



# RESPONDING

# BETTER:

**A Collaborative  
Approach to  
Helping Those  
in Crisis**

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**KEY INSIGHTS AND RECOMMENDATIONS FROM  
THE DATA-DRIVEN JUSTICE PILOT INITIATIVE**

**NOV. 2020**



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# RESPONDING BETTER: • A Collaborative • Approach to Helping Those in Crisis

**A REPORT FROM ARNOLD VENTURES**

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“[O]ur criminal justice system isn’t as smart as it should be. It’s not keeping us as safe as it should be. It is not as fair as it should be. Mass incarceration makes our country worse off, and we need to do something about it.”

—*President Barack Obama*

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# EXECUTIVE SUMMARY

Our most vulnerable citizens are relegated to the fringes of society. Many of them are homeless with limited shelter space exacerbating the population's vulnerability. Some have untreated mental and physical illnesses, frequently requiring transport by first responders to hospital emergency rooms, only to be released without adequate care. Others are arrested for petty crimes, spending nights in crowded jails whose staff do not address their underlying needs. And sadly, as many experts have confirmed, some struggle with a combination of these challenges, and show up time and again at urgent care facilities.

In responding to such crises, law enforcement officials are often called upon to intervene in the immediate circumstances, leaving the underlying problems of mental illness, homelessness, or substance use unaddressed. Similarly, emergency rooms are asked to treat those whose true problem is the lack of basic medical and behavioral healthcare. Meanwhile, counties have invested \$22 billion annually in local jails that are filled to a great extent with those charged with misdemeanors, and almost half of whom suffer from mental illness, substance use disorders, and other chronic health problems.

In 2018, Arnold Ventures launched a project designed to better understand how local governments are coping with this confluence of problems and to seek better ways of using the limited resources at their disposal. The initial pilot helped governments use data and coordinate across criminal justice, behavioral health, and service providers to better align resources to respond to people with complex health and social needs, particularly those who are frequent utilizers of justice, health, and human services systems. This initiative worked closely with the National Association of Counties (NACo) and was part of a program called "*Data-Driven Justice*," which began during the Obama administration.

The pilot projects were located in Middlesex County, Massachusetts, the City of Long Beach, California, and Johnson County, Iowa. County officials tested new methods of information sharing and coordination among police, behavioral health, and social service providers in these three communities. The results of this multi-year pilot were both revealing and encouraging, pointing to the advantage of data sharing and close collaboration among agencies in serving some of the most vulnerable in their communities. This report reflects on the pilot initiative and provides a call to action to policymakers to:

- Build and expand collaborative efforts among systems that interact with frequent utilizers in order to achieve better outcomes for these individuals and their communities.
- Improve local capacity to collect and share data by authorizing data sharing and investing in personnel and technology.
- Support pre-arrest diversion and deflection of frequent utilizers away from the criminal justice system and connect them with services that achieve better outcomes.
- Rethink the role that 911 plays, relying on Calls-for-Service data to better connect frequent utilizers with mental health, social services and other systems instead of the criminal justice system.
- Realign funding to appropriately support the full array of behavioral health, housing, and crisis services necessary to produce better outcomes for frequent utilizers.

Over the two-year pilot initiative, the jurisdictions involved made significant progress in breaking down silos across criminal justice, behavioral health, and social service providers, sharing information, and shaping local policy and practice. The purpose of this brief is to discuss project implementation, share lessons learned, and provide recommendations to policymakers seeking to leverage *Data-Driven Justice* as a tool for improving outcomes for frequent utilizers in their communities.



# KEY INSIGHTS AND RECOMMENDATIONS FROM THE DATA-DRIVEN JUSTICE PILOT INITIATIVE

## INTRODUCTION: SCOPE OF THE PROBLEM

Close to 11 million people moved through the country’s local jails in 2017. Counties invest more than \$93 billion in justice and public safety annually, including \$22 billion to operate jails.<sup>1</sup> A quarter of the individuals who enter jail are accused of misdemeanor crimes.<sup>2</sup> A large share—44 percent—of people held in jails have been diagnosed with a mental illness by a professional, 63 percent have a substance use disorder, and 45 percent suffer from chronic health problems.<sup>3</sup>

With three times more people with mental illness incarcerated than in mental health treatment facilities, the criminal justice system is often forced to be at the front lines for responding to people experiencing behavioral health crises.<sup>4</sup> In many communities across the country, a small number of people cycle repeatedly through jails, hospital emergency rooms, shelters, and other public systems.

These individuals often struggle with some combination of mental illness, substance use disorders, other health problems, and unstable housing. Their conditions often worsen if arrested and incarcerated, leading to harmful and costly recurrent interactions with emergency medical services, law enforcement, and other public services. Despite the many resources devoted to those most frequently in need, care is often provided in fragmented ways that do not lead to stabilization or better outcomes for individuals or communities. Counties and other jurisdictions across the country are in search of more effective ways to address these challenges.

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“A quarter of the individuals who enter jail are accused of misdemeanor crimes. A large share—44 percent—of people who are sentenced to jail have been diagnosed with a mental illness, 63 percent have a substance use disorder, and 45 percent suffer from chronic health problems.”

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Ted grew up on his family’s ranch in Iowa, playing Little League baseball, participating in Boy Scouts, and developing a writing talent that would eventually make him a published author. By his early 40s, though, he was suffering from alcohol addiction and depression and living on the streets of Iowa City. Despite putting in the hard work of abstaining — for as long as six months at a time — he was still cycling in and out of homeless shelters. His relapses would often land him in the hospital. On one occasion he passed out, was taken by ambulance to an emergency room, and then released — only to go on to have another incident that landed him in the emergency room of a second hospital.<sup>5</sup>



# THE DATA-DRIVEN JUSTICE PILOT INITIATIVE

*The Data-Driven Justice* (DDJ) initiative was launched by the Obama administration in 2016 to address the cycle of incarceration and crisis. DDJ is a bipartisan coalition of 146 jurisdictions representing more than 94 million people across the country that is committed to tackling the root-causes driving—and keeping—people in our jails and emergency rooms. Since the project’s launch, participating jurisdictions are using data to develop a continuum of innovative practices that provide law enforcement and other first responders with appropriate crisis response options and alternatives to jail to: (1) reduce arrests and incarceration, (2) increase treatment for the most vulnerable, (3) stabilize individuals’ health conditions, and (4) use resources more appropriately and effectively through coordination among various service providers.

