

# MODERN JUSTICE.

Using Data to Reinvent America's Crisis Response Systems.

Lynn Overmann, Angela LaScala-Gruenewald and Ashley Winstead, May 2018





# Many People with Mental Illness and Addiction Don't Belong in America's Jails.

In Cambridge, Massachusetts, a man struggling with homelessness, severe alcoholism, chronic health problems, and mental illness has been rushed to the hospital by Emergency Medical Services (EMS) 371 times in the last two years—on average, three transports every four days. The care he receives at the hospital only serves as a temporary band-aid. Without any long-term treatment options that can truly address the man's complex needs, he also cycles in and out of shelters, short-term addiction treatment programs, and police cruisers. Officers with the Cambridge Police Department have exhibited great patience, creativity, strategic thinking, and a collaborative approach in hopes of developing a plan that will help divert him from the criminal justice system and place him into the most effective treatment. In fact, he's only been arrested once in the last five years, even though the police have logged 116 incidents with him, ranging from complaints to situations where he's been victimized. Public safety personnel, hospital staff, shelter staff, and mental health professionals know this pattern is unsustainable. Cycling through all of these systems without ever getting effective treatment not only harms the man, but amounts to a staggering use of public resources with little positive to show for it.

The Cambridge man is far from an isolated case. Communities across the country are struggling with what to do with people termed Frequent Utilizers—those who cycle in and out of jails, hospitals, shelters, and other social service programs at a startlingly high rate. Frequent Utilizers are unique in that they cycle through not just one but multiple systems, and they often have a combination of hard-to-treat issues such as addiction, mental illness, chronic health problems, and homelessness. We are only just beginning to gather the data we need to show the true scope of how persistent cycling affects Frequent Utilizers and their communities—in fact, we at the Laura and John Arnold Foundation's (LJAF) Data-Driven Justice (DDJ) project are working with jurisdictions to improve their ability to collect this very information. The little research we have to date suggests the full picture will be astoundingly grim.

*“People look at what it costs for us to run our jail—\$30 million in our county for about 1,000 inmates. We all need to be working toward lowering the number of people in our jails and looking at our laws to identify options other than jail for low-level offenders. It’s a huge, huge crisis for our country today.”*

---

—**COUNTY COMMISSIONER BRYAN DESLOGE**  
of Leon County, Florida

# What we know

## LOCKING UP FREQUENT UTILIZERS OFTEN MAKES THEIR ROOT ISSUES WORSE.

Even a short amount of time behind bars can cause someone to lose their job, home, and even custody of their children. The harmful effects of incarceration are compounded for someone with mental illness or addiction. Time in jail can: Impede access to treatment.

- A nationwide study in 2010 reported that although nearly 65 percent of all U.S. inmates met the criteria for a substance use disorder, only 11 percent received treatment.<sup>3</sup>

Worsen mental health and substance use disorders.

- A 2008 study on the effects of incarceration on individuals' health found that time spent in jail can introduce new health problems such as infections and worsen existing mental illnesses and substance use disorders.<sup>4</sup>

And increase the likelihood of future jail time.<sup>5</sup>

- A six-year study in Texas found that inmates with a major psychiatric disorder in state prisons were 2.4 times more likely to have four or more repeat incarcerations than those without a mental illness.<sup>6</sup>

## GOVERNMENTS SPEND EXCESSIVELY WITHOUT RESULTS.

In many communities, officials are surprised to learn that just a handful of Frequent Utilizers are responsible for a significant portion of public spending:

- In Miami-Dade County, Florida, 97 people spent 39,000 days in either jail, emergency rooms, state hospitals, or psychiatric facilities over a five-year period, costing taxpayers \$13.7 million.<sup>7</sup>
- In Philadelphia, a study found that just 20 percent of the individuals identified as chronically homeless accounted for 60 percent, or \$12 million, of the total annual public costs for corrections, behavioral health, and homelessness services.<sup>8</sup>

## COMMUNITIES SEE NO IMPROVEMENTS IN PUBLIC SAFETY.

Contrary to the picture painted by the news, the Bureau of Justice Statistics reports that fewer than 5 percent of the 10.7 million arrests in 2016 were for a violent crime.<sup>10</sup> People who struggle with severe mental illness, addiction, and homelessness—many of whom are Frequent Utilizers—are more likely to be the victims of violent crime than the perpetrators:

