

## **6/7/2017 Data-Driven Justice: Outcomes and Performance Measurements**

### **Presenters:**

- **Lourdes Benedict**, Director of Human Services, Pinellas County, Florida
- **Kamala Mallik-Kane**, Senior Researcher at the Urban Institute Justice Policy Center

### **Updates**

NACo: We will be hosting a Stepping Up Webinar June 29<sup>th</sup> at 2pm EDT on Conducting a Comprehensive Process Analysis and Inventory of Services for People with Mental Illnesses in Jails. You can register for the webinar at [www.NACo.org/webinars](http://www.NACo.org/webinars).

Arnold Foundation: Amazon Web Services will be hosting an in-person Tech Consortium meeting in Washington, D.C., on June 12-14, 2017. More than a dozen Data-Driven Justice communities will attend the event. The Arnold Foundation will be hosting a virtual conversation from 2pm-4pm on June 12, for Data-Driven Justice communities to learn about helpful tools. For more information contact Kelly Jin at [kjin@arnoldfoundation.org](mailto:kjin@arnoldfoundation.org)

Data-Driven Justice and Behavioral Health Design Institute: The institute hosted by SAMHSA in partnership with NACo and the Arnold Foundation will be held September 6-8, 2017 in Rockville, Md., just outside of Washington, D.C. The meeting is intended only for DDJ communities and focused on those who have already set up a system of diversion in their community and are looking to expand it through the use of data. Applications to attend will be sent out to the DDJ community the week of June 12<sup>th</sup> and will be due by July 10<sup>th</sup>. All DDJ communities are welcome to apply, and all travel expenses will be paid for the participants selected to attend. Questions can be directed to Kayvon Behroozian, Consultant with A-G Associates, Inc, at [kbehroozian@a-gassociates.com](mailto:kbehroozian@a-gassociates.com).

### **Key Takeaways**

Lourdes Benedict: In 2015, Pinellas County, Florida, developed a Behavioral Health Pilot program to stabilize individuals identified as being the highest utilizers of behavioral health and jail services in the county and reduce their visits to the Crisis Stabilization Unit, the Emergency Department and the jail. The goal is to streamline their behavioral health system through reducing wait times for services, determining gaps in their continuity of care and developing innovative solutions to meet the needs of the community. The county used data to identify 33 individuals who were the highest utilizers of the public crisis stabilization unit and the county jail as the target population for the pilot. They estimated that these individuals were responsible for \$2.4 million in costs to the current system. The Pinellas County Board of Commissioners authorized \$964,000 in new funding for the pilot to support the hiring of a psychiatrist, a case manager and other positions as well as support all operations and administration for the pilot. The pilot program stresses repeated engagement of program participants through relationship building and consistent and frequent contact with patients, and case workers provide warm connections to services such as medical care and benefits, as well as helping with basic needs.

The pilot program has successfully allowed for partnerships with many key stakeholders, including the hospital, shelters, the public defender's office, law enforcement, advocacy groups and behavioral health treatment providers. The pilot project worked with law enforcement, hospitals, the crisis unit and the jail to locate 32 of the identified 33 targeted individuals, and the sheriff's office has reported fewer arrests and lower severity of arrests for those participating. To date no one has dropped out of the program. They hold biweekly staffings with partners on individuals involved in the program to determine if they need to change course. For example, early on, they found that a number of the individuals in the program had a history of trauma, so they hired a case worker with training in trauma-informed care to work with these clients. The funding for the program is intentionally flexible to allow for these sorts of needed changes to how they serve clients.

Pinellas County contracted with the University of South Florida's Florida Mental Health Institute to conduct quantitative and qualitative evaluations of the pilot. They are also part of the Pinellas County Data Collaborative, which allows them to identify and access state and local datasets. They have a number of data use agreements already in place for most of those datasets and are working to secure others. They are looking at both quantitative measures (e.g., CSU utilization, jail utilization, ED use and hospitalization, detox) and qualitative components (e.g., staff, patient, coordination of services, others) as part of their performance management. They are also comparing these measures against a control group and put together a logic model of all of the inputs, activities and outcomes for the project so that everyone is on the same page with their goals and activities. For the second year of the pilot, they are focusing on systems reform and creating plans to transition the initial pilot cohort to lower levels of care.

Kamala Mallik-Kane: The Connecting Criminal Justice to Health Care (CCJH) Initiative brings together state and local corrections and health care officials to develop and implement strategies for connecting justice-involved individuals with health care. With support from the U.S. Department of Justice's Bureau of Justice Assistance, the Urban Institute and Mannatt Health facilitate the CCJH initiative. In 2016, the State of Maryland and Los Angeles County were selected as participant sites for the CCJH initiative. Both sites have participated in Learning Collaboratives to identify priorities and solutions in three key areas: (1) linking to coverage, (2) coordinated, comprehensive systems of care and (3) sustainable funding. One of the goals of the initiative is to improve services to clients through performance management.

Performance management is the system of developing metrics to gauge how programs are being implemented and how jurisdictions can engage in an ongoing process of reviewing data. Performance management helps an initiative understand if it is implementing parts of a program as intended, to recognize successes, motivate staff, show impact and identify areas to adjust to ensure resources are used effectively. Regular ongoing review of simple metrics can help a jurisdiction or initiative better understand the impact they are having without having to complete a more resource-intensive evaluation. Performance management is about moving toward looking

at outcomes – rather than the work completed – to tell you the impact, scope and reach of your initiative.

Performance information can include inputs, outputs, outcomes and efficiency. For any program or initiative, it is important to pay attention to programming costs, the input of staff time and resources into the project, the amount of work completed and to understand the outcomes of the efforts. Ongoing performance management means tracking, interpreting and responding to measures over time. It can be based on simple data points in the aggregate and does not have to be individual level data as long as any comparisons or calculations are based on similar populations. Initiatives will want to compare their outcome data to any benchmarks or targets that they identified, then seek explanations as to why they had those outcomes and what they can do differently to change them. To get started, jurisdictions should designate a performance management team that will decide on performance measures and collect and report on this data at regularly scheduling meetings to identify successes and areas for improvements. A full webinar on performance measurement is available at <http://www.urban.org/policy-centers/justice-policy-center/projects/connecting-criminal-justice-health-care>.

### **Questions & Answers**

**Q:** Can you talk more about the link to housing in the Behavioral Health Pilot program. Is the cost for the housing included in \$964,000?

**A:** There has been quite a bit of money put aside in the past year for housing as they are a housing first model and put a significant amount of money into rapid rehousing. For this pilot, Boley Centers has permanent supportive housing, and they also co-chair this program along with one of their mental health providers. Yes, some of the \$964,000 is paying for the housing because more than 80 percent of the participants in the pilot program were homeless.

**Q:** Was the \$964,000 all capital budget dollars or general purpose revenue?

**A:** It was from our general fund.

**Q:** Are Los Angeles County and Maryland suspending Medicaid benefits and enrolling pretrial?

**A:** Los Angeles County has focused their enrollment at release. Both California and Maryland are Medicaid expansion states, and they both have some Medicaid suspension, but it is a challenge to track who will remain in the suspended mode, so much of their focus is on the time of release. In Maryland, they are focused on their sentenced population, and Los Angeles County has focused on the sentenced populations and pretrial populations. If you're interested in the intake-based enrollment process, the Urban Institute has some findings from a pilot in Hartford, Connecticut, which can be found [here](#). Cook County is also doing a lot of work in this area.