Agenda

I. Welcome and Introductions

II. Brief Overview—BJA, CSG Justice Center, JMHCP

III. Utilizing Administrative Data: From Process to Implementation Evaluation

IV. Questions and Answers

V. Closeout

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Speakers

- **Faye S. Taxman, PhD,** *University Professor at the Schar School of Policy and Government and Director of the Center for Advancing Correctional Excellence at George Mason University*

- **Demetrius Thomas,** *Deputy Program Director, Behavioral Health, The Council of State Governments Justice Center*

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The U.S. Department of Justice Bureau of Justice Assistance

Mission: BJA's mission is to provide leadership and services in grant administration and criminal justice policy development to support state, local, and Tribal justice strategies to achieve safer communities. BJA works with communities, governments, and nonprofit organizations to reduce crime, recidivism, and unnecessary confinement, and promote a safe and fair criminal justice system.

The Council of State Governments Justice Center

We are a national nonprofit, nonpartisan organization that combines the power of a membership association, serving state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.

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How We Work

- We bring people together

- We drive the criminal justice field forward with original research

- We build momentum for policy change

- We provide expert assistance

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Justice and Mental Health Collaboration Program

The Justice and Mental Health Collaboration Program (JMHCP) promotes innovative cross-system collaboration and provides grants directly to states, local governments, and federally recognized Indian Tribes. It is designed to improve responses to people with mental health conditions and substance use disorders who are involved in the criminal justice system.

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Agenda
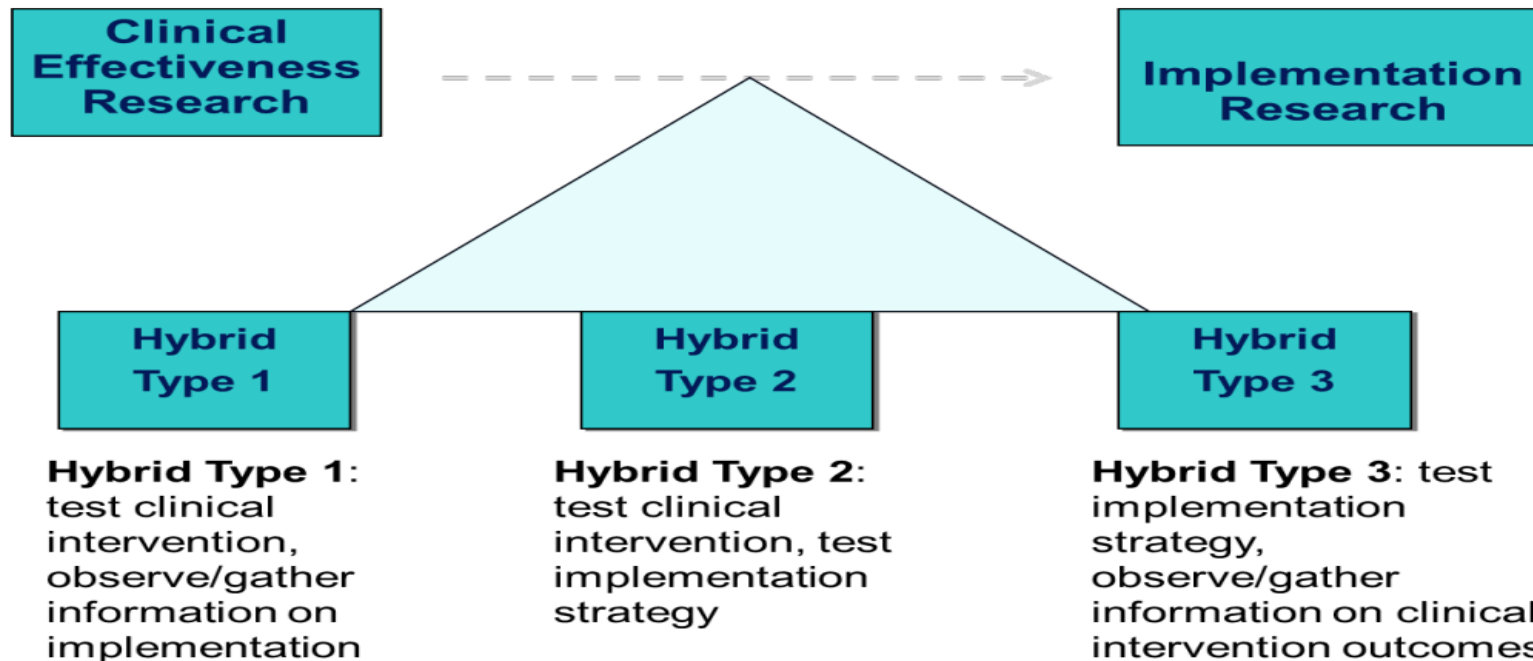
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New research design: Implementation-Effectiveness Study

Focus on implementation fidelity and process measures
Focus on client level outcomes

Types of Hybrid Designs

Clinical Effectiveness Research		Implementation Research

Hybrid Type 1	Hybrid Type 2	Hybrid Type 3
Hybrid Type 1: test clinical intervention, observe/gather information on implementation	**Hybrid Type 2:** test clinical intervention, test implementation strategy	**Hybrid Type 3:** test implementation strategy, observe/gather information on clinical intervention outcomes

