

MH Collaboration TA NIC/CSG

Orange County

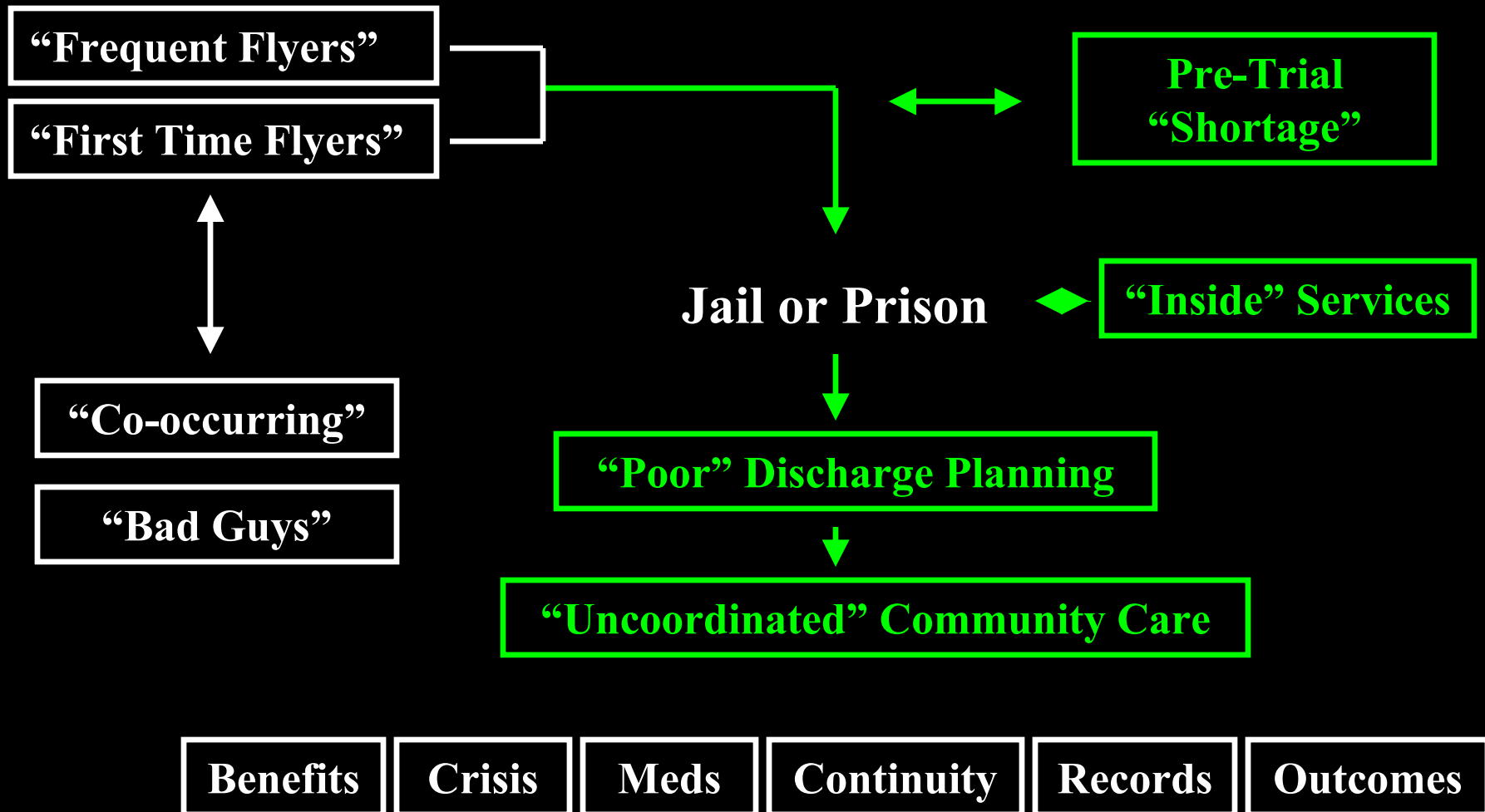
Strategies to Examine MH PTR Program Planning and Delivery

