FOUNDATIONS OF AN EFFECTIVE FAMILIAR FACE FRAMEWORK

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John Petrila, JD, VP of Adult Policy, Meadows Mental Health Policy Institute

December 10, 2018
3:00-4:30pm Eastern Time

S/C **SAFETY+JUSTICE**
CHALLENGE

Overview/Agenda

- Welcome/Technology Introduction
  - Jennifer Novak, Pretrial Justice Institute (PJI)
  - Ashley Krider, Policy Research, Inc. (PRI)

- Regi Huerter, Senior Project Associate, Policy Research, Inc. (PRI)
- Janeen Buck Willison, Senior Research Fellow, Urban Institute
- John Petrila, Vice President of Adult Policy, Meadows Mental Health Policy Institute

Meet Our Presenters

- **Janeen Buck Willison,** Senior Research Fellow in the Justice Policy Center at the Urban Institute. Conducts research, program evaluation, and policy analysis aimed at improving justice system functioning. Janeen has more than 20 years of experience conducting multisite process and outcome studies of justice-involved youth and adults for federal, state and local governments, and private foundations. Janeen earned a Masters of Science in Justice degree in Law and Justice Policy from American University.

- **Focus:** Research portfolio spans reentry, juvenile justice and delinquency prevention, evidence-based practice, systems change, specialized courts, corrections, and practitioner-partnership evaluations.

- **Evaluation:** Problem solving mental health, drug and teen courts; Opportunity to Succeed (OPTS) Program. Multi-site evaluation of prisoner reentry and Transition from Jail to Community (TJC). PI for the Evaluability Assessment of NIJ-funded FY2011 Second Chance Act Adult Offender Reentry Demonstration Projects; co-led FY2011 Second Chance Act Adult Offender Reentry Demonstration Projects.

- **Current Projects:** NIJ-funded study: prevalence of trauma-informed and victimization services for incarcerated women; SJC Innovation Fund initiative to reduce jail use; 17-site SAMHSA's Behavioral Health Treatment Court Collaborative initiative evaluation in partnership ICF.

Meet Our Presenters

- **John Petrila,** Vice President of Adult Policy, Meadows Mental Health Policy Institute. An attorney with 40 years of experience in mental health law and policy. Graduate of University of Virginia School of Law and advanced degree in mental health law. He has been General Counsel to the New York State Office of Mental Health and was the first Director of Forensic Services in the Missouri Department of Mental Health.

- **Focus:** Analyzing the trajectories, service use and costs associated with people with mental illnesses and co-morbid mental and physical health issues including the integration of administrative data (Medicaid claims files, statewide arrest data, mental health data, homeless data and emergency medical transport data).

- **Author:** Three books and over 100 articles and chapters including a chapter on confidentiality,1999 Surgeon General's report on mental health.

- **Member:** Original member of Actionable Intelligence for Social Policy Initiative and 2011 Fulbright Scholar to the Netherlands.

Differentiate between WHO is a "familiar face" and

WHY some systems have familiar face or high utilizer populations.

Identifying Your Familiar Faces: Questions to Ask

- **Familiar to who?**
  - Police? The Jail? Local Emergency Rooms? Others? All?

- **Familiar how?**
  - How do you define "familiar" – i.e., how many visits in what amount of time? How do you weigh system impact?
  - To how many systems (justice, medical, public/behavioral health, human services)?

- **Familiar why?**
  - Why, how, for what reasons are a set of the same people frequently accessing your system?
  - What are their needs (behavioral, medical, legal, housing, etc.)?

Identifying Your Familiar Faces: Data to Analyze

- **Individual-level data**

- **Police arrest/incident data**
    - Nature/number of incidents; dates; most prevalent charge*
    - Most prevalent outcomes (referrals to ER? Jail? Other?)

- **Jail booking data**
    - Number of bookings per individual, most prevalent charges
    - Demographics (age, race, gender)
    - Assessed needs (physical health, behavioral health, functioning)

- **ER/Public Health data**
    - Number of ER visits, most prevalent reason
    - Assessed needs (physical health, behavioral health, etc.)
    - Service utilization (what, for how long, to what outcome)
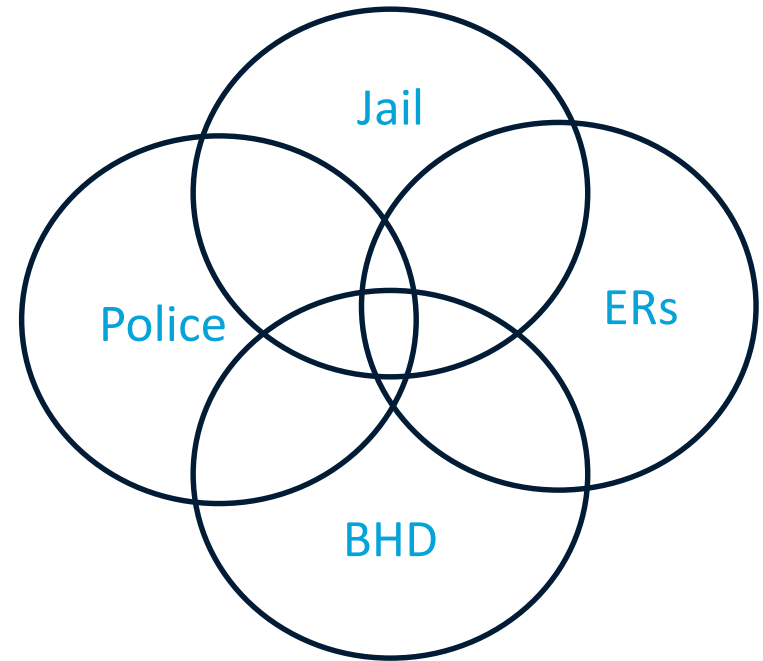- **Other systems?**

