Evaluation of the Jail Data Link Program

Prepared for the Illinois Criminal Justice Information Authority

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May, 2009

This project was supported by Grant # 04-DB-BX-0043 awarded to the Illinois Criminal Justice Information Authority by the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions contained within this document are those of the author and not necessarily represent the official position or policies of the U.S. Department of Justice or the Illinois Criminal Justice Information Authority.

Table of Contents

List of Tables

List of Figures

Executive Summary

Mentally ill jail inmates who were previously served by community mental health centers face three sets of problems: an unplanned disconnect with the mental health agency when they are jailed, inadequate mental health services while they are in jail, and failure to reconnect with the community agency when they exit jail. The Jail Data Link (JDL) project described in this report addresses these problems. JDL represented an improved linkage of the mental health and criminal justice systems. During the project, new detainees with mental health problems were more quickly and accurately identified based on the data linkage, aiding jail decisions on classification and housing. Further, planning for jail discharge started almost immediately after jail arrival in an effort to improve the likelihood of successful reintegration to the community and reduce recidivism.

Program Model and Staffing

There were two primary components to the program model: an online JDL database and Case Managers who used the database to provide improved case management and discharge planning. With funding provided by the Illinois Criminal Justice Information Authority (ICJIA) to the Illinois Department of Human Services, Division of Mental Health (DMH) in 2006, a pilot project was implemented in 2006 in Will, Peoria and Jefferson counties (Illinois). Project goals were (a) to enable jails to quickly and accurately identify mentally ill detainees, (b) provide better mental health services to detainees while confined, (c) initiate and implement joint discharge planning (i.e., involving both jail staff and Case Managers), (d) follow through with the discharge plan for 30 days after jail exit, and (e) reduce jail recidivism.

After pilot funding ended in 2007, DMH sustained the project with internal funds. The project operated in Will County involving the Will County Jail and the Will County Health Department, a DMH funded agency, as partners; in Peoria county with the Peoria County Jail and the Human Services Center; and, in Jefferson County with the Jefferson County Jail and Jefferson County Comprehensive Services. Case Managers had these key roles: (1) Check Data Link system daily for new clients, (2) Determine whether new client is a “target” case, an individual with serious mental illness in need of services (3) Conduct jail visits and interview JDL clients, (4) Share agency data with jail staff and obtain any new data about the client from jail staff, (5) Conduct jail visits and interview additional (non-crossmatched) clients, as requested by jail staff (6) Develop discharge plans and prescribe follow-up services in the community, and (7) Enter data into the Data Link system about the clients, showing discharge planning and other key information about the detainee. The originally planned role of jail staff was to also check the Data Link system daily and to play an active role in discharge planning. As the project evolved, however, the jail staff role was more limited, mostly facilitating the work of the case managers. DMH, mental health centers and jails ensured that the project was adequately staffed and were very supportive of the program model.

The collaborative relationships established at the three sites worked very well. Jails gave Case Managers the access necessary to conduct interviews and begin discharge planning. Case Managers shared with jail staff critical information that might assist jail handling. The support of top executives at the jails and agencies was critical and set the tone. In short, the model of collaboration implemented at these three sites and facilitated by DMH holds promise as an

avenue for similar cooperation in other Illinois communities. Program costs were reasonably modest.

Data Link System

The web-based system available to community mental health center staff and jail staff was created by DMH in 2006, building on an earlier pilot project. The system provides all system users with 24/7 access to information indicating that newly incarcerated individuals had a history of prior mental health treatment by DMH. Three types of data were linked: (a) county jail files, (b) DMH in-patient files, and (c) DMH grant-funded Illinois community mental health center services files. The online system was accessed by agency and jail staff via the internet and it had two main components, one for the local agency and the other for the local jail. A specific User ID governed which county was visible to the user and whether the agency version of the database or the jail version of the database was displayed. A menu of options enabled users to select precisely what they wanted to do, such as retrieve historical data or enter new data.

The system does much to drive the daily work flow of case managers. They use the system each morning to identify new clients who entered the county jail the day before. After assessing whether the client is a target client (and to be given high priority handling) or non-target (lower priority), Case Managers then traveled to the local jail for face-to-face interviews with the target clients. The system is also used to enter key new information that becomes known to any system users (case manager, jail staff, or the case manager supervisor). A key benefit of the online 24/7 data entry system is that data so entered may be viewed at any time of the day by all system users – there is no need to wait until the next business day, for example, to convey information.

The Data Link system contains highly detailed clinical and criminal justice information about mentally ill inmates and it has adequate security safeguards. It was made possible by three-party agreements involving local jails, agencies and DMH. Overall the Data Link system was viewed very positively by users and it was viewed as a very reliable system. It had a wide range of user friendly features designed to facilitate work flow. Most case managers found it easy to access and navigate.

Study Data Sources

The study had four main data sources: DMH reports, an Intensive Case Review (ICR) sample, a Jail Data Link System sample and interviews. *DMH reports* consisted of standard reports prepared by DMH showing demographics and project participation. The *ICR sample* of 45 target cases (15 in each county) was selected by DMH from cases that exited jail after July 1, 2007. The *Jail Data Link system* sample was selected from three days in the fall of 2006. The entire Peoria, Jefferson and Will county inmate populations were identified on those three days (one portion of which was 353 JDL participants), and the file was then sent by DMH to ICJIA to secure criminal history data. DMH then appended data from the Data Link system to the criminal history data for the JDL cases. The Non-JDL sample had basic demographics plus the criminal history data. For purposes of analysis, a random sample of 353 Non-JDL cases was then selected. For the *interviews*, between October and December 2008, researchers made two-day site visits to each of the three counties. The visits typically involved five face-to-face interviews involving case managers, case manager supervisors and the Executive Director at the mental health center, and the Jail Liaison and Sheriff at the county jail. During these site visits, a

full day was dedicated to a discussion of the Intensive Case Review samples. These samples consisted of 15 cases from each site (45 total) selected from the summer of 2007.

Program Participants

Of about 28,000 jail admissions in the first year, about 10% were crossmatched as having been previously served by DMH. About three fourths of the 3,000 crossmatches were determined to be low priority non-target cases, and the case managers focused their efforts on about 800 target cases. On a monthly basis, about 2,400 persons were admitted to the jails, about 250 of those were crossmatched and about 65 cases were target cases needing referral and follow-up services. The other 185 monthly cases could have been served by the Case Managers, but normally were not. Thus, the monthly caseloads actively worked by the Case Managers were fairly small. Peoria county had the largest number of crossmatches in the project (1,808 in the first year, compared to 847 in Will and 324 in Jefferson). Of the 1,808, Peoria county served 567 target cases. Precise demographic data on all JDL project participants were not available. From several sources, it was estimated that project participants were 70% male, 50% white, 45% black, 33 years of age, mostly unmarried, had weak attachments to the labor force, about 1/3 had not completed high school, and many had serious co-occurring substance abuse disorders.

Referrals and Linkages

Of the roughly 800 cases per year that were target cases and eligible for linkage, case managers prepared discharge plans for almost 100% of the cases, a notable program success. However, only about 1/3 were actually linked (i.e., there was a confirmed visit with a community provider after jail exit).

Intensive Case Review Sample

In this 45 case sample, major depressive disorder was the most common diagnosis and theft, aggravated assault and criminal trespass were the most common offenses. Twenty nine of 45 clients had contact with the case manager while they were in jail, and 34 of 45 had discharge plans completed. Discharge plans most typically prescribed outpatient individual or group therapy, psychiatric services and case management services after release from jail. A total of 21 recidivated, and 45 did not. Cases were classified into four groups based on level of contact with the case manager and linkage after jail exit. In the group that had case manager contact and linkage, 10 of 17 did not recidivate. In the group where the case manager had connected with the client while in jail, but the client did not link with services after release, 7 of 12 recidivated. During the group discussions of these 45 cases, the challenges facing the detainees were clear. Most faced not only serious mental illness, but also a history of substance abuse and a variety of other challenges such as low educational levels, unemployment, and little in the way of family supports. For most, these problems were not new, but had been occurring for years or decades.

Recidivism

In this study, there were multiple data sources and methods and some conflicting evidence with regard to recidivism. Three analyses suggest that the JDL program reduced recidivism: the ICR sample (41% linked recidivated, vs. 58% non-linked); a DMH internal study (18% linked recidivated, vs. 47% non-linked); and, the comparison of targeted JDL cases (45%) with non-targeted JDL cases (51%). The other two comparisons, however, suggest that the JDL program did not reduce recidivism – the JDL group recidivated at 49%, compared to 44% for the non-JDL

group, and 54% of the linked group recidivated, compared to 49% of the non-linked group. It should be noted that ICJIA criminal history data are the most reliable data source available to assess recidivism. Taken as a whole, these results are inconclusive with respect to the effect on recidivism and suggest that further study, using a more rigorous research design, is needed.

Conclusion

The need for improved jail discharge planning and community linkage for mentally ill inmates is unquestioned. Many people are intimately connected to both the local criminal justice and community mental health systems and the severity of their problems are such that both systems are needed to help stabilize and control the behaviors and thinking that connects them to these systems. Continuity of care is essential when passing from one system to the next. When people are unexpectedly arrested and jailed, severing ties to the community mental health system which has been sustaining them, and then they are released – all unbeknownst to the clinicians who have been working with them, the chances of relapse to a deteriorated mental state (or of additional criminal behavior) increase.

The Jail Data Link model offers a promising program model to promote continuity of care. It demonstrates that jails, local agencies and a state mental health agency can collaborate effectively to provide better services, and that this can be accomplished at a relatively modest cost. Any strengthening of the relationship between local jails and mental health agencies is a plus, and the Jail Data Link project did just that. This occurred in part because people got to know and trust one another during the course of the project, opening avenues for new collaborative activity.

Accomplishing this is not without challenges. Local mental health agencies see as their mission improving mental health services for everyone in the community, including those confined at the local jail. Jail staff have more of a public safety orientation, and providing services to mentally ill inmates is one of but many challenges they face on a day to day basis. To continue to implement successful programs in collaboration with the jail, and to generally improve the quality and quantity of mental health services to confined inmates, mental health agency staff must remain ever mindful of security issues.

The Data Link system is a well-designed user friendly online system that enables agencies and jails to share information with one another 24/7. Users require minimal training and system maintenance costs are low.

I. INTRODUCTION

A. The Problem

For community mental health agencies, an ongoing challenge is developing an effective treatment plan for clients and keeping clients faithful to the plan. This typically involves establishing a routine of appointments with one or more agency staff, possibly a case manager, a psychiatrist and/or a psychologist. When clients fail to show for scheduled appointments, many agencies try to reach out to clients. Those efforts sometimes succeed and sometimes fail. When outreach efforts fail because the client simply cannot be located, for a substantial segment of clients, the problem is that they are now in the local jail, unbeknownst to agency staff. The Illinois Jail Data Link (JDL) project, described in this report, is an effort to address that problem. The project also addresses two related problems: that mentally ill clients do not get adequate mental health services while they are in jail, and that when they are ultimately discharged from jail, they are not re-linked with the needed community mental health services that they had been receiving previously.

The JDL project addresses problems faced by two local service providers, the jail and the mental health agency. In Illinois it also addresses problems faced by a state agency. Insofar as a portion of community mental health agency services are funded by the Illinois Department of Human Services (IDHS) Division of Mental Health (DMH), JDL addresses a systemic issue faced by DMH with respect to the entire statewide publicly funded system of community mental health services. As described in this report, DMH is the agency which conceptualized an innovative approach to addressing the problem of inadequate mental health jail services and detainee failure to re-link with community services after jail release. DMH developed the JDL program model, implemented it and tested it. JDL addresses these problems by notifying agencies when one of their clients is now in the local jail through an online data system. Further, at the point of jail discharge, the project facilitates client re-entry to agency services.

Mentally ill persons released from local jails risk failing to connect with community treatment services and failing to take needed medications. As a result, they may end up recidivating at the county jail or possibly at a state operated inpatient mental health facility. This problem has been likely exacerbated by the de-institutionalization of mental hospitals, beginning in the 1970s.[1] Persons who were previously well controlled by medication in institutional settings sometimes have not done as well in community settings where they are on their own with respect to administration of prescribed medications. There is also a shortage of group homes or outreach programs, particularly for the mentally ill homeless, and county jails are a front line for handling mental illness. To be sure, jail inmates face a broad set of challenges to successful reintegration,

[1] Amy L. Solomon, Jenny Osborne, Stefan LoBuglio, Jeff Mellow, Debbie Mukamal; *Life After Lockup: Improving Reentry from the Jail to the Community:* Washington, D.C.: Urban Institute, John Jay College of Criminal Justice, Bureau of Justice Assistance, May 2008. They note on p. 18 "… Many argue that this deinstitutionalization has resulted in an increase in the use of incarceration, especially in jails, to respond to the behavior of people with mental health problems. Although there is no broad documentation that this population has transitioned from one institution to the other, the number of people with mental illness who are incarcerated has increased significantly in recent years. " (p. 18).

well beyond mental illness: 68% have substance abuse issues; 60% lack high school diplomas; 30% were unemployed the month before arrest, and 14% were homeless at some point the year before arrest.[2]

1. Context

This problem is not unique to Illinois. Researchers have identified inadequate transition planning as the largest single deficiency in jail services.[3] A recent report, which cited a 16% mentally ill rate in jails nationally, indicates "…the focus in the next decade will likely be reentry programs of those leaving jail and resuming life in the community…"[4]

While many jails make some effort to do some such planning, the reality is that they do not have the resources to do good discharge planning. Local agency staff could help with this process - if they knew that their clients were in the jail - but more often than not, they do not know. When mentally ill inmates are discharged without adequate planning, they fail to connect with agency resources, and may not have - or take - needed medications. Recidivism often results. The JDL project addresses this problem by providing a dedicated Case Manager, housed at the local agency, who provides quality discharge planning.

People with mental illness are significantly overrepresented in jail. Commonly cited figures about jail detainees with mental illness are in the range of 10 to 15%, but some estimates are much higher. In a 2006 report, the Bureau of Justice Statistics reported that 64% of jail inmates had a mental health problem: 54% met the criteria for mania; 30% for major depression, and 24% for a psychotic disorder.[5] Bipolar disorder and anxiety disorder are other common diagnoses.

This revolving door, where mentally ill inmates are released from jail, without being properly re-linked with community mental health services, is a serious problem. It is costly to society. It is also costly to the inmates whose lack of treatment means that their mental illness continues unabated and the likelihood of future criminal behavior increases. Recidivism rates for detainees who suffer from mental illness are high. In one study, recidivism was found to be well over 50% within 12 months.[6] In another, recidivism was found to be high after three years.[7] The complex myriad of factors that contribute to mental illness likely also contribute to behaviors that draw the attention of the criminal justice system. There is some evidence that people with mental

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[2] Ibid., Data on p. 36 cited data from James, 2004; Karberg and James, 2005; Harlow, 1999.

[3] F. Osher, H.J. Steadman, H. Barr (2003), "A best practice approach to community reentry from jails for inmates with co-occurring disorders: The APIC model", *Crime & Delinquency*, Vol. 49 pp.79 - 96.

[4] *Criminal Justice Newsletter*, June, 2008, p. 5.

[5] "Mental Health Problems of Prison and Jail Inmates", Sept., 2006. Bureau of Justice Statistics Special Report.

[6] Morrissey, Joseph P., "Medicaid Benefits and Recidivism of Mentally Ill Persons", Washington, D.C.: National Institute of Justice, 2004.

[7] 72 percent of people with mental illness were re-arrested within 36 months of release from the Lucas County, Ohio jail.[xii] [xii] Lois A. Ventura, Charlene A. Cassel, Joseph E. Jacoby, and Bu Huang, "Case Management and Recidivism of Mentally Ill Persons Released from Jail," *Psychiatric Services* 49:10, October 1998. Further, 90 percent of Los Angeles County jail inmates with mental illness are repeat offenders; an estimated 31 percent have been incarcerated 10 or more times.[xiii] [xiii] Unpublished statistic courtesy of the Los Angeles County Board of Supervisors' Task Force on Incarcerated Mentally Ill, 1991, as cited at http://consensusproject.org/resources/fact-sheets/fact_jails.

illness stay in jail longer than other people do.[8] Keeping the mentally ill in jail is costly. Suicide watches and other labor intensive practices result in increases in custodial staff salaries. Costs of psychotropic medications are significant.

Rates of both substance abuse and mental illness appear to be higher in the criminal justice population than in the general population. There is evidence that over three quarters of jailed detainees with serious mental illness also have co-occurring addictive disorders.[9] Individuals with co-occurring disorders may have increased psychosocial difficulty, more routine financial problems, trouble with social roles, lower educational levels, inadequate housing, transportation difficulties and marital instability. They may also experience more psychotic symptoms, have more severe depression, have trouble with daily living skills, and be more noncompliant with treatment regimens. As it turns out, many of the individuals served in the JDL project described in this report seem to have many co-occurring disorders.

For some mentally ill detainees, simply being confined could worsen their mental health. Many jails have no policies or procedures for managing and supervising mentally ill detainees. This is particularly true in smaller jails, where there may be screening and suicide prevention processes in place, but little else. Stressors related to suicide are incarceration itself, loss of family contact, overcrowding in jail, loss of self-esteem in jail, substance withdrawal, and possible verbal abuse.

Several other projects nationally have tried to help with the process of transitioning mentally ill detainees to the community. In Allegheny County Pennsylvania, a Jail Collaborative project sought to provide a single conduit for multiple service providers to help detainees transition successfully. The Hampden County (Massachusetts) Correctional and Community Health program was an effort involving four community health centers and other agencies in providing care for patients in jail and after release to the community. An early project to use the "data link" concept was the Maricopa County (Arizona) Data Link project. It accessed the county sheriff's office booking information in order to identify individuals who could be eligible for diversion from the criminal justice system. Other initiatives have also enhanced collaboration between jails and mental health providers. Several federal agencies, with guidance from the National Institute of Justice, are sponsoring a Serious and Violent Offender Re-Entry Initiative in numerous sites around the country; at some sites, specialized services are being offered to mentally ill offenders.[10]

The JDL project is not the first Illinois effort to address the problems of mentally ill jail inmates. The *Thresholds* program represented another effort. Through that program, an Assertive Community Treatment (ACT) program assisted project participants in providing or accessing psychiatric treatment, medication monitoring, housing, health care, entitlements, money management and other social services. In a small study of thirty severely mentally ill persons released form Cook County Jail as a part of that project, it was found that the program reduced both jail time and psychiatric hospitalizations.[11]

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[8] Fox Butterfield, Prisons Replace Hospitals for the Nation's Mentally Ill, *New York Times*, March 5, 1998, As cited at http://consensusproject.org/resources/fact-sheets/fact_jails

[9] See Osher, et. al., 2003.

[10] See Morrissey, 2004.

[11] http://www.thresholds.org/jailtables.asp

2. Mental Health Services in Illinois Jails

What is needed is fairly clear. Jail staff need to do proper mental health screenings on all new inmates. The booking officer must do an initial screening, at the point of intake, prior to placement into a housing area, preferably using a standardized instrument. Booking staff must be properly trained in use of the instrument and interpretation of the results. If the instrument reveals a possible mental illness, that officer should then arrange for a more thorough examination by a qualified mental health professional. An ideal system would have a multi-tiered process of screening and assessment, progressing from a booking officer to a mental health professional to possibly a clinical psychologist. If a suicide risk is assessed, the booking officer must notify the shift commander to immediately arrange for increased supervision of the detainee. In this critical period, possibly as long as 72 hours after admission, detainees may be withdrawing from a psychoactive drug, including both illegal substances and psychotropic medications. A repeated screening protocol during this early period would be ideal to detect the possibility of gradual withdrawal. For individuals who were in receipt of psychotropic medication in the community, this period is very important. Often detainees are not allowed to bring their own medications (and/or prescriptions from community physicians) into the jail. All too often, they may end up with an alternate medication that is part of an approved jail formulary and dispensed by the jail pharmacy, and such medications may be much less effective.

