Reuben Engagement Center (REC)
Metrics and Evaluation Plan
DRAFT 1-26-2016

NOTE* This document is open to public comment until April 4. Any suggestions or edits should be addressed to Julie Fidler and sent via email.

Statement of Purpose: The purpose of this document is to serve as a living guide for explaining the general approach and methods for the evaluation plan for evaluating the Reuben Engagement Center with respect to its processes, programs, and outcomes. This guide also includes specific proposed metrics. However, some of the details, including specific variables measured, and specific metrics included in a dashboard, may be amended over time depending on ongoing improvements in the processes and programs.

Additionally, all client information and protected health information (PHI) will be blinded, confidential, and treated with the utmost integrity in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and subsequent changes to that act. In addition, we will seek Institutional Review Board (IRB) approval and we will adhere to established guidelines regarding the collection, extrapolation, and release of data and information related to the clients of the Reuben Engagement Center.

Brief summary: The evaluation plan will cover,

I. Ongoing Dashboard of Admission, Detox Completion and Treatment Referral – monthly outputs report.
II. Process Improvement Assessment – annually.
III. Estimated Fixed Cost Savings – six month and ongoing annual reports.
IV. Actual Cost Per Client Analysis – annually.
V. Actual Cost Aversion based on 50 genuine clients – comparative assessment from year to year.
VI. Success/Recidivism of Clients – third year cumulative assessment.

Evaluation Plan by Year:

YEAR 1 (January 2016 – December 2016)

The evaluation team will work with Reuben Engagement Center (REC) board members to construct and operationalize a series of **dashboard Items** that can be automatically generated and presented at monthly board meetings, and ideally available via website. These dashboard data elements will be standardized so that trend patterns can be examined. Examples of dashboard items are shown in the **REC Evaluation Matrix**.

A care plan is #1 of four possible outcomes.
The other three outcomes, which will be reported for REC internal dash board purposes not external dash board metrics, are: #2 Violence in REC then arrested, #3 Medical emergency in REC then transported to hospital, #4 Self-discharged from REC against medical advice.

Additionally, we will collect data on safety issues and adverse events (e.g., death, falls, seizures, other trauma, violence against another client or staff, arrested at REC, transfer to emergency room (reason for transfer). Adverse events will be reported for internal purposes and will be used as training opportunities to determine "what we can do differently" and "how we can reengage clients".

The evaluation team will collect ongoing cost data to determine **average per-person REC costs**. These REC costs will be compared to costs for two types of comparisons:

1. **Individual histories**. In this method, clients serve as their own controls. We will consecutively invite the **first 50 REC clients** to consent to release of medical and criminal histories so that we can gather five-year retrospective data. Retrospective data will include prior hospital costs, criminal justice involvement (jail, court, law enforcement), and emergency medical services. The story is that we might expect the same persons to exhibit similar costs in the future year if we did nothing at all, and that hopefully the REC will interrupt the cost trajectory. (Note: See Year 2 plan for prospective follow-up of these 50 clients).

2. **One-time fixed study of costs**. We will work with community stakeholders to determine **the 2015 average per-person fixed costs** based on the minimum specified REC eligibility (i.e., Public Intoxication). This will include the 2015 average per-person cost for the following categories for persons <u>following public intoxication</u>,

    a. (1) Hospital costs including emergency department and inpatient costs
    b. (2) Jail costs following public intoxication.
    c. (3) Court costs following public intoxication.
    d. (4) Law enforcement costs – arrest, transportation costs.
    e. (5) Emergency Medical Services (EMS) – ambulance.

Additional activities of the evaluation team in Year 1 will include,

1. Conduct a Quality Improvement review of cases.
    a. Cases where IMPD or paramedics transported,
        i. Directly to jail.
        ii. Directly to hospital.
        iii. From jail wagon to hospital.
    b. We will identify education opportunities for the public and training opportunities for REC staff and partners.
2. Assess the accuracy of metrics.

A process and implementation assessment will be conducted. This will include,

1. Focus groups and observations with REC staff, discussions with key stakeholders, and interviews with REC clients.
2. Processes will be documented and evaluated as described in the Matrix, such as the process to solidify the letters of agreement/ commitment with supportive service providers.
3. Identification of strengths, barriers to success, needs, and future goal.
4. A report will be constructed that details
    a. (1) trends in the dashboard items,
    b. (2) the average cost per REC client compared to the hypothetical one-time fixed costs, (3) the average cost per REC client compared to the historical 5 years costs of the first 100 REC clients, and
    c. (4) the results of the implementation assessment.
5. Using these data the evaluation team will assess the REC (including potential cost savings).

6. This assessment will also include comparisons to other criminal justice diversion sites (e.g., San Antonio Restoration Center).

YEAR 2 (January 2017 – December 2017)*

The evaluation team will work with REC staff and board members to determine the **per diem, per client, operational cost of the REC**. This per diem cost will be broke down based on intake status (i.e., homeless, criminal justice diversion) and service utilization.

Short-term (3 to 6 month) follow-up data on the **first 50 REC clients** will be gathered (in many cases REC clients will not have a year of data available post REC exit, hence short-term). Prospective information for clients who entered the REC from homelessness will be available from the Homelessness Management Information System (HMIS).

Some of the individual histories (pre-REC vs post-REC) will be highlighted in greater detail (with permission of clients) for dissemination because stories, such as "Million Dollar Murray", are easy to read and can convey context-rich information not captured by simple numbers.

With these data we will conduct a short-term **cost-benefit analysis**. This analysis will include the first 50 clients' prior cost (hospital, jail, court, law enforcement, emergency medical), costs incurred at the REC, and costs post REC exit.

Insights from Year 1 process metrics will be used to improve the processes for Year 2.

YEAR 3 (January 2018 – December 2018)

In Year 3, the evaluation team will follow-up on the first year of 50 REC clients to examine costs data discussed above:

a. (1) Hospital costs including emergency department and inpatient costs
b. (2) Jail costs following public intoxication.
c. (3) Court costs following public intoxication.
d. (4) Law enforcement costs – arrest, transportation costs.
e. (5) Emergency Medical Services (EMS) – ambulance.

We will also assess the following outcomes:

1. How many weeks remained in the referral treatment program.
2. Whether completed the referral treatment program.
3. Recidivism broadly defined.
    a. Any pathway from REC to an event related to the 5 cost areas:
        i. Hospital
        ii. Jail
        iii. Court
        iv. Law enforcement -- arrested
        v. Emergency medical service
    b. Learn reasons why.
    c. Not failure of REC, marker of severity or condition, indicates need more services.
    d. Compare to benchmark of high recidivism for 50 clients' individual histories.

*Footnote: The evaluation team will partner with IUPUI (Public Policy Institute, Public Health, Biostatistics, Public Affairs, Social Work, etc.) to identify students and volunteers to participate in REC evaluation efforts through internships and research credits.

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