Delaware NCJRP Data Infrastructure and Integration Plan

All states and universities have a deliverable in their NCJRP Phase III agreements to create a data infrastructure and integration plan to support planning, implementation, and evaluation efforts related to each state’s selected reform effort.[[1]](#footnote-1) This template is intended to help state NCJRP teams fulfill this deliverable by describing the primary components to be addressed in the plan.

Each section description may be completed by members of the state NCJRP Core team, in consultation with the State Statistical Analysis Center (SAC), university-based research partners and/or appropriate technology support staff. Sections will likely consist of a paragraph or two, depending upon the state project level of complexity. For states that have not yet determined the specific approaches to be addressed, a brief description of the decision-making process for those components will suffice for this plan. States should leverage content from previously developed project documents (e.g., Formative Evaluation Plan, grant application, status reports, etc.) where appropriate.

1. **Introduction: To be completed by project lead/designee**

The goal of the NCJRP and the Delaware Correctional Reentry Commission (DCRC) is to create seamless comprehensive evidence based system in the State. This project seeks a minimum 10% reduction in the recommitment rate of 45% within the first year of release to be considered successful. Long term the project seeks to reduce recidivism by 25% over a three-year period for individuals served by the interventions.

The NCJRP project has sought to use data and a focus on evidence based practices to improve reentry services and reduce recidivism. The process has led to multiple changes throughout DOC. Among the many changes that have come about through the NCJRP (and subsequently the DCRC) have been improved assessment through expanded use of the LSI-R and expanded use of the RNR tool as well as increases in CBT based therapy and employment training. These changes have included increased programing at Levels V (Prison), Level lV (Community Corrections Centers/Treatment/Work Release) and Level lll (Probation & Parole). While these changes should impact the overall recidivism rate, the Phase Four NCJRP evaluation focus will be on the 3 pronged intervention that would include CBT but also job training and job placement through a temp agency.

Multiple practice changes mean that a focused evaluation needs to target the appropriate change in order to isolate an effect. Ongoing recidivism reports from the Statistical Analyses Center will continue to gauge the overall impact of systemic changes implemented though the NCJRP process across the state. For the purposes of the formative evaluation, DOC has determined that the CBT employment focused intervention and a job training program being implemented at Delaware Technical College, coupled with job placement for high risk persons in Level lV who are assessed by the RNR tool as needing employment skills/readiness provides the best opportunity to assess the impact of targeted changes. There are a number of reasons for this:

1. Persons placed in the programs have been assessed moderate to high risk (LSI-R, and as needing both CBT and job readiness assistance (RNR).
2. The CBT treatment is drawn from the Cognitive Behavioral Intervention a Comprehensive Curriculum, developed by the University of Cincinnati’s (UC) Corrections Institute, and it is one of the most robust CBT interventions for adult individuals in prison. The employment module (CBI-EMP) will be implemented at level lV facilities. Choice of the program represents DOCs move towards EBP programming at all levels. The choice is further supported because DOC and the UD research team are currently evaluating the full CBI-CC program at Level V, meaning the project could potentially have additional comparison groups to demonstrate effectiveness.
3. The Del Teach training program provides further employment readiness for those coming through the system, increasing the overall treatment dosage for participants.

The choice of the programs to evaluate are thus representative of wider DOC changes and provide an opportunity for a targeted evaluation that will be coupled with the wider feedback by examining the statewide recidivism rate over time.

This document reviews what type of data will be utilized in the evaluation. It does not review the progress made by the DCRC, which includes data sharing agreements among agencies for purposes other than evaluation.

1. **Evaluation Data Requirements (Formative and Outcome): To be completed by project lead/designee**

Briefly summarize the purpose of or the policy questions to be addressed through the formative and outcome evaluations.

The formative and outcome evaluations are designed to evaluate whether and to what extent the “three pronged” treatment approach based on RNR principles is effective in reducing recidivism.

* 1. Describe the criteria your state will use for the evaluations.
		1. What are the key metrics, indicators, measures to analyze?

Recidivism is defined as rearrests or re-incarceration, which will be assessed independently. In order to gain a broader understanding of the reentry and desistance process, and to capture measures not captured by administrative systems, such as substance use and return to criminal behavior not detected by authorities, the research team plans to conduct baseline interviews with a sample of persons while still incarcerated and follow-up interviews after they are released to the community.

This data will be coupled with measures from the RNR tool, the LSI-R, criminal history data and program data from providers in order to provide a comprehensive data set. The data will enable the team to assess the impact of programmatic data on outcomes as well as how the myriad mitigating and mediating factors that occur in the reentry process impact outcomes. It is anticipated that this approach will enable the research team to assess what works, for whom and how intervening factors at the individual and community level impact the likelihood of successful reintegration into the community.

We will also conduct a fidelity assessment of the programs once they are implemented and running for an adequate period of time.

* 1. Provide a list of the data categories or elements necessary to conduct your formative and outcome analysis and which entities/stakeholders will need to provide the data. For example:

Evaluability Data-set as well as eventual outcome dataset will include:

|  |  |  |
| --- | --- | --- |
| Item | Source | Measure |
| Unique Identifier | DOC | SBI or Inputted De-identified code |
| LSI-R Score | DOC | Individual Item Scores |
| RNR Score | DOC | Individual Item Scores, Recommended Programs |
| Program Data | DOC/ Providers | Attendance, completion etc.  |
| Baseline Interview & Follow up interview  | UD Research Team | Criminal thinking, psych, soc scales- modified TCU scales, social functioning interview  |
| Program Fidelity Data | UD Research Team | RNR Program tool. UCINN Group Observation tool.  |

**Governance and Policies: To be completed by project lead/designee**

 Governance and policy are the responsibility of DOC and the DCRC.

