PRSS Program Evaluation

The BJA COSSAP TTA Center on Peer

Recovery Support Services

Welcome and Introductions

Welcome

- Erin Etwaroo, LPC

- Elizabeth Burden, M.S.

- Kelly Dennis, B.S., R.S.

- Christina Cenczyk, MSCJ

- Jennifer King, M.A., CFRE

- Kevin Borum, CRS

Kelly Dennis, B.S., R.S.

▲ Graduated from Bowling Green State University with a Bachelor of Science in Education.

▲ Previous Environmental Health Sanitarian with Ross County Health District.

▲ Previous Environmental Health Director with the Pickaway County General Health District.

▲ Lead the Ross County Health District agency's accreditation efforts to become a nationally accredited health district.

▲ Director of Health Promotion and Quality Improvement.

▲ Serves on the health district's COVID-19 Response Leadership Team.

Christina Cenczyk, MSCJ

▲ Director of Data and Research for the UAB Substance Abuse Division.

▲ Institutionalizes the use of data for systems-improvement.

▲ Records and reviews essential metrics.

▲ Engaged in the evaluation of multiple projects involving drug courts expansion, family wellness, recovery support services, pretrial assessment, and a comparison study of chemically addicted pregnant women at the UAB Complications Clinic.

▲ Masters in Criminal Justice from the University of Alabama.

Jennifer King, M.A., CFRE

▲ Executive Director of The Council of Southeast PA and PRO-ACT – Pennsylvania Recovery Organization – Achieving Community Together.

▲ Masters in Communication from LaSalle University and earned the Certified Fundraising Executive Credential.

▲ Serves on the Board as Vice President of the Bucks Mont Collaborative.

▲ Chairs the Membership Committee.

▲ Served two terms on the Advisory Board for Bucks County Children and Youth Social Services Agency.

Learning Objectives

After this session you will be able to:

▲Implement program evaluation

▲Identify data to track and report

▲Develop a data plan

▲Use data to drive programming and policy changes

Elizabeth Burden, M.S.

▲ Senior Advisor with the National Council for Mental Wellbeing.

▲ Experience leading diverse for-profit and non-profit organizations.

▲ Non-profit consultation.

▲ Extensive experience in organizational development, community development, program planning and development, staff and volunteer development, grant writing and fund development, and media relations and marketing.

▲ Developed and presented trainings around the country under the funding initiatives of several federal agencies and programs.

OVERVIEW: MOVING TOWARD AN EVIDENCE BASE

Elizabeth Burden, National Council for Mental Wellbeing

March 30, 2022

Ross County, Ohio

Kelly Dennis, Ross County Health District

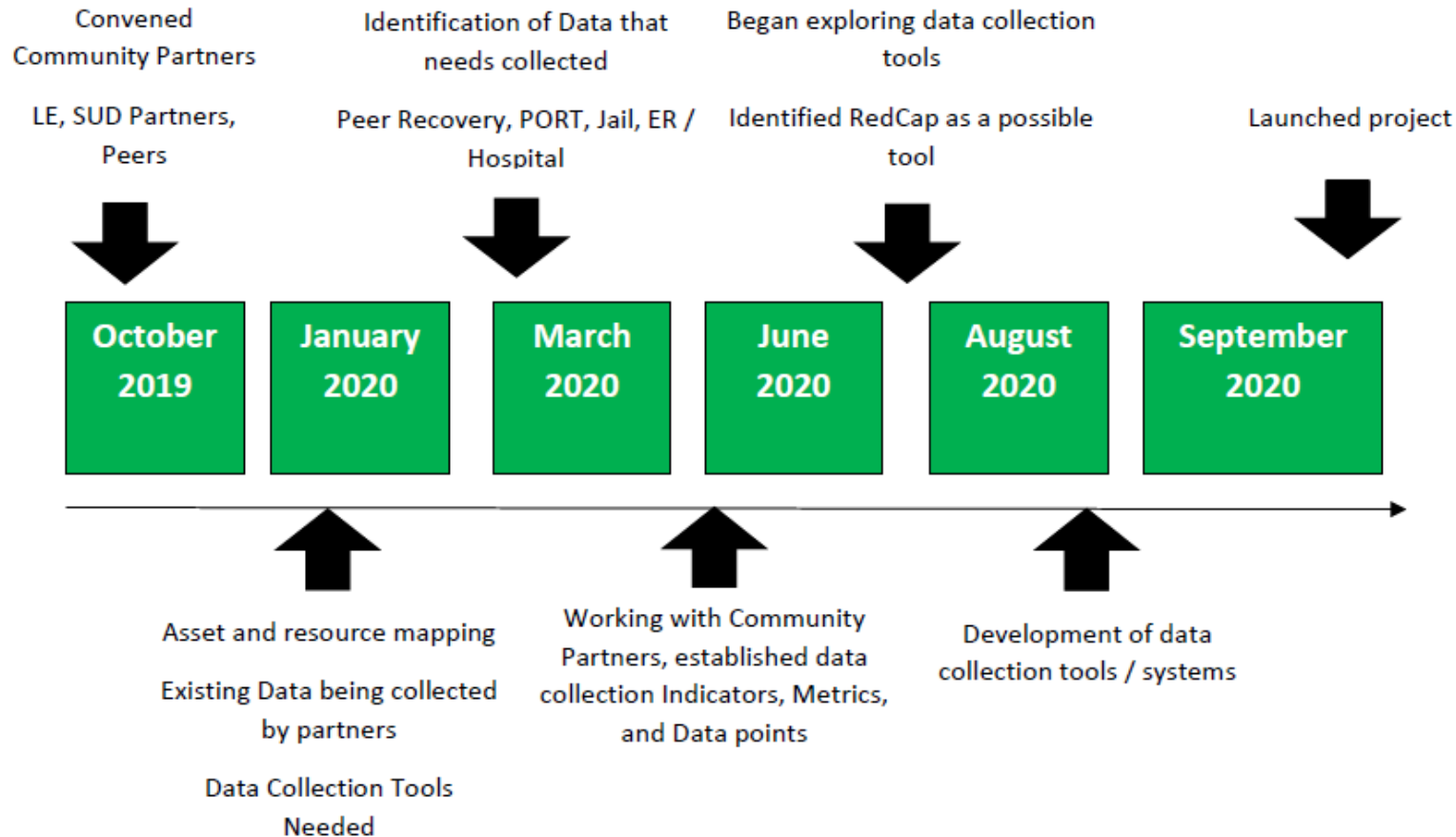March 30, 2022

Ross County, OH

Population - 76,666
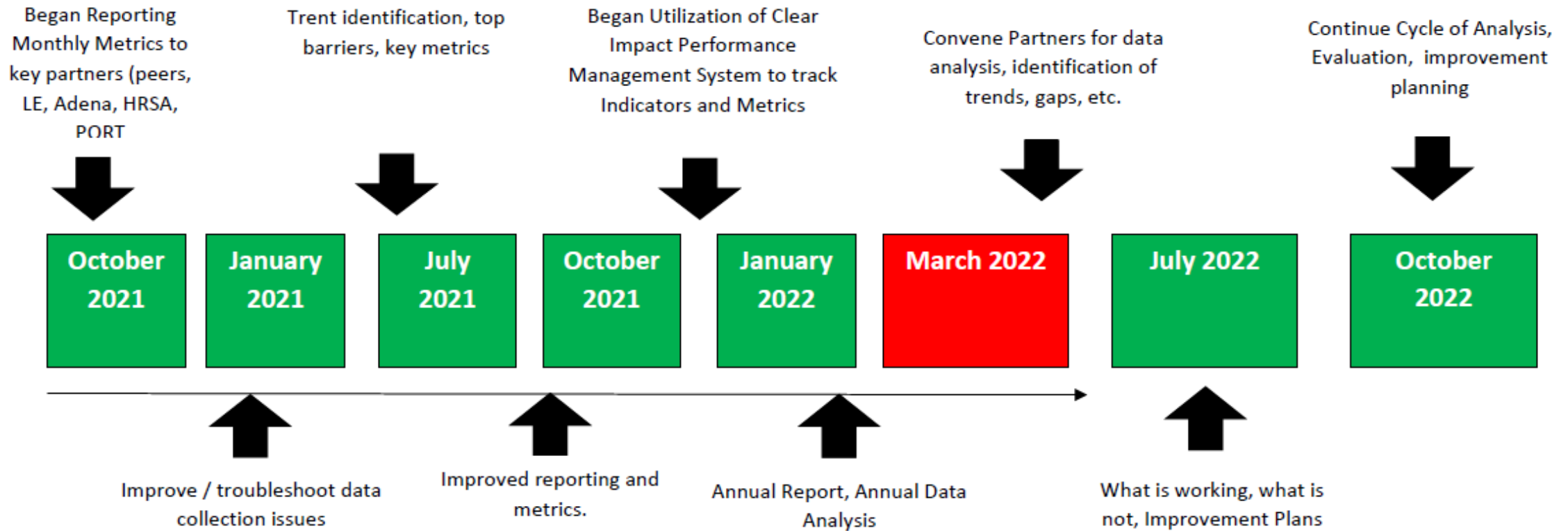
County Seat – Chillicothe Population - 21,722

Fatal Overdoses Per Year vs. Past 3 Year Average

Legend: Totals (green bars) | Past 3 year average (line)

Ross County Health District
Overdose Prevention and SUD Data Collection Efforts

External Data from Partners

- Ross County Post Overdose Response Team (PORT)
- Peer Recovery and Support Services with RCCA and Chillicothe Ross County Public Library
- Ross County Overdose Fatality Review and Ross County Coroner
- Adena Health System
- Chillicothe Police Department – Social Worker

BJA Data Grant

RCHD Internal Data Collection

- Overdose Fatality Review
- Drug Overdose Prevention Grant
- Integrated Naloxone Grant
- Overdose Surveillance (ODMaps, EpiCenter)

Results-Based Accountability

Use of Performance Management Practices in public health is a tool to improve health outcomes of our population
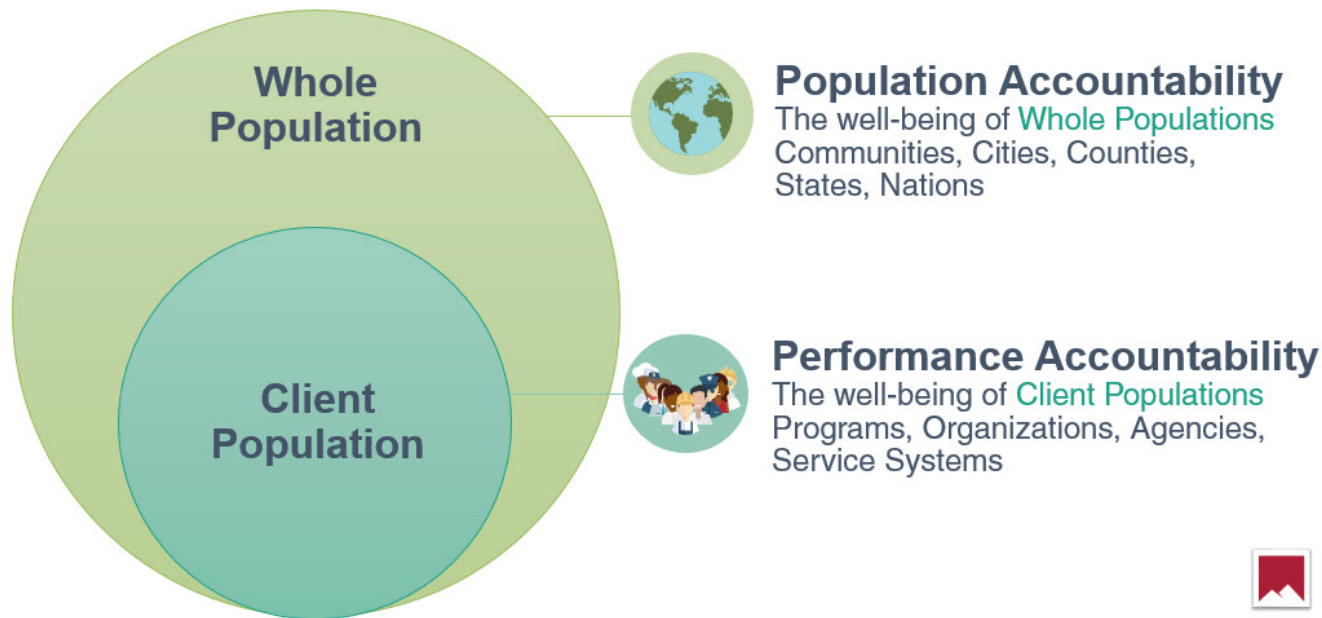
	Quantity	Quality
Effort	How much did we do?	How well did we do it?
Effect	Is anyone better off? #	Is anyone better off? %

