CCJBH
Council on Criminal Justice and Behavioral Health

Building bridges to prevent incarceration

Exploring and Monitoring Behavioral Health Data

September 5, 2024

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Establishing a "Good" Performance Metric

- At minimum, the characteristics of a valid performance measure are that it should be:
  - **Clearly Defined**
    - ✓ What are you trying to measure and why (objective)?
  - **Valid/Accurate**
    - ✓ When/Where are you measuring this?
    - ✓ Does it make sense to measure it this way?
      - ➢ Vet the methodology
  - **Quantifiable**
    - ✓ How are you measuring this?
  - **Standardized**
    - ✓ Are you measuring it in the same way each time?
  - **Reliable**
    - ✓ Can these results be duplicated?

CCJBH's Performance Metrics/Goals

- Goal 1 – Prevalence Data
  - SAMHSA, NSDUH, Jail Survey, HSRI-TAC
- Goal 2 – Systems Of Care
  - DHCS Network Adequacy Reporting (SMHS, non-SMHS, Drug Medi-Cal)
  - Housing, Social Services, Criminal Justice Data
- Goal 3 – BH/JI Workforce Expansion and Training
  - Network Adequacy provider network growth
  - EBP Annual Survey – probation officer training
- Goal 4 – Supporting Data Driven Practices
  - Medi-Cal Utilization Project (MCUP)
  - Public Health Meets Public Safety Data Visualization (PH/PS)

CCJBH/Department of Health Care Services (DHCS) Medi-Cal Utilization Project:

Medi-Cal Enrollment and Behavioral Health Services Utilization Rates for Individuals Released from CDCR in Fiscal Year (FY) 2019-20

CDCR-DHCS MCUP

- The CCJBH/DHCS MCUP monitors enrollment into Medi-Cal, including selection of Medi-Cal Managed Care Plans (MCP), as well as access to and utilization of Medi-Cal behavioral health services for people releasing from CDCR who suffer from mental illness(es) and/or substance use disorders (SUDs).
- The most recent report examines individuals released from CDCR in FY 2019-20.

CDCR-DHCS MCUP (cont'd.)

- The majority of the population was:
  - Male (92 percent)
  - 25-44 years old (65 percent)
  - Race/Ethnicity
    - Hispanic (36 percent)
    - White (23 percent)
    - Black (20 percent)
- 76.5 percent had an identified behavioral health need at the time of their release

CDCR-DHCS MCUP (cont'd.)

- Most individuals released from CDCR are enrolled into Medi-Cal within one year (76 percent for those released in FY 2019-20).
- Of the individuals enrolled into Medi-Cal, the time to select a MCP was as follows:
  - 22% selected a plan within one month
  - 55% within three months
  - 71% within six months
  - 81% within one year
- Comparison of FY 2018-19 to FY 2019-20:
  - Medi-Cal enrollment remained fairly consistent within two years after release (79 percent as compared to 77 percent, respectively).
  - Medi-Cal MCP selection also remained consistent within two years after release (from 89 percent to 85 percent, respectively).

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CDCR-DHCS MCUP (cont'd.)

- In line with DHCS's behavioral health services reporting, service utilization is measured in terms of penetration rates, indicating utilization of one or more (1+) services, and engagement rates as a subset of penetrations rates, indicating utilization of five or more (5+) services.
- For individuals released from CDCR in FY 2019-20 who were enrolled into Medi-Cal, the behavioral health services utilization rates (within two years of release) are as follows:

FY 2019-20 Service Utilization

- 52.5% had an identified **Substance Use Disorder (SUD)** designation at release. Of these:
  - 19% had a SUD service penetration
    - 15% had SUD service engagement
  - 7% had a Specialty Mental Health Services (SMHS) penetration
    - 6% had SMHS service engagement
  - 9% had a Non-SMHS penetration
    - 3% had Non-SMHS service engagement

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FY 2019-20 Service Utilization (cont'd.)