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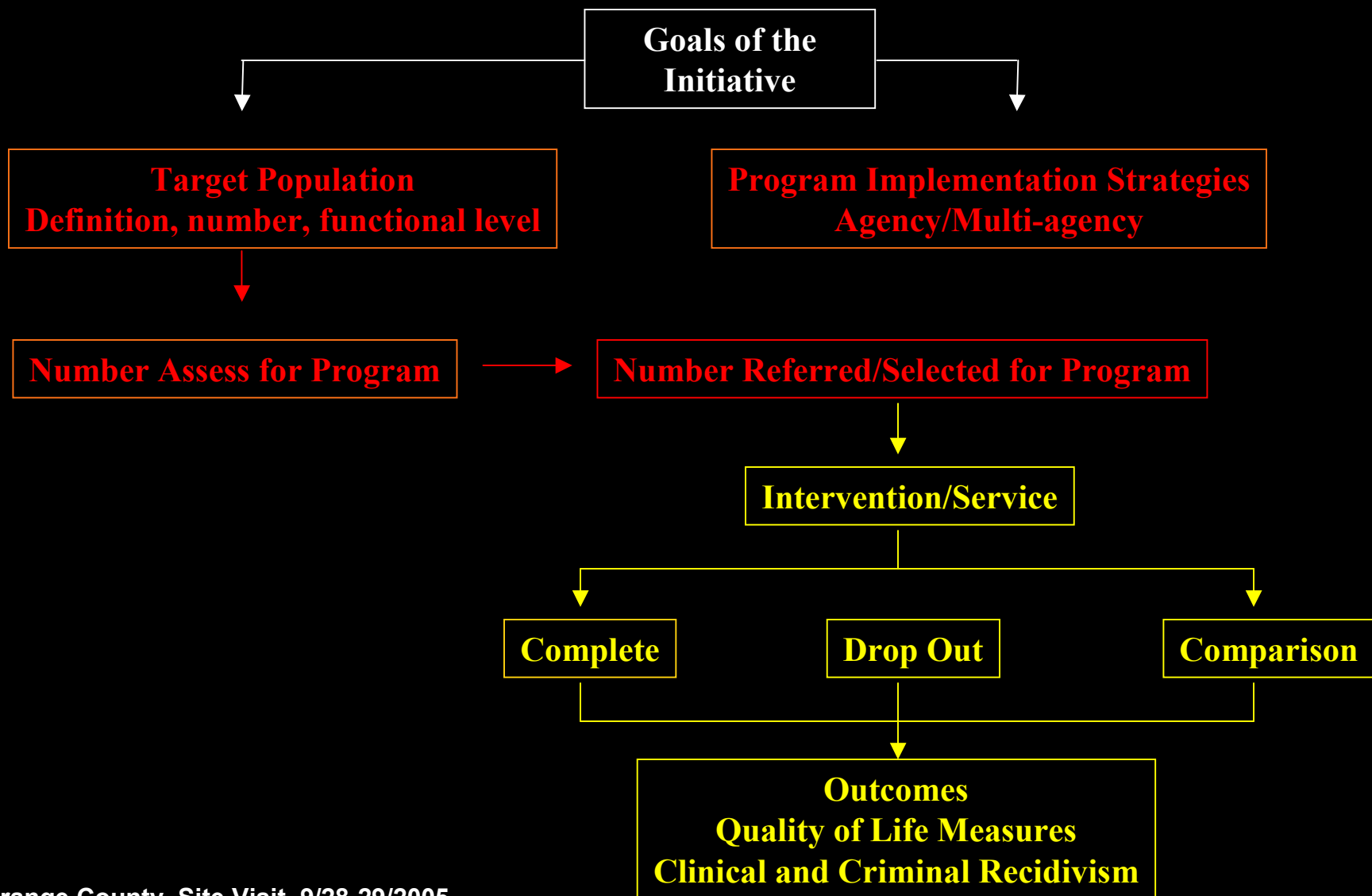
Overview