Most studies are Type 1

Amy M. Kilbourne, "Designs for Dissemination and Implementation Research for Small Populations" (PowerPoint presentation), https://sites.nationalacademies.org/cs/groups/dbassesite/documents/webpage/dbasse_184763.pdf.
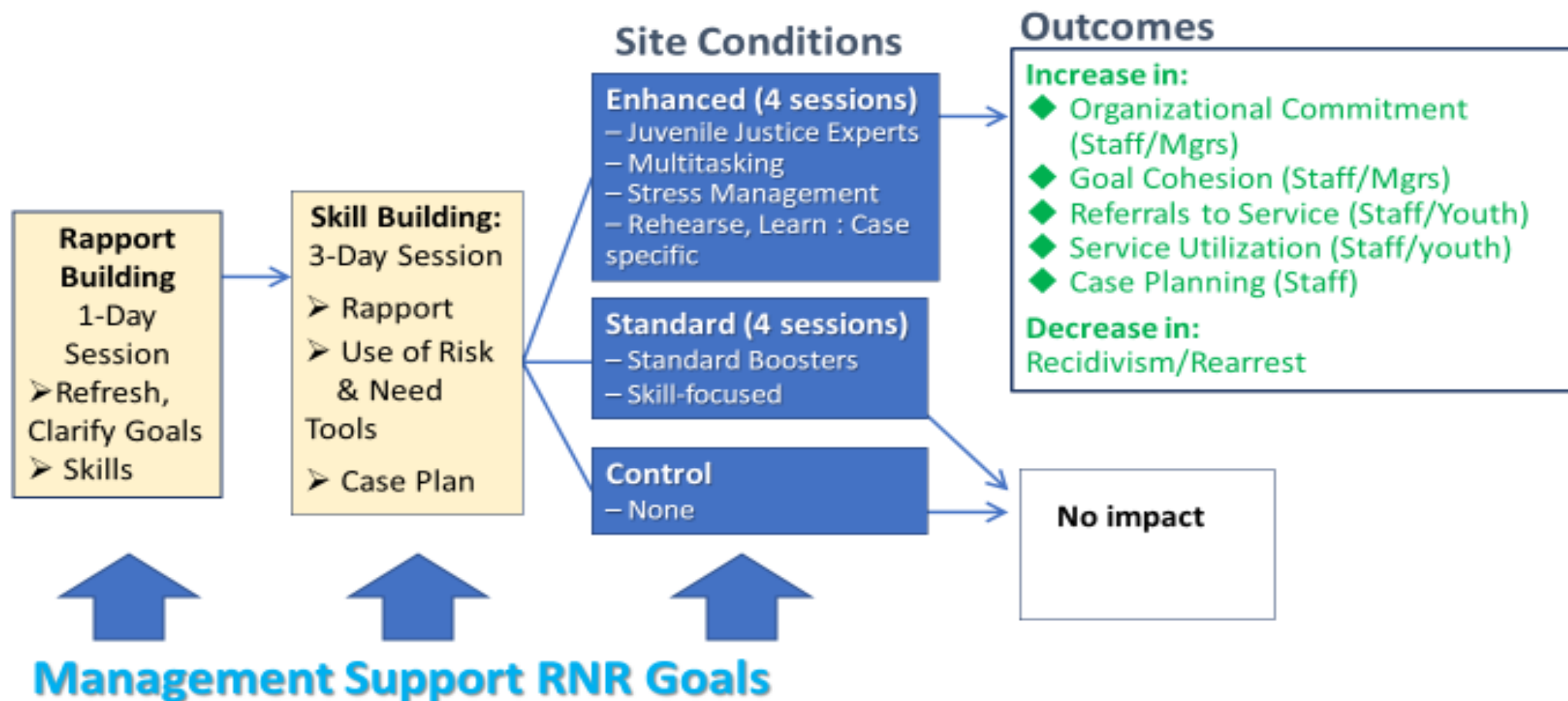
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Research Design

➢ Testing effects on relevant outcomes while observing and gathering information on implementation

➢ Dual testing of clinical (program) and implementation interventions/strategies

➢ Testing of an implementation strategy on intervention's impact on relevant outcomes

G. M. Curran et al., *Effectiveness-implementation hybrid designs: combining elements of clinical effectiveness and implementation research to enhance public health impact*, Med Care 50, no. 3 (2012): 217–26.

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Implementation Effectiveness—Hybrid 3: Juvenile Assessment, Referral, Placement, and Treatment Planning

Rapport Building
1-Day Session
➢ Refresh, Clarify Goals
➢ Skills

→

Skill Building:
3-Day Session
➢ Rapport
➢ Use of Risk & Need Tools
➢ Case Plan

Site Conditions

Enhanced (4 sessions)
– Juvenile Justice Experts
– Multitasking
– Stress Management
– Rehearse, Learn : Case specific

Standard (4 sessions)
– Standard Boosters
– Skill-focused

Control
– None

Outcomes

Increase in:
◆ Organizational Commitment (Staff/Mgrs)
◆ Goal Cohesion (Staff/Mgrs)
◆ Referrals to Service (Staff/Youth)
◆ Service Utilization (Staff/youth)
◆ Case Planning (Staff)

Decrease in:
Recidivism/Rearrest

No impact

Management Support RNR Goals

Taxman, F.S., Henderson, C., Young, D.W., & Farrell, J. (2014). The impact of training interventions on organizational readiness to support innovations in juvenile justice offices. *Administration of Mental Health Policy and Mental Health Services Research*. 41(2): 177-188; Young, D.W, Farrell, J., & Taxman, F.S., (2013). Impacts of juvenile probation training models on youth recidivism. *Justice Quarterly, 30(6):* 1068-1089.

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Data Strategy Requires Specifying Key Metrics

Key Metrics: what data do you want to collect to help measure implementation and client level outcomes?

- Many decisions depend on the jurisdiction's program and its priorities.

- Behavioral health and criminal justice partners should agree on the definitions of key metrics.

- When selecting key metrics, consider the following:

  - ❖ Collecting data at both the individual and implementation level

  - ❖ Using quantitative and qualitative data

  - ❖ Prioritizing key metrics

What gets measured, gets done!!!

"Choosing the Right Data Strategy for Behavioral Health and Criminal Justice Initiatives," (New York: The Council of State Governments Justice Center, 2021), https://csgjusticecenter.org/wp-content/uploads/2021/10/Choosing-the-Right-Data-Strategy-for-Behavioral-Health-and-Criminal-Justice-Initiatives-3.pdf.