Mental health services available to mentally ill inmates vary considerably from facility to facility. Table I-1 presents data from one national study.

Table I-1
Percent of Jails Providing Mental Health Services Nationally[12]

Service	Percent of Jails Providing Service
Suicide risk assessments at intake	87
Mental health screening at intake	78
Psychotropic medication	66
24-hour mental health care	47
Routine counseling or therapy	46
Psychiatric evaluation	38
Assistance obtaining community mental health services after release	29

Although mental health screening procedures are fairly routine, their quality is unknown. However, discharge planning is very limited. Typically larger and more urban facilities are able to provide a higher quality of care than small rural jails. Mental health services that are provided in jail are often part of a larger health care system that addresses all aspects of health, not just

[12] The source for this table is Solomon, et al, 2008, p. 12. It was adapted from Stephen, 2001. 315 jails did not report data on mental health procedures. The number of jails on which the percents in this table are based is unknown. Percentages were calculated based on the appendix tables in Stephen, 2001.

mental health. Those health care systems, however, are often overburdened, understaffed and not adequately financed. Large Illinois jails such as Cook County tend to have better developed health care systems, but those in smaller county jails, such as Will, Peoria and Jefferson counties in the JDL project, have fewer resources.

The Illinois Department of Corrections, Jail and Detention Standards Unit provides some monitoring and oversight to jails with respect to mental health services. Guidelines are set forth with respect to mental health screening processes and social services in the Illinois County Jail Standards:[13]

- "A medical doctor shall be available to attend the…mental health needs of detainees.."
- "Professional mental health services may be secured through linkage agreements with local and regional providers…"
- "Annually, mental health professionals shall provide training to all jail officers and other personnel primarily assigned to correctional duties on suicide prevention and mental health issues."
- "Jails are encouraged to provide Social Service Programs and enlist volunteers, including groups such as AA, Gamblers Anonymous, religious volunteers, and volunteer counselors or groups offering needed services."

B. Overall Project Design and Purpose

The JDL model sought to enhance the existing set of jail mental health services described above. JDL represented an improved linkage of the mental health and criminal justice systems and involved several steps. First, new detainees with mental health problems were more quickly and accurately identified, helping with jail decisions regarding immediate classification and housing. Second, JDL almost immediately began planning for jail discharge. This was intended to improve the likelihood of successful reintegration to the community and reduce recidivism.

There were two primary components to the program model: the JDL database and the three case managers who used the database to provide improved case management and discharge planning. At each of the three project sites (Jefferson, Will and Peoria counties), the jails had existing relationships with local community mental health agencies. Through JDL, those agencies were able to employ a new case manager who was dedicated to provide enhanced discharge planning services. To implement the project, the following had to be accomplished:

- The Division of Mental Health (DMH), jails and agencies had to develop written and signed local partnership agreements specifying roles and information sharing processes.

[13] *Illinois County Jail Standards*: Department of Corrections, Springfield, IL: October, 2004, pages 24, 26, 50. Provisions are contained in the Illinois Administrative Code, Title 20: Corrections, Criminal Justice, and Law Enforcement, Chapter I: Department of Corrections, Subchapter f: County Standards, Part 701, County Jail Standards. Also relevant are federal statutes and constitutional case law, e.g., *Ruiz v. Estelle*, which have provided guidelines for treating the mentally ill in jails.

- DMH and jails had to negotiate and implement an agreement and process whereby the local jail would give the identity of detainees to DMH daily on an electronic file.
- DMH had to match the jail detainee files against DMH files to create an online system which (a) showed jails whether any of their current detainees had received DMH community services in the past two years, and what local agencies provided those services (or whether they had received DMH inpatient services at any point in their life), and (b) showed the three participating agencies whether any of their active clients were now at the local jail.
- DMH had to train jail and agency staff on their project roles.
- Agency case managers were to link 100% of eligible, willing clients with open cases in the agencies to community services within 30 days after discharge.

II. PROJECT BACKGROUND

A. Division of Mental Health

The program was conceived and implemented by the Division of Mental Health (DMH) of the Illinois Department of Human Services (IDHS). DMH is one of six major program divisions in IDHS, which is a cabinet level state agency reporting to the Governor. Besides mental health services, IDHS is also responsible for welfare, rehabilitation, substance abuse, developmental disability and other services in the state.

DMH is responsible for ensuring that Illinoisans in need have access to publicly funded mental health services. Mental health care provided by DMH is available throughout Illinois and service delivery is organized into five Comprehensive Community Service Regions (CCSRs). Through these regions, DMH operates nine state hospitals and contracts with 151 community mental health providers across the state.[14] It also contracts with community hospitals with psychiatric units. Part of DMH's role is to establish linkages with jails, juvenile detention facilities, and the courts to serve adjudicated consumers. DMH efforts to implement and expand the Data Link Program, the focus of this report, are broadly consistent with and a part of these larger efforts to serve adjudicated consumers statewide.

Oversight of DMH operations is provided by DMH central office staff based in both Springfield and Chicago. The central office is responsible for oversight and implementation of the entire system, and special initiatives, such as the Jail Data Link project, are managed and overseen by statewide administrative staff assisted, if needed, by regional staff. The JDL Project Manager was one of those statewide administrative staff. The JDL Project Manager worked between 25% and 50% time on the JDL project. Several other statewide administrative staff assisted the Project Manager, as needed, working on average 10% to 15% time on the JDL project.

B. Phase 1 Data Link Project

[14] *Social Services Block Grant Pre-Expenditures Report FY2009*, DMH, Illinois Dept. of Human Services

With federal funding support, through a five-year TOPS grant (Technology Opportunities Program), DMH launched its initial jail data link pilot project in 1999. The key to that project was linking records from the DMH Reporting of Community Services (ROCS) system with the Cook County jail daily census file. The ROCS file is DMH's primary data system containing the identity of individuals who are served by grant-funded community mental health centers.

To begin work on this project, the Cook County Jail and DMH had prepared and executed a data sharing agreement that allowed DMH to disclose the contents of clients' mental health treatment records to county jails - without an individual detainee's consent – for the purpose of better providing mental health services to that individual while they were detained in the jail. The first phase of the Jail Data Link project was enabled by legislation passed by the Illinois General Assembly (PA 91-05,36) (740ILSC110).

Through crossmatching the ROCS and daily jail census files, the Phase 1 project enabled Cook County jail staff, and staff at various Chicago mental health agencies, to learn whether common clients were now housed in the Cook County jail. The daily jail census file was a file prepared by the jail containing the identity of all jail inmates. By conducting the crossmatch, DMH enabled the Cook County Jail to know which of its detainees had been previously served by a community mental health center, and it enabled the mental health centers to know whether people they had been serving were now housed in the Cook County Jail.[15] Staff at both the jail and the community agencies thus knew if detainees had a previous documented history of mental illness and community agency services.

Clinical staff at the jail were able to meet face-to-face with newly identified detainees as a result of the crossmatch. This gave jail clinical staff the opportunity to prioritize available resources (e.g., medication reviews, suicide watches) to improve mental health services while the clients were confined. Further, since other community mental health agencies now knew that their clients were confined, those agencies transmitted additional mental health information to clinical staff at the jail to further improve the mental health handling in jail. Through these communications between the jail staff and community mental health agency staff, the process of improved linkage planning evolved. In this Phase 1 project, eight community mental health clinics serving Chicago were involved.

For Phase 1, the data linking was the central component of the project. However, as the project progressed, the Data Link database also provided a vehicle for the entry of new information about the offender during the course of confinement. Both mental health agencies and jail staff were to enter new information about an offender's treatment needs or background. The project's success hinged on the efforts of the clinical services facility at the jail and the collaborating mental health centers.[16]

[15] Although the TOPS grant ended in October 2004, upgrades to the Cook County database have been made and data sharing agreements remain in force.

[16] At the downstate sites in the Phase 2 pilot, these types of onsite clinical services were for the most part unavailable. Rather, general medical staff, usually meaning part or full time contracted doctor s and nurses, were at the front line of mental health services. Those staff will be generally referred to as the "Medical Unit" in this report.

From an initial in-house DMH Phase 1 study, it was learned that recidivism was reduced for the mentally ill participants who had received follow-up community care after discharge from the jail. Data showed that almost twice as many offenders successfully stayed out of jail when they received follow-up care from community mental health providers: more than 85% of individuals identified by the Jail Link program and referred to community mental health providers stayed out of the criminal justice system, while only 41% of those not linked to community providers were able to do so.[17]

However, there were two key shortcomings in this Phase 1 pilot. One was that clinical staff at the jail did not have sufficient time to provide high quality after-care linkage (e.g., scheduled appointments in the community shortly after release). The other was that the electronic data system was somewhat cumbersome and did not provide DMH central staff with an efficient mechanism to monitor and implement high quality discharge planning and after-care linkage efforts. The Phase 2 project was designed to address these issues.

C. Phase 2 Jail Data Link (JDL) Project Funding and Goals

With the apparent success of the Cook County pilot, DMH wanted to expand the program to other Illinois sites. It applied to the Illinois Criminal Justice Information Authority (ICJIA) for funding during 2005. The application requested funding to expand the project from Cook county to Will, Peoria and Jefferson counties. Those three counties had been selected based on several criteria: that the county be sizeable enough to keep the new dedicated case managers (explained below) busy, to provide an adequate sample size for the pilot project study, and that the counties be somewhat diverse geographically.

At the project outset, the Peoria County Jail had an average daily population of 430 and was partnering with the Human Service Center (HSC) of Peoria to provide mental health services to targeted inmates. The Will County Jail housed about 650 inmates daily and worked with the Will County Health Department (WCHD) to provide services. At the Jefferson County jail, which housed nearly 200 inmates, Jefferson County Comprehensive Services (JCCS) was the designated linkage agency.

The formal announcement of $375,000 in ICJIA grant funding did not occur until April 2006 but project work had been initiated by DMH much earlier, during 2005. The funding period was retroactive: October, 2005 to September, 2006. A press release in conjunctions with the funding announcement said:

> "*…Caseworkers at each site will link detainees with community mental health providers to obtain appropriate services, including medication and other treatments, and help them towards recovery…By utilizing available technology, we will be able to trace their mental health histories and link them to aftercare service providers before they are released back into the community".*[18]

[17] Statistics from the April 18, 2006 press release by the ICJIA announcing Phase 2 project funding: http://www.icjia.state.il.us/public/index.cfm?metaSection=NewsReleases&metaPage=CountyJails06
[18] Ibid.

Of the total project budget, $250,000 in federal funds were to be provided by ICJIA and the balance was match provided by DMH. Funds were designated to hire three full-time clinical social workers/case managers to work in-house at the jails, and to hire support and consultative staff for technical assistance, data preparation, and support of the linkage process. Grant funding was also be used to purchase computer equipment for database matching. Linkage with clients previously served by state hospitals (as opposed to community agencies) was to be another enhanced feature of the Phase 2 project.

The dedicated case managers were to be employees of the local community mental health agencies, were to be 100% dedicated to the project participants and were to be physically located at the local county jail. The enhanced database was to allow quick data entry, and most importantly, quick data retrieval by both jail and community agency staff. Jail Data Link project goals were clear:

- Enable jails to quickly and accurately identify mentally ill detainees
- Provide better mental health services to detainees while confined
- Initiate and implement joint discharge planning (i.e., involving both jail staff and case managers)
- Follow through with the discharge plan for 30 days after jail exit, and
- Reduce jail recidivism.

Linkage to community services after release was the key aspect of the program model. Part of what case managers had to do was identify and target services to mentally ill individuals who were likely returning to the community.

III. THE JAIL DATA LINK PROGRAM MODEL

A. Startup

As the Phase I project ended in 2004, DMH staff began conceptualizing a plan to continue and upgrade the Cook County project, while at the same time to develop, secure funding for and implement an enhanced Phase 2 project that would operate at three downstate sites. This study focuses exclusively on the Phase 2 downstate sites.

1. Three Party Collaborative Agreements

Agreements were three-party documents signed by DMH, the county jail and the partner community mental health agency. The agreement stipulated that the

> "*…intent is to reduce the rate of recidivism of mentally ill detainees who have been identified and documented as having service provided by the above listed community mental health center, and to uphold the provisions of (740 ILCS 110/9.2 – P.A. 94-182). These provisions permit the exchange of clinical information for the purpose of discharge/linkage and/or continuity of care for those identified individuals*."

It went on to provide that DMH would establish an online database, provide technological support, and create project reports.

The county jail agreed to enter

> *"..clinical documentation…into the database as to anticipated linkage coordination and discharge probability, along with clinical meeting discharge planning information.."*.

The county jail also agreed to grant access to the partner agency to come into the jail to provide clinical services, and to participate in discharge planning meetings.

The partner agency agreed to open and review the database and document the status of clients on the database at least twice weekly; establish weekly telephone or in-person meetings with the jail and the DMH Technology Director (one of the DMH central office administrative staff). The agency also agreed to have a case manager that would participate in meetings and trainings, contact DMH if any technical problems were observed in the Data Link system, and keep the agency's management staff informed about project operations. A sample county data sharing agreement is included as Attachment 1.

2. Early Planning

In anticipation of formal grant approval by ICJIA, DMH initiated planning work in late 2005 and early 2006. This included working out the logistics of data sharing with the county jails, planning for database expansion and enhancement, and the details of contracting with the community mental health agencies. Key to these efforts was a statute passed in July 2005 which built on the enabling legislation for the Phase 1 pilot. The new legislation (P.A. 94-182, 740 ILCS 110/9.2) allowed sharing of information with the IDOC in addition to county jails[19]

Before case managers could be hired and services initiated, the Jail Data Link system had to be in place. Systems design and development work had begun in 2005, and the transfer of jail census files and matches with ROCS began in January 2006, testing the evolving system that ultimately rolled out in June 2006.

3. Project Start

The project started in phases. In one county, the case manager was on board in March 2006. A second started in April, and the third in June, 2006. With the case managers hired, services began in two counties in April 2006. They used the original (Phase 1) database until the enhanced database was finalized and placed into use in mid-June. During the summer of 2006, a full day training session was conducted in Springfield for case managers and case manager supervisors; this provided additional opportunity for hands on training and detailed questions and answers.

Local site capacity to use the new technologies varied. For some sites and some case managers, use of the laptops and gaining access to and using the Data Link database was not a problem.

[19] DMH: October 2007 Steering Committee handouts.

For others, it was more difficult. The DMH Project Manager conducted at least one initial site visit at each site, and followed this up with regular consultations by phone and email. For sites needing additional training and guidance, other DMH central office staff provided additional assistance at the direction of the DMH Project Manager. In mid-May, 2006, laptops and cell phones for use by case managers were procured and delivered to the sites.

Some mechanism was needed by DMH to monitor case manager interaction with clients and specifically, to measure whether project goals and objectives were being achieved (linkage and 30 day follow-up). The Case Management Linkage Input Form (CLIF) was developed for that purpose (Attachment 2). Ultimately, this form became central to the enhanced and revised database implemented in June.[20] So that project work would not be delayed, DMH central office staff created a temporary MS Access database, for use between April and June 2006, enabling work to begin immediately. Local case managers were trained in its use and in the interim, completed CLIF forms were faxed to DMH central office staff who arranged for initial data entry and tabulation. The CLIF data provided the DMH Project Manager with information that could be used to monitor case manager day to day work activity and goal achievement.

4. Focusing on the Target Population

In the first month or so, DMH staff realized that the crossmatch with ROCS was providing a large number of "hits" for individuals who were not genuinely mentally ill. This occurred because cases were opened on ROCS for a variety of reasons other than mental illness. Many community mental health agencies were umbrella agencies providing a number of different types of social services (e.g., substance abuse, domestic violence, court-ordered for a mental health evaluation, etc.) in addition to mental health services. The ROCS matches included these various non-mental health cases and services. It was clear at the outset that case managers could not serve all of the crossmatches. A procedure had to be developed to target mental health cases.

DMH staff developed case manager guidelines for focusing on the target cases and built the decision making process into the CLIF form. Beginning in June 2006, training was provided for identifying the appropriate target population.[21] There were several steps in identifying target cases. First, case managers had to determine whether the DMH data systems coded a case as "target" or "eligible" (described further below). As we will see, both the "target" or "eligible" designation meant this was a mentally ill case to be served. Second, the case manager had to determine whether a case was not being prescribed follow-up services (CLIF item #9 = no) because they met one of the ten "exclusion reasons" in item #9B (contained on a dropdown menu for that item).[22] By selecting one of the ten reasons, case managers were specifying why this particular client was <u>not</u> being referred for linkage.

[20] The database and CLIF are described in detail in section III.C.

[21] This was discussed in detail at the Steering Committee meeting in the summer of 2006.

[22] The ten exclusion reasons were: 1) No MI Services; Crisis Only. 2) Domestic Violence Only. 3) Sexual Offender Only. 4) Substance Abuse Only 5) Client being transferred to IDOC 6) Client transferred to another correctional facility 7) Client did not show for an appointment 8) Client refused services 9) Client referred to another facility or opted for another facility 10) Other. These ten specify reasons why the client will not be linked with community services after jail exit. Reasons #1 to #4 indicate that a client should not be served because their primary presenting problem is not mental illness; reasons #5, #6 and #9 indicate that they should not be served because the client is exiting the jail to another facility rather than the community; Reason #8 indicates that the client will not be linked

Since many clients had co-occurring disorders of various sorts, this process of determining whether a case was an appropriate JDL client was not straightforward and took some time. A case with both serious substance abuse and mental health problems, for example, would likely still be an appropriate target case.

For all DMH services in Illinois, not just these project cases, DMH had pre-existing criteria for whether an individual qualified for DMH services (i.e., they were "target" or "eligible"). The DMH population eligible to receive services consists generally of two broad clinical-diagnostic categories, as well as more specific indicators of need: a larger "eligible" group and a smaller "target" group. [23] Persons who fall in the eligible group meet "*..a minimum criteria of mental illness or emotional disorder as well as significant impairment in life functioning*.." and may be served in the Illinois system. Individuals who are considered part of the "target" population meet a much stricter and more debilitating level of mental illness and impairment and must be served. Illinois community mental health agency staff, including those at the three agencies included in the JDL pilot project, use these criteria on a routine basis. Information on the eligible/target status of the JDL clients was pulled from ROCS and placed into the Data Link system in the "ELG/TAR" column of the *Current Client Listing* (see Figure III-4). For DMH management staff, operationalizing a focus on the target population involved a substantial effort as the project unfolded during the spring and summer of 2006.

It should be noted that case managers may have continued to serve clients who met one of the ten exclusionary reasons (item #9B). A Discharge Plan may have been completed, and the case manager may have checked up on these non-target clients after release. However, case managers were directed to prioritize services. *They were to always serve the target population first*. If there was time available to also provide services to the non-target population, they could do so.

B. Data Linking Processes

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because they refused services; Reason #9 was used when the 30-day CLIF was completed and the client had exited jail but failed to show up for a scheduled appointment.

