

NYS DIVISION OF CRIMINAL JUSTICE SERVICES and NYS OFFICE OF MENTAL HEALTH IN
COLLABORATION WITH ONONDAGA COUNTY DEPARTMENT OF PROBATION

Sequential Intercept Mapping Final Report – Onondaga County, NY

October 23-24, 2014

Prepared by: Policy Research Associates, Inc.

Dan Abreu, MS CRC LMHC

Diane Buoni, MA

Acknowledgement

PRA wishes to thank Bernard Wilson, Supervisor of Contract Administration and Valerie Chakedis, Ed.D., Consultant from OPCA for their assistance with the coordination of this event.

Introduction:

The Office of Probation and Correctional Alternatives (OPCA) received a Bureau of Justice Assistance *Justice and Mental Health Collaboration Program (JMHCP)* Grant to provide technical assistance to New York counties in collaboration with NYS Office of Mental Health (OMH) to reduce crime and improve outcomes for individuals with mental illness by enhancing criminal justice and behavioral health collaboration in specific areas.

Background:

OPCA contracted with Policy Research Associates (PRA) to provide a Sequential Intercept Mapping Workshop.

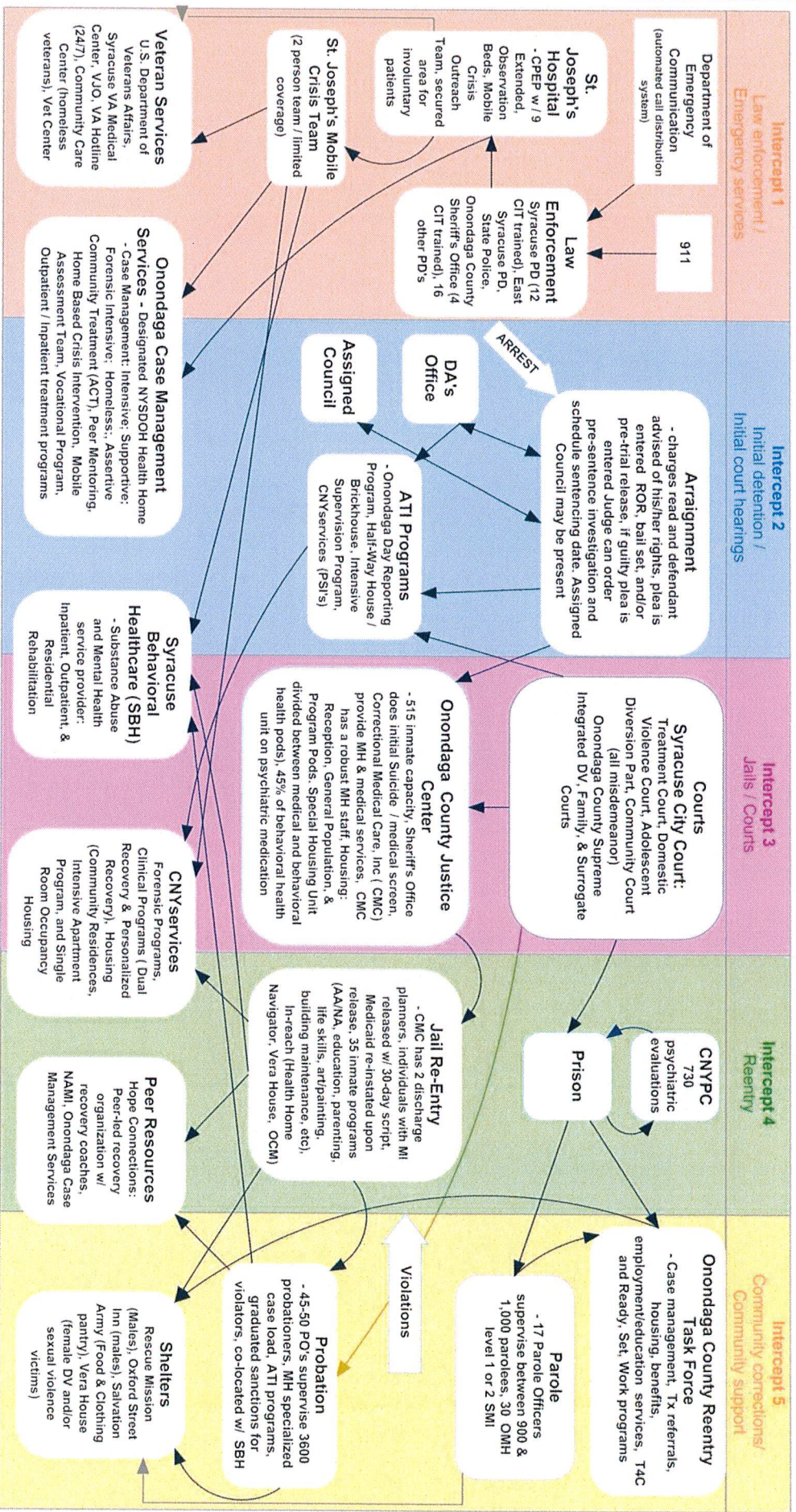
The *Sequential Intercept Mapping Workshop* has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along five distinct intercept points: Law Enforcement and Emergency Services, Initial Detention and Initial Court Hearings, Jails and Courts, Re-entry, and Community Corrections/Community Support.
2. Identification of gaps, resources, and opportunities at each intercept for individuals in the target population.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.

