

RFP Response Form

Behavioral Health and Criminal Justice Cross-System Evaluation

PROPOSER INFORMATION

Proposer Name: University of Pittsburgh on behalf of Edward P. Mulvey

Authorized Representative Name & Title: Jennifer E. Woodward, Associate Vice Provost of Research Operations.

Address: 123 University Place, B21 UCLUB Pittsburgh, PA 15213

Telephone: 412-624-7400

Email: offres@offres.pitt.edu

Website: <http://www.research.pitt.edu>

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Date Incorporated: 1933

REQUIRED CONTACTS

	Name	Phone	Email
Chief Executive Officer	Patrick Gallagher	412-624-4141	nancyj@pitt.edu ,
Contract Processing Contact	Brian Balich	412-624-7400	offres@offres.pitt.edu
Chief Information Officer	Jennifer Woodward	412-624-7400	offres@offres.pitt.edu
Chief Financial Officer	Mark Stofko	412-624-6039	fiscalofficer@cfo.pitt.edu
Administrative Contact	Carol Schubert	412-647-4760	schubertca@upmc.edu

BOARD INFORMATION

Provide a list of your board members as an attachment or in the space below.
List provided as an attachment.

Board Chairperson Name & Title: Eva Tansky Blum, Chairperson

Board Chairperson Address: University of Pittsburgh, Office of the Chancellor, 4200 Fifth Avenue
Pittsburgh, PA 15260

Board Chairperson Telephone: 412-624-4141

Board Chairperson Email: unknown

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REFERENCES

Provide the name, affiliation and contact information [include email address and telephone number] for three references who are able to address relevant experience with your organization.

Please do not use employees of the Allegheny County Department of Human Services as references.

Richard Steele, Executive Director, Juvenile Court Judges' Commission [REDACTED]

Robert Merwine, Director of the Office of Criminal Justice System Improvements for the Pennsylvania Commission on Crime and Delinquency [REDACTED]

Kirk Heilbrun, PhD, Professor, Department of Psychology, Drexel University and Co-Director of the PA Mental Health and Justice Center of Excellence when it was in operation [REDACTED]

PROPOSAL INFORMATION

Date Submitted 4/14/2017

Amount Requested: \$74,858

Proposal Abstract:

This application to conduct the proposed evaluation of behavioral health services in the Allegheny County criminal justice system is from a well-qualified team from the University of Pittsburgh. These individuals and their consultant have worked together extensively (for some time as senior staff of a state Center of Excellence on Mental Health and Criminal Justice), and have extensive knowledge of the criminal justice system and the Sequential Intercept Model. The team proposes forming a planning group and four broad areas of evaluation activities which incorporate a mix of evaluation methods (both quantitative and qualitative) to address questions posed in the solicitation. The approach uses strategies to capitalize on the extant data integration capacities of the county data systems and the demonstrated ability of system stakeholders for effective collaboration.

CERTIFICATION

Please check the following before submitting your Proposal, as applicable:

I have read the standard County terms and conditions for County contracts and the requirements for DHS Cyber Security, EEOC/Non-Discrimination and HIPAA.

By submitting this proposal, I certify and represent to the County that all submitted materials are true and accurate, and that I have not offered, conferred or agreed to confer any pecuniary benefit or other

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thing of value for the receipt of special treatment, advantaged information, recipient's decision, opinion, recommendation, vote or any other exercise of discretion concerning this RFP.

ATTACHMENTS

Please submit the following attachments with your Response Form. These can be found at <http://www.alleghenycounty.us/dhs/solicitations>.

- MWDBE documents
- Allegheny County Vendor Creation Form
- W-9
- CVs/résumés and evaluations examples
- Budget

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Organizational Experience and Capacity (40 points)

1. *Describe your experience conducting quantitative and qualitative evaluations.*

Edward Mulvey, PhD, will serve as the principal investigator for this evaluation. Dr. Mulvey is a community/clinical psychologist, Professor of Psychiatry at the University of Pittsburgh, and director of the Law & Psychiatry program at Western Psychiatric Institute & Clinic. He has been at the University of Pittsburgh since 1983, and has over 30 years of experience in Allegheny County and nationwide conducting research with justice involved adults and juveniles who live with mental health disorders. Of particular note, he was Principal or Co-Principal Investigator on several ambitious, seminal studies regarding violence and mental illness funded by NIMH and the MacArthur Foundation. Most recently, he served as the Principal Investigator for a large scale longitudinal study of over 1,300 serious adolescent offenders making the transition from adolescence into early adulthood. All of these studies have focused on clinical and policy issues at the intersection of the mental health service system and the criminal justice system (e.g., the use of clinical discretion in civil commitment; appropriate services for serious adolescent offenders with mental illness).

Many of these studies have used sophisticated qualitative methods. An early study obtained near verbatim manuscripts of over 400 interviews conducted in the WPIC emergency room. These were coded and analyzed both qualitatively and quantitatively, with numerous analyses using including both approaches in a complementary fashion. Two other studies obtained narratives of violent incidents in the community involving individuals with mental illness, and analyzed the data using mixed methods approaches. In addition, Dr. Mulvey's prior work has used focus group approaches with family members of consumers and service providers and program administrators. He has also worked with innovative computerized methods to conduct textual analyses of qualitative interviews of prisoners and mixed methods approaches to interviews of cancer patients and justice-involved adolescents.

