MH Collaboration TA NIC/CSG

Orange County

Strategies to Examine MH PTR
Program Planning and Delivery

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Overview

- Review of April 05 Miami Conference Issues
- Goals of Site Visit
- Agreement on Strategy to Achieve Goals of Site Visit
You Are Addressing These Problems

"Frequent Flyers"
"First Time Flyers"
"Co-occurring"
"Bad Guys"

Jail or Prison

"Poor" Discharge Planning

"Uncoordinated" Community Care

Pre-Trial "Shortage"

"Inside" Services

Benefits | Crisis | Meds | Continuity | Records | Outcomes

Orange County Site Visit, 9/28-29/2005
We Need Work Plan to Fill This Picture

Goals of the Initiative

Target Population
Definition, number, functional level

Program Implementation Strategies
Agency/Multi-agency

Number Assess for Program

Number Referred/Selected for Program

Intervention/Service

Complete

Drop Out

Comparison

Outcomes
Quality of Life Measures
Clinical and Criminal Recidivism
Measuring Outcomes Critical

Clinical Recidivism

- Pre-and-post episodes, hospitalization days
- Percent re-arrested and percent re-incarcerated during a period after intervention
- Jail days

Criminal Recidivism

Program Specific “Quality of Life” Measures

- Percent needing housing who are in permanent housing
- Percent eligible for Medicaid receiving Medicaid
- Percent functioning a higher level than at program entry
Orange County

- **Goal**
  - To improve responses to individuals with mental illness who become involved in the criminal justice system
  - To reduce unnecessary detention and minimize future contacts with jail system

- **Target Population**
  - People with serious mental illness booked into Orange County Jail and charged with misdemeanors
  - Size: “Unclear”

- **General Strategy**
  - Variety of interventions and programs
  - Benchmark: “Unclear”
Orange County (cont)

- Interventions or programs listed
  - Crisis Intervention Team training
  - Implementation of jail mental health screening
  - Mental Health Pre-Trial Release (MHPTR) program
  - Community Competency Restoration Program
  - Co-occurring cross training between major mental health and substance abuse providers
  - MHA Medical Security Program data based which allows police access to MH information
  - Central Receiving Center
Orange – Notes from Worksheet

- **Target Population**
  - Collaborating agencies have the ability to identify the target population within both the MH and CJ system

- **Data Capacity**
  - Collaborating agencies can define target population within CJ and MH system
  - Each organization collects data but data has not been put together
    - Lakeside Alternatives, Corrections Programs, some not computerized

- **Performance Measures/Evaluations**
  - Not using the same performance measures
  - Not conducting “impact evaluations”
  - Not analyzing data
  - No strategy to assess costs/benefits for serving target population
Overview

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Goals

- **Strategy to identify target population and impact of process flow for MH PTR**
  - Booking, screening and referral process and numbers
  - Characteristics of population
- **Strategy to evaluate impact of participation in MH PTR**
  - “Retrospective” data collection
  - Outcomes related to re-arrests, re-admissions, jail time and clinical outcomes
- **Strategy to set tracking system**
Interim Goals – Outputs and Activities

• Create a flow chart from jail intake to release and count all individuals who went through the system in 2004 to understand “filtering” process impacting the number of offenders served by MHPTR

Proposed target date: 9/15/05

• Conduct a two-year retrospective look at individuals referred to the MHPTR program in 2003 and 2004 to determine impact on recidivism, jail days and clinical outcomes

Proposed target date: 10/28/05
Interim Goals - Outputs and Activities

• **Set-up tracking system** to monitor people after they are referred to MHPTR program, to include the type of treatment people admitted to MHPTR program receive, their outcomes, and the outcomes for individuals who are rejected from the program and the reasons why they were rejected

Proposed target date: 12/01/05
Outcomes of TA Process

• Address program **expansion or improvements** based on evaluation

• Use evaluation **method to assess** other diversion programs

• Improve **corrections and mental health understanding** of various diversion programs, their relationship to one another, and the population each program serves

• Reduce recidivism and **improve outcomes**
Maybe We Start With These Questions

- Computerized Record or Case Management Systems
- Statistical Counts (Aggregate) on Paper or Computerized
- Paper Case Records

Who “Owns” the Data?

What Elements are Captured?

