Stepping Up and Data-Driven Justice: Using Data to Identify and Serve People who Frequently Utilize Health, Human Services and Justice Systems

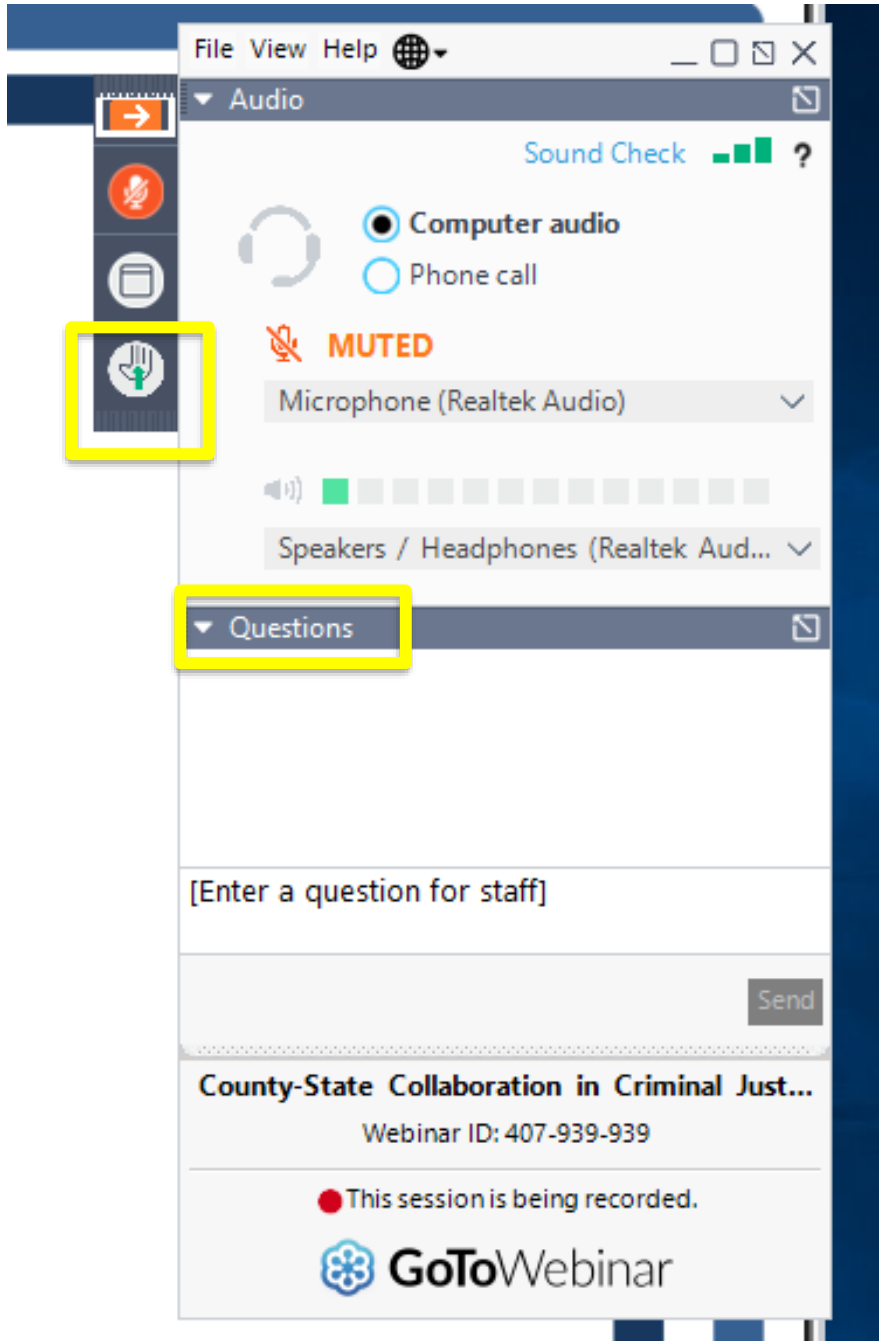
December 5, 2019

Stronger Counties. **Stronger America.**

NATIONAL ASSOCIATION of COUNTIES NACo

Logistics

- The questions box and buttons are on the right side of the webinar window.
- This box can collapse so that you can better view the presentation. To unhide the box, click the arrows on the top left corner of the panel.
- If you are having technical difficulties, please send us a message via the questions box. Lindsey or myself will reply to you privately and help resolve the issue.