In addition, the JMHCP offers technical assistance as follows:

- development or enhancement of specialized probation caseloads
- development or expansion of peer support in justice settings
- enhancing justice partnerships with case management and care coordination services
- improving data development and analysis to track outcomes for justice involved individuals
- improving Mental Health Screening in justice settings
- expanding police mental health training and improving collaboration between police and emergency and crisis behavioral health services
- improving transition services from jail to the community

The participants in the workshops represented multiple stakeholder systems including mental health, substance abuse treatment, health care, human services, corrections, advocates, NAMI, consumers, law enforcement, health care (emergency department and inpatient acute psychiatric care), and the courts. A complete list of participants is available in the Appendix of this document (pg. 19). Dan Abreu, MS, CRC, LMHC and Diane Buoni, MA from Policy Research Associates, Inc., facilitated the workshop sessions.



NYS DIVISION OF CRIMINAL JUSTICE SERVICES and NYS OFFICE OF MENTAL HEALTH
IN COLLABORATION WITH
ONONDAGA COUNTY DEPARTMENT OF PROBATION AND DEPARTMENT OF ADULT AND
LONG TERM CARE SERVICES

JUSTICE AND MENTAL HEALTH COLLABORATION PROGRAM

Agenda

Onondaga County Justice Center, Conference Room
555 S. State Street, Syracuse, NY 13202

Day One – October 23, 2014

- | | |
|------------------|---|
| 8:30 - 9:00 am | Registration and Networking |
| 9:00 - 9:15 am | Welcome by Ann Rooney, Deputy County Executive for Human Services |
| 9:15 - 9:45 am | Overview of the JMHCP by Robert Maccarone, Deputy Commissioner NYS DCJS,
Director of Office of Probation and Correctional Alternatives |
| 9:45 - 10:30 am | Workshop Focus, Goals, Tasks and Collaboration: What's Happening Locally
Dan Abreu, Senior Project Associate and Diane Buoni, Project Associate, Policy
Research Associates |
| 10:30 - 10:45 am | BREAK |
| 10:45 - 12:30 pm | What Works! Keys to Success

The Sequential Intercept Model
The Basis of Cross-Systems Mapping
Five Key Points for Interception

Cross-Systems Mapping
Creating a Local Map
Examining the Gaps and Opportunities |
| 12:30 - 1:30 pm | LUNCH |
| 1:30 - 3:15 pm | Establishing Priorities
Identify Potential, Promising Areas for Modification Within the Existing
System |
| 3:15 - 3:30 pm | BREAK |
| 3:30 - 4:30 pm | Wrap-Up Review and Setting the Stage for Day 2 |
| 4:30 pm | Adjourn |

NYS DIVISION OF CRIMINAL JUSTICE SERVICES and NYS OFFICE OF MENTAL HEALTH
IN COLLABORATION WITH
ONONDAGA COUNTY DEPARTMENT OF PROBATION AND DEPARTMENT OF ADULT AND
LONG TERM CARE SERVICES

JUSTICE AND MENTAL HEALTH COLLABORATION PROGRAM

Agenda

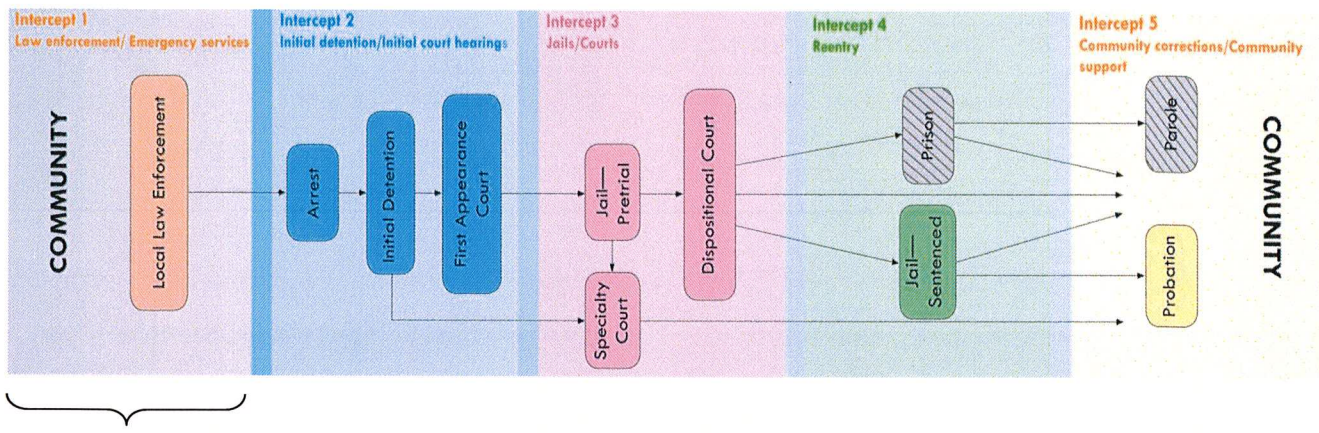
Onondaga County Justice Center, Conference Room
555 S. State Street, Syracuse, NY 13202

