Evaluating Effectiveness of a Public Mental Health Re-entry Program: Strategic Statewide Partnerships

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The study goal is to address the emerging public mental health crisis of truncated continuity of care for individuals with serious mental illness involved in the criminal justice system and exiting corrections in particular.

**Goals and Objectives**

The research goals for this project are:

1. To compare post-incarceration outcomes (re-arrest, re-incarceration and problematic substance use) of FTT clients with other prisoners receiving correctional based mental health services at the time of release who were ineligible for the FTT program and compare costs and benefits of the FTT program; and
2. To use multivariate analytic techniques to determine factors that may affect disparities in post-incarceration outcomes by demographic factors, housing status, substance abuse and age of participants in the FTT and comparison group after controlling for most recent governing offense and geographic region.

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**Summary/Abstract**

This study is the first-ever initiative to merge administrative databases in Massachusetts to evaluate an important public mental health program. It examines post-incarceration outcomes of adults with serious mental illness (SMI) enrolled in the Massachusetts Department of Mental Health (DMH) Forensic Transition Team (FTT) program. The program began in 1998 with the goal of transitioning offenders with SMI released from state and local correctional facilities utilizing a core set of transition activities. In this study we evaluate the program's effectiveness using merged administrative data from various state agencies for the years 2007 – 2011, comparing FTT clients to released prisoners who, despite having serious mental health disorders, did not meet the criterion for DMH services. By systematically describing our original study design and the barriers we encountered, this report will inform future efforts to evaluate public programs using merged administrative databases and electronic health records.

**Approach and Methods**

The analysis of the merged datasets provides information on “interconnectedness” of individuals with SMI and diverse public health agencies and public safety entities, cross-validates findings from different areas of the re-entry process, and has increased discussions of the importance of data accuracy to improve measurement, synthesize knowledge, and develop explanations for the complex processes involved in enhancing re-entry efforts for a population in great need of services. Without undertaking this study, we would not have known about the feasibility of harmonizing databases and the potential to conduct rigorous analyses of comprehensive programs serving multi-problem populations who utilize an array of services from distinct agencies in the community. By systematically documenting the barriers and facilitators of our collaboration with various state agencies our study is timely, as it relates to the increasing emphasis on electronic health records and the importance of identifying data elements that may be required for routine data collection.

**Next Steps**

We believe that our findings address our study goal and will inform development of policies and practices that not only address the needs of individuals with mental disorders leaving correctional custody, but also provide an analysis of the cost-effectiveness related to aspects of the FTT program, re-entry services, and the utility of data and agency collaborations for program evaluation. It is important to note that by design the FTT was expected to serve only individuals with SMI and DMH service authorization, a small portion of the open mental cases in correctional facilities. Clearly overlapping services are still needed for individuals who do not meet the stringent FTT eligibility criterion and our study will further elucidate the needs of these individuals.

**References and Resources**