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# Making Data Work For You

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**National Drug Court  
Resource Center**

# Introductions and Objectives



- Dr. Christina Lanier, Co-Director, National Drug Court Resource Center (NDCRC)
- Dr. Kristen DeVall, Co-Director, National Drug Court Resource Center (NDCRC)
- Objectives:
  - 1) Why collect data?
  - 2) What type of data should be recorded?
  - 3) What do I do with the data I have collected?
  - 4) Confidentiality and ethics of collecting data

# Role of Data Collection & Program Evaluation in THWC



## Tribal 10 Key Components

#8: Process measurement, performance measurement, and evaluation are tools used to:

- monitor and evaluate the achievement of program goals,
- identify needed improvements to the Tribal Healing to Wellness Court and to tribal court process,
- determine participant progress, and
- provide information to governing bodies, interested community groups, and funding sources.

# Before data collection...



 What are the goals of your program?

 How will you measure those goals?

 What data will you need to assess/evaluate?

 From whom will you get these data?

 How will you track the data?

 Who is responsible for tracking/entering the data?

 How often will you review the data?

 To whom will you present data?

# Data Collection Plan



<b>Goal/Outcome?</b>	<b>Measure(s)?</b>	<b>Data Needed?</b>	<b>Who has the data?</b>	<b>How will you track the data?</b>	<b>Who will track/enter data?</b>	<b>How often review?</b>	<b>Share with?</b>

# Data Collection Plan



Goal/Outcome?	Measure(s)?	Data Needed?	Who has the data?	How will you track the data?	Who will track/enter data?	How often review?	Share with?
Decrease substance use	# of total urine screens # of positive urine screens # of missed urine screens # of tampered urine screens	-Urine screens ordered -Results of urine screens	-Case Manager	-daily log in excel file -online database	-Case manager	-weekly	-team -evaluator -annual report
Increase quality of life among participants through education and employment (life skills) programming as well as housing resources.	# of referrals to recovery support services # of contacts with recovery support services % with increase in employment level % with increase in housing stability % with increase in educational attainment	-referral by client -contacts by client -employment at program entry/exit -housing at program entry/exit -education at program entry/exit	-Case Manager	-online database	-Case Manager	-weekly	-team -evaluator -annual report

# Data Collection: The Why, The What, & The How?



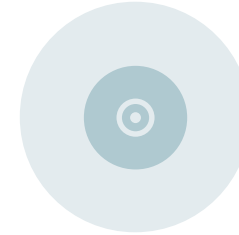
ARE WE  
SCREENING AN  
ADEQUATE  
NUMBER?  
REFERRAL  
SOURCES?  
IF NUMBERS ARE  
DOWN, WHY?



IMPROVE  
PROGRAM;  
HIGHLIGHT  
SUCCESSSES;  
SELL THE  
PROGRAM



DECISIONS BASED  
ON DATA...NOT  
ASSUMPTIONS!



TARGET  
POPULATION?



IDENTIFY GAPS IN  
SERVICES

# Data Collection: The What?



## At program entry/referral.....

- Gender
- Sexuality
- Race
- Ethnicity
- Age
- Marital status
- # of children
- Education level
- Employment status
- Housing status



# Data Collection: The What?



## At program entry/referral...

- Precipitating offense
- Substance use history
  - Age @ first use of drugs
  - Age @ first use of alcohol
- Involvement in CJS
  - Age @ first arrest
  - # of prior misdemeanors
  - # of prior felonies
- Referral source/date
- Screening results/date
- Assessment results/date
  - Risk/need
  - Clinical
- Status of entry (enrolled; not enrolled and why)
- Entry date

## **Data Collection: The What?**

### **During program...**

- Treatment information (type, duration, attendance)
- Drug/alcohol screens (date, results)
- Incentives and sanctions (date, type)
- Community service (if applicable) - # of hours completed
- New charges/PVs (date of offense, type)
- Dates for advancement to next phase
- Recovery support services received (type & #)
- Case management sessions attended
- Court review hearing attendance

