



Using Evaluation Results to Improve Service Delivery in Reentry Programs

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Session overview

- Why does this topic matter?
- Two strategies for using data/evaluation to improve reentry programs
- Real world application of these strategies by Erie County Jails New Dawn Initiative
- Q&A



Why does this topic matter?

- The whole reason for program evaluation is to improve and sustain programs...not to sit on a shelf
- Programs that use results from an initial evaluation to make changes have been shown to achieve improved outcomes by
 - Better serving their population
 - Implementing evidence-based practices with greater fidelity
- Even “negative” evaluation results offer opportunities

Two primary strategies for using evaluation results to improve reentry programs

1

Ongoing Improvement through Formative & Process Evaluation

- Use process evaluation data to inform ongoing implementation
- Both quantitative and qualitative information
- Feedback provided in real-time

2

Program Improvement through Evaluation *End* Results

- Use process & outcome evaluation results to change or improve a program *after* the evaluation is complete
- Both quantitative and qualitative information
- Feedback not provided in real-time; at the end of evaluation only



Strategy #1:

ONGOING IMPROVEMENT THROUGH FORMATIVE & PROCESS EVALUATION



Helpful Data Sources for this Strategy

- Focus groups, interviews, or surveys with...
 - Clients
 - Topics: client experiences with the program/satisfaction, how it helped them, perceived impact, how it can be improved
 - Program staff and staff from partnering organizations
 - Topics: collaboration, communication, challenges and possible improvements, and perceived program impact
- Quantitative Program Data Analysis and Monitoring
 - Case management system data
 - Topics: enrollment, program activities delivered, client outputs

Examples: How data can be used to make mid-course corrections

- Eliminate services or activities that have insurmountable barriers to implementation or that clients/staff don't perceive as helpful
- Add or modify services or activities so that they are better designed to achieve your intended outcomes
 - Examples: implement evidence-based programs with greater fidelity, improve cultural responsiveness, add new services to meet client needs
- Acquire more resources to support program services and activities
- Reconsider program eligibility criteria or recruitment procedures because of lower-than-expected enrollment

Tips for leveraging these data

- Involve evaluators in program planning phase
- Identify the key data points that will be collected (in advance, if possible!)
- Review these data points regularly and identify potential areas for improvement
- Foster ongoing communication between evaluation and program staff.





Strategy #2:

PROGRAM IMPROVEMENT THROUGH EVALUATION END RESULTS

Helpful Data Sources for this Strategy

- The same process evaluation data already discussed BUT using the full set of data collected throughout the project and taking into account any modifications to the program based on the formative use of the data
- Outcome evaluation data
 - Administrative data (official records) on recidivism
 - Self-reported survey data on outcomes such as employment, housing independence, etc.



Examples: How outcome data can be used to inform program improvements

- Identify final lessons learned on program implementation
 - From all stakeholders' perspectives
 - Informs decisions about improving an ongoing program
 - Informs decisions about sustainability, replication, or expansion
- Assist in the interpretation of outcome findings produced from the evaluation



Examples: How outcome data can be used to inform program improvements

- Assess program impact on specific outcomes targeted by the program
- Assess program impact on specific time periods (immediate post-release period, longer-term)
- Assess “what worked” (e.g., specific program components) and “for whom” (e.g., participant subgroups)

And use process evaluation data to understand and interpret what you are seeing in the outcome data

Tips for using process and outcome data in a “reflective” manner

- Carefully design your outcome evaluation. The design will influence what you are able to conclude at the end of the program.
 - Small sample sizes will limit your ability to detect significant differences
 - You need a strong comparison group
 - You will need outcome data for both the treatment and comparison group
- Conduct a high-quality process evaluation to help interpret outcome findings
- Share outcome findings with all program stakeholders to get their interpretation and discuss how to use the information



Lessons from Erie County Jails New Dawn Initiative

REAL WORLD APPLICATION OF THESE STRATEGIES



ERIE COUNTY JAILS

New Dawn Initiative

A step today toward a brighter tomorrow

ERIE COUNTY SHERIFF'S OFFICE
SHERIFF TIMOTHY B. HOWARD

With: BESTSELF BEHAVIORAL HEALTH
UNIVERSITY AT BUFFALO PRIMARY CARE RESEARCH INSTITUTE
ERIE COUNTY DEPARTMENT OF MENTAL HEALTH