- **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



We Need Work Plan to Fill This Picture



Measuring Outcomes Critical

**Clinical
Recidivism**

**Criminal
Recidivism**

**Program Specific
“Quality of Life”
Measures**

**Pre-and-post episodes,
hospitalization days**

**Percent re-arrested and
percent re-incarcerated during
a period after intervention**

Jail days

**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

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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

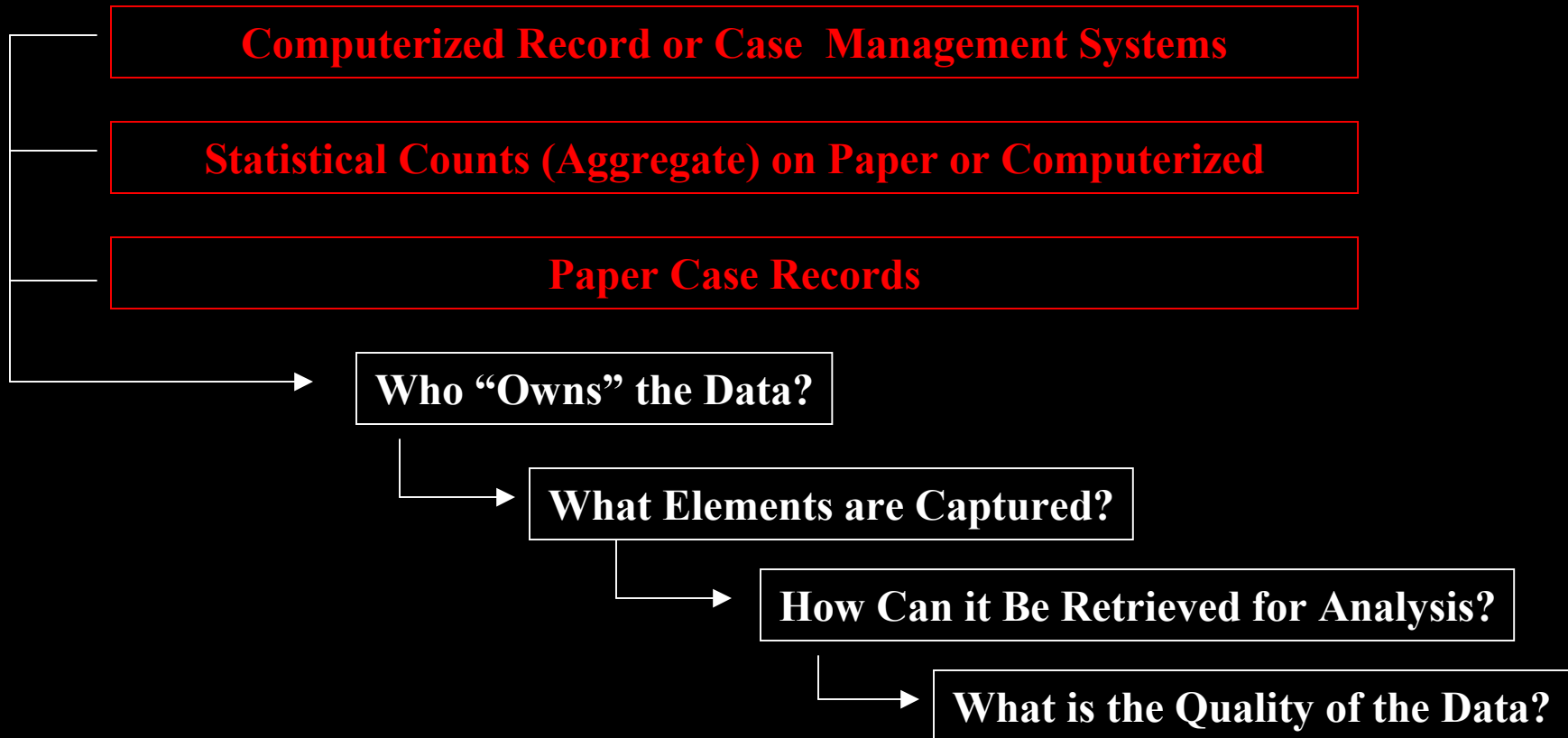
- **Set-up tracking system** to monitor people after they are referred to MHPTR program, to include the type of treatment people admitted to MHPTR program receive, their outcomes, and the outcomes for individuals who are rejected from the program and the reasons why they were rejected