THE STEPPING UP INITIATIVE

Stepping Up is a national initiative to reduce the number of people with mental illnesses in jails.

NATIONAL ASSOCIATION of COUNTIES NACo

CSG Justice Center
THE COUNCIL OF STATE GOVERNMENTS

AMERICAN PSYCHIATRIC ASSOCIATION FOUNDATION

#StepUp4MentalHealth

www.StepUpTogether.org

THE STEPPING UP INITIATIVE

500 COUNTIES AND COUNTING

Hundreds of counties across **43** states have joined Stepping Up to reduce the prevalence of mental illness in jails.

47%
of the U.S. population lives in a Stepping Up county.

15 Innovator Counties are blazing the trail in data collection.

Approximately **2 million** times each year, people who have serious mental illnesses are admitted to jails.

More than 10
states have held statewide Stepping Up summits to advance their counties' work.

Resources Toolkit

- Monthly webinars and networking calls
- Educational workshops at NACo and partner conferences
- Quarterly calls of smaller networking groups of rural, mid-size and large/urban counties that have passed Stepping Up resolutions
- A project coordinator handbook
- Guidance on measuring the number of people with mental illnesses in jail
- Written and online tools that are companions to the *Six Questions* report that present the latest research and case studies for county officials

www.StepUpTogether.org/Toolkit

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Data-Driven Justice

The **Data-Driven Justice (DDJ)** project aims to break the cycle of incarceration by using data-driven strategies to improve how the justice system responds to frequent utilizers of jails, emergency rooms, shelters and other crisis services.

Arnold Ventures

www.naco.org/datadrivenjustice

#DataDrivenJustice

Data-Driven Justice

“Frequent Utilizers”

Chronic physical conditions
Mental illness
Substance abuse
Homeless

Fragmented and sporadic care

Hospitals and EDs
Walk-in clinics
Crisis centers
Homeless shelters
Detox facilities
Treatment providers
Criminal justice system

Data-Driven Justice: Resources

Playbook with guidance on steps for developing a system of diversion, examples of interventions and strategies to divert frequent utilizers and case studies highlighting county innovations

Online **resource library** with information developed by counties and partners illustrating how to build community support, identify frequent utilizers, use and share data and identify diversion options

Quarterly **webinars** to share best practices and support peer-to-peer learning

Virtual **training sessions** and **workshops** for community leaders

Educational **workshops** at NACo conferences and partner meetings

Examples of **data-sharing agreements,** including MOUs and BAAs

www.naco.org/datadrivenjustice

Data-Driven Justice: Contact

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Speaker: Lane County, Ore.

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Stepping Up and Data-Driven Justice Webinar: Lane County FUSE

December 5th, 2019

Lane County, Oregon

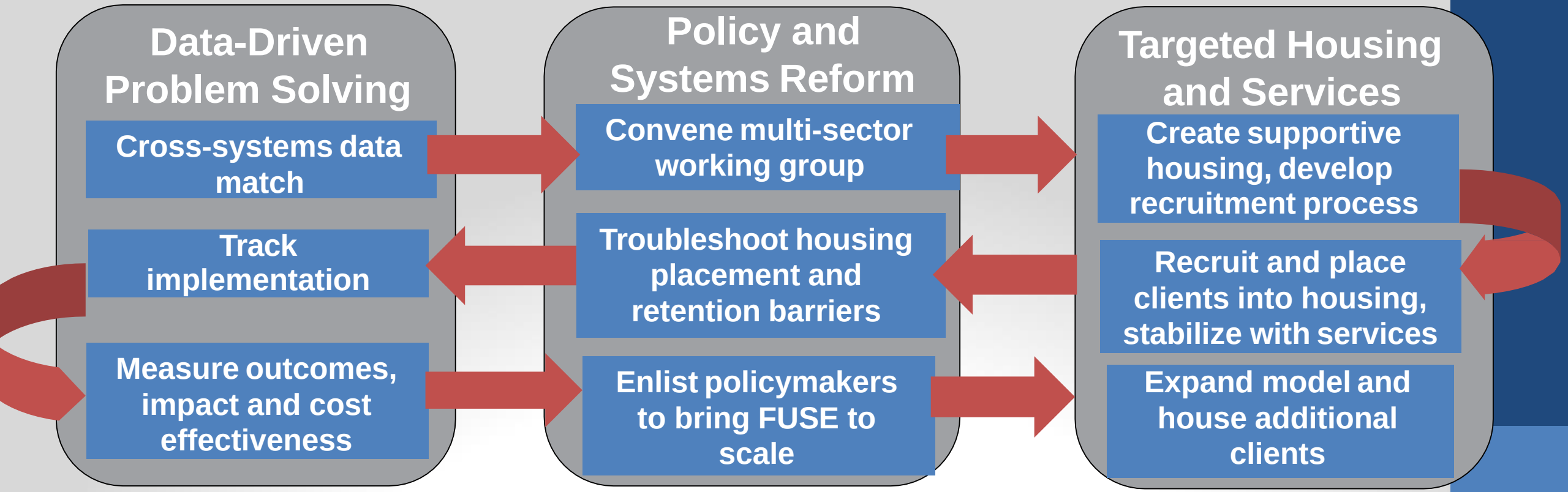
Population: 374,749 (2017)

