Documenting Impact and Ensuring Sustainability

BJA National Technical Assistance and Training Event

Jessica Tyler, Justice Center

Washington, DC
March 1, 2013
Overview

- Role of Data in Decision Making
- Minimum Level of Effort for Data
- Data and Impact on Sustainability
Key Role of Data at Different Decision Making Levels

Elected Officials
- Fiscal or Grant Managers
- Program Administrators
- Program Recipients as Indirect Users of Data

Different incentives for the use of data

Data Driven Compromise
- Good Politics
- Good Policy
- Data Driven Administration
- Good “Performance”
- Poor “Performance”

Harm
- Data Driven Validation
- Benefits
Data
One of Many Factors for Elected Officials

- Is there an interest group that supports this?
- Is the interest group important to me?
- Does the initiative fit my “world view”?
- Would I get good press coverage?
- Is there any evidence/data to show that this would work?
More Incentives for Data Driven Decision at Administrative Level

- Can I account for the use of the funds?
- Is the program well managed?
- Is there any evidence/data to show that the program is effective?
- Does this program have enough clients for cost-effectiveness?
- How do I justify program continuation if I don’t have good data?

[Diagram showing relationship between Poor “Performance” (Data to Drive Good Performance) and Fiscal or Grant Managers, Program Administrators]
Validation of Benefits Critical for Program Participants

- Are program recipients satisfied with treatment?
- Do we have many complaints?
- What is the completion rate?
- Is there any evidence/data to show positive outcomes for clients?
- Do program administrators see the benefits at a personal level?
Usual Challenges to Document Program Performance

Target Population
- Lack of analytical capabilities to identify target populations
- Data systems that do not capture key data elements
- Data systems that do not “talk” across agencies

Administration
- Lack of process evaluations
- Claims of confidentiality used as barriers – possible to overcome (Petrila)

Outcomes
- No agreement on outcomes or how to measure them
- Lack of interest/expertise in setting mechanisms to measure outcomes

Presentation
- Problems conceptualizing results in a policy relevant manner

Pennies for Research
Overview

- Role of Data in Decision Making
- Minimum Level of Effort for Data
- Data and Impact on Sustainability
This is Your Minimum Level of Effort

**Target Population**
- Identification of population characteristics
- Tracking of basic aggregate counts

**Administration**
- Flow chart of the process
- Documentation of efficiencies for key administrative junctures

**Outcomes**
- Agreement on some basic outcome measures at program start
- Attempt to measure these outcomes

**Presentation**
- Define:
  - Problem being addressed
  - Program strategies
  - How well were those strategies implemented
  - How many people were served
  - What were the outcomes
Creek, River, Dam Analogy

Sources

Compilation

Analysis
You Are Dealing with One of These Areas in Addressing Mental Health Issues

- “Frequent Flyers”
- “First Time Flyers”
- “Co-occurring”
- Law Enforcement Contacts
- Contact and Identification
- Pre-Trial “Shortage”
- “Inside” Services
- Jail or Prison
- Assessments
- “Poor” Discharge Planning
- “Uncoordinated” Community Care
- Benefits
- Crisis
- Meds
- Continuity
- Records
- Housing
You Are Dealing with One of These Actors

- Court
- Judges
- Jail
- Sheriff
- District Attorney
- Public Defender
- Pre-Trial Agency
- Probation
- MH Provider
- Prison
- Parole

Law Enforcement
You Need to Identify Sources of Data

- Computerized Records or Case Management Systems
- Statistical Counts (Aggregate) on Paper or Computerized
- Paper Case Records

Who “Owns” the Data?

What Elements are Captured?

How Can it Be Retrieved for Analysis?

What is the Quality of the Data?
You Need to Map Program Model

Sequential Intercept Model

[Diagram showing the sequential intercept model with stages such as initial contact, arrest, detention, court appearance, and various outcomes including jail, bond, and dispositions leading to different sentences such as state prison, parole, and conditional release.]
You Need to Develop Basic Analytical Picture

Goals of the Initiative

Target Population

Program Implementation Strategies
Agency/Multi-agency

Number Assessed for Program

Number Referred/Selected for Program

Conceptualization of Service Packages

Intervention/Service

Number served, number of contacts/services, duration of intervention

Complete

Drop Out

Comparison

Outcomes
Quality of Life Measures
Clinical and Criminal Recidivism
Examples of Process Measures