Proposed target date: 12/01/05

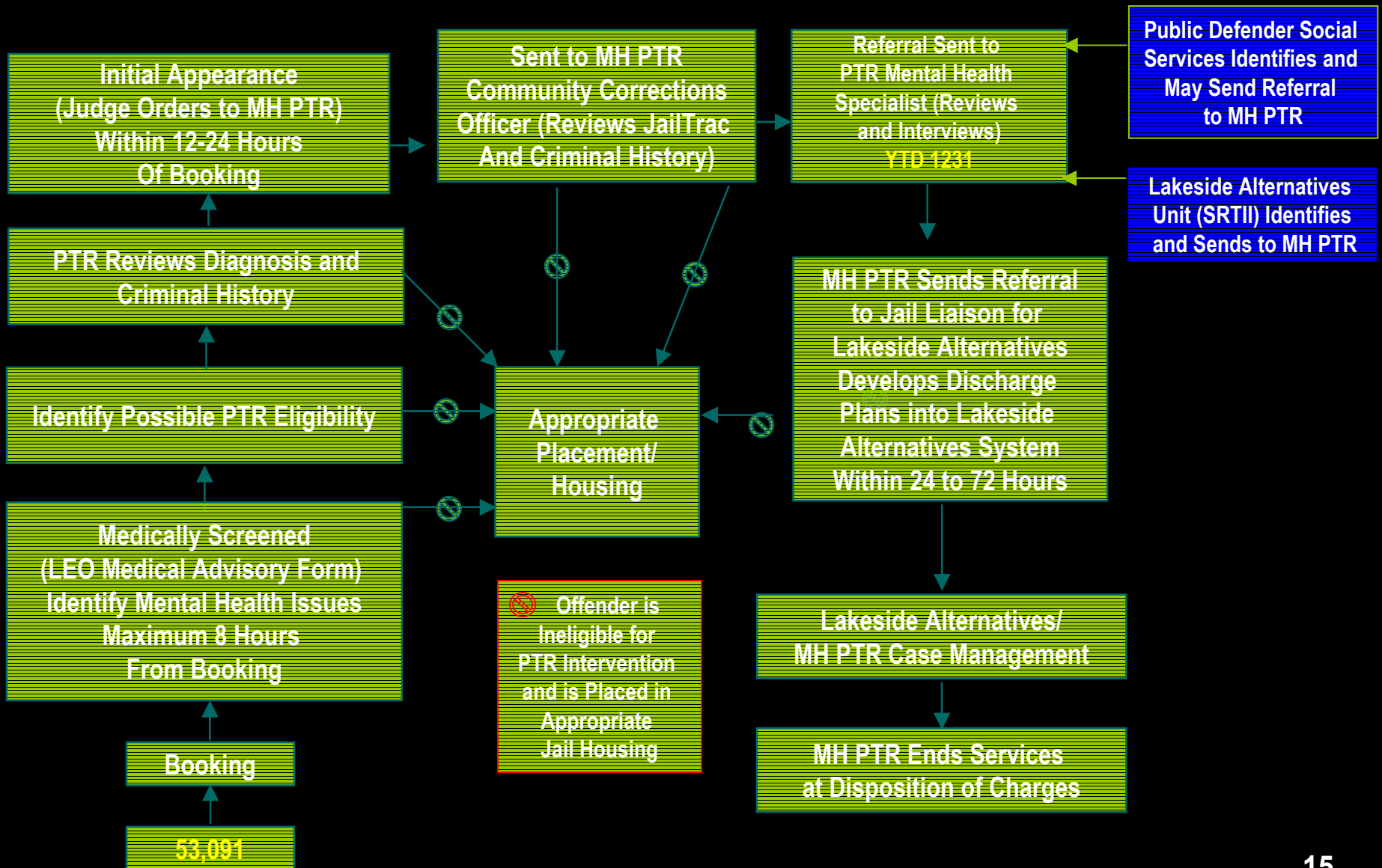
Outcomes of TA Process

- 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**