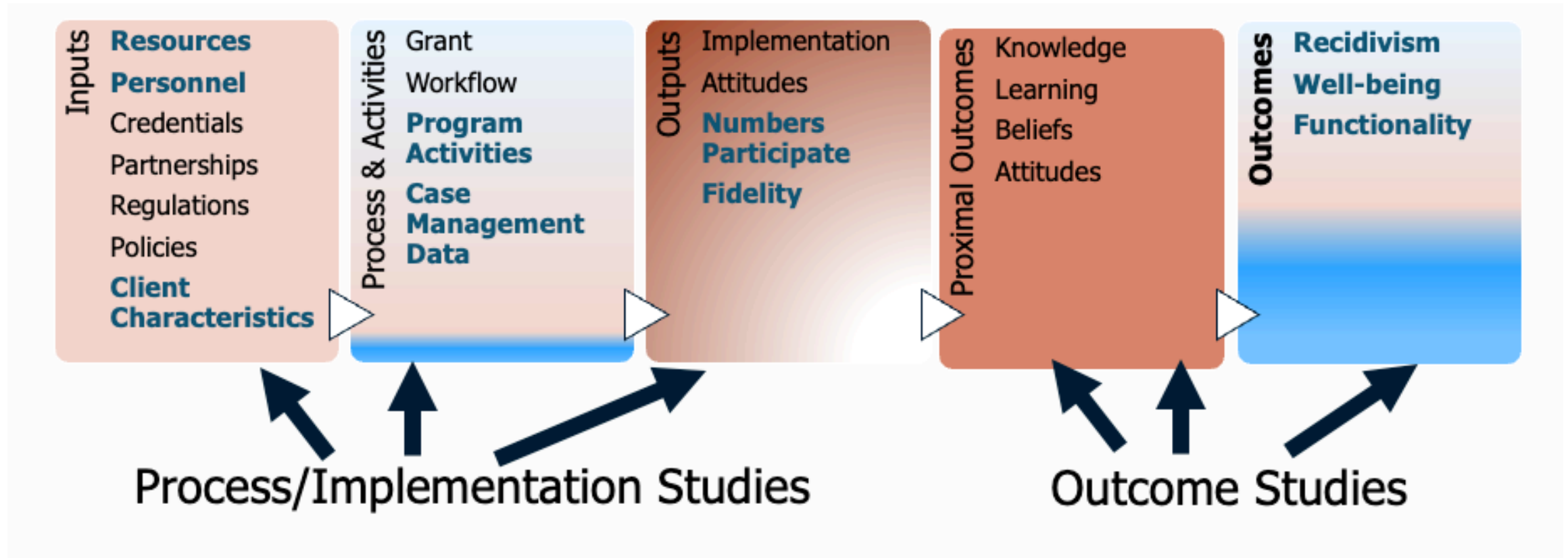CSG | Justice Center

Administrative Data Sources

- ## Various sources for your grant

  - ❖ Arrest

  - ❖ Conviction/Court Data

  - ❖ Intake Data

  - ❖ Discharge Data

  - ❖ Case Processing Data

- ## What other agencies have relevant data?

  - ❖ Behavioral Health?

  - ❖ Housing?

  - ❖ Other places?

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Types of Outcomes and Sources of Data

- Completion of Program
- Arrest
- Reincarceration
- Time varying factors (change) such as substance use, mental health status, etc.
- Sometimes, change in functionality
- New emphasis on desistance

Time Series Performance Scores

Audit Reports

Surveys Interviews

Direct Systematic Observation

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Logic Model: What Can You Get From Your Management Information Systems

Inputs	Process & Activities	Outputs	Proximal Outcomes	Outcomes
Resources	Grant	Implementation	Knowledge	**Recidivism**
Personnel	Workflow	Attitudes	Learning	**Well-being**
Credentials	**Program Activities**	**Numbers Participate**	Beliefs	**Functionality**
Partnerships	**Case Management Data**	**Fidelity**	Attitudes	
Regulations				
Policies				
Client Characteristics				

Process/Implementation Studies

Outcome Studies

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Discussion

What type of data are you collecting?

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Types of Measures

- Assess the fidelity, dose, adaptation, reach, and quality of implementation.

- Assist in interpreting outcome results.

- Help diagnose the barriers and facilitators to implementation and sustainability.

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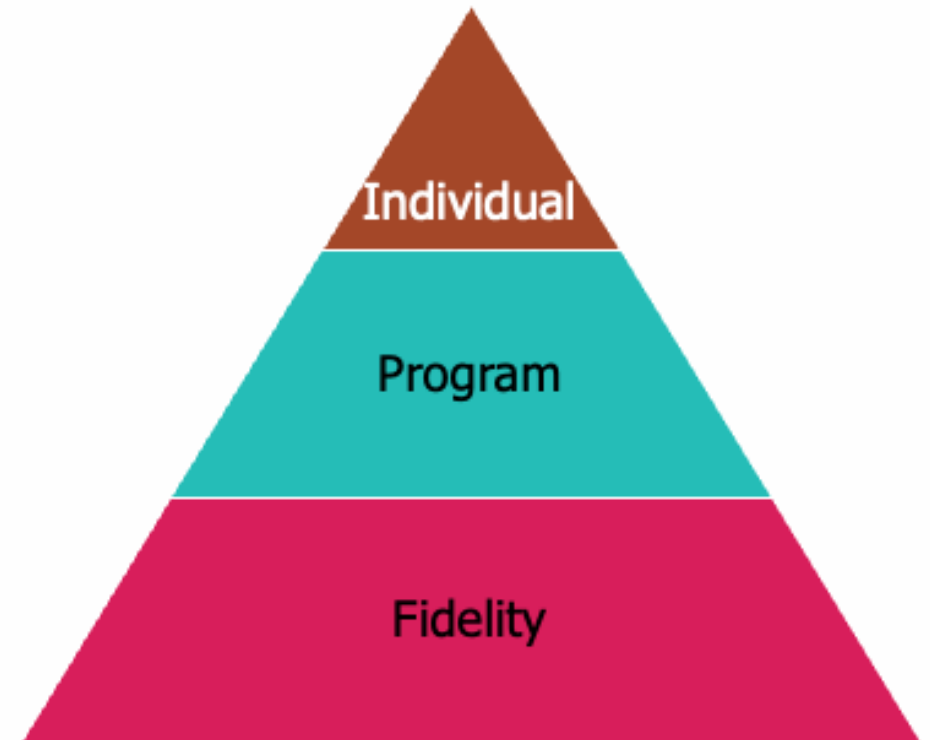
Samples of Measuring Fidelity with Administrative Data

Table 1. Prevalence of need based on LSI-R scores.

