



**Evaluation points to consider:**

Consider where you will be pulling your master identifiers, you want these to come from whichever is the most comprehensive data source available to you (likely, DOC data). Be prepared to need to pull from different data sources that may not align: mental health and substance use data from the community, follow up treatment data (PDMP, DOH), medical examiner data, data from probation and parole, etc. Data needs to be taken from wherever it is most likely to be accurate; when tracking, consider separating adult in custody management data versus medical data, recovery support data, etc.

\*\*Make sure that you are not tracking individuals taking medications for nonopioid used disorder, i.e., alcohol use disorder (naltrexone) or pain management. Consider tracking in medical records dates of dosing (naltrexone, sublocade—i.e., nursing note)

**Basic Demographics**

- First Name
- Last Name
- All known aliases
- DOB
- SSN
- Sex
- Sexual Orientation (?)
- Race/Ethnicity
- Insurance Status (depending on your state/system)
- Date of Commitment (or however your system operationally defines incarcerated)
- Status- awaiting trial, sentenced (based on your system)
  - Create code for jurisdiction transfers (if applicable)

**Program Metrics**

- # people assessed/screened
  - Include date assessed/screened and out
- # people eligible
- # people started on MOUD
  - Continuing from community
    - MOUD in community confirmed (y/n)
    - track community provider
  - Induction upon commitment
  - Induction prior to release (those with longer sentences)

Time to first dose

Prescription start date

Prescription stop date

- Medical taper

Reason for discontinuation (can cover medical, elected, etc.)

- Collect who initiated the discontinuation (medical, individual (elected, side effects), security (i.e. noncompliance), etc.

Misc. Medical Events (i.e., discharged before receiving medication (completed screening process, met with provider, prescription written, to be dosed the next day, and then they got released, etc.)

% compliant with MOUD (including medication, treatment groups, programming, etc.)

% continuing with provider on release

Create code for medication changes

# bookings/infractions (fights, violence in facility, breaking rules)

- Consider also developing additional codes for improved facility environment
  - Measures of engagement in programming
    - i.e. increased productivity (work, education, etc.)
  - Measures of withdrawal management (less sickness)
    - i.e. decreased burden on medical/nursing in caring for those in withdrawal

Create codes for diversion

- Contraband (illicit substances) coming in
  - May be interested in documenting how it's coming in (mail, socks, etc.)
- Diversion inside (make sure to be tracking only MOUD medications for program diversion)
  - document reasoning, if possible: enterprise, coercion, medical management/dosing issue, etc.)
  - Urine toxicology (both random and at cause)

# of overdoses or overdose reversals

- # of Narcan doses administered
- Witnesses present?
- Relationship?
- Were they aware of situation?

### **Discharge Planning Metrics**

# people engaged in discharge planning

# of discharge planning programs/meetings attended

- Create code to track discharge referrals or discharge planning decisions made (where in community to receive meds, what medication planning to take, residential treatment program planning, etc.)
- % of people given/taking community resources

Type of discharge planning (one-to-one, group)

Time to first discharge planning meeting

Narcan provided upon release (y/n)

- Date administered
- # of Narcan doses provided

### **Post Release Data**

Discharge date/reason

Courtesy dose received in community

Date of first dose in community

Admission/retention to MAT

Post-release urine screens with probation and parole

Employment

Service Utilization

Recidivism rates

Arrests

Overdoses

- Witnesses present?
- Relationship?
- Were they aware of situation?
- Location
- Final cause of death
  - Where opioids a contributing factor? (i.e., opioid-related cardiac arrest)

Mortality