Population Accountability
The well-being of Whole Populations
Communities, Cities, Counties, States, Nations

Performance Accountability
The well-being of Client Populations
Programs, Organizations, Agencies, Service Systems

Whole Population

Client Population

CLEAR IMPACT
reach your peak

Source: https://clearimpact.com/results-based-accountability/

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Turn the Curve Thinking

1. How are we doing?

2. What is the story behind the curve?

3. Who are the partners who have a role to play in turning the curve?

4. What works to turn the curve?

5. What is our action plan to turn the curve?

Turn the Curve?

Adopted from the seven Population and Performance Accountability questions found in *Trying Hard Is Not Good Enough*.

Source: https://clearimpact.com/results-based-accountability/turn-the-curve-thinking/

Outreach Attempts vs. Reported Overdoses

Number of outreach attempts - Comparison

Legend:
- ○ [Outreach Team] Number of outreach attempts
- ○ Ross County Suspected Overdoses per Month (includes both Fatal and Non–fatal)
- ○ [Outreach Team] Number of successful contacts
- ○ [Outreach Team] Total Referred to treatment
- ○ [Outreach Team] Total appointments made for treatment within 48 hours
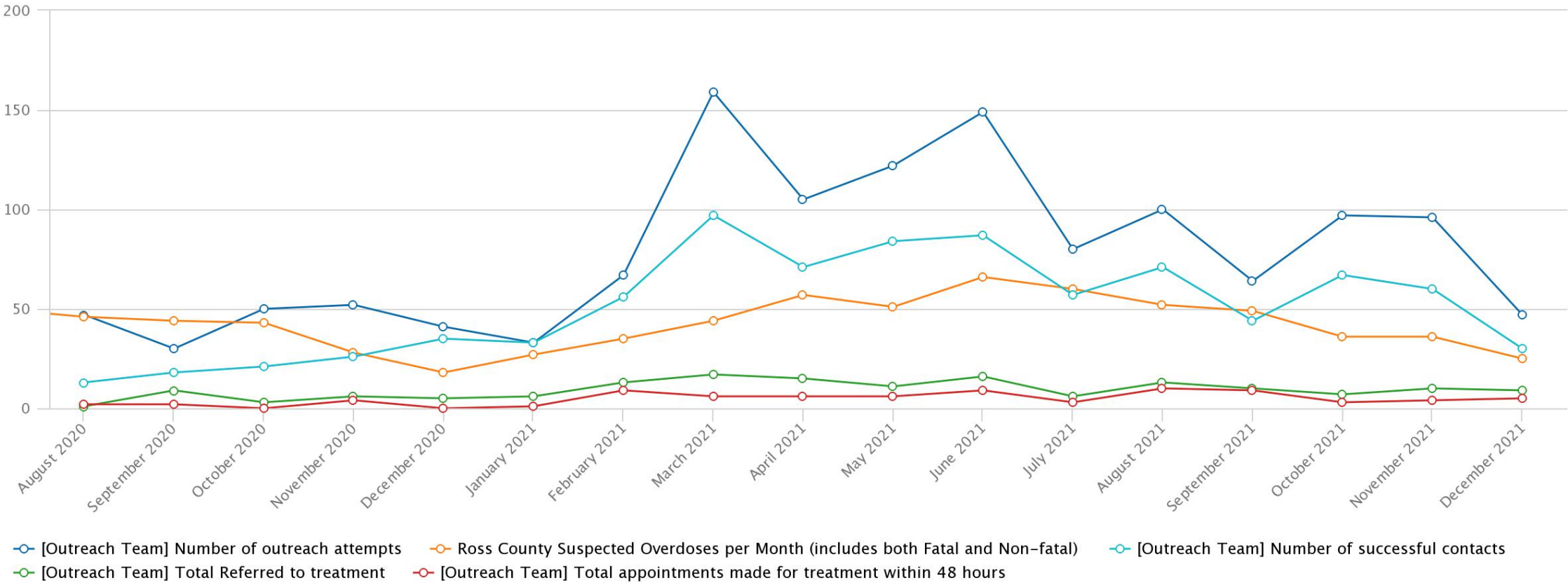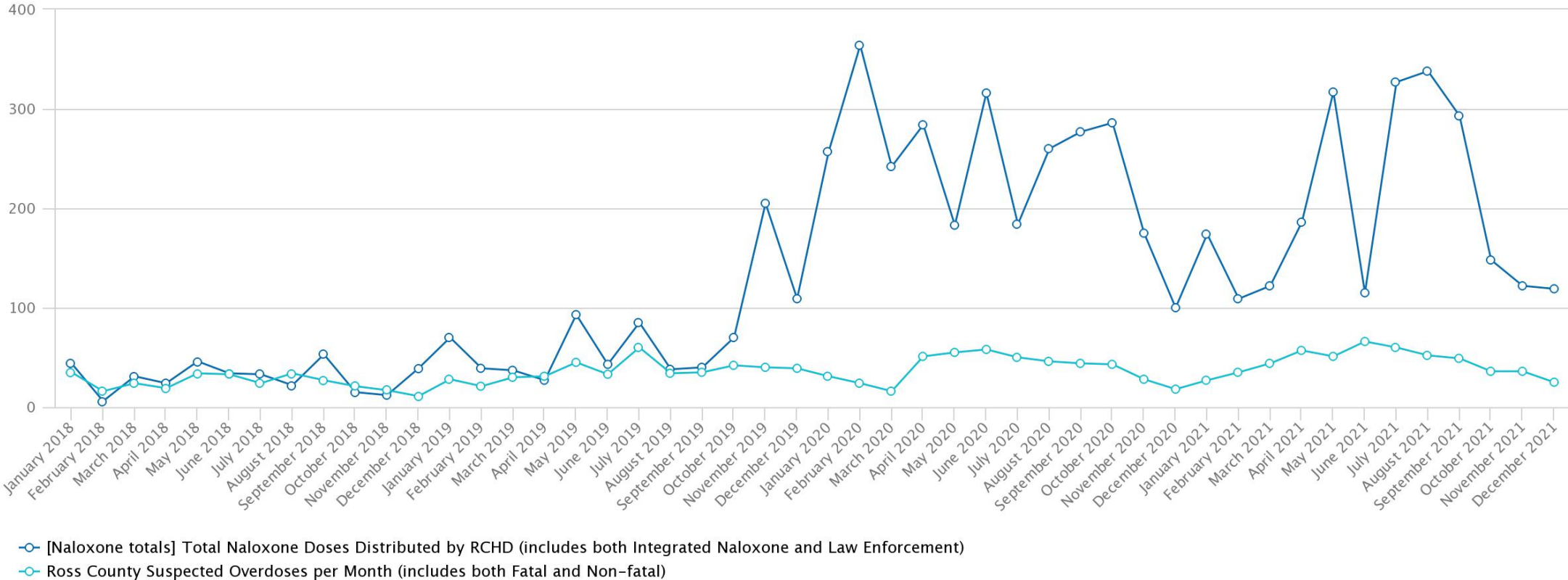
ClearImpact.com

Source: Ross County Health District Redcap Project Outreach Team, and Post Overdose Response Team, 2018-2021
** All data is preliminary and subject to change as new information is reported to RCHD**

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RCHD Overall Naloxone Distribution vs. Reported ODs

Total Naloxone Doses Distributed by RCHD (includes both Integrated Naloxone and Law Enforcement) - Comparison

○ [Naloxone totals] Total Naloxone Doses Distributed by RCHD (includes both Integrated Naloxone and Law Enforcement)
○ Ross County Suspected Overdoses per Month (includes both Fatal and Non-fatal)
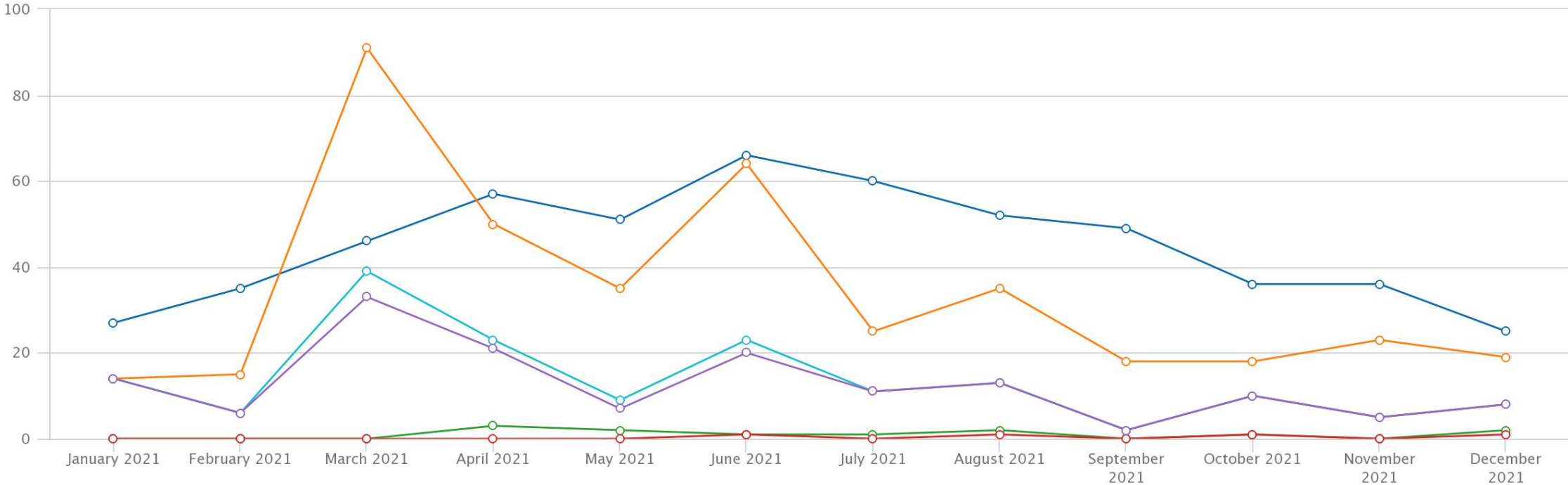
ClearImpact.com

