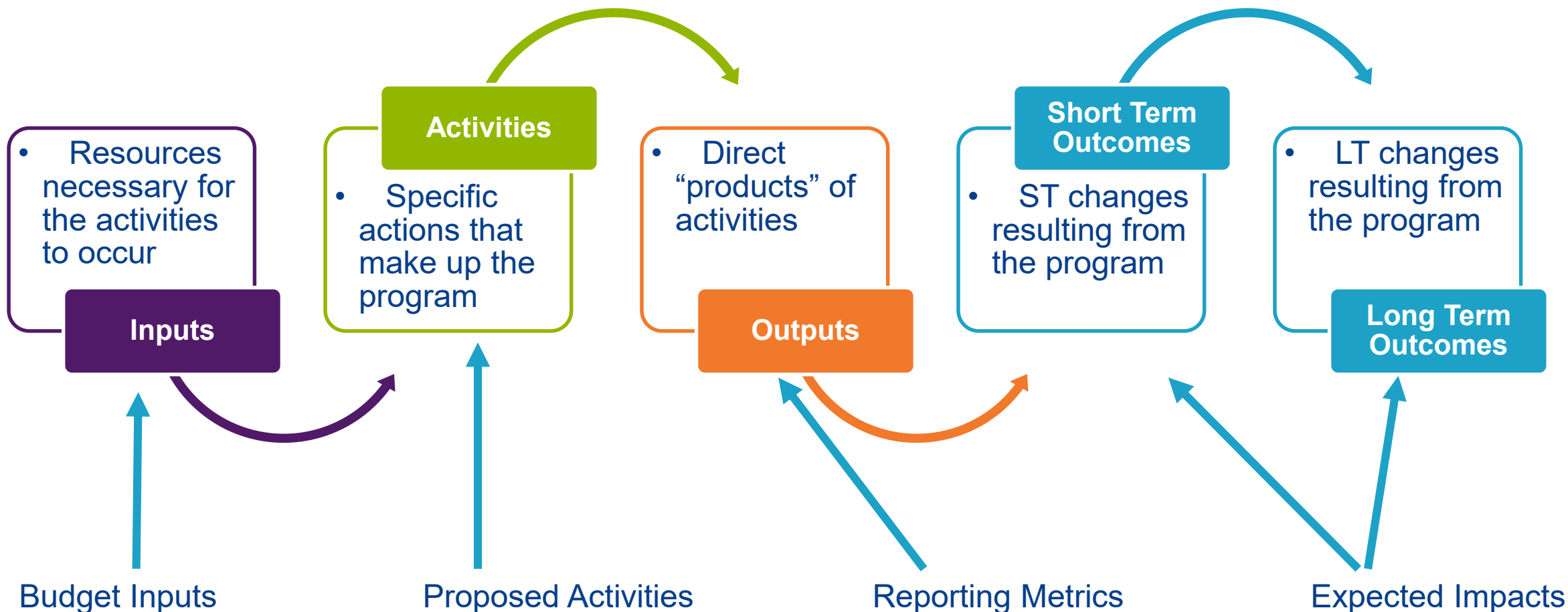
“Most of the value in a logic model is in the process of **creating, validating and modifying** the model... The clarity of thinking that occurs from building the model is critical to the overall success of the program.”

– *W.K. Kellogg Foundation Handbook*

Typical Logic Model Components



Typical Logic Model Components



Helpful HINT: From your grant application

INPUTS

Usually a NOUN (person or thing)

- Budget items
- Things covered under indirect
- Other more abstract things

Inputs

What we invest

- Staff/volunteers
- Partners
- Buy-in/political will
- Alignment with mission/policy
- Time
- Funding
- Data, assessment findings, research
- Materials/equipment
- Technology
- Space

INPUTS: Examples

- Project coordinator time
- Peer support specialist time
- Naloxone Kits
- Office space

Inputs

What we invest

- Staff/volunteers
- Partners
- Buy-in/political will
- Alignment with mission/policy
- Time
- Funding
- Data, assessment findings, research
- Materials/equipment
- Technology
- Space

ACTIVITIES

- Usually a VERB (action word)

Activities

What we do

- Develop
- 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: Strategy A Examples

- Hold stakeholder meetings
- Host training for jail staff
- Make referrals to behavioral health, substance use treatment, and other needed services
- Distribute naloxone kits
- Provide overdose education

Activities

What we do

- Develop
- 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: Strategy B Examples

- Identify individuals to engage prior to release
- Connect participants to services (e.g., MAT, social services, harm reduction, recovery support)
- Provide overdose prevention education upon release
- Distribute naloxone kits upon release