A larger proportion of Dr. Mulvey's work has employed sophisticated quantitative analyses. His work has involved a variety of group comparison designs, propensity score analyses, time series analyses, and random and fixed effects modeling of intra-individual change using longitudinal data. An analysis of the effects of a policy on the transfer of juveniles to adult court in one state (Arizona), for example, indicated differential effects for juveniles charged with different types of offenses, pointing the way toward a more refined state statute to address this regularity. A number of studies have addressed the links between incidents of community violence, substance use and symptom levels, and treatment involvement in individuals with a mental illness and a history of violence toward others.

Other work includes evaluation studies of criminal processing and service provision in the juvenile and adult criminal justice systems. A recent statewide evaluation done for the PA Juvenile Court Judges Commission (JCJC) examined recidivism (both juvenile and adult) in adolescents leaving the juvenile justice over a period of five years. This project developed an innovative method for calculating expected rates of recidivism for each year based on the case mix seen in that year. This method is now integrated into the data analytic approaches of JCJC, using the programming code developed for the evaluation. A second notable project is a recently completed, multi-county evaluation of Crisis Intervention Teams ("CIT") in Pennsylvania (funded by the PA Commission on Crime & Delinquency; PCCD). This project used over 2,000 police incident reports and stringent statistical analyses to determine if there were differential patterns of officer behavior or disposition for police incidents involving individuals with mental illness. The results of this evaluation has been presented to (and received positively by) subcommittees of PCCD responsible for funding recommendations as well as the statewide coalition of CIT service providers.

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Carol Schubert, MPH, will serve as Dr. Mulvey's partner in conducting the evaluation. Ms. Schubert has over 30 years of experience as a project coordinator for the research projects referenced above. In this role, she has done the full array of research-related activities from direct data collection to data analysis, reporting of findings and promoting implementation of relevant results in practice and policy. Ms. Schubert has directed numerous complicated field studies related to mental health service provision, analyzed complex data sets, and published results from these investigations.

Ms. Schubert has the full range of skills needed to complete this project efficiently and effectively. She has constructed interviews to address a variety of topics with a wide range of consumers and professionals, and personally interviewed hundreds of individuals with mental illness and histories of violence, serious juvenile and adult offenders, and criminal justice and social service professionals. In the course of her career, Ms. Schubert has effectively conducted research activities in just about every type of criminal justice and/or mental health services setting represented across the Sequential Intercept Model ("SIM") that serves as the framework for the proposed evaluation. Ms. Schubert has also developed coding systems for textual data from field observations, police incident reports and semi-structured interviews. She has effectively supervised large interviewing teams (in both a single and multiple locales) and successfully negotiated working relationships with a wide-range of professionals in academic, criminal justice and mental health settings (including, most recently, establishing working relationships with multiple police agencies as part of the CIT evaluation noted above). Finally, Ms. Schubert has successfully developed and managed databases to track study data and outcomes, and has supervised the integration of large scale administrative mental health and criminal justice data bases on several previous projects (including arrest, court, and service history records).

Patricia Griffin, PhD, will serve as a collaborator and consultant on the project. Dr. Griffin has extensive experience in the development and implementation of systems to divert individuals with mental illness from the criminal justice. She is one of the originators of the SIM model (Munetz & Griffin, 2006) and has applied this model in mapping exercises and ongoing system collaborations in numerous locales nationwide. She has consulted with county and state teams across the United States on these issues as part of the team from the GAINS center, the technical assistance provider from the Substance Abuse and Mental Health Services Administration (SAMHSA) tasked with promoting diversion of individuals with mental illness across the country. Dr. Griffin has an in-depth knowledge of the literature on diversion programs as well as extensive experiential knowledge about how these models are successfully employed in diverse locales. Her understanding of the conceptual framework and the experiences of locales trying to promote diversion will be extremely valuable to the proposed project.

The team of Dr. Mulvey, Ms. Schubert, and Dr. Griffin has a well-established working relationship on the issue of diverting individuals with mental illness from the justice system. These three individuals worked closely as members of the senior staff for the PA Mental Health and Justice Center of Excellence ("COE") on Mental Health and Criminal Justice, funded by PCCD and the Pennsylvania Office of Mental Health and Substance Use Services (OMHSAS). The COE organized their consulting and technical assistance activities around the SIM, conducting mapping workshops in 45 PA counties and follow-up consultation statewide. In addition, the COE provided information to the counties about programs and approaches proven successful at each of the intercepts of the SIM. In the course of these activities, the three key personnel on this project worked together closely, collaboratively, and productively.

This listing of qualifications, knowledge, and accomplishments attests to the competence of each of the key personnel to contribute to the successful completion of the proposed project. However, a particular, common aspect of the backgrounds of these individuals should be emphasized.

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Each of these individuals has demonstrated a longstanding commitment to the issues surrounding individuals with mental illness in the criminal justice system. For this group, the proposed project is an opportunity to continue and enhance their demonstrated commitment to addressing these issues; an opportunity to do so collaboratively with the County to have a positive impact on the lives of justice-involved individuals with mental illness in our community.