- 16.6% below federal poverty level (USA 13.4%; OR 13.2%)
- Median family income: $50,711 (USA $60,336; OR $60,123)
- 54% of renters and 32% of homeowners are housing cost burdened, or spend more than 30% of income on housing (2015, City of Eugene)
- 85% of Lane County is forest land

2019 Point in Time Count

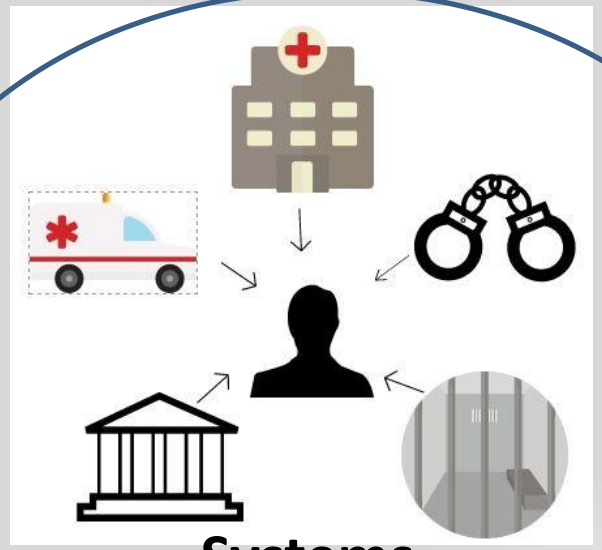
- 2,165 homeless individuals; 1,683 of them were unsheltered

National FUSE Model



Retrieved from csh.org/fuse

FUSE Model in Lane County



Systems Collaboration

+

Stable Housing + Support Services

=

- Better outcomes
- Reduced inefficiencies
- Increased cost savings

Housing First Focus: Principles

- Issues that may have contributed to a household's homelessness can best be addressed once they are housed
- Housing is a right to which all are entitled; it is not a reward for clinical success or compliance

Developing the FUSE List

We have created a “top 100” list using the following data points:

- Police Services (arrests)
- Court Services (citations)
- Psychiatric Hospital (nights)
- In-Patient Hospital (nights)
- Emergency Departments (ER visits)
- Jail Stays (intakes)
- Banned from Public Transportation (Yes/No)
- Banned from Emergency Shelters (Number bans)

Obtaining the Data

Obtaining Data

- Created a FUSE Steering Committee
- Lane County Human Services Division (HSD) - Data Keeper (Manages the Homeless Management Information System)
- Existing relationship with Medicaid Coordinated Care Organization
- Jail is part of Lane County
- MOUs with all participating agencies

Challenges

- Did not get data from the hospitals right away

Analyzing the Data

- Agencies sent list of names of their top 50 utilizers (*primary list)*
- Each agency decided the threshold for “high utilizer”
- Cross referenced each list to create one master list
- Each agency provided additional information on clients on the master list who were not on the primary list (*secondary list*)
- Created ranking system (higher utilization= higher ranking)
- Determined homeless status through HMIS

FUSE Top 100

Combo of 16 or more ED, visits, hospitalizations, etc.