ADMINISTRATION & RESOURCES

☀ Lead Agency:

- ☀ Erie County Sheriff's Office

☀ Award:

- ☀ \$1 Million / 4 Years

☀ Contracted Partners:

- ☀ BestSelf Behavioral Health
- ☀ UB Primary Care Research Institute

☀ Other Stakeholders:

- ☀ Dept. of Mental Health
- ☀ Service Link Stop
- ☀ Community Foundation

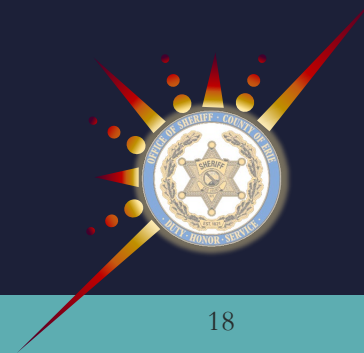


EVALUATION PLANNING PHASE — YEAR 1

Identify:

- ☀ Key metrics based on
 - ☀ Grant narrative
 - ☀ Grant reporting requirements
 - ☀ Fidelity to the MISSION-CJ model

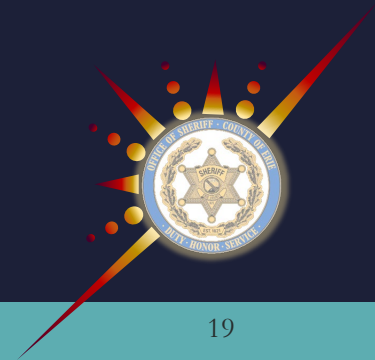
- ☀ Data uses
 - ☀ Ongoing quality/performance improvement
 - ☀ Reporting to stakeholders
 - ☀ Support sustainability
 - ☀ Facilitate program success



