Frequent Utilizers of Multiple Systems—Familiar Faces in Dane County, Wisconsin

Dane County, Wisconsin Criminal Justice Council is focused on maximizing justice, equity and public safety. In order to effectively move toward this vision, data and collaborative partners are critical components to systems change.

Background: Data in Dane County

In 2016, the Dane County Criminal Justice Council joined President Obama's Data-Driven Justice Initiative (DDJ). DDJ started as a network of over 60 city, county and state governments committed to using data driven strategies to: divert low-level offenders with mental illness out the criminal justice system, change approaches to pretrial incarceration—and overall—share data across systems. The goal was to better stabilize individuals and families, better serve communities, and reduce criminal justice involvement and duplication. Now, Data-Driven Justice is embedded within the National Association of Counties (https://www.naco.org/resources/signature-projects/data-driven-justice) and Dane County remains an active member.

The network has a keen focus on identifying frequent utilizers of multiple systems, gathering key insights and making improvements to the crisis response system to more proactively and effectively respond to high-needs populations. Dane County, like many counties across the nation, has criminal justice data housed in multiple data records management systems, owned by various constitutional officers, and collected and maintained in various ways. Developing a system to collect, understand, interpret, and present the data is messy and challenging.

In 2018, Dane County Criminal Justice Council, community advocates, behavioral health experts, emergency service responders, law enforcement, and others participated in a Sequential Intercept Mapping (SIM) exercise to specifically look at the intersection of people with mental health and substance use issues (behavioral health issues) and the criminal justice system, and assess resources, gaps, and opportunities at each point. The Sequential Intercept Model is a conceptual framework which delineates six points of possible contact or intercepts, and was developed to inform community-based responses to the involvement of people with behavioral health issues, with the intent of reducing or preventing contact with the criminal justice system.

Sheriff Dave Mahoney commented at the Dane County Sequential Intercept Model exercise: "People with severe mental health issues should not be in jail. I will continue to work with partners in our community to build effective changes that support people who experience behavioral health issues."

The Dane County Criminal Justice Council, Board of Supervisors, and advocate community has continually requested more data in order to better provide adequate and effective services for those community members with behavioral health issues who are involved in the criminal justice system.

Dane County Criminal Justice Council data members (the District Attorney, Sheriff, Chief Presiding Judge, Clerk of Courts, and Law Enforcement) lead an effort to share data across agencies, by endorsing and signing a MOU that removed some of the decades-long barriers to completing effective analysis. The data sharing agreement was crafted after a year of facilitated meetings and collaboration yielding data sharing capabilities with arrest, booking, charging, and disposition data. This key effort set the path for the Data Driven Justice work and subsequent familiar faces workgroup.

Dane County Data-Driven Justice-Familiar Faces Workgroup:

The Dane County Data-Driven Justice-Familiar Faces (DDJ-F[2]) [1]workgroup is comprised of staff from the Dane County Sheriff's Office, Madison Police Department, Dane County Human Services, Wellpath (medical provider within the jail), Wisconsin Department of Corrections and the CJC Research and Innovation team. This team was grounded in work completed by the Criminal Justice Council—especially the Sequential Intercept Model (SIM) exercise[2].

Project Goals:

The initial project goal is to use data to drive practice, through ongoing, intentional discussion among the workgroup and other key stakeholders and provide better services in order to break the cycle of incarceration for individuals of Dane County who are experiencing serious mental illness and substance use issues.

Defining serious mental illness across agency lines was a key first step. The workgroup agreed to use the following definition, which is a modification to a definition from The Substance Abuse and Mental Health Services Administration (SAMHSA)[3]:

> Refers to individuals 18 or older, who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified in the current diagnostic manual of the APA and that has resulted in functional impairment, that substantially interferes with or limits one or more major life activities. Serious mental illnesses include mood disorders such as major depressive disorder and bipolar disorder, and major psychotic disorders such as schizophrenia and schizoaffective disorder, and other mental disorders that cause serious impairment. *Note*: Impairment resulting from a primary diagnosis of substance use disorder does not qualify a person as having a serious mental illness. Major life activities include basic living skills (e.g. eating, bathing, dressing); instrumental living skills (e.g. maintaining a household, managing money, getting around the community, taking prescribed medication); and functioning in social, family and vocational/educational contexts.

Once there was an accepted definition, the workgroup looked at individuals booked into jail repeatedly to start determining our "familiar faces"—those individuals that frequently cycle in and out of jail. Workgroup members reviewed individual case interactions with their agency, and overall touchpoints

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[1] For this effort, familiar faces are defined as people experiencing serious mental illnesses who are high utilizers of multiple systems.