Source: Ross County Health District Drug Prevention Program (DR), Project Dawn Program (IN), PORT
** All data is preliminary and subject to change as new information is reported to RCHD**
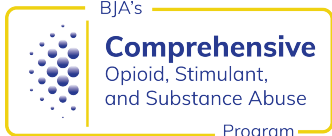
Post Overdose Response Team (PORT) Data

Total number of overdose occurrences reviewed by PORT - Comparison


Legend:
- [PORT] Total number of overdose occurrences reviewed by PORT
- [PORT] Total Number of PORT Referrals to Outreach Team
- [PORT] Number of Successful contacts by PORT
- [PORT] Total number of individuals referred to Treatment by PORT
- [PORT] Number of treatment referrals obtaining appointments within 48 hours
- [PORT] Total referrals to services of other kind

ClearImpact.com

Source: Ross County Health District REDCap PORT, PRS, LSW w/ CPD, 2020- 2021

** All data is preliminary and subject to change as new information is reported to RCHD**
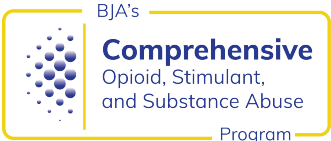
Next Steps

Community / Partners
- Convene partners to analyze progress
- Evaluate progress, identify areas for improvement
- Community planning to guide improvements

RCHD Next steps:
- Streamline data collection and analysis processes
- RCHD Program evaluation
- Improvement Planning of RCHD programs and services

The University of Alabama, Birmingham

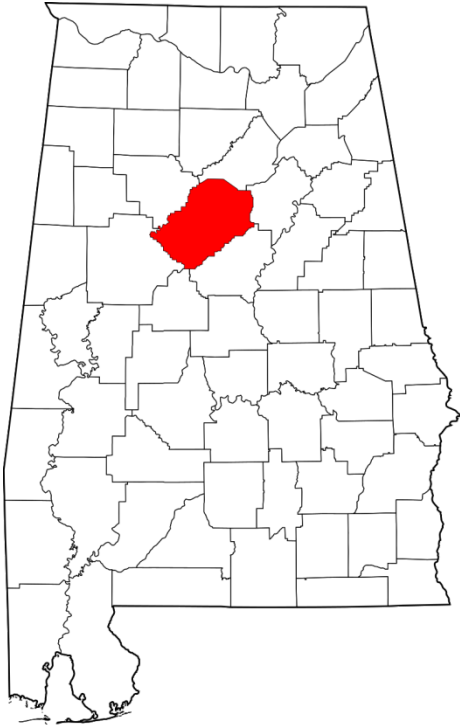**Christina Cenczyk,** UAB Department of Psychiatry and Neurobiology Substance Abuse Division

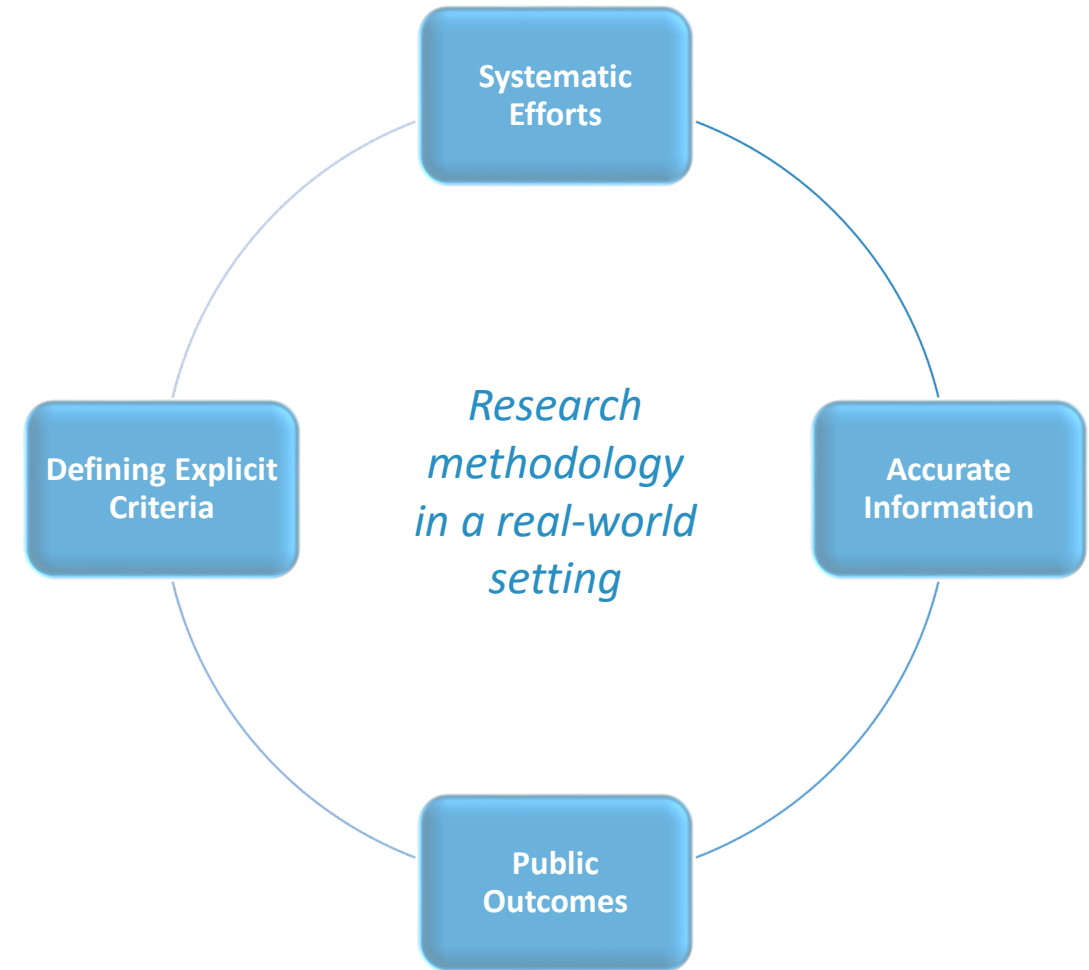March 30, 2022

Jefferson County, AL

County Population – 674,721

County Seat - Birmingham
(Population – 200,733)

What is evaluation?

- **Informal Concept**: Examining and judging to determine value.[1]

- **BJA Definition:** A systematic, objective process for determining the success of a policy or program. It addresses questions about whether and to what extent the program is achieving its objectives.[2]

Systematic Efforts

Defining Explicit Criteria

Research methodology in a real-world setting

Accurate Information

Public Outcomes

[1]Program Evaluation: Alternative Approaches and Practical Guidelines (Worthern, B., Sanders, J., Fitzpatrick, J.)
[2]BJA Website: https://bja.ojp.gov/program/crppe/research-evaluation#8u7fnp

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Step 1: Getting Started

- Review Grant
  - What is the Intervention?
  - Who is your Target Population?
  - Operationalize your Goals and Objectives.
  - What Evidence Based Practices are afoot?
  - Are Screening Tools listed?
  - Which Partnerships are cited?

- Develop Evaluation Timeline
  - Reporting Intervals
  - Service Launch
  - Grant End Date

Goal 1
- Objective
- Objective

Goal 2
- Objective
- Objective

Goal 3
- Objective
- Objective
- Objective
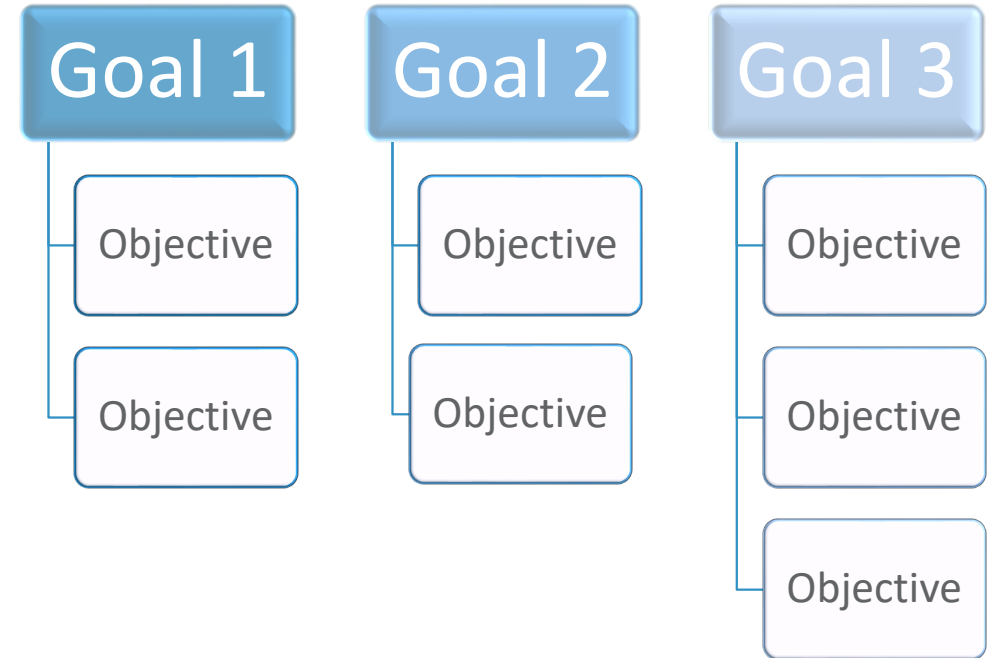
Step 2: Developing a Data Plan

- Be there during planning.
- Are definitions and concepts in line with proposed intervention?
- What is their full concept for service delivery?
- What questions do they wish to explore?
- **Map** the proposed intervention for key data points.
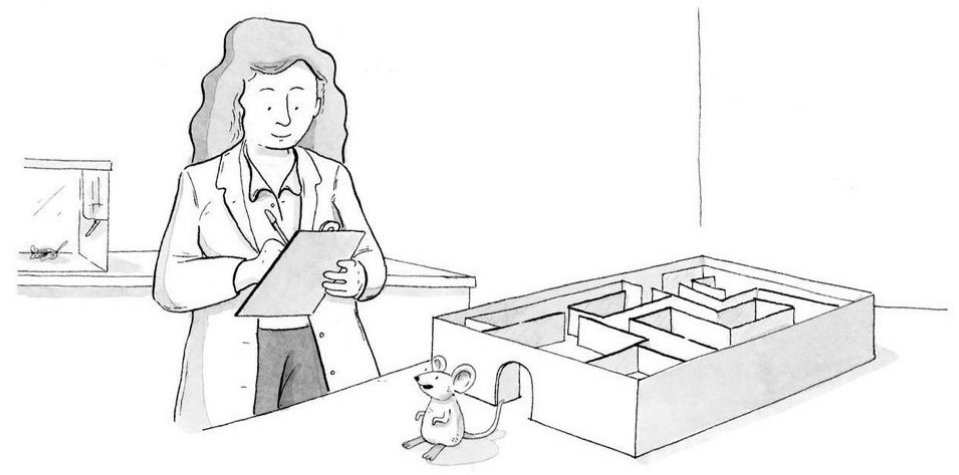
Navied Ninni

"May I offer a different interpretation of the data?"