In 2018, Arnold Ventures (AV) committed \$1.6 million to launch the DDJ pilot initiative to test new methods of coordination between police, hospitals, and social services to address the challenges that frequent utilizers present to communities across the country. The pilot projects, located in Middlesex County, Massachusetts, the City of Long Beach, California, and Johnson County, Iowa, enabled local agencies to link data through a pioneering data management system built by OpenLattice, a private sector leader in secure data technology. Pilot sites were selected because of their community’s commitment to DDJ, demonstrated through strong leadership buy-in and a vision for how they could better leverage data to design diversion strategies, programs, and policies to improve outcomes for their local frequent utilizer population. Prior to AV’s support, each site had little to no capacity to share, integrate, and analyze data.

Sites leveraged the five steps outlined in the [DDJ Playbook](#) to organize and coordinate their efforts — (1) building stakeholder consensus; (2) understanding the people they hope to serve; (3) establishing a framework for data governance; (4) conducting a resource scan and identifying gaps in services and treatment; and (5) building continual data use and information sharing into cross-system organizational operations and policy discussions — to make significant progress in providing first responders with crisis response options to reduce arrest and incarceration, expand emergency medical services, and broaden access to treatment for those most in need.

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“Jurisdictions saved thousands of dollars by reducing the use of jails and increasing the use of diversion programs. At the same time, there was a connection to services for those most in need.”

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Steve was well-known to law enforcement in Burlington, MA., with 28 police interactions. However, he had much lower frequencies of interaction in other Middlesex County jurisdictions. Without communication between the county’s 54 law enforcement agencies, Steve often went unnoticed, especially when he was not a suspect or a perpetrator. As a result, neighboring towns were not aware of Steve’s activity in each other’s communities, failing to recognize the need to connect him with a diversion program or appropriate social service. As a result, he experienced repeated crises due to substance use disorder.<sup>6</sup>



# A TALE OF THREE COMMUNITIES

The goal of the pilot initiative was to test new methods of information sharing and coordination between police, behavioral health, and social service providers to better understand and meet the needs of frequent utilizers in their communities.

In all three sites, the collection and analysis of information about their services and those who used them was essential in formulating new pilot crisis intervention and diversion programs. Analysis in all three sites produced a wealth of insights regarding the way some in need of services exhibited multiple problems.

For example:

## MIDDLESEX COUNTY

- Middlesex County (MA) introduced the first county-wide assessment of frequent utilizers, which was used to inform regional planning efforts for a new crisis diversion facility as well as launch an application to support jail diversion and connection to care for frequent utilizers.
- In a ten-agency pilot analysis, MSO DDJ found that 2% of the population analyzed represented 13-15% of police contacts.
- In an analysis conducted by the Cambridge Health Alliance in partnership with MSO DDJ, researchers found that individuals with corrections involvement are much more likely to seek out certain types of medical care. Specifically, these individuals are more likely to use the emergency room and inpatient behavioral health services. These individuals are also more likely to have diagnoses of substance use disorder, alcohol use disorder and/or opioid use disorder.
- The study team created a list of best practices for police data collection:
  - Requiring incident reports for all overdoses
  - Use of uniform codes for overdoses and mental health related police contacts
  - Referral of behavioral health and substance use disorder cases to jail-diversion clinicians

### MIDDLESEX COUNTY, MA

## 1. Build Stakeholders Consensus

### PARTNERS



Middlesex County Sheriff's Office



50+ Police Departments



Co-Responding Clinicians



Mass. Hospital Association



Cambridge Healthcare Alliance



## 2. Understand the People You Hope to Serve

Initial analysis revealed an extreme number of system contacts for one individual:

1,000

Number of EMS transports over a 13-year period

85

Number of engagements with the police experienced in Middlesex County

\$600K

Cost to Emergency Medical Services

2% of the population analyzed represented 13-15% of police contacts.

Individuals with corrections involvement were much more likely to use emergency rooms and inpatient behavioral health services.

Individuals with corrections involvement were more likely to be diagnosed with a substance use disorder.

## 3. Establish a Framework for Data Governance

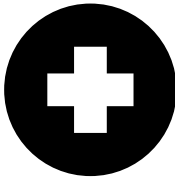


## 4. Conduct Resource Scan

MIDDLESEX COUNTY, MA		
<p><b>Street/Community Intercept</b></p> <ul style="list-style-type: none"> <li>● Police Department</li> <li>● Co-Responding Clinicians</li> <li>● Restoration Center</li> <li>● Cambridge Healthcare Alliance</li> </ul>	<p><b>Jail Intercept</b></p> <ul style="list-style-type: none"> <li>● Middlesex County House of Corrections and Jail</li> </ul>	<p><b>State Partners</b></p> <ul style="list-style-type: none"> <li>● Department of Mental Health</li> <li>● MA Dept. of Criminal Justice Systems</li> <li>● MA Health and Hospital Association</li> </ul>

**KEY:** ● Law Enforcement ● Health ● State Partners

## 5. Build Data Use & Information Sharing into Operations & Policy



### Support for Restoration Center

DDJ is supporting the planning efforts of the Restoration Center to analyze service gaps, service utilization, and overlap in law enforcement and healthcare calls for service to give insights into the center's capacity, its services, and its location.



### Behavioral Health Report

DDJ partners are implementing a new tool to support law enforcement response to individuals experiencing a mental health crisis. The tool provides officers access to information to improve their approach to individuals in crisis, and ensures that data entry is easily exported to Department of Mental Health.