Day Two - October 24, 2014

8:30 - 8:45 am	Greeting Preview of the Day
8:45 - 9:30 am	Review Day 1 Accomplishments Onondaga County Priorities Keys to Success in Community
9:30 - 10:45 am	Action Planning
10:45 - 11:00 am	BREAK
11:00 - 11:45 am	Finalizing the Action Plan
11:45 - 12:15 pm	Next Steps
12:15 - 12:30 pm	Summary and Closing
12:30 pm	Adjourn

Return date to Onondaga County is scheduled for Wednesday, December 3, 2014.
PRA will deliver the Sequential Intercept Mapping Report and Action Plan at that time.

Intercept 1: Pre-arrest Diversion



Resources

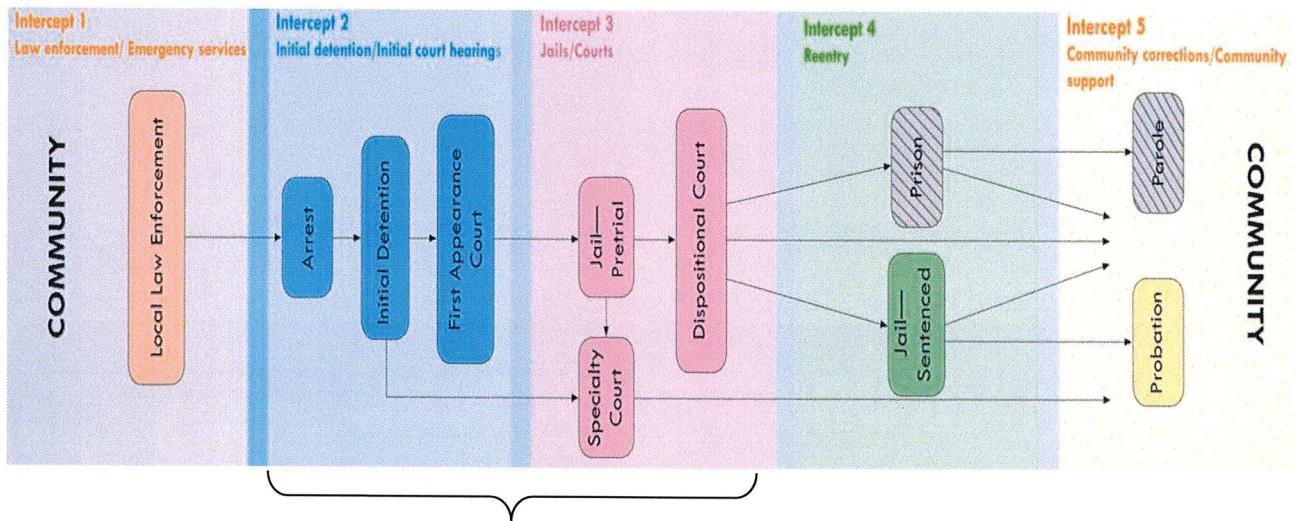
- The Syracuse Police Department and the Onondaga Sheriff’s Office have Crisis Intervention Team (CIT) trained officers
- Dispatch screens for individuals in crisis and/or previous 911 callers
- Police officers and Sheriff’s Office officers transport to St. Joseph’s Hospital Comprehensive Psychiatric Emergency Program (CPEP) – Smooth transition at drop off from officer to hospital staff
- CPEP has a separate entrance for patients with Behavioral Health disorders
- St. Joseph’s Hospital collects data on **F**requent **U**tillers of **S**ervices (FUSE Committee)
- St. Joseph’s Hospital has Mobile Crisis Teams (2-person teams alternate)
- Hope Connections do inreach at St. Joseph’s Hospital (peers)
- Syracuse Behavioral Health has walk-in assessments
- Vera House offers trauma & domestic abuse services

Gaps

- Improve integration between 911 operators and crisis hotline operators
- Expand Mobile Crisis Team coverage

- Limited Intercept 1 peer involvement
- Lack of veteran specific training
- 911 operators do not currently screen for veteran status
- Expand CIT training and define CIT officer's roles
- Capture data from Mobile Crisis & CPEP on high user times

Intercepts 2 and 3:



Resources

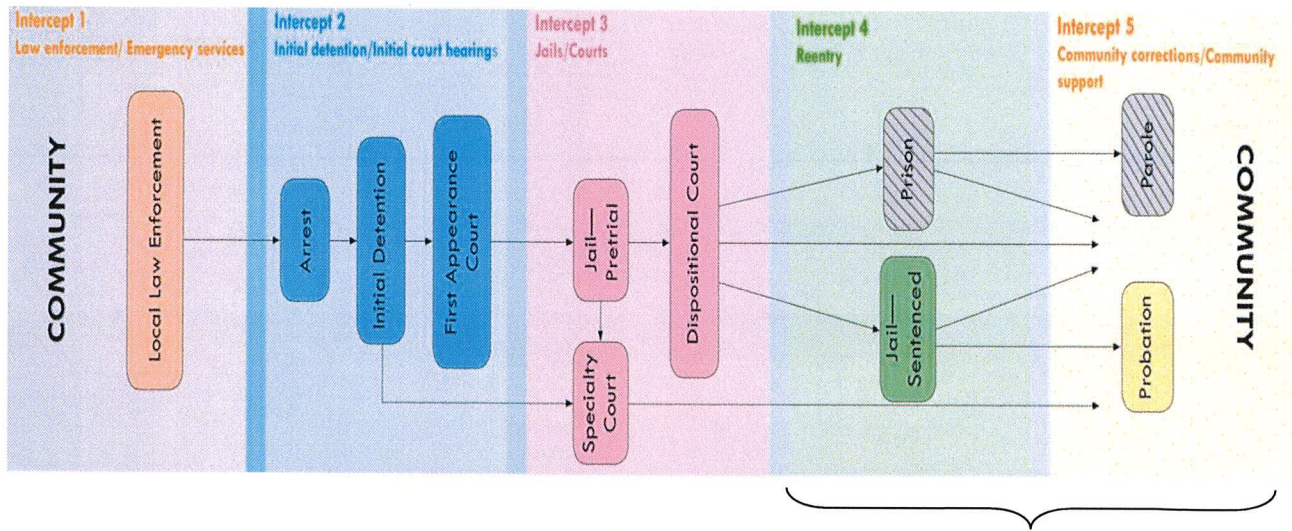
- Sheriff's Office uses mental health and medical screen
- Pre-trial services has over 200 on case load – diversion and/or treatment is recommended to judges when appropriate
- Alternative to Incarceration Programs
 - ✓ Onondaga County Day Reporting Program
 - ✓ Onondaga Half-Way House
 - ✓ Onondaga County Intensive Supervision Program

- Central New York Services advocates for detainees who cannot make bail (also provide case management services)
- Jail Ministry is involved with the Department of Probation's Bail Expediter Program
- Onondaga Case Management Services receives a daily list of recent admissions to the Behavioral Health Unit at the jail and from CPEP Unit at St. Joseph's Hospital
- Justice Center Housing
 - ✓ Reception Pods
 - ✓ General Population Pods
 - ✓ Program Pods: 35+ inmate programs (Education, Building Maintenance, Parenting, Office Skills, Art, Food Services, Painting, Life Skills, GED, etc.)
 - ✓ Special Housing Unit: Medical Pod & Behavioral Health Pod

Gaps

- Explore Mental Health & Veteran diversion opportunities within the District Attorney's Office
- Inconsistent Assigned Council – diversion barrier
- Overcrowding at Justice Center (many inmates are housed out of county)
- Unscheduled releases inhibits discharge planning
- Longer than average stays on the Behavioral Health Unit
- Forty-five percent of inmates on Behavioral Health Unit are on medication

Intercepts 4 and 5:



Resources

- Justice Center makes referrals to Onondaga Case Management
- Inmates on psychiatric medications are released with a 30 day script and an outpatient treatment appointment (Medicaid applications are initiated prior to release)
- Department of Health has a universal Behavioral Health release form available for download on their website
- Syracuse School District is training School Therapists in Trauma Informed Care
- Probation & Parole both use the COMPAS screening tool to determine risk and supervision level (both also collect violators data)
- Parole has Mental Health specialized case load
- Parole Officers work with SPOA Coordinator on Medicaid applications for OMH designated level 1, 2, and 3 clients
- Onondaga County Reentry Task Force (OCRTF) provides Ready, Set, Work and Thinking for a Change programs
- OCRTF sub-contracts with Vera House for shelter and Syracuse Behavioral Health for Anger Management classes

- Syracuse Behavioral Health and Probation Department are co-located

Gaps

- St. Joseph's Hospital must provide patients with medication upon release in order for certain community programs to accept the patient
- Challenge for Parole Officers to get information from OMH facilities in a timely manner
- Scripts for certain medications require prior authorization or they cannot be filled (insurance company issue)
- Explore cross agency information exchange
- Housing: many individuals do not meet HUD definition of "homeless"

Learning Site Opportunities

St. Joseph's Comprehensive Psychiatric Emergency Program (CPEP)

The Comprehensive Psychiatric Emergency Program at St. Joseph's Hospital has three main components:

- ✓ Emergency Room Evaluation and Treatment
- ✓ Extended Observation Beds (9)
- ✓ Mobile Crisis Outreach

The CPEP Emergency Room provides patients in crisis a complete psychiatric examination and a treatment/disposition plan specific to the patient's needs. Nine Emergency Observation Beds are available for patients needing further observation and/or stabilization. The Mobile Crisis Team provides off-site screening for individuals in crisis and performs home visits for patients recently discharged from CPEP. St. Joseph's CPEP is fully staffed 24 hours a day, seven days per week.