	Average (SD)	High Need (% Need)	Medium Need (% Need)	Non-priority Low Need (%)
LSIR Total Score(n = 116)	22.03 (5.69)	34–54 (4.3%)	24–33 (31.9%)	14–23* (63.8%)
Employment/Education	5.0 (2.37)	5–10 (57.8%)	3–4 (24.1%)	0–2 (18.1%)
Financial	1.2 (.70)	2 (33.6%)	1 (48.3%)	0 (18.1%)
Family	1.3 (1.18)	3–4 (18.1%)	2 (20.7%)	0–1 (61.2%)
Accommodation	.7 (.82)	2–3 (16.4%)	1 (36.2%)	0 (47.4%)
Peers	2.3 (1.40)	3–5 (41.4%)	2 (32.8%)	0–1 (25.9%)
Alcohol and Drugs	4.2 (1.92)	5–9 (44.8%)	3–4 (36.2%)	0–2 (19.0%)
Emotional/Mental Health	1.5 (1.65)	3–5 (28.4%)	2 (13.8%)	0–1 (57.8%)
Attitude	.76 (1.20)	3–4 (6.9%)	2 (21.6%)	0–1 (71.6%)

*This category starts at 14 rather than zero because the analysis was only completed on individuals who had a minimum score of 14.

- Summarize Need Area and Level of Need
- Calculation: Level of Need (Divide into 3 Categories)
- Calculation: Mean score in each category
- Calculation: % with specific need

T. Thurman, S. Chowdhury, and F. S. Taxman, Fidelity Measures for Risk-Need Assessment (RNA) Tools Usage in Case Plans, *Corrections* 6, no. 5, (2021): 383–399.

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Table 2. Supervision risk level and special conditions (*n* = 116).

	Average Number (SD)	% Special Conditions	High Risk	Moderate Risk	Low Risk
Special Conditions	3.7 (2.29)	93.10%	4.60%	29.60%	65.70%
Employment/Education	.6 (.69)	47.40%	3.60%	20.00%	76.40%
Fines and Fees	.42 (.49)	41.40%	2.10%	20.08%	77.10%
Restitution	.16 (.36)	15.50%	5.60%	27.80%	66.70%
Obtain Employment	.03 (.159)	2.60%	0.00%	33.30%	66.70%
Substance Abuse	2.5 (1.7)	79.30%	5.40%	29.30%	65.20%
Abstain	.6 (.5)	56.00%	3.10%	29.20%	67.70%
Treatment	.7 (.5)	67.20%	6.40%	26.90%	66.70%
Testing	.6 (.5)	62.90%	2.70%	28.80%	68.50%
Evaluation	.5 (.5)	47.40%	3.60%	23.60%	72.70%
Education	.12 (.33)	12.10%	0.00%	28.60%	71.40%
Emotional/Mental Health	.28 (.6)	19.80%	13.00%	30.40%	56.50%
Treatment	.12 (.3)	12.10%	14.30%	14.30%	71.40%
Evaluation	.1 (.3)	9.50%	9.10%	27.30%	63.60%
Medication	.06 (.24)	6.00%	14.30%	28.60%	14.30%
Other	.28 (.45)	28.4%	3.00%	97.00%	57.60%
Parenting Classes	.05 (.22)	5.2%	16.7%	16.7%	66.7%
Anger Management	.07 (.25)	6.9%	12.50%	37.50%	50.00%
Community Service	.03 (.16)	2.6%	0.00%	33.30%	66.7%
No Contact Order (Person or Place)	.23 (.42)	23.3%	0.00%	44.40%	55.60%

T. Thurman, S. Chowdhury, and F. S. Taxman, Fidelity Measures for Risk-Need Assessment (RNA) Tools Usage in Case Plans, *Corrections* 6, no. 5, (2021): 383–399.

# Indicates How Needs Match with Special Conditions:

➢ Calculation: Special condition by conditions of supervision

➢ Shows alignment issues in many areas

➢ Illustrates that case plans are primarily driven by special conditions (even if they are not aligned with the individual's risk and/or need)

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Table 3. Integration of need in case plan strategies.

	Analysis Sample	LSI-R Integration in Case Plans	Example of How the Officer Incorporated in Case Plan
Employment	66% Unemployed, Medium-High in Employment, and Medium to High in Financial	24% Employment	"Subject has under table job doing handyman work agent will refer subject to the next employment program at workforce"
Substance Use	55% Has a Substance Abuse Problem and Medium to High Score	67% Substance Abuse	"Subject has a history of marijuana abuse. Goal: To find alternatives to substance abuse. On waitlist for treatment"
Emotional/ Mental Health	28% Medium to High	21% Identified Mental Health	Seek treatment from mental health practitioner
Peers	41% Medium to High	10% Need for Pro-social Relationships	"Help develop associations with prosocial individuals-become more involved in his church"
Accommodations	16% Medium to High	0% Accommodation issues	No Integration
Attitude	7% Medium to High	0% Attitude issues	No Integration

T. Thurman, S. Chowdhury, and F. S. Taxman, Fidelity Measures for Risk-Need Assessment (RNA) Tools Usage in Case Plans, *Corrections* 6, no. 5, (2021): 383–399.

Analysis of Case Plans

➢ Illustrates how needs are featured in case plans

➢ Use for training staff

➢ Use for sentinel events analyses

➢ Use to examine gaps in services available

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Cascade of Care: System Measures