- A 2014 study found that homeless individuals who have a mental illness experience extreme levels of victimization on the streets. They are more likely to be the victims of crime than other groups of people, including other homeless individuals without a mental illness.<sup>11</sup>

When they are arrested, people with a mental illness are most likely to be arrested for low-level, nonviolent offenses than any other kind:

- A recent literature review by Kent State University found that among adults arrested with schizophrenia or bipolar disorder, 79 percent were arrested for nonviolent offenses such as trespassing, breach of peace, drug offenses, or property crimes.<sup>12</sup>



IN SAN DIEGO, CALIFORNIA,  
**28 chronically homeless individuals cost the city \$3.5 million**  
BECAUSE OF THEIR INVOLVEMENT WITH HOSPITALS AND THE CRIMINAL JUSTICE SYSTEM IN 2010.<sup>9</sup>



# What we need

## IT'S OBVIOUS.

Frequent Utilizers cycle through jails, emergency departments, and social service programs because we have not figured out how to connect them to effective care. In theory, the solution may also seem obvious: identify Frequent Utilizers and provide them with effective treatment before their situation deteriorates to the point that law enforcement is involved—and, in so doing, reduce criminal justice, health, and housing costs. In practice, however, communities trying this approach face many difficult challenges. Often, because the problem is daunting and there is so little insight into the best ways to identify and respond to Frequent Utilizers, many communities officials report they feel they don't know where to begin.

LJAF works closely with jurisdictions to better understand how Frequent Utilizers engage with their criminal justice, health, and social systems. Based on this work, we've gathered key insights into changes we can make to our crisis response systems to more proactively and effectively respond to high-needs populations. We list these insights below, along with examples of communities that have developed preliminary—but promising—solutions.

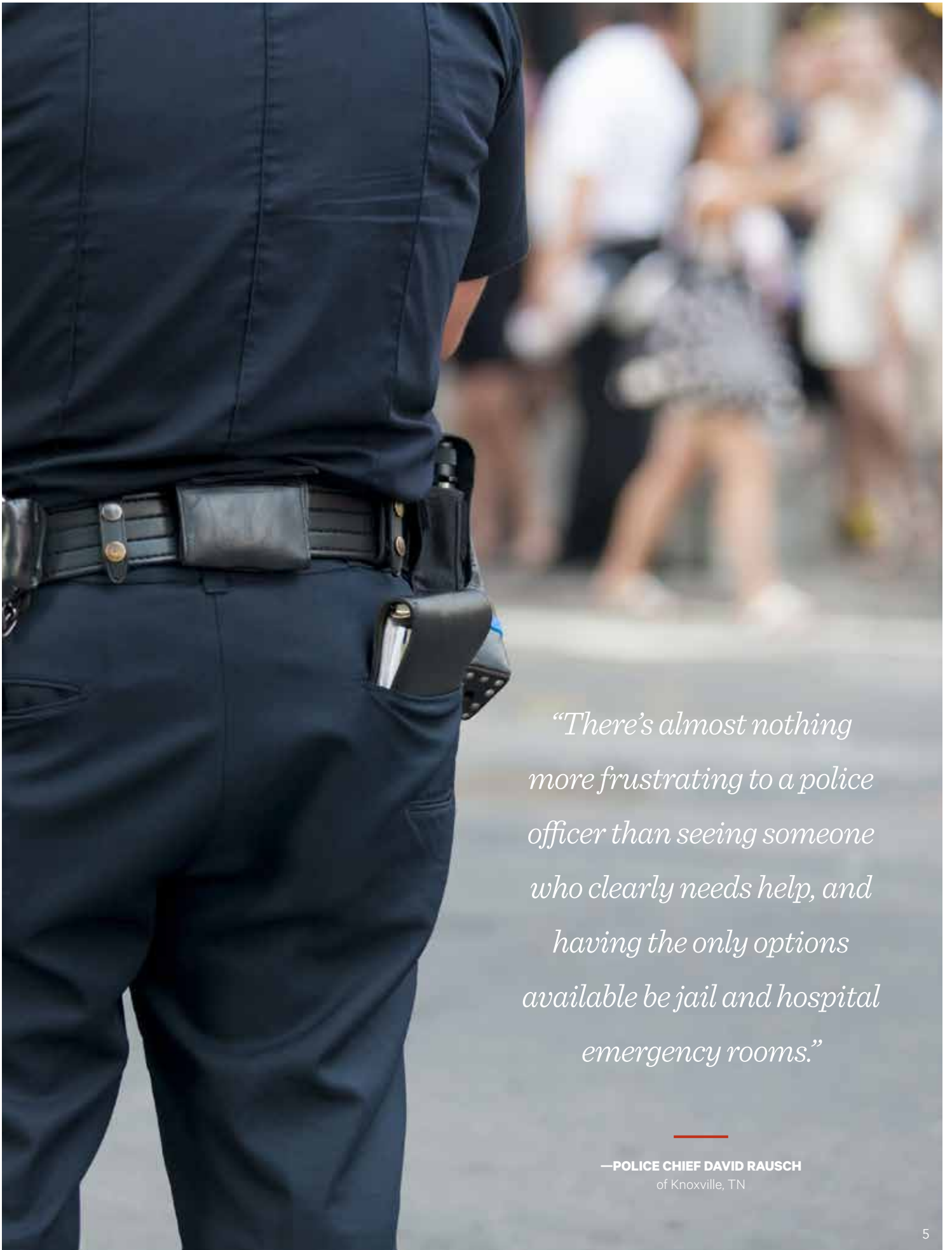
## WE NEED MORE OPTIONS.