**Data Sharing Architecture: To be completed by technology lead/IT support staff**

To determine in impact of the three pronged treatment approach, data will be examined on individuals who complete each of the three interventions. The data will come from multiple sources. These will include DACS, DELJIS, Data collected by the UD team, and from the service providers. The UD team proposes to collect individual level interview data from persons in the programs for the purposes of assessing the multitude of factors that impact a person’s success upon reentering the community. The interview process will include conducting baseline face-to-face interviews with a sample of persons prior to reentering the community, and then contacting and conducting a follow-up interview with the same individuals post release (see timeline for follow up schedule). Numerous validated psychological and social functioning scales will be administered at baseline, as well as a series of questions regarding persons’ backgrounds. These will be reassessed at the follow-up interview that will also assess self-reported criminal activity, substance use and social functioning. The UD team will be responsible for assembling the data from the multitude of sources into an individual level data set for cleaning, validity checks and analyses.

Attendance and completion rates will be provided as well as follow-up rates for interviewees. Mechanisms will be determined in the pilot phase but will likely be a combination of spreadsheets and MS Word forms reported periodically.

The UD team will work with the various entities to ensure that persons reentering the community and participating in the programs under study are appropriately tracked and that the required data are obtained by the evaluation team for analyses. The UD team will conduct a pilot study during Phase lll on a sample of releases during 2020 to determine whether data on released individuals are available. Data will be incorporated into a data file that will be provided to the Statistical Analysis Center team to determine if they can match it to their criminal justice data records on incarceration and arrest.

1. **Data Curation: To be completed by technology lead/IT support staff**

Delaware has a robust data infrastructure largely consisting of the Delaware Automated Corrections System (DACS) and the Delaware Criminal Justice Information System - (DELJIS). The Phase lll pilot will serve to identify gaps in linking various data sources together, specifically incorporating program and individual level data with the administrative data. Reporting currently occurs through the DCRC. Phase lV NCJRP evaluation data will be reliant on a reporting structure to be determined. Program evaluation data for Phase lV evaluation will be coordinated by the UD team and reported to the CJC and NGA in conjunction with DOC

**Data Analysis: To be completed by technology lead/IT support staff/research partners**

 The research team has decades of experience in designing and implementing research studies, many in correctional environments. PI Dan O’Connell has conducted multiple RCT and implementation studies, many in the DE DOC. Center Director and CO-investigator Christy Visher is one of the leading experts in the world on the issue of prisoner reentry as was once of the chief architects of the SVORI and Returning Ho0me studies. The Center is housed within the University of Delaware’s Department of Sociology and Criminal Justice, one of the top Criminology programs in the country. CDHS employs over a dozen qualified analysts and is host to a cadre of over ten PhD candidates, some of whom will be employed on the project. The Center is thus adequately positioned to carry out the formative and outcome evaluations.

We will gather the different data elements and link them into one dataset for analyses. We usually work in SPSS, but can convert to Stata, SAS, M-Plus or R depending on need. The team is versed in RCT type analyses, ranging from crosstabs and t-tests, to difference in difference modeling, Survival analyses, growth curves and trajectory analyses. We are versed in propensity score matching and other techniques used for quasi -experimental designs and randomization is not possible.

Timeline



The pilot study timeline is estimated to span nine months once the pilot is implemented. The timeline above is designed to demonstrate the timing of different project elements, anchored to Month one. Thus, if the project we fielded in August 2020, it would be completed in April 2021; the project could slide up or back in time, but the timeline would still fit.

The pilot will begin with a meeting with DOC and providers to discuss procedures and any data issues. Once the process is determined CDHS will obtain IRB approval thought UD and research approval from DOC. Data collection is anticipated to begin in month three in which we will identify a group of soon to be released persons from Level lV and conduct baseline interviews. Having identified the cohort, we will obtain LSI-R, RNR, and other demographic and criminal history data from DOC and program data from providers. After an appropriate time at risk period, we will recontact the sample in the community for a follow-up interview. Preliminary analyses will be conducted mainly to determine that the correct variables have been adequately assembled for an outcome study.

The fidelity assessment will follow the same basic process; meeting with the appropriate entities, followed by IRB approval, and then the assessment process. The UD team is already trained in fidelity assessment.

Through its role in the DCRC it is anticipated that SAC will provide recidivism data for the evaluation. Treatment providers will provide treatment data. The UD team will be responsible for assembling the data. MOUs will be sought during Phase lll.

Drs. Dan O’Connell and Christy Visher will be Co-PIs for the evaluation team. Chief Joanna Champney will serve as DOC evaluation coordinator. Spencer Price, Director of SAC will represent SAC. Full qualifications and Vitas are available. The various team members have advanced degrees and ample experience to conduct the evaluation.

1. Example language: create a data infrastructure and integration plan which will describe the state's infrastructure to support rigorous planning, implementation and evaluation (beginning of Phase III); perform data infrastructure and integration capacity-building efforts; and report on the status of integration efforts and capabilities (at the end of Phase III) [↑](#footnote-ref-1)