Activities

What we do

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

OUTPUTS

- Outputs are the immediate things “produced” and people reached by activities
- Usually a QUANTITY or COUNT of things or people

Outputs

“Products” of project activities

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

OUTPUTS: Examples

- Individuals screened
- Individuals enrolled in services
- Individuals referred to MAT or other partner services
- Naloxone distributed

Outputs

“Products” of project activities

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

(Most of your DMH Performance Measures are Outputs)

OUTCOMES (aka Results or Impacts)

Short Term

- Usually a CHANGE, such as better skills, often at individual level (but not always)

Long Term

- A fundamental CHANGE related to a system or society

OUTCOMES		
Changes resulting from program		
SHORT TERM		LONG TERM
Changes in... <ul style="list-style-type: none">• Awareness• Knowledge• Attitudes• Perceptions• Opinion• Aspirations• Motivation• Skills• Behavioral intentions	<ul style="list-style-type: none">• Behavior• Decision-making• Policies• Social action• Enforcement	Changes in... <ul style="list-style-type: none">• Conditions• Social (well-being)• Health status• Economic• Environmental (social, physical) <ul style="list-style-type: none">✓ Reduce opioid overdose deaths among people involved with the legal system

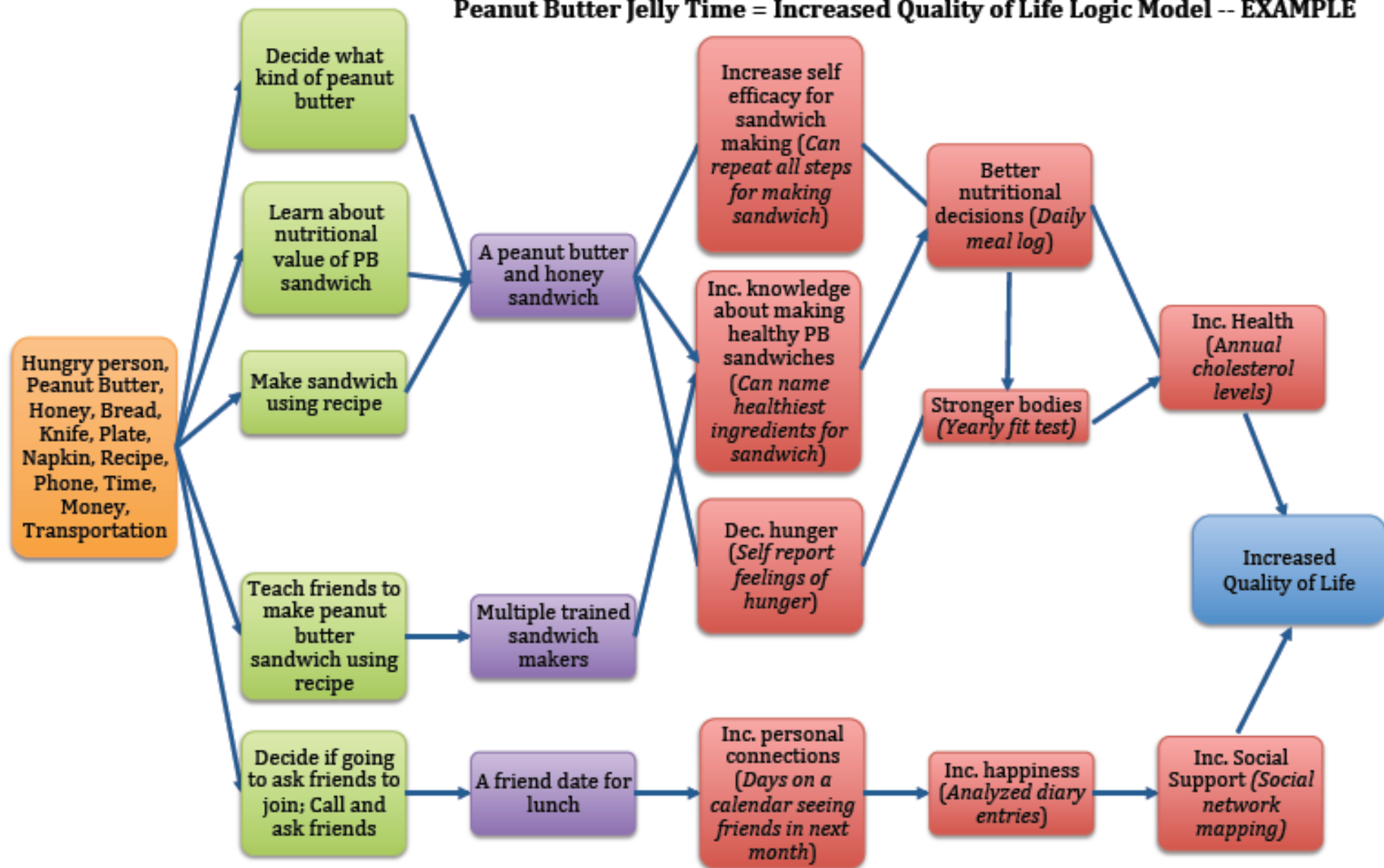
OUTCOMES: Short Term Examples

- Increased awareness of naloxone
- Improved skills on how to administer naloxone
- Decreased number of people with charges for low level drug offenses
- Increased number of people engaged with harm reduction services
- Increased engagement with MOUD treatment

OUTCOMES: Long Term Examples

- Increased well-being among legal system-involved individuals with OUD
- Reduced opioid-related deaths

Peanut Butter Jelly Time = Increased Quality of Life Logic Model -- EXAMPLE



Inputs	Activities	Outputs	Short-Term	Medium-Term	Long-Term	Ultimate Goal
			OUTCOMES			

LEAD LOGIC MODEL

Inputs	Activities	Outputs	Short-term Outcomes	Long-term Outcomes
<p>Personnel:</p> <ul style="list-style-type: none"> • Program Manager • Law enforcement (frontline officers, police captains/chiefs, prosecutor, crime analyst) • Case manager and/or Outreach worker • MCO Representative <p>Materials:</p> <ul style="list-style-type: none"> • LEAD training for law enforcement • LEAD training for CM (?) • Participant tracking spreadsheets • MCO database of service utilization • Office space • Intake assessments and police referral sheets • LEAD National Support Bureau resources (?) <p>Funding:</p> <ul style="list-style-type: none"> • Partner agency funding for LEAD personnel salaries • MCO funding for participant