ACTION: Systems Mapping & Action Planning Action Planning Matrix Onondaga County Priorities

Priority Area 1: Identify, Plan, and Share Data Resources / Improve Data Collection

Objective	Action Step	Who	When
1. Track Police / Arrest Data	<ul style="list-style-type: none"> - Identify data points - Dispatch data collection 	CIT Training Curricula Workgroup	TBD
	<ul style="list-style-type: none"> - Add a Mental Health checkbox to the police report - Track officer / civilian injuries 	Law Enforcement	TBD
2. Track St. Josephs CPEP data	TBD	TBD	TBD

Priority Area 2: Expand Forensic Peer Capacity

Objective	Action Step	Who	When
Include formal peer involvement in planning	St. Joseph's looking into hiring peers for CIT Program	TBD	TBD
	Explore jail peer inreach	Vince Wasilewski – Onondaga Sheriff's Office	TBD
	Review peer resources: Onondaga Case Management Services, Hope Connections, Catholic Charities, NYAPR's, VA	TBD	TBD

Priority Area 3: Explore Court Based Mental Health and Co-Occurring Diversion Programs

Objective	Action Step	Who	When
Show a need for MH diversion programs	Educate Judges	TBD	TBD
	Explore "diversion expeditors" - Court based - Jail based - Misdemeanor vs Felony	TBD	TBD

Other Priorities:

1. Expand Mobile Crisis Outreach
2. Monitor Health Home implementation to ensure appropriate access for high need individuals; such as, the justice involved population (develop services flow chart)
3. Improve partnership with assigned council to develop MH diversion strategies
4. Funding support for training to fully implement CIT program
5. Reinvestment funding strategies
6. Review and enhance membership on the Criminal Justice Advisory Board (develop implementation sub-committee)

Resources:

Crisis Resources:

Mental Health First Aid - The National Council for Community Behavioral Health offers a Mental Health First Aid 8-hour course which can be offered in one 8-hour block or in multiple sessions. The training provides more flexibility in training delivery, especially for smaller jurisdictions. While not as intensive as CIT training, the training does include improving skills in identifying mental illness, de-escalation and referral to resources. <http://www.mentalhealthfirstaid.org/cs/>

Crisis Intervention Team International and The Council of State Governments Justice Center's "Essential Elements of Police-Based Response" emphasize that beyond training, police-based crisis response programs require partnerships with community crisis and emergency providers to provide for a quick response to police based referrals, coordinated protocols that allow for timely screening and triage of persons in behavioral health crisis.

The National Association of Counties has published "Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems." This guide provides guidance for development of partnerships and specialized crisis response.

<http://www.naco.org/newsroom/pubs/Documents/Health,%20Human%20Services%20and%20Justice/CrisisCarePublication.pdf>

The CSG Justice Center publication "Statewide Law Enforcement/Mental Health Efforts" describes statewide law enforcement initiatives and best practices.

https://www.bja.gov/Publications/CSG_StatewideLEMH.pdf

Mental Health Substance Abuse Crisis Services Redesign Brief - May 2010 (Appendix 2)

Diversion Resources

San Diego's Serial Inebriate Program (SIP)

<http://www.mhsinc.org/serial-inebriate-program-sip-0>

A Guide to Implementing Police-Based Diversion Programs for People with Mental Illness.

http://gainscenter.samhsa.gov/pdfs/jail_diversion/AGuidetoImplementingPoliceBasedDiversion.pdf

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

http://gainscenter.samhsa.gov/pdfs/jail_diversion/nathaniel_project.pdf

Practical Advice on Jail Diversion: Ten Years of Learnings on Jail Diversion from the CMHS National GAINS Center http://gainscenter.samhsa.gov/pdfs/jail_diversion/PracticalAdviceOnJailDiversion.pdf

Trauma Resources

Essential Components of Trauma Informed Judicial Practice describes what every judge needs to know about trauma. http://www.nasmhpd.org/docs/NCTIC/JudgesEssential_5%201%202013finaldraft.pdf

Trauma Specific Interventions for Justice Involved Individuals

<http://gainscenter.samhsa.gov/pdfs/ebp/TraumaSpecificInterventions.pdf>

Peer Resources

Involving Peers in Criminal Justice and Problem-Solving Collaboratives

<http://gainscenter.samhsa.gov/cms-assets/documents/62304-42605.peersupportfactsweb.pdf>

Peer Support within Criminal Justice Settings: The Role of Forensic Peer Specialists

<http://www.mhselfhelp.org/storage/resources/tu-clearinghouse-webinars/ForensicPeerGAINSCenter%201.pdf>

Overcoming Legal Impediments to Hiring Forensic Peer Specialists

http://gainscenter.samhsa.gov/peer_resources/pdfs/Miller_Massaró_Overcoming.pdf

NAMI Inmate Medication Form

<http://www.namica.org/criminal-justice.php?page=jail-resources&lang=eng>

“Projects to Empower and Organize the Psychiatrically Labeled” – PEOPLE, INC

<http://www.projectstoempower.org/>

Mental Health Association of Nebraska: Keya House Brochure

<http://www.localherodesign.com/clients/MHA/wp-content/uploads/2013/01/keyahouse-brochure.pdf>

Veteran Resources

Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions http://gainscenter.samhsa.gov/pdfs/veterans/CVTJS_Report.pdf