S. Belenko et al. / Journal of Substance Abuse Treatment 74 (2017) 80–91
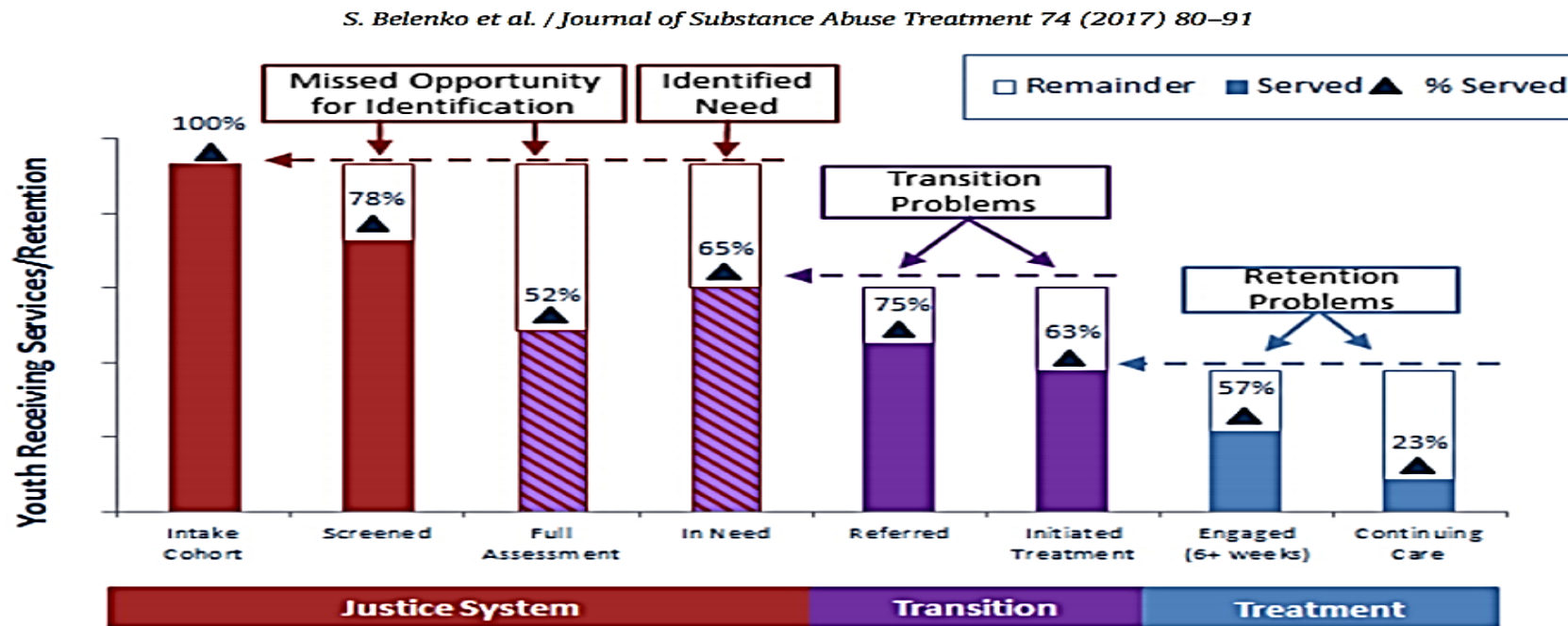
Fig. 1. Juvenile Justice Behavioral Health Services Cascade: Hypothetical illustration of unmet needs for youth under community juvenile justice supervision.

S. Belenko et al., "The Juvenile Justice Behavioral Health Services Cascade: A New Framework for Measuring Unmet Substance Use Treatment Services Needs among Adolescent Offenders," *Journal of Substance Abuse Treatment* 74 (2017): 80–91.

Behavioral Health Services Cascade Definitions

Step	Operational Definition	Relative Rate
a. JJ Referrals	Total number of referrals to juvenile justice in time period with a disposition starts date, less any youth already in treatment at that time.	—
b. Screened	Subset of JJ referrals (a) with a screening record.	b/a
c. Need Identified	Subset of JJ referrals (a) with a need for substance use treatment based on screener, urinalysis, clinical assessment, or other sources of information.	c/a
d. JJ Referrals to Treatment	Subset of those in need (d), referred by the juvenile justice system to substance use treatment.	d/c
e. Initiated Treatment	Subset of those referred to treatment (e) who have treatment start date.	e/c
f. Engaged In Treatment	Subset of those who initiate treatment (f) who stay in treatment for at least 6 weeks (based on treatment discharge minus treatment start date).	f/e
g. Continuing Care	Subset of those engaged in treatment (g) that are still getting treatment after 90 days (whether via retention, transfer, or booster).	g/e

Michael Dennis et al., "Operationalizing a Behavioral Health Services Cascade of Care Model: Lessons Learned from a 33-Site Implementation in Juvenile Justice Community Supervision," *Federal Probation* 83, no. 2 (2019): 52–64.