73% high health care utilizer

88% frequent arrests

7 or more arrests

5 or more jail intakes

52% frequent jail stays

30% frequent court citations

5 or more court citations

78% banned from Emergency Shelter

29% LTD Ban

Indicator of behavioral issues

FUSE Services

Street Outreach/Inreach

- Engagement
- Meet clients when they in the hospital, jail or in the field
- Assistance with reducing barriers to housing (birth certificates and Oregon State IDs)
- Mobile Front Door Assessments for the Coordinated Entry System
- Transportation
- Connect to mental health, substance use and physical health services
- Connect client to mainstream

Housing

- Rapid Rehousing, Permanent Supportive Housing and Section 8 interventions
- Housing search and housing stabilization services
- Provide case management
- Connect to other support services in the community
- Liaison with landlord

Case Conferencing

- Bi-weekly case conferencing between FUSE Core Team - street outreach and housing providers
  - Focuses on resolving barriers to obtaining and maintaining housing
- Monthly community case conferencing with community partners
  - Focuses on developing shared care plan - shared FUSE ROI
  - Participants: Street outreach, housing providers, mental health agencies, substance use treatment, senior and disabled services, parole and probation, jail, community court, police, hospital, Medicaid and social service agencies

Summary

- Cross-sector data match highlighted the number of shared clients
- Data allowed for more targeted outreach and coordination across agencies and sectors
- We did not get all the data we wanted, but were able to get buy-in over time
- Steering committee members were data champions

Thank You

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Speaker: Bernalillo County, N.M.

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Behavioral Health Administrator
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Dr. Michael Hess
Statistical Analyst
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Bernalillo County, N.M.

Use of the HH Frequent Utilizer Tool in Bernalillo County in Order to Appropriately Intervene, Provide Intensive Case Management, Connect Individuals to Needed Services, and Break the Cycle

Sam Howarth, PhD
Michael Hess, PhD
Bernalillo County
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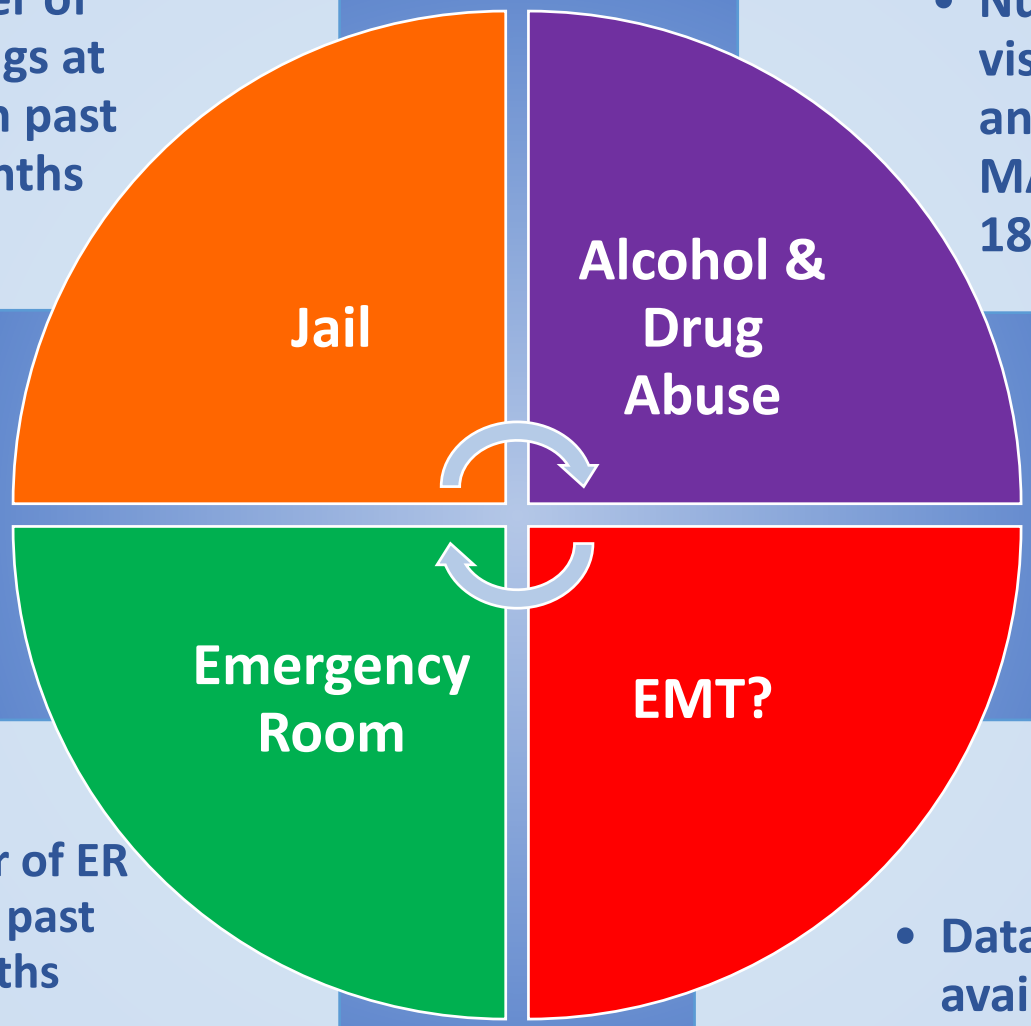
- Number of bookings at MDC in past 18 months

