

BUREAU OF JUSTICE ASSISTANCE

Data Collection for MAT projects in the Criminal Justice System

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Goal of this webinar

- To recommend a set of data that, if consistently collected at the client level, allows a community to measure the impact of system-wide implementation or expansion of MAT access.
 - Some data elements are core data elements and we strongly encourage you to collect these data.
 - Other data are more time consuming to collect and require additional resources. These data will be labeled aspirational to collect.

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HIPAA and 42 CFR

- Because this webinar focuses on client level data collection, it is important to think about who will be responsible for tracking the client-level data throughout the person's progress from the jail to the community and the releases of information and/or business associate agreements that will need to be established at the outset. This person is almost always going to be an evaluator or someone directly responsible for program evaluation.
- Once data collection is complete, all identifying information should be stripped from the records.
- Reporting of program outcomes should focus on aggregate data - no client-level data should be reported.

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Critical Components of Data Collection

- Collect data electronically, even if it is in an Excel spreadsheet or an Access database. If data collection cannot be automated, have an intern input the data into a spreadsheet manually each week.
- Choose the data collection approach that is the least disruptive to the work flow of the staff.
- Be persistent and consistent in your efforts to introduce data collection to agencies.
- Be prepared to train staff regularly as staff turnover.
- Dedicate staff to this data collection. Many grants allow you to use a portion of the grant dollars to support data collection.
- Check your data regularly to make sure it's being routinely collected and that it's being entered accurately. Quality matters.

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DATA COLLECTION

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Jail-Based Data to Collect

Purpose: To understand the behavioral health/addiction service needs of individuals coming into the jail and document the services provided while in custody.

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Jail-Based Data to Collect/Extract From Intake

Core data to collect electronically or extract from the booking database at intake:

- Date of intake
- Demographics of the individual
- Individual's status at entry (pretrial or sentenced)
- Booking offense(s)
- Is the individual taking medications to treat addiction? If yes, what medications?
- Other medications the individual is taking?
- Illicit drugs taken in the last 30 days? If yes, frequency of use by drug type.
- Is the individual pregnant?
- Aspirational: Has the individual previously taken medication to treat addiction? If yes, dates of use and what medication?

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Jail-Based SUD Screening Data

The results of any SUD screening conducted by clinical and non-clinical staff at booking and intake should be collected electronically. NOTE: This may occur at multiple points while in custody.

- Data each screening was conducted
- Did the individual self-report a SUD?
- Screening tool used
- Results of screening: Score/Was possible substance misuse flagged?

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Brief Screeners

Staff should be trained to administer screening tools. Ideally screening should occur upon entry to jail. All responses, even negative ones, should be documented in electronic system.

Brief Screeners	Domain	# of Items	Responses generated	Follow-up indicated
NIDA Quick Screen	Drugs, alcohol, tobacco	4 (1 per substance with separate question for prescription misuse)	Frequency responses to past year use	If Yes, conduct further screening
TAPS-1	Drugs, alcohol, tobacco	4 (1 per substance with separate question for prescription misuse)	Frequency responses to past year use	If any responses other than Never, conduct further screening
Drug use single-item screener	Drugs	1	Frequency of past year use	If Yes, conduct further drug use screening
Alcohol single item screener	Alcohol	1	Frequency of past year binge drinking	If Yes, conduct further alcohol use screening
PHQ-2	Depression	2	1-4 scale of problem severity in past 2 weeks	If score of 3 or more, conduct further screening
GAD-2	Anxiety	2	1-4 scale of problem severity in past 2 weeks	If score of 3 or more, conduct further screening
PC-PTSD	Post-traumatic Stress Disorder	4	Yes/No to lifetime	If Yes to 3 or more items, conduct further screening

Screeners

Staff should be trained to administer screening tools. Full screening should be done when indications of possible behavioral health problems have been noted. All screening results should be documented in electronic system.