- 17% had a **co-occurring** SUD and mental health designation at release. Of these:
  - 29% had a SUD service penetration
    - 19% had SUD service engagement
  - 30% had a SMHS penetration
    - 24% had SMHS service engagement
  - 24 had a Non-SMHS penetration
    - 10% had Non-SMHS service engagement

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FY 2019-20 Service Utilization

- 7% had an identified **mental health** designation at release. Of these:
  - 35% had a SMHS penetration
    - 29% had SMHS service engagement
  - 23% had a SUD service penetration
    - 15% had SUD service engagement
  - 21 had a Non-SMHS service penetration
    - 8% had Non-SMHS service engagement

Analysis of Release Type - COVID vs Scheduled

- While there were clear delays overall in selection of a Medi-Cal MCP reflected in the data, COVID releases selected an MCP within one month of release at a much higher rate overall than scheduled releases (26 and 2 percent, respectively).
- COVID releases were also more likely to select a MCP within the first six months of release.

Analysis of Release Type – COVID vs Scheduled (cont'd.)

- Within 6 months of release, the lag between COVID releases' selection of an MCP began closing such that by the end of Year 1, the rate of selection was similar to the previous year's analysis.
- In addition, within the first year of release, over 80 percent of releases overall had selected an MCP.
- COVID releases had slightly higher penetration rates for individuals who received any type of behavioral health service (in the range of 4 to 8 percent) when examined by CDCR identified Behavioral Health (BH) need.

Summary

- Overall, Medi-Cal enrollment and Medi-Cal MCP selection remained consistent for individuals released between FYs 2018-19 and 2019-20.
- CCJBH remains concerned with the low utilization rates of Medi-Cal behavioral health services for individuals released from prison with identified behavioral health needs who are enrolled into Medi-Cal.
- CCJBH partnered with the California State University, Sacramento (CSUS) to conduct listening sessions for individuals with lived experience in the justice system and having a BH condition.
- It is anticipated that implementation of California Advancing and Innovating Medi-Cal (CalAIM), as well as recent housing investments, will improve these rates.

Next Steps: CDCR-DHCS MCUP

- CCJBH received and is working to match/compile CDCR and DHCS Medi-Cal data for individuals released from CDCR in FY 2020-21 and FY 2021-22.
- As with prior reports, the Calendar Year 2024 report will:
  - Present updated Medi-Cal enrollment and MCP selection rates.
  - Examine mental health and substance use disorder services penetration and engagement rates stratified by identified behavioral health need at the time of release.
- CCJBH staff are working with DHCS to explore opportunities to examine member utilization of the new Enhanced Care Management (ECM) and Community Support (CS) services.

Public Health Meets Public Safety (PH/PS) Framework and Data Visualization

PH/PS Project Goal and Framework

Use data to inform policymaking at the intersection of criminal justice and behavioral health with the goal of reducing the number of people with behavioral health needs in California's justice system.

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PH/PS Data Visualization (Community Domain)

Public Health Meets Public Safety Data Visualization

Public Health Meets Public Safety
Connecting data, policy, and people

Hover Here for Instructions

County: (All)

Region: (All)

Outcomes: Jail Population Receiving P...

Focus Area

Outcomes

Measure Details

Definitions

Data Inventory

Data reflects the most recent data available from multiple sources and years. Please see the "definitions" section for more information.