- Number of visits to PIIP and Detox at MATS in past 18 months



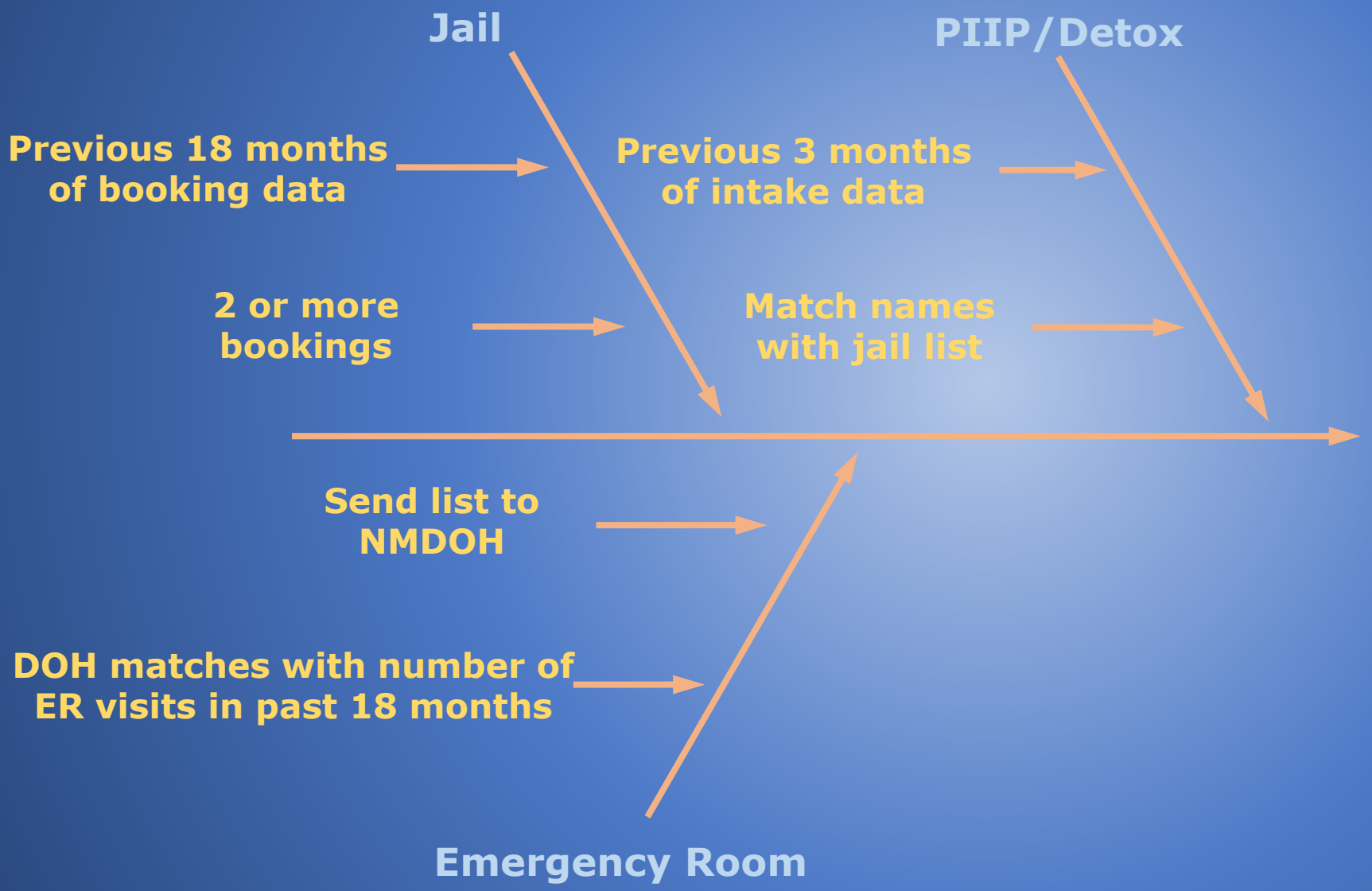
- Number of ER visits in past 18 months

- Data not yet available

We have developed the HH Frequent Utilizer Tool that looks at individuals' contact with various systems to determine if an individual is a high utilizer of those systems. Specifically we look at:

- Number of bookings into MDC
- Number of admissions to the DBHS Detox program
- The number of admissions in the DBHS PIIP program
- If the individual was in the Psych Services Unit (PSU) while at MDC
- If the individual was labeled "mentally ill" or "suicidal" while in the PSU
- The individual's "risk screener" score
- As we get information from the state Department of Health, we also look at number of emergency room visits.

Inputs for the HH Frequent Utilizer Active List



If touched by jail, PIIP or Detox in previous 3 months

Names go on Active List

If not touched in previous 3 months

Names go on Watch List

Each of these “touches” is ascribed a point value or weighting

- A PIIP touch equals 0.5
- A Detox touch equals 1
- An emergency room visit equals 1.5
- An MDC touch equals 2
- A PSU touch equals 25