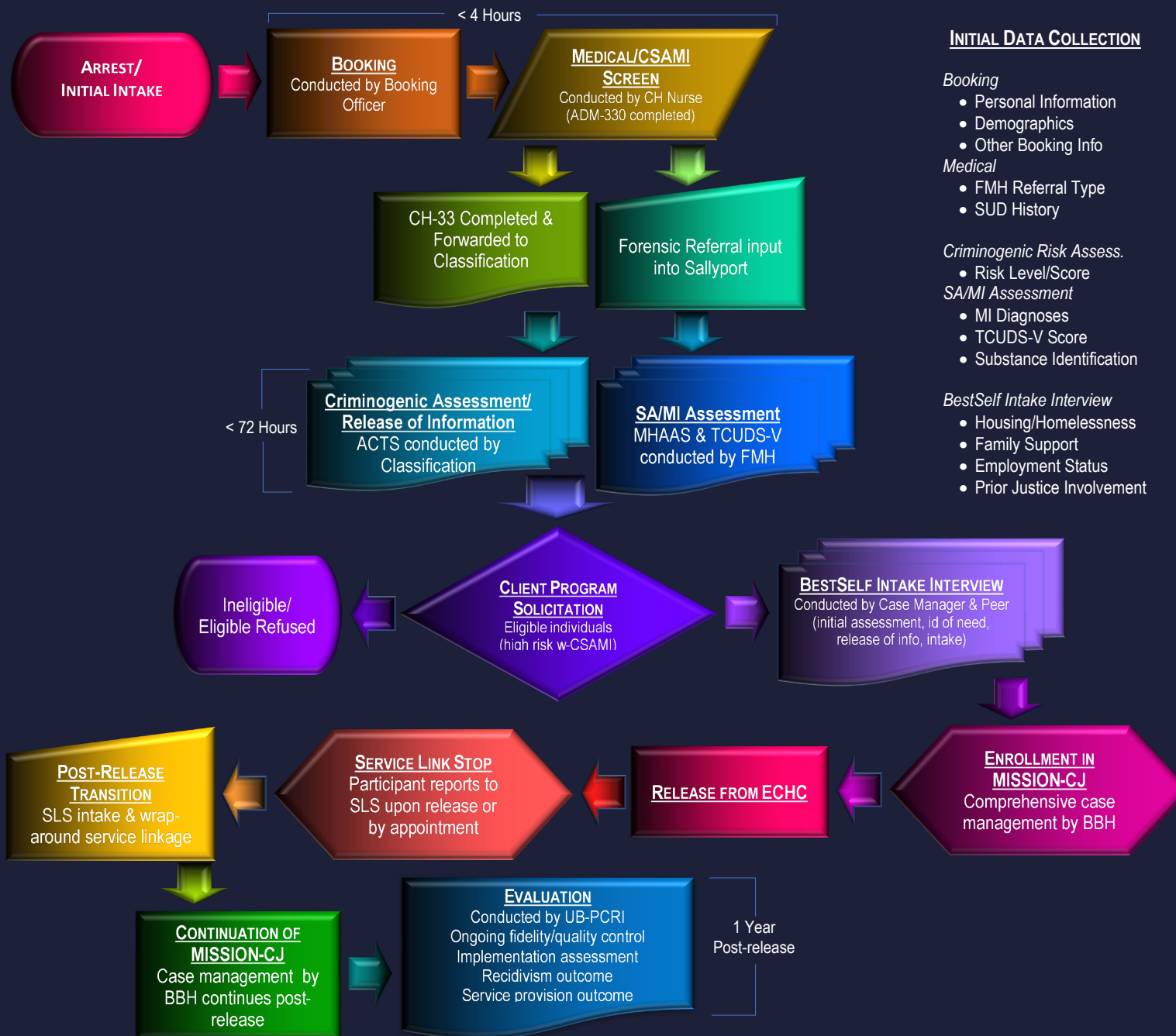
EVALUATION PLANNING PHASE

Develop Processes & Protocols:

- ☀ Map key metrics to available data source
- ☀ Establish data stewards
 - ☀ Data owners
 - ☀ Collectors
- ☀ Data collection methods and frequency
- ☀ Data transfer and management
- ☀ Analysis and reporting plans



Process Mapping



INITIAL DATA COLLECTION

- Booking*
- Personal Information
 - Demographics
 - Other Booking Info
- Medical*
- FMH Referral Type
 - SUD History
- Criminogenic Risk Assess.*
- Risk Level/Score
- SA/MI Assessment*
- MI Diagnoses
 - TCUDS-V Score
 - Substance Identification
- BestSelf Intake Interview*
- Housing/Homelessness
 - Family Support
 - Employment Status
 - Prior Justice Involvement

POST-ENROLLMENT DATA COLLECTION

- Co-occurring Services*
- Behavioral health
 - Referral to PCP
- Substance Use Services*
- Bioassay for alcohol/SA
 - MAT eligibility/Rx meds
- Behavioral Health Services*
- Employment Services*
- Service referral/receipt
 - Obtain new employment
- Education*
- Service referral/receipt
 - Obtainment of diploma, degree, certification, etc.
- Housing*
- Service referral/receipt
 - Obtain new housing

MISSION-CJ MODEL OF CARE

- Critical Time Intervention
- Dual Recovery Therapy
- Peer Support
- Vocational Support
- Educational Support
- Risk-Needs Responsivity
- Trauma Informed Care

MISSION-CJ WORKBOOK

- Reflection & transition
- Positive living & attitudes
- Relationships & communication
- Relapse prevention
- Identifying, preventing & coping w-stress, identifying fears
- Problem solving & working toward goals
- Employment/educational planning
- Sustaining recovery
- Medication management
- Anger management