## JOHNSON COUNTY

- Johnson County (IA) saved thousands of dollars in jail costs through a combination of housing and law-enforcement led initiatives that reduced nights in jail for frequent utilizers.
- The county closely followed the paths of four typical individuals in their multiple interactions with county services. Over a four-and-a-half-year period, each individual repeatedly cycled through existing services, only to return to living on the street, **each time in**

**worse health than before**, for a total cost to the Johnson County community of over \$2.16 million. Since the fall of 2014, two of the four individuals studied have died while living on the streets.

- A review of inter-agency data was able to identify areas of the county where ambulance response time was 50 percent longer than average for the jurisdiction.
- A Permanent Supportive Housing initiative resulted in a dramatic decrease in the number of nights spent in jail by those utilizing the program.

## JOHNSON COUNTY, IA

### 1. Build Stakeholders Consensus

#### PARTNERS



Abbe Health



CommUnity Crisis Services



Iowa City Police Department



Johnson County Ambulance Services



Johnson County Attorney's Office



Johnson County Public Health Dept.



Johnson County Sheriff's Office



Prelude Behavioral Health Services



Shelter House



University of IA Hospitals & Clinics

## 2. Understand the People You Hope to Serve

Initial analysis revealed the stories of four individuals who cycled through Johnson County Services:

4.5 YEARS

Time spent cycling through services only to return to the streets

\$2M

Cost of services for the four individuals cycling through services

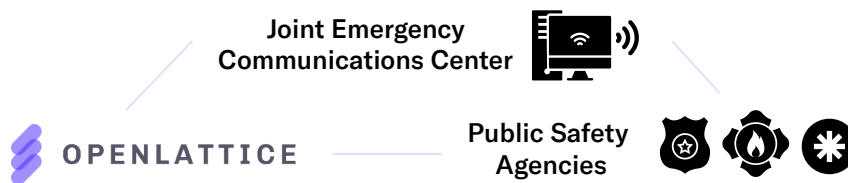
80 HOURS

Time spent working across siloed datasets to achieve these insights

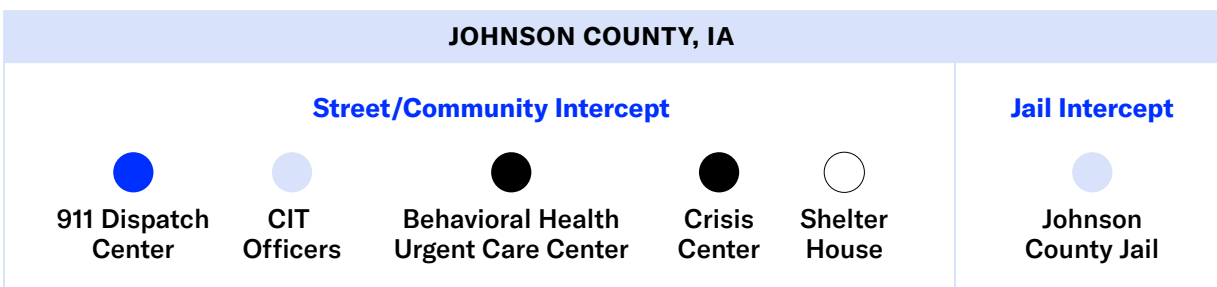
Frequent utilizers enrolled in Permanent Supportive Housing spent less nights in jail and saw lower healthcare costs post-housing.

Only 1.2% of behavioral health type calls resulted in someone going to jail.

## 3. Establish a Framework for Data Governance



## 4. Conduct Resource Scan



**KEY:** ● Emergency Communications ● Health ○ Homeless Services ● Law Enforcement

## 5. Build Data Use & Information Sharing into Operations & Policy



### Cross Park Place

Through DDJ, local stakeholders developed a tool to identify the most vulnerable individuals in their community to assist in prioritizing individuals in need of Permanent Supportive Housing.



### Behavioral Health Report

DDJ partners are implementing a new tool to support law enforcement response to individuals experiencing a mental health crisis. The tool provides officers access to information to improve their approach to individuals in crisis and automates referrals to local service providers.



### Custom Dashboard

Using the OpenLattice data management system, Johnson County was able to create a custom dashboard to calculate and display information on an individual's interactions with law enforcement. Queries that previously would have required an estimated 20 hours to complete could instead be executed in a matter of minutes. Using this new system, Johnson County learned valuable insights about the service patterns of their high-utilizers.<sup>7</sup>

## LONG BEACH

- Long Beach (CA) integrated efforts of specialized units, such as the health department's outreach team, the fire department's HEART team, and the police department's quality of life team, to better meet clients' needs.
- 85% of people repeatedly cited were jailed for low-level misdemeanors such as public intoxication or sleeping on the beach — nearly 50% had received homeless services.
- The top 0.1% of utilizers of the fire and police departments (approximately 100 individuals) had a total of 16 interactions with these departments on average in a single year. Together, they accounted for 3.2% of all interactions.
- Of these most frequent users, 80% of interactions were with fire department, 20% of interactions were with police department.

## 1. Build Stakeholders Consensus

### PARTNERS



Long Beach  
Police Department



The Guidance  
Center



Long Beach  
Fire Department



Department of Health  
and Human Services



City Attorney's  
Office



Multi-Service  
Center



Los Angeles County  
Dept. of Mental Health



Whole Person  
Care

## 2. Understand the People You Hope to Serve

Initial analysis of administrative data sets led to a deeper understanding of frequent utilizers:

85%

Of people repeatedly cited were jailed for low-level misdemeanors

50%

Of people repeatedly cited had received homeless services

High Frequency Utilizers (HFUs), or the top 0.1% of utilizers of the fire and police departments (approximately 100 individuals), had a total of 16 interactions with these departments on average in a single year.

52% of the top 100 HFUs were clients with some interaction with the health department, as documented through their presence in the Homeless Information Management System.