2. *Provide evidence of your knowledge of the criminal justice system and your ability to quickly learn about the system in Allegheny County.*

Dr. Mulvey's knowledge of criminal justice system processing (and the involvement of individuals with mental illness in this system) is evident in the body of literature that he has contributed over the course of his career as well as in his community activities at the federal, state, and county levels. He has published numerous peer reviewed articles, book chapters, or policy briefs that address issues related to the intersection of mental health or social services and the juvenile or adult criminal justice system. These publications have appeared in psychology, psychiatry, services research, law, public policy, and popular press outlets. His broad expertise and collaborative skills are also recognized and reflected in his invitations to work on national, state and local committees; including as chair of the Science Advisory Board for the Office of Justice Programs at the US Department of Justice, as a member of two Joint State Justice Commissions (on violence prevention and juvenile justice code revisions respectively), and as a member of the recently completed Institute of Politics Task Force on the Criminal Justice System in Allegheny County. In his position as the Co-director of the COE (see more detail below) he obtained invaluable experience about the difficulties and possibilities of implementing best practices at the county level.

Ms. Schubert has also produced numerous academic articles, book chapters, and policy briefs related criminal justice issues and done extensive field work with service providers and criminal justice professionals. In her work as senior consultant in the COE (again more detail below) and in her role as a research project coordinator, she has become quite familiar with criminal justice processing and related policy issues across many counties in Pennsylvania and in other states. In 2017, she and Dr. Mulvey completed a book chapter ("Mentally Ill Individuals in Jails and Prisons") for the well regarded Crime and Justice series of the University of Chicago Press. This article provides a detailed literature review and policy recommendations for improvement in five areas in order to reduce the disproportionate presence of mentally ill individuals in jails and prisons. Ms. Schubert and Dr. Mulvey have thought in depth about how to improve practices and policies to divert mentally ill individuals from the criminal justice system and examined practices across numerous locales to achieve this goal.

With years of work at the state and county level, both Dr. Mulvey and Ms. Schubert have some familiarity with the Allegheny County systems and how they compare to those in other locales. This does not mean, however, that they have a deep knowledge of how the system actually operates on a daily basis. They clearly need to become more familiar with the regularities of the system through discussions with those central to the operations of the local mental health and criminal justice systems. It will be a high priority to establish and maintain collaborative working relationships with County officials, service providers, and criminal justice personnel in order to become well educated about the regularities and nuances of local policies and practices. Much of the success of any efforts outlined here rest on establishing joint ownership of this project with Allegheny County stakeholders. Given their background in how different systems might operate to address problems inherent in criminal justice operations, however, it is highly likely that this evaluation team can learn the specifics of county operations quickly. They have a solid understanding of the general context in which these operations fit and the background necessary to interpret and process information in an informed manner. Ms.

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Schubert and Dr. Mulvey are committed to expanding their knowledge of the intricacies of the Allegheny County system, well equipped to place this information into broader frameworks very competently, and confident that they can establish the collaborative working relationships with local stakeholders to promote positive change.

3. *Describe your knowledge of the Sequential Intercept Model and best practices at each Intercept.*

Dr. Mulvey and Ms. Schubert have a rich set of experiences that have given them an extensive knowledge of the implementation of the Sequential Intercept Model (“SIM”) as an organization and planning tool as well as best practices at each of the intercepts. Dr. Mulvey was the Co-Director and Ms. Schubert was a Senior Consultant with the PA Mental Health and Justice COE for a period of six years prior to end of funding in 2016. The primary purpose of the COE was to work with Pennsylvania communities to identify points of interception at which an intervention can be made in their local system to prevent individuals with mental illness from entering or penetrating deeper into the criminal justice system. Staff and consultants from the COE conducted cross-systems mapping workshops with PA counties, with SIM as the framework for the workshops; ultimately working with 45 Pennsylvania counties. Ms. Schubert assisted in conducting many of these workshops and she and Dr. Mulvey provided technical support to many counties engaging in follow up activities related to the workshops. The initiatives undertaken by the counties ranged from implementation of CIT programs for police to development of policies to develop housing options for individuals with mental illness re-entering the community from the Department of Corrections.

Also as part of the COE activities, Dr. Mulvey and Ms. Schubert developed and maintained (when funding was active) a resource website (<http://www.pacenterofexcellence.pitt.edu/>) that was organized according to the diversion points in the SIM. A wide range of materials about best practices, program models, possible materials, and guidelines for implementation across the entire spectrum of intercepts are compiled and easily accessed at the website. This site has been used nationally as a clearinghouse for materials related to the sequential intercept model specifically and for resources about justice-involved individuals with behavioral health concerns more broadly. At the last tally done regarding usage, there were approximately 2,800 unique users accessing the site every month.

Allegheny County was not one of the counties that engaged the COE to conduct a sequential intercept mapping. It is our understanding that Allegheny County had conducted their own systematic analysis using the SIM framework prior to the existence of the COE, and that the results of this earlier exercise had provided the framework for ongoing initiatives in the mental health services and criminal justice system in the county. We see the work proposed here as an opportunity to revitalize those efforts using an already known framework and excellent resources to realize substantial innovation. Allegheny County offers an exemplary system for integrating and analyzing data in its data warehouse activities, a rare resource that has stymied many of the best intentioned efforts in other counties. This asset, plus the extant collaborative nature of the social service and criminal justice professionals in Allegheny County offer a best case scenario for successful innovation. It is the evaluation team’s task to promote and capitalize on these existing resources.