One Community's Crossover Population

Objectives

- Reduce system fragmentation and improve coordination
- Identify the number & percentage of people served by all four partners

Analysis

- Characteristics of each discrete population
- Number/percent of people in jail served by all partners in a given year
- Identified the range of services accessed

The Cost of Not Providing Integrated Care: An Example

Psychiatric Patients Who Have NOT Been Jailed
Patients Age 18+, April 2015 - March 2016

500 Most Expensive Super Utilizers Only

Unduplicated Patients   201

Visit Type	Visits	Visits Per 1,000	Inpt Days	Inpt Days Per 1,000	Inpt ALOS	Cost	Cost Per Patient
Inpt Non-Psych	1,024	552.0	8,723	4,702.4	8.52	$21,893,684	$262,018
Inpt Psych	155	83.6	777	418.9	5.01	$2,106,503	$25,210
Non-Inpt Non-Psych	3,684	1,986.0				$3,369,631	$40,327
Non-Inpt Psych	1,024	552.0				$272,402	$3,260
Total	5,887	3,173.6				$27,642,220	$330,815
Inpatient Total	1,179	635.6	9,500	5,121.3	8.06	$24,000,187	$287,228
Non-Inpatient Total	4,708	2,538.0				$3,642,033	$43,587
Non-Psych Total	4,708	2,538.0				$25,263,315	$302,345
Psych Total	1,179	635.6				$2,378,905	$28,470

97 "Heavy Users" In Miami

A quick analysis...In total

- 26,640 days in jail
- 7,000 days in-patient psychiatric
- 3,200 days state hospital
- 2,600 days emergency room

Total: 39,440 days in jails/hospitals/ED in 5 years

This is not good care...

- 85 had diagnoses of schizophrenia
- 23% of their days in a year were in a jail, hospital, or emergency room
- 81 days per person *per year on average* in a jail/hospital/ED