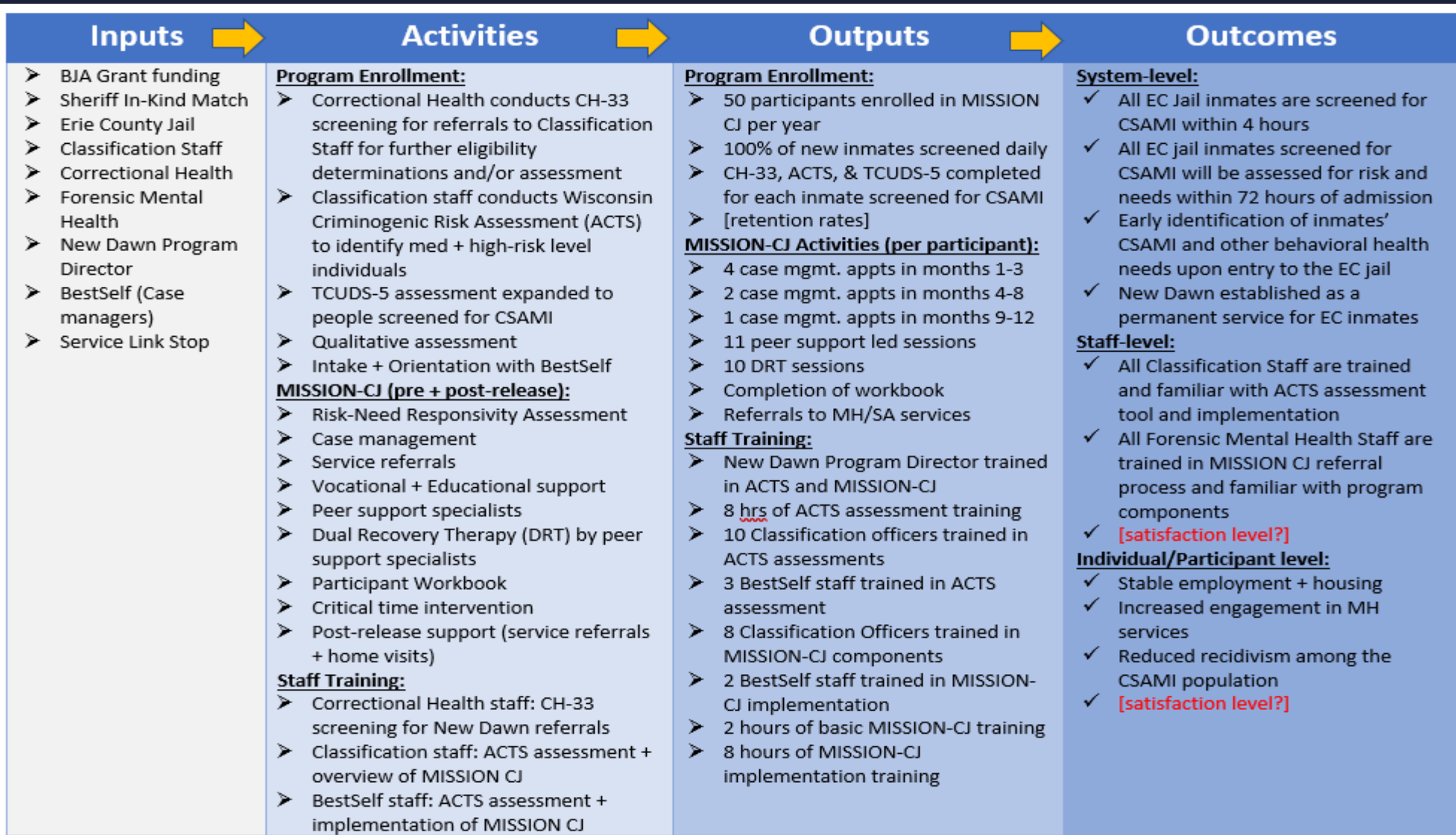


EVALUATION IMPLEMENTATION PHASE — YEAR 2

Implementation Begins

- ☀ Maintain weekly/bi-weekly project partner meetings as part of ongoing quality and performance improvement;
- ☀ Review implementation process;
- ☀ Make changes to logic model, work plan and program flow;
- ☀ Address barriers and make changes;
- ☀ Review data being collected. Ask:
 - ☀ Is it accurately reporting the information needed; or
 - ☀ Do we need to review and update the process?