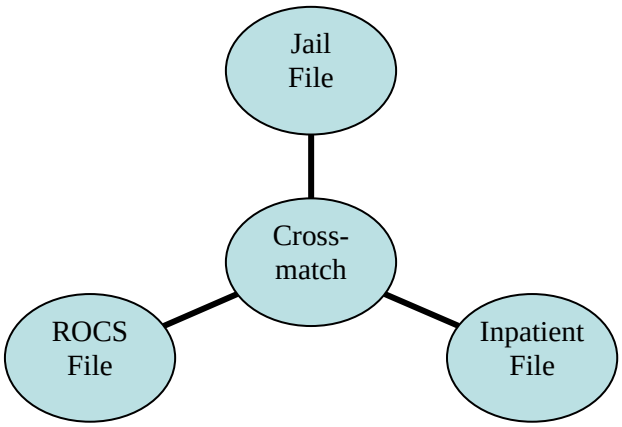
[23]This information is taken from the Illinois 2009 Block Grant Application, p. 104. The technical definitions of eligible and target are as follows. The **Adult Eligible** Population must have a mental illness, defined as "a mental or emotional disorder verified by diagnosis contained in the DSM-IV or ICD9-CM which substantially impairs the person's cognitive, emotional and/or behavioral functioning, excluding the following unless they co-occur with a diagnosed mental illness: V-codes, organic disorders, psychoactive substance induced organic mental disorders, mental retardation, pervasive developmental disorders associated with mental retardation, and psychoactive substance use disorders. Also, it must have significant impairment in an important area of life functioning as a result of the mental disorder identified above and as indicated on the Global Level of Functioning (GAF) for adults. The **Adult Target** Population must be 18 years of age or older and must have a *serious mental illness* (SMI) defined as, "emotional or behavioral functioning so impaired as to interfere with their capacity to remain in the community without supportive treatment. The mental impairment is severe and persistent and may result in a limitation of their capacities for primary activities of daily living, interpersonal relationships, homemaking, self-care, employment or recreation. The mental impairment may limit their ability to seek or receive local, state, or federal assistance with housing, medical and dental care, rehabilitation services, income assistance and food stamps, or protective services.

This section describes and discusses the computer matching process used to identify the mentally ill detainees in the project. The Data Link system was the database which identified the mentally ill jail detainees needing case management and linkage services from the case managers.

As noted earlier, work towards Phase 2 data linking had begun in 2005, building on the technology of and lessons learned from the Phase 1 project. In the first few months of operations, crossmatches from April through June 2006 were placed into the temporary (Phase 1) Data Link system. On June 15, 2006, the temporary system was replaced by the new online system.

Given the exclusionary cases that were a part of the crossmatch, the process of linking can be described as casting a broad net: anyone showing up on ROCS, even for non-mental health services, was identified and selected and showed up on the Data Link system. Figure III-1 shows the main components of the match process.

Figure III-1
Match Process



The three daily jail files from Will, Jefferson and Peoria county jails were comparatively straightforward: they contained the identify of everyone in the jail each day. Through special arrangements with the three jails, county jails produced daily census files and put them on their local file servers. In the process, jail staff provided account authentication credentials to DMH staff. DMH then used an automated program to download data from the jail servers. The jail files transmitted to DMH contained identifiers and basic demographic information. The inpatient file was the DMH file that contained the identity of anyone housed at any (Illinois) state operated mental hospital at any point in their life. Nearly all of the individuals on the inpatient file had diagnoses qualifying them as mentally ill. The third data source, ROCS, contained the identity of anyone served by a grant-funded Illinois community mental health agency in the past 24 months. As noted, the problem of crossmatching individuals who were not mentally ill was a result of ROCS, not the inpatient file. Nearly 8 of 10 cases on ROCS turned out to be not targeted cases.

DMH technology staff (and contractors) mastered the technical aspects of computer matching. Put simply, if the name of a person on the jail file also showed up on either the ROCS file or the inpatient file, and their gender, date of birth and SSN matched, then that person's identifiers and criminal history information from the jail file were posted to a single record on the Data Link file, and the person's mental health information was posted to the same record from the inpatient or ROCS file.

While initially this linking process was somewhat manual, software operating this daily crossmatch process became automated to the point that only minimal DMH manpower was needed to oversee the matching process. If system problems occurred, case managers detected the problems quickly and notified the Project Manager who then saw to it that corrective action was taken. The software driving the system appears to be configured so that the cost of adding Illinois sites beyond the three current sites would be minimal.

In two of three counties, there were no problems in securing accurate and matchable jail census files and they were ready by early 2006. One county jail had initial difficulty creating the daily census file, however, and DMH arranged for the local agency to assist by providing the needed IT expertise. Matches in that county began in April 2006. One lesson is that other possible future sites should be sure to complete system testing before implementation and that all participating jails must have a minimal level of IT staff expertise.

C. Online Jail Data Link System

This section provides an overview of the appearance and functionality of the Data Link system that was central to the daily work of case managers. The section's purpose is to illustrate how the system helps to drive daily project work – not to provide a comprehensive system description. To understand data presented later in this report, it will be essential to have some familiarity with the terms and functions of this Data Link system. Data from interviews with site staff about how they used the Data Link system are also reported in this section.

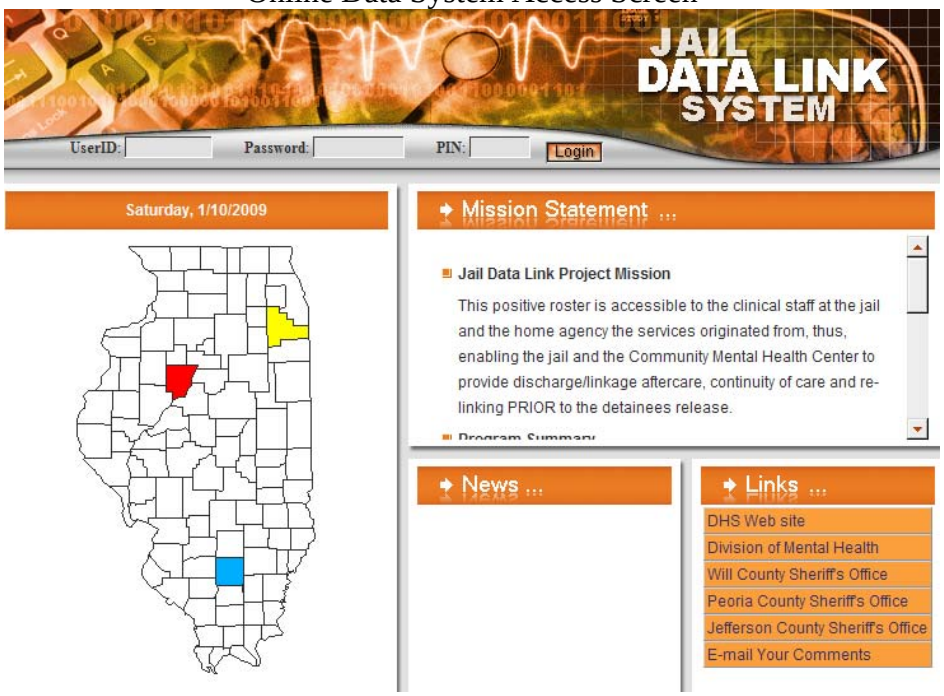
The enhanced Phase 2 Data Link system was introduced to project staff in March, 2006 and it was formally rolled out in June, 2006. Between April and October 2006, only ROCS crossmatches were part of the process. Since November 2006, the inpatient matches have also been a part of the crossmatch process.

The Data Link System is accessed by agency and jail staff via internet using a web browser. Access to the system is managed by DMH and is granted via User IDs and passwords provided by DMH. The system has two main components: one for the local agency and the other for the local jail. Jail staff access one menu while agency staff access a different menu. The specific User ID governs which county is visible to the user (Will, Peoria or Jefferson) and whether the agency version of the database or the jail version of the database is displayed.[24]

[24] Hereafter referred to as "Agency" views or "Jail" views. Because the system was used primarily by clinics, the emphasis in this report is on the clinic version. DMH Central office staff may access either the jail view or the agency view –and any county -- and also have access to an expanded menu for administrative use only.

The system prompts the daily work of case managers by displaying the identity of new cases that showed up in jail the day before (or earlier, given weekends and holidays). When new cases appeared on the system, case managers used the system to help determine whether the client was a target case and if so, they went to the jails as soon as possible for a face-to-face assessment. The system also drove the work flow for cases that have been in jail for several weeks. If either the *Pre/Post Discharge* tab or the *30-Day Follow-up* tab has not yet been completed, the system notifies the case manager that such CLIF forms are needed.[25] Figure III-2 shows the system's logon screen.

Figure III-2
Online Data System Access Screen



Users enter their identifying information in the UserID, password and PIN boxes above to gain system access.

1. Agency Version of Data Link System

Figure III-3 shows the main menu available to agencies. Users can select from one of 10 options, but the *Current Clients* listing at the top is used most commonly and provides access to the positive daily crossmatch (PDCR) results.[26]

[25] Case Managers must complete both tabs for each client – see Figure III-6.
[26] PDCR means the list of "hits" or people whose identities newly show up on the *Current Clients* listing, i.e., they are now in the local jail, and they were previously served by some community mental health clinic or they were an inpatient in a state mental hospital.

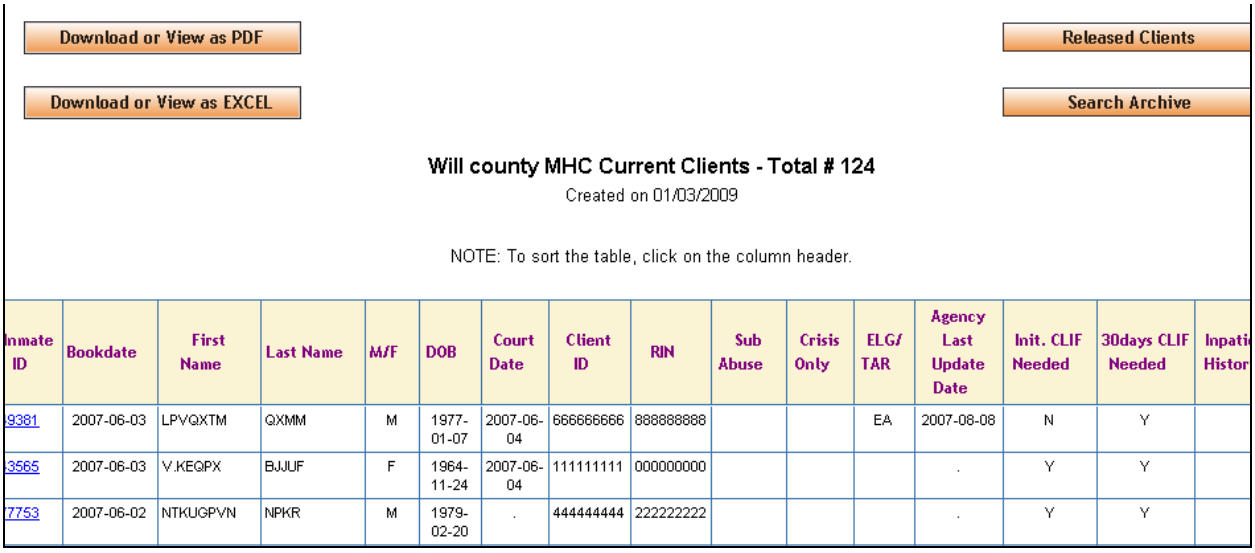
Figure III-3
Main Menu for Agencies

Current Clients contains the identity of all agency clients that are now detained at the local jail (see Figure III-4). This is the listing which is normally viewed each morning by the case manager to determine whether there are new clients at the local jail who need to be seen.[27] *Clients Released Within 30 Days* shows recently released detainees, a listing generally used after the client is released and re-linked with the agency. This option was often used by case managers to find data on individuals who were reviewed by the DMH Project Manager in the bi-weekly conference calls, and to find clients needing 30 day CLIFs. *Archived Clients* is a search facility that enables case managers to look for clients who have been released for 30 days or longer. *Inpatient Only Clients Within 30 Days* lists clients released in the past 30 days who were previously matched with the inpatient file. *Inpatient Only Clients Archive* is a search facility for inpatient matches. *Additional Case Data Entry* is a blank CLIF to be used by case managers when they serve clients who are <u>not</u> in the JDL population (see section V.B. for more information on these additional cases). *Additional Case Clients* is a listing of clients for whom CLIFs were completed who were not in the JDL population.[28] *Agency Summary Reports* gives the case manager two different reports specifying CLIF forms that are not yet completed but are due for completion (the case manager can use either this listing, or the column indicators in the *Current Clients* report, to prompt them to complete CLIF forms). *Utility Tools* has a search capacity for diagnosis code and criminal charges and an online version of the User Manual. The search capacity enables case managers to find the identity of clients who have certain diagnoses or charges.

[27] Sometimes, however, the *Archived Clients* menu item rather than *Current Clients* was used to view daily crossmatch results.
[28] That is, the Case Manager had previously used the "Additional Case Data Entry" menu option.

Figure III-4 shows what case managers see when they select the *Current Clients* menu option.[29]

Figure III-4
Current Clients



Inmate ID	Bookdate	First Name	Last Name	M/F	DOB	Court Date	Client ID	RIN	Sub Abuse	Crisis Only	ELG/ TAR	Agency Last Update Date	Init. CLIF Needed	30days CLIF Needed	Inpati Histor
9381	2007-06-03	LPVQXTM	QXMM	M	1977-01-07	2007-06-04	666666666	888888888			EA	2007-08-08	N	Y	
3565	2007-06-03	V.KEQPX	BJJUF	F	1964-11-24	2007-06-04	111111111	000000000				.	Y	Y	
7753	2007-06-02	NTKUGPVN	NPKR	M	1979-02-20	.	444444444	222222222				.	Y	Y	

This user friendly screen provides a quick picture of all current detainees. Although not displayed, up/down and left/right scroll bars enabled users to move around the screen and display the specific information they were seeking. By right-clicking on any column heading field (Inmate ID, Bookdate, etc.) users can sort cases and rearrange the display order based on data in that field alone. To show cases that entered the jail most recently, for example, users simply sorted the Bookdate column.

The four buttons at the top allow the user to readily scroll to other menu options (without returning to the main menu) or to download listings in more convenient PDF or Excel formats. The PDF function was sometimes used to print client lists. Case managers were mixed in their knowledge of and use of some of these system features, however. Some case managers were sophisticated system users and used most features, while others did not.[30]

The columns shown above in Figure III-4 are described below (from the left):

- *Inmate ID* is a numeric identifier passed from the jail file and used by the jail to identify the detainee.
- *Bookdate* is jail entry date
- *M/F* and *DOB* columns show gender and birthdate
- *Court Date* is the next scheduled court date, as passed from the jail file

[29] Data are fictitious and identifiers are masked.
[30] One user, for example, was unaware of the sort feature and never used the PDF or Excel functions.

- *Client ID* is an identifier assigned by the local agency and passed to ROCS. *RIN* is a DMH identifier assigned to the client.[31]
- The *Sub Abuse* and *Crisis Only* columns identify cases tagged (with a Y) as being non-target cases either because they are primarily substance abuse cases, or because the individual faced some type of (non-mental health) crisis requiring the attention of the local agency. These columns were a general guide to identifying an "excluded" case, but many other information sources were consulted as well in making that decision.[32]
- The *ELG/TAR* column, discussed earlier, indicated to the case manager that a case met DMH target definitions: EA meant eligible, and TA meant target.
- *Agency Last Update Date* is the last date the case manager entered information into the system about the detainee (as entered into the "Additional Comment" tab of the CLIF form in Figure III-6).
- *Init. CLIF Needed* is flagged with a Y (Yes) or N (No) and notifies the case manager whether there is an outstanding initial CLIF to complete. The initial CLIF was to be completed within 48 hours after jail entry (adjusting for weekends and holidays).
- *30 days CLIF Needed* similarly flags the case manager to complete a CLIF 30 days after jail discharge.
- *Inpatient History* provides drilldown capacity providing information about the inpatient match, including the name of the state mental hospital, dates of entry and exit, and diagnosis.

CLIF Form

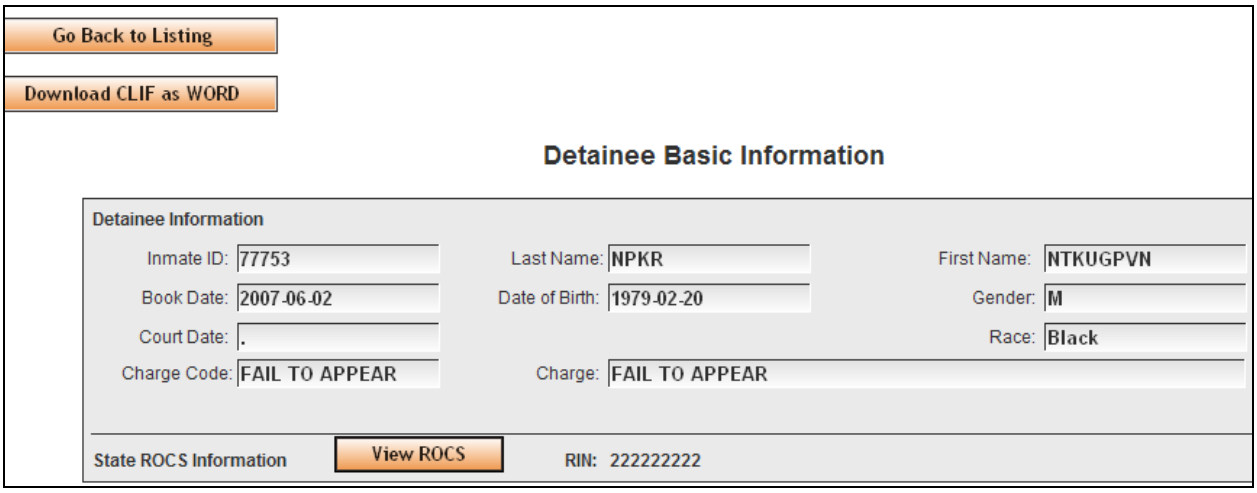
The CLIF form is the backbone of the Data Link System. The form includes pre-printed information, but more importantly, it is a data entry form where case managers enter data about case activity to show that work on discharge planning and linkage has commenced. The case manager records the discharge plan and various other information on the CLIF form. This screen has two sections. The first is *Detainee Basic Information* (Figure III-5), which contains identifiers and criminal history information from the jail file. It also contains an access point to mental health information: the *View ROCS* button. [33]

[31] Client ID was sometimes used to readily access the clinic electronic system and find data on that individual.

[32] "Excluded" cases are crossmatched cases that turned out to be not mentally ill and thus not part of the target population to which Case Managers provided intensive services.