- **Outputs**
  - Production: indicator of the number of goods or services
    - Number screened and assessed
    - Number treatment plans or discharge planning developed
    - Number of applications for Medicaid or SSI/SSDI
    - Number released on pretrial diversion
    - Number of case conferencing

- **Efficiency**
  - Management: indicator of productivity like unit costs, units of time
    - Cost-per-client
    - Time between screened and assessment
    - Medicaid or SSI/SSDI funds collected per client
    - Adherence rates to psychotropic medications
    - Rates of authorization of release of information
Example of Outcomes Measures (Benefits)

- **Clinical Recidivism**
- **Criminal Recidivism**
- **Program Specific “Quality of Life” Measures**

**Pre-and-post episodes, hospitalization days**

- Percent re-arrested and percent re-incarcerated during a period after intervention

- Percent needing housing who are in permanent housing
- Percent eligible for Medicaid receiving Medicaid
- Percent functioning a higher level than at program entry
Ideas for Other Measures

Participants
- How many people did the court serve, and what are their characteristics?
- Number of individuals screened
- Number of individuals eligible (according to program criteria)
- Number of individuals accepted
- Relevant characteristics of the individuals who were eligible but not accepted (including legal or clinical reasons)
- Relevant characteristics of the eligible defendants who decline to participate
- Reasons for declining to participate (e.g., requirements too strict, supervision time too low)

Criminal Justice Outcomes
- What were the effects of these services on participants’ criminal justice involvement?
  - Number of arrests during program participation and subsequent to participation
  - Type of charge (e.g., violent, property, drug, etc.)
  - Number of admissions to jail or prison during program participation and subsequent to participation
  - Reason for admission (e.g., new charge, technical violation)
  - Number of days in jail or prison for new crimes
  - Number of days in jail because of sanctions for nonadherence to court conditions

Mental Health Outcomes
- What were the effects of the services on participants’ mental health symptoms and overall functioning?
  - Number of inpatient hospitalizations and length of stay
  - Number of emergency room admissions and type of treatment received
  - Changes in symptoms (using, for example, the Briefinois Depression Rating Scale and the Brief Assessment of Psychotic Symptoms)
  - Level of satisfaction with services offered
  - Changes in quality of life (using, for example, the Lehman’s Quality of Life Interview)
  - Number of days clean/sobriety, or number of positive urinalysis tests
  - Number of days employed or in school during a specified period (e.g., 10 out of the last 30 days)
  - Level of compliance with psychotropic medication plan

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      - Parole
      - Probation
    - Incarceration
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        - Lehman’s Quality of Life Interview
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        - About OJJDP
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        - About University of South Florida Department of Mental Health Law and Policy
Analysis and Presentation - Simple

12 Month Recidivism Rate Comparison: Collaborative Inmate vs. Matched Comparison Group

- ACJ Collab Participants: 17%
- Matched Comparison Group: 33%
## Analysis and Presentation – More Detailed

### Change in Health Care Utilization and Costs

<table>
<thead>
<tr>
<th></th>
<th>Total Pre-Entry</th>
<th>Avg. Pre-Entry</th>
<th>Total Post-Entry</th>
<th>Avg. Post-Entry</th>
<th>Total Change</th>
<th>Average Change</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>ER Visits</td>
<td>67</td>
<td>3.5</td>
<td>44</td>
<td>2.3</td>
<td>23</td>
<td>1.2</td>
<td>34%</td>
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<tr>
<td>ER Costs</td>
<td>$99,860</td>
<td>$5,256</td>
<td>$65,579</td>
<td>$3,452</td>
<td>$34,280</td>
<td>$1,804</td>
<td>34.3%</td>
</tr>
<tr>
<td>Outpatient Visits</td>
<td>91</td>
<td>4.8</td>
<td>92</td>
<td>4.8</td>
<td>1</td>
<td>.1</td>
<td>1%</td>
</tr>
<tr>
<td>Outpatient Cost</td>
<td>$33,199</td>
<td>$1747</td>
<td>$50,184</td>
<td>$2641</td>
<td>$16,984</td>
<td>$984</td>
<td>51%</td>
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<tr>
<td>Inpatient Visits</td>
<td>10</td>
<td>.5</td>
<td>6</td>
<td>.3</td>
<td>4</td>
<td>.2</td>
<td>40%</td>
</tr>
<tr>
<td>Inpatient Nights</td>
<td>103</td>
<td>5.42</td>
<td>20</td>
<td>1.1</td>
<td>83</td>
<td>4.4</td>
<td>81%</td>
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<tr>
<td>Inpatient Cost</td>
<td>$197,173</td>
<td>$10,378</td>
<td>$67,118</td>
<td>$3,533</td>
<td>$130,055</td>
<td>$6,845</td>
<td>66%</td>
</tr>
<tr>
<td>Total Health Cost</td>
<td>$330,231</td>
<td>$17,381</td>
<td>$182,881</td>
<td>$9,625</td>
<td>$147,351</td>
<td>$7,755</td>
<td>45%</td>
</tr>
</tbody>
</table>
Psychiatric Disorders and Repeat Incarcerations: The Revolving Prison Door