The evaluation team brings experiences and ideas to achieve this task across the range of intercepts in the criminal justice system. In addition to their work with locales on program implementation across different points in the system, Dr. Mulvey and Ms. Schubert have been active in conceptualizing the issues related to the successful application of the SIM framework. They are both editors and contributing authors (along with Dr. Griffin) for an edited book recently published on the use of the SIM for program development (Griffin et al., “The Sequential Intercept Model & Criminal Justice”, Oxford University Press, 2015, hereafter referenced as “the SIM book”). They have also given

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numerous presentations at the annual Pennsylvania Forensic Rights and Treatment Conference and other meetings with local officials and program planners throughout the state. They are both very familiar with the SIM model, and have positive and collaborative working relationships with individuals who consult with locales across the nation regarding the SIM. These relationships and past activities make them well positioned to provide Allegheny County with the most relevant and up-to-date advice regarding best practices in this area. The inclusion of Dr. Griffin as a consultant on the project is an added benefit; it ensures their continued connection with practices and recent developments in the applications of SIM in a variety of other locales beyond Pennsylvania as well as additional first-hand experience with the promises and pitfalls of these efforts.

4. *Describe your qualifications to conduct the evaluation and include examples to demonstrate your knowledge of proven national models at each Intercept. CVs and examples are attached.*

Dr. Mulvey and Ms. Schubert are very familiar with requirements needed to successfully complete the evaluation. As mentioned above, in their roles on the COE, they have developed resource materials to assist practitioners and policy makers in the evaluation process and have consulted with multiple PA counties about resources and evaluation designs to address specific local needs. As noted above, they recently completed an evaluation of Crisis Intervention Teams (CIT) in four PA counties (completed in September, 2016) and they are currently in the early stages of an evaluation of juvenile aftercare pilot programs in four Pennsylvania counties (including Allegheny County). Even though their knowledge of national models at each intercept is substantial, the investigators have included Dr. Patricia Griffin (one of the original developers of the SIM) as a consultant. In addition, they have colleagues in multiple Centers of Excellence across the nation with whom they can consult to obtain the most recent information about emerging model practices and data. Their reviews of the literature and their experiences with multiple counties and collaborators in other sites have exposed them to numerous exemplary practices at each intercept.

At Intercept 1, it is clear that the Crisis Intervention Teams (CIT) approach is one of the most widely used and empirically supported models. There is a considerable body of literature indicating that this approach has demonstrated effects on officer skills, knowledge, and attitudes (Cross, Mulvey, Schubert et al., 2014), as well as an emerging literature demonstrating its effects on officer behavior in the field (Canada, et al., 2012; Compton, et al., 2014, ; Mulvey & Schubert, 2017). The most consistent effects appear to emerge when there is an established and active collaborative relationship between behavioral health care providers and police personnel.

We are aware that CIT training has been implemented in the Pittsburgh Police Department as well as in a number of departments across Allegheny County. We have consulted with several individuals involved with the CIT program in the Pittsburgh Police Department, but our knowledge of the data systems and operations of this program in the field are limited. Given our recent experiences with the programs in numerous departments in other parts of the state, we see considerable opportunity to build upon the existing activities in Allegheny County as part of coordinated efforts to improve diversion.

At Intercept 2 (initial detention and hearings), there are few well developed models, but there are still innovative practices that have produced favorable results; including reduced CJ system costs due to reduced time spent in jails and reduced need for special resources for individuals with mental illness. Some examples of programs with research support include court-based diversion to community treatment (Lamb et al, 1996) and pre-arraignment diversion programs (Steadman et al, 1999). Examples of jail-based programs include Project Link in NY (Weisman et al, 200), the St. Louis Jail Diversion Program (Tyuse, 2005) and the Chesterfield County (VA) Dual Treatment Track Program (Gordon & Barnes, 2006).

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Pre-trial diversion programs are seen as highly desirable by many locales, but it is often difficult to integrate them successfully into court operations. Providing adequate personnel coverage for hearings and gaining acceptance into court procedure are often-cited barriers to their implementation (Heilbrun et al., 2015 in the SIM book, pp. 57-77). Identification of individuals with behavioral health issues in jails and more focused services in custody and upon release has been a more pragmatic model adopted by many locales. These efforts have been bolstered by more systematic attention to jail screening instruments (NIJ, 2007) and the development of accompanying aftercare service models (with the Allegheny County Jail Collaborative Initiative providing an empirically demonstrated successful model; Urban Institute, 2014).

Intercept 3 (court diversion) has arguably the most extensive and longstanding research base regarding model programs of any of the points in the SIM. This intercept is the last opportunity to intervene in a case prior to possible conviction and sentencing, and there has been a continuing expansion of “problem solving” or specialty courts nationwide in response to the need to develop interventions at this critical point. Mental health and drug treatment courts have both been the focus of a substantial body of research (Belenko, 2001; Callahan, et al., 2012; McNiel & Binder, 2007; Dematteo et al., 2013), with evidence generally pointing toward reduced recidivism, but no clear connection between court-ordered service involvement and these reductions. We are aware that Allegheny County has adopted this approach in several forms (Mental Health Court, Drug Court, Veterans Court, and Sex Offender Court), and these structures certainly provide important potential pillars for future efforts to increase successful diversion.