Many communities have only two places to send someone who is experiencing a mental health crisis: to a hospital or to jail. These are two of the most expensive options, and neither is well equipped to provide the kind of comprehensive care and long-term follow-up people need to achieve a stable recovery. Because jails are designed primarily to detain and not rehabilitate, they are often ill equipped to provide treatment for complex needs or track an individual's health and stability after they are released. As for our health care system, the most common forms of service delivery are the "by-appointment" doctor's visit and the emergency room. As physician and researcher Dr. Atul Gawande has observed, for health professionals treating people with complex problems, having only these two options on hand is like "arriving at a major construction project with nothing but a screwdriver and a crane." Because our lack of options means that in many cases, we fail to provide people with effective treatment, it also contributes to excessive health care costs. For example, just 1 percent of the population accounts for nearly a quarter of U.S. health care costs, and 5 percent of the population account for more than half of all health care spending. A recent study from New Jersey reported on one woman with multiple chronic conditions, including mental illness and substance use disorder, who ran up \$4.4 million in charges and had 77 hospitalizations in just five years.<sup>15</sup>

Frequent Utilizers like the New Jersey woman need a crisis response system that can address complex problems, including the intersection of criminal justice involvement, mental illness, physical health issues, addiction, and social challenges such as homelessness.

### A PROMISING COMMUNITY RESPONSE:

In Miami-Dade County, Florida, where just **97 individuals racked up \$13.7 million in costs** over a few years, police shifted their approach to prioritize diversion. From 2010 to 2014, Miami police safely stabilized crisis situations or provided diversion to community services for more than 10,000 people. Thanks in large part to these efforts, the local jail population fell from more than 7,000 in 2008 to just over 4,700 in 2014, and the county was able to close a jail facility, saving nearly \$12 million per year.<sup>16</sup>



*“There’s almost nothing more frustrating to a police officer than seeing someone who clearly needs help, and having the only options available be jail and hospital emergency rooms.”*

---

—POLICE CHIEF DAVID RAUSCH  
of Knoxville, TN

## A BETTER WAY TO RESPOND TO FREQUENT UTILIZERS: CHARLIE'S STORY

Charlie is a 58-year old resident of Camden who has been working hard to stabilize his health and improve his wellbeing. "I started with heroin when I was 13 or 14," he said. "I felt a lot of rejection from my family and I started running away from home. I didn't feel love from my family." After Charlie's family moved to Camden from New York City when he was 17, things got even worse. "[My parents] got involved in lots of drugs in Camden, to the point that their way of showing us love was through material things and drugs," he said. A long criminal history related to his substance use disorder followed, resulting in 28 years of incarceration.