service utilization • NCHRC funding for harm reduction services • Other funding for materials (?) <p>Community:</p> <ul style="list-style-type: none"> • Substance use services, healthcare, and social services 	<p>NC Harm Reduction Coalition</p> <ul style="list-style-type: none"> • Train frontline officers • Provide logistical/technical support <p>Law Enforcement:</p> <ul style="list-style-type: none"> • Determine LEAD eligibility • Refer LEAD-eligible people through social referrals and pre-booking arrest diversion • Use prosecutorial discretion to maximize chance of behavior change for LEAD participants • Track LEAD participant criminal justice involvement <p>Case Manager/Outreach Worker:</p> <ul style="list-style-type: none"> • Conduct intake assessment • Develop relationship with LEAD participants • Connect LEAD participants to relevant community resources (harm reduction services, treatment, healthcare etc.) <p>MCO:</p> <ul style="list-style-type: none"> • Pay for LEAD participant substance use and mental health services <p>All Partner Agencies:</p> <ul style="list-style-type: none"> • Attend case staffing/case review • Involve community members in LEAD activities 	<ul style="list-style-type: none"> • # of officers trained in LEAD • # of people deemed LEAD eligible • # of LEAD participant referrals made • # of cases in which prosecutorial discretion was used to promote LEAD participant success • # of LEAD participants tracked consistently for criminal justice involvement • # of intake assessments completed • # of LEAD participants engaged with case manager/outreach worker • # of connections made by case managers/outreach workers for LEAD participants to community resources • # of substance use and mental health services paid for by the MCO • # of case review/case staffing meetings attended by LEAD partners 	<ul style="list-style-type: none"> • Increased knowledge of harm reduction among law enforcement • Decriminalization of drug use in LEAD jurisdictions • Increased uptake of harm reduction services among LEAD participants • Increased utilization of community support and treatment services among LEAD participants • Increased community support for harm reduction programs 	<ul style="list-style-type: none"> • Reduction in law violations among LEAD participants- LEAD National Support Bureau's Primary Goal • Decreased harms associated with drug use for LEAD participants • Increased quality of life for LEAD participants • Improved community perception of people who use drugs

Example

Checking the Logic in Your Model

- But how? (Right to Left – Outcomes to Inputs)
 - E.g., for each outcome, how will we accomplish this?
- But why? (Left to Right – Inputs to Outcomes)
 - E.g., for each input, why do we need this?