Justice for Vets, The National Clearinghouse for Veterans Treatment Courts at the National Association of Drug Court Professionals: Ten Key Components of Veterans Treatment Courts
<http://justiceforvets.org/sites/default/files/files/Ten%20Key%20Components%20of%20Veterans%20Treatment%20Courts%20.pdf>

Onondaga County Veteran Service Directory
<http://www.ongov.net/veterans/documents/Veterans%20Booklet%20Web.pdf>

Housing Resources

Supportive Housing for Justice Involved Frequent Users of County Public Systems
http://www.naco.org/newsroom/pubs/Documents/Health,%20Human%20Services%20and%20Justice/Supportive_Housing_2013.pdf

Screening and Assessment

Peters, R.H., Bartoi, M.G. & Sherman, P.B. (2008). *Screening and Assessment of Co-Occurring Disorders in the Justice System*. Delmar, NY: CMHS National GAINS Center
http://gainscenter.samhsa.gov/topical_resources/cooccurring.asp

Validation of the Brief Jail Mental Health Screen
http://gainscenter.samhsa.gov/pdfs/jail_diversion/Psychiatric_Services_BJMHS.pdf

Data Analysis/Matching

Urban Justice Center Publication: "*Justice Reinvestment at the Local Level Planning and Implementation Guide*" <http://www.urban.org/publications/412233.html>

"*Using Management Information Systems to Locate Persons with Serious Mental Illnesses and Co-occurring Disorders in the Criminal Justice System for Diversion*"
http://gainscenter.samhsa.gov/pdfs/jail_diversion/using_mis.pdf

Jail Data Link Frequent Users: A Data Matching Initiative in Illinois (Appendix 3)

Co-Occurring Disorders in Criminal Justice Settings: Resources and Training

<http://gainscenter.samhsa.gov/cms-assets/documents/146593-441014.cod.pdf>

Appendix Index:

1. Sequential Intercept Mapping Participant List
2. Mental Health Substance Abuse Crisis Services Redesign Brief - May 2010
3. Jail Data Link Frequent Users: A Data Matching Initiative in Illinois

Onondaga County SIM Participant List

<u>Participant</u>	<u>Agency</u>	<u>Email</u>
Abbey, Linda	Onondaga County Probation	LindaAbbey@ongov.net
Abbott, Brian	Onondaga Case Management Services- Forensic Services	babbott@ocsminc.org
Backus, Katie	Onondaga County Dept of Adult & Long Term Care	katiebackus@ongov.net
Baranska, Jerry	NYS Dept of Corrections & Community Supervision	
Beck, Barry	Onondaga County Dept of Adult & Long Term Care- Deputy Commissioner	barrybeck@ongov.net
Bloom, Randy	Onondaga County Dept of Corrections	
Butler, Dan	Onondaga County Sheriff's Office- Deputy	danielbutler@ongov.net
Caiella, Mike	Onondaga County Sheriff's Office- Custody- Captain	michaelcaiella@ongov.net
Calverase, Kimberly	Syracuse City Police Department- Community Policing	kcalverase@syracusepolice.org
Capriozzi, Alex	Onondaga County Sheriff's Office	Alexandercapriozzi@ongov.net
Schell, Sarah	St. Joseph's Hospital Emergency Services Director	Sarah.Schell@sihsyr.org
Cieplicki, Keith	Jail Ministry	jalministry@gmail.com
Combs, Chuck	Onondaga County Emergency Communications- Supervisor	chuckcombs@ongov.net
Cowin, Tim	Onondaga County Dept of Corrections	timothycowin@ongov.net
Day, Deanne	Onondaga County Correct Care Solutions Behavioral Health Director	dday@correctcareresolutions.com
Dougherty, Hon. Stephen	Syracuse City Court Judge	cartini@courts.state.ny.us

Onondaga County SIM Participant List

Galuppi, Phil	Onondaga County Probation	philgaluppi@ongov.net
Jackson, Kristen	Onondaga County Probation	KristenJackson@ongov.net
Klemanski, Jeremy	Syracuse Behavioral Health- Executive Director	jeremyk@sbh.org
Klock, Marlene	Onondaga County Re-entry Taskforce- Coordinator	marlene.klock@dfa.state.ny.us
LeGacy, Sheila	NAMI Board Member	slegacy@TL-S-onondaga.org
Long, Robert	Onondaga County Dept of Adult & Long Term Care- Commissioner	boblong@ongov.net
Mahaney, Jim	Onondaga County Legislature - Legislative Aide	jimmahaney@ongov.net
Mathers, Jim	Onondaga County Probation	jamesmathers@ongov.net
Manfredi, Mike	Onondaga County DA rep	
Morrow, Diane	St. Joseph's Hospital - Health Homes	
Noder, Eve	Cayuga Counseling Services	
Peyer, Bob	Onondaga Case Management Services- Forensic Services	bpeyer@ocmsinc.org
Riposa, RuthAnn	Onondaga County Correct Care Solutions Health Services Administrator	ruthannriposa@ongov.net
Rooney, Ann	Onondaga County- Deputy County Executive- Human Services	annrooney@ongov.net
Rose, Steffany	Transitional Living Services/Residential Director	Strose@tlis-onondaga.org
Scott, Justin	Catholic Charities/Hope Connections- Peer Recovery Coach	iscott@ccoc.us
Sicherman, Andrew	Onondaga County Probation- Commissioner	andysicherman@ongov.net
Wasilewski, Vince	Onondaga County Sheriffs Office- Custody- Assistant Chief	vincewasilewski@ongov.net
Wenham, Melissa	Onondaga County Probation	melissawenham@ongov.net

Crisis Services

The Department of State Health Services (DSHS) funds 37 LMHAs and NorthSTAR to provide an array of ongoing and crisis services to individuals with mental illness. Laws and rules governing DSHS and the delivery of mental health services require LMHAs and NorthSTAR to provide crisis screening and assessment. Newly appropriated funds enhanced the response to individuals in crisis.