[2] SIM Report link: https://cjc.countyofdane.com/documents/DaneCountyWISIMReport-FinalwithAppendices.pdf

[3] Interdepartmental Serious Mental Illness Coordinating Committee; *The Way Forward: Federal Action for a System That Works for All People Living With SMI and SED and Their Families and Caregivers*; December 13, 2017; page 11.

with system actors. Each meeting focused on finding a better result for the individual—and the community overall.

The workgroup's strategies for change focused on improvements to the individual's care and treatment, to potential system level changes, looking more closely at the way we do business through technology, process improvement, different engagement or services components, and engaging new partners. These efforts are contained within the overarching vision of improving the health and outcomes for the individuals that are experiencing serious mental health issues and/or substance use issues and who are involved with the criminal justice system.

Can Dane County effectively move from vision—fewer people with serious illness and substance --use issues in jail—into reality?

Initial Development:

The initial scope of the project was defined during the Sequential Intercept Model Training. The data team charge was to use data to identify specific populations (high cost/high utilizers) and create appropriate treatment services. The staff team was developed to include data stewards, as well as internal agency subject matter experts. Meeting for over six months, the in depth meetings built a framework for future work.

Often times, jails are reported as the United States' largest mental health institutions, but rarely are there specifics of who is incarcerated, with what type of illness, and how long the individual has been system-involved. To complete the analysis, developing a definition of serious mental illness was the first step in developing a language that crossed criminal justice and behavioral health providers.

Throughout the process, the workgroup focused on touchpoints in various systems, as well as previous attempts to avoid incarceration. In this analysis, there were very few "quick and easy" wins. However, an ongoing and intentional effort to find new, more effective, interventions is necessary.

Initial Data Scan:

Dane County reviewed cases for the people with serious mental illnesses who are the top utilizers of multiple systems. The analysis began with reviewing jail booking data, and an analysis of those booked into jail 10 or more times over a three-year period.
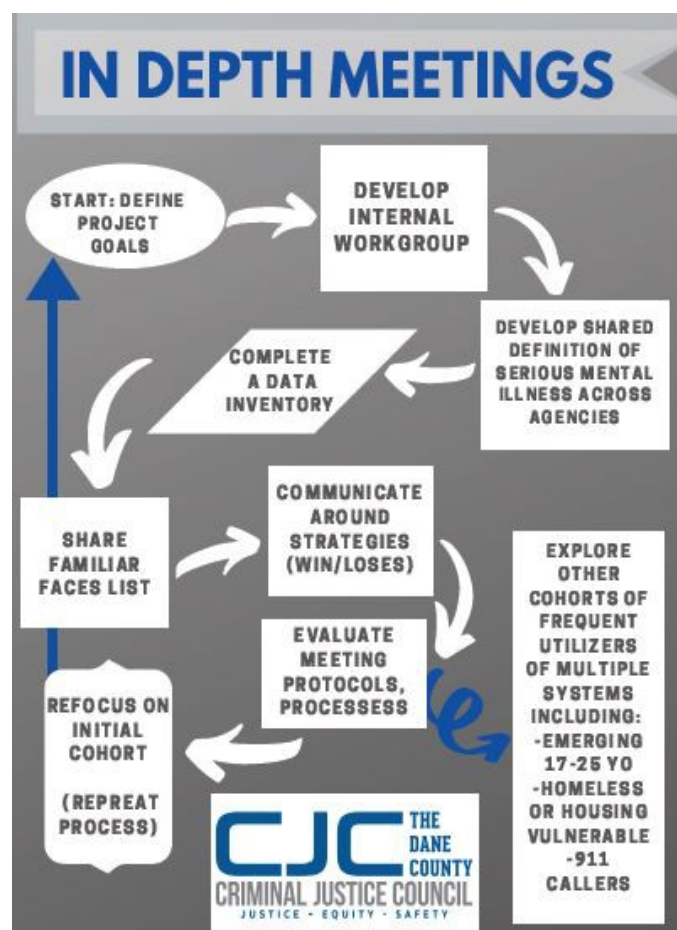
The initial analysis revealed 335 individuals had 10 or more bookings between January 2015 and June 2018. Of the initial data of 335 individuals with 10 or more bookings, 322 were familiar to Dane County Human Services, 120 were familiar to Wisconsin Department of Corrections and 264 were familiar to the Jail mental health provider.

Questions addressed:

Once identified, the work group reviewed individual cases with the following questions in mind:

- What percentages of those individuals were flagged as having a mental illness?
- What percentages of those individuals have received services from multiple agencies?
- What has been the experience of law enforcement, jail staff, and behavioral health specialists?
- What has worked well? What has not worked?
- What can be done to reduce criminal justice involvement?

Emerging Themes:

The Data-Driven Justice Familiar Faces workgroup met for over six months to complete a deep analysis—on a case by case basis—of individuals with serious mental illness and frequent utilization of multiple systems. There was an opportunity to strategize around better paths to health for these residents utilizing different agencies, partners, or programs.