### 3. Establish a Framework for Data Governance



### 4. Conduct Resource Scan

CITY OF LONG BEACH JUSTICE LAB INTERCEPT MODEL			
<p><b>Street/Community Intercept</b></p> <ul style="list-style-type: none"> <li>● Quality of Life Team</li> <li>● Mental Evaluation Team</li> <li>● HEART Team</li> <li>● Homeless Outreach Team</li> <li>● Community Health Workers, Office of Diversion &amp; Reentry</li> </ul>	<p><b>Jail Intercept</b></p> <ul style="list-style-type: none"> <li>● Jail Division</li> <li>○ Clinician in Jail</li> <li>● Social Worker Homeless In-Reach</li> </ul>	<p><b>Pre-Trial Intercept</b></p> <ul style="list-style-type: none"> <li>● Priority Access Diversion (PAD)</li> </ul>	<p><b>Los Angeles County Jail</b></p> <ul style="list-style-type: none"> <li>● LA County Health Services, Office of Diversion &amp; Reentry</li> </ul>

**KEY:** ● Police Department ● Fire ● Health ● Ascent  
 ○ The Guidance Center ● City Prosecutor's Office

### 5. Build Data Use & Information Sharing into Operations & Policy



**Justice Lab Client Lookup Tool**

DDJ allowed the City of Long Beach to develop an application that will enhance information sharing and communication among service providers.



**The Multidisciplinary Team (MDT)**

DDJ supports the MDT by defining who is eligible for the intervention and assisting in ongoing case management.



# RESULTS AND RECOMMENDATIONS: INDIVIDUAL COUNTIES

Each of the three jurisdictions in the pilot initiative identified areas in need of reform and instituted initial policy changes to address those needs. The most common observation was that the study helped identify important gaps in services.

For example:

**Middlesex County** is pursuing the development of a behavioral health restoration center in the county to support ongoing law enforcement diversionary efforts and expand community behavioral health treatment capacity.

**Johnson County's** team is supporting a community-wide effort for a behavioral health urgent care center. From initial analysis, the team found that public intoxication was one of the most common charges for frequent users of services (and second most common charge for people booked in the jail). This data helped make the case for a sobering unit and to plan for beds needed within that unit and other parts of the facility.

**Long Beach** established a *Multidisciplinary Team* that convenes City of Long Beach and Los Angeles County departments monthly to better coordinate and reduce the burden on those frequently in need of services. The team framework monitors a variety of places where people interact with the county, including the street, jail, and pre-trial intercepts.

The counties gained many other insights from the pilot initiative, resulting in a wide variety of changes in policy and practice. A more detailed list of these findings can be found in Appendix B.



# RECOMMENDATIONS FOR STATE AND LOCAL POLICYMAKERS

Based on our work with the three jurisdictions and through projects with other national partners who aim to address these issues, Arnold Ventures has developed a series of recommendations that policymakers can use to help improve outcomes for frequent utilizers in communities across the nation:

1. Build and expand collaborative efforts among systems that interact with frequent utilizers in order to achieve better outcomes for vulnerable populations and their communities.
2. Improve local capacity to collect and share data by authorizing data sharing and investing in personnel and technology.
3. Support pre-arrest diversion and deflection of frequent utilizers away from the criminal justice system and connect them with services that achieve better outcomes.
4. Rethink the role that 911 plays, relying on Calls-for-Service data to better connect frequent utilizers with mental health, social services and other systems instead of the criminal justice system.
5. Realign funding to appropriately support the full array of behavioral health, housing, and crisis services necessary to produce better outcomes for frequent utilizers.

Each of these recommendations are discussed more fully below.

- 1. Build and expand collaborative efforts among criminal justice, behavioral health, social service and other systems that interact with frequent utilizers in order to achieve better outcomes for vulnerable populations and their communities.**

Criminal justice, behavioral health, and social service providers must coordinate if they wish to produce better outcomes for individuals with complex behavioral health and housing needs. Building community support and collaboration is a critical first step in creating successful strategies and initiatives to serve frequent utilizers. While these groups often work in silos and may not collaborate, share data, staff, or mandates, we know from experience and research that cross-system approaches produce better outcomes. Through collaboration, stakeholders can leverage their skills, expertise, and resources more effectively to understand local challenges, establish shared goals, and identify opportunities to support systems strategies.

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“These initiatives require strong relationships among a diverse set of people including law enforcement, behavioral health, housing and homelessness services, and other community resource providers. While these groups often work in silos and do not collaborate, share data, staff, or mandates, we know from experience and research that cross-system approaches produce better outcomes.”

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Recent efforts to document successful strategies include:

- A [report](#) from Abt Associates that provides examples of county, regional, and state-level strategies to work across systems to strengthen crisis care and improve outcomes for vulnerable populations
- A [series of issue briefs](#) by the National League of Cities (NLC) that highlights city-led multi-agency solutions to implementing effective strategies for emergency response and crisis stabilization for individuals experiencing mental illness, substance use disorder and/or homelessness
- A [report](#) from Health Management Associates (HMA) that examines a model of care for individuals with behavioral health needs and requires active participation by city and county leaders, law enforcement agencies, behavioral health providers, and social service providers
- The [DDJ Playbook](#) provides step-by-step guidance on development of a multi-system strategy to successfully divert frequent utilizers when appropriate, away from the criminal justice and emergency health systems and toward community-based treatment and services
- NACo's [DDJ case studies](#) that provide real-life examples of cities and counties that are working across silos to implement policies, practices and programs to identify and serve frequent utilizers

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Mark, a 71-year-old man in Long Beach, was living without housing for more than 11 years and had never accessed any community resources. Before being released from custody after one of his arrests, Mark met with a Reentry Services Coordinator. The coordinator contacted the Long Beach Rescue Mission and reserved an emergency bed for Mark. Upon his release, Mark was driven to the shelter using services offered by the Connection to Care (C2C) Transportation pilot plan. A team from the city's Multi-Service Center continued to follow up with case management to ensure Mark's ongoing linkage to services.<sup>8</sup>

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## **2. Improve local capacity to collect and share data by authorizing data sharing and investing in personnel and technology.**

State lawmakers should improve local capacity to collect and share data across criminal justice, behavioral health, and social service providers by authorizing data sharing and investing in the personnel and technology needed to share information across disparate systems. At the point of service, the availability of information related to the person's involvement across the disparate systems, and their treatment history and condition, can improve interventions by first responders, enhance the safety of the individual and others, and support recovery efforts.