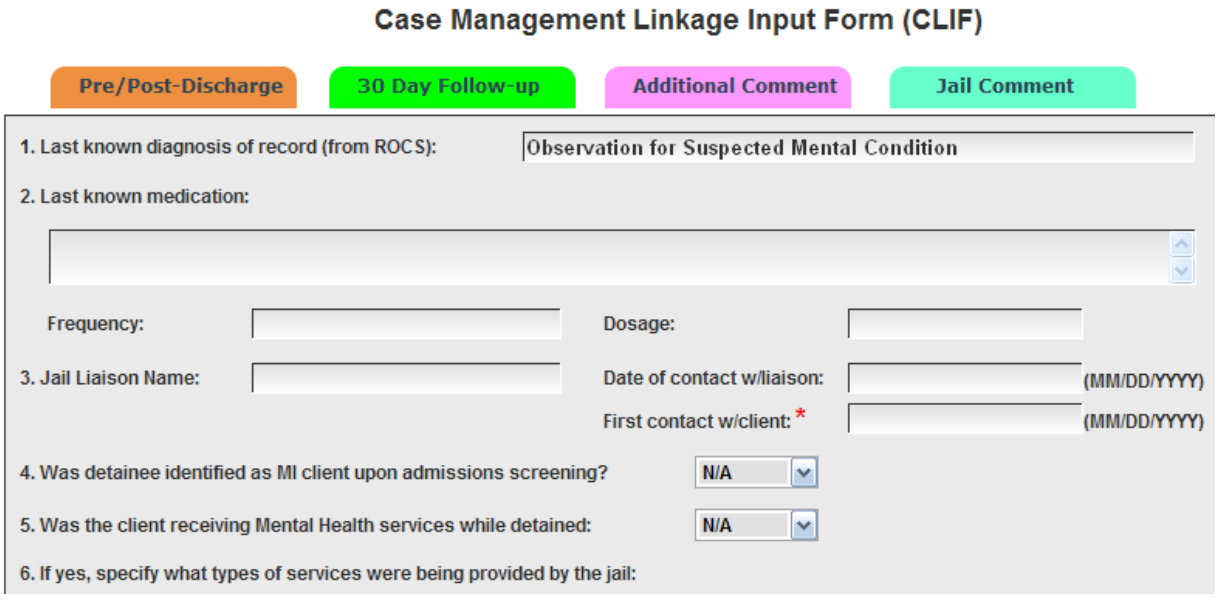
[33] Buttons at the upper left allow the user to either return to the *Current Clients* listing, or to print the entire CLIF form as a MS Word document.

Figure III-5
CLIF Form: Pre-Populated Detainee Basic Information



The second section of the *CLIF Form* is by far most crucial and is displayed in Figure III-6. The four colored tabs by which case managers move back and forth across the four sections of the CLIF form are displayed below.[34] The *Pre/Post Discharge* tab contains items #1 to #10 (of which the first six are visible in Figure III-6).

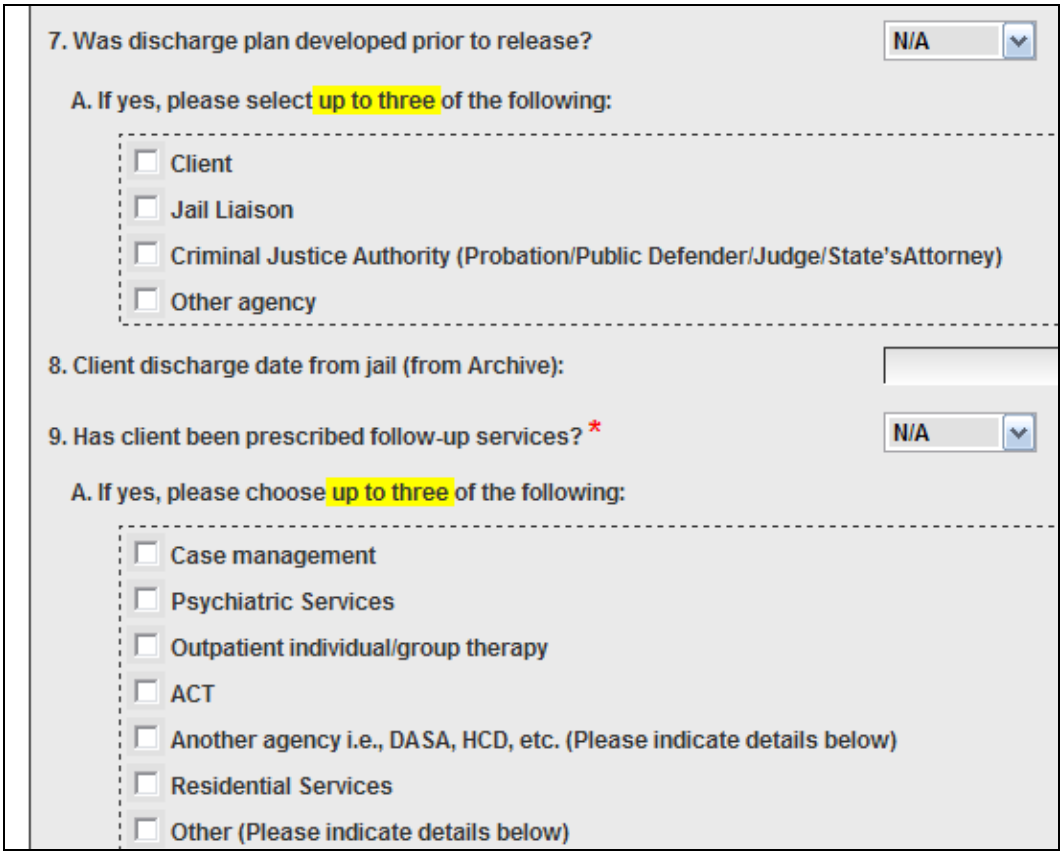
Figure III-6
CLIF Form Pre/Post Discharge tab: items 1 to 6



[34] Three tabs (Pre/Post Discharge, 30-Day Follow-up, and Additional Comments) are data entry fields for clinic staff. The fourth tab, Jail Comments, is read-only and is where clinic staff can read comments entered by jail staff from the jail version of the database.

The view above would be the starting point for case managers who were completing a new "initial CLIF" form.[35] (Readers should see Attachment 3 for a detailed description of each data field on the CLIF form.) Figure III-7 below shows items #7 to #9 of the *Pre/Post Discharge* tab.

Figure III-7:
CLIF Form Pre/Post Discharge tab: items 7 to 9



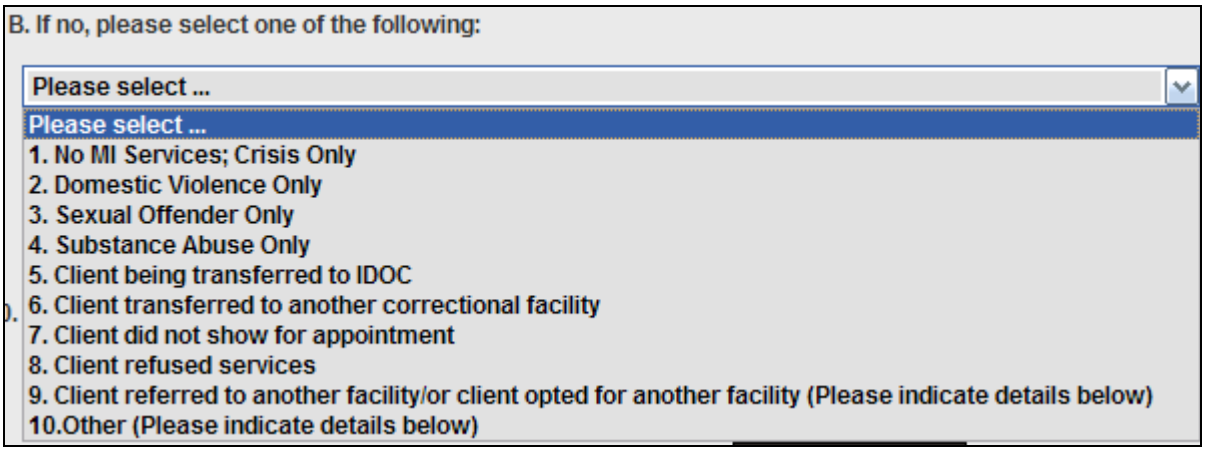
With item #7, the case manager indicates whether a discharge plan was completed, and if so, item #7A shows who participated in that process.[36] If the case manager is recommending community services as part of the discharge plan, they select "Yes" from the dropdown menu of item #9 and then check boxes for services in item #9A.

Detainees who were not prescribed follow-up services in item #9 (i.e., dropdown is NO) are cases that the case manager has identified as non-target (not mentally ill) cases. Item 9.B

[35] The diagnosis field would be empty. In total, items #1 to #10 shown on the Pre/Post Discharge tab constitute the Initial CLIF which the Case Manager must complete shortly after the inmate arrives in the jail. "Initial CLIF" data are contrasted later in this report to the "30-Day CLIF" data.
[36] As noted later, normally only clients participated in this process with the Case Manager.

provides the dropdown menu that allows the case manager to identify the reason why this detainee is being "excluded" from the target population, as shown in Figure III-8.[37]

Figure III-8
CLIF Form Pre/Post Discharge tab: item 9B

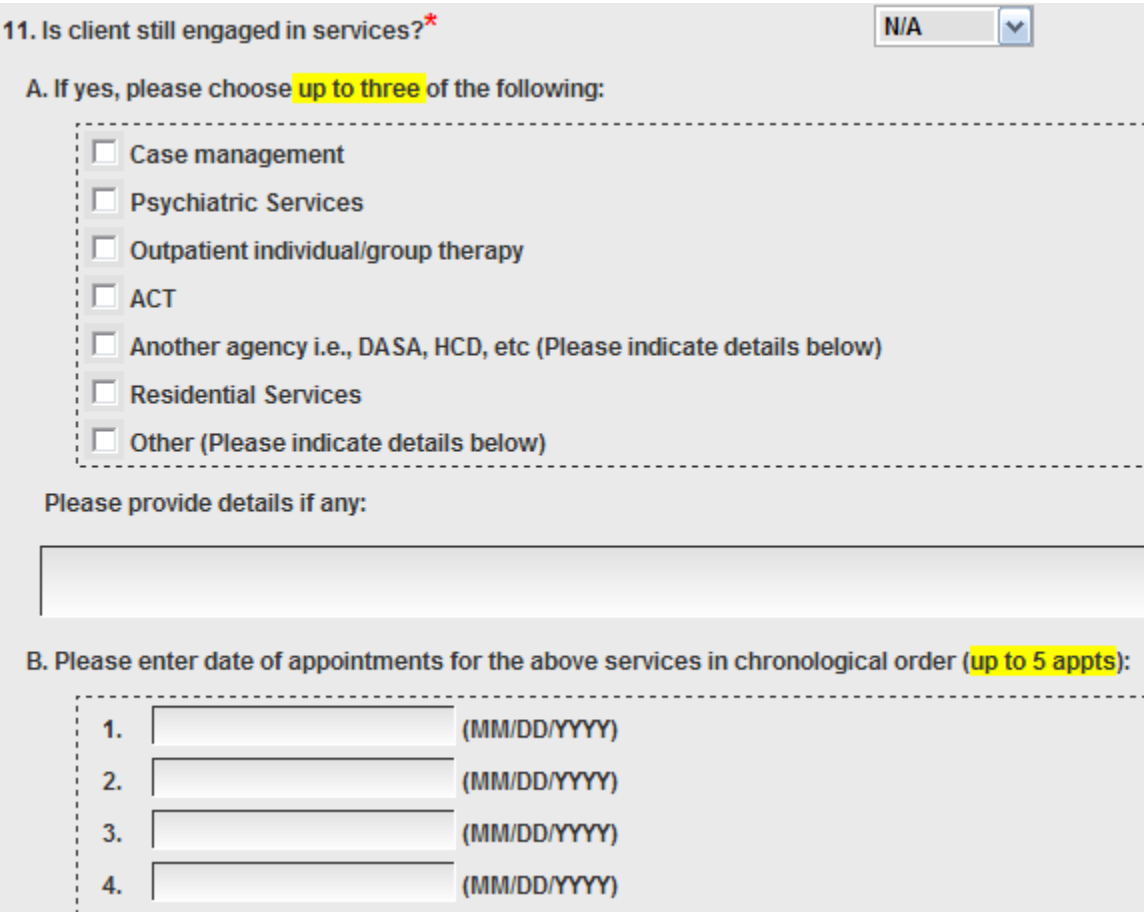


Item #10 on the CLIF (not shown) marks whether the discharge plan included medication for the client to take after they reach the community.

To complete the 30-day follow-up CLIF, case managers go to the "30-day follow-up" tab, as shown in Figure III-9.

[37] Case Managers could continue to serve the "excluded" clients, as noted. However, they were to be lower priority cases that would be handled after target cases.

Figure III-9:
CLIF Form 30-Day Follow-Up tab: items 11, 11A and 11B



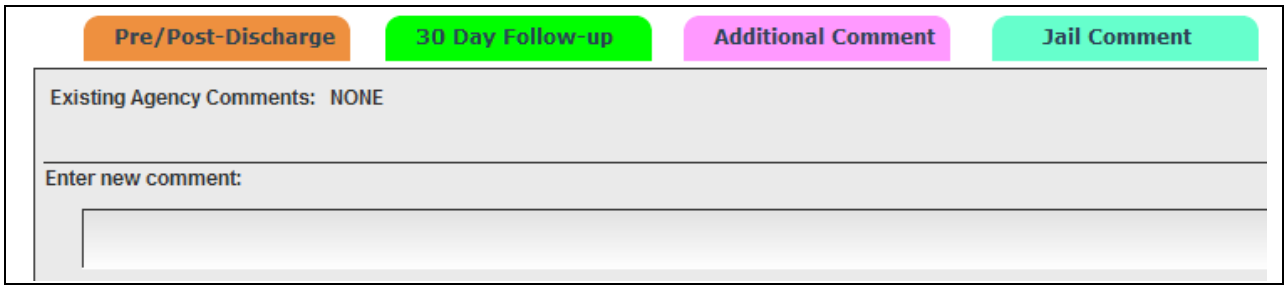
With item #11, case managers denote whether the client is still engaged in community services. If they are, they check boxes on Item #11A to specify what services are being received. In item #11B case managers enter scheduled appointment dates. If client circumstances changed and they are now in the "excluded" group, the dropdown exclusionary group menu in item #11C is provided. Later in this report, the terms "linked" and "non-linked" clients are used to differentiate between those who showed up for community appointments after jail release, and those who did not. A "linked" client is one for whom the case manager entered "Yes" in the dropdown menu of item #11 OR they entered one or more dates into the date fields of item #11B, as shown above. (Note: Some cases that entered "yes" had no dates in item #11B.) A "linked" client is one who voluntarily showed up for an appointment after release and who normally had been prescribed follow-up services by the case manager while in jail.

Finally, Item #12 provides a place to record the date of the most recent community service for the client, and item #13 records the type medication, if any, noted during that visit. [38]

Figure III-10
CLIF Form 30-Day Follow-Up tab: items 12 and 13

Case managers use either the Pre/Post Discharge or 30 Day Follow-Up tab (shown below) when entering data onto the system. These CLIF forms are required entries and their completion is prompted by the system and by DMH managers. However, case managers are encouraged to continuously enter any important new data onto the system, whether a CLIF is being completed or not. To do this, the "Additional Comment" tab is used (Figure III-11).

Figure III-11
CLIF Form Additional Comment tab



This tab enables the case manager to enter free flowing text comments about the detainee in the "Enter new comment" box. The system saves all such comments and displays them in date order. They may be viewed by any other agency staff and jail staff who have system access. The purpose is to communicate key information to other system users about the detainee. Examples of data entered into *Agency Comments* by agency staff are: scheduled court dates; that a client was scheduled for an appointment after release, but did not attend; newly scheduled appointments; any court information that would have an impact on the jail release date; and, that a person is scheduled to be transferred to IDOC or a state mental hospital. (Detail on one county's entries into this Additional Comment text box [also referred to as "Agency Comments] are shown in Attachment 4.)

The *Agency Comments* tab is one of the most important system features. One benefit of an online data system like Data Link is that it can be accessed 24/7 by any authorized users with internet access. If agency staff know that a client has a suicide history, for example, that information needs to get to jail staff as soon as possible. *Agency Comments* would be one

[38]Case Managers sometimes had different understandings of the various data fields. Some interpreted item #12 to be jail services while others interpreted it to be community services.

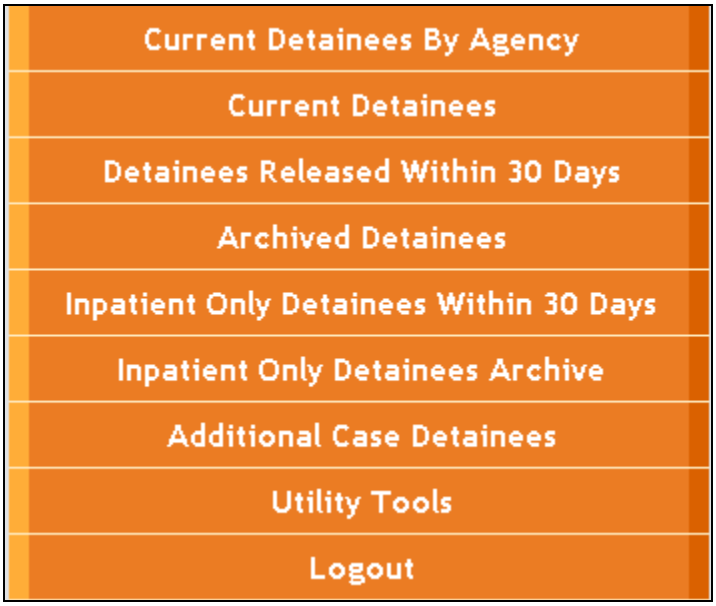
vehicle where that type of information could be entered by the case manager and then viewed by jail staff. Similarly, jail staff might want to let the case manager know that a current client has been combative, and that the case manager should take precautions during the face-to-face interview. Jail staff would use the *Jail Comments* tab on the jail version of the system to convey this information. From site interview data, however, it was learned that jail staff did not make entries into the system, for the most part.

The *Additional Comment* tab was also used by the JDL Project Manager to convey information to or ask questions of case managers. These Project Manager comments were appropriately labeled so that all system users would know authorship. These entries were a useful communication and management tool for the Project Manager and the case managers.

2. Jail Version of Data Link System

The Jail Version of the Data Link system is similar to the agency version and is described very briefly here. Most menu items are similar in functionality to the agency menu, but there are a few exceptions. Figure III-12 shows the main menu for jails.

Figure III-12
Main Menu for Jails



In *Current Detainees by Agency*, jails are able to view all detainees who had a DMH crossmatch, not just the crossmatch with the local partner agency (HSC in Peoria, JCCS in Jefferson county, or WCHD in Will County).[39] This gives jails access to a somewhat broader swath of data than is available to the local agency. Jails can use the Data Link system, if they choose, to target services to all crossmatches, not just those served at the local agency. If jail staff want to view

[39] The FEIN number of each agency is displayed along with a count of clients. By drilling down, jails can access the identity of individual clients.

only crossmatches with the local partner agency, they view *Current Detainees* instead of *Current Detainees by Agency*.

As with the agency system, by drilling down, individual level data are accessed by jail staff. Besides identifiers, the court date, target/eligible indicators, CLIF status, and history information are displayed. One column on the jail view entitled "History" (not shown) shows the open and close dates on DMH files for various community agencies going back several years, allowing the viewer to get a better sense of the extent of recent client contact with DMH services. The *Inpatient Only Detainees Within 30 Days* provides detailed data from the inpatient match, including the name of the state mental hospital, dates of entry and exit, and diagnosis.

Summary

The online Data Link system is accessed by agency and jail staff via the internet and it has two main components, one for the local agency and the other for the local jail. A specific User ID governs which county is visible to the user and whether the agency version of the database or the jail version of the database is displayed. A menu of options enables users to select precisely what they want to do, such as retrieve historical data, enter new data, conduct a search for a specific client record, or review a user manual.

The system does much to drive the daily work flow of case managers. They use the system each morning to identify new clients who entered the county jail the day before. After assessing whether the client is a target client (and to be given high priority handling) or non-target (lower priority, and sometimes referred to as "exclusionary" cases in this report), case managers then travel to the local jail for face-to-face interviews with the target clients. The system is used within 24 to 48 hours to complete an "Initial CLIF" form. Completing this form shows that the case manager has made an initial contact and assessment and has begun the process of discharge planning.