# Data Collection: The What?



## At program exit...

- Discharge date
- Disposition type (if unsuccessful, reason)
- Education status
- Employment status
- Housing status
- Outcome of precipitating offense
- In-program recidivism (note: post-program recidivism would also be measured after separation from the program)

# Data Collection: The How?



## Data Collection Tools:

- Data collection sheet
  - Good to have a paper copy

Case # \_\_\_\_\_  
Year entered program \_\_\_\_\_

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age @ entry: \_\_\_\_\_ Sex: M F  
Race: \_\_\_\_\_ Marital Status: \_\_\_\_\_ # of children \_\_\_\_\_  
Ethnicity: \_\_\_\_\_  
Education @ entry: \_\_\_\_\_ @ exit: \_\_\_\_\_  
Employment @ entry: \_\_\_\_\_ @ exit: \_\_\_\_\_  
Housing status @ entry: \_\_\_\_\_ @ exit: \_\_\_\_\_

Income (monthly): \_\_\_\_\_

Referral source: \_\_\_\_\_

Referral date: \_\_/\_\_/\_\_

Drug(s) of use: \_\_\_\_\_  
History of IV drug use? Yes No  
Age @ onset of:  
Drugs: \_\_\_\_\_  
Alcohol: \_\_\_\_\_

Crime type resulting in program entry: \_\_\_\_\_  
1. Crime against property  
2. Crime against person  
3. Offense involving drugs/alcohol

Age @ first arrest: \_\_\_\_\_  
SGL range: \_\_\_\_\_

1. lockout
2. straddle cell
3. presumptive prison

Mode of program entry:  
1. diversion  
2. probation violator  
3. parole  
4. sentenced

Treatment modality:    # hrs. completed

1. SA early interv./educ \_\_\_\_\_  
2. SA outpatient \_\_\_\_\_  
3. SA IOP \_\_\_\_\_  
4. Residential \_\_\_\_\_  
Total # of TX units: \_\_\_\_\_

Recovery support services:    # hrs. completed

Education hours: \_\_\_\_\_  
Prosocial hours completed: \_\_\_\_\_  
Support group meetings attended: \_\_\_\_\_

Program Phase Dates:

P1 entry \_\_\_\_\_ P1 exit \_\_\_\_\_ # days: \_\_\_\_\_ # of court hearings attended: \_\_\_\_\_  
# incentives: \_\_\_\_\_ # of sanctions: \_\_\_\_\_  
\_\_\_\_\_ jail \_\_\_\_\_ KPEP \_\_\_\_\_ CSW \_\_\_\_\_ assignment  
# days jail \_\_\_\_\_

P2 entry \_\_\_\_\_ P2 exit \_\_\_\_\_ # days: \_\_\_\_\_ # of court hearings attended: \_\_\_\_\_  
# incentives: \_\_\_\_\_ # of sanctions: \_\_\_\_\_  
\_\_\_\_\_ jail \_\_\_\_\_ KPEP \_\_\_\_\_ CSW \_\_\_\_\_ assignment  
# days jail \_\_\_\_\_

P3 entry \_\_\_\_\_ P3 exit \_\_\_\_\_ # days: \_\_\_\_\_ # of court hearings attended: \_\_\_\_\_  
# incentives: \_\_\_\_\_ # of sanctions: \_\_\_\_\_  
\_\_\_\_\_ jail \_\_\_\_\_ KPEP \_\_\_\_\_ CSW \_\_\_\_\_ assignment  
# days jail \_\_\_\_\_

TOTAL # days in program: \_\_\_\_\_

Urine screens:

Total P1 \_\_\_\_\_ # positive \_\_\_\_\_ # missed \_\_\_\_\_ # diluted \_\_\_\_\_  
Total P2 \_\_\_\_\_ # positive \_\_\_\_\_ # missed \_\_\_\_\_ # diluted \_\_\_\_\_  
Total P3 \_\_\_\_\_ # positive \_\_\_\_\_ # missed \_\_\_\_\_ # diluted \_\_\_\_\_

Final case disposition:

1. enrolled  
2. graduated  
3. unsuccessfully discharged    Reason: \_\_\_\_\_

# Data Collection: The How?



## Data Collection Tools:

- Data collection sheet
  - Good to have a paper copy
- Excel database
  - Capture participant information from referral through discharge
  - Will allow for aggregate analyses

\*Importance of knowing “how you are measuring” before data collection

# Data Collection: The How?



TLPI presentation data collection workbook

Name	referral date	enrollment date	discharge date	status at end of evaluation year	total # of days in program	time between referral & enrollment	Phase 1 entry date	Phase 1 exit date	P1 total days	Phase 2 entry date	Phase 2 exit date	P2 total days	P1 UA total	P1 UA +	P1 UA missed	P1 UA tampered	P2 UA total	P2 UA +	P2 UA missed	P2 UA tampered	treatment rec.	treatment received	# treatment sessions	Case Mgmt. Sessions
Super Sam	12/7/18	1/31/19	8/1/20	graduate	548	55	1/31/19	3/2/19	30	3/1/19	8/28/19	180	13	3	1	0	45	0	2	0	IOP	outpatient	101	2
Riley Cooper	6/2/17	6/15/17	9/30/19	graduate	837	13	6/15/17	7/15/17	30	7/14/17	3/21/18	250	15	1	4	2	55	1	0	1	outpatient	outpatient	180	
Winston Kelly	9/1/18	11/4/18	12/5/18	unsuccessful	31	64	11/4/18	12/5/18	31				6	4	2	0					IOP	outpatient	12	
Ash Jones	4/14/20	4/22/20	9/13/20	unsuccessful	144	8	4/22/20	5/25/20	33	5/25/20	9/13/20	111	12	0	0	0	33	2	10	2	residential	outpatient	45	
Maxwell Smith	9/2/16	9/3/16	4/12/20	graduate	1317	1	9/3/16	12/1/16	89	12/1/16	5/30/17	180	8	2	2	3	25	1	1	0	IOP	outpatient	225	
				60%	575.4	28.2			43			180												
				graduation rate = 3/5	mean # days in prgm	mean # days b/t ref & enrollment			mean # P1 days			mean # P2 days												

Program Information | Super Sam | +

# Data Collection: The How?



Microsoft Excel interface showing a data collection workbook titled "TLPI presentation data collection workbook". The ribbon includes Home, Insert, Draw, Page Layout, Formulas, Data, Review, and View. The Home ribbon is active, displaying options for Paste, Cut, Copy, Format, font settings (Calibri, 12), bold, italic, underline, text color, background color, alignment (Wrap Text, Merge & Center), number formatting (General, \$, %, .0, .00), and conditional formatting (Normal, Bad, Calculation, Check C).

The spreadsheet displays data for Case Management and Treatment Sessions. Columns D through J are highlighted with thick black vertical bars. The data is as follows:

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
	Urine screen Date	UA result	Positive UA notes	Case Management Session Date	Attended y/n	Treatment Session date	# tx hours received											
1																		
2	2/2/19	positive	methamphetamine	2/3/19	yes	2/2/19	2											
3	2/4/19	negative		2/10/19	yes	2/9/19	1											
4				3/17/19	no	2/16/19	1											
5																		
6																		
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The bottom status bar shows "Program Information" and "Super Sam" with a plus sign.



# Confidentiality and Ethics



Anonymity → condition where an individual's identity cannot be determined; can't match collected data to a participant

Confidentiality → condition where an individual's identity can be determined; can match collected data to a participant

Treatment court data is **confidential** but not anonymous.