COSSAP Grant Data Map

Updated 1/13/2022

Risk Identification (Pretrial)

Pretrial Screen
(Including ARFO Questions)

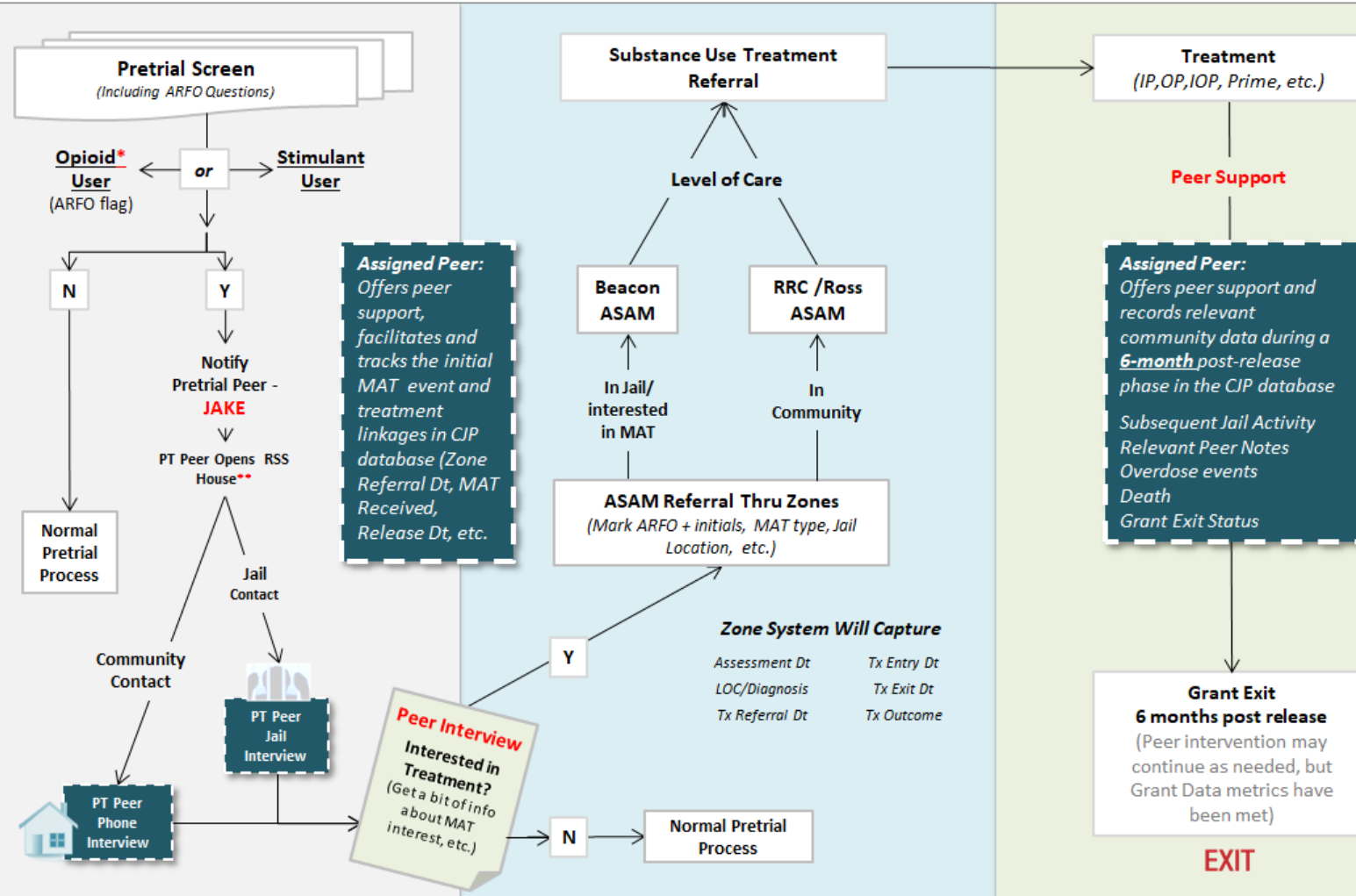**Opioid* User** ← **or** → **Stimulant User**
(ARFO flag)

N — Y

Notify Pretrial Peer - JAKE

PT Peer Opens RSS House**

Normal Pretrial Process

Jail Contact

Community Contact

PT Peer Phone Interview

PT Peer Jail Interview

Assigned Peer: Offers peer support, facilitates and tracks the initial MAT event and treatment linkages in CJP database (Zone Referral Dt, MAT Received, Release Dt, etc.

Peer Interview
Interested in Treatment?
(Get a bit of info about MAT interest, etc.)

N → **Normal Pretrial Process**

Y →

Assessment Coordination

Substance Use Treatment Referral

Level of Care

Beacon ASAM — **RRC /Ross ASAM**

In Jail/ interested in MAT — In Community

ASAM Referral Thru Zones
(Mark ARFO + initials, MAT type, Jail Location, etc.)

Zone System Will Capture

Assessment Dt	Tx Entry Dt
LOC/Diagnosis	Tx Exit Dt
Tx Referral Dt	Tx Outcome

Community Follow up

Treatment
(IP,OP,IOP, Prime, etc.)

Peer Support

Assigned Peer: Offers peer support and records relevant community data during a 6-month post-release phase in the CJP database

*Subsequent Jail Activity
Relevant Peer Notes
Overdose events
Death
Grant Exit Status*

Grant Exit 6 months post release
(Peer intervention may continue as needed, but Grant Data metrics have been met)

EXIT

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* ARFO = At Risk For Overdose? (Any 1 yes answer to 8 Questions)

**Even if the COSSAP client rejects MAT or Treatment Options before the RSS house is opened, the Pretrial peer still needs to open the house & grant tab if ARFO is checked. This is how we record how we record how many potential clients were there to help. Record that you received the COSSAP referral and then close with the appropriate status.

Performance Metric

Number of individuals screened

Number of individuals identified as ARFO

Number of individuals receiving recovery support services

Time elapsed between screening and assessment

Number of substance use assessments conducted

Number of individuals receiving MAT

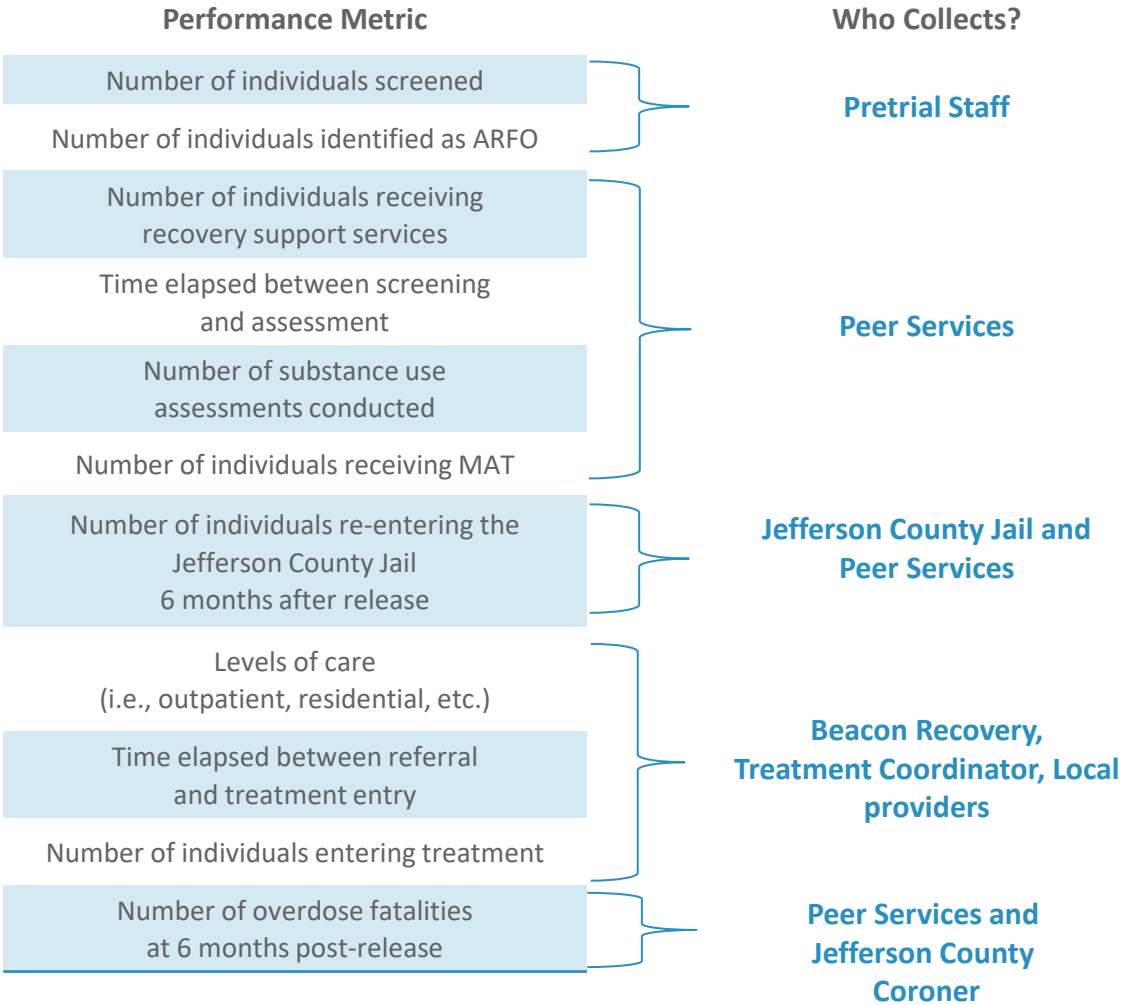Number of individuals re-entering the Jefferson County Jail 6 months after release

Levels of care
(i.e., outpatient, residential, etc.)

Time elapsed between referral and treatment entry

Number of individuals entering treatment

Number of overdose fatalities at 6 months post-release

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Step 3: Implementing the Data Plan

| Performance Metric	Who Collects?
Number of individuals screened	Pretrial Staff
Number of individuals identified as ARFO	
Number of individuals receiving recovery support services	Peer Services
Time elapsed between screening and assessment	
Number of substance use assessments conducted	
Number of individuals receiving MAT	
Number of individuals re-entering the Jefferson County Jail 6 months after release	Jefferson County Jail and Peer Services
Levels of care (i.e., outpatient, residential, etc.)	Beacon Recovery, Treatment Coordinator, Local providers
Time elapsed between referral and treatment entry	
Number of individuals entering treatment	
Number of overdose fatalities at 6 months post-release	Peer Services and Jefferson County Coroner

Other Considerations

✓ Have baselines been established?
  ✓ Previous year or concurrent
✓ What is your data tracking strategy?
  ✓ Database modification
  ✓ Redcap
  ✓ Excel
  ✓ Combination
✓ Will you need a data sharing agreement, IRB, or other arrangements?
✓ Plan for a drop analysis