Jurisdictions, however, frequently point to three primary issues preventing progress on data sharing efforts: (1) a lack of funding and state authorization to share information across systems; (2) challenges presented by HIPAA (Health Insurance Portability and Accountability Act of 1996) and other federal and state confidentiality laws; and (3) lack of technical capacity.

To address the first concern, states can support the expansion of data sharing in localities by authorizing the sharing of information across criminal justice, health and human service systems, and by providing dedicated funding support to local jurisdictions to build the personnel and data capacity necessary to do so effectively. For example, during the 2019 legislative session, the New Mexico Legislature revised the state's Mental Health Act to allow for broader use of behavioral health data for purposes like research and program evaluation. The act also provided state funding for criminal justice data integration projects.

To address questions related to data security and privacy issues, federal agencies and other technical assistance providers have developed explicit guides for interpreting federal and state privacy laws, clearly articulating what is allowable and debunking common myths to data sharing:

- The U.S. Department of Health and Human Services released an [FAQ on Data-Driven Justice and the Health Insurance Portability and Accountability Act](#);
- The Bureau of Justice Assistance and the Council of State Governments Justice Center released [a report on information sharing in criminal justice-mental health collaborations](#);
- The National Center for Complex Health and Social Needs produced a series of webinars to [provide practical examples of successful cross-sector data sharing](#) covering the importance of building trust when embarking on data-sharing partnerships, navigating legal parameters for cross-sector data sharing, activating shared data;
- The Beeck Center for Social Impact and Innovation and Georgetown University released a [Guidebook for Establishing Responsible Governance Practices](#);
- NACo has compiled an entire [library of resources on using and sharing data](#) to provide appropriate responses to the most needy, including a blog post [debunking common data sharing myths](#).

It is important to note that issues of privacy and security should be addressed within a broader discussion of data governance, in which stakeholders come together to set clear parameters for how data will be protected and used, and what people, policies, and procedures will govern that data. (See the [Data-Driven Justice Playbook](#) for additional guidance and resources on data sharing.)

Finally, there are a few approaches communities can take to build their technical capacity to support data sharing to support policy analysis, improve cross-agency coordination, and enhance service delivery. Some communities have elected to develop their own internal technology solutions for sharing information across local system providers, and others, like the Middlesex County and Johnson County, have worked with external vendors. Organizations such as the [Council of State Governments](#) and the [National Association of Counties](#) have developed resources to help policymakers identify the right technical solutions for their community.

### **3. Support pre-arrest diversion and deflection of frequent utilizers away from the criminal justice system and connect them with services that achieve better outcomes.**

State lawmakers should promote policy and funding in support of diversion and deflection programs that are likely to improve outcomes for those most in need. Such programs reduce unnecessary contacts with the criminal justice and emergency health systems, thereby improving outcomes for those most frequently impacted.

Below we highlight strategies state lawmakers have taken to advance policy and funding action in support of diversion and deflection and to remove any state level legislative or regulatory barriers that prevent communities from implementing such strategies. To date, states have taken two primary approaches to support diversion and deflection at the local level:

First, legislatures have authorized programs that local actors can utilize instead of arrest. For example, in Illinois, lawmakers authorized a full range of pre-arrest deflection programs, or “pathways.”<sup>9</sup>

Second, legislators have provided funding for diversion and deflection programs. Historically, this has proceeded through two routes. The first is by providing a direct line item appropriation for specified purposes; the money can only be used for the purpose described in the legislation. The second is through creation of a grant program with attached funding. Common ways that legislatures provide for grant funding include: a line item appropriation from the state general fund; allocation of funds from non-general fund revenue; requesting/instructing an agency to reallocate within existing funds; and authorizing collection and distribution of funds but not providing a specific revenue source.<sup>10</sup>

Finally, legislators have removed barriers to pre-arrest diversion and deflection strategies. Crisis response is typically defined by local conditions. However, what various institutions are permitted to do and whether they are likely to be successful is influenced by state laws and rules regulating issues such as civil custody, immunity relating to overdoses, and officer discretion. In 2019, R Street published [a report that reviewed statewide laws or rules](#) in five policy areas— Emergency Mental Health Holds, Protective Custody, Citation Authority, Substance Abuse Good Samaritan Laws, and Ambulance Destination Rules— that directly affect the ability of local officials to implement diversionary strategies, while also examining recent legislative efforts to alter these policies. (See the full report for a concrete set of

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“Wherever possible, divert people with behavioral health needs who do not pose a public safety risk to appropriate community-based services.”

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recommendations and analysis of policies for all 50 states.)

**4. Rethink the role that 911 plays, relying on Calls-for-Service data to better connect frequent utilizers with mental health, social services and other systems instead of the criminal justice system.**

Communities must rethink the role of 911 and calls-for-service (CFS) in improving crisis response to vulnerable populations and connecting them to care in the community. There is tremendous opportunity to optimize 911 to improve response to calls for service and reduce reliance on police. Approximately 240 million 911 CFS per year are unrelated to emergency events or crimes in progress, yet police are often the de facto responders. While there is variation among agencies, we know that police spend a significant amount of their time on duty responding to 911 calls, limiting their ability to engage in more proactive policing strategies, and at times, placing police at the center of situations where alternative responses may be more appropriate or a better use of public resources.