The system further prompts the case manager to complete a "30-day CLIF form".[40] Data entered on the 30-day CLIF show whether or not the client was successfully "linked" with community services – the prime goal of the Data Link project. The system is also used – at any point – to enter key new information that becomes known to any system users, be that user the case manager, jail staff, or the case manager supervisor. A key benefit of the online 24/7 data entry system is that data so entered may be viewed at any time of the day by all system users – there is no need to wait until the next business day, for example, to convey information such as whether a client might be suicidal.

D. Sites

Several factors impacted DMH's decision to select Will, Peoria and Jefferson counties as sites in the Phase 2 Pilot. Table III-1 provides an overview of key characteristics in the three counties.

[40] The "Y" in the "*Initial CLIF Needed*" or "*30-Day CLIF Needed*" columns on the *Current Clients Listing* is posted as soon as the crossmatch occurs. Case Managers may close non-target / exclusionary cases (and change the "Y" to an "N") immediately.

Table III-1
Select Site Characteristics from Census Data

Data	Jefferson County	Peoria County	Will County
Population in 2006	40,523	182,495	668,217
Percent white population in 2006	89.2%	78.2%	83.9%
Percent black population in 2006	8.5%	17.1%	10.7%
Percent with Bachelor's Degree in 2000	13.7%	23.3%	25.5%
Median value of homes, 2000	$63,800	$85,800	$154,300
Per capita income, 1999	$16,694	$21,219	$24,613
Percent below poverty, 2004	13.9%	13.2%	6.6%

Source: Information is from the U.S. Census Bureau:
http://quickfacts.census.gov/qfd/states/17/17081.html

Information on the three counties and the jails and agencies that collaborated on the JDL project are described below. Mental health services provided at the jail are typically a joint effort between jail staff and agency staff. Within each jail, custodial (often "booking") staff team with the medical doctor, nurse and possibly other medical staff to provide the front-line of mental health services to mentally ill inmates. For the seriously mentally ill, contracted agency staff are contacted for additional help. Those contacts are sometimes made by Medical Unit staff and sometimes by custodial staff.

Peoria County

Peoria county is located in north central Illinois and is mid-range between the other two counties in terms of population, education level, income and poverty. It has the highest minority population of the three counties. The project partners in Peoria county were the Peoria County Jail and the Human Services Center (HSC).

Human Services Center

HSC was the DMH grant-funded agency that was selected to work with Peoria County Jail in this project. Peoria county has other grant funded agencies, but HSC was selected as the exclusive project partner. Like the agencies in the other two counties, HSC has been providing adult mental health services to Peoria county for a number of years under contract to DMH. The enhanced funding provided under the JDL project enabled HSC to hire a case manager and to provide enhanced discharge planning services.

The JDL project is not the first special initiative that HSC has involving mentally ill inmates at the Peoria County Jail. A few years ago, a jail diversion program was implemented at the jail where a team of five multi-disciplinary workers were located onsite in the jail. During that program workers were able to go to court with inmates, and the program was well regarded by both HSC and jail staff; it ended when the federal funding ended.

HSC is part of a broader umbrella organization, Fayette Companies, that provides mental health, substance abuse, workplace, and a broad range of other social services. HSC includes an Emergency Response Service (ERS) unit which is a police-dispatched mobile response unit that operates on a 24 hour, 7 day per week basis. Operating since the 1970's, it provides crisis

intervention and assessment and referral services to law enforcement agencies (including the Peoria County jail), the medical community and social service agencies.[41] The primary JDL Peoria case manager was housed at ERS, at an office located a few miles from the county jail. The case manager's activities as a JDL case manager closely paralleled and complemented services that ERS was already providing to the broader adjudicated mentally ill population at the Peoria County jail.[42]

Peoria County Jail

The Peoria county jail is a 23-year old facility with a capacity of about 400 and an average daily population of about 450.[43] The Medical Unit at this facility includes five nurses who are available 24/7 and doctors who are onsite three or more times weekly. Custodial staff use a standard 11-question screening form to screen for mental illness and inmates needing immediate help are flagged through the use of that form. Inmates are placed on suicide watch as needed.[44] If custodial and/or Medical Unit staff judge that an inmate has serious mental illness, ERS is called for help and it normally completes a more thorough evaluation within 24 hours. Little in the way of counseling services are available at the jail, except possibly a referral to the chaplain.

Jefferson County

Jefferson county is located in Southern Illinois and is the most rural and least populated of the three sites. It also has the lowest minority population, the lowest educational levels, the lowest income and the highest poverty level. As in other regions, DMH-funded services are provided through hospital programs and community mental health centers, but services for the mentally ill in Jefferson county, and rural areas of Illinois generally, are more limited than in larger urban areas. The project partners in Jefferson county were the Jefferson County Jail and Jefferson County Comprehensive Services.

Jefferson County Comprehensive Services (JCCS)

JCCS is an umbrella organization which provides rehabilitation and substance abuse services and mental health services to the community. As was the case with HSC in Peoria, those other services were funded, in part, by other divisions of the IDHS.[45] The JDL project is the only recent special project which JCCS has undertaken to improve services for mentally ill inmates. The JCCS case manager was housed at the JCCS office, a few mile drive from the county jail. Before the JDL project, JCCS had a pre-existing relationship with the jail to provide limited mental health services. During the JDL project, when the jail called JCCS for assistance, during regular work hours, they would normally call the case manager. During off-hours, they would call the regular JCCS mental health hotline.

Jefferson County Jail

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[41] In FY07, ERS had 817 referrals from the Peoria County Jail. Source: ERS.

[42] Case Management services in Peoria were split between an ERS Case Manager and a supervisor in the adult mental health unit, with the ERS worker providing the majority of services. Standard ERS services are funded by the County, City and State.

[43] Data provided by Peoria County jail.

[44] When inmates bring psychotropic medications with them, many county jails do not dispense them without Medical Unit staff first verifying that the medication was legitimately prescribed in the community and the staff doctor concurs that they are still needed.

[45] JCCS also had a Senior Service facility at a different location.

The Jefferson County jail is a 5-year old facility housing about 200 inmates. The facility is large enough that the county enters into contractual arrangements with select other Illinois county jails to house detainees from those counties (those clients were not served as a part of this pilot project). The Medical Unit at this facility includes a doctor, nurse and physician's assistant. The doctor typically makes rounds twice weekly. As is the case elsewhere, because Medical Unit staff are not always around, the booking officer is the front line person with respect to identifying mental illness. The booking officer talks with and observes inmates and if they need assistance, they typically request help from the jail nurse. Either the nurse or the booking officer may subsequently call the local agency for additional assistance. JCCS maintains a Crisis Hotline which the jail calls. A counselor sent as a result of the call to the hotline might be the JDL case manager, or it might be someone else on staff.

Will County

Will county is located in Northeastern Illinois just Southwest of Chicago. It is the most urban and populated of the three sites. It is mid-range between the other two sites in terms of minority population. It has the highest income and educational levels and the lowest poverty level. The project partners in Will county were the Will County Jail and the Will County Health Department, both units of Will county government.

Will County Health Department (WCHD)

WCHD is an umbrella organization providing a wide range of services including the health-related services such as communicable disease prevention and vital records. Will county has other DMH grant funded agencies, but WCHD is the only JDL project partner. The behavioral health programs at WCHD, of which mental health services are a part, include addiction services, case management, psychiatric evaluations, youth services, crisis, homeless and forensic services. The JDL project was housed in the forensics unit at WCHD. That unit focuses on serving adjudicated individuals who may be in need of assessment or treatment services and who may be domestic batterers, sexual abusers, or under consideration as unfit to stand trial or not guilty by reason of insanity. The unit's forensics orientation made it especially attuned to the needs and demands of the JDL adjudicated mentally ill population and a good fit with providing services at the Will County Jail.

Of the three sites, the WCHD's existing contractual relationship with the local jail for providing mental health services was the most extensive. Under this contract, two additional WCHD employees (not counting the JDL case manager) provide routine mental health services to mentally ill clients[46]. The first is a mental health professional who is assigned 100% time to (and physically located at) the jail. Sometime in the first 14 days of confinement, that mental health professional does thorough mental health screenings if needed. If a referral to the WCHD psychiatrist is deemed necessary, this mental health professional makes such referrals. The JDL case manager supplements these two other WCHD employees and – as in the other two counties -- is best viewed as the discharge or linkage specialist. Under the JDL program, client waiting times to gain access to WCHD services after jail release are reportedly much shorter; this includes being able to see a psychiatrist who can provide access to needed psychotropic medications.

[46] Including JDL clients.

Will County Jail
The Will County Adult Detention facility is a 20-year old jail that houses about 650 inmates. Booking officers go through a set of standard and computerized mental health screening questions asked of all inmates. If there are affirmative responses to any of the questions, the system advises the booking officer to notify a supervisor. The supervisor may then talk with or observe the inmate and if necessary, contact the nursing staff (three 24/7 nurses are available, and one is stationed in the booking area). The nurse may then do a medications assessment and/or request an assessment from the doctor. When serious mental illness is present, as noted above, the WCHD's contracted psychiatric or mental health professional services are activated (the psychiatrist is typically at the jail 2 or 3 days weekly for half days). The JDL case manager's initial visit and assessment supplements these services from jail staff and other WCHD staff. Uniquely among the three jails, the Will County jail also has an on-site non-profit providing limited counseling and social services to inmates (the Center for Correctional Concerns (CCC)).

E. Phase 2 Project Operating Procedures

Information in this section is drawn from a review of DMH documents and from interviews with project staff.

1. Role of the Agency

Normally three agency staff were involved in the JDL project: the case manager, a case manager supervisor and the Executive Director. Of these three, case managers were far and away the most critical and most of this section describes the work of the case manager. The case manager supervisor provided supervision and guidance to the case manager, a task which typically constituted a small part of their overall job responsibilities (possibly 5 - 10%). At one site, however, case management work was split between the primary case manager and the case manager supervisor. The Executive Directors at the agencies provide strategic support and guidance - and possibly attended some steering committee meetings – but had little day to day involvement.[47]

Agencies also provided after-care services to discharged clients. Those services were normally provided by other (non-JDL) staff. Since most clients were pre-existing agency clients, after-care services did not represent new services but rather a continuation of pre-existing (jail admission interrupted) services.[48]

DMH entered into contracts with the three agencies to secure case management services. Key language from the contract for case managers stated:

> "*…candidate must be proficient in computer technology to the extent of being able to operate a wireless laptop, enter and retrieve data, and manipulate data sets and tasks.*

[47] Steering Committees are discussed in detail later in this report. The committees provided strategic project guidance and included DMH, clinic and jail staff.
[48] To the extent that "additional" clients in the JDL project were new, however, the clinic may have ended up with new clients that had not been served previously (see "Additional Case Clients" in section III.C.1).

The case manager will develop and follow-up with linkage case management discharge, aftercare plans between the jail clients targeted for release and the identified agency of record in the community, who previously had contact/treatment with said client. Candidate is required to participate in all Jail Data Link meetings, and weekly "contract monitor" calls (1 hr weekly) with the …Project Director… Candidate is required to provide the following documentation during the duration and conclusion of the contract: (a) release demographic information…, (b) discharge/after care linkage plan…, (c) case management notes for 30 day follow-up, (d) documentation of all clinical notes, medications diagnosis for each individual…"[49]

The original contracts with the agencies were executed in the spring of 2006. At that point, the agencies were awarded $60,000 each for services provided from that spring through September, 2006. The funds were provided under the ICJIA grant to DMH. In October, 2006, the three clinics were awarded an additional $40,000 each for continuation of case management services during FY07, funds provided by DMH internally.

The case managers were the central project staff. In total about 10 staff have served in the case management role at the three sites over the first two years of operations.[50] At one site, there has been a single case manager since the project started. The other two sites have had about three individuals each serving in the case manager role.

The key role of the case manager was to establish communications with jailed clients so that they could improve mental health services while confined and prepare discharge plans to re-link clients with mental health services after jail exit. It was the case manager responsibility to communicate with jail staff, normally through the Jail Liaison, the staff person delegated by the jail to serve as the project liaison. Case managers were to share client data with the jail staff as soon as possible -- through the JDL data system, by phone, or in-person. They were also to have weekly contact with the Project Manager. Seven key case manager functions are described below:

1. Check Data Link system for new clients. New crossmatch results were posted at midnight daily and all case managers indicated that the first thing they did each morning was check the PDCR results on the Data Link system to see if any new clients had arrived in the county jail the day before. PDCR results were checked by case managers from their offices at the agencies.

2. Determine whether new client is a target case. The first order of business when checking the new cases was to determine whether a crossmatched case was a target or non-target (excluded) case. Verifying that the detainee was a precise match was often the first step. Besides verifying that names and dates of birth matched, some counties used the RIN and Client ID's displayed on the JDL system to verify identity.[51] To determine whether a case was a target case, case managers checked both the JDL system and the agency's own

[49] Document provided by DMH: Scope of Services / Case Manager.
[50] At one county, which included 24/7 services, two staff were weekend/evening staff only.
[51] RIN is Recipient Identification Number, a unique identifier assigned by IDHS and the state Department of Healthcare and Family Services.

electronic files. On the JDL system, the seriousness of the diagnosis from ROCS and the inpatient hospital column were used. Then, toggling to their agency's own system, case managers looked up the same individual and checked whether the individual had seen a psychiatrist, had been in a mental hospital or had been taking medications, as indicated historically in the agency files. Agency files normally contained the most thorough records of diagnostic and treatment data and best equipped the case manager to make a correct decision about the seriousness of the mental illness and whether the client was a "target" client who needed an in-person visit at the jail. Some case managers created their own screening forms to systematize information about mental health history, symptoms, hospitalizations and the various categories of exclusion (domestic violence, substance abuse, etc.). At two counties, these screening processes occurred on regular workdays from the case manager's office. At a third county, with 24/7 service, the online JDL database was also accessed on weekends by a staffer at their home using the JDL project's laptop PC to access the JDL system.[52] If a newly entered client appeared to be someone who might need immediate mental health treatment in the jail over the weekend – or who may be discharged immediately – that staffer then contacted the on-duty (part time) case management staff who then made an immediate jail visit.

3. Conduct jail visits and interview JDL clients. The frequency of these visits varied. At one county, the case manager visited the jail once or twice daily and handled 100% of an estimated three new cases each day. At another county, the case manager went to the jail typically 2 or 3 days weekly and would spend most of an afternoon seeing an average of 8 to 10 clients per day. At a third county, the case manager would see about four clients daily. One county jail had a PC available for use by the case manager and allowed the case manager to conduct interviews in a room normally used by defense attorneys. This worker sometimes entered agency comments at the jail, on that PC, and sometimes entered comments back at their home office at the agency. At another county, the case manager was able to use an office that was part of the jail's Medical Unit to interview clients. In a third county, the visits were conducted in an office that was part of the non-profit social service agency located within the jail. For clients confined over a period of time, case managers also conducted follow-up visits with clients, possibly every two to three weeks.

4. Communicate with jail staff about client: access jail data and share agency data. If the case manager knew the client to be a suicide risk, that information was given to the appropriate jail staff as soon as possible. While at the jail, the case manager secured copies of the jail's records, if possible, which specified any treatment notes resulting from a psychiatric visit in the jail, any medications prescribed, etc. Since that information then became part of the agency files, when the client was seen again at the agency after jail discharge, the same assessment process did not have to be repeated and this expedited the linkage process after release. While some case manager communications were with the Jail Liaison and booking officers, the various jails' "Medical Units" were often the primary point of contact for the case manager. As noted earlier, all jails had a Medical Unit that was often the first point of contact and service for mentally ill inmates.

[52] That routine was not viewed as a long term and sustainable arrangement, however.

5. Conduct jail visits and interview additional clients. Jail staff often requested that case managers interview and assist with detainees that were not a part of the JDL population. Case managers normally honored those requests and provided the same services to non-project cases. Case managers estimated that approximately 15% of their overall clients fell into the category of "additional" clients.

6. Develop discharge plans and prescribe follow-up services in the community. From the point of the initial visit with the client in the jail, the case manager would begin discussing with the client what services were needed after jail discharge. The result of those discussions became a part of the CLIF. The case manager checked the upcoming court date to determine how quickly they had to have the discharge planning completed. Their goal was always to have discharge planning completed before the client left jail. Even at the point of first contact with the client, the case manager discussed with the client what would happen at the point of release: how they would have access to needed medications and what appointments were needed with psychiatrists, therapists and psychologists in the community.

7. Complete CLIF forms and enter data into the Data Link system. Case managers developed discharge plans mostly on their own, in consultation with the client and occasionally other agency staff. Two CLIFs were completed on all clients: one immediately after the first jail visit, and the second 30 days after discharge. Normally the CLIFs were completed at the agency office on the next work day. Completed discharge plans were then viewable on the Data Link system by anyone with system access. Those with system access included the DMH Project Manager, case manager supervisors and jail staff. As noted later, jail staff did not normally view the Data Link system, however. Some case managers also placed written "discharge" letters into the clients' jail discharge packets. The letters included information on how to contact the case manager after jail discharge as well as any scheduled appointment dates that had already been established.

Other Case Manager functions

Besides these seven major functions, case managers had additional responsibilities. One case manager provided transportation for clients from their homes to the agency office. Home visits and court visits were part of the case manager job in another county during an early period. In all counties, case managers notified other agency staff that their clients were now in jail.

2. Role of the Jail

Normally three jail staff were involved in the JDL project: the Jail Liaison, an IT liaison and the Sheriff. Most of this section describes the work of the Jail Liaison. The Jail Liaison was the key staff person who was to communicate routinely with the case manager and participate in discharge planning. Unlike the agencies, jails did not receive enhanced funding from DMH to cover staffing costs. Thus, Jail Liaisons were existing jail employees who for the most part already had full time jobs and who had to work their JDL project tasks into an already busy schedule. The jail IT liaison's work was basically all upfront: to get the technical aspects of daily file transfer to DMH worked out. The jail had to create and transmit an electronic file daily to DMH containing the identity of all jail inmates. Once that process was in place, this staff person had a minor role. The third person, the Sheriff, provided strategic guidance and approval

– and possibly attended some steering committee meetings – but had little day to day involvement (similar to agency Executive Directors). The sheriff did have to initially assign someone to serve as Jail Liaison and also served on the Executive Committee of the Steering Committee.

As originally envisioned, the role of the Jail Liaison was substantial. Like the case managers, they were to logon to the Data Link system each morning and check the daily crossmatch results to learn whether a new detainee had a mental health history. As with agency staff, the advantage of this electronic system was the immediacy of the information: you did not have to wait for someone to call you or tell you. When such detainees were identified by the Jail Liaison, they were to then notify jail custodial staff about the client in the event immediate precautions might be needed. The Jail Liaison was also to review CLIF and "Agency Comment" data on Data Link, newly entered by case managers, and consult with the case manager if needed, and adjust jail handling based on the new information. They were also to participate in joint discharge planning with the case manager and they were to enter comments in the "Jail Comments" tab on the Data Link system.[53]

This role simply did not work out – the Jail Liaisons did not have the time. In one county, during a portion of the first year, the Jail Liaison did in fact carry out most of these responsibilities – checking the database, talking with the case manager, etc. However, as time passed and other job responsibilities grew, that Jail Liaison also had to give up the more active JDL role. As the project progressed, the Jail Liaison's role in the JDL project at all three sites was quite minimal and involved very little time.