After his release from prison in 2008, Charlie struggled with addiction through the next decade, staying at friends' apartments and abandoned houses while he sought treatment for his addiction. He developed chronic vertigo, back pains, and headaches; suffered a stroke; and overdosed multiple times. Last August, he was hospitalized with pneumonia and an esophagus infection when enrollment staff with the Camden Coalition of Healthcare Providers offered services to help him deal with his chronic health problems. He immediately enrolled in Camden Coalition's care management program.

Since then, care team members like community health worker Brian Thompson have helped Charlie connect to services that would meet his social and medical needs, including making appointments and getting referrals to specialists, securing placement at a local shelter, and helping him apply for permanent affordable housing through the Coalition's Housing First pilot program. His demonstrated commitment to improving his health compelled the care team to serve as strong advocates on his behalf to successfully appeal a five-year sentence for a past probation violation. "They just stood by me," said Charlie. "Brian has helped me more than anything. He has encouraged me to battle for my life, and every time I talk to him, I tell him, 'Don't give up on me.'"

"Before the Camden Coalition came in, I didn't care if I'd see one doctor because I was using," he said. "Now that I'm not using, it's not only helping me with my medical issues. It's got to do with how I feel about myself today. Having somebody in my corner, it's led me to want the help that nobody has given me before."







## **WE MUST BE PROACTIVE.**

Although abundant research demonstrates the benefits of proactive, regular, and coordinated care for high-needs individuals, our social service systems are designed along an emergency-response model, in which services are not provided unless an individual has reached a crisis point. Jails and hospitals are expensive because they represent the proverbial “pound of cure” once a manageable problem has hit an extreme point. Very few communities invest in “ounce of prevention” programs that could identify potential Frequent Utilizers and connect them to treatment before a crisis occurs.

### **IN NEW YORK**

**people with a history of cycling through jails and shelters were connected to permanent supportive housing, which included access to comprehensive behavioral and physical health services. OVER A TWO YEAR PERIOD, THE NUMBER OF DAYS THESE INDIVIDUALS WERE INCARCERATED DROPPED BY 40 PERCENT<sup>19</sup>**

↓40%

### **PROMISING COMMUNITY RESPONSES:**

- When the city of San Diego was able to identify its 28 most frequent users of public services, officials assessed their needs and decided to enroll them in a Housing First program, which offers permanent housing. In 2010, these 28 individuals cost taxpayers \$3.5 million in hospital and criminal justice costs. By 2013, their rate of arrests and ER visits had dropped by nearly 80 percent, improving their lives and saving the city \$3.7 million in the process.<sup>17</sup>
- In Boston, one study found that chronically homeless individuals who were able to obtain housing saw a huge drop in their health care costs: \$6,056 a year on average, compared to \$28,436 for those still living on the street.<sup>18</sup>



## WE NEED TO COORDINATE EFFORTS.

Departmental data is frequently stored in different systems with separate managers, funding streams, technology platforms, and regulations that restrict the sharing of information with other agencies. Most communities struggle to gather data on Frequent Utilizers and connect them to services because the information required to do so is often incomplete, inconsistent, and/or lies scattered across various agencies. Rightly, community officials understand that it is extremely important for individuals' criminal justice and health data to be handled responsibly, and in compliance with the Health Insurance Portability and Accountability Act and Criminal Justice Information Services; however, many don't realize that it is possible to share protected data in a secure manner. Sharing data responsibly does not require high-touch methods or high-cost technologies. Combining departmental spreadsheets and gathering stakeholders around a table, for example, are first steps a jurisdiction can take to identify patterns; understand which people the system is failing; and reach a consensus about what new policies, procedures, and other responses may offer a solution.