The number of touches an individual has with each of these systems is multiplied by the corresponding weight of that system and then these are added together to come up with a composite score for each individual

Active List

Number	DOB	Detox	PIIP	Bookings	ED Visits	PAC18 (PSU)	MI/S	Score 3	3 mo MDC	Released	In custody	3 mo Dtx	3DtxDate	3 mo PIIP	3PIIPDate	3 mo touch	Risk Grp	TP	TP Date
1	5/24/1955	1	67	6	217	Yes	Yes	397	Yes	1/1/1900	Yes	No	1/17/2018	Yes	4/19/2019	Yes	7		
2	6/22/1987	1	9	3	166	Yes	No	285.5	Yes	5/24/2019		No	12/14/2018	Yes	4/2/2019	Yes	5		
3	7/24/1967	3	160	7	96	Yes	No	266	Yes	3/3/2019		No	3/8/2018	Yes	5/30/2019	Yes	7		
4	9/3/1968	1	432	2		Yes		246	Yes	5/5/2019		No	1/11/2016	Yes	5/31/2019	Yes	7		
5	3/28/1979	0	25	5	126	Yes	No	236.5	No	6/4/2019		No	10/7/2017	Yes	4/2/2019	Yes	7		
6	7/7/1961	2	7	6	122	Yes	Yes	225.5	Yes	1/1/1900	Yes	No	5/25/2018	No	2/17/2019	Yes	5	Yes	2/21/2019
7	3/3/1973	0	17	2	120	Yes	No	217.5	No	1/18/2019		No	11/11/2017	Yes	5/1/2019	Yes			
8	11/13/1965	3	9	4	110	Yes	No	205.5	Yes	3/29/2019		No	2/25/2019	No	12/13/2018	Yes	3		
9	7/8/1964	1	147	4	54	Yes	No	188.5	No	8/14/2018		Yes	3/15/2019	Yes	5/9/2019	Yes			
10	10/4/1986	6	19	4	92	Yes	No	186.5	Yes	1/1/1900	Yes	Yes	5/31/2019	Yes	5/30/2019	Yes	7		