How Can it Be Retrieved for Analysis?

What is the Quality of the Data?
Orange Created Flowchart 04-05

1. Initial Appearance (Judge Orders to MH PTR) Within 12-24 Hours Of Booking
2. PTR Reviews Diagnosis and Criminal History
3. Identify Possible PTR Eligibility
4. Medically Screened (LEO Medical Advisory Form) Identify Mental Health Issues Maximum 8 Hours From Booking
5. Sent to MH PTR Community Corrections Officer (Reviews JailTrac And Criminal History)
6. Referral Sent to PTR Mental Health Specialist (Reviews and Interviews) YTD 1231
7. MH PTR Sends Referral to Jail Liaison for Lakeside Alternatives Develops Discharge Plans into Lakeside Alternatives System Within 24 to 72 Hours
8. MH PTR Ends Services at Disposition of Charges
9. Lakeside Alternatives/ MH PTR Case Management
10. Offender is Ineligible for PTR Intervention and is Placed in Appropriate Jail Housing
11. Appropriate Placement/Housing

- Public Defender Social Services Identifies and May Send Referral to MH PTR
- Lakeside Alternatives Unit (SRTII) Identifies and Sends to MH PTR

Orange County  Site Visit, 9/28-29/2005
Simplified Flowchart

Some Meet Criteria for PRT

Mental Health Screening - Possible MH Issue
5,784

\Medically Screened

Booking

Referral Sent to PTR Mental Health Specialist
1,231 or 21%

Release to the PTR Program
147 or 12%

Cases Closed
151

Unsuccessful
69 or 46%

Revocations
58 or 84% of unsuccessful (38% of cases closed)

Caseload
354

Orange County Site Visit, 9/28-29/2005
Can You Create a Case Record Data Set?

Mental Health Screening
Possible MH Issue
5,784
 Preferable “Universe”

Referral Sent to
PTR Mental Health
Specialist
1,231 or 21%
 Second Choice

Cases Closed
151
Additional “Universe”

Demographics
Criminal
Screening/MH
Processing/Jail Indicators – Like
Date of Admissions, Bonding, Custody

Program Indicators
Retrospective Study - How Can We Get Data?

**Ideal Design**

- Cases Sent for PTR Screening Two Years Ago
  - Not Placed on PTR Program
  - Placed on PTR Program
  - Outcomes

**Alternate Design**

- “Matched” Group Along Key Indicators
  - Cases Placed in PTR Program Two Years Ago
  - Outcomes
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Strategy for Next Three Months

- **Step 1: two populations for study “universe” identified today**
  - Group 1: Screened population: 8,000+ with MH screening decision – January 04 to most recent
  - Group 2: MH PTR participant cases closed: January 04 to today
    - Done

- **Step 2: Identify key variables for analysis**
  - Profile
  - “Filtering”
  - Process timing
    - October 2005 (Patrick Jablonski, Michael Kofler)
Strategy (continued)

- Review with ISS and Lakeside needed variables and get the data
  - Need cooperation from ISS
  - Lenny Moore in Lakeside already cooperating
    - Program and funding source variables
  - October 2005

- Data files extracted and organized for analysis
  - Sources: Jail and Lakeside
  - October 2005

- Qualitative guidance related to the analysis
  - Lamerial Daniels, Michele Saunders
Thank You
Strategy (continued)

- **Analysis of data**
  - Michael Kofler with guidance from CSG consultants and “marginal” help with Patrick Jablonski

- **Goals:**
  - How do people screened for MH PTR and accepted differ from those screened and not accepted?
  - What criteria and process issues seem to explain the “filtering” process?
  - What are some preliminary follow-up criminal and clinical recidivism outcomes?
    - January 2006
    - Another group meeting to review the results
Bottom Line for the Big Guys

- **Chief Ryan and Jerry Kassab**
  - Are the screening procedures for this program effective?
  - Is it possible that a population is not been served?
    - Due to the screening criteria?
    - Due to lack of program capacity?
  - What are some of the outcomes that we can document as success?
  - Is the program producing outcomes that can be “sold” as cost effective?
  - How can this exercise help me:
    - Understand how different components of the system need to be better integrated, including the issue of data sharing and tracking outcomes across agencies
    - Develop strategies to improve accountability for results and create a communication strategy to support this