

MODERN JUSTICE.

Using Data to Reinvent America's Crisis Response Systems.

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Taxpayers spend more than \$22 billion per year to incarcerate people, largely on low-level, nonviolent offenses.

The majority of these people struggle with mental health issues or addiction in jails that are not equipped to treat them. A broad consensus has emerged that the status quo is no longer acceptable.

In Cambridge, Massachusetts, a man with mental illness, severe alcoholism, and chronic health problems has been rushed to the hospital 371 times over the past two years. Thanks to the patience and creativity of the police department, he has only been arrested once in the last five years, yet the police have logged 116 incidents with him, ranging from complaints to situations where he's been victimized." In Camden, New Jersey, a woman with multiple chronic conditions, including mental illness and addiction, was hospitalized 77 times over five years, at a cost of \$4.4 million.

The Cambridge man and Camden woman represent countless others who are "Frequent Utilizers" of our nation's criminal justice, mental health, and social service systems. We've failed to effectively treat millions of people like them who have complex, chronic conditions. As a result, they cycle through jails, short-term treatment programs, homeless shelters, and emergency rooms, consuming huge chunks of local, state, and federal budgets, without positive results.

With taxpayers spending more than \$22 billion per year to incarcerate people—most of whom are low-level, nonviolent offenders struggling with mental health issues or addiction in jails and prisons that are not equipped to treat them—a broad consensus has emerged that the status quo is no longer acceptable.

Recently, data scientists and scholars have begun to use sophisticated data management systems to make breakthroughs and discover the stunning overlap between the people who are cycling through the criminal justice system and the people who are frequent utilizers of the health care system and other public services. In one local study, researchers learned that 67 percent of the frequent utilizers of the criminal justice system were also frequent

users of the health care system. Only by collecting and combining data across sectors are researchers and scholars able to see patterns and understand the scope of these long intractable challenges. Today, in a handful of leading edge jurisdictions, police officers, emergency room staff, and other social service providers are beginning to use the power of data to responsibly identify people with high needs, target them for treatment and services, and measure the effectiveness of different interventions.

- For example, when data showed that 28 chronically homeless people were the most frequent users of public services in San Diego, officials enrolled them in a Housing First program, which offered permanent housing and support. In 2010, this handful of people incurred \$3.5 million in hospital and criminal justice costs. By 2013, after the Housing First initiative, their arrest rates and emergency room visits dropped by nearly 80 percent, improving their lives and saving the city \$3.7 million.

To accelerate data-driven justice initiatives, the Laura and John Arnold Foundation has committed \$1.6 million to support pilot projects in three communities that link jail, hospital, and service provider data to identify Frequent Utilizers and provide them with effective treatment. Researchers will also use data to evaluate which treatments are most effective. What we learn through these pilot projects can then be replicated in communities across the country. The goals are better outcomes for individuals with high needs and more efficient use of taxpayer dollars.

The pilot projects will begin in Middlesex County, Massachusetts; Johnson County, Iowa; and City of Long Beach, California. Although each community is different, the steps for these projects will fall along the following lines.



FIRST, THE PROJECTS WILL SECURELY COLLECT AND COMBINE DATA ACROSS HEALTH CARE, CRIMINAL JUSTICE, AND SOCIAL SERVICE SYSTEMS TO IDENTIFY FREQUENT UTILIZERS AND MEET THEIR COMPLEX NEEDS.

This process will likely include combining records from 9-11 and EMS calls, jail bookings, emergency room visits, and other information. Linking data across agencies will help health professionals, public safety personnel, and service providers recognize important patterns and allocate resources where they are needed most.

- For example, researchers merged records from three hospitals in Camden, New Jersey and learned, for the first time, that a small number of residents in two buildings accounted for more than \$200 million in health care costs over six years. This effort to collect and analyze data provided officials with powerful new insights about the most urgent needs in their community.
- In Johnson County, Kansas, service providers and other local organizations are now sharing data with county case managers. The responsible data sharing has helped case managers understand what would most benefit people in need and coordinate care from different providers. Between 2012-2017, the county saved more than \$37,000 in staff time alone because it had the ability to share data and connect clients to resources.

ONCE HEALTH OFFICIALS, POLICE, AND SOCIAL SERVICE PROVIDERS HAVE IDENTIFIED THE FREQUENT UTILIZERS IN THEIR COMMUNITIES, THEY WILL PRIORITIZE THEM FOR SERVICES AND TREATMENT.

Each project will tailor interventions that are right for their communities, but initiatives may include stable housing programs, medication-assisted treatment for opioid addiction, and crisis training for public safety personnel.

- Some counties have had early success with diversion programs that send certain offenders with mental illness or substance use disorders to treatment instead of incarceration. For example, a diversion program in Miami-Dade County has decreased the jail population by one-third over six years, without an increase in crime. The county was able to close a jail facility, saving taxpayers nearly \$12 million per year.
- Offenders at the Middlesex County, Massachusetts jail can volunteer to participate in a substance use disorder treatment program that combines medication, counseling, and casework. One of the unique features of this program is that people can continue to participate for six months after they leave jail, even if they are not on probation or parole. Eighty-two percent of the people who have completed the program have not gotten into trouble again.



Photo courtesy of Camden Coalition of Healthcare Providers.

- In the six years before deputies in the Bexar County Sheriff's Office in San Antonio received crisis intervention training, officers used force an average of 50 times per year. In the six years after the training, officers used force seven times or approximately once a year. These are the kinds of successes that might be replicated in other communities.

FINALLY, RESEARCHERS WILL CONTINUE TO USE DATA TO EVALUATE THE COSTS AND OUTCOMES OF THE TREATMENTS THAT PEOPLE WITH HIGH NEEDS RECEIVE.

We no longer need to rely on anecdotal stories or puffery to make important public policy decisions. With data-driven justice, we are now able to test whether a particular initiative lowers recidivism or reliance on crisis-based medical services or otherwise improves health, housing stability, and economic well-being. The pilot projects will build partnerships with university researchers and use rigorous methodologies, including randomized controlled trials.

Our data collection and analysis efforts will develop evidence to determine which interventions work the best

for Frequent Utilizers and at what costs. We can use what we learn to expand effective programs to cities and counties nationwide. Over the long term, we most likely will need to move past responding to crises and restructure our health care, criminal justice, and social service systems to prevent our brothers and sisters from becoming Frequent Utilizers of public services in the first place.

Ultimately, we may need to explore start-to-finish system overhauls. What those new systems might look like is an open question, but this research is an essential step toward a different approach and vision. The way forward will be informed by the evidence and call for an unprecedented collaboration between policymakers, the public and private sectors, academics and researchers, people with the lived experience of mental illness, addiction, and incarceration, and others who care about saving lives.

For more information, please see the issue brief, "In Crisis: Why Many People with Mental Illness and Addiction Don't Belong in America's Jails," at <http://www.arnoldfoundation.org>.