## PROMISING COMMUNITY RESPONSES:

- When researchers merged records from three of the largest hospitals in Camden, New Jersey, they were able to see, for the first time, that a small number of residents in just two buildings in the city accounted for more than \$200 million in health care costs over a six-year period.<sup>20</sup>
- Johnson County, Kansas, has developed an initiative called My Resource Connection that allows service providers and other organizations in the area to share data with county case managers. This allows case managers to understand what would most benefit people in need, and coordinate care across organizations. From 2012-17, the county saved more than \$37,000 in staff time alone because it had the ability to share data and link clients to needed resources.<sup>21</sup>

*“We’re not properly trained and equipped to solve mental health issues. We can respond to them, we can handle those on a short-term basis, but our goal is to hand those off to the professionals so the individual can see long-term care.”*

---

—POLICE OFFICER DAVID SCHWINDT  
of Iowa City, IA





### **WE MUST EVALUATE INTERVENTIONS.**

To date, little evidence has been gathered to support the effectiveness of various responses or suggest which diversion or treatment programs might be replicable or scalable. In fact, many communities have only recently begun to identify Frequent Utilizers and assess how much of their budget is spent on this population.

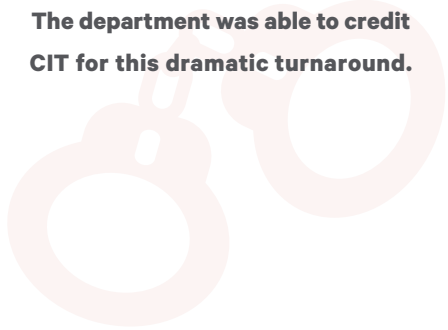
As communities seek to design effective interventions, gathering high-quality data must be a top priority. Inaccurate or incomplete data makes it impossible for researchers and policymakers to evaluate the costs and benefits of different approaches and can lead to ineffective or even counterproductive policies. It is thus critically important for jurisdictions to safely and securely collect data and rigorously evaluate the impact of any interventions to help Frequent Utilizers.





OFFICERS HAVE USED FORCE  
a total of seven times,  
**or roughly once a year.**<sup>22</sup>

**The department was able to credit  
CIT for this dramatic turnaround.**



#### **A PROMISING COMMUNITY RESPONSE:**

In 2009, the Bexar County Sheriff's Office in San Antonio required all deputies to participate in Crisis Intervention Team (CIT) training. In the six years before the training, officers used force an average of 50 times a year. By tracking use of force in the six years after the training (as of October 2016), the Sheriff's Office was able to see that officers have used force a total of seven times, or roughly once a year.<sup>22</sup>

# What we're doing

Although this report has touched on examples of communities working to respond to Frequent Utilizers, the truth is that many—if not most—communities continue to lack access to the resources and guidance they need to make progress. The mission of LJAF's DDJ project is to help connect these communities to one another and establish a more rigorous and coordinated national response.

Federal attention to the issue of Frequent Utilizers began in 2015, when the Obama White House convened criminal justice leaders from across the country to discuss problems and efforts at the local level. After hearing from these leaders that they were seeing people with mental illness cycle repeatedly through their emergency rooms, social service systems, and jails—mostly on low-level offenses and at a high cost to taxpayers—the White House launched the DDJ initiative to address the problem.

In those years, the DDJ initiative functioned as a forum for local leaders to talk about common obstacles, share innovative responses, and identify practices that were having an impact. By listening to local jurisdictions, White House leaders discovered two central challenges:

- Many of the promising interventions studied to date involve only a single health care, housing, or jail system, not multi-system collaborations or reform. Even more, many are place- or personality-specific, relying on a particular local service provider for leadership.
- There is little empirical evidence to show which interventions are replicable and scalable across communities, a particular hurdle for jurisdictions with limited resources that need to prioritize their spending.

## **LJAF is working to answer the following questions:**

- 1** Are there certain risk factors that can help us find and treat potential Frequent Utilizers?
- 2** What interventions are supported by evidence?
- 3** How do we measure success?
- 4** What systems or actors are the most helpful “intercept” points—and which are the worst?
- 5** How can we help communities link data in a secure and responsible fashion?