Participant Characteristics by Similar Trajectory of Arrests
Pinellas County

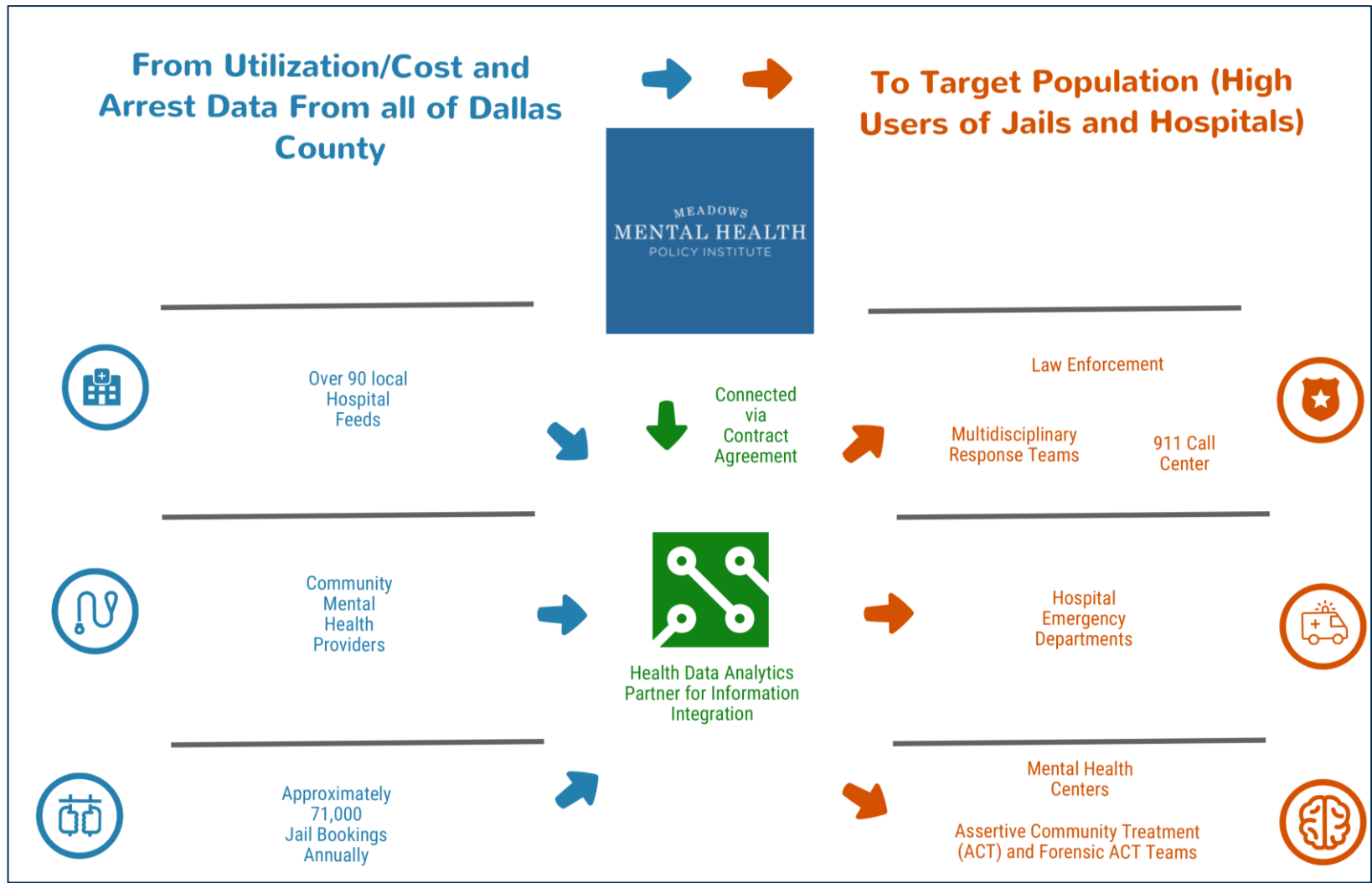| Characteristic	Class 1 n=469	Class 2 n=3,090	Class 3 n=210
Age, %			
51 - 64 years	12	8	8
40 - 50 years	36	32	40
21 - 39 years	48	53	46
20 years or younger	4	7	7
Gender, % women	**59**	**39**	**30**
Race/ethnicity, %			
White	76	74	75
Black	20	21	20
Hispanic	4	5	5
Homeless, %	**5**	**12**	**44**
Serious mental illness, %			
Psychotic disorder	**21**	**22**	**38**
Bipolar 1	33	29	24
Major depression	30	31	28
Other	16	18	20
Substance abuse diagnosis, %	64	67	77
Involuntary Psychiatric Examination, %	46	42	56
ER/IP events, mean	**2.2**	**16.3**	**9.6**
OP events, mean	**48.1**	**24.7**	**17.9**

Notes. Class 1=minimal arrest rate, Class 2=steady, low arrest rate, Class 3=high arrest rate; ER/IP = emergency room/inpatient; OP = outpatient. **Total N = 3769**

What's the Objective?

- **Reduce what?**
  - Use of jail beds?
  - Use of ED/ER visits?
  - Burden on law enforcement/first responders?
  - Unnecessary/inappropriate justice system contacts?
  - Recidivism?

- **Increase/improve what?**
  - Access to appropriate treatment/services?
  - Use of appropriate treatment/services?
  - Links to prosocial and therapeutic peer/social supports?
  - Stability/time in the community?
  - Individual-level functioning?

Knitting together the entire system:
Using identifiable data at point of service interventions

From Utilization/Cost and Arrest Data From all of Dallas County

To Target Population (High Users of Jails and Hospitals)

MEADOWS
MENTAL HEALTH
POLICY INSTITUTE

Over 90 local Hospital Feeds

Connected via Contract Agreement

Law Enforcement

Multidisciplinary Response Teams

911 Call Center

Community Mental Health Providers

Health Data Analytics Partner for Information Integration

Hospital Emergency Departments

Approximately 71,000 Jail Bookings Annually

Mental Health Centers

Assertive Community Treatment (ACT) and Forensic ACT Teams

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Measurement & Evaluation

- **How will you measure progress?**
  - What indicators (outputs, process outcomes)?
    - Outputs: # referred, # assessed, # served, # processed, # of services accessed, etc.
    - Process outcomes: referrals, service utilization, jail bookings, ER use, etc.
  - What data are needed? From what agencies?
  - Who will review?

- **What outcomes?**
  - Justice (rearrests, rebooking, reconviction)?
  - Behavioral/physical health (readmissions, functioning, medication engagement, prolonged time to relapse)?
  - Stability indicators (housing, employment, etc.)
  - Program/service engagement and completion

Increasing Capacity for Evaluation

- Program model and project elements well-defined
    - Activities, services
    - Eligibility criteria
    - Target population
    - Processes
- Goals, objectives, and outcomes clearly articulated
- Program stability
- Performance measures
- Linkages drawn between program activities and outcomes
- Caseload capacity
- Data systems (electronic or hard copy)
- Collaboration, coordination
- Valid comparisons available

Questions and Dialogue

Please chat your questions, including your name/jurisdiction

- OR -

Raise your hand to be unmuted

Final Thoughts

- Need to include participant input
- Recognize that a system-wide "strategy" rather than a discreet "program" is likely needed
- Monitor, measure, review and address
- Create clarity through formalized processes and procedures
- Don't let great get in the way of good

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Thank you!

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