Screeners	Domain	# of Items	Responses generated	Follow-up indicated
NIDA Modified ASSIST	Drugs, alcohol, tobacco	Varies depending on number of endorsed substances	Yes/No and frequency of use for endorsed substances in past 3 months	If score 4 or more, further assess for diagnosis
TAPS-2	Drugs, alcohol, tobacco	9 with sub-items for each (2 main questions concerning opioids)	Yes/No to use behaviors in past 3 months	If score 2 or more, further assess for diagnosis
TCU Drug Screen-5 with Opioid Supplement	Drugs, alcohol	17 with sub-items for each	Yes/No and frequency of use for endorsed substances in past year	If score 4 or more, further assess for diagnosis
DAST	Drugs	28	Yes/No in past year	If score 6 or more, further assess for diagnosis
PHQ-9	Depression	9 plus a severity score	1-4 scale of problem severity in past 2 weeks	If score 9 or more, further assess for diagnosis
GAD-7	Anxiety	7 plus a severity score	1-4 scale of problem severity in past 2 weeks	If score 10 or more, further assess for diagnosis
Modified Mini Screen	Mood, Anxiety, Psychotic	22	Yes/No in lifetime	If score 6 or more, further assess for diagnosis

Jail-Based SUD Assessment Data

- Assessment tool used
- Date of assessment
- Credentials of person completing the assessment
- Assessment results
- Was MAT presented as an option during assessment?
- Action on assessment (referral to in-jail BH SUD therapy, referral to MAT assessment by provider, other)

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Referrals to MAT Data

- For those individuals in custody who are assessed as having an OUD, collect the following data electronically:
 - Is the individual willing to remain on MAT (if entering custody on MAT)? If no, document the reason.
 - Are you willing to initiate MAT? If no, document the reason.
 - Date medication was provided (document each dose and formulation) and purpose for which medication was provided (maintenance or as part of a withdrawal protocol)
 - Was MAT terminated during incarceration? If yes, date medication was stopped and reason medication was stopped.

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Treatment Adherence In-custody

- Number of urine drug screens collected
- Results of urine drug screens

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Jail-Based Treatment and Recovery Support Services Received

- In addition to MAT, it is important to identify other treatment and recovery support services each individual received.

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Sample Behavioral Health Services Data to Collect

Category	Service available in the institution	Service received by the individual	# of Sessions Received
Therapeutic community program	[Selected (Yes/No)]	[Selected (Yes/No)]	
Cognitive-behavioral treatment	[Selected (Yes/No)]	[Selected (Yes/No)]	
Relapse prevention groups	[Selected (Yes/No)]	[Selected (Yes/No)]	
Psychoeducational groups	[Selected (Yes/No)]	[Selected (Yes/No)]	
Individual substance abuse counseling	[Selected (Yes/No)]	[Selected (Yes/No)]	
Individual mental health counseling	[Selected (Yes/No)]	[Selected (Yes/No)]	
Trauma treatment	[Selected (Yes/No)]	[Selected (Yes/No)]	

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Sample Recovery Support Data to Collect

Category	Service available in the institution	Service received by the individual	# of Sessions Received
Peer support or recovery coaching	[Selected (Yes/No)]	[Selected (Yes/No)]	
Vocational training	[Selected (Yes/No)]	[Selected (Yes/No)]	
Anger management training	[Selected (Yes/No)]	[Selected (Yes/No)]	
Addressing criminal thinking training	[Selected (Yes/No)]	[Selected (Yes/No)]	
Case management	[Selected (Yes/No)]	[Selected (Yes/No)]	
Faith-based support	[Selected (Yes/No)]	[Selected (Yes/No)]	
Education (e.g., GED support)	[Selected (Yes/No)]	[Selected (Yes/No)]	
Family reunification services	[Selected (Yes/No)]	[Selected (Yes/No)]	
Transportation assistance	[Selected (Yes/No)]	[Selected (Yes/No)]	
Alcoholics Anonymous	[Selected (Yes/No)]	[Selected (Yes/No)]	
Anonymous Narcotics Anonymous			
Other	[Selected (Yes/No)]	[Selected (Yes/No)]	

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Reentry Data to Collect

- Date of MAT appointment in community, if applicable.
- Date of next behavioral health treatment appointment in the community, if applicable.
- Contact information in the community (for follow-up)
- Consent to follow-up as part of data collection.
- Was a take-home dose of buprenorphine provided? If yes, how many days?