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Step 4: Data Dashboard

- Regular Summaries

- Developed from your data map and process meetings

- What metrics need to be viewed regularly?
  - Client traffic
  - Key demographics
  - Goals progress
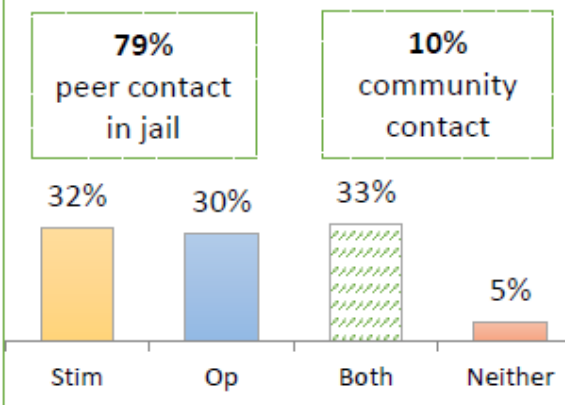 - Relevant benchmarks
  - What has meaning?
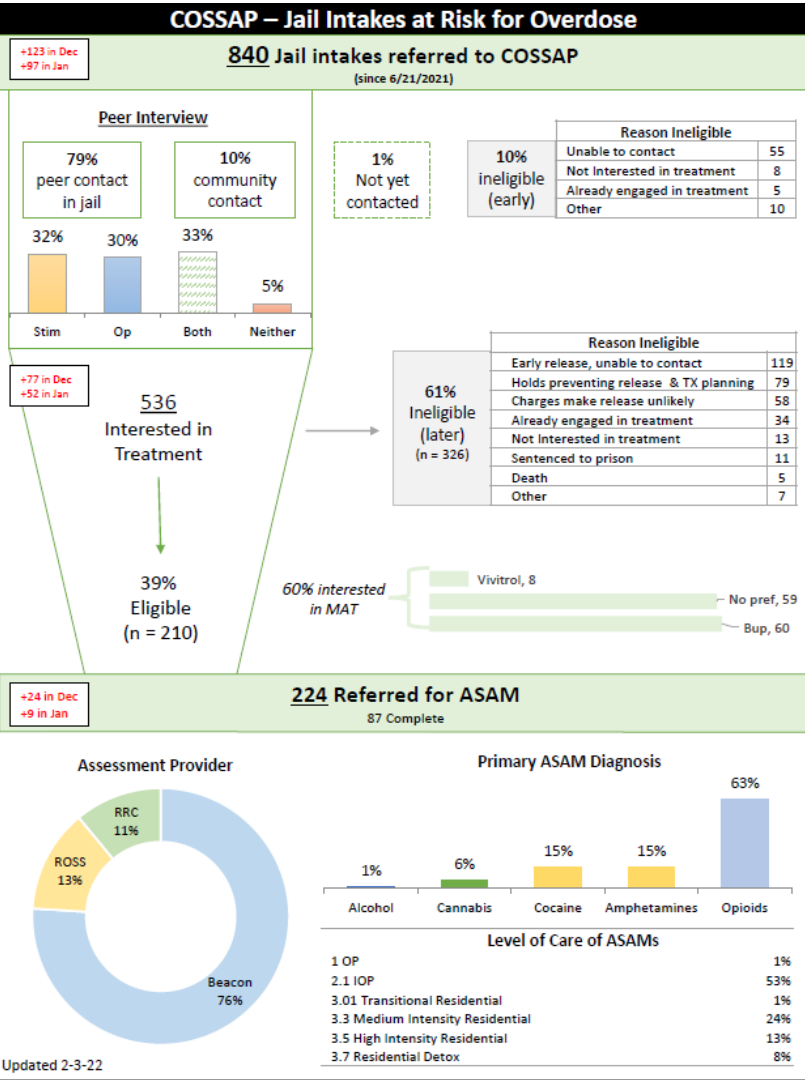
COSSAP – Jail Intakes at Risk for Overdose

+123 in Dec
+97 in Jan

840 Jail intakes referred to COSSAP
(since 6/21/2021)

Peer Interview

| 79% peer contact in jail | 10% community contact | 1% Not yet contacted | 10% ineligible (early) |

Reason Ineligible	
Unable to contact	55
Not Interested in treatment	8
Already engaged in treatment	5
Other	10

- Stim 32%
- Op 30%
- Both 33%
- Neither 5%

+77 in Dec
+52 in Jan

536 Interested in Treatment

Reason Ineligible	
Early release, unable to contact	119
Holds preventing release & TX planning	79
Charges make release unlikely	58
Already engaged in treatment	34
Not Interested in treatment	13
Sentenced to prison	11
Death	5
Other	7

61% Ineligible (later) (n = 326)

39% Eligible (n = 210)

60% interested in MAT

- Vivitrol, 8
- No pref, 59
- Bup, 60
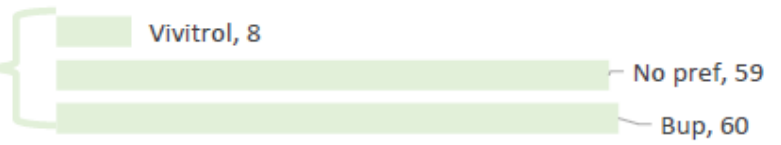
Data Dashboard Suggested Parts

Client Traffic

Drop Analysis

Early Outcomes

General population demographics

Gender	Jail Pop (General)	Jail Pop (Flagged ARFO)
Female	19%	23%
Male	81%	77%
Race		
Black	58%	42%
White	41%	58%
Other	1%	0%

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224 Referred for ASAM

87 Complete

+24 in Dec
+9 in Jan

Assessment Provider

RRC 11%
ROSS 13%
Beacon 76%

Primary ASAM Diagnosis

Alcohol	Cannabis	Cocaine	Amphetamines	Opioids
1%	6%	15%	15%	63%
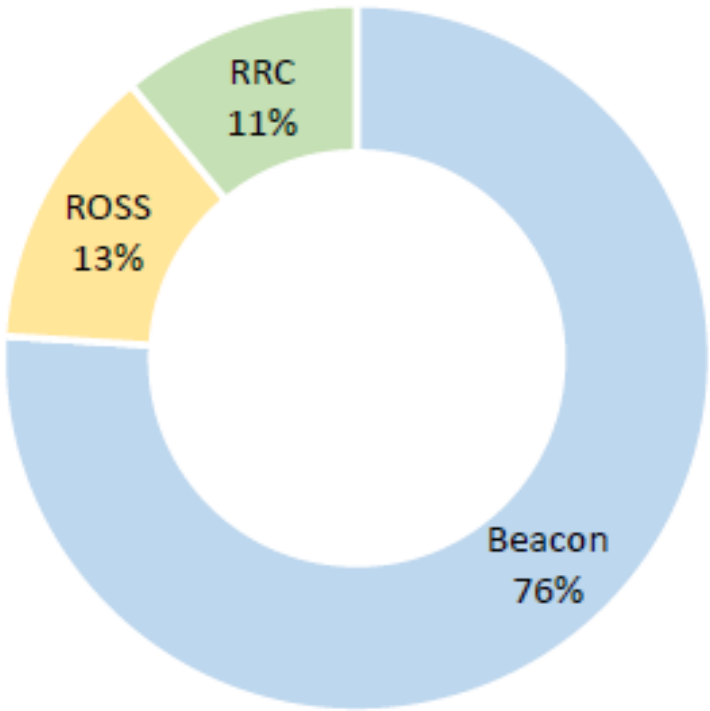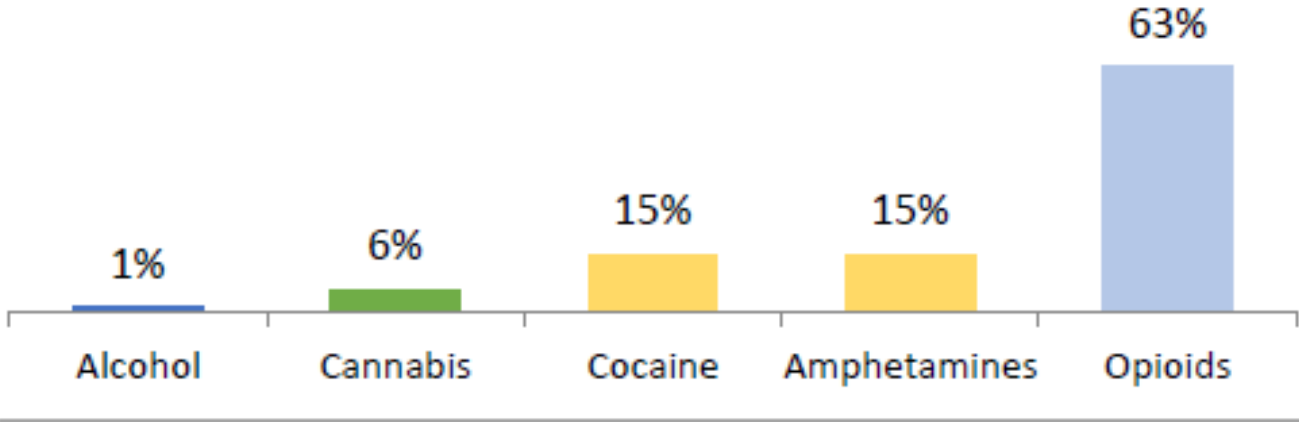
Level of Care of ASAMs

1 OP	1%
2.1 IOP	53%
3.01 Transitional Residential	1%
3.3 Medium Intensity Residential	24%
3.5 High Intensity Residential	13%
3.7 Residential Detox	8%

Updated 2-3-22

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Data Capture – Peer Intervention Examples

Grant Enrollment
Peer interaction begins

COSSAP Peer intervention Date (date peer informed by Pretrial of ARFO questions regarding opioid/opiate or stimulant use) [date field]

Peer Interview

1st Peer/Client Interview Date (MAT discussion, etc) [date field]

Interview Location — Via Phone

Current Substance Use (Stimulants/Opioids/Both) [text field]

IV User? ○ Yes ○ No

Treatment Interest (If no, go to Grant Exit = Ineligible) ○ Yes ○ No

MAT Interest ○ Yes ○ No

MAT Type [text field]

Treatment/MAT Checklist

Date Referral Sent to Zone 1 [date field] — Date referred to Dolly System for ASAM/MAT Type "ARFO" in the note field to alert her of the OD status

Monitoring needed? ○ Yes ● No

ASAM Scheduled ● Yes ○ No

ASAM Completed ● Yes ○ No

Holds Remaining ● Yes ○ No

Holds Note [text field]

Type of Treatment Referral — Outpatient/IOP

Connected to Treatment? ○ Yes ● No

Received MAT? ○ Yes ● No ○ Don't Know ○ Not Applicable

Where was MAT received? ○ Jail ○ Beacon ● Other location

Type MAT Received — Buprenorphine

If Injection, received date [date field]

Overdose events
Post-release to COAP - Monitor for 6 months

Overdose Date 1 (estimated) [date field] **Fatal?** ○ Yes ○ No

Overdose Date 2 (estimated) [date field] **Fatal?** ○ Yes ○ No

Overdose Date 3 (estimated) [date field] **Fatal?** ○ Yes ○ No

Grant Exit - 6 Months Post Release
Peer interaction ends

Grant Exit Date [text field]

Grant Exit Status — Ineligible - Not Interested in treatment

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Bonus Round: Measuring the unmeasurable

Date	Service Provided	Session Type	Peer Name	Notes

Service Provided:
- Connect to Resources
- Dependency Hearings
- Getting Started Class
- **Job Coaching**
- Job Placement Group
- Transportation
- Mentoring (adjustment to the free world)
- Mentoring (criminal behavior)
- Mentoring (drug testing)
- Mentoring (employment, financial, educational)
- Mentoring (family, social support)
- Mentoring (jail visit)
- Mentoring (mental health)
- Mentoring (peer associations)
- Mentoring (substance use)
- Mentoring (treatment)
- Mentoring (recovery)
- Process
- Orientation Class
- Program Explanation
- Peer Support Group
- Advocacy
- Intake
- Community Service
- Check-in
- Incentive
- Verbal recognition/encouragement
- Appointment Reminder