Communities are taking action, spurring innovation in call taking and dispatch to better meet the needs of those in their community. All three pilot sites examined calls for service data to better understand the needs of frequent utilizers and formulate new strategies to intervene. Beyond DDJ, a number of cities, such as Baltimore, Cincinnati, and New Orleans, are [examining their 911 data to understand how officers are spending their time](#) and exploring ways to improve response to calls for help. Researchers from George Mason University examined public safety communications departments, their footprint in the criminal justice system, and the role that their efforts and decision making have on police resources and calls for help, [making recommendations](#) for future research and practice. The Vera Institute for Justice just completed a project where they reviewed the literature on 911 calls for service, mapped the 911 call system process, and analyzed computer-aided dispatch in five cities, which resulted in recommendations for [researchers](#), [policymakers](#), [data scientists](#), and legislators. And while these projects are still underway, Research Triangle Institute, Urban Labs Chicago, and Abt Associates are providing communities with the tools, analytics capacity, and resources to  [glean new insights from calls for service data, identify more effective strategies to leverage CFS data to improve outcomes for vulnerable populations, and pilot innovative new approaches for deploying alternative responses to calls for help.](#)

**5. Realign funding to appropriately support the full array of behavioral health, housing, and crisis services necessary to produce better outcomes for frequent utilizers.**

State and local policymakers should authorize funding to support a full array of behavioral health and housing services if they want to address the underlying needs of those most frequently in crisis. Historically, mental health, substance use, and other social services have been siloed, with a lack of alignment driven by funding streams, regulations, and divergent treatment cultures.

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“Approximately 240 million 911 calls for service per year are unrelated to emergency events or crimes in progress, yet police are often the de facto responders. Police spend a significant amount of their time on duty responding to 911 calls, limiting their ability to engage in more proactive policing strategies.”

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The absence of structured coordination across the multiple points of community response to individuals in crisis leads to fragmentation and gaps which ultimately contribute to avoidable emergency department use, repeat law enforcement contacts, and criminal justice system recidivism. Concerns about the impact individuals with complex needs have on the service delivery system and mounting pressures on jail capacity have led to efforts to generate solutions that are both more person-centered and cost effective by aligning and leveraging resources across sectors, systems and agencies to target root causes of barriers to healthcare access, engagement, and adherence.

[NLC advocates for sustainable, flexible financing](#), to enable cities to better support individuals suffering multiple crises in their communities. Cities cannot rely on just one source of funding to sustainably support programming for their vulnerable populations. Flexible financing options that enable blending of funding from different sources, such as Substance Abuse and Mental Health Administration (SAMHSA), state government, and Medicaid managed care organizations (MCOs), will address shifting community needs and allow for the coordination and integration of efforts into a comprehensive response to crisis intervention for vulnerable populations.

A [report from HMA](#), discusses collaborative funding strategies for crisis services. While funding services can be a challenge, opportunities exist at different levels of government and in collaboration with other funding partners. Although a comprehensive national overview of the funding strategies used by each locality or even each state to fund behavioral health crisis services does not exist, communities can turn to innovative solutions that some localities have found to build out their crisis systems to better support vulnerable populations, leveraging federal, state and local funds. Finally, NACo provides a number of resources for communities seeking ways to sustainably fund behavioral health and housing services, including examples of Medicaid financing for services in supportive housing.



# CONCLUSION

Local communities across the country are facing multiple challenges in adequately responding to the needs of people in crisis. Often emergency systems and the criminal justice facilities are forced to take on responsibilities that would be better handled through more integrated programs.

The DDJ Pilot Communities worked to launch and test new methods of coordination among police, hospitals, and social services. By the end of the project period, each site made significant progress in moving their communities towards a coordinated system of care for frequent utilizers. By improving program coordination, data collection, and communication across agencies, the pilot sites saw improvements across key indicators — including lower jail costs, more connections to treatment, and stronger coordination among service providers. These are programs that can be replicated in cities and counties around the country.

The lessons and policy recommendations contained in this report represent key insights into the *Data-Driven Justice* implementation process. By harnessing these insights, communities should feel confident in their ability to improve their care for frequent utilizers.

(More information on *Data-Driven Justice* and other helpful resources can be found in the Appendix below and on the [NACo Data-Driven Justice website](#).)



# APPENDIX A

## ADDITIONAL RESOURCES

- For a step-by-step guide on DDJ Implementation, see the [Data-Driven Justice Playbook](#).
  - For key lessons learned through the DDJ pilot initiative see the [Early Lessons from Data-Driven Justice Pilot Sites](#).
  - For an in-depth description of DDJ implementation in the three pilot sites see the [Middlesex County](#), [Johnson County](#), and [City of Long Beach](#) final reports.
  - For a review of literature on frequent utilizers and crisis interventions targeting individuals with complex behavioral health and housing needs see the [Abt Associates Review of Crisis Models](#).
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# APPENDIX B

## OVERVIEW OF IMPLEMENTATION IN JOHNSON COUNTY, MIDDLESEX COUNTY, AND THE CITY OF LONG BEACH

The summary below provides a site-by-site snapshot of the key implementation elements involved in the DDJ pilot site project.

### Johnson County, Iowa

Johnson County joined the DDJ Initiative in 2016 with the goal of using data and new strategies to divert individuals who come into frequent contact with law enforcement, emergency health and social service systems, out of the criminal justice system in order to reduce jail populations, while also helping to stabilize individuals and families, better serve communities, and reduce costs.

With support from AV, in January 2018, Johnson County allocated staff time to managing this project and partnered with OpenLattice to integrate and analyze data.

#### Partner Agencies

**Lead Agency:** Iowa City Police Department

**Other Partners:** Johnson County Sheriff's Office, Shelter House, Johnson County Ambulance Service, Johnson County

## Key Insights

**Initial Analysis:** DDJ partners started with an initial analysis of four individuals who fit profiles of cross-system service utilization. Provider data for these individuals existed only in silos with no method to electronically share and integrate them, requiring countless hours of research and analysis to draw out meaningful conclusions. However, by following the data, the team uncovered a story of four individuals over a four and a half year period, each repeatedly cycling through existing services, only to return to living on the street; each time in worse health than before for a total cost to the Johnson County community of over \$2.16 million.