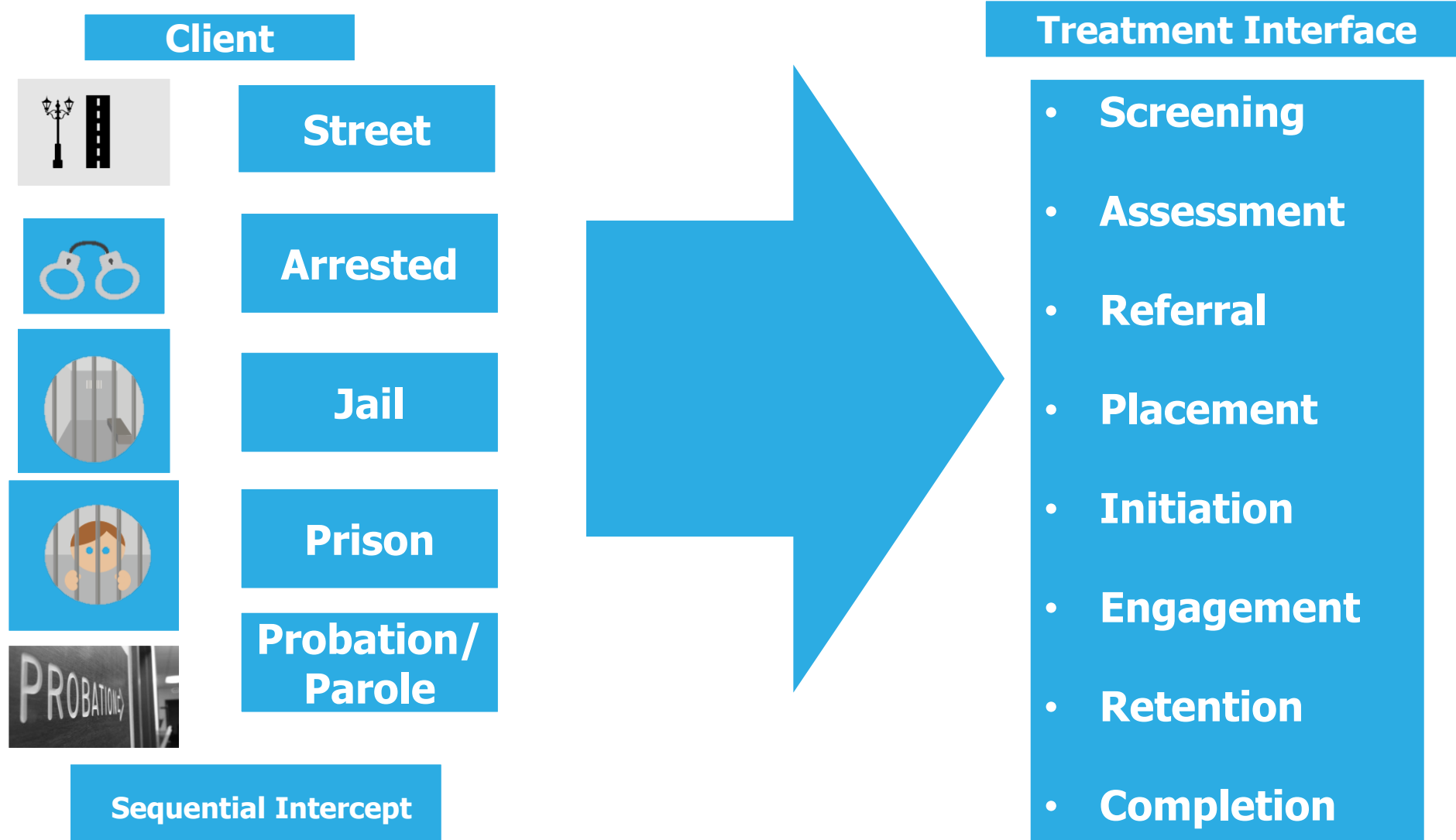CSG | Justice Center

Results from 33 Juvenile Justice Probation Agencies

Days between screen to referral: 25.7–59.7 days

Category	Rate
Treatment Initiation	8.9
Referral Rate	51.7
% Positive	38.4
Screen Rate	71

■ **Rates**
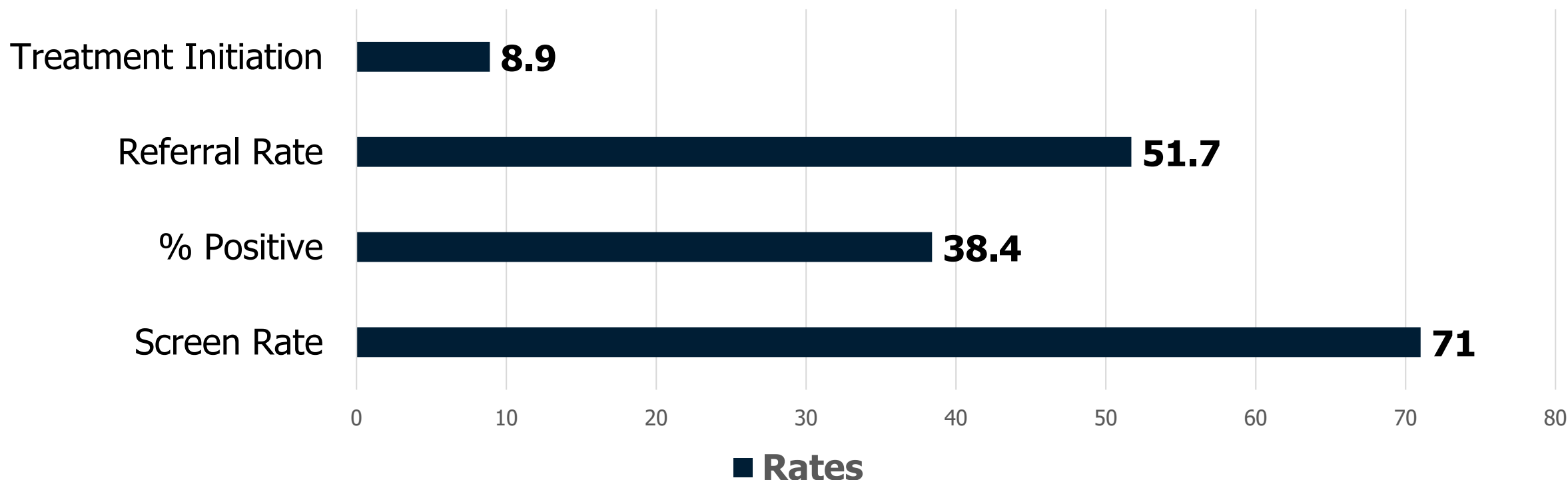
G. A. Wasserman et al., "The missing link(age): Multilevel contributors to service uptake failure in youths on community justice supervision," *Psychiatric Services* (2021) https://doi.org/10.1176/appi.ps.202000163.

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CJ and Treatment Interface

Client

Street

Arrested

Jail

Prison

Probation/ Parole

Sequential Intercept

Treatment Interface

- **Screening**
- **Assessment**
- **Referral**
- **Placement**
- **Initiation**
- **Engagement**
- **Retention**
- **Completion**

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4 Types of Measures

Set 1: Identification and Referral (Systems Level)

- Screening Rate
- Clinical Assessment Rate
- Referral Rate
- Initiation

Set 2: Engagement and Completion (Individual Level)

- Engagement
- Retention
- Successful Completion Rate
- Medication-Assisted Treatment (MAT) Rate
- Compliance with Treatment Plans

Set 3: Recovery Management (Individual Level)

- Continuum of Care
- Continuity of Care
- Transitioning of Care

Set 4: Access Measures and Systematic Responsivity (Systems Level)

- Uniformed Screening Protocol
- Insurance Enrollment
- Responsivity Rate
- Availability of Programming
- Access Rate
- Participation Rate

"Process Measures at the Interface Between the Justice and Behavioral Health Systems" (New York: The Council of State Governments Justice Center, 2016), https://csgjusticecenter.org/publications/process-measures-at-the-interface-between-justice-and-behavioral-health-systems-advancing-practice-and-outcomes/.

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Objective: Identify and refer people in the justice system with behavioral health needs to the appropriate care and services.