In January 2017, after the DDJ initiative ended at the White House, LJAF's Criminal Justice Initiative established its own DDJ project. LJAF's DDJ team now focuses on developing scalable solutions to the issue of Frequent Utilizers. Our efforts fall into three broad categories:

### **SECURELY COLLECTING AND ANALYZING DATA.**

LJAF is working to identify existing sources or create new sources of data that can help communities better understand and respond to Frequent Utilizers. Through our data collection and analysis efforts, we also hope to develop an evidence base about Frequent Utilizers that can serve as a resource to a wide range of urban, suburban, and rural jurisdictions. Questions that frame our research efforts include:

#### **Who are Frequent Utilizers and what are their needs?**

Even establishing a consistent definition for this population has been difficult, as each study conducted to date has used its own definition of what qualifies someone as a Frequent Utilizer.<sup>23</sup> LJAF is partnering with researchers and community officials to explore foundational questions about Frequent Utilizers, their needs, and the reasons they are involved so excessively in the criminal justice system.

#### **What treatments work—and what are best practices?**

LJAF is working with experts to identify evidence-based approaches, practices, and strategies that effectively treat, stabilize, and reduce the number of Frequent Utilizers in the criminal justice system. Among the things LJAF is particularly interested in tracking are whether an intervention leads to a reduction in arrest and recidivism rates, a reduction in the use of crisis-based medical services (such as emergency room visits), or improvements in health outcomes, housing stability, and/or economic well-being. We fund randomized controlled trials, and support other rigorous research methodologies, to test interventions and isolate the core components of a program.

#### **What policies and systems will support change?**

With billions of dollars spent every year providing ineffective and uncoordinated services, there is an immediate need for better diversion and intervention models. However, in the long term, we must move past the crisis model and determine how to restructure health, housing, and public safety systems so that they address Frequent Utilizers' underlying issues more proactively, minimizing their trips to the emergency room and reducing their risk of running afoul of the law.

### **EXPLORING NEW MODELS.**

Beyond growing the evidence base about existing interventions, we are also exploring completely new models, including start-to-finish system overhauls. One example is our pilot sites—three communities of different sizes and capacities that are implementing new methods of coordination between agencies, new technologies to aid in responsible data sharing, and new processes to connect Frequent Utilizers to treatments and services. The pilot sites will demonstrate how data can be securely combined across health, criminal justice, and social service systems; how law enforcement, health professionals, and service providers can work together to responsibly identify the highest utilizers of services; and how researchers can rigorously evaluate interventions and track their costs and outcomes. In its pilot sites and beyond, LJAF is funding evaluations of promising programs such as Medication Assisted Treatment for people in jails, Crisis Intervention Training to help officers de-escalate crises, Housing First programs that provide housing for homeless individuals, and different versions of Forensic Assertive Community Treatment (FACT) programs, which aim to address a broad range of mental illnesses commonly found among people in the criminal justice system.