This was just the start of unlocking the power of data to both understand and better address the needs of frequent utilizers. Ongoing data sharing has led to additional insights. For example,

- Working across DDJ partners, the team was able to establish criterion for frequent utilizers: seven bookings or more in previous two years.
- Ongoing integration and analysis of public safety dispatch data, jail data, and Mobile Crisis Outreach data helped inform staffing and planning for a planned sobering unit at the GuideLink center.
- Analysis of dispatch data was used to understand how individuals interact with public safety agencies, even in situations where there are no criminal charges. For example, only 1.2% of behavioral health type calls result in someone going to jail.
- Analysis of jail booking data was used to identify individuals responsible for the most bookings and understand how these individuals compare to general bookings on a number of factors, including demographics, charge, length of stay, and release
- Analysis of frequent utilizers enrolled in the newly launched Permanent Supportive Housing program showed promise among a number of outcomes. For example, residents saw less nights in jail and lower healthcare costs during the first and second years of housing.

## Changes to Policy and Practice

**Quarterly Meetings:** The DDJ Team consists of 20 people representing a diverse group of organizations that meet quarterly to discuss progress towards shared goals for DDJ.

**Identifying Gaps in Services:** The DDJ Project team engaged policymakers and data providers across the county to identify gaps in services. From reporting to elected officials on call patterns and service utilization, to understanding the demand and needs for services, the team helped local officials use their data in ways that were not possible prior to DDJ. For instance, the DDJ project team has supported a community wide effort to plan for and implement a behavioral health urgent care center. From initial analysis the team found that public intoxication was one of the most common charges for frequent utilizers (and second most common charge for people booked in the jail). This data helped make the case for a sobering unit and plan for beds needed within that unit and other parts of the facility.

**DDJ has driven the development of two programmatic innovations** in Johnson County: 1) prioritizing resources for a new Permanent Supportive Housing complex; and 2) development of an application to support LE crisis response to individuals with mental health needs.

**Cross Park Place** (Housing First demonstration project): Through DDJ, local policymakers developed a tool to identify individuals who were most at risk and in need of Permanent Supportive Housing in the community. While they had a referral list of nearly 100 individuals, there were only 24 units available in the new development. Using integrated data to look at contacts and costs associated with police, fire, and EMS, in addition to shelter needs, officials were able to provide units to the most vulnerable and costly frequent utilizers in the community. Leveraging integrated data from DDJ and a partnership with the University of Iowa, local officials are evaluating the intervention, tracking outcomes for the individuals housed.

**OpenLattice CARE Application Pilot:** DDJ partners are implementing a new tool called the CARE App to support law enforcement response to individuals experiencing a mental health crisis. The tool, developed in partnership with Johnson County's technology partner OpenLattice, aims to provide responding officers access to information such as known triggers and de-escalation techniques to improve their approach to individuals in crisis. The design of the tool has been informed by engagement with law enforcement, mental health treatment providers, and families of individuals suffering from mental illness. The tool also creates automated referrals to Shelter House, the Crisis

Center, and the Veteran's administration so follow up can be completed. Data collected is observational data from law enforcement officers and does not include health records.

## Long Beach, California

The City of Long Beach joined the Data-Driven Justice Initiative in 2016 to support cross-sector and cross-departmental collaboration and sharing of information.

With support from AV, the City launched the DDJ Justice lab in January 2018 to begin to address this gap. The goal was to reduce the recidivism-rate among the City's frequent utilizer population by strengthening information sharing and enhancing communications between City departments and service providers.

### Partner Agencies

**Lead Agency:** Long Beach Justice Lab (LBPD) (based out of Long Beach Police Department)

**Other Partners:** The Guidance Center, Long Beach Fire Department, the Department of Health and Human Services, the City Attorney's Office, and the Multi-Service Center

### Key Insights

**Initial Analysis:** The Justice Lab started with an initial analysis of Police Department data which found that 85% of individuals repeatedly cited were jailed for low-level misdemeanors such as public intoxication or sleeping on the beach, nearly 50% had received homeless services.

This was just the start of unlocking the power of data to both understand and better address the needs of frequent utilizers. Ongoing data sharing across partner agencies has led to additional insights. At a system level, the Justice Lab was able to provide following insights to the departmental leadership that would aid in better policy making:

- Top 0.1% of utilizers (approximately 100 individuals) had a total of 16 interactions with police department and fire department on an average in a year. Together, they account for 3.2% of all interactions. Of these users, 80% of interactions are with fire department, 20% of interactions are with police department, 52% of top 100 frequent utilizers are clients with some interaction with the health department as well (as documented through presence in HMIS system). By focusing on these high frequency utilizers in providing wraparound services, departments can significantly reduce the burden of attending to such interactions.

### Changes to Policy and Practice

**Monthly Stakeholder Meetings:** Since January 2018, the City of Long Beach has held monthly convenings of representatives from the Public Safety Continuum, the City Prosecutor's Office, community-based service providers, and Los Angeles County Department of Mental Health (DMH) and Whole Person Care (WPC). During monthly meetings they share updates on data infrastructure and analytics, discuss overarching trends in the frequent utilizer population, and discuss client cases for a newly implemented program, the Multi-Disciplinary Team.

**Identifying Gaps in Services:** One of the greatest successes of the team to date is the work they have done to identify gaps in communication and services across the Public Safety Continuum. Based on the Sequential Intercept Model, community/street and jail intercepts were identified. The Community/Street intercept includes LBPD Quality of Life Officers (QOL) and Mental Evaluation Team (MET); LBFD Homeless Education and Response Team (HEART); and the Health Department's Multi-Service Center (MSC). City Jail intercept is composed of The Guidance Center and LBPD Support Bureau, which manages the city jail.

**DDJ Justice Lab has driven the development of programmatic innovations** in the City of Long Beach: 1) the Multi-Disciplinary Team, 2) the Justice Lab Client Lookup Tool, 3) a Framework for Data Sharing.