The 80th Legislature

\$82 million was appropriated for the FY 08-09 biennium for improving the response to mental health and substance abuse crises. A majority of the funds were divided among the state's Local Mental Health Authorities (LMHAs) and added to existing contracts. The first priority for this portion of the funds was to support a rapid community response to offset utilization of emergency rooms or more restrictive settings.

Crisis Funds

- **Crisis Hotline Services**
 - Continuously available 24 hours per day, seven days per week
 - All 37 LMHAs and NorthSTAR have or contract with crisis hotlines that are accredited by the American Association of Suicidology (AAS)
- **Mobile Crisis Outreach Teams (MCOT)**
 - Operate in conjunction with crisis hotlines
 - Respond at the crisis site or a safe location in the community
 - All 37 LMHAs and NorthSTAR have MCOT teams
 - More limited coverage in some rural communities

\$17.6 million dollars of the initial appropriation was designated as community investment funds. The funds allowed communities to develop or expand local alternatives to incarceration or State hospitalization. Funds were awarded on a competitive basis to communities able to contribute at least 25% in matching resources. Sufficient funds were not available to provide expansion in all communities served by the LMHAs and NorthSTAR.

Competitive Funds Projects

- **Crisis Stabilization Units (CSU)**
 - Provide immediate access to emergency psychiatric care and short-term residential treatment for acute symptoms
 - Two CSUs were funded
- **Extended Observation Units**
 - Provide 23-48 hours of observation and treatment for psychiatric stabilization
 - Three extended observation units were funded
- **Crisis Residential Services**
 - Provide from 1-14 days crisis services in a clinically staffed, safe residential setting for individuals with some risk of harm to self or others
 - Four crisis residential units were funded
- **Crisis Respite Services**

- Provide from 8 hours up to 30 days of short-term, crisis care for individuals with low risk of harm to self or others
- Seven crisis respite units were funded
- **Crisis Step-Down Stabilization in Hospital Setting**
 - Provides from 3-10 days of psychiatric stabilization in a psychiatrically staffed local hospital setting
 - Six local step-down stabilization beds were funded
- **Outpatient Competency Restoration Services**
 - Provide community treatment to individuals with mental illness involved in the legal system
 - Reduces unnecessary burdens on jails and state psychiatric hospitals
 - Provides psychiatric stabilization and participant training in courtroom skills and behavior
 - Four Outpatient Competency Restoration projects were funded

The 81st Legislature

\$53 million was appropriated for the FY 2010-2011 biennium for transitional and intensive ongoing services.

- **Transitional Services**
 - Provides linkage between existing services and individuals with serious mental illness not linked with ongoing care
 - Provides temporary assistance and stability for up to 90 days
 - Adults may be homeless, in need of substance abuse treatment and primary health care, involved in the criminal justice system, or experiencing multiple psychiatric hospitalizations
- **Intensive Ongoing Services for Children and Adults**
 - Provides team-based Psychosocial Rehabilitation services and Assertive Community Treatment (ACT) services (Service Package 3 and Service Package 4) to engage high need adults in recovery-oriented services
 - Provides intensive, wraparound services that are recovery-oriented to address the child's mental health needs
 - Expands availability of ongoing services for persons entering mental health services as a result of a crisis encounter, hospitalization, or incarceration



Jail Data Link Frequent Users A Data Matching Initiative in Illinois

Overview of the Initiative

The Corporation for Supportive Housing (CSH) has funded the expansion of a data matching initiative at Cook County Jail designed to identify users of both Cook County Jail and the State of Illinois Division of Mental Health (DMH).

This is a secure internet based database that assists communities in identifying frequent users of multiple systems to assist them in coordinating and leveraging scarce resources more effectively. Jail Data Link helps staff at a county jail to identify jail detainees who have had past contact with the state mental health system for purposes of discharge planning. This system allows both the jail staff and partnering case managers at community agencies to know when their current clients are in the jail. Jail Data Link, which began in Cook County in 1999, has expanded to four other counties as a result of funding provided by the Illinois Criminal Justice Information Authority and will expand to three additional counties in 2009. In 2008 the Proviso Mental Health Commission funded a dedicated case manager to work exclusively with the project and serve the residents of Proviso Township.

Target Population for Data Link Initiatives

This project targets people currently in a county jail who have had contact with the Illinois Division of Mental Health.