Data Collection Plan



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Focusing Your Evaluation

- Should follow naturally from your logic model and/or proposed goals
- Process Questions
 - How will you know what happens in the program?
 - Measure inputs, activities, and outputs
 - Early program evaluation focuses on these questions
- Outcome Questions
 - How will I know the program works?
 - Harder to answer in the first few years BUT...
 - Collecting these data over time is essential to answer these questions

Data Collection Plan Template

MEASURE <i>What indicators are you interested in tracking? What questions do you want to answer?</i>	APPLICATION <i>Why are you collecting this data? How will you use it?</i>	SOURCE <i>Where is the data from? What source would you use to access the data? Primary (new) or secondary (existing) sources?</i>	METHOD <i>How will you collect or access the data?</i>	KEEPER <i>Who will collect and store the data? Who is responsible for keeping track?</i>	TIMELINE <i>How often will you collect the data?</i>	DISSEMINATION <i>How will you package and share this data? Who will you share this data with? How often?</i>
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 outcomes 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

Measures: What metrics/indicators are you tracking?

- Measures required by funder
 - Unique individuals served, total contacts, naloxone distributed, etc.
- Measures that will help you and your stakeholders improve program quality and efficiency and gain support for your work
 - Time spent on activities, turnover, participant satisfaction, specific locations of referrals
 - Impact statement and/or objectives from your proposal
 - **Measures from your logic model**

Required DMH Performance Measures

- Number of unique individuals served
- Number of total contacts with individuals
- Demographic information of individuals served: age, race, ethnicity, and gender identity
- Total number of connections made to partner services
- Type of partner services that individuals were connected to: MAT, SUD treatment, recovery supports, social services, public health/ FQHC, other
- Number of naloxone kits distributed by the program OR Number of referrals made to obtain naloxone from another source
- Incentive achievements, Social Determinants of Health funds, and giveaway/promotional items delivered and documented in accordance with state guidance (if applicable to your program)
- Grant funds spent per participant
- Successes and challenges faced each month (narrative/ qualitative)

MEASURES

MEASURE <i>What indicators are you interested in tracking? What questions do you want to answer?</i>	APPLICATION <i>Why are you collecting this data? How will you use it?</i>	SOURCE <i>Where is the data from? What source would you use to access the data? Primary (new) or secondary (existing) sources?</i>	METHOD <i>How will you collect or access the data?</i>	KEEPER <i>Who will collect and store the data? Who is responsible for keeping track?</i>	TIMELINE <i>How often will you collect the data?</i>	DISSEMINATION <i>How will you package and share this data? Who will you share this data with? How often?</i>
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Application: Why are you collecting these 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?

APPLICATION

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Data Sources: What data can I use? Where are they?

- Secondary data = existing data
 - Public records, incident reports, court documents
- Primary data = data you collect yourself
 - Intake forms, participant satisfaction surveys, interaction logs



SOURCE

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Methods: How will I collect or obtain the data?

- Consider how you will gather the information and who you will gather it from so it will be done consistently
- Participant data collection
 - Survey on a tablet, recorded interview, paper intake form
 - Will they fill it out themselves (more private) or will you fill it out for them (addresses literacy issues)?
- Events data collection (referrals, distribution, interactions)
 - Date, time, format, content, location, meeting attendance

METHOD

MEASURE <i>What indicators are you interested in tracking? What questions do you want to answer?</i>	APPLICATION <i>Why are you collecting this data? How will you use it?</i>	SOURCE <i>Where is the data from? What source would you use to access the data? Primary (new) or secondary (existing) sources?</i>	METHOD <i>How will you collect or access the data?</i>	KEEPER <i>Who will collect and store the data? Who is responsible for keeping track?</i>	TIMELINE <i>How often will you collect the data?</i>	DISSEMINATION <i>How will you package and share this data? Who will you share this data with? How often?</i>
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Keeper: Who will collect and store the data?

- Assign someone to be responsible for each measure
- Make sure that their back up person is also trained
- Consider power dynamics when collecting data directly from participants

KEEPER

MEASURE <i>What indicators are you interested in tracking? What questions do you want to answer?</i>	APPLICATION <i>Why are you collecting this data? How will you use it?</i>	SOURCE <i>Where is the data from? What source would you use to access the data? Primary (new) or secondary (existing) sources?</i>	METHOD <i>How will you collect or access the data?</i>	KEEPER <i>Who will collect and store the data? Who is responsible for keeping track?</i>	TIMELINE <i>How often will you collect the data?</i>	DISSEMINATION <i>How will you package and share this data? Who will you share this data with? How often?</i>
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Timeline: How often will you collect the data?