FIGURE 1. Risk of Previous Incarcerations Among Texas Prison Inmates, by Presence of a Psychiatric Disorder

- Any Major Psychiatric Disorder
- Major Depressive Disorder
- Bipolar Disorder
- Schizophrenia
- Nonschizophrenic Psychotic Disorder
Overview

- Role of Data in Decision Making
- Minimum Level of Effort for Data
- Data and Impact on Sustainability
Data Key to Sustainability

Interest Groups

Problem to be Addressed

Policy Makers

Enact Policy/Program

Allocate Resources

Few Years Later

Other Interest Groups/Policy Makers

We want this

Data/Performance Key to Maintain Resources
Summary

Key Role of Data at Different Decision Making Levels

- Elected Officials
- Fiscal or Grant Managers
- Program Administrators
- Program Recipients as Indirect Users of Data

Different incentives for the use of data

You Need to Develop Basic Analytical Picture

- Goals of the Initiative
- Target Population
- Program Implementation Strategies
  Agency/Multi-agency

- Number Assessed for Program
- Number Referred/Selected for Program
- Conceptualization of Service Packages
- Intervention/Service
- Number served, number of contacts/services, duration of intervention

- Complete
- Drop Out
- Comparison

- Outcomes
  Quality of Life Measures
  Clinical and Criminal Recidivism

Creek, River, Dam Analogy

Sources
Compilation
Analysis

Data Key to Sustainability

- Interest Groups
- Problem to be Addressed
- Policy Makers
- Enact Policy/Program
- Allocate Resources
- Few Years Later
- Other Interest Groups/Policy Makers
- We want this
- Data/Performance
  Key to Maintain Resources
Thank You

This material was prepared for the conference by staff of the Council of State Governments Justice Center. Presentations are not externally reviewed for form or content and as such, the statements within reflect the views of the authors and should not be considered the official position of the Justice Center, the members of the Council of State Governments, or funding agencies supporting the work.

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Documenting Impact & Ensuring Sustainability

Ann-Marie Louison, CASES, Inc. NYC

Washington, DC
March 1, 2013
Overview

- Nathaniel Project – a case study
- Data, data, data
- Adapting program in response to outcomes to achieve Sustainability
Case Study: The Nathaniel Project

Can I account for the use of the funds?

January 2000
- $100,000 City Council funding
- Serve 8 participants
- Performance-based contract

Is there any evidence/data to show that the program is effective?

Does this program have enough clients for cost-effectiveness?
- 2000 funds to serve 8 participants
- 2002 53 consumers served with 2 year case management services

How did CASES justify program continuation?
# Case Study: The Nathaniel Project

*Can I account for the use of the funds?*

<table>
<thead>
<tr>
<th>Consumer Characteristics</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric Diagnosis</td>
<td></td>
</tr>
<tr>
<td>Co-Occurring Substance Abuse</td>
<td></td>
</tr>
<tr>
<td>Charge</td>
<td></td>
</tr>
<tr>
<td>Baseline Conviction History</td>
<td></td>
</tr>
<tr>
<td>Health Problems</td>
<td></td>
</tr>
<tr>
<td>Homeless at Intake</td>
<td></td>
</tr>
<tr>
<td>General Demographics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gender</td>
</tr>
<tr>
<td></td>
<td>Race</td>
</tr>
<tr>
<td></td>
<td>Age</td>
</tr>
<tr>
<td>Baseline Utilization History</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospital</td>
</tr>
</tbody>
</table>
Data 101