Watch List

Number	DOB	Detox	PIIP	Bookings	ED Visits	PAC18 (PSU)	MI/S	Score 3	3 mo MDC	Released	In custody	3 mo Dtx	3DtxDate	3 mo PIIP	3PIIPDate	3 mo touch	Risk Grp	TP	TP Date
1	5/14/1984	8	4	4	33	Yes	No	92.5	No	9/2/2018		No	1/9/2019	No	12/16/2018	No			
2	2/14/1972	3	0	2	26	Yes	Yes	71	No	1/25/2019		No	2/1/2019	No	8/27/2018	No			
3	12/2/1969	3	119	3		No		68.5	No	10/5/2018		No	10/6/2018	No	10/27/2018	No			
4	11/1/1965	2	2	3	16	Yes	No	58	No	12/19/2018		No	1/19/2019	No	1/10/2019	No			
5	12/15/1991	3	2	3	13	Yes	Yes	54.5	No	11/13/2018		No	11/22/2018	No	1/5/2019	No			
6	11/4/1970	2	0	4	13	Yes	Yes	54.5	No	1/16/2019		No	1/22/2019	No	7/6/2017	No			
7	10/8/1993	1	0	3	12	Yes	No	50	No	1/22/2019		No	4/18/2018	No		No			
8	11/19/1992	1	0	5	9	Yes	Yes	49.5	No	1/9/2019		No	7/14/2018	No		No			
9	8/15/1974	6	2	3	7	Yes	No	48.5	No	1/28/2019		No	1/11/2019	No	11/24/2018	No			
10	6/25/1986	1	1	4	8	Yes	Yes	46.5	No	8/8/2018		No	1/18/2019	No	1/17/2019	No			

- As of October 2019 there are 247 Frequent Utilizers who have touched one of these systems in the last 18 months
- There are 102 other frequent utilizers who are on the list but have not touched a system within the past 3 months. As such, they are in abeyance on a Watch List until they touch a system.
- If a person on the Watch List touches a system they go back to the Active Frequent Utilizer List. If, after a certain amount of time, a person on the Watch List shows no activity, they are dropped from all lists.

Once the list is made, we delete all the columns except first name and last name which we then alphabetize.

The names on this list are then inputted into our DBHS campus and RRC database as “alerts.” Then, when an individual comes to the campus or through the RRC, they can be offered intensive case management towards breaking the cycle and getting them the services they need!!

The HH Frequent Utilizer Tool has been validated in many ways:

We created the initial list using just MDC, Detox and PIIP data. We then looked at PSU and Intake Screener scores

- In October 2019, 82% of the frequent utilizers were in the PAC unit in the past 18 months, and 29% were identified as having s mental illness or as being suicidal.
- Intake screener scores were performed by MDC on 220 of the 247 people on the list (89%). Of those, 48% had Risk scores of 6 to 8.

In October 2019

- 23% of people on the list were currently in custody at MDC.
- 76% on the list have visited PIIP in the past three months for a total of 2,137 visits.
- 68% on the list have been to Detox in the past three months for a total of 385 visits.
- 49% have touched Detox, PIIP and MDC in the past three months.

List Demographics

State information on ED visits added to our October frequent utilizer list revealed that at least 74% of the list had visited an ED in the previous 18 months, accounting for 3,752 total visits.

Ethnicity (Oct list)	Percentage
Hispanic	46.6%
Caucasian	23.9%
Native American	21.9%
African American	4.5%
Unknown	2.4%
Other	0.8%
Asian/Pacific Islander	0.0%

Income (Oct list)	Percentage
No income	53.4%
Unknown	23.5%
Less than 10K/year	15.8%
10K-19K/year	3.6%
20K and over/year	3.2%