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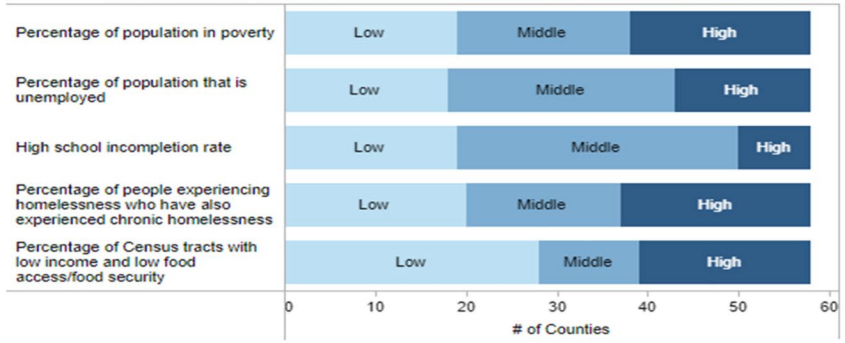
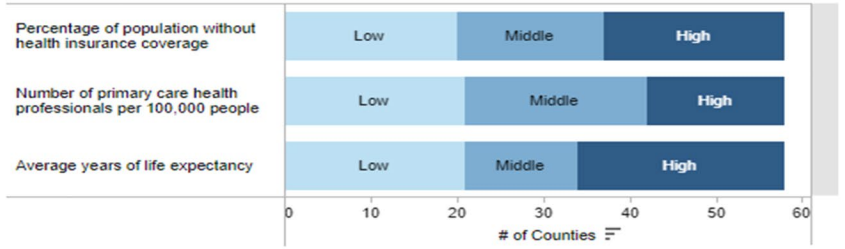
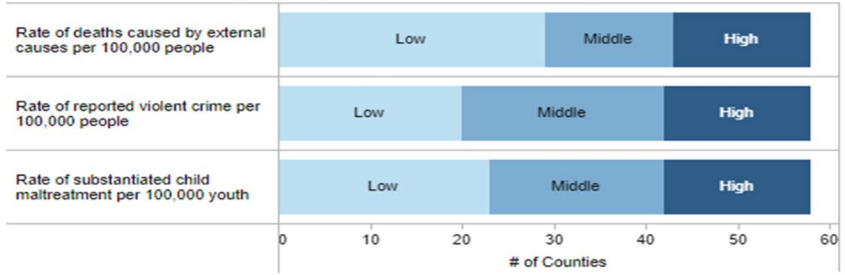
Socioeconomic Stability, Relative to Other Counties Statewide



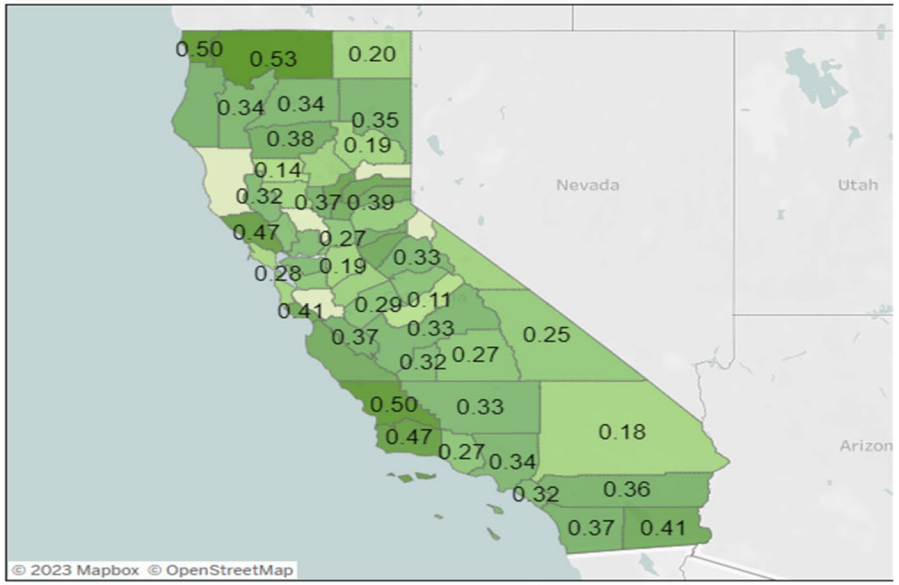
Health, Relative to Other Counties Statewide



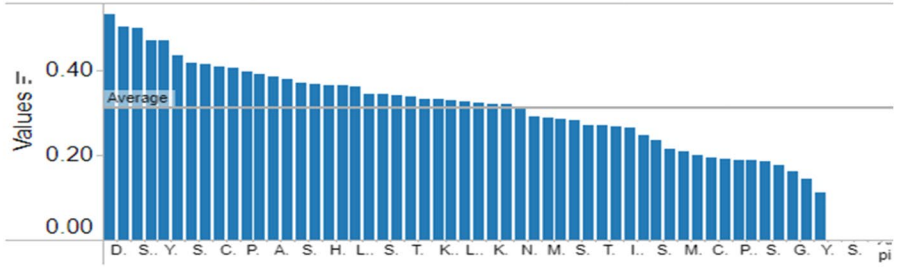
Community Safety, Relative to Other Counties Statewide



Justice Outcomes,Jail Population Receiving Psychiatric Medication Percent



Justice Outcomes Distribution, Jail Population Receiving Psychiatric Medication Percent



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PH/PS Project Goal and Framework (cont'd.)