## Challenges:

- Need to be able to match data for analysis such as recidivism
- Small community/town → qualitative data
- Small sample size → quantitative data
- External evaluator/researcher

# Confidentiality and Ethics



- Need an agreement with participant for data collection
  - Must ensure participant knows how their information will be used
  - Example: participant enrollment form
- Agreement with evaluator/researcher
  - Clearly defines the information to be shared and in what format (e.g., will identifying information be included?)
  - What's identifying information?
    - Name
    - Criminal Case Number
    - Social Security Number
    - DL number/State ID Number
    - Address
    - Record ID that includes any of the above
- Institutional Review Board (IRB)/Tribal Review Board

# Confidentiality and Ethics



Data storage → must ensure protection of participant information



Locked filing cabinets with limited access for paper documents



Password-protected Excel files with limited access



Make certain staff have privacy when entering participant data



Do not put individuals' names in email/text

# Evaluation: The Why, The What, & The How?



## Common Questions:

- What's the length of time between referral & THWC program entry?
  - What is the THWC **graduation** rate?
  - What is the THWC **retention** rate?
  - How long do participants spend in the THWC?
  - Are participants spending the anticipated amount of time in each phase of the THWC?
  - How much & what type of treatment do THWC participants receive?
  - Are participants being tested for drugs/alcohol a minimum of 2x per week while enrolled?
  - Differences in enrollment by gender? Graduation by gender?
- 
- Process and Outcome evaluations

# Logic Model

<u>RESOURCES</u>	<u>ACTIVITIES</u>	<u>OUTPUTS</u>	<u>OUTCOMES</u>	<u>GOALS</u>
<p><b><u>Service Providers:</u></b>            THWC Team members            Treatment Provider(s)</p> <p><b><u>Program Settings:</u></b>            THWC office            Courtroom            Treatment provider location            Ancillary service provider locations</p> <p><b><u>Collaborations:</u></b>            (list specific partners)            Employment services            Education services            Housing services</p> <p><b><u>Funding Sources:</u></b>            Private foundation            BJA federal grant            Tribal funds</p> <p><b><u>Participants:</u></b>            (criteria for participation)</p>	<ul style="list-style-type: none"> <li>• Screening (list tools used)</li> <li>• Clinical Assessment (list tool used)</li> <li>• Case management meetings</li> <li>• Drug/alcohol testing</li> <li>• Referrals to Recovery Support Services               <ul style="list-style-type: none"> <li>○ Housing</li> <li>○ Employment</li> <li>○ Education</li> <li>○ Parenting</li> <li>○ Spiritual</li> </ul> </li> <li>• Treatment Sessions</li> <li>• Court sessions</li> </ul>	<ul style="list-style-type: none"> <li>• 1x per client, lasting 1 hour each</li> <li>• 1x per client, lasting 2 hours each</li> <li>• 1x per week per client, lasting 30 minutes each</li> <li>• min. 2x per week</li> <li>• as needed</li> <li>• as directed by treatment provider</li> <li>• 1x per week P1; bi-weekly P2-3; 1x per month P4</li> </ul>	<p>Decrease participant's substance abuse through treatment programming &amp; testing</p> <p>Increase participant's mental health stability through mental health treatment</p> <p>Increase quality of life among participants through education and employment (life skills) programming as well as housing resources.</p> <p>Decrease recidivism among participants.</p>	<p>Increase community safety.</p>

# Sharing the good news (and the not-so-good news)!



Develop a consistent reporting schedule among staff

- Frequent review & update of data is key!

Use the Tribal Key Components to guide internal conversations

- Identify the data that answers the questions

Data-driven decision making

- Use results to allocate resources

Decide what audiences should hear what information

- Who are the stakeholders?

Decide when the information should be shared

- Set a realistic timeline for dissemination

# TRIBAL HEALING TO WELLNESS COURTS NATIONAL SURVEY



- First biennial survey of Tribal Healing to Wellness Courts (THWC).
- Better understand how THWCs are structured, how they operate, the outcomes produced (e.g., graduation rate), challenges experienced, resources needed, etc.
- In appreciation for your time and effort, the NDCRC will provide you with a copy of the report, as well as a summary report of your THWC information that includes relevant U.S. Census Bureau, FBI Uniform Crime Report Data, CDC overdose data, & SAMHSA substance use and mental health data.
- The survey can be accessed via the link  
<https://ndcrc.org/tribal-healing-to-wellness-courts-national-survey/>
- We are here to answer questions & provide assistance as you complete the survey.
- Don't miss your opportunity to be included in the first census of THWCs.



**THANK YOU!**

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