Aspirational data to collect

- Does the individual have secure housing in the community?
- Does the individual have secure transportation in the community?
- Does the individual have insurance?
- Does the individual have an ID?
- Is the individual actively engaged in peer mentoring?

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Community-based Supervision Data Collection

- For those individuals who received services in the jail that transition to probation/pretrial/drug court or other forms of supervised release:
 - Is the individual willing to remain on MAT? If no, document the reason.
 - Date medication was provided (document each dose and formulation) and purpose for which medication was provided (maintenance or as part of a withdrawal protocol)
 - If applicable, date medication was stopped and reason medication was stopped.

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Community-based Supervision Data Collection

- Non-medication based behavioral health services available in the community (maintain a list of services routinely available).
- Non-medication based behavioral health services received by the individual in community (Aspirational: The dates each service was provided).
- Recovery support services available in the community (maintain a list of services routinely available).
- Recovery support services received by the individual in the community, (Aspirational: The dates each service was provided).

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Community-based Supervision Data Collection

- Number of urine drug screens collected
- Results of urine drug screens
- Date community-based supervision was completed and status at completion (successful/unsuccessful)

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IMPACT/OUTCOMES

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Criminal Justice-Related Impact/Outcome Measures

There are four common measures of criminal justice outcomes:

- Number of new technical violations by type
- Number of new arrests by offense type (drug/violent/property/other) and offense level (misdemeanor/felony)
- Number of new jail bookings and # of days served per booking
- Number of new convictions offense type (drug/violent/property/other) and offense level (misdemeanor/felony)

Measure at 6-month intervals (6 months, 12 months, 18 months, 24 months)

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Health/Behavioral Health Impact/Outcome Measures

- Number of fatal/non-fatal overdoses
- Number of drug-free babies born
- Number of drug-related emergency department visits
- Number of positive drug and alcohol screens
- Aspirational: Self-reported days of illicit drug use

Measure at 6-month intervals (6 months, 12 months, 18 months, 24 months)

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COST DATA

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Cost-Related Data to Collect

Goal: To position your community to be able to conduct a cost/benefit analysis of your services.

Core data to collect for in-custody programs:

- Unit cost per dose of each formulation of drug.
- Cost of medical supplies associated with the program.
- Cost of other supplies (e.g. curriculum, assessment tools).
- Salary and benefits of each staff person providing medical services.
- Salary and benefits of each staff person providing behavioral health services.
- Salary and benefits of each staff person providing reentry planning services.
- Average amount of time spent per client per type interaction.
- Cost per urinalysis test to monitor medication compliance.

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Cost-Related Data to Collect

Core data to collect for community-based programs:

- Some criminal justice agencies pay for some or all of the services, sometimes the client pays, sometimes insurance pays, sometimes Medicaid pays or any combination of the above. Capture the source of payment for each service provided to a client so this can be accounted for.
 - ✓ Cost of medical supplies associated with the program.
 - ✓ Cost of other supplies (e.g. curriculum, assessment tools).
 - ✓ Salary and benefits of each staff person providing medical services.
 - ✓ Salary and benefits of each staff person providing behavioral health services.
 - ✓ Average amount of time spent per client per type interaction.
 - ✓ Cost per urinalysis test to monitor medication compliance.

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Final Thoughts

- Use your data!
- Set up your data collection system so that it:
 - Allows you to export your core client level data on demand into a spreadsheet.
 - Allows you to generate a monthly aggregated report.
 - Flags missing or overdue data entry.
- Aspirational goal: Set up a live dashboard.