Process Evaluation: Fidelity Assessments; Was the program implemented as intended? Are there lessons to be learned from the implementation process?
Data sets: BestSelf; Sheriff

Outcome/Impact Evaluation: What was the program's impact? Did it achieve the intended outcomes?

Logic Model



EVALUATION IMPLEMENTATION PHASE

Continuous Monitoring & Review of Quantitative Data

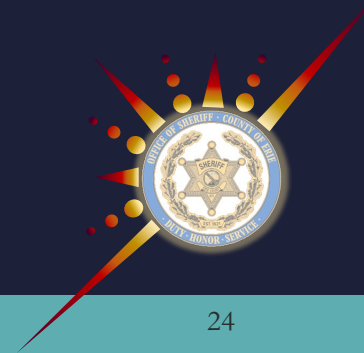
- ☀ Maintained real time. Workflow created for data collection and entry.
- ☀ Data reviewed by program team, project director & evaluation team monthly.
- ☀ Identify what, how, and when for data collection BEFORE implementation.
 - ✦ Identify population demographics, program activities, enrollment, services, programmatic gaps or barriers and plans to improve.
 - ✦ Identify barriers to collecting data (could be related to systemic or structural challenges).
 - ✦ Reassess regularly.
- ☀ Add, develop or modify services & activities so they are better designed to achieve outcomes;
 - ✦ Also, improve accuracy of reporting



EVALUATION IMPLEMENTATION PHASE

Reporting to stakeholders

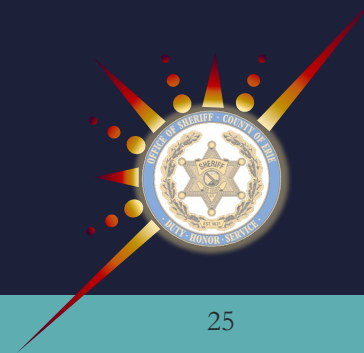
- ☀ Brief reports and funder reporting quarterly;
- ☀ Quarterly presentations to Reentry Coalition;
- ☀ Monthly progress reports to stakeholders;
- ☀ Update and discuss need for changes amongst committee bi-weekly. Modify procedures as needed.
 - ☀ Ex. Data from Forensic Mental Health for accuracy
 - ☀ Ex. State bail reform leading to limited eligibility of individuals. Eligibility and enrollment criteria modified to include medium risk and parolees.