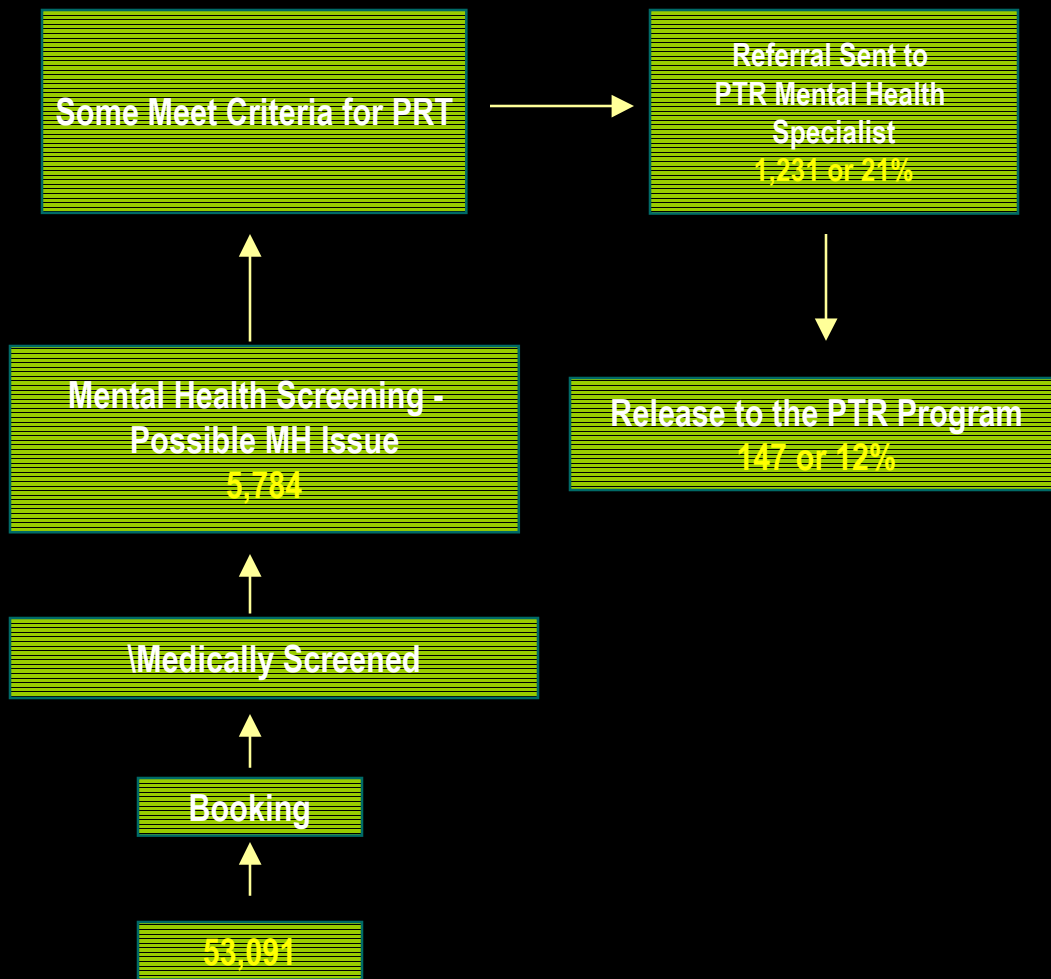
Maybe We Start With These Questions



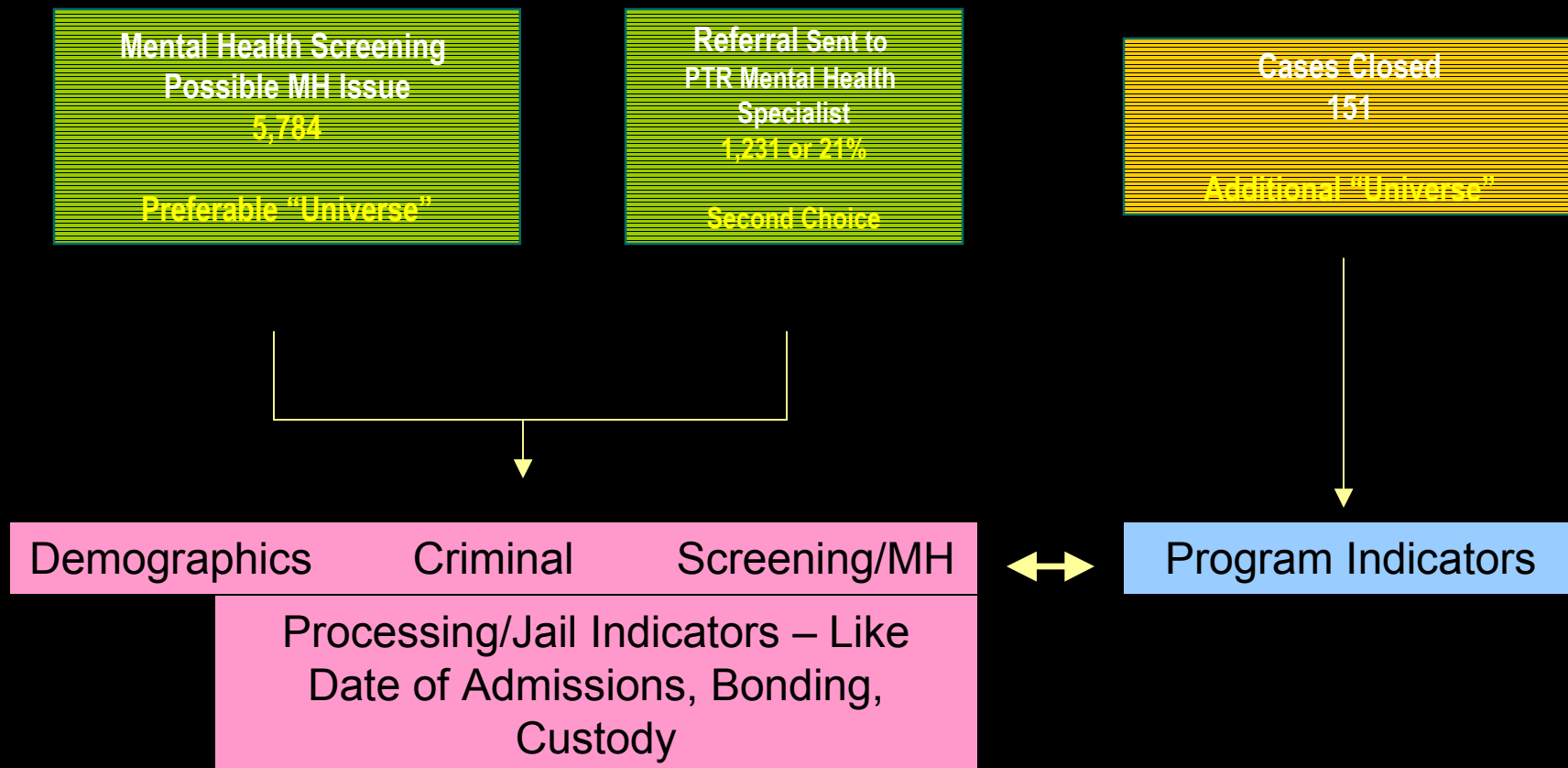
Orange Created Flowchart 04-05