Less well known and studied programs also exist across these last intercepts, notably Forensic Peer Support in-reach programs which span intercept 3 -5. These programs pair inmates with support partners who have “lived experience,” and these individuals meet with the inmate while he/she is still in jail to establish a supportive connection that continues following release. Additional models also promote successful re-entry (Intercept 4). These include system integration approaches such as the APIC model (used in Allegheny County, Osher et al, 2003), the SRI model (Draine et al, 2005) the ACTION approach (Vogel et al, 2007) as well as reentry service approaches such as Critical Time Intervention (Draine & Herman, 2007) and a service linkage model called SPECTRM (Rotter et al, 2005). Specialized community corrections caseloads (Skeem & Manchak, 2008) span Intercept 4 and 5 and have documented effectiveness research to recommend them (Skeem et al, 2006; Eno Loudon, et al, 2008). Other effective interventions at Intercept 5 include FACT (Forensic Assertive Community Treatment (Morrissey & Meyer, 2005).

This litany of programs covers only part of the burgeoning literature about alternative interventions that might be used to promote diversion at the different point in criminal justice processing. It is important to note, however, that the literature often misses the stories and evidence supporting many “home grown” programs that fill a need in particular locales (e.g. the innovative housing program in Union County, PA, that addresses needs at Intercept 5). Through our activities with cross-system mapping workshops as part of the COE and our ongoing collaborations with other COEs and the national GAINS Center, we regularly become aware of the potential of these types of cutting edge programs.

Proposed Method (40 points)

5. *Detail your plan to describe and assess existing processes and programming at each sequential intercept.*

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Describing and assessing existing processes and programming at each sequential intercept requires an integration of two types of information: data regarding administrative processes and evidence about effective programs and practices currently in place. While existing data will not always be available or ideal, it is still important to seek out the best existing local data about both system processing and program impact. The eventual project goal of making sound recommendations can only be achieved if the initial data collection activities provide 1) an overview of how individuals with a mental disorder are processed as a group in the county criminal justice system, 2) what filters exist for program involvement or diversion at each successive point, 3) and how different levels (either expanded or reduced) of program involvement or diversion might affect other processing patterns of individuals with mental health problems (e.g., how much probation violations might be expected to rise if individuals with mental illness are kept in jail for a shorter period). Conducting analyses of this sort require an integration of data about system processing as well as program model operations and impacts. As a result (and presented in more detail below), our initial efforts will necessarily be 1) an inventory and analysis of the data bases available in the county data warehouse for cross system analyses of mental health services and criminal justice involvement, and 2) the establishment of a clearly defined, collaborative relationships with the Allegheny County staff about responsibilities for data organization, management, and joint analysis.

One reason for searching diligently for both administrative and program information is to avoid slipping into compiling a simple set of recommendations about ideal programs that might be implemented at each point in the criminal justice process. Too often the establishment of a model program with limited reach and capacity (e.g., mental health courts) may have a positive impact on a limited number of individuals and yet is still touted as the innovative solution for the problems faced by the broader group of justice-involved individuals with mental illness. Significant change rests on consideration of how changes in decision making or regulation of discretion points in the system might also promote increased appropriate diversion. We see the recent Institute of Politics Criminal Justice Task Force report (“IOP report”) as an example of how analyses of systems processing data can inform recommendations for practice changes integrated with innovative program models. In our view, lasting innovation in this area rests on implementing both feasible changes in case processing and improved program practices; neither is sufficient alone.

We envision four broad areas for evaluation activities. First, we consider it imperative to **form a planning group** comprised of key stakeholders in both criminal justice and mental health; this group will serve in an advisory capacity for the evaluation team throughout the year-long process. We envision the planning group including individuals who may already serve on one of the county leadership boards (e.g., the Criminal Justice Advisory Board (“CJAB”), the Jail Collaborative) as well as other key leaders with specific expertise (e.g. the head of the jail mental health unit). Because the evaluation team members are not involved in the daily operations of the county criminal justice system, we will need guidance from a number of sources in order to choose an effective and committed planning group. It is not currently clear to us how this group might operate in conjunction with any advisory group that has been established for the Stepping Up initiative, but It will be necessary to make the activities of any planning group complementary (and not duplicative or overlapping) to this and other ongoing efforts.

It is critical that the same people are not overtaxed in their efforts on multiple projects. Once the planning group is formed, a primary point of contact from within the group will be identified. This individual will serve as a liaison between the evaluation team and the planning group and will work with the evaluation team to monitor behind-the-scene activities that are necessary to keep the evaluation process moving forward.

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The second area of activity will be **an assessment of existing data** about current practices related to justice-involved individuals with mental illness. Our experience working with counties across the Commonwealth is that impressions and “reality” regarding practices frequently do not align. Knowing and understanding impressions of how services work in the county is certainly important in terms of assessing what can be done and how to propose possible changes, but it is only part of the story. An objective view provided by existing data is necessary to begin an informed and useful evaluation.