Session Type:
- Group Session
- Phone Session
- Office Session
- Field Session
- Court Session
- Jail Session
- Text Message Session
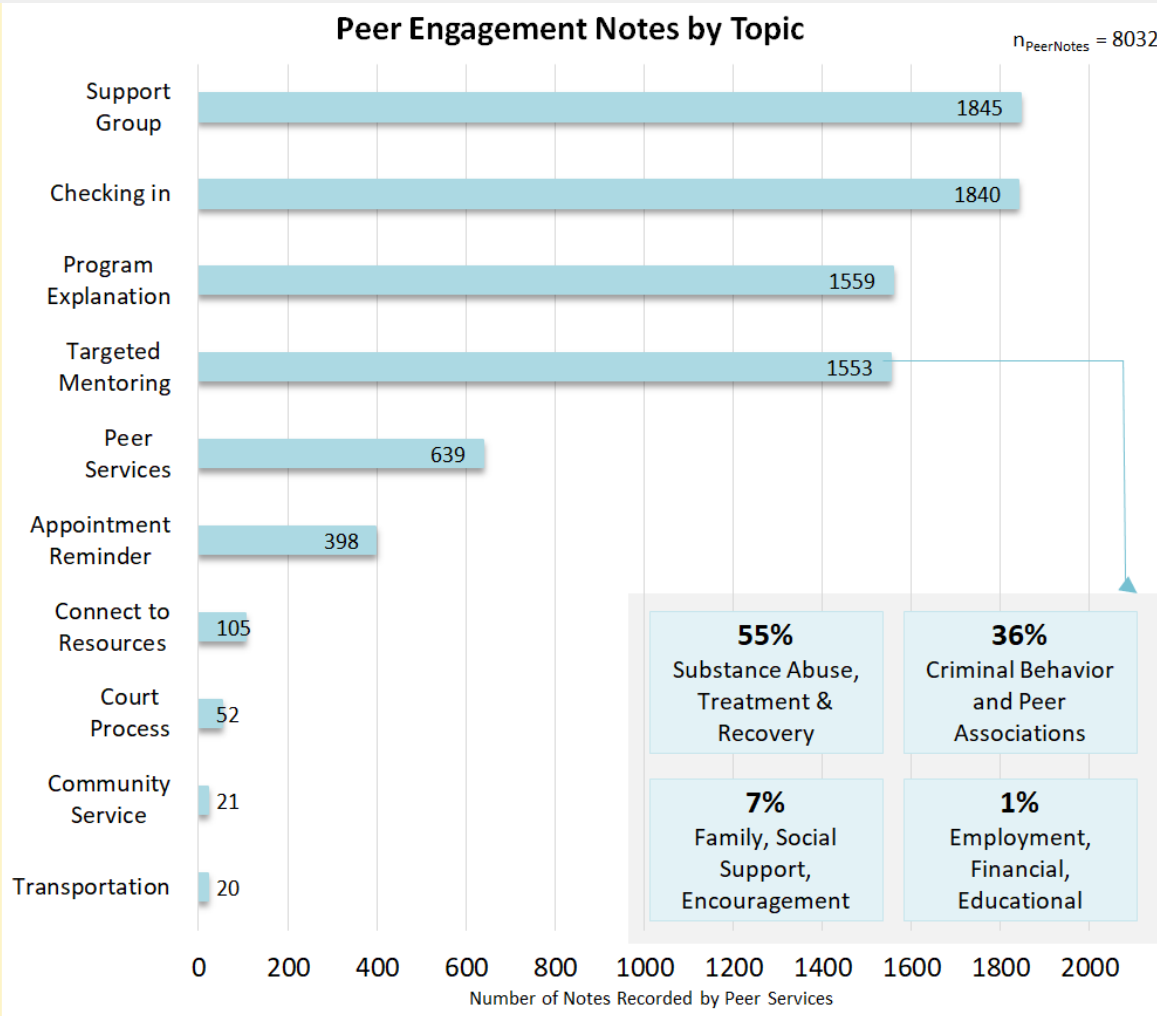- Email Session
- **Virtual Session (Zoom)**
- No Session Type

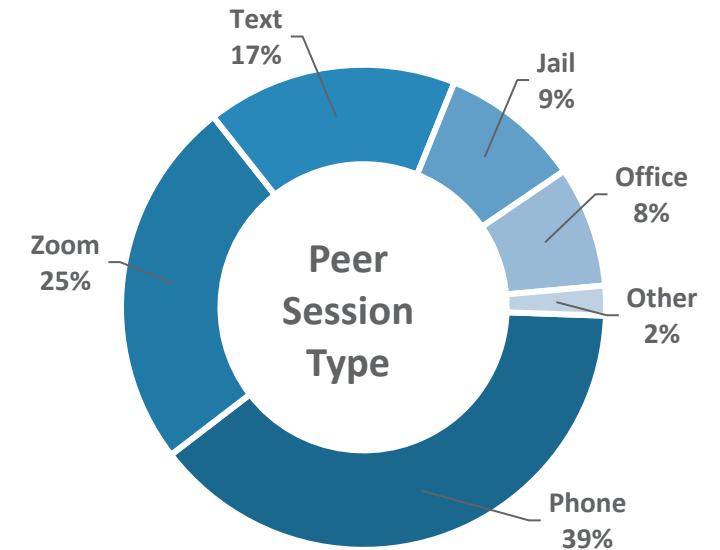Free text case notes. Narrative of peer interaction event.

Peer Notes Screen

Bonus Round: What can peer notes tell us?

Peer Engagement Notes by Topic

$n_{PeerNotes} = 8032$

Topic	Number of Notes Recorded by Peer Services
Support Group	1845
Checking in	1840
Program Explanation	1559
Targeted Mentoring	1553
Peer Services	639
Appointment Reminder	398
Connect to Resources	105
Court Process	52
Community Service	21
Transportation	20

- **55%** Substance Abuse, Treatment & Recovery
- **36%** Criminal Behavior and Peer Associations
- **7%** Family, Social Support, Encouragement
- **1%** Employment, Financial, Educational

Session Type	#	%
Phone Session	2941	39%
Zoom Session	1867	25%
Text Session	1261	17%
Jail Session	707	9%
Office Session	608	8%
Email Session	55	1%
Field Session	37	0%
Court Session	19	0%
Group Session	4	0%
Grand Total	**7499**	**100%**

Peer Session Type

- Phone 39%
- Zoom 25%
- Text 17%
- Jail 9%
- Office 8%
- Other 2%

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The Council of Southeast Pennsylvania, Inc./PRO-ACT

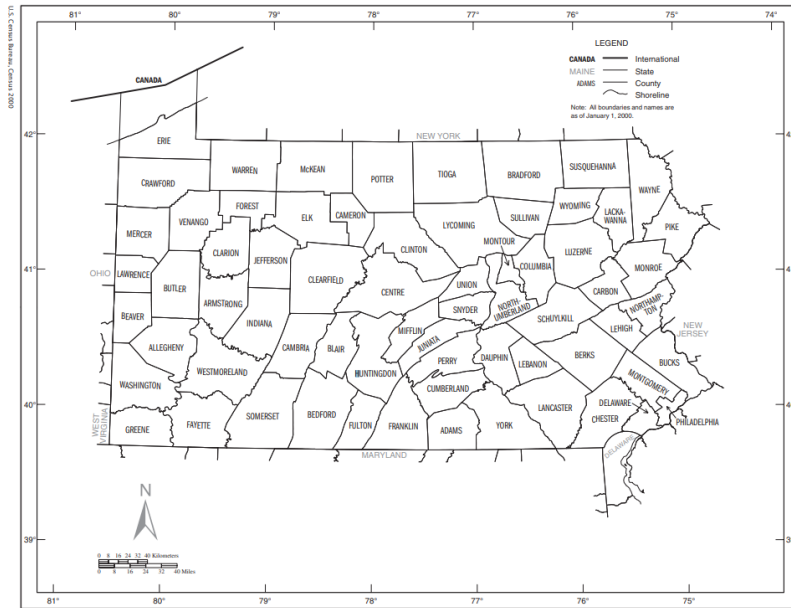**Jennifer King,** Prevention, Intervention and Addiction Recovery Solutions

March 30, 2022

Philadelphia, PA
Population: 1,603,797
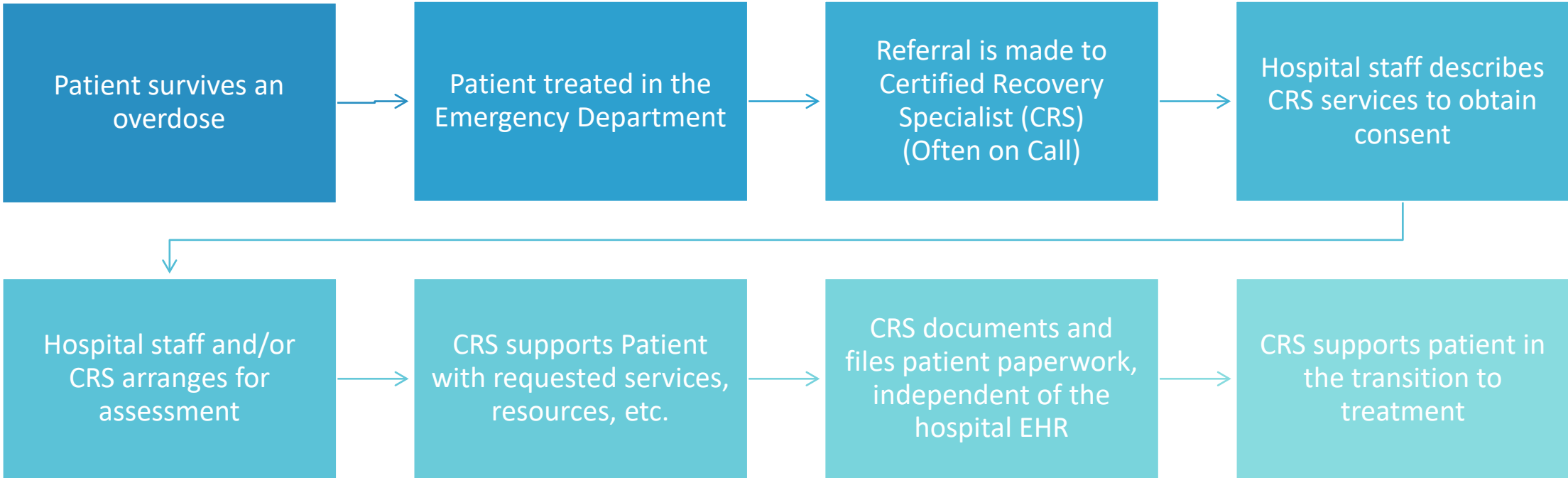# Bucks County, PA
Population: 625,249

Using Data to Drive Programming and Policy Changes

- Evolution of the Warm Hand Off (WHO)

- Response to the Opioid Epidemic in the greater Philadelphia area

- 2016: PA Department of Drug and Alcohol Programs (DDAP) authorize Single County Authorities (SCAs) ensure Warm Hand Offs (WHO)

- Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) – Office of Addiction Services (OAS) (Philadelphia) and Bucks County Drug and Alcohol Commission (Bucks) both launch WHO, Vital Strategies embedded within DBHIDS since 2020