- PH/PS Data Visualization Parameters:
  - Data sources are most recent available
  - Best available data are not perfect data
  - No causality: "What not why"
  - Not a program or policy evaluation tool

Recall: PH/PS Project Goal and Framework (cont'd.)

- Potential uses for the Data Visualization include:
  - ✓ Local Government: Quick reference source for relevant local statistics for grant applications; spotlight on sectors for community investment.
  - ✓ Researchers: View of data that may help to guide future research on causality.
  - ✓ Community Members: Accessible quantitative data for advocacy (e.g., upstream investments) and county-to-county data to suggest places to partner with and learn from.
  - ✓ State Policy Staffers: Visual comparisons in community and justice data across the state and spotlights on potential locations and sectors for investment.
  - ✓ Grant Writing: Identify disparate sources to test assumptions and develop a target population or program based on community needs.

Data Visualization: Additional Metrics

- In spring 2023, CCJBH Councilmembers voted to use unspent Fiscal Year 2023-24 Mental Health Services Funds to establish a contract with the UC Berkely Policy Lab during the summer of 2023 to identify additional relevant metrics for the PH/PS Data Visualization, which ended on August 30, 2023.
- This resulted in the identification of additional data metrics for the PH/PS Data Visualization: behavioral health prevalence rates, overdose rates, suicide rates, and behavioral health workforce shortage area data.

Data Visualization: Additional Metrics (cont'd.)

- The sources for the metrics (stratified by county, region, and statewide) identified by the Policy Lab are as follows:
  - Health Resource Shortage Score – The Health Resources and Services Administration maintains a dataset that contains the geographic Health Professional Shortage Area federal designations for Primary Care, Mental Health, and Dental Health, including California-specific data.
  - Drug Overdoses and Suicide Rates (each metric is per 100,000 deaths) - The Centers for Disease Control maintains a database referred to as WONDER that includes 20 collections of public use data capturing vital statistics and health indicators such as rates of cancer, tuberculosis, mortality and vaccination at all levels.
  - Behavioral Health Prevalence Rates - Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health.

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CCJBH- RCA Position

- CCJBH applied for and was granted an embedded Resident Corrections Analyst (RCA) position, funded through the U.S. Department of Justice, Bureau of Justice Assistance (BJA) Justice Reinvestment Initiative (JRI), to:
  - ✓Produce documentation of protocols for retrieving, cleaning, and standardizing PH/PS Data Visualization data (documenting the data sources, the frequency of and process for updating the data, etc.).
  - ✓Develop fact sheets, informational briefs, and use case scenarios that may be used to advance the Council's mission and support local system planning efforts.

CCJBH-UC Berkeley (UCB) Partnership

- On March 13, 2024, CCJBH entered into an IA with the UC Berkeley Possibility Lab, to:
  - ✓ Maintain and update data inventory and dashboard.
    - Develop a Data Refresh Schedule
    - Transition work accomplished by the UC Berkely Policy Lab and BJA Resident Corrections Analyst
  - ✓ Continue building the PH/PS Framework and Data Visualization.
  - ✓ Engage with additional stakeholders on use cases, including how best to track the 2025 System Goals, inform system efforts (e.g., CalAIM, 988 implementation, Behavioral Health Transformation), etc.

The “Future” of the PH/PS Data Visualization

- CCJBH requested that UCB prioritize the Crisis Response Domain as they work to expand the PH/PS Data Visualization since the quality of system response to crisis strongly influences the outcomes of individuals with BH needs, including if they enter clinical settings or justice settings. The current focus areas of this domain are:
  - Dispatch Options (e.g., 988, 911)
  - Crisis Response Options (e.g., mobile crisis)
  - Effective Resolution (e.g., Follow-up Care Coordination)

Thank you!!