As with many efforts when reviewing extremely challenging cases, the workgroup began to request additional data and different cohorts. Adding "emerging familiar faces"—those young adults with multiple bookings –was analyzed to proactively review touchpoints early in system involvement. Although this is a beneficial analysis, it falls outside the scope of the heaviest utilizers of multiple systems with serious mental illness or substance use disorder. This "off-ramping" of analysis scope is common. Therefore, an intentional effort must be made to communicate about the most challenging cases, and potential ways to improve outcomes for the person, and reduce criminal justice involvement.

This is not to say that other cohort analysis is not valuable and necessary. In fact, it is likely that the familiar faces work will lead to other cohort analysis utilizing different work groups and focal points. In some communities, once the most frequent users of jail and human services are determined, they are paired with Homeless Management data, as well as Emergency Room Information. Scattered permanent supportive housing with wrap around social services have been specifically developed using the homeless management information system with familiar faces analysis.

Familiar Faces Booked into Jail with Serious Mental Illness:

Initial themes-

- Early life trauma and ongoing trauma was seen as a key early factor.
- Once a person is on probation/parole, it is difficult to avoid jail stays due to the nature of supervision. To keep people out of jail, we need to keep them from getting so far into the system that they are inextricable.
- If a person needs treatment, the prosecutor may not be aware of this in time to make recommendations on charging/diversion/treatment-related conditions. Given privacy laws, law

enforcement may be the only entity able to alert the DA's office of mental health or substance use concerns, assuming there is a pathway for doing so.

- Some individuals have disorders that are incredibly hard to treat. Intensive case management and harm reduction may be the best approach for these individuals but that will likely not stop them from engaging in unlawful behaviors and drawing the attention of law enforcement.

Future Steps: Adding Partners to the Conversation

As the DDJ-Familiar Faces workgroup convened, so did many other multi-system "high utilizer" teams throughout Dane County. In fact, some of the DDJ-Familiar Faces group members are also members of workgroups that may focus on overdoses, fatalities, emergency room and other high utilizers of multiple systems.

The efforts of the workgroup were valuable and increased communication and insight into each agency and each case that was discussed. As the work unfolded, it was apparent that other groups are currently working in similar areas, and that the system impact of frequent utilizers of various systems could potentially overlap with other work.

The workgroup identified key partners to move forward:

1. Identify other groups completing multi-system frequent utilizer (hospitals, EMS, Forensic Units, Homeless Service Providers, overdoses) and determine any overlap and potential shared goals.
2. Invite Public Health Madison/Dane County to the DDJ-Familiar Faces workgroup, given their unique position to combine health data across the county.
3. Convene all Dane County/City of Madison "familiar faces" groups to learn what the goal, membership and outcome of work to date has been.
4. Convene City, County and Community leadership and national experts to:
    a. Review frequent utilizer work in Dane County
    b. Understand how other communities address these challenges effectively. Determine how Dane County and partners can change the cycle of criminal justice involvement when a person is facing mental health challenges.

Initial Recommendations:

Throughout the analysis, early recommendations for more immediate change were highlighted and discussed. Each of the initial recommendations will require additional research and scoping—as well as new partnerships.

The workgroup developed the following initial recommendations:

- Develop an alert system to quickly identify jail booking of those individual who are already receiving services through a partner agency. For example, if a person is already participating in a system (DOC, DHS, and Homeless Management System) upon entry into the jail (booking) an

automatic alert shall be sent to the agency. The alert should include booking time, and any State Statute charges that are pending District Attorney Review.

- Convene a group of other frequent utilizer workgroups, both public and private, to share their focus, goals, and outcomes. Are there areas for new partnerships? After initial identification of common goals, local and national leaders should convene to move toward better outcomes.
- Partner with the new Criminal Justice Council-Behavioral Health subcommittee, local elected officials, subject matter experts, national experts, local hospitals, and businesses to develop a collective vision.
- Convene a group of behavioral health experts and criminal justice leaders to focus on the 17-26 year old age group in order to analyze serious mental illness/serious emotional disorder and most frequent utilizers of the criminal justice system. Also, convene a cohort of professionals that review frequent utilizers (as above) with the 12-17 year old population. Analysis and purpose can be modeled after the DDJ-FF work.
- Develop an economic argument to improve outcomes and services for the familiar face population. That is, how much do the top utilizers of public and private agencies cost the community? This may entail engaging the University of Wisconsin-Madison as a partner, fiscal and planning experts within the various agencies, and national experts.

Dane County Data Driven Justice-Familiar Faces workgroup has focused on frequent utilizers of multiple systems who are experiencing serious mental illness. As key partnerships and strategies are developed, we will increase the efficacy of current programming, increase the communication between agencies—and increase the overall health of some of our most vulnerable residents.

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