An inventory of the data available in Allegheny County’s DHS Data Warehouse coupled with the evaluation team’s knowledge of data elements necessary to understand processing at each intercept (published in “The Sequential Intercept Model as a Platform for Data-Driven Practice & Policy,” Mulvey and Schubert in the SIM book, pp. 217 – 238), can provide the initial framework for organizing this information. The evaluation team will work with analysts from the Data Warehouse (and others as necessary, such as police data analysts and the CIT coordinator) to collect recent relevant reports and analyses (such as those done for the IOP Task Force report). These initial scans of available data sources will include searches for information about issues such as the prevalence of behavioral health problems on police calls and among jail inmates, the distribution of time spent on probation by those with and without behavioral health problems, and the likelihood and type of probation violations experienced by individuals with behavioral health problems. An attempt will be made to fill in various parameters characterizing the system flow (e.g., likelihood of spending time in jail after arrest, results of court appearances) of individuals with behavioral health problems in the local criminal justice system.

A third activity area will be **workshop(s) that bring together both criminal justice and mental health stakeholders** representing all five intercepts in the SIM. Depending on the advice of the planning group, this will be done as either a) a two-day cross-system mapping or b) a series of focused meetings that brings together stakeholders at each point of interception to discuss the data and issues connected with that specific intercept (separate meetings with a more limited focus). In either case, these meetings will update the current understanding of county practices at each intercept and move beyond just simply documenting current practices. The goal of these meetings will be to identify and discuss decisions and actions (or failure to act) at each intercept that contribute to a high prevalence of individuals with behavioral health problems entering into and passing through each criminal justice processing point. Groups will be asked to identify possible options for diversion, to discuss perceived barriers and strategies for overcoming challenges (e.g. buy in) and to identify services and supports (e.g. evidence-based or promising practices) that will move beyond what is currently in place in Allegheny County. The end product of the meetings will be a prioritized set of strategies moving forward as well as specific action steps and action teams who will move the activity forward based on a defined timeline. These meetings will also delve into six questions seen as essential to address in such efforts, presented in a recent (January, 2017) guide released by the Stepping Up Initiative. These include such things as whether adequate screening and data are currently available to identify individuals with behavioral health problems or whether local participants have adequately prioritized policy, practice, and funding improvements.

The evaluation team will distill the information and plans for moving forward into an initial report that will be provided to county stakeholders and the planning group. The format for these reports will address the issues encountered at each intercept and consolidated information directed at each of the questions presented in the request for proposals. Information will be provided to document current practices, barriers to diversion, model programs that might be implemented, and the action steps, action team, and timeline for activities moving forward.

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The final area of activities will focus on providing **follow-up support and guidance** to the action teams. Our experience in working with multiple counties across the Commonwealth is that the initial energy and focus stemming from cross-system meetings is generally followed by slowed momentum when participants return to their usual, full day of pressing activities. With this in mind, we believe it will be critical to have a series of follow-up meetings, target activities, and verifiable benchmarks with each action team. These meetings will help to ensure that additional needed information or support is provided, unforeseen issues/concerns/barriers are discussed, and the feasibility of the original action goal is re-assessed (e.g. new information may make the team conclude that the original plan to implement a particular program is no longer feasible due to cost or insurmountable implementation barriers). We also recognize that system change will take more than a single year, Thus, these meetings will also inform an augmented, **final report to county stakeholders about specific recommendations for change** that will move the county forward in the period beyond the one-year evaluation period. The information in the final report can be integrated into, and coordinated among, the strategic plans of existing advisory committees in the county (e.g. CJAB, Jail Initiative), with the hope of sustaining the work.

An enduring impact from this initial evaluation effort would be the adoption of data monitoring practices by the individuals involved with the action teams. It is hoped that the initial data collection, organization, presentation, and analyses will provide ways for these individuals to think about aspects of case identification, system processing, and outcomes in terms that they see as valuable for monitoring their own practices and improvements. Having professionals at different diversion points regularly collecting and examining data that matters to them would be a very positive system improvement in and of itself.

6. *Describe your plan for establishing target measures that Allegheny County should adopt at each sequential intercept.*

Target measures at each intercept will be identified based on information and goals agreed upon in the data assessment and cross-system meetings described in question 5. As noted earlier, a careful assessment of currently recorded data elements and cross-system meetings will occur early on in the evaluation period; these are necessary building blocks for identifying target measures. We expect that target measures will be identified according to several criteria based on both relevance and feasibility and will be the product of collaborative discussions between the evaluation team and the system professionals at each of the intercepts. It is critical that system professionals see the target measures as indicators of improved practice, since this will affect both the collection of accurate data and the perceived validity of any results regarding changes in these measures.

If new evidence-based or promising practices are identified for implementation in the County, benchmarks used commonly for measuring outcomes will be identified based on the published literature and/or resources (e.g. Crime Solutions.gov, SAMSHA GAINS Center). For example, the Institute of Politics Task Force Report notes that time to case disposition in Allegheny County exceeds national guidelines and general practice. Going forward, monitoring time to disposition for County cases would be desirable, with prior system performance and Model Time Standards as benchmarks. Consideration could be given to the possibility of providing ongoing feedback (e.g. weekly reports) to various personnel involved in case processing in an attempt to decrease this time frame.

Allegheny County already has a number of innovative and model programs, but it is possible that these programs can increase their reach and/or effectiveness. Data about their current operations and comparisons of performance on certain indicators over time can assist in these improvements. For example, the rate at which individuals are diverted to Mental Health (MH) Court in the county may be

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low compared to national standards and, if this is the case, the evaluation team could assist in an examination of current referral and discharge practices related to MH court (e.g. case characteristics of individual selected, participation refusal rates), comparing these types of performance indicators to those observed in other locales.