	Metric	Description
Interface Process Measures: Set 1	Screening rate	Percentage of people who screened positive for behavioral health issues using a validated screening tool
	Clinical assessment rate	Percentage of people clinically assessed as needing behavioral health services using a validated assessment procedure
	Referral rate	Percentage of people screened or assessed for behavioral health disorders who are referred to a treatment program or linked to services
	Initiation	Percentage of people who are referred to behavioral health services who start services within 14 days of the screening or clinical assessment

Objective: Ensure that people in the justice system participate in and complete the appropriate behavioral health treatment.

	Metric	Description
Interface Process Measures: Set 2	Engagement	Individual participates in at least two treatment sessions within a 30-day period of initiation
	Retention	Length of stay in treatment for different levels of care, including outpatient treatment, intensive outpatient treatment, therapeutic community, and counseling services
	Successful completion rate	Percentage of individuals (people who are arrested, defendants, incarcerated people, people on probation/parole) who successfully complete treatment
	Medication-assisted treatment (MAT) rate	Percentage of individuals (people who are arrested, defendants, incarcerated people, people on probation/parole) screened or assessed for behavioral health conditions who require medication and who are provided medication in a justice setting.
	Compliance with treatment plan	Percentage of individuals who comply with their treatment plans developed by the behavioral health specialist and the individual

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Objective: Offer access to a seamless system of care that provides people in the justice system who have behavioral health needs with the appropriate services.

Interface Process Measures: Set 3	Continuum of care	Percentage of individuals who transitioned from one program to another (step up or step down) within 30 days
	Continuity of care	Percentage of individuals who transitioned from one phase of programming to another within 30 days
	Transitioning of care	Percentage of individuals who moved from one type of programming (i.e., substance use disorders or mental illness) to another, such as vocational or educational services

Objective: Ensure that a range of behavioral health programming is available in both correctional and community settings to effectively address people's needs.

Interface Process Measures: Set 4	Uniform screening protocols	Core set of screening processes and criteria accepted by justice and treatment agencies to identify individuals with substance use disorders and mental illnesses
	Insurance enrollment	Percentage of individuals in the justice system who are enrolled in health insurance
	Availability of programming	Capacity of the system to provide appropriate levels of care for individuals (in prisons, probation/parole, jail, or community settings) who have specific needs
	Access rate	Percentage of individuals who can access a given program

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Improving Administrative Data: Justice Counts!

Justice Counts is an **unprecedented coalition** of state and local leaders working to make **criminal justice data more accessible and useful** through **common metrics** implemented across all 50 states...

Safety and justice deserve better data.

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Tier 1 Metrics

Law Enforcement

Prosecution

Defense

Courts & Pretrial Operations

Jails

Prisons

Community Supervision

Three new subcommittees *are being formed to explore the data landscape and potential metrics in key cross-cutting areas:*

Victim Services

Behavioral Health

Reentry

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Key Questions

Capacity & Costs	Population Movements	Operations & Dynamics
How large or expansive is our system? How much are we spending?	How many people are encountering, entering, or leaving the system at various points?	How are key actions or decisions affecting people at various stages of the system?

Public Safety	Equity	Fairness
How is each area of the system affecting or contributing to public safety?	How is our system treating people similarly or differently by race, ethnicity, or gender?	How is our system held accountable for treating people fairly?

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JUSTICE COUNTS — TIER 1 METRICS

	Capacity & Costs	Population Movements	Operations & Dynamics	Public Safety	Equity	Fairness
Law Enforcement	Annual budget Police officers per capita	Reported crime Arrests	Calls for service, by type	Officer use of force incidents	Arrests by race or ethnicity Arrests by gender	Civilian complaints sustained
Prosecution	Annual budget Total staff	Cases referred Caseloads Cases disposed	Cases declined Cases diverted/deferred Cases prosecuted		Cases declined, diverted/deferred, and prosecuted by race or ethnicity ...by gender	Violations filed against attorneys in the office resulting in disciplinary action
Defense	Annual budget Total staff	Cases appointed counsel Cases disposed Caseloads			Cases disposed by race or ethnicity Cases disposed by gender	Client complaints against counsel sustained
Courts & Pretrial	Annual budget Total staff	Criminal case filings Cases disposed	Pretrial releases Sentences imposed	New offenses while on pretrial release	Sentences imposed by race or ethnicity Sentences Imposed by gender	Cases overturned on appeal
Jails	Annual budget Total staff	Admissions Average daily population Releases	Readmission rate	Staff use-of-force incidents	Average daily population by race or ethnicity Average daily population by gender	Grievances upheld
Prisons	Annual budget Total staff	Admissions Average daily population Releases	Readmission rate	Staff use-of-force incidents	Average daily population by race or ethnicity Average daily population by gender	Grievances upheld
Supervision	Annual budget Total staff	New supervision cases Individuals under supervision Supervision terminations	Supervision violations	Reconviction while on supervision	People under supervision by race or ethnicity People under supervision by gender	

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Enhance Your MIS System

- Reconsider the client and agency characteristic(s) data.

- Expand various types of process measures.

  - Screening tools used

  - Referrals to whom; response

  - Treatment initiation

  - Treatment outcomes

- Develop a common identifier to link data.

- Develop a process for analysis to support program benchmarks.

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Linking Data

- Uses person identifiers such as first/last name, Social Security number, date of birth, and gender.

- Strategies to deal with data issues:

  ➤ Threshold or cut point of matching variables for "definite," "possible," and "no" matches (probabilistic matching)

  ➤ Visual inspection of possible matches that are within a certain tolerance, e.g., transposed SSN (deterministic matching)

- Potential uses

  ➤ Track the time lapse between prison discharge and admission to behavioral health services or time from call for service and intake to 24/7 therapeutic walk-in facility.

  ➤ Assess the continuity of care between in-prison behavioral health programs and community-based care upon reentry.

  ➤ Evaluate the impact of behavioral health programs on criminal recidivism.

  ➤ Examine psychiatric and substance abuse diagnoses by crime types.

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Data Linkages: Hidden Treasures!

Data warehouses: central repositories to house information from multiple sources; consolidate individual- and system-level data and allow for data tracking

https://csgjusticecenter.org/publications/integrating-criminal-justice-and-behavioral-health-data/

4 Major Points

1. Measures of post-release criminal activity (arrest, revocation, conviction) have limitations given the data that are used. Need to supplement with measures of desistance.
2. Expand measures of post-release success to include well-being, education, employment, housing, family and social supports.
3. Explore measures that encompass structural barriers to post-release success.
4. Develop new measures and collect data on post-release success in federal data collection efforts and state efforts.