- The Council of SEPA/PRO-ACT partners to develop WHO: ROSE and BCARES as a contracted provider

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Warm Handoff Project – Initial Implementation
3 Hospitals in Bucks County, 2 Hospitals in Philadelphia

Patient survives an overdose → Patient treated in the Emergency Department → Referral is made to Certified Recovery Specialist (CRS) (Often on Call) → Hospital staff describes CRS services to obtain consent

Hospital staff and/or CRS arranges for assessment → CRS supports Patient with requested services, resources, etc. → CRS documents and files patient paperwork, independent of the hospital EHR → CRS supports patient in the transition to treatment

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Challenges with Initial Concept

- Focus on Opioid Use

- On Call prevents full utilization

- Too many reported as "Incomplete"

- Data collection in two systems

- Need to engage w/other departments

SAMPLE ROSE Project Status Report

Project Name: ROSE Quarterly Report Q1 20-21

7/1/20 – 9/30/20

Status Code Legend	
● Directly to Treatment from ED/Hosp Floor	● Incomplete
● Key Points	● Refused

Hospital 1 = 282 Patients total 203 = SUD 79 = Overdose Staff – 8am-4pm / 4pm-12am	● 63 ● 73 ● 146	● Of the 63 that went Directly to Tx 18 were OD and 45 were SUD ● Of the 73 that were incomplete 22 were OD and 51 were SUD ● Of the 146 that refused 39 were OD and 107 were SUD ● This hospital was the only one during the first quarter that had 1st and 2nd shift onsite – it is also the only one that had direct access to the ED during this reporting period
Hospital 2 = 32 Patients total 27 = SUD 5 = Overdose Staff – 8am-4pm 4pm-12am hired will onboard in Q2	● 13 ● 12 ● 7	● Of the 13 that went Directly to Tx 2 were OD and 11 were SUD ● Of the 12 that were incomplete 1 was an OD and 11 were SUD ● Of the 7 that refused 2 were OD and 5 were SUD ● This hospital did not have consistent onsite CRS service during the first Quarter due to a transition in staff
Hospital 3 = 65 64 = SUD 4 = Overdose	● 7 ● 43 ● 18	● Of the 7 that went Directly to Tx all were SUD ● Of the 43 that were incomplete 4 were OD and 39 were SUD ● Of the 18 that refused all were SUD ● This hospital shared a CRS between two hospitals during this reporting period – Q2 has staff hired and ready to be onboarded
Areas/questions for discussion:		Better workflow following collaborative planning meeting with Social Work department

Program Measurements Inform Program Changes

Benchmarks to measure include:

- Individual engagements in the hospital setting

- Individuals linked to treatment
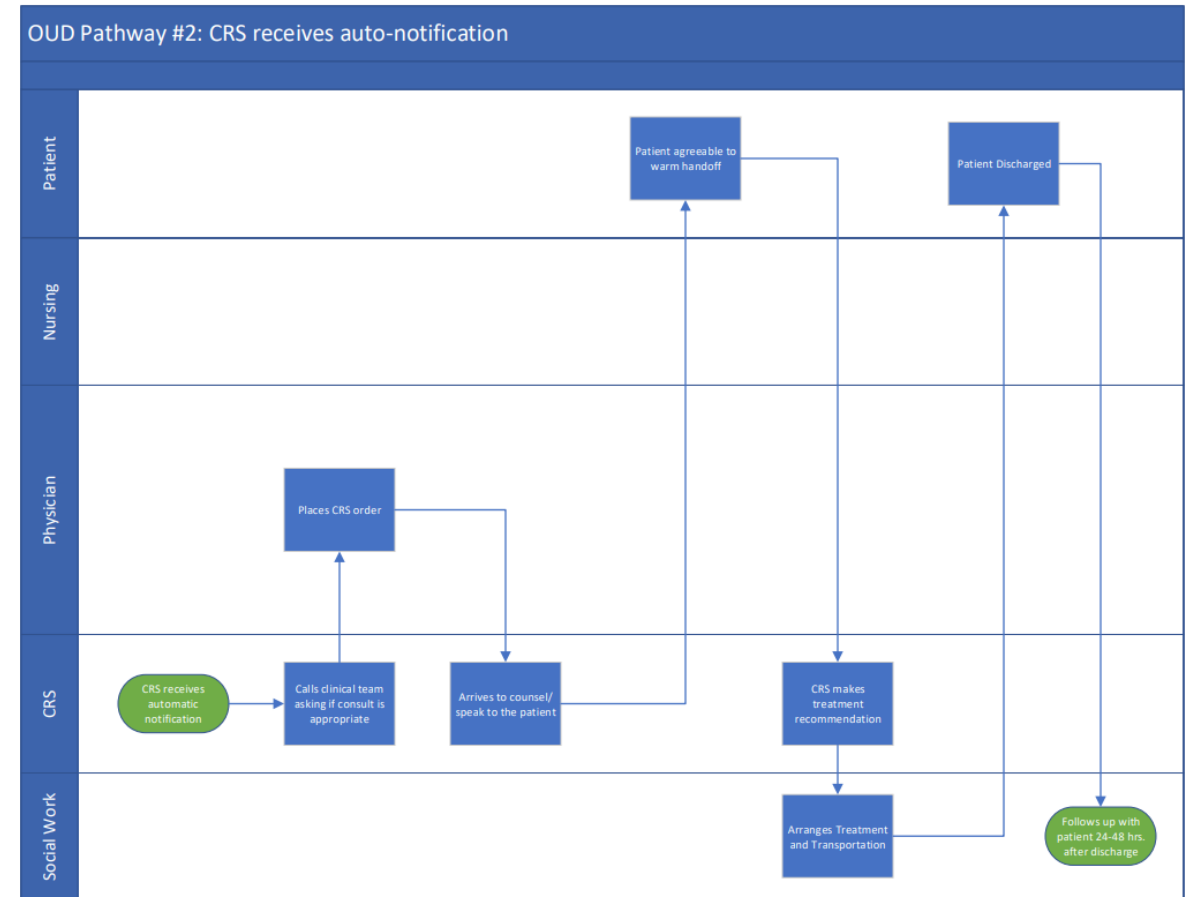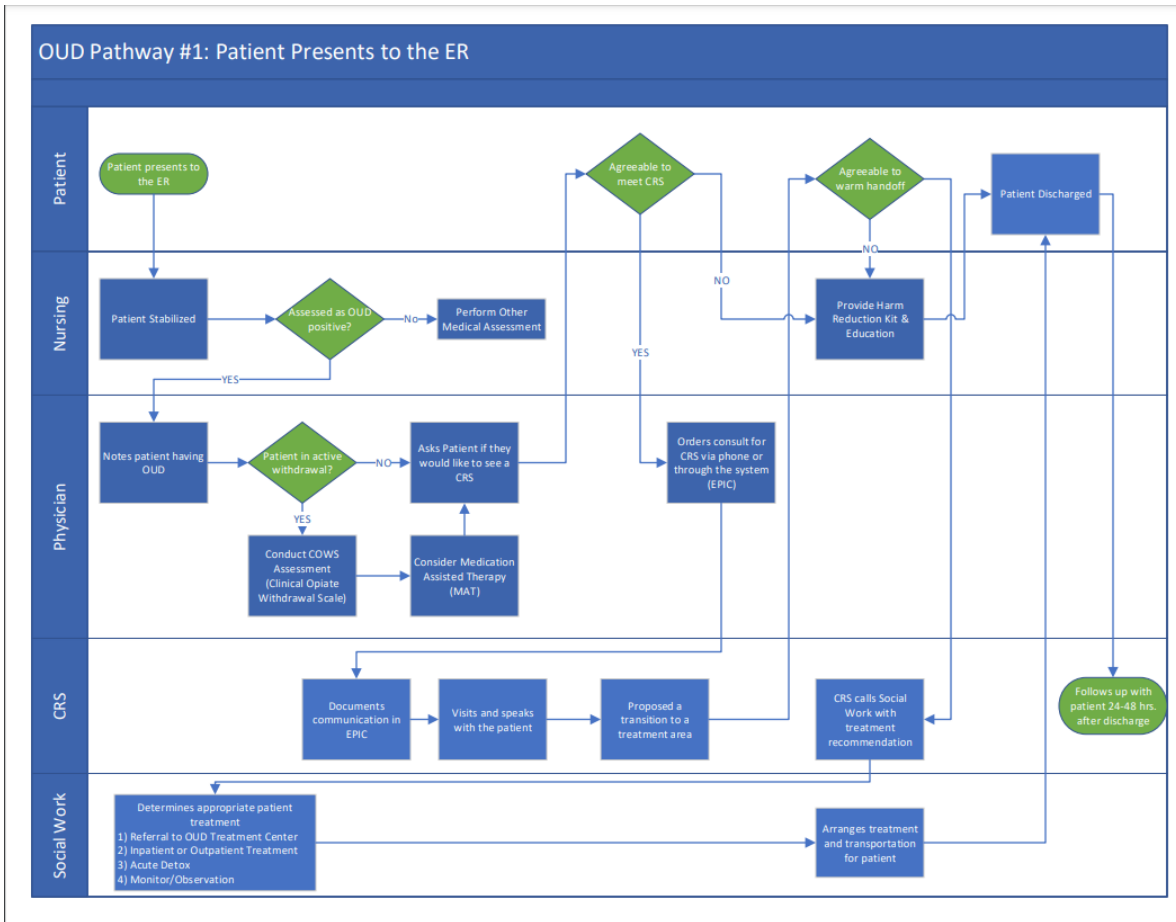
- Individuals who accept Recovery Support Services