List Demographics

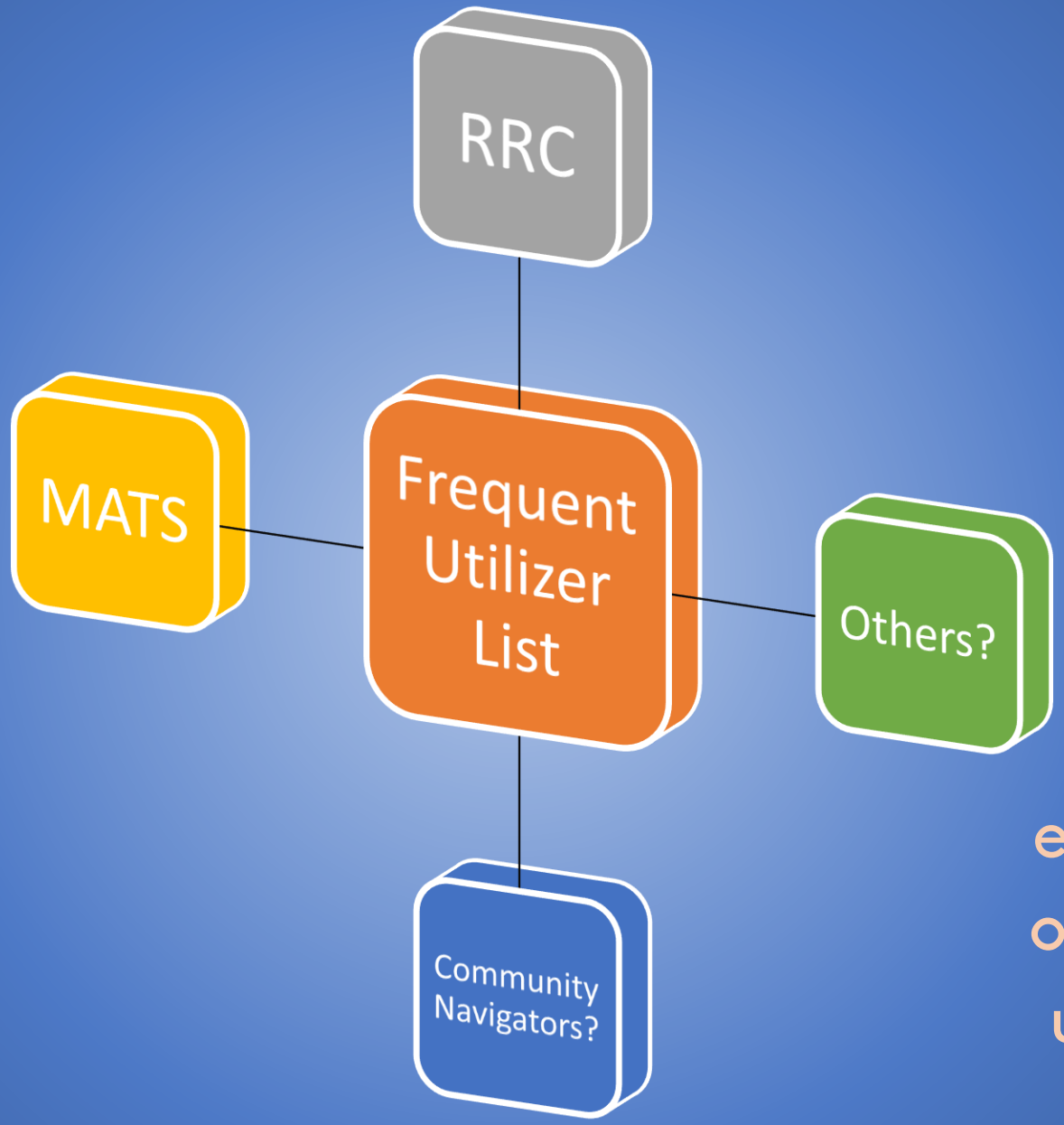
Age Group (Oct 2019)	Percentage
18-25	9.3%
26-35	41.3%
36-45	32.0%
46-55	11.7%
56-65	5.7%
66 and over	0.0%

- 67.2% have been on the active list 4 times or more (out of 7).
- 19.8% have been on the active list for all 7 months it has been issued.

Gender (Oct 2019)	Percentage
Female	21.9%
Male	76.5%
Transgender	1.6%

Risk Group (Oct 2019)	Percentage
Group 6-8	47.8%
All other groups	53.2%
**Out of 220 who have been assigned a risk score*	

We currently share the list with the RRC and with our MATS programs.



We are exploring other opportunities to use list to help clients

Going Forward

- We will continue to get emergency room touches from the Department of Health to include in our index
- We will also explore other uses of the list to help clients.

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Questions?

Polling Questions

Contact Information

For questions about Stepping Up:

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