- Educate private funders to increase support for the program
- Justify continued funding
- Increase support for program services
- **Define and refine target population**
  - Non-violent and violent felonies
  - Primary diagnosis and co-occurring disorder
  - Baseline service needs - housing
Case Study: The Nathaniel Project
Can I account for the use of the funds?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>One full-time social</td>
<td>Two social workers</td>
<td>Four masters level clinicians</td>
</tr>
<tr>
<td></td>
<td>One part-time legal director</td>
<td>One part-time legal director</td>
<td>One part-time psychiatrist</td>
</tr>
</tbody>
</table>
Case Study: The Nathaniel Project
Available Simple Data on Program Participants

- Homeless at Release: 92%
- Mentally Ill & Chemically Addicted: 88%
- Not Engaged in Treatment at Arrest: 78%
- Violent Instant Offense: 50%
- Chronic Health Conditions: 48%
Case Study: The Nathaniel Project
Available Simple Data on Outcomes

Participant Outcomes after One Year in Program

- 82% Retained (Participants in program at one year)
- 79% Permanent Housing
- 4% Re-Arrested on Felony Charges
Case Study: The Nathaniel Project
Take Data on the Road
Share the Information with Everyone

City and State Mental Health Officials
(2000-03)
City and State Criminal Justice Officials
(2000-03)
State Budget Office
Elected Officials

Shareable Information

**Fewer arrests.** The Project ensures public safety by keeping participants in treatment and out of trouble. Only two participants out of 50 have been re-arrested on felony charges.

**Cost savings to the City.** The Nathaniel Project saves the City an estimated $650,000 per year. This is based on findings that a homeless person with serious mental illness spends an average of 82.7 days in jail annually\(^1\) at a cost to the City of $14,274\(^2\) per year. With 50 participants per year (92% of who are homeless at the time of intake), the Project produces a savings of $650,000 each year. Moreover, the Project reduces reliance on City resources such as shelters and emergency medical services, and helps participants obtain the Federal and State assistance that pays for income support, mental health and drug treatment, and psychiatric and HIV/AIDS medication.

**High rates of treatment and housing.** Our participants live stable lives in the community:

- 100% of Nathaniel participants are engaged in treatment
- 100% of our participants are appropriately housed the day they leave jail
- 79% of participants are in permanent housing after one year in the Project

**Accountability to the courts through intensive case management.** Releasing an offender with mental illness to the community is not a step taken lightly, and our staff understand that the court holds us accountable. Through intensive case management, staff monitor participant progress and keep the court informed of both successes and failures in their lives.
Case Study: The Nathaniel Project
Available Simple Data on Recidivism Outcomes

Number of Arrests Before Program (Year 0) and After (Year 1)

- Misdemeanor:
  - Year 0: 35
  - Year 1: 5

- Felony:
  - Year 0: 66
  - Year 1: 2
Overview

The goals of this qualitative study are to describe the nature and characteristics of an innovative program that provides alternatives to incarceration for felony offenders with serious mental illness (the Nathaniel Project at the Center for Alternative Sentencing and Employment Services) and to then use this description of the key operating principles of the program as a baseline to track the program’s evolution over the next year as it transforms itself into an ACT Team.

http://gainscenter.samhsa.gov/pdfs/jail_diversion/nathaniel_project.pdf
Case Study: The Nathaniel Project
Take the Data (and Awards Won) on the Road

2002
Special Achievement Award

2002
Thomas M. Wernert Award for Innovation in Community Behavioral Healthcare

2002
President’s Award
Overview

- Role of Data in Decision Making
- Minimum Level of Effort for Data
- Data and Impact on Sustainability
# Role of Data in Decision Making

## Arrest Rate Among Participants: Pre and Post Intake

<table>
<thead>
<tr>
<th>Offense Type</th>
<th>ORIGINAL NATHANIEL (N=52, 2 Censored)</th>
<th>NATHANIEL HOMELESS (N=41, 0 Censored)</th>
<th>NATHANIEL ACT (N=95, 5 Censored)</th>
<th>CUMULATIVE (N=188, 7 Censored)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% of Pop. with Increase</td>
<td>% of Pop. with Decr.</td>
<td>% of Pop. No Arrests In Category</td>
<td>% of Pop. with Increase</td>
</tr>
<tr>
<td>Violent Felonies</td>
<td>8%</td>
<td>44%</td>
<td>48%</td>
<td>2%</td>
</tr>
<tr>
<td>Non-Violent Felonies</td>
<td>4%</td>
<td>68%</td>
<td>28%</td>
<td>5%</td>
</tr>
<tr>
<td>Misd</td>
<td>22%</td>
<td>56%</td>
<td>78%</td>
<td>13%</td>
</tr>
<tr>
<td>Total</td>
<td>10%</td>
<td>90%</td>
<td>0%</td>
<td>15%</td>
</tr>
</tbody>
</table>
## Recidivism Outcomes