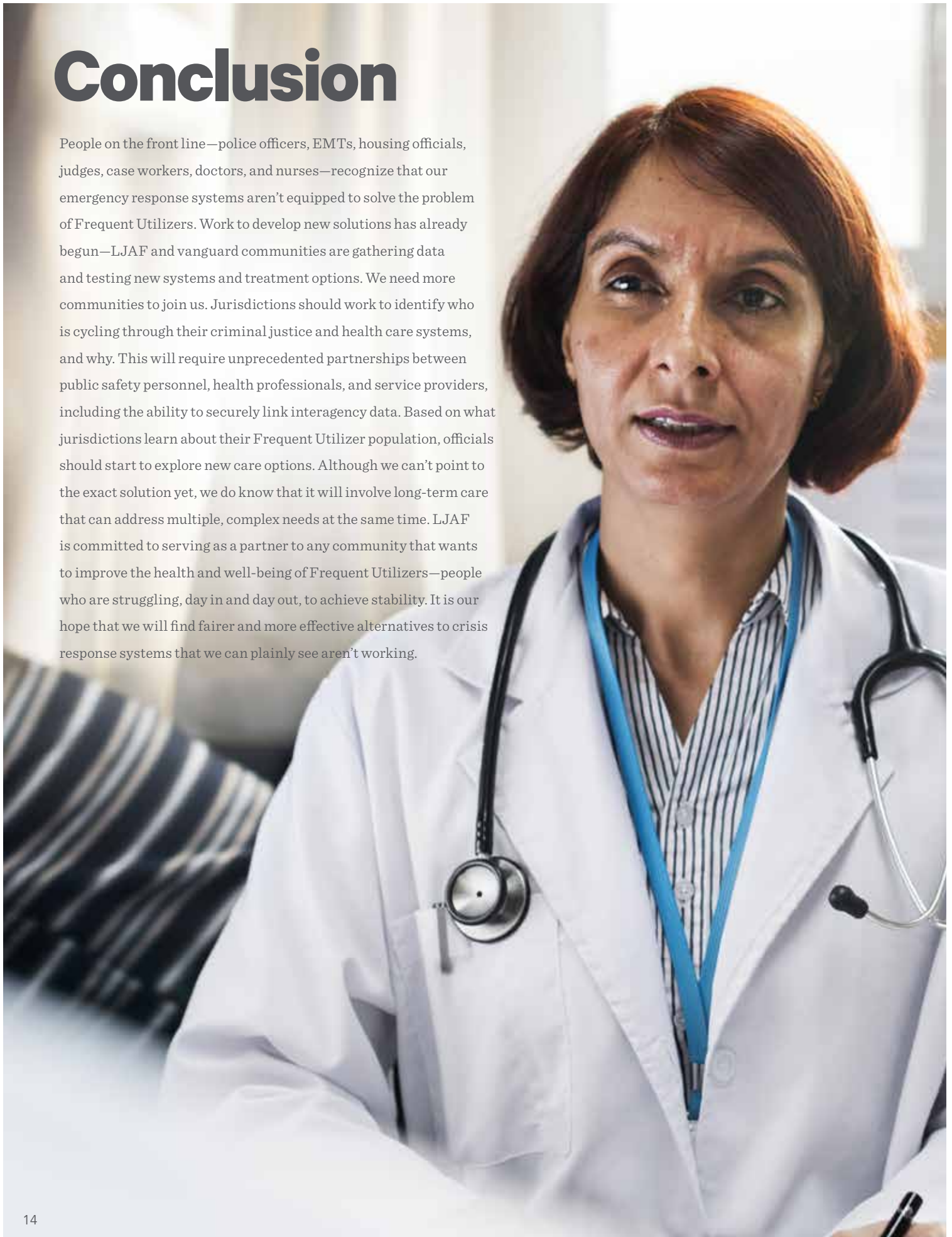
### **BUILDING DIALOGUE ACROSS COMMUNITIES.**

Working in collaboration with the National Association of Counties (NACo), we have developed a network of cities, towns, and counties interested in exploring the problem of Frequent Utilizers and sharing best practices. Communities that reach out to DDJ/NACo can access resources to help with practical challenges such as building support for diversion programs, securing funding for treatment programs, and identifying Frequent Utilizers so that they can receive timely, coordinated care.



# Conclusion

People on the front line—police officers, EMTs, housing officials, judges, case workers, doctors, and nurses—recognize that our emergency response systems aren't equipped to solve the problem of Frequent Utilizers. Work to develop new solutions has already begun—LJAF and vanguard communities are gathering data and testing new systems and treatment options. We need more communities to join us. Jurisdictions should work to identify who is cycling through their criminal justice and health care systems, and why. This will require unprecedented partnerships between public safety personnel, health professionals, and service providers, including the ability to securely link interagency data. Based on what jurisdictions learn about their Frequent Utilizer population, officials should start to explore new care options. Although we can't point to the exact solution yet, we do know that it will involve long-term care that can address multiple, complex needs at the same time. LJAF is committed to serving as a partner to any community that wants to improve the health and well-being of Frequent Utilizers—people who are struggling, day in and day out, to achieve stability. It is our hope that we will find fairer and more effective alternatives to crisis response systems that we can plainly see aren't working.





*“Day-in and day-out our first responders and emergency service providers are interacting with individuals in crisis. One individual may be a perpetrator, victim, and witness in multiple cases across different communities. By sharing data across jurisdictions and systems, we can not only break the cycle of incarceration for local residents, but more importantly help address the underlying behavioral health issues that are leading to these interactions with law enforcement and emergency service providers.”*

---

**—SHERIFF PETER KOUTOUJIAN**  
Middlesex County, MA