The Limits of Recidivism (Washington, DC: National Academy of Sciences, 2022), https://nap.nationalacademies.org/resource/26459/interactive/.

The National Academies of
SCIENCES · ENGINEERING · MEDICINE

CONSENSUS STUDY REPORT

The Limits of
RECIDIVISM
MEASURING SUCCESS AFTER PRISON

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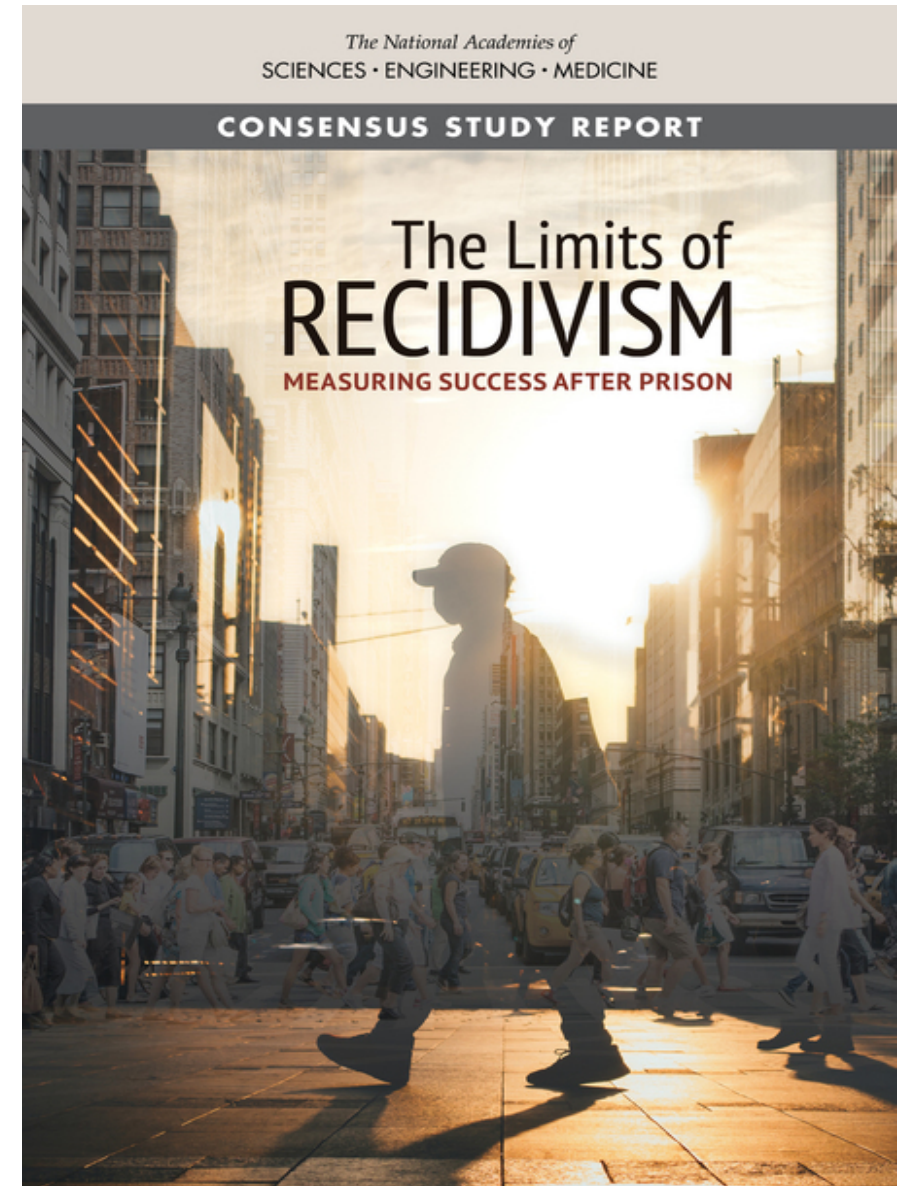
Desistance Provides More In-depth Measures

Domains to Consider

- Housing/Homelessness
- Employment
- Education
- Physical/Mental Health
- Social Supports
- Civic Engagement

Data Issues

- Recidivism is limited
  - Does not tell us how and why people cease criminal behavior
  - Administrative data reflect system issues
- Need progress measures
- Ignores structural barriers in housing, employment, etc.

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Objective: Expand access to safe and stable housing supports for people in the justice system with behavioral health needs.

<table>
<tr><td rowspan="6">Metrics for People Experiencing Housing Instability or Homelessness</td><td>Homelessness rate</td><td>Percentage of people who are experiencing homelessness and booked into jails or prisons</td></tr>
<tr><td>Housing instability rate</td><td>Percentage of people screened for housing instability</td></tr>
<tr><td>Service connection rate</td><td>Percentage of people connected to housing or homeless services (e.g., permanent housing, transitional housing, use of emergency shelters)</td></tr>
<tr><td>Staff capacity for homelessness support</td><td>

- Percentage of dedicated or partially funded staff for homelessness outreach or case management
- Percentage of staff who receive education on homelessness and homelessness support services
</td></tr>
<tr><td>Housing tenancy</td><td>Percentage of individuals who remained housed at specific intervals (e.g., 90 days, 6 months, 12 months, 24 months after release)</td></tr>
</table>

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Discussion

- Are you collecting desistance type outcomes?
- How are you handling data from multiple sources?

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Questions and Answers

Fieldwide Webinar: Utilizing Administrative Data: From Process to Implementation Evaluation

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Resources

Learn more about Justice Counts, the metrics, additional tools and supports, and opportunities to get involved: https://justicecounts.csgjusticecenter.org/

Learn more about data integration and warehouses: https://csgjusticecenter.org/publications/integrating-criminal-justice-and-behavioral-health-data/

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Contact Information

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- **Demetrius Thomas,** *Deputy Program Director, Behavioral Health, The Council of State Governments Justice Center—*dthomas@csg.org

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Thank You!

Join our distribution list to receive updates and announcements:

https://csgjusticecenter.org/resources/newsletters/

For more information, please contact Demetrius Thomas at dthomas@csg.org