<table>
<thead>
<tr>
<th>89%</th>
<th>2.2</th>
<th>0.25</th>
<th>97%</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Decrease in arrests between pre-intake arrest and post-release period</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Average arrests before intake</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Average post release arrests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Decline in convictions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
June 2003: 
CASES began to operate the licensed Nathaniel Assertive Community Treatment (ACT) program: two-year ATI with 68 treatment slots

- CASES responded to statewide RPF for ACT to sustain demonstration Nathaniel Project
- Received approval to provide ACT to criminal justice involved population
- Certified by NYS Office of Mental Health as licensed provider of ACT services
- Enrolled by NYS Department of Health as Medicaid Provider

2003: Two-year contract renewal for 6-years NYC Office of the Criminal Justice Coordinator supports intake

- 2005: NYS Division of Criminal Justice Services supports court liaison services
- 2009: supported employment enhancement funded competitive grant from NYS Office of Probation & Community Alternatives
- 2011: NYS Office of Mental Health awards federal Projects for Assistance in Transition from Homelessness (PATH) funds to support housing specialist social worker
- 2014: NYC Office of the Criminal Justice Coordinator competitive RFP award will support intake and court liaison services

Role of Data in Decision Making
Funding through a Blend of Mental Health, Medicaid, and Criminal Justice Sources

- Medicaid
- NYS Office of Mental Health (OMH)
- NYS Office of Probation & Correctional Alternatives (OPCA)
- NYC Criminal Justice Coordinator
- NYC Department of Health and Mental Hygiene
- NYC City Council

Nathaniel ACT Team Funding
Minimum Level of Effort

Target Population
- Identification of population characteristics
- Tracking of basic aggregate counts

Administration
- Flow chart of the process
- Documentation of efficiencies for key administrative junctures

Outcomes
- Agreement on some basic outcome measures at program start
- Attempt to measure these outcomes

Presentation
- Define:
  - Problem being addressed
  - Program strategies
  - How well were those strategies implemented
  - How many people were served
  - What were the outcomes
Data and Impact on Sustainability

The Nathaniel Project: An Alternative to Incarceration Program for People with Serious Mental Illness Who Have Committed Felony Offenses

Fall 2002/Revised Summer 2005

The greatest challenge the Nathaniel Project faces is locating appropriate treatment services in the community.

This has been difficult, both because of a general lack of services in New York City and because of the resistance many providers demonstrate toward working with clients with serious criminal justice involvement and/or histories of violence. A key
# Target Population

## Referral Sources 2009

<table>
<thead>
<tr>
<th>Group</th>
<th>Percent of Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defense attorneys</td>
<td>59%</td>
</tr>
<tr>
<td>Prosecutors</td>
<td>20%</td>
</tr>
<tr>
<td>Kirby Forensic Hospital</td>
<td>16%</td>
</tr>
<tr>
<td>Bronx MH Court</td>
<td>3%</td>
</tr>
<tr>
<td>Blended Case Management</td>
<td>1%</td>
</tr>
<tr>
<td>Clinic psychiatrist</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

## Referral Sources 2012

<table>
<thead>
<tr>
<th>Group</th>
<th>Percent of Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defense attorneys</td>
<td>51%</td>
</tr>
<tr>
<td>Prosecutors</td>
<td>10%</td>
</tr>
<tr>
<td>Kirby Forensic Hospital</td>
<td>33%</td>
</tr>
<tr>
<td>CASES Programs</td>
<td>4%</td>
</tr>
<tr>
<td>Probation</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
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</table>
## Target Population

### Intakes by Referral Sources

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>Percent of Intakes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defense attorneys</td>
<td>30%</td>
</tr>
<tr>
<td>Prosecutors</td>
<td>14%</td>
</tr>
<tr>
<td>Kirby Forensic Hospital</td>
<td>52%</td>
</tr>
<tr>
<td>CASES Programs</td>
<td>3%</td>
</tr>
<tr>
<td>Probation</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td></td>
<td>Sample Size</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Nathaniel ACT Participants</td>
<td>N = 56</td>
</tr>
<tr>
<td>Random Sample (control group)</td>
<td>N = 72</td>
</tr>
</tbody>
</table>
Minimum Level of Effort