Finally, we have already made headway on identifying relevant data elements at each intercept that could reflect relevant system-level and case-level intermediate and long term change. Our initial compilation of relevant indicators at each intercept is presented in a chapter regarding data-driven policy and practice the Sequential Intercept Model book mentioned above (Griffin et al, 2016). This compilation of possible data elements provides an initial framework for determining target measures; comparing the data elements currently recorded in existing county data systems to this list will permit the identification of data gaps and highlight existing opportunities to examine relevant indicators. Furthermore, a comprehensive dataset of this sort could facilitate the use of regular “status” reports that key stakeholders can use to monitor the progress of program and system activities on a regular and ongoing basis (e.g. how long individual meeting particular profiles have been in the system prior to disposition, indicator of whether individuals meeting MH court criterion have been offered the option). In addition, “alert flags” can be devised to identify particular cases which are in need of attention (e.g. a particular case has passed a defined threshold of days in the system). The overarching goal includes the possibility of more fully capitalizing on the extensive data capabilities in the county by integrating relevant data at each intercept into daily operations.

7. *Describe your proposed evaluation methods, which may include the use of quantitative analysis of existing data, interviews, site visits, case reviews and observation.*

The evaluation team will use a mixed methods approach, integrating quantitative and qualitative data for particular questions. We have effectively implemented both types of methods in numerous past studies and have prior experience combining these two types of data into complementary analyses (see CVs). Our current plans are outlined below, but will certainly be open to revision as the evaluation priorities become clearer and the initial examination of available data sources and cross-system meetings are completed.

Quantitative analyses will focus initially on building a descriptive overview of how the county criminal justice system currently identifies and diverts individuals with behavioral health problems. We plan on working closely with the DHS Data Warehouse (and other agencies as needed, such as police departments) to create an inventory of relevant data sets and reports (e.g., “An Analysis of the Allegheny County Mental Health Court” on the DHS website). We will request and consolidate data sets from these sources (minimizing the replication of earlier work), and then conduct new analyses when necessary.

A potentially challenging task will be establishing a valid and useful definition of an individual with a behavioral health problem. This is a critical element and consideration for subsequent analyses, and we anticipate that this will require analyses of data bases at different points in the criminal justice processing system to assess the overlap among the definitions used. Initially, a crosswalk between the internal and external data sources available to the Data Warehouse will be used to identify justice involved individuals with behavioral health problems. Analyses of the consistency and applicability of this method will determine if it can be used across the whole set of possible diversion points or if alternative methods will be required (e.g., limiting the sample to those with only particular disorders or patterns of care).

One goal of subsequent analyses will be to produce an illustration and description of the pathways that individuals are most likely to follow through the criminal justice system. We should be

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able to determine the likelihoods of different types of outcomes occurring at each intercept and the reach of particular specialty programs (e.g., specialty courts) into the pool of individuals who might benefit from their service. Based on this information, we should also be able to provide a reasonably accurate picture of the characteristics of those individuals with behavioral health needs who appear at each sequential intercept and the likely prevalence of individuals who are not enrolled in the service. Regression analyses can also provide information about the characteristics of those cases diverted or processed through each intercept and the factors related to relevant short term outcomes at each processing point (e.g., longer jail stays). If the data permit, analyses of the potential impact of having a behavioral health problem on subsequent outcomes or systems processing (using matching procedures) could also be done.

We will also conduct semi-structured interviews with at least two key personnel at each of the intercepts (e.g., the president judge, the head of probation/parole) to obtain their impressions about how they believe identification and diversion works at that point in the system, the barriers to possible innovations in practice, and possible policy or practice reforms that might improve services. An evaluation of this sort will necessarily involve the time and insight of multiple county stakeholders, but we will attempt to minimize the burden on these individuals as much as possible. These interviews will be analyzed using qualitative methods that we have used successfully in some of our prior work of this type.

These interviews will be conducted and reviewed with the assistance of law students (see q. 9 below). We have already identified and met two times with interested law students who are working in a practicum group related to the issue of individuals with behavioral health problems in the criminal justice system. Several students have indicated a desire to be involved in this evaluation, if it becomes a reality.

8. Describe your plan to translate evaluation findings into recommendations for implementation.

We expect that the evaluation team will spend considerable time consulting with national experts (outside of Allegheny County) regarding model practices, reviewing literature regarding evidence-based programs, and collating information and analyses into both an interim and final report (described in question 5). These reports will be discussed in draft and final form with the planning group and stakeholders associated with the study. Upon integrating initial feedback, we will provide a set of summary recommendations based on the analyses presented. The planning group will be engaged in successive meetings to establish the final content of the report's recommendations. It is our hope that the recommendations derived from the evaluation will be incorporated into the strategic plan of relevant groups/boards (particularly the CJAB and the Jail Collaborative) so that they remain a focus of energy and (ideally) funding beyond the one-year evaluation period. The evaluation team will work with these groups/boards to translate the recommendations into appropriate objectives for inclusion in their strategic plan. We will also provide ongoing assistance to groups and individuals in presenting the findings of the evaluation in media presentations and public discussions. Finally, we hope to identify opportunities to integrate the extensive data capabilities in the county into the daily operations across the SIM, where they match recommendations and/or desired changes. This sort of regular and ongoing feedback will keep the recommendations/desired changes in focus and will give county stakeholders regular opportunities to monitor change and progress over time.