EVALUATION IMPLEMENTATION PHASE

Measures to Support Sustainability & Demonstrate Success

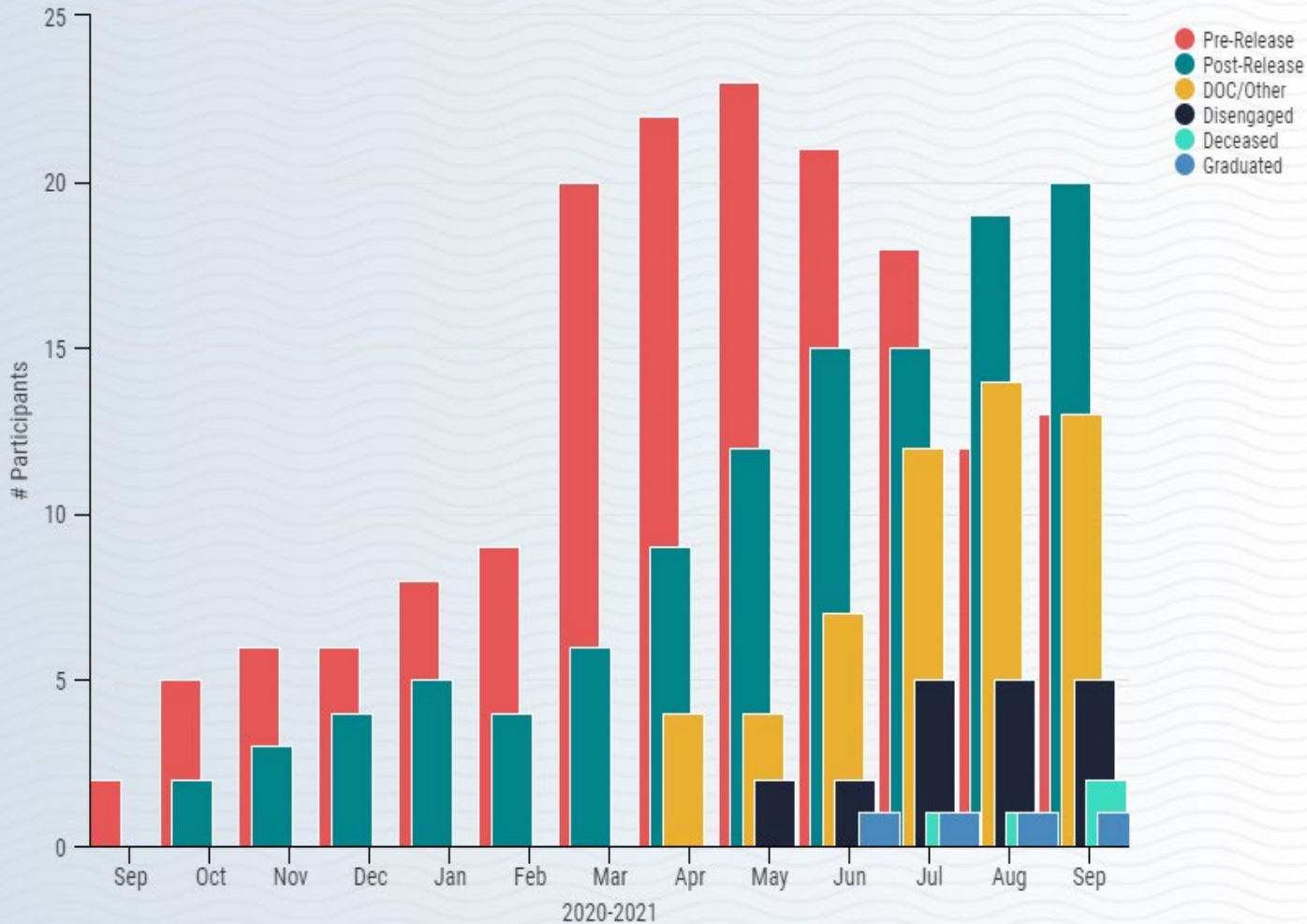
- ☀ Add, develop or modify services & activities so they are better designed to achieve outcomes
- ☀ Fidelity assessment conducted at end of Year 2
- ☀ Qualitative feedback from clients to be collected Year 3
- ☀ Feedback from staff and partners is ongoing – not formalized.
 - ☀ Regular meetings, agendas;
 - ☀ Project director keeps & distributes copious notes;
 - ☀ All partners have input.





Participant Distribution

Pre-release & Post-release Status



REAL-WORLD EXAMPLES

Participant Categorization:

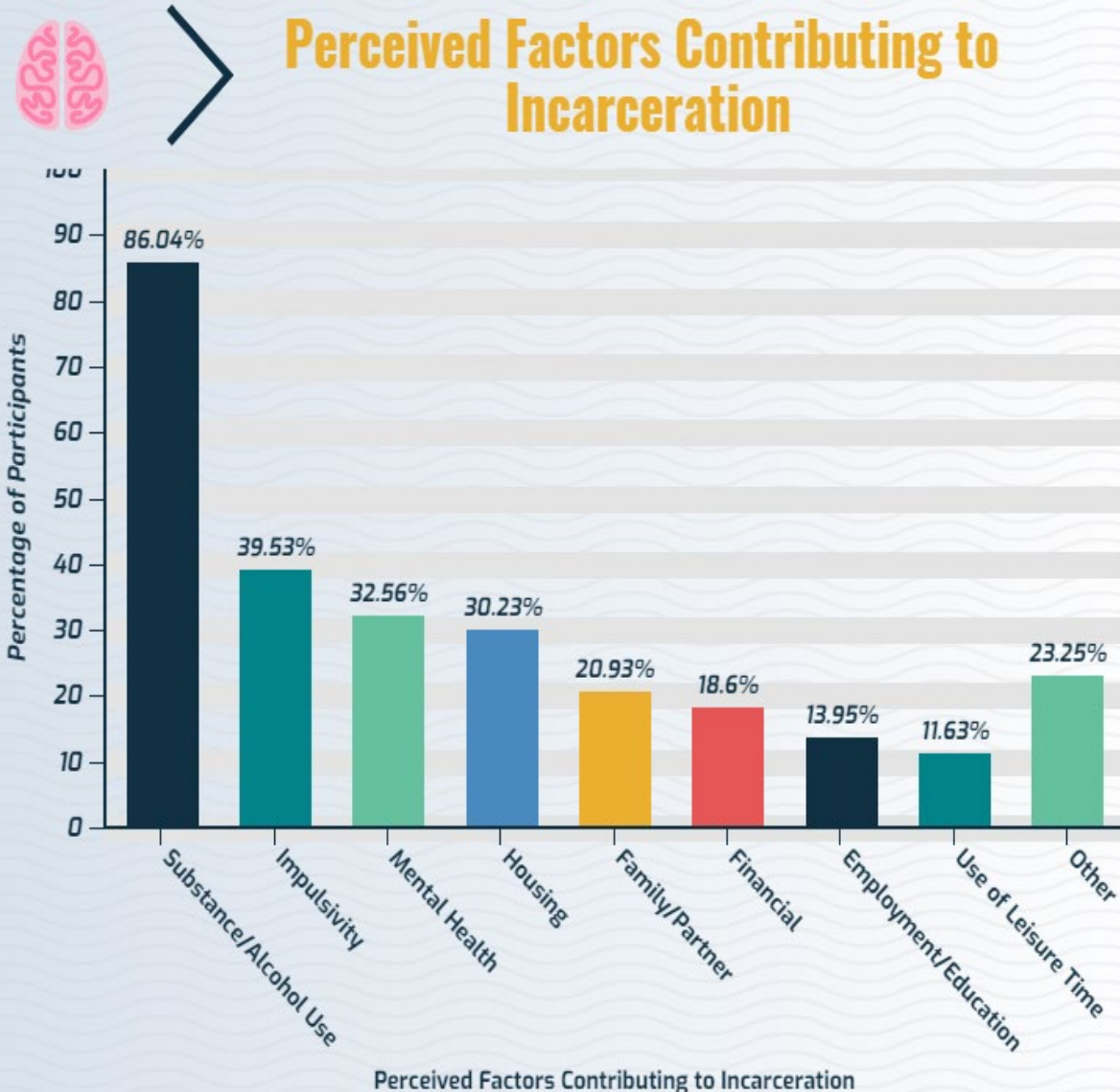
- ⚙ Pre- vs. Post-Release
- ⚙ DOC/Other Custody
- ⚙ Inactive/Disengaged
- ⚙ Deceased
- ⚙ Completed/Graduated

Considerations:

- ⚙ Data is often in flux and evolving, requiring on-going review of data collection measures and documents.
- ⚙ How can data be expanded beyond that required for mandated reporting?
- ⚙ How can “bad” data be used to improve programmatically?



REAL-WORLD EXAMPLES



Service Provisions:

- ✧ 100% Co-occurring
- ✧ 100% Behavioral Health
- ✧ 15% Housing
- ✧ 15% Primary Care
- ✧ 9% Employment/Education

Considerations:

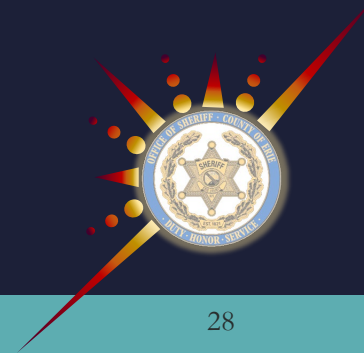
- ✧ How can evaluation be used to demonstrate program efficacy/provide quality assurance?
- ✧ What is the best way to present data to various groups & stakeholders?



REVIEW & CONCLUSION

Data Use Review

- ☀ Ongoing quality/performance improvement
- ☀ Reporting to stakeholders
- ☀ Support sustainability
- ☀ Facilitate program success





Q&A



Thank you for participating!

For additional assistance, contact us at estta@rti.org