Contact information:

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- Please visit our website at https://www.cdcr.ca.gov/ccjbh/
- Email us at CCJBH@cdcr.ca.gov
- If you would like to be added to CCJBH's listserv, click HERE.

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Developing Performance Metrics

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Developing Performance Metrics

- At minimum, the characteristics of a valid performance measure are that it should be:
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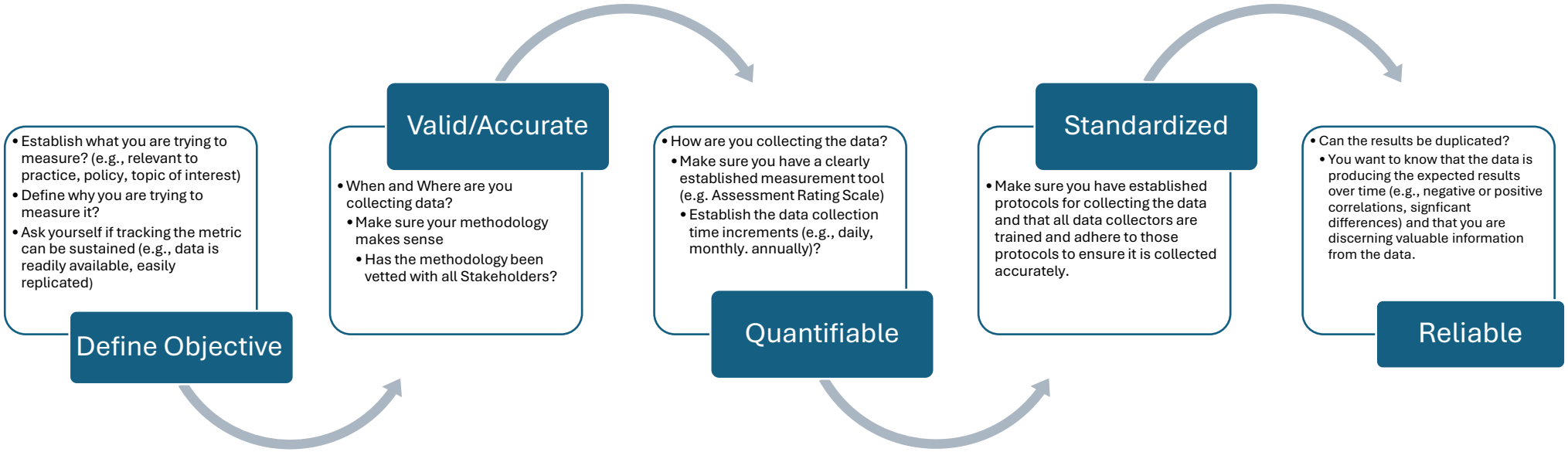
Developing a Performance Metric Cont'd.



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Developing a Performance Metric Cont'd.

- Example: CCJBH MCUP Project
  1. **Define objective** – What are we trying to measure and why?

     Tracking prevalence of any mental illness (AMI) in CA Justice Involved populations to determine if direct access to BH services improves outcomes

     ➢ Null hypothesis = more services should equal lower AMI rates, in other words less individuals with AMI in CDCR facilities.

  2. **Valid/Accurate** – When and where are we collecting data?

     Prevalence of AMI is extraordinarily high for justice involved individuals. CDCR Data indicates that approximately 36% of incarcerated populations have AMI as compared to 16% of the general CA population (SAMHSA).

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Developing a Performance Metric Cont'd.

- Example: CCJBH MCUP
  3. **Quantifiable –** What type of data are we collecting?

     BH services received while incarcerated. The data is aggregated and categorized as BH Needs (e.g., Mental Health Need, Substance Use Disorder, or Co-Occurring).
  4. **Standardized** – Are data collection protocols adhered to?

     Annual extraction of BH Needs data. Data is then linked to DHCS services data via CDCR/DHCS data share.
  3. **Reliable** – Are the results reproducible?

     Mental Health service rates are stratified by CDCR identified BH need and compared to previous findings.
     - BH Prevalence is high, service rates are low.