Work Plan (10 points)

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9. *Provide a plan that clearly delineates the responsibilities of each person involved in conducting the evaluation.*

Dr. Mulvey will serve as the lead evaluator and will be responsible for the overall direction of the project and its timely completion. He will facilitate meetings with key stakeholders in Allegheny County, work with Data Warehouse staff to identify relevant data sets and analytic tasks, conduct or oversee analyses for the project, and take the lead in writing all interim and final reports for the evaluation. Ms. Schubert will work collaboratively with Dr. Mulvey in all aspects of the evaluation and will take an active role in meetings and in writing reports. She will provide supervision to the law student assistants and will be the primary liaison between the evaluation planning group and the evaluation team. Two second or third year "lead" law student with an expressed interest in the intersection between mental health and law will be hired to assist with various activities on the project. Particular consideration will be given to students have demonstrated the commitment to this issue through their work in student groups, internships or those who have written about issues related to justice-involved individuals with mental illness. This students will assist Dr. Mulvey and Ms. Schubert in a variety of activities including (but not limited to) conducting interviews with mental health, court or criminal justice personnel, assisting in the creation of summary documents of meetings with county personnel and conducting literature reviews as necessary. Dr. Patricia Griffin will be available for phone consultation as necessary throughout the evaluation period.

10. *Provide a detailed timeline for completion of the evaluation.*

If we are fortunate enough to be selected from the evaluation, Dr. Mulvey and Ms. Schubert will spend the time between the award announcement and the start of evaluation funding to meet with individuals from the Department of Human Services' Office of Data Analysis, Research, and Evaluation to learn more about expectations and to increase their knowledge of the current programs, practices and politics in Allegheny County related to justice-involved individuals with behavioral health problems. They will also use this time to identify likely members of a planning team, extend invitations, and find an acceptable time for 6-12 meetings with this group. This preliminary work will maximize the productivity of the funded evaluation period. Broadly speaking, the first quarter of the project will involve meetings with stakeholders and the efficiency of this period will be dependent on the ability to gather key stakeholders for meetings in a timely manner. Anticipating the commitment and cooperation of key stakeholders, we plan to adhere to the following schedule. Project month (PM) 01: An initial meeting of the planning group and scheduling cross-system meeting(s). PM 01 -03: Data assessment and cross system meeting(s). PM 04: A preliminary report summarizing current practices and action steps for each intercept will be produced. PM 04-10: Interviews with stakeholders at each intercept, quantitative data analyses and consultation with planning group. PM 11-12: Production of final report with recommendations, meetings with planning group and others deemed appropriate for implementation efforts (e.g., CJAB).

{Because of space limitations, full citations to references in the text have not been provided. These are available from Dr. Mulvey or Ms. Schubert on request}.

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Budget (10 points, not included in page count)

11. Provide a budget narrative that demonstrates the capacity to manage evaluation funds in a responsible manner.

Edward Mulvey, PhD (Principal Investigator), is Professor of Psychiatry at the University of Pittsburgh, and director of the Law & Psychiatry program at Western Psychiatric Institute & Clinic. Dr. Mulvey has over 30 years of experience at the University as the director of studies that have been supported by federal, state and private foundation grant funds. Carol Schubert, MPH (Project Coordinator) has over 30 years of experience as a project coordinator for the research projects conducted by Dr. Mulvey and, in this role, has carefully and regularly monitored the spending of grant funds. Dr. Mulvey and Ms. Schubert have a long history of meeting funder expectations regarding reporting and use of funds. They have never had an incident when they have failed to comply with the funder requirements or any incidents of fiscal mismanagement.

Funds for the evaluation will be awarded to the University of Pittsburgh and their disbursement will be managed by the University of Pittsburgh. As a major research institute, the University of Pittsburgh has a well-developed infrastructure for the responsible management of study funds. Oversight regarding the management of study funds is provided at multiple levels (e.g. Office of Grants and Contracts, Research Accounting) and includes policies and procedures which Dr. Mulvey and Ms. Schubert are required to follow to guard against any misuse. The offices mentioned above reconcile all expenditures on accounts and produce regular reports of study fund balances.

12. Attach a budget that reflects a realistic estimate of the costs associated with completion of the evaluation.

Our funding request to DHS includes the following projected expenses.

Personnel:

Edward P. Mulvey, PhD (Role: Principal Investigator). 15% effort with salary support.

Salary: \$26,536

Fringe benefits @ 27.2%: \$7,218

Total: \$33,754

Carol Schubert, MPH (Role: Evaluation Coordinator). 25% effort with salary support.

Salary: \$22,891

Fringe benefits @ 39.2%: \$8,973

Total: \$31,864

TBH Law Student employee (Role: support staff). 20% effort with salary support provided to a single student or split between two students.

Salary: \$6,240

Fringe benefits not provided for student employees per University policy.

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Consultant Costs:

Patricia Griffin, PhD. (Role: Consultant)
60 hours of consultation at a rate of \$50 per hour
Total: \$3,000

Total Direct costs: \$74,858

In order to ensure that the goals proposed in this application are achievable, Dr. Mulvey requested and has been granted permission by the University of Pittsburgh Financial Research Administrator for the Health Sciences to waive the F&A rate costs typically requested by the University. This waiver leaves all award monies to cover direct costs of the evaluation.