Collaboration with in-hospital champions

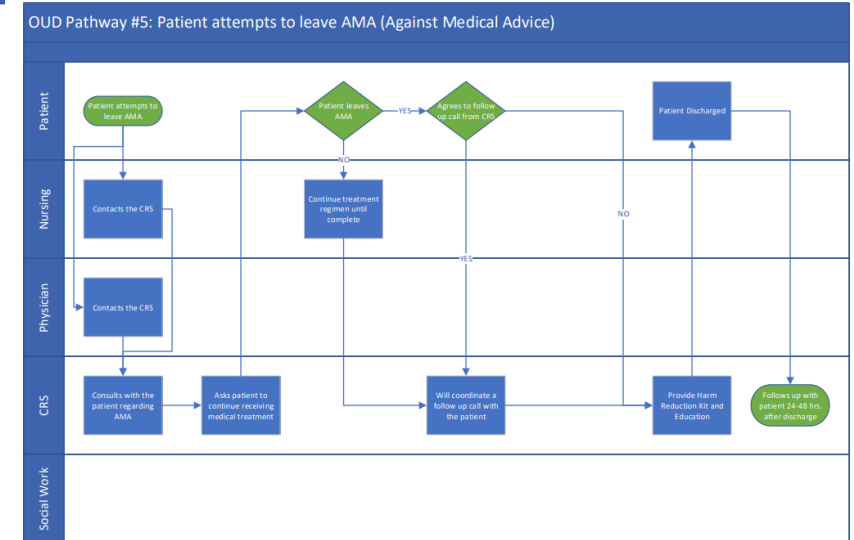Broadened referral criteria
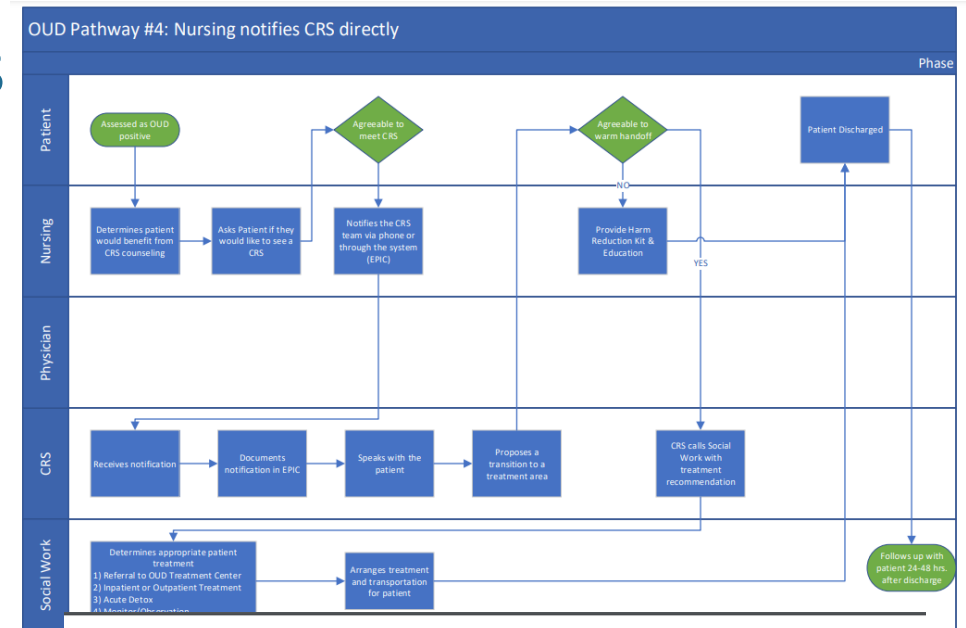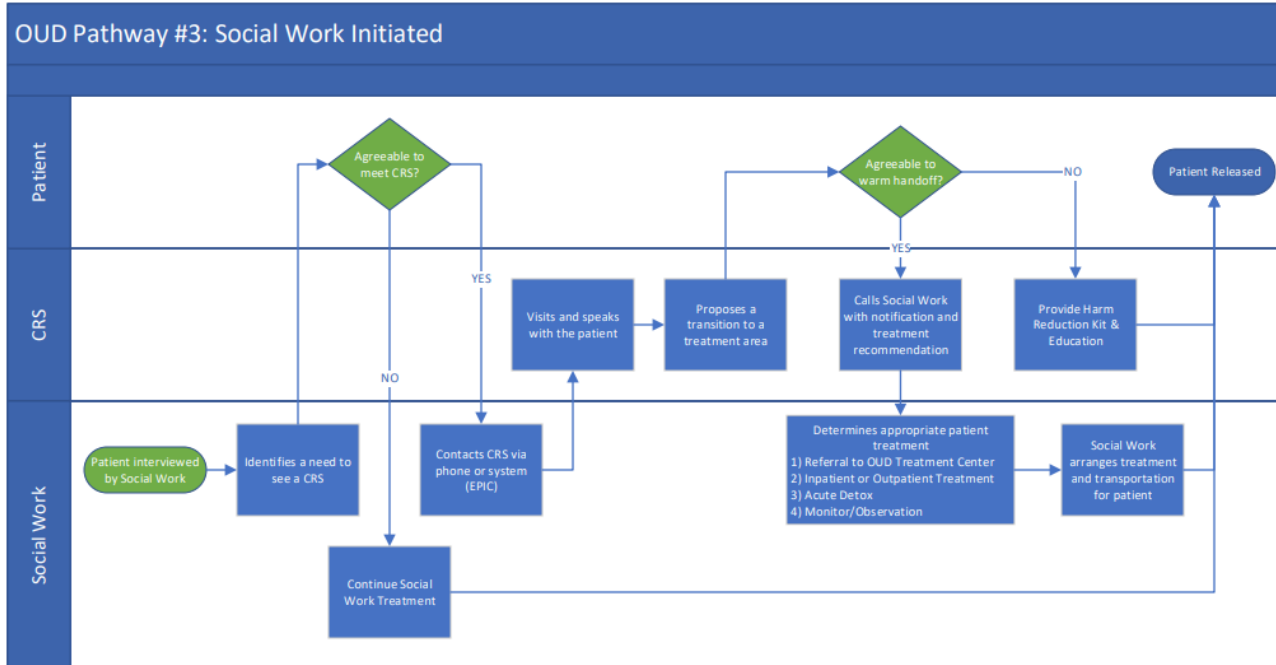
Captured more relevant data

Addition of Mobile CRS Services

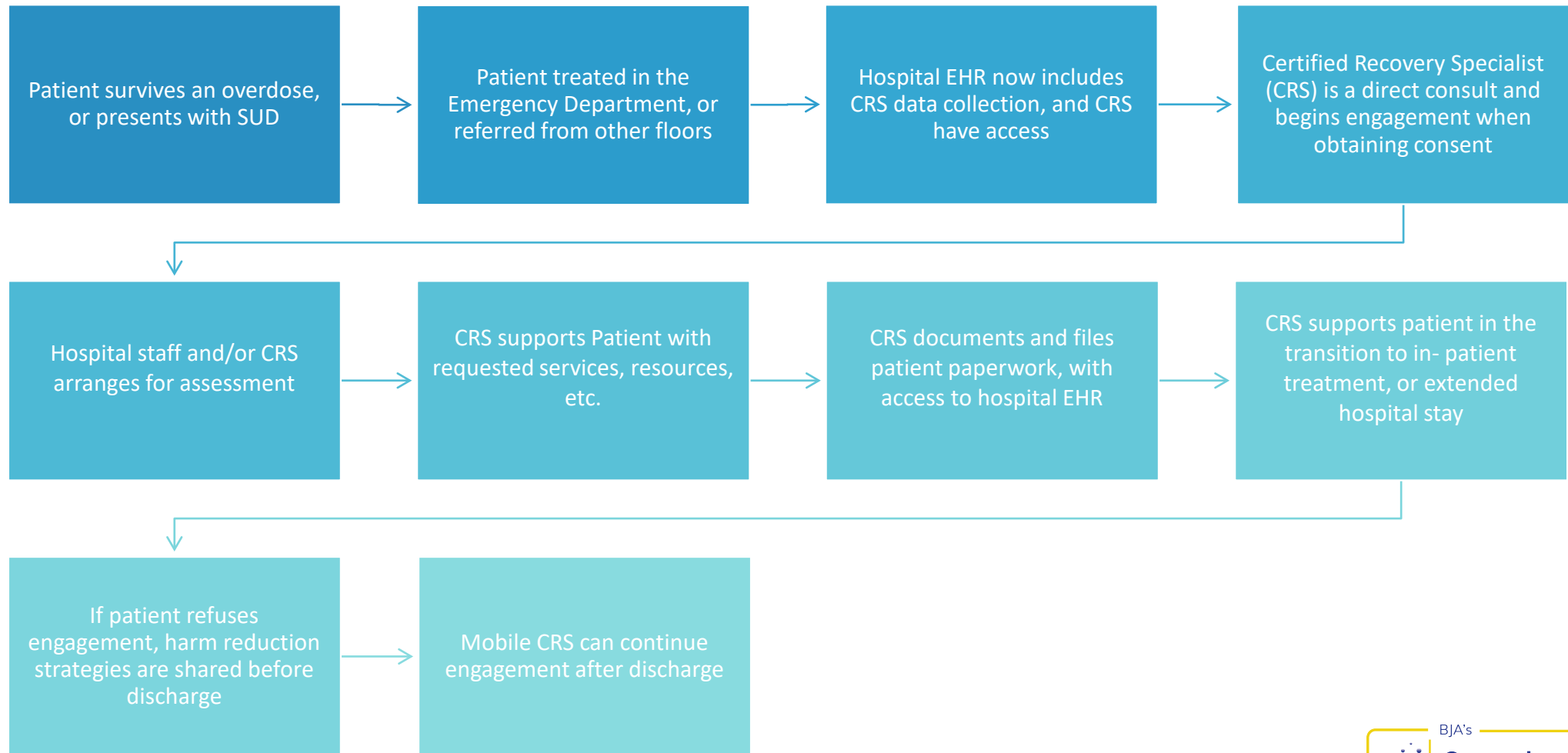# Hospital Champions Inform Workflows

Workflows created in partnership with Thomas Jefferson University Hospital

Hospital Champions Inform Workflows

Workflows created in partnership with Thomas Jefferson University Hospital

Warm Handoff Project – Current Implementation for The Council:
2 Bucks County Hospitals, 5 Philadelphia Hospitals
BCARES: 6 in Bucks (BCDAC), Philadelphia: 14 (DBHIDS/OAS)

Patient survives an overdose, or presents with SUD → Patient treated in the Emergency Department, or referred from other floors → Hospital EHR now includes CRS data collection, and CRS have access → Certified Recovery Specialist (CRS) is a direct consult and begins engagement when obtaining consent

Hospital staff and/or CRS arranges for assessment → CRS supports Patient with requested services, resources, etc. → CRS documents and files patient paperwork, with access to hospital EHR → CRS supports patient in the transition to in- patient treatment, or extended hospital stay

If patient refuses engagement, harm reduction strategies are shared before discharge → Mobile CRS can continue engagement after discharge

Data Collection now includes

- **Stage of Recovery:**
  - Precontemplation
  - Contemplation
  - Preparation
  - Action
  - Maintenance

- **Drugs Currently Using:**
  - Opioids
  - Cocaine
  - Alcohol
  - Benzodiazepines
  - Others [***]

- **Prior Recovery Modalities:**
  - None
  - Inpatient
  - Outpatient Methadone
  - Outpatient Buprenorphine
  - Outpatient Naltrexone
  - Mutual Support Meetings
  - Partial Inpatient
  - Intensive Outpatient
  - Recovery Housing
  - Other Recovery Services [***]

- **Goals for after this visit:**
  - Same list as 'Prior Recovery Modalities'

- **Barriers to treatment:**
  - Difficulty Navigating System
  - Stigma from Medical System
  - Employment Obligations
  - Family Obligations
  - Transportation Needs
  - Medical Comorbidities
  - Fear of Tobacco Abstinence
  - Prior Poor Experiences
  - Other [***]

- **Primary Living Situation following discharge:**
  - Personal residence
  - Family residence
  - Friend residence
  - Shelter [***]
  - Undomiciled [***]
  - Other/Unknown [***]

- **Ultimate Disposition:**
  - Still Undetermined
  - No Intervention, Resources Provided
  - Inpatient
  - Partial Inpatient
  - Intensive Outpatient
  - Outpatient Methadone
  - Outpatient Buprenorphine
  - Recovery Housing

BJA's
Comprehensive
Opioid, Stimulant,
and Substance Abuse
Program

A CRS Perspective

▲Kevin Borum, CRS

Questions?

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Bureau of Justice Assistance's
Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) Resource Center

Website
www.cossapresources.org

Tailored Assistance
www.cossapresources.org/Program/TTA/Request

Funding Opportunities
www.cossapresources.org/Program/Applying

COSSAP Webinars
www.cossapresources.org/Media

PRSS Mentoring Initiative
www.cossapresources.org/Learning/PeertoPeer

Join the COSSAP community!
Send a note to COSSAP@iir.com with the subject line "Add Me" and include your contact information. We'll be happy to ensure you receive the latest-and-greatest COSSAP opportunities, resources, and updates.

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