- **Jail Data Link – Cook County:** Identifies on a daily basis detainees who have had documented inpatient/outpatient services with the Illinois Division of Mental Health. Participating agencies sign a data sharing agreement for this project.
- **Jail Data Link – Cook County Frequent Users:** Identifies those current detainees from the Cook County Jail census who have at least two previous State of Illinois psychiatric inpatient hospitalizations and at least two jail stays. This will assist the jail staff in targeting new housing resources as a part of a federally funded research project beginning in 2008.
- **Jail Data Link – Expansion:** The Illinois Criminal Justice Information Authority provided funding to expand the project to Will, Peoria, Jefferson and Marion Counties, and the Proviso Mental Health Commission for Proviso Township residents.

Legal Basis for the Data Matching Initiative

Effective January 1, 2000, the Illinois General Assembly adopted **Public Act 91-0536** which modified the Mental Health and Developmental Disabilities Administrative Act. This act allows the Division of Mental Health, community agencies funded by DMH, and any Illinois county jail to disclose a recipient's record or communications, without consent, to each other, for the purpose of admission, treatment, planning, or discharge. No records may be disclosed to a county jail unless the Department has entered into a written agreement with the specific county jail. Effective July 12, 2005, the Illinois General Assembly also adopted **Public Act 094-0182**, which further modifies the Mental Health and Developmental Disabilities Administrative Act to allow sharing between the Illinois Department of Corrections and DMH.

Using this exception, individual prisons or jails are able to send their entire roster electronically to DMH. Prison and jail information is publically available. DMH matches this information against their own roster and notifies the Department of Corrections Discharge Planning Unit of matches between the two systems along with information about past history and/or involvement with community agencies for purposes of locating appropriate aftercare services.

Sample Data at a Demo Web Site

DMH has designed a password protected web site to post the results of the match and make those results accessible to the Illinois Department of Corrections facility. Community agencies are also able to view the names of their own clients if they have entered into a departmental agreement to use the site.

In addition, DMH set up a demo web site using encrypted data to show how the data match web site works. Use the web site link below and enter the User ID, Password, and PIN number to see sample data for the Returning Home Initiative.

- <https://sisonline.dhs.state.il.us/JailLink/demo.html>
 - UserID: cshdemo
 - Password: cshdemo
 - PIN: 1234

Program Partners and Funding Sources

- **CSH's Returning Home Initiative:** Utilizing funding from the Robert Wood Johnson Foundation, provided \$25,000 towards programming and support for the creation of the Jail Data Link Frequent Users application.
- **Illinois Department of Mental Health:** Administering and financing on-going mental health services and providing secure internet database resource and maintenance.
- **Cermak Health Services:** Providing mental health services and supervision inside the jail facility.
- **Cook County Sheriff's Office:** Assisting with data integration and coordination.
- **Community Mental Health Agencies:** Fourteen (14) agencies statewide are entering and receiving data.
- **Illinois Criminal Justice Authority:** Provided funding for the Jail Data Link Expansion of data technology to three additional counties, as well as initial funding for three additional case managers and the project's evaluation and research through the University of Illinois.
- **Proviso Township Mental Health Commission (708 Board):** Supported Cook County Jail Data Link Expansion into Proviso Township by funding a full-time case manager.
- **University of Illinois:** Performing ongoing evaluation and research

Partnership Between Criminal Justice and Other Public Systems

Cook County Jail and Cermak Health Service have a long history of partnerships with the Illinois Department of Mental Health Services. Pilot projects, including the Thresholds Justice Project and the Felony Mental Health Court of Cook County, have received recognition for developing alternatives to the criminal justice system. Examining the systematic and targeted use of housing as an intervention is a logical extension of this previous work.

Managing the Partnership

CSH is the primary coordinator of a large federal research project studying the effects of permanent supportive housing on reducing recidivism and emergency costs of frequent users of Cook County Jail and the Illinois Department of Mental Health System. In order to facilitate this project, CSH funded the development of a new version of Jail Data Link to find the most frequent users of the jail and mental health inpatient system to augment an earlier version of Data Link in targeting subsidized housing and supportive mental health services.

About CSH and the Returning Home Initiative

The Corporation for Supportive Housing (CSH) is a national non-profit organization and Community Development Financial Institution that helps communities create permanent housing with services to prevent and end homelessness. Founded in 1991, CSH advances its mission by providing advocacy, expertise, leadership, and financial resources to make it easier to create and operate supportive housing. CSH seeks to help create an expanded supply of supportive housing for people, including single adults, families with children, and young adults, who have extremely low-incomes, who have disabling conditions, and/or face other significant challenges that place them at on-going risk of homelessness. For information regarding CSH's current office locations, please see www.csh.org/contactus.

CSH's national *Returning Home Initiative* aims to end the cycle of incarceration and homelessness that thousands of people face by engaging the criminal justice systems and integrating the efforts of housing, human service, corrections, and other agencies. *Returning Home* focuses on better serving people with histories of homelessness and incarceration by placing them to supportive housing.



Corporation for Supportive Housing
Illinois Program
205 W. Randolph, 23rd Fl
Chicago, IL 60606
T: 312.332.6690
F: 312.332.7040
E: il@csh.org
www.csh.org