**The Multidisciplinary Team:** The MDT convenes City and County departments monthly to better coordinate and reduce the burden on HFUs accessing services. The MDT framework encompasses a variety of touchpoints from the street, jail, and pre-trial intercepts. DDJ supports the MDT by both defining who is eligible for the intervention, enabling information sharing across the community and jail intercepts, and assisting in ongoing case management and outcome analysis. The Justice Lab pilot created the pathway for institutionalizing data-driven justice effort in Long Beach police department.



**Justice Lab Client Lookup Tool:** Through DDJ, the Justice Lab has developed an application that will enhance information sharing and communication among service providers who are part of the MDT. The application allows a MDT member to enter a person's name or other identifiers to help locate a client's profile. Once the client is identified, they will have access to their consent form status, recent interactions, and field notes inputted by MDT colleagues.

**Framework for Data Sharing:** The Justice Lab was able to create a framework for data sharing between various city departments that enabled an integrated view about clients who interact with multiple systems. This integrated view allows specialized teams such as the health department's outreach team, fire department's HEART team and police department's quality of life team to better understand a client's needs.

## Middlesex County, Massachusetts

Middlesex County joined the DDJ initiative to build a strong network of cross-jurisdictional and cross-system stakeholder groups to identify and better serve frequent utilizers.

With support from AV, in January 2018, DDJ was launched to support project partners in integrating data from law enforcement, healthcare, behavioral health, and social service providers to identify frequent utilizers and better understand their key characteristics and service needs. The goal was to demonstrate impact through actionable insights and the support of system coordination and service delivery.

### Partner Agencies

**Lead Agency:** Middlesex County Sheriff's Office (MSO)

**Other Partners:** 54 Police Departments, State Clinicians, Mass Hospital Association, Cambridge Healthcare Alliance.

### Key Insights

**Initial Analysis:** The team started with four case studies of individuals who represented significant cross-system utilization, and a broader 10-agency pilot analysis. Key insights from that pilot analysis included:

- 2% of the population analyzed represented 13-15% of police contacts.
- Frequent utilizers who cross jurisdictional borders may have varying levels of police interaction which can impact the types of services and attention they receive.
- Jail Diversion Program (JDP) Clinicians have a demonstrated impact on police contacts for frequent utilizers, and with more actionable insights from frequent utilizer analyses, can use this information to better inform their casework.

This was just the start of unlocking the power of data to both understand and better address the needs of frequent utilizers. Ongoing data sharing has led to additional insights, informing the planning of county wide behavioral health and justice strategies and the development of new tools and programs to support first responders and policy. For example,

- Informed by the initial 10-agency pilot, the team created a list of best practices for police data collection, including: requiring incident reports for all overdoses; use of uniform codes for overdoses and mental health related police contacts; referral of behavioral health and substance use disorder cases to JDP clinicians
- Based on analysis from the Cambridge Healthcare Alliance (CHA) and Cambridge Police Department that analyzed contacts across police, sheriff, and hospital data, individuals with corrections involvement are much more likely to seek out certain types of medical care from CHA. Specifically, these individuals are more likely to use the emergency room and inpatient behavioral health services. These individuals are also more likely to have diagnoses of substance use disorder, alcohol use disorder, and/or opioid use disorder.

## Changes to Policy and Practice

**Quarterly Engagements:** MSO DDJ aims to shift the culture around data sharing between healthcare and criminal justice agencies to break down barriers in order to better serve the frequent utilizer population. A stakeholder group meets quarterly to discuss community goals, supporting initiatives, trends in data, and other strategies for addressing this population.

**Identifying Gaps in Services:** Supported by DDJ, there is significant work happening within Middlesex County to address the gaps and needs in services and treatment for frequent utilizers. Efforts include behavioral health/law enforcement partnerships, the expansion of co-response models, sequential intercept mapping exercises across the county, task forces focused on substance use disorder and opioid use, and legislative efforts aimed at tackling the overlap between behavioral health and law enforcement. One example of MSO DDJ's support for these broader efforts is the ongoing analysis they are doing for the Restoration Center Commission. The 13-member Commission— co-chaired by the Middlesex Sheriff and the President and CEO of the Massachusetts Association for Mental Health—is tasked with developing a restoration center in Middlesex County to support ongoing law enforcement diversionary efforts and expand community behavioral health treatment capacity. MSO DDJ is supporting planning efforts by leveraging partnerships and data to analyze service gaps, service utilization, and overlap in law enforcement and health care calls for service to support decisions around the center's capacity, what services to provide, and geographically where it should be located.

**DDJ has driven the development of two programmatic innovations** in Middlesex County, the development of the Behavioral Health Report and making use of the Statewide Information Sharing System (SWISS).

**Behavioral Health and Law Enforcement Pilot:** MSO DDJ is partnering with Tewksbury Police Department and its Jail Diversion Program (JDP) Clinician to build out a proof-of-concept project that would allow for regional collaboration between police and mental health clinicians. Currently, due to information sharing silos, clinicians that work with PDs rely solely on their personal relationships, or any access granted to them through their parent healthcare organizations, to access information outside PD databases or their own information gathering. This project would allow clinicians, and officers, to create records for incidents involving individuals in crisis, which will support ongoing outreach, case management, and referrals to services. The team is currently working with MSO technology provider OpenLattice to ensure that any data-entry done through this program is easily exported to Department of Mental Health (DMH), in the format required, so that DMH-funded clinicians are not required to perform multiple data entry exercises for a single interaction.

**Statewide Information Sharing System Initiative (SWISS):** MSO DDJ sought to find or build efficiencies in order to extract department data more efficiently. The range of vendors, the varying level of access to the data, and the diversity of formatting, coding, and integrity created significant obstacles to extracting and analyzing the data. Currently, hundreds of Massachusetts police departments are submitting incident level data to a state managed database via SWISS. This system is used primarily as a searchable database – populated by participating departments. SWISS provided a way to aggregate police data efficiently; well over half of Middlesex County departments were already submitting data to SWISS, and remaining departments are amenable to initiating data submission. SWISS allows MSO DDJ to set up a single extraction, run a single integration, and have the ability to link over 30 police departments' data, an efficiency that does not exist on the county level at this time.



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