

# **Report to the Pinellas Board of County Commissioners Data-Based Resource Management Project**

## **Background:**

Local experts had long believed that a considerable overlap existed among persons served by the local criminal justice system, the County's Department of Social Services, the mental health and substance abuse services funded by the State Department of Children and Family Services, and Medicaid. Further, it was believed that these persons were unlikely to receive the comprehensive and integrated services needed for proper treatment and best use of scarce public resources.

A Data Collaborative authorized by Chapter 163.62, F.S. was established in the Fall of 1999 which allowed governmental and certain private agencies to share confidential data. The Collaborative's Steering Committee, required by the statute, is made up of:

- Pinellas County Sheriff
- Pinellas County Commissioner
- Court System representative
- Department of Children and Families
- Department of Juvenile Justice
- Juvenile Welfare Board of Pinellas County
- USF Florida Mental Health Institute (FMHI)

Each of these bodies is a public entity and each has signed an Inter-local Agreement to protect the confidentiality of all data and to work within the statutory mandates.

USF/FMHI is already the repository of such state information and has all security precautions in place to preserve the integrity of the data. FMHI currently performs extensive analyses of client-specific data on a regular basis. FMHI staff is accustomed to analyzing costs of services by client, patterns of service delivery, and any other studies that assist in the better understanding of mental health and substance abuse issues. FMHI has a national reputation for its outstanding research, evaluation, and staff training.

## **Data Management/Analysis**

Demographic and service data from 1998-99 from the Pinellas County Criminal Justice Information System (CJIS), Pinellas County Department of Social Services (DSS), mental health and substance abuse service data from the Department of Children and Families (IDS), and the Medicaid Mental Health (MMH) data were submitted to FMHI to answer the following questions:

1. What is the measure/degree to which the CJIS, DSS, Medicaid MH system, and DCF mental health and substance abuse/IDS systems have caseload overlap?

2. What is the measure/degree to which heavy users in each of these systems have caseload overlap?
3. What does an individual's service usage look like if they access all four systems?

## **Findings**

Data included total population findings, heavy user population findings, non-heavy user population findings, demographic findings, case studies, and conclusions. Conclusions included the following:

- There is very little overlap in users between the systems that were looked at.
- The greatest caseload overlap occurred between DCF and Medicaid, the mental health systems.
- The non-heavy users are most likely to cross multiple systems.
- A person most likely to touch all four systems is a white female between the ages of 20-49.
- There is a dramatic increased proportion of Blacks in the CJIS heavy users, with a longer length of stay in jail and increased costs.

## **Accomplishments to Date**

The findings of the study may have disproved the accepted beliefs of local experts. Only about 15% (1,671) of persons receiving mental health and substance abuse services reported to DCF were also served in the criminal justice system and only about 10% (694) of those receiving Medicaid funded mental health services were also served in the criminal justice system. While the percentages are lower than expected, the numbers of persons served remain high.

This project is the first of its kind known to have been conducted in the country. It has proven that even outdated and disparate data systems can be used to examine demographic and service data across systems.

## **Future Directions**

1. Gather and incorporate data from other Pinellas Data Collaborative members, including
  - Emergency Medical Services,
  - Baker Act involuntary examinations,
  - Juvenile Welfare Board of Pinellas,
  - Department of Juvenile Justice, and
  - Child Welfare
2. Examine existing data separately for felony and misdemeanor offenders with mental illness and substance abuse problems to determine if results substantially differ.

3. Re-examine the data using different definitions of “heavy” users, which may greatly influence the findings and conclusions to be drawn from them.
4. Add subsequent years of data, including FY 1999-2000 and year-to-date
5. Continue data integration and analysis
6. Seek additional funding sources as needed, including:
  3. Juvenile Welfare Board of Pinellas
  4. Department of Children and Families
  5. Department of Juvenile Justice
  6. United Way of Pinellas
  7. Federal Grants
7. Strengthen the data analysis role by enhancing the technical group where appropriate with program and/or service delivery staff.

## **Costs**

The initial compilation, integration and analyses of the data for this project cost \$8,107. This cost was shared by the Pinellas Board of County Commissioners (\$4,251) and FMHI (\$3,856 in-kind). The \$17,000 annual contract with the Pinellas Board of County Commissioners will be sufficient to cover the cost of the project’s current scope of work through May of 2001. Any substantial expansion of effort will require additional resources.

## **Results/Yield**

Very important information was derived from this modest project. Instead of proceeding to develop specialized services for persons crossing all types of services, this data-based project clearly identified that the most significant problem facing the services studied is that more overlap might be helpful in reducing the amount of services used in any one system. The frequency and timeliness of referral and ability to track the degree of staff engagement with persons served will be valuable; i.e. is there meaningful follow-up of persons with mental illness leaving the jail? If not, why not? How many are re-incarcerated?

For example, increased outreach and intervention for persons served in the local criminal justice system by mental health and substance abuse service providers may result in lower arrest rates and decreased lengths of stay in the jail. Such services are already being developed by DCF mental health program and should be implemented shortly.

The Data Collaborative is a critical first step in better integrating county systems as a resource in providing better service and increasing accountability.