Target Population

- Felony offense
  - ACT eligible
- Tracking of basic aggregate counts

Administration

- Flow chart of the process
- Documentation of efficiencies for key administrative junctures

Outcomes

- Agreement on some basic outcome measures at program start
  - Attempt to measure these outcomes
- Intake Specialist conducting interviews in forensic hospital

Presentation

Define:
- Problem being addressed
- Program strategies
  - How well were those strategies implemented
  - How many people were served
- What were the outcomes

Felony offense
  - ACT eligible
  - Incompetent after felony arrest 68%
  - Violence 54%
  - Drugs 7%
  - Property/Other crimes 39%

Drugs 7%
**What do the Researchers say?**

**Violent and non-violent offenses**
- Federal study found no empirical evidence showing more negative outcomes when people with violent charges are diverted (Naples & Steadman, 2003)

**Assertive Community Treatment (ACT)**
- One of six evidence-based practices
- Effective in decreasing hospitalization
- Increases housing stability
- Effective service model for clients involved in the criminal justice system
- Not consistent in reducing arrests
June 2003
Licensed by NYS Office of Mental Health Capacity to serve 68 Participants in 2-year ATI program. License audits

2006
Contract transferred from NYS Office to Mental Health to NYC Department of Health and Mental Hygiene (DOHMH) Annual unannounced program audits

2011
CASES and DOHMH convene roundtable discussion on effectiveness of ACT for justice-involved population
Data and Impact on Sustainability

Nathaniel ACT Data

1. NYS Office of Mental Health Child and Adult Information Reporting System (CAIRS)
2. Baseline and six-month follow-up data collection
3. Program outcomes live on OMH website
## Identify Sources of Data

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Follow-up</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Employment</strong></td>
<td>5.4%</td>
<td>7.1%</td>
<td>++</td>
</tr>
<tr>
<td><strong>Educational Activity</strong></td>
<td>1.8%</td>
<td>1.8%</td>
<td></td>
</tr>
<tr>
<td><strong>Psychiatric Hospitalization</strong></td>
<td>67.9%</td>
<td>46.4%</td>
<td>31.6%</td>
</tr>
<tr>
<td><strong>Homelessness</strong></td>
<td>50.0%</td>
<td>25.0%</td>
<td>50.0%</td>
</tr>
<tr>
<td><strong>Psychiatric ER Visits</strong></td>
<td>35.7%</td>
<td>12.5%</td>
<td>65.0%</td>
</tr>
<tr>
<td><strong>Harmful Behaviors</strong></td>
<td>25.0%</td>
<td>10.7%</td>
<td>57.1%</td>
</tr>
</tbody>
</table>
RNR

- Low
- Medium
- High
- Very High

Percentage
## Risk Score by Sub-scales (n=119)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
<th>Very High</th>
</tr>
</thead>
<tbody>
<tr>
<td>LS/CMI Total Score</td>
<td>7.67</td>
<td>14.67</td>
<td>23.82</td>
<td>31.28</td>
</tr>
<tr>
<td>Criminal History</td>
<td>.67</td>
<td>1.84</td>
<td>3.58</td>
<td>4.06</td>
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<tr>
<td>Antisocial Associates</td>
<td>.17</td>
<td>1.07</td>
<td>1.84</td>
<td>3.11</td>
</tr>
<tr>
<td>Antisocial Cognition</td>
<td>.22</td>
<td>.49</td>
<td>1.68</td>
<td>3.06</td>
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<tr>
<td>Antisocial Personality</td>
<td>.44</td>
<td>.87</td>
<td>2.16</td>
<td>2.89</td>
</tr>
</tbody>
</table>
## CASES Nathaniel ACT vs. LS/CMI Comparison SMI Sample

<table>
<thead>
<tr>
<th>SAMPLE</th>
<th>LOW</th>
<th>MEDIUM</th>
<th>HIGH/VERY HIGH</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASES ACT ATI (N=66)</td>
<td>0%</td>
<td>30%</td>
<td>52%</td>
<td>36%</td>
</tr>
<tr>
<td><strong>Percent Arrested</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% ACT Sample</td>
<td>15%</td>
<td>35%</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td>Michigan Comparison (N=122)</td>
<td>28%</td>
<td>49%</td>
<td>73%</td>
<td>45%</td>
</tr>
<tr>
<td><strong>Percent Arrested</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent Comparison Sample</td>
<td>37%</td>
<td>45%</td>
<td>18%</td>
<td>100%</td>
</tr>
</tbody>
</table>