Simplified Flowchart

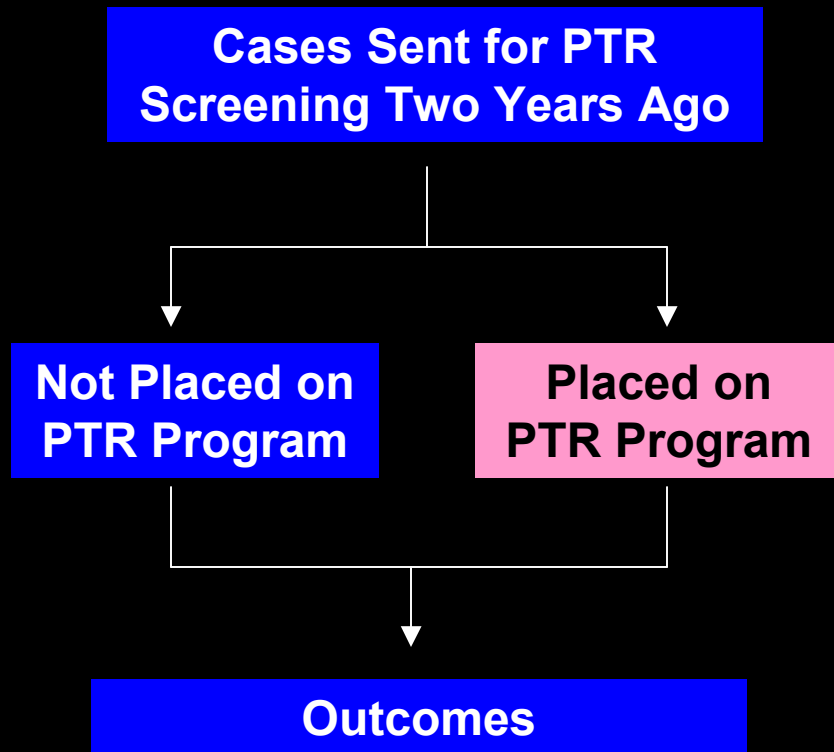


Can You Create a Case Record Data Set?

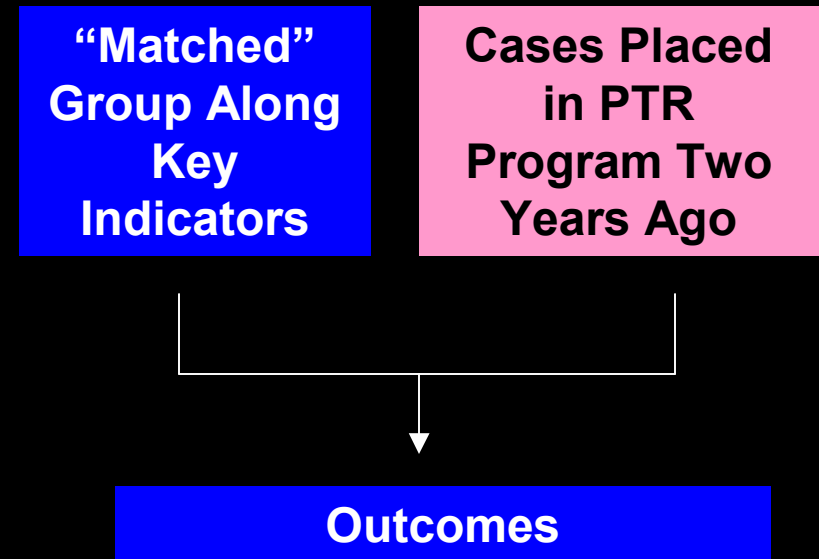


Retrospective Study- How Can We Get Data?

Ideal Design



Alternate Design



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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