- Participant data
 - How frequently do you survey them?
 - How often do you check police logs?
- Interactions
 - Document as soon as possible while the information is fresh
 - Prepare attendance sheets ahead of time
- Outcome/ impact measures
 - Collect measures at the beginning of a project (baseline) and later for comparison

TIMELINE

MEASURE <i>What indicators are you interested in tracking? What questions do you want to answer?</i>	APPLICATION <i>Why are you collecting this data? How will you use it?</i>	SOURCE <i>Where is the data from? What source would you use to access the data? Primary (new) or secondary (existing) sources?</i>	METHOD <i>How will you collect or access the data?</i>	KEEPER <i>Who will collect and store the data? Who is responsible for keeping track?</i>	TIMELINE <i>How often will you collect the data?</i>	DISSEMINATION <i>How will you package and share this data? Who will you share this data with? How often?</i>
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Dissemination: How will you share this data?

- Who will you share the data with? How often?
 - Quarterly progress reports to funder
 - Updates to partners and participants
 - Annual reports for community
- Remember that reports should not make it possible to identify individual participants
- Use your stakeholder networks to inform what to report and how

DISSEMINATION

MEASURE <i>What indicators are you interested in tracking? What questions do you want to answer?</i>	APPLICATION <i>Why are you collecting this data? How will you use it?</i>	SOURCE <i>Where is the data from? What source would you use to access the data? Primary (new) or secondary (existing) sources?</i>	METHOD <i>How will you collect or access the data?</i>	KEEPER <i>Who will collect and store the data? Who is responsible for keeping track?</i>	TIMELINE <i>How often will you collect the data?</i>	DISSEMINATION <i>How will you package and share this data? Who will you share this data with? How often?</i>
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Other Data that Can Guide Your Program

- Team meeting minutes
- Interviews with participants
- Interviews with staff
- Community listening sessions
- State and county health data



Data Quality Considerations

- Following data collection plans help create **consistency**
- **Missing data** is messy data
 - Fill in as much information as possible on all forms, use ‘Not Applicable’ when needed
 - Fill out forms as if someone else will need to read them without your help
- Check data regularly to make sure its been gathered and stored appropriately
- Use unique identifiers for each participant to make sure you are not counting the same participant twice.
 - Example: Name, Participant ID number, medical record number

Ethical Considerations in Evaluation

- Keep all participant data private
- Only collect data you need
- Be empathetic – think carefully about whether to/ how you ask sensitive questions, use trauma-informed approaches
- Involve people with lived experience in designing your data collection plans (and compensate them accordingly)
- Share findings (in a way that protects confidentiality) with stakeholders – including participants!

Data Collection / Management Tools



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Poll: Data Management Tools

- Which of the follow data tools does your organization currently have access to/ use regularly?
 - a) Spreadsheets (Excel or Google Sheets)
 - b) Paper forms
 - c) Electronic forms (e.g., Google, Microsoft)
 - d) Microsoft Access
 - e) Electronic Medical Records
 - f) Case Management Software
 - g) Other (please put in chat!)

Data Collection Tools

- This will differ by agency!
- Some options are...
 - Spreadsheets (Excel or Google Sheets)
 - Paper forms
 - Electronic forms (Google, Microsoft)
 - Microsoft Access
 - Electronic Medical Records
 - Case Management Software
- Get help if you need it!
 - Online tutorials can teach you how to use the tools
 - TA team can strategize with you on how to obtain the data you need

Organizational Readiness Assessment



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Organizational Readiness Assessment

- What is it?
 - Measures the degree to which your organization has different resources needed to implement your program
- Why do it?
 - Helps with program planning – guides thinking about what you have and what you need
 - Informs inputs for your logic model
 - A way to measure your progress
- When to do it?
 - At the beginning (now) and end of the project period

Organizational Readiness Assessment

- How to do it?
 - On Qualtrics: https://duke.qualtrics.com/jfe/form/SV_9ZS9dsB7IP5OI7M
 - Complete it for each agency involved in program implementation (this might be more than one for some programs)
 - You will have the option to save a PDF of the assessment when you're done

Organizational Readiness Assessment

Please mark the extent to which you agree or do not agree with the statement with a range from strongly disagree (1) to strongly agree (7).

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

1. Our agency's top leadership is strongly supportive of the program. No Opinion



2. Our agency's mission and vision support the adoption of the program. No Opinion



3. Relevant staff are willing to participate in program implementation. No Opinion



4. Relevant staff have a positive attitude toward program implementation. No Opinion



5. Financial resources to support program start-up costs are adequate (including grant funds). No Opinion



Summary, Reminders, Next Steps



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Q&A from Audience/Reflections



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Thank you



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