What they did do, however, was smooth the case manager's access to the jail, to jail staff and to jail records, and to serve as the occasional point of contact with the case manager in the event of issues or problems. Jail Liaisons did not routinely use the Data Link system, did not make (or read) entries into the system, and did not participate in discharge planning. While this was a fairly substantial divergence from the original program model, it does not seem to have detracted substantially from the project success. One side effect of jail staff failing to fully utilize and enter data into the Jail Data Link System was that when case managers visited the jail to see clients, they had to ask many more questions about details such as the nature of charges, the next court date or the expected release date. Had such data already been entered into the system, case managers could have viewed the data ahead of time from their agency office. Case managers eventually adapted to the reduced role of jail liaisons, however.

Besides specifying one person as Jail Liaison, the broader role of the jail was to provide the best possible mental health services and to make Medical Unit staff accessible and available to case managers. This included providing office space for the case manager -- or some location where case managers could interview clients, review case files and consult with Medical Unit or custodial staff.

At all sites, jail staff were very aware and supportive of the local agency's efforts to serve mentally ill inmates. To a large extent, jail staff felt that their own staff were not equipped to handle serious cases of mental illness, and they appreciated that they could call the local agency

[53] See Figure III-12, section III.C.1.

for help. With or without the Data Link project, the jails clearly valued their relationships with local agencies. The JDL project added to this existing relationship much improved and enhanced discharge planning by agency staff. While jail staff generally thought improved community linkages were a positive development, they did not generally feel responsible for inmates once they left the jail. Also, the JDL population was but one part of the total mentally ill population in the jail. While jail staff appreciated that JDL helped them to identify some of their mentally ill inmates more quickly, their focus was on the entire mentally ill population, not just the JDL clients.

3. Role of DMH

DMH was responsible for overall project management. This included monitoring the relationship with and providing deliverables to the outside funder (ICJIA), ensuring consistency with DMH and funder policies and requirements, arranging meetings and teleconferences, and ongoing communications with the jails and the agencies. As noted earlier, the key DMH position was the Project Manager.

As noted in section II.A., the JDL Project Manager was the central office administrative staff who was a liaison with other DMH staff, particularly the Technology Chief, and who organized and implemented the project. This included working out the details of the Data Link system, written agreements with the jails and agencies, contracting and funds transfer to the agencies, and procurement (hardware, software, laptops, cell phones, etc.). As the project rolled out, a special responsibility of the Project Manager was supervision of case managers.[54] Weekly conference calls were conducted with case managers. In these calls, the case managers and the Project Manager would discuss individual cases and how they should be handled. During the second year and beyond, these weekly calls became bi-weekly calls. The DMH Project Manager was able to access the entire online data system, including all three counties, and could access both the Agency and Jail "views" of the data.[55]

The DMH Technology Chief was responsible for processing the daily jail census files received from jails and crossmatching with ROCS. In turn, crossmatch results were placed into the online data system where they could be viewed each morning by local jails and agencies. Occasional reports were produced. The Technology Chief also initially directed the work of the contractual IT Consultant.

[54] While the Case Managers formally reported directly to the Case Manager Supervisor at the local clinic, effective supervision was shared with the DMH Project Manager, who took a very hands on approach. Local Case Manager supervisors were kept abreast of and were comfortable with this arrangement.

[55] As noted earlier, the system "looked" different when viewed by local jails and the local clinics. Jails could see all matches that were detained at their jail, whether served by the partner clinic or other clinics. Partner clinics could only see their clients that were detained at the local jail. The DMH Project Manager could see both "views" in all three counties. This gave the DMH Project Manager the ability to identify clients who might move from one county to the other during the course of the project. By letting local Case Managers know that their clients showed up in another project county, Case Managers could follow up with the other case managers to get information that could result in better jail handling or discharge planning.

IV. RESEARCH METHODOLOGY AND DATA SOURCES

This section identifies the main data sources used and the general approach to the analysis. There are no pre/post data, or valid comparison group data - about individual level impacts - that would allow us to assert with certainty that the JDL program had a positive impact. As will be seen, an effort was made to construct a comparison group. While findings are presented from that comparison, the two groups are so dissimilar that the comparison of outcomes across groups is not instructive. What is used instead is rich qualitative data. This study overall is best viewed as a process study that describes program operations while offering judgments about possible program effects.

While the Data Link system included extensive data on all project participants over a period of years, it was not possible to gain access to all of those data for purposes of this study. Instead, two limited samples were available. One was an Intensive Case Review (ICR) Sample, and the other was a "Jail Data Link System" sample. The purpose of the ICR sample was to identify 15 cases in each county that could be discussed in detail during site visits so that a judgment could be made about whether the project had a beneficial impact on those cases. The Jail Data Link System sample's purpose was twofold: first, to provide rich data about program operations, and second, to simulate a comparison group. Since the several hundred cases in the ICR and Jail Data Link System samples represent only a fraction of all JDL cases and do not represent the full scope of project services, standard reports produced by DMH were also reviewed and select data from those reports are also reported. The table below summarizes these samples and data sources.

Table IV-1
Summary of Study Data Sources

Sample or Data Source		Contains data from Data Link system?	Contains data newly collected by researchers?	Contains criminal history data from Ill. State Police?
Jail Data Link System Sample	JDL Group	Yes	No	Yes
	Non-JDL Group	No	No	Yes
Intensive Case Review Sample		Yes	Yes	No
DMH Standard Reports		Yes	No	No

To select the JDL System Sample, DMH staff selected a sample of three days in the fall of 2006 (Oct. 1, Nov. 1 and Dec. 1). The entire Peoria, Jefferson and Will county inmate populations were identified on those three days (one portion of which was the JDL participants). The file

was then sent by DMH to ICJIA to secure criminal history data.[56] DMH then appended data from the Data Link system, including CLIF data, to the criminal history data for the JDL cases. Files containing all non-JDL cases plus the JDL cases were then made available to UIS researchers. The non-JDL sample had basic demographics plus the criminal history data. The JDL sample had the demographics, criminal history plus the Data Link system data. For purposes of analysis, a random sample of 353 non-JDL cases was then selected.

To preserve the confidentiality of clinical data, for all samples that were a part of this study, identifiers were removed before data were shared with researchers.

A. Data from the Data Link System

The Data Link system included data posted electronically from three sources: ROCS, the inpatient hospital file and the jail files. A fourth data source was the manually entered CLIF data and agency comments by case managers. Data from the system were secured and provided through the ICR sample (45 cases) and the Jail Data Link System sample (353 cases). By examining data secured from the CLIF forms and agency comments from these two samples, we will have a rich picture of the inmates and case managers and a better understanding of how the case managers used the Data Link system to provide better discharge planning for inmates.

B. Site Visits, Interviews and Intensive Case Reviews

Between October and December 2008, researchers made two-day site visits to each of the three counties. The visits typically involved five face-to-face interviews. As a result of their key role in the project, a full half-day was spent with case managers. In a semi-structured interview, questions were asked about their daily work activities, their interactions with other agency and jail staff, their use of the Data Link system and many other facets of project operations. Separate interviews were then conducted with two other agency staff: the case manager supervisor and the Executive Director. Two jail staff were also interviewed: the Jail Liaison, and the Sheriff.

During these site visits, a full day was dedicated to a discussion of the Intensive Case Review samples. These samples consisted of 15 cases from each site (45 total) selected from the fall of 2006.

<u>Selection of Intensive Case Review Samples</u>
DMH followed three steps in selecting an ICR sample for a given county:

1) All cases exiting jail after July 1, 2007 were identified.[57] A decision had been made to select a 2007 sample so that participants in the ICR discussions (primarily the case manager and the Jail Liaison) would both remember the clients and be able to find data about the clients in the agency and jail files.

[56] ICJIA secured criminal history data from the Illinois State Police (ISP) through an inter-agency agreement.
[57] Entry dates would have varied.

2) From the cases selected in step #1, only target cases were selected (The cases selected were cases that had the values TA (target) or EA (eligible) in the "ELG/TAR" data field, as shown in the column by that name on the *Current Client* listing shown in Figure III-4.)
3) From the cases selected in step #2, 15 cases were randomly selected for each county.

C. Criminal History data and the Jail Data Link System Sample

One purpose of the Jail Data Link System sample was to compare a group of cases that were part of Jail Data Link with a similar group that was jailed at the same time, but were not part of the JDL program. In theory, we were testing the hypothesis that clients served by the JDL program would recidivate at a lower rate as a result of program participation.

The only valid way to test this of course would be to identify JDL project eligible cases and to then randomly assign them to a "services" and "no services" group. Any subsequent observed differences between the two groups in recidivism could be reliably attributed to the JDL program. Such a random assignment design was not possible. What we did instead was to create a proxy "no services" group: inmates who were detained at the three county jails at the same time period, but who were not served in the JDL program.

A separate type of comparison is also conducted, however, within the JDL sample: a comparison of linked and unlinked cases. Clients still engaged in services at 30 day follow-up (Item #11 on the CLIF is "Yes") will be compared to clients not engaged (Item #11 is "no").

V. IDENTIFICATION AND SELECTION OF PROJECT PARTICIPANTS

Data in this section are from DMH standard reports and site interviews. Case counts are provided along with preliminary data on referrals and linkages.

A. Overview of Total Project Cases

Data from DMH on counts of participants were available for two periods: April 2006 to March 2007, and July 2007 to June 2008. An overview from the first year is provided in table V-1.

Table V-1
Total Crossmatch Cases, Excluded Cases, Linked Cases and 30-day Follow-Up Cases[58]
April 2006 to March 2007

Category	Number	Percent of total jail admissions
Total Jail Admissions	28,379	100
Total Crossmatches	2,979	10.5
(Minus) Excluded Cases	2,216	7.8
Cases eligible for linkage and 30 day follow-up	785	2.8
Cases referred for linkage	763	2.7
Cases linked at 30 days	251	0.9

Source: DMH, Federal Grant Performance Indicators report: 4-1-06 to 3-31-07.

In the first year, there were 2,979 total crossmatches, about 11% of the total jail admissions. Because the ROCS system contained so many non-mentally ill cases, case managers were required to screen out a large number of cases which were a part of the ROCS file for reasons other than mental illness (e.g., Domestic Violence, Sex Offender treatment, court-ordered psychological evaluations, etc.) About 3 of 4 cases were excluded, and case managers did actual linkage work with the remaining 1 of 4 crossmatched cases. Of the (785) cases they worked with during the year, nearly all (763) were referred for community services. Of those who were referred, about one-third were still linked 30 days after jail discharge.

This one-third linkage rate at 30 days would seem to be low, but comparative data are scarce since so few programs similar to JDL have been operated nationally. One study found that among children who had been to an Emergency Room for asthsma, 23% received a follow-up medical visit within 30 days.[59] Another study found that 49% of adults released from a psychiatric hospitalization received follow-up care within 30 days.[60] A North Carolina study found that 58% of persons discharged from psychiatric facilities had face-to-face clinical contacts within 30 days.[61]

B. Excluding the Non-Mentally Ill Cases

Many cases which are opened at community mental health agencies are opened when clients present themselves with undetermined symptomatology. Clients sometimes seek out agencies on their own, or they may have been directed to the agency by other organizations. Agencies screen and assess these clients, to determine what treatment course, if any, is appropriate. When agencies later billed DMH for these services, the cases became active ROCS cases and thus

[58] See section IX, Referrals and Linkages, for county level breakouts and the 7-07 to 6-08 data.
[59] Dombkowski K, Clark S , "Post Emergency Follow-up Visits for Children with Asthsma", *Abstract Academy Health Meet.* (2003 : Nashville, Tenn.).
[60] Stein, et.al., "Predictors of Timely Follow Up Care Among Medicaid Enrolled Adults After Psychiatric Hospitalization", Psychiatr Serv 58:1563-1569, December 2007
[61] "Wake LME Follow-Up After Discharge from State Hospitals", Wake County (North Carolina) NAMI: http://www.nami-wake.org/files/Wake_LME_State_Hospital_Discharge_Rpt_Final_Draft.pdf

matchable in the Jail Data Link project. The problem of so many project ineligible cases being part of the crossmatch was something of a surprise to DMH administrative staff as the project unfolded in 2006.

There were two aspects of the problem. One problem was that case managers sometimes felt that they should spend their time working the non-target cases, and it became a challenge to keep case managers focused on the target cases. Since many clients had co-occurring problems of various sorts (e.g., mental illness and substance abuse) decisions about whether a case was target (linkage eligible) or non-target (excluded) were not black and white. Ultimately, the DMH Project Manager and case managers talked through the cases during the bi-weekly conference calls and made decisions about whether they should be targeted. The second problem with this exclusion process was simply the time it took to assess whether a case was mentally ill. A differently designed match system by DMH might have targeted the mentally ill more efficiently and reduced case manager time devoted to screening and assessment. This would have freed them to devote more time to linkage work.

From March to October 2006, only ROCS was used for crossmatches. On November 1, 2006, the inpatient component was added to the Data Link system. Because clients in the inpatient database had a high percent of targeted diagnoses, their inclusion in the project made sense. While a large percent of ROCS matches were not mentally ill, nearly all inpatient matches were mentally ill.[62]

Table V-2 presents detailed data on the excluded cases by county.[63] Nearly 60% of excluded cases were at Peoria county, followed by about 30% at Will county, and 10% at Jefferson. The two major exclusion reasons were Crisis Only and "Other" (each at 37%), followed by Substance Abuse (17%) and Refused (6%). The percents reported vary substantially by county. The variations reflect the fact that local program structures were somewhat different and case manager coding practices were not always uniform from county to county.

[62] DMH data showed that linkages from state hospital discharges are another challenge faced by DMH. Of all discharges from state hospitals, 1% monthly do not make it to their first scheduled appointment with a community mental health clinic but instead end up in the local county jail (ADAA Quarterly: Nov. 22, 2006: Peoria County data).

[63] These figures may not match precisely because cases were sometimes excluded for multiple reasons and in some instances, no reasons were provided for exclusions.

Table V-2
Number and Percent of Crossmatched Cases Excluded from Linkage Efforts
April 2006 to March 2007

Exclusion Reason	Jefferson	Will	Peoria	Total
Substance Abuse Only	17 (6%)	106 (15%)	267 (20%)	390 (17%)
Crisis Only	21 (8%)	244 (34%)	606 (45%)	871 (37%)
Other Exclusion	159 (59%)	301 (42%)	402 (30%)	862 (37%)
Refused	40 (15%)	45 (6%)	66 (5%)	151 (6%)
No Show	32 (12%)	21 (3%)	15 (1%)	68 (3%)
Total	269	717	1,356	2,342

Source: DMH, Exclusion Breakdown for Counties from April 1, 2006 to March 31, 2007

The exclusion reasons in Table V-2 may be described as:

- Substance Abuse Only. Primarily a substance abuse case.
- Crisis Only. This could include family or relationship conflicts; drug/alcohol emergencies; meeting basic living needs, etc.
- Other. An example would be a court-ordered mental health evaluation.
- Refused. When case manager and client were discussing the discharge plan, client indicated they did not want follow-up services.
- No Show. For the 30-Day CLIF's only, client failed to show for a scheduled appointment.

The 151 cases in the "Refused" row were technically eligible for linkage services, but detainees had indicated to the case manager that they did not want follow-up services.[64] In this table, 12% of excluded cases were at Jefferson, 31% at Will and 58% at Peoria.

The dilemma then is that the existing match logic includes a large number of cases that turn out to be project ineligible and this decision process takes case manager time.[65] One solution would be to restrict the match to target/eligible diagnoses. DMH considered this option, but rejected it for two reasons. One is that there may have been multiple diagnoses in the ROCS file initially, but only the non-eligible diagnoses were selected in the match logic. Were that to happen, a case would be excluded when it should have been included, possibly resulting in undue denial of services. Another reason to continue the "broad" net is that people change. For example, while a person may have been Domestic Violence only two years ago, they may now be mentally ill and in need of treatment. Ultimately it seemed best to err on the side of casting a broad net and inclusion and letting it up to the case manager's discretion to determine whether a new crossmatch case does or does not need current mental health services. This decision was

[64] Technically, the 68 cases in the "No Show" row were not excluded from linkage efforts; they were referred for services, but did not show up at community appointments.
[65] The JDL system itself was helpful in this regard. By left-clicking on the "ELG/TAR" column, it sorted and displayed all cases at the top containing the values "EA" or "TA" indicating that they were high priority for purposes of targeting.

supported by the fact that the Data Link program model allowed and required case managers to serve non-crossmatch cases (called "Additional Case Clients" on the Data Link system menu).

C. County by County Statistics

Peoria county had the largest number of crossmatches in the project by far (1,808 in the first year, compared to 847 in Will and 324 in Jefferson).[66] Of the 1,808, Peoria county served 567 target cases. In Peoria (and elsewhere), the total crossmatches included a large number of inmates who entered on Fridays, Saturdays and Sundays and who bonded out before the case manager was aware that they had entered the jail. To address this problem, HSC modified its staffing configuration a few months into the project, a process described in more detail in section VIII.C.

Because of the large number of "crisis" cases in Peoria, the problem of screening out "linkage-ineligible" cases was especially acute. Linkage ineligible (non-target) cases were any JDL case that was not prescribed follow-up services on CLIF item #9 and the reason for exclusion was identified on CLIF item #9B. Table V-2 above shows that 45% of all exclusions in Peoria were Crisis-Only, the highest of the three counties. A total of 1,241 Peoria cases or about 69% of cases overall were considered linkage ineligible non-target cases.[67]

Jefferson county had by far the smallest number of crossmatches in the project in the first year (324). As a result of this small caseload, as the project evolved, the case manager at this county was eventually assigned to also work cases at an adjacent county jail. When looking at the first year of data, about 72% of cases (232 of 324) were excluded from services because they were not mentally ill, and Jefferson county referred only 92 target cases for follow-up services in the first year, the lowest number of the three sites.

Will county was mid-range between Peoria and Jefferson counties in terms of the number of crossmatches in the project in the first year (847). About 88% of cases were excluded from services because they were not mentally ill, and Will county served 104 target cases in the first year, slightly more than Jefferson county, but far fewer than Peoria. This number of served detainees is low because WCHD provides a large variety of screening and referral services that do not necessarily result in a diagnosis of mental illness, such as sex offender and Domestic Violence programs.

Summary

Based on data from the first year of the project, about 2,400 persons were admitted monthly to the three county jails, and about 250 of those were crossmatched and thus potentially part of the JDL project. Of the 250, however, only about 65 cases were considered mentally ill target (linkage eligible) cases needing referral and follow-up services. The other 185 cases could have been served by the case managers, but normally were not. Thus, the monthly caseloads actively worked by the case managers were fairly small. Of the 65 referred for follow-up services, about 20 were successfully linked and showed up for community appointments after jail exit, and the other 45 were not linked.

[66] See Table IX-1.

[67] Table IX-1 shows 1,808 total Peoria cases minus 567 linkage-eligible target cases.

VI. CHARACTERISTICS OF PROJECT PARTICIPANTS

Demographic data on all JDL participants were not available. This section contains limited data from three sources: (a) DMH reports, (b) statistics prepared by DMH in order to select the Intensive Case Review sample, and (c) the Jail Data Link System sample.[68] Gender data from DMH reports are shown in Table VI-1.

Table VI-1
Number and Percent of Clients Entering Jail by Sex
April 2006 to March 2007

	Will		Peoria		Jefferson		Total	
	#	Percent	#	Percent	#	Percent	#	Percent
Male	849	77%	1,486	68%	333	69%	2,668	71%
Female	257	23%	708	32%	153	31%	1,118	29%
Total	1,106		2,194		486		3,786	

Source: DMH: Quarterly Data Report to ICJIA (Will/Peoria/Jefferson)

Overall, 71% of clients were male and 29% female. Of the three counties, Will county had the highest percent male: 77%. Racial data are shown in Table VI-2.

Table VI-2
Number and Percent of Clients Entering Jail by Race
April 2006 to March 2007

	Will		Peoria		Jefferson		Total	
	#	Percent	#	Percent	#	Percent	#	Percent
Black	454	41%	1,134	52%	112	23%	1,700	45%
White	561	51%	1,040	47%	360	74%	1,961	52%
Hispanic	88	8%	19	1%	13	3%	120	3%
Asian	3	0%	1	0%	1	0%	5	0%
Total	1,106		2,194		486		3,786	

Source: Quarterly Data Report: Anti-Drug Abuse Act, Will/Peoria/Jefferson

Overall, 52% of clients were white, 45% were Black and 3% were Hispanic. Will and Peoria counties were both about 50% white, but Jefferson county was 74% white. Data from the population from which the 45 case Intensive Case Review sample was drawn are provided in Table VI-3.

[68] These were described in section IV.

Table VI-3
Demographics on Population from Which Intensive Case Review
Sample was Drawn, by County

County	Average Age	Gender		Race		
		Female %	Male %	Black %	Hispanic %	White %
Jefferson	32	43	58	27		73
Peoria	35	30	70	49	1	50
Will	31	39	61	58	5	37
Average	33	37	63	45	2	53

Source: DMH. The precise number of cases on which these percents are compiled is unknown.

We know that the ICR sample was drawn from the DMH target population in the three counties. The typical client from this population was 33 years of age; 63% were male and 53% were white. Jail Data Link System sample data are presented in Table VI-4.

Table VI-4
Race and Gender from Jail Data Link System Sample

	Gender		Race			
	Male	Female	Black	White	Hispanic	Other
All sites	265 (75%)	86 (25%)	189 (54%)	144 (41%)	17 (5%)	1 (0%)

Source: 351 cases for which data were available in the Jail Data Link System sample

Summary
Precise demographic data on all JDL project participants are not available. From several sources, we estimate that project participants were about 70% male, 50% white, 45% black and 33 years of age.

VII. RELIABILITY AND USE OF THE DATA LINK SYSTEM

This section presents data from site interviews about how the Data Link system was used and how users felt about the system quality and reliability.

Generally, case managers felt that the Data Link system provided case managers with everything that they needed to do their jobs and that it was very user friendly. A few problems were noted below, however. Not all case manager were familiar with all aspects of system functionality. Some menu items were not understood or used. Many of the features, such as column sort capability, MS Excel and Word downloads, and mechanisms to toggle from screen to screen were not used. For the most part, however, case managers had figured out how to accomplish their jobs without use of such features.

All case managers accessed the system each morning and used the daily crossmatch results to begin screening cases and determine whether they had to get to the jail that morning to assess a client that might have arrived the day before. They had no problem with accessing these results. All said the system enabled them to do their job better. They also used the system routinely to enter Initial CLIF results and 30-day CLIF results. The system itself prompted case managers to complete these forms if they were overdue, which helped structure their daily work and keep them on task for discharge planning and linkage results. They appreciated the system prompts, but one county created a separate "tickler" system to remind the case manager to enter the 30-Day CLIFs.

Case managers also used the "Additional Comment" feature to enter text about clients with information they felt should be shared with other system users. Use of this feature varied from county to county. Examples of these "Agency Comments" were information related to potential suicide or combative behavior. Jail staff who had read agency comments indicated that they were not especially informative, however, in that that they usually already knew the information in the comments. Case managers were aware that jail staff did not read Agency Comments. Thus, if they wanted jail staff to have critical information, they phoned or emailed or told jail staff face-to-face.

Most case managers indicated that the system was operational over 98% of the time. Data Link system security safeguards were judged to be adequate. DMH controlled access through User ID's and passwords and data confidentiality was well protected. The few problems noted were as follows:

- One agency staff member said that in recent months, since the summer of 2008, system access had been slow from time to time.
- Another indicated that the process of toggling from screen to screen within the Data Link system had been periodically slow and cumbersome.
- On rare occasions, jail census files had become unavailable. When that happened, the daily crossmatch results did not exist.
- One case manager said screens were too slow to refresh from time to time, and that the flow from screen to screen was a bit counter-intuitive in some instances, and some system design may be in order.

<u>Summary</u>
Overall the Data Link system was viewed very positively and it was viewed as a very reliable system. The system was central to and guided the daily work activity of case managers. It has a wide range of user friendly features designed to facilitate work flow. Most case managers found it easy to access and navigate. However, one case manager felt that it took too long to move around from screen to screen.

VIII. PROJECT IMPLEMENTATION

A. Project Planning

Uncertainty about funding during 2005 and 2006 made it difficult for DMH staff to proceed with detailed project planning. However, they proceeded with many aspects of project development in spite of this which included site recruitment, working with jails on the details of census file transfer, working with agencies on hiring case managers, and most importantly perhaps, working on the system design for the enhanced Data Link database. Their efforts allowed the project to begin client services in the spring of 2006.

There was not a single comprehensive and written JDL project plan that guided the rollout except, perhaps, the original funding proposal to ICJIA. As with many pilot projects, details of the project emerged as managers encountered and worked through unexpected obstacles. As far as the program plan that was presented to jails and agencies at the initial Steering Committee meeting, however, the project as it was implemented in subsequent months was quite consistent with that original plan.

When site staff were asked about this, nearly all indicated that the project had been implemented consistently with the original plan. One notable exception is that jail staff were not as involved with the Data Link system and discharge planning as originally planned. Otherwise, nearly everything was accomplished on the original schedule, and there were not significant delays. When problems developed, they were addressed quickly.

B. Training

The Project Manager and other DMH project staff provided onsite hands-on training during site visits at each county in March, April and May 2006. The training was designed to familiarize agency and jail staff with the emerging Data Link system, and the intricacies of hardware and software. It also covered expectations regarding client services. Throughout the project, when additional such training needs arose, onsite training was provided, when possible.

However, Steering Committee Meetings were the most important single mechanism for training. The JDL Steering Committee was created and implemented in the spring of 2006. There were five meetings conducted in total: in March, June and September of 2006, and in May and October of 2007. The key Steering Committee members were staff from jails and community mental health agencies that worked on Jail Data Link. Specifically, the Jail Liaison and the Sheriff (or designee) represented the jails, and the case manager, case manager supervisor and/or Executive Director represented the agencies. The meetings were staffed by DMH central office staff. The purpose of Steering Committee meetings was twofold: for DMH central office staff to provide guidance to jail and agency partners, and for the partners to give input to DMH about project operations.

The agenda at the spring 2006 meeting included (a) the project manual, (b) the CLIF form and case manager reporting requirements, and (c) future plans. The manual provided guidance to case managers and Jail Liaisons about DMH expectations. In presenting the (then interim) CLIF

form, DMH staff were stressing the importance of properly screening new arrivals at the jail, ensuring that they were receiving needed services while confined, and the importance of initiating discharge planning as soon as possible. The meeting included detailed instructions on interim CLIF form. In presenting an overview of future plans, DMH central staff described the plans for the new online Jail Data Link system to be implemented in June, 2006. Agendas at subsequent meetings included (a) an overview of the Illinois criminal justice system, (b) an update on changes in the Data Link system, (c) a discussion of data integrity and performance measures, (d) detailed breakout sessions enabling agency and jail staff to meet with colleagues from other sites with similar responsibilities, (e) the project evaluation, (f) a wrap-up and discussion of statistics and reports, and (g) a discussion of how 708 Boards could work with the project in the future.[69]

Agency Perspective on Project Training

One case manager had attended one steering committee meeting and said that they understood the program much better as a result. Another attended two meetings and viewed one meeting as helpful, and the other not. The case managers generally felt that there was an adequate number of such meetings and that DMH staff had done a good job of laying out project goals and explaining the Data Link system. Sometimes there was not time for upper level agency and jail staff to meet locally and discuss operations and issues. The meetings sometimes served as an opportunity for local jail and agency staff who might not see eye to eye on some issues to voice and work through potential issues. They also provided an opportunity for the various site staff to learn about and borrow good ideas from other sites.

While case managers believed that DMH Steering Committee meetings, training materials and the JDL project manual were very helpful, some case managers felt that they were mostly self-taught. The meetings were simply too brief to convey to case managers the specifics of their day-to-day job. While case manager supervisors and the DMH Project Manager provided some hands-on training and guidance to new case managers, most case managers necessarily developed their own county specific routines tailored to the idiosyncrasies of the local jail and the local agency operations. When asked who directed their day to day work and who they went to for guidance, one case manager said the DMH Project Manager and the other two said their case manager supervisor. Some case manager supervisors had developed written protocols to help guide case managers who might have been struggling with understanding their precise job responsibilities.

Case manager supervisors were more mixed in their review of Steering Committee meetings. Some felt that there should be more, and others felt that there should be less. The possibility of doing tele-conference meetings was suggested. Case manager supervisors were more likely than case managers to feel that DMH should have provided additional detailed training materials and training sessions for case managers.

Jail Perspective on Project Training

[69] A "708 Board" or Community Mental Health Board is established by Illinois communities for the purpose of planning and funding mental health, developmental disability and substance abuse services, as allowed under the Community Mental Health Act.

The training aspect of Steering Committees was less of a priority for jail staff since their staff were not, for the most part, using the Data Link system nor were they participating in discharge planning. The meetings were a good opportunity, however, to learn how jail staff at the other two sites were dealing with mental illness issues. By meeting colleagues face-to-face, it was easier to communicate subsequently via phone or email should the need arise. Both Jail Liaisons and sheriffs who had attended Steering Committee meetings felt that DMH had done a good job explaining project policies, procedures and the Data Link system, and that DMH had listened to and accepted recommendations from both the jails and mental health agencies.

Summary

DMH provided substantial one-on-one training for case managers and supplemented this with ongoing training provided at quarterly Steering Committee meetings attended by project staff from all three sites. The training materials, user manuals and handouts distributed at these meetings were clear and valuable to site staff, and staff appreciated the opportunity to communicate directly with staff from other sites. However, some agency staff felt that additional training for case managers would have been beneficial.

C. Staffing

This section describes the roles of the case manager and the case manager supervisors employed by the agencies and the Jail Liaison. See section XIV.A., Administrative Support, for a description of the sheriff, the agency Executive Director and upper-level support within DMH.

1. Case Managers

What did they do?

This builds on the description provided earlier in section III.E.1. At each county jail, The JDL program supplemented mental health services that were already being provided. JDL added enhanced discharge planning services for the JDL target clients. For JDL clients, the case manager came to the jail -- as soon as possible after the client was admitted – interviewed the client, and then did two things: (a) communicated with Medical Unit and booking officer staff, if needed, to let them know that the client required special handling, and (b) initiated discharge planning processes.

Case managers in all three sites performed all of the seven main functions identified earlier and their work was the core of the JDL project.[70] At one site, there was a full time case manager. At a second, the case manager was assigned to work at two county jails. At a third site, where there was 24/7 crisis coverage, the work was split between a part-time case manager, a part-time case manager supervisor and two other case managers who worked various 24/7 shifts. The

[70] Those seven were checking the Data Link system for new clients; determining whether new client is a target case; conducting jail visits and interviewing new JDL crossmatch clients; communicating with jail staff about client (accessing jail data and sharing clinic data); conducting jail visits and interviewing additional clients; developing discharge plans and prescribing follow-up services in the community; and, completing CLIF forms and entering data into the Data Link system.

supervisor's role at that county was mostly handling the off-hours arrivals and seeing to it that new arrivals were seen by a case manager before they were discharged from the jail.

Were they well qualified?
As part of this study, three case managers were interviewed. All three case managers interviewed had at least a Bachelor's Degree, and two had MSW degrees. While there was some variation, case managers tended to be mid-career individuals with a rich mix of prior social service and criminal justice work experience. Over the course of the project, some case managers were hired from outside the agencies, and others were promoted from within. While some outside hires worked out very well, as a rule, those promoted from within seemed to perform at the highest level.

Did they do a good job and was their work valued?
Case managers as a group were conscientious, hard working and diligent. They were seen as partners by jail staff for whom the work of handling mentally ill inmates is an ongoing challenge. From the perspective of case manager supervisors, case managers were also providing a service to other agency staff who had been working with these detainees previously and who may not have known that their clients were now in jail.

Was there much staff turnover, and were there uncovered periods?
This varied considerably from site to site. At one site, there was no turnover. At another site, there was a departure not long after the project start and a temporary gap in services while new staffing could be arranged. That site ended up with the 24/7 arrangement. At the third site, there was considerable turnover.

Did they get their work done?
Case managers generally completed all required tasks, but all case managers felt too busy. One case manager indicated that there was a backlog when they took vacation. Another indicated that they did get everything done, but that they sometimes had to take the project laptop home and do data entry in evenings. A third indicated that they did not have enough time to "work" the released client lists which they felt needed to be done.[71] At one site, the case manager fell behind from time to time. When this happened, the case manager supervisor would provide other staff to assist.

Were more staff needed?
From the agency's perspective, the staffing was adequate, although all agencies felt the funding was inadequate. From the perspective of several jail staff, not enough case manager time was made available.

2. Case Manager Supervisors

As noted above, the case manager supervisor at the 24/7 site played a dual role, doing both line level case management work and serving as the supervisor. At the other two sites the case managers played the more limited role originally envisioned:

[71] "Released Clients" was one of the options on the Data Link system Main Menu.

- Hire case managers
- Ensure flow of project communications involving case manager and Executive Director
- Point person with jail staff in event of problems
- Supervise case manager
- Provide coverage when case manager absent
- Periodically check JDL system

For case manager supervisors, the JDL project work was a small part of overall responsibilities. They typically supervised a considerable number of other staff and had other administrative duties. All supervisors were very supportive of the JDL project and felt that improved jail discharge planning was much needed. Generally the support and efforts of the case manager supervisors were critical to making the project a success.

3. Jail Liaisons

What did they do?
Jail Liaisons had five main functions:

- Check Data Link system for identity of newly arrived mentally ill inmates and new information on existing clients
- Participate in discharge planning
- Enter data into the Data Link system's "Jail Comments" tab
- Serve as liaison with case manager
- Give case manager access to the jail, inmates, jail records, office space

With the exception of one site in the first year, the first three functions were not carried out. The last two were carried out at all sites.

Were they well qualified?
Sheriffs designated very high level staff to work in the role of Jail Liaison.[72] At all three sites, the Jail Liaisons had most of the jail's custodial staff reporting to them. They were well qualified and diligent and attuned to mental health issues, however, handling issues of mentally ill inmates was but one part of the overall daily issues that they faced as jail administrators.

Did they do a good job and was their work valued?
Jail Liaisons did not do what was originally envisioned and in some respects, their contribution to the JDL project was minimal. However, their assistance and support was an absolute necessity for the case manager to gain needed access at the jail and accomplish their work. Jail Liaisons were supportive of the JDL project and they were knowledgeable of and sensitive to the need to improve jail mental health services and discharge planning. One Jail Liaison estimated that their time on the JDL project amounted to only a few phone calls per year. A second said that their JDL work took little time and involved simply being a liaison with project staff.[73] Jail Liaisons sometimes assisted with decisions regarding suicide watch and worked with states

[72] At one site, for example, the Jail Liaison had over 140 staff reporting to them, directly or indirectly.
[73] This included working with the jail IT liaison when there were problems with creating or sending the daily jail census files.

attorneys or defense attorneys to make sure the courts knew about the mental health status of the detainees.[74]

Was there much staff turnover, and were there uncovered periods?
There was almost no staff turnover in the Jail Liaison roles. At one site, there had been two liaisons, but the other two sites had a single liaison.

Site by Site Variations
In each county, the procedures and staffing situation was somewhat unique. Below is an overview of some differences.

Jefferson County
In Jefferson county there had been two Jail Liaisons and four case managers over the course of the project, and one case manager supervisor. Of the case managers, some had been hired from outside the agency and others had been promoted from within. As the case manager caseload was quite low, compared to the other counties, the case manager's work was supplemented by doing case management at a contiguous county jail starting in the fall of 2006.[75] In Jefferson county, the case manager supervisor served as a backup if the case manager was on vacation, but ordinarily did not otherwise access the JDL system. A unique contribution in this county was that the project (and case manager) was credited with bringing in new clients to JCCS that had not been able to access mental health services before (often low income individuals without automobiles).

Peoria County
In Peoria county, a full time case manager was originally hired under contract at the agency and was physically located at the jail. This arrangement lasted only a few months, however. In recognition of all the cases being missed on weekends, a new staffing configuration was developed that provided 24/7 coverage. (Clients admitted on a Friday evening, for example, might bond out on Saturday and never have the opportunity to be seen by the case manager prior to release.) The new configuration, as noted, involved a part time case manager and a part time case manager supervisor, supplemented by other ERS staff, who did case management on weekends and at night when the regular case manager was unavailable.[76]

Will County
In Will county, there was one Jail Liaison and a single case manager. Will county is the only location where the Jail Liaison role was executed and tested as originally planned. For the first project year, the Jail Liaison actively participated in discharge planning and utilized the Data Link system as originally envisioned. When the Jail Liaison was promoted, however, the new job responsibilities prevented them from continuing this more active role, and in the second year of operations, the Jail Liaison role in Will county became essentially identical to that in the other two counties.

[74] Judicial sentencing decisions were sometimes reportedly impacted by reliable information about the defendant's mental health status and treatment.
[75] That other county jail was reportedly very interested in the JDL model and felt the services were needed.
[76] See section III.D. regarding ERS.

Summary

Overall, the project staffing was judged to be adequate, this in spite of the fact that Jail Liaisons were less involved than originally planned.

4. Overall DMH Project Management

DMH staff had the following functions:

- Develop initial program model, secure outside funding and recruit sites
- Develop and implement written and signed local partnership agreements specifying roles and information sharing processes.
- Work with local jails to generate and transmit daily census files to DMH
- Create and implement the Data Link system which merged data from the jail files, the ROCS file and inpatient file
- Contract with local agencies for case manager services
- Train sites
- Manage case managers
- Report to the outside funder

There were two key staff, the DMH Project Manager and the Technology Chief, that carried out most of this work. The Technology Chief was responsible for working with jail IT staff to secure the daily census files and for the software and hardware maintained in the DMH central office which crossmatched the jail files with the two DMH files. The Technology Chief was assisted by an outside contractor who was also originally paid through the ICJIA grant.

DMH committed quality staff to manage this project. The DMH Project Manager was a seasoned professional with a long history at DMH working on special initiatives and was very well qualified. The Technology Chief also had broad experience at DMH and possessed both the computer expertise and the knowledge of DMH programs needed to design and implement the Data Link system.

Both key DMH staff were diligent, conscientious and committed to the project success. The Project Manager stayed on top of all aspects of program administration and took a very hands on approach, including the bi-weekly conference calls with case managers where individual cases would be reviewed on a detailed basis. Case managers reported that the bi-weekly conference calls with the Project Manager served as a motivators to stay on top of things and have all overdue CLIFs completed timely. In discussing cases, the Project Manager always emphasized the need to work all target cases first and joint decisions were made about whether to close out a case. If there were any performance problems with case managers, the calls were used by the Project Manager to address those issues. While case managers technically reported to the case manager supervisor in their local agency, the DMH Project Manager sometimes played a more hands-on role than the local supervisor. Further, the DMH Project Manager was viewed as someone who always helped with unusual problems, such as helping a client gain access to a state-operated mental hospital, if needed.

Site staff very much valued and appreciated the ongoing guidance provided by the Project Manager. One key to successful program replication would be to have an equally effective such

manager. Upper level DMH staff also relied on and supported the work of these key project staff. There was little DMH staff turnover during the project. Site staff were universal in indicating that DMH staff listened to and accepted recommendations from agencies and jails, and that DMH provided all needed supports.

5. Jail Perspectives on the JDL Project

Jail inmates often face a variety of personal problems, mental illness being one of many. While agency staff working the JDL project focus on the mental illness issues, jail staff of necessity put security and custodial issues first. By agreeing to participate in this pilot project at the outset, however, jail staff took a major step toward recognizing the importance of helping mentally ill inmates. Jail staff in all counties thought a substantial portion of all inmates were mentally ill. Staff in one county estimated the JDL crossmatches as possibly 15% of all inmates, but felt that their total mentally ill population was closer to 50%.[77] In recognition that such a large percent of inmates had mental illness, jail staff recognized the need for better training on mental health issues and for enhanced mental health services.

Staff shortages kept jail staff from fully utilizing the Data Link system. They simply did not have the time to check the system for new mentally ill inmates, let alone enter data into the system. However, jail staff were supportive of the project and saw the local agency and the JDL case manager as key partners in dealing with mentally ill inmates. In most counties, JDL agency staff were viewed positively not only by the Jail Liaison and the sheriff but also by the Medical Unit staff who were at the front line of services. The Jail Liaisons and sheriffs communicated well with one another regarding JDL project activity and were supportive of the project. Since the JDL project was just one piece of a larger set of services provided by the local agency, some jail staff were not readily able to distinguish between the overall mental health services being provided by the agency, and the JDL-specific services.

All jails facilitated the work of case managers by providing the case managers with access to the jails, inmates and records. The level of access was not uniform, however: some jails were more open and supportive than others. When asked about the JDL project specifically, however, all jails were supportive in that they felt the JDL project:

- Provided needed services
- Improved the jail's overall relationship with the local mental health agency
- Helped jails to identify the truly mentally ill
- Helped the jail to provide better services while inmates were confined

Further, most jails felt that case managers were not able to devote enough time to their inmates, and would welcome additional case manager positions.

IX. REFERRALS AND LINKAGES OUTCOMES

Findings in section IX are from three data sources: site interviews, DMH reports, and the Jail Data Link System sample.

[77] In other counties the percent estimated as mentally ill were 15% and 30%.

A. Site Interview Data

Improved discharge planning and linkage was the most important JDL project goal. All site staff were asked a number of questions about how well discharge planning and follow-up services and linkages were working.

1. Agency Staff Views

One case manager estimated that discharge plans had been completed for 90% of all target clients, all of whom the case manager had interviewed face to face one or more times in the jail (and the other 10% had bonded out before they could be seen). Another case manager said 100% had completed discharge plans. The third case manager indicated that most but not all clients had discharge plans, but indicated that when a client was released from jail without such a plan, they made an effort to contact them by letter or phone after release, and if they were successful, they then completed discharge plans retroactively.

In one county the plans were created solely by the case managers in consultation with the client. At another county, the case manager sometimes consulted with Medical Unit staff at the jail in developing the plans. At the third site, the case manager consulted with colleagues at their agency developing the plans. One case manager sometimes spoke with defense attorneys regarding handling after jail exit, and sometimes went to court with the client, in an effort to help judges take into account the mental health needs of the client.

When asked whether clients followed through with discharge plans, one case manager estimated that 80% of clients followed through with the discharge plans. A second estimated follow through at 50% , and a third at 70%. While community referrals after jail exit were primarily for mental health services, a variety of other services were also recommended, including accessing parenting classes, substance abuse treatment, accessing rehabilitation services, rental assistance, and accessing the low income home energy assistance program.

All case managers believed that they were having a beneficial impact on clients. One cited how former clients had come in to thank them for their help. Another indicated that they normally went beyond was what expected of them on their job, and felt that they had a positive impact on clients. Another case manager indicated that they helped clients to get better services while confined and helped clients to transition to the community. Another pointed to the fact that many clients simply did not know that community services were available to them after release. At one site, regaining access to agency services after discharge through normal processes was a bit of a bureaucratic challenge. Sometimes clients called agencies for services after jail discharge, were put on waiting lists, and gave up. The case manager smoothed this transition and ensured that clients could access services quickly.

Case managers also believed that JDL improved mental health services while project participants were confined. Several felt that their presence at the jails helped clients to gain access to Medical Unit services and needed medications. In one county, transportation was cited as a key problem in terms of clients making it to scheduled appointments and successfully linking. Low income clients in particular without automobiles had difficulty getting to the agency since there

was no system of public transportation and the agency was located at a somewhat rural location. The JDL case manager had helped to address this lack of transportation.

2. Jail Staff Views

Jail staff were also supportive of the notion of discharge planning and linkage and were very supportive of case manager efforts, but they had little time of their own to devote to discharge planning and linkage. With the exception of the one county where the Jail Liaison had played an active role in the first year, Jail Liaisons did not participate in discharge planning. Jail Liaisons generally felt that discharge plans prepared by case managers were adequate and that no assistance from the Jail Liaison was needed. Jail staff felt more responsible for inmates who were transferred from the jail to state mental hospitals (as many returned to the jail subsequently), but there was less of a concern about inmates released to the community.

Summary of Site Interview Data Regarding Discharge and Linkage

Prior to the JDL program, there was little or no effort by the agencies and jails to coordinate services at the point of jail exit. Inmates were "dumped" into communities with little connection to the service systems that could help them to avoid a deteriorating mental state and likely re-arrest. Under the JDL program, agency staff felt that improved discharge planning was occurring and that their efforts helped clients to access community services after release. Discharge planning under JDL was a daily activity, not something that occurred only once or twice weekly. Case manager efforts to get clients enrolled into and accepted into community programs made the community transition easier. Without the case manager efforts, virtually no discharge planning would have occurred. Jail staff were supportive of the concept of discharge planning, but generally perceived it to be a function of agency staff rather than jail staff.

B. Data from DMH Standard Reports

Case managers were required to develop discharge plans and then to follow-up on discharged clients by doing a CLIF form 30 days after discharge. That CLIF would then record whether clients carried through with appointments that had been prescribed in the discharge plan. Table IX-1 shows linkage success rates by county.

Table IX-1
Referrals and Linkages by County
April 2006 to March 2007

	Will	Peoria	Jefferson	Total
Target cases as a percent of all crossmatches	12% (104/847)	31% (567/1,808)	28% (92/324)	26% (763/2,979)
Percent of target cases linked at 30 days	40% (42/104)	30% (168/567)	45% (41/92)	33% (251/763)

Source: DMH: Jail Data Link Phase 2: Federal Grant Performance Indicators Report, 4-1-06 to 3-31-07

This shows that 26% of the 2,979 total crossmatch cases that entered and exited jail had a discharge plan developed and they were referred for community services. The other 74% were considered linkage ineligible non-target cases and not generally served by the case manager. Of the 763 cases that could have been linked at 30 days, one third kept scheduled appointments and two thirds did not. Performance varied by county. The percent of crossmatches that exited jail and were referred ranged from a low of 12% in Will county to a high of 31% in Peoria. The percent linked at 30 days ranged from a low of 30% in Peoria to a high of 45% in Jefferson county.

Performance data from a second period of time, July 2007 to June 2008, were also examined.

Table IX-2
Referrals and Linkages by County
July 2007 to June 2008

	Will	Peoria	Jefferson	Total
Total Crossmatch	1,076	1,446	360	2,882
Target cases[78]	163	286	195	644
Percent target cases that were prescribed follow-up services (Item #9 = Yes)	98% (159/163)	87% (250/286)	99% (194/195)	94% (603/644)
Percent target cases that were still engaged 30 days after release (Item #11 = Yes or dates entered into item #11b)	40% (63/159)	42% (105/250)	25% (48/194)	36% (216/603)

Source: DMH: Compiled from Quarterly Data Spreadsheets, July 2007 to June 2008

From this second year we see that the target group dropped from 26% to 22% (644 linkage eligible of 2,882 crossmatches) and the non-target group increased from 74% to 78%. Of the 603 cases that could have been linked at 30 days, 36% kept scheduled appointments and 64% did not, figures essentially the same as the first year. Looking at 30-day follow-up rates as an indicator of performance, Jefferson and Peoria counties switched places. Peoria county (42%) was now doing best, and Jefferson county (25%) was doing worst, while Will county was again in the middle.

Reasons why more clients were not linked at 30 days out are unclear. Some clients clearly just failed to follow through and measurement error would account for a portion. Clients may have gone directly from the jail to IDOC or another Illinois county jail, unbeknownst to the case manager, for example. Or clients may now be living in another state or county, or be in a state hospital or a residential substance abuse program. If these percents could be adjusted to reflect these data issues, the percent linked at 30 days may be much higher.

C. Data from the Jail Data Link System Sample

[78] Linkage eligible unduplicated crossmatches minus "exclusionary" cases.

1. Background

The Jail Data Link System Sample was described briefly in section IV. As noted, it refers to a sample of cases taken from the Data Link system in the fall of 2006. Data from the Data Link system from the Jail Data Link System sample are presented here because they paint a rich picture of how case managers used the Data Link system, how data in that system recorded whether a discharge plan was prepared, whether follow-up services were prescribed, and whether the client was successfully linked with those follow-up services.

The JDL sample included 351 cases in total.[79] Of those, 132 were target cases, and 219 were the lower priority non-target cases where case managers had selected one of 10 reasons on the dropdown menu in CLIF item #9B to indicate why follow-up services were not being prescribed for this client. Table IX-3 shows how sample cases were distributed across counties.

Table IX-3
Jail Data Link System Sample by Target Group and County
(N=351)

	Jefferson		Peoria		Will		Total	
	#	%	#	%	#	%	#	%
Target	26	48%	59	44%	47	29%	132	38%
Non-target	28	52%	76	56%	115	71%	219	62%
Total	54		135		162		351	

Jefferson county had the highest proportion of target cases and Will county had the highest proportion of non-target cases. This sample was 76% male and 54% black. Diagnosis data are presented below.

[79] Key data were missing for two of 353 cases.

Table IX-4
DMH Diagnosis for Jail Data Link System Sample
(N=351)

Diagnosis	Total	Percent
Observation for suspected mental condition	111	31.6%
Adjustment Disorder	68	19.3%
Major Depressive Disorder	22	6.2%
Intermittent Explosive Disorder	21	6.0%
Schizophrenia	19	5.4%
Bipolar Disorder	19	5.4%
Depressive Disorder NOS*	17	4.8%
Schizoaffective Disorder	9	2.6%
Mood Disorder	7	2.0%
Substance abuse disorders	6	1.7%
Psychotic Disorder NOS	6	1.7%
Other	41	11.7%
Missing	5	1.4%

*Not Otherwise Specified

2. Services Provided during Jail Confinement

Once the case manager identified a target case based on the crossmatch, they went to see the client as soon as possible. In the Initial CLIF form, which they normally completed immediately after the jail visit, they entered the date of jail entry and the date of the interview. By looking at these dates, we found that two thirds were seen in five days or less.[80] That percent varied substantially by county: 81% in Will county, 66% in Peoria and 47% in Jefferson.

A total of 135 were identified as mentally ill at admission screening (item #4).[81] Of the 135, 62 were identified in item #5 as receiving mental health services while detained (40 in Peoria, 20 in Will and 2 in Jefferson).[82] Case managers were also asked what types of services were being provided by the jail.[83] Table IX-5 shows the types of services that were provided to those 62 persons.

[80] From ICR data reported later, however, we know that most were seen by Case Managers on the date of entry or the next day.
[81] As noted, for most clients, this meant that they were active cases at the local clinic and that the Case Manager had assessed them as target clients. This too varied by county: 64% were identified as mentally ill at screening in Will county, 56% in Jefferson and 30% in Peoria.
[82] The other 73 target cases may have been released from jail before services could be provided.
[83] From Attachment 3, note that use of this data field varied from county to county, and that the services recorded may have been provided by either jail staff or clinic staff.

Table IX-5
Services Provided in Jail: CLIF Item #6
Jail Data Link System Sample Target Clients

Service	Number
Provide psychotropic medications	10
Motivational interviewing	9
Mental health assessment	8
Case manager assessment / counseling	7
See psychiatrist	5
Medical Unit services	2
Sent to inpatient facility	2
Assess suicide risk	2
Other*	3

*Referral to drug court; protective housing in jail; substance abuse referral

Item #6 on the CLIF, as shown in Table IX-5, was not closed-ended but rather free-flowing text which was recoded into the categories above.

3. Discharge Planning

When completing the Initial CLIF after the first interview, case managers were asked whether they had completed a discharge plan and if so, to indicate what services they were prescribing for the client after release. Since so many clients were in and out of jail within a few days, this immediate discharge planning was the JDL model's most important single feature. In this sample, a discharge plan was completed for 65 persons (29 Peoria, 21 Jefferson and 15 Will). A total of 82 were prescribed follow-up services in CLIF Item #9A (45 Peoria, 24 Jefferson and 13 Will).[84] Of the 82 who were prescribed follow-up services, a total of 58 were still engaged in services after 30 days (28 Peoria, 19 Jefferson and 11 Will). Services prescribed both at the Initial CLIF and 30-Day CLIF are shown in Table IX-6.

[84] Thus for 17 persons, follow-up services were prescribed although there was no discharge plan. For those 17, CLIF item #7 should likely have been "yes" rather than "no".

Table IX-6
Services Prescribed for Target Clients at Initial CLIF and Follow-up CLIF
Jail Data Link System Sample

Service	Initial CLIF services: Item 9A (N=82)		30 day CLIF services: Item 11A (N=58)	
	#	%	#	%
Psychiatric services	45	55%	32	55%
Case Management	41	50%	29	50%
Outpatient individual/group therapy	27	33%	19	33%
ACT	1	1%	2	3%
Another agency	9	11%	8	14%
Residential services	2	2%	2	4%
Other	29	35%	5	9%

At both time points in Table IX-6, psychiatric services and case management were the most commonly prescribed services. During site interviews, case managers were asked to assess the quality of the discharge planning that they had been doing, and all felt that the array of services prescribed in Table IX-6 were the right services. For 24 clients who were thought to be linkage-eligible when the initial CLIF was completed, their circumstances changed (or were subsequently clarified) after they left jail (30 day CLIF column in Table IX-6), and thus fewer services were prescribed.[85]

As noted, CLIF Items #9B (Initial CLIF) and #11C (30-Day CLIF) were used to specify why a client was being placed into the non-target group. The distribution of reasons at these two points is shown in Table IX-7.

[85] This is the 82 clients in the Initial CLIF column minus the 58 in the 30-Day CLIF column.

Table IX-7
Linkage Exclusion Reasons for Non-Target Group in Jail Data Link System Sample

Reason	Initial CLIF exclusions in Item #9B (N=219)		30 day CLIF exclusions in Item #11C (N=288)	
	#	%	#	%
Crisis Only	48	22%	80	28%
Domestic Violence only	17	8%	20	7%
Sex Offender only	7	3%	7	2%
Substance Abuse only	57	26%	62	22%
Being transferred to IDOC or other facility	7	3%	18	6%
Refused services	17	8%	20	7%
Did not show for appointment*	NA		7	2%
Referred to or opted for another facility	3	1%	6	2%
Other	64	29%	68	24%

*The seven clients in the rightmost column were presumably linkage-eligible when the initial CLIF was completed, but failed to show up for appointments after release.

4. Follow-up Services and Linkage

When case managers completed the 30-day CLIF, the first question was item #11 – *Is client still engaged in services?* Since case managers were directed give top priority to the target cases, we would expect to find a much higher rate of engagement at 30 days in the target group. Above we had noted that of 82 clients (target and non-target) who were prescribed follow-up services, 58 were found to be still engaged in services after 30 days. Table IX-8 shows that 42 of those 58 cases were target cases, and 16 were non-target cases.

Table IX-8
Client Engagement at 30 days: Target vs. Non-Target Groups

	Target Cases		Non-Target Cases		Total	
	#	%	#	%	#	%
Linked	42	33%	16	7%	58	17%
Non-linked	85	67%	202	93%	287	83%
Total	127		218		345	

As expected, the Target cases are engaged at a much higher rate: one third of target cases were linked at 30 days, but only about 8% of non-target cases.

D. Summary

Data on linkage and referrals were obtained from three sources: (a) site interviews, (b) standard DMH reports, and (c) the Jail Data Link System sample. From interviews (a) we learned that

agency staff believed the JDL program resulted in improved discharge planning and that their efforts helped clients to access community services after release. From DMH reports (b) we learned that in the first year of operations, 26% of all crossmatches were target cases. Of the target cases, 1/3 kept appointments at 30 days after jail release (with Jefferson County doing the best, and Peoria worst). In the second year, 22% of all crossmatches were target cases, and 36% kept appointments at 30 days, a slight improvement from year one. In that year, Peoria county was the highest performer and Jefferson the lowest. From the Jail Data Link System sample (c) we reviewed data on 353 cases from the fall of 2006. The sample was 76% male, 54% black and the most common diagnoses were "observation for suspected mental condition" or adjustment disorder. The sample was 38% target cases, and 62% non-target. Two-thirds of all clients were seen by case managers within five days of jail entry. Of the target cases, about half received some type of mental health services in jail, most typically, medication, counseling or assessment. Follow-up services were prescribed for 62% of the target clients.[86] For those prescribed follow-up services, 70% were still engaged 30 days after jail exit. Those prescribed follow-up services who were still engaged at 30 days represented about 1/3 of the total target population.

X. JAIL DATA LINK SYSTEM SAMPLE: JDL CASES COMPARED TO NON-JDL CASES

This section presents recidivism findings from two comparisons: (a) a group of cases which received JDL services compared to cases that did not receive JDL services, and (b) within the JDL sample, several sub-group comparisons. It also presents limited demographics about the samples and information on criminal offenses.

A. Introduction

Reducing jail recidivism was one stated goal of the JDL project. Criminal justice system recidivism is a national problem. One study notes that:

> *"These chronic offenders consume a huge amount of public resources and are in and out of jail—and other social service systems—repeatedly….Chronic offenders—almost by definition—are already known to the criminal justice and human service systems. Most jurisdictions have the capacity to determine who their chronic offenders are through data matching across systems, creating an opportunity to intervene with a small share of the population that plays a disproportionately large role in consuming resources and affecting quality of life at the neighborhood level. Differentiating chronic offenders from others can have important implications for interventions…"*[87]

Sample Selection

To try to address these issues as part of this study, DMH staff selected a sample of three days in the fall of 2006 (Oct. 1, Nov. 1 and Dec. 1). The entire Peoria, Jefferson and Will county inmate populations were identified on those three days (one portion of which was the JDL participants).

[86] 82 of 132 cases.

[87] See Solomon, et. al., 2008, p. 35.

Through a data sharing agreement involving the University of Illinois at Springfield (UIS), the Illinois Criminal Justice Information Authority (ICJIA) and DMH, the file was then sent by DMH to ICJIA to secure criminal history data, and data were found on a total of 2,570 individuals. This included data on 347 of the 353 JDL participants (the same individuals already described in section IX.C.)

DMH then appended data from the Data Link system, including CLIF data, to the criminal history data for the 353 JDL cases. Files containing all (2,217) non-JDL cases plus the 353 JDL cases were then made available to UIS researchers. The non-JDL sample had basic demographics plus the criminal history data. The JDL sample had the demographics, criminal history plus the Data Link system data. For purposes of analysis, a random sample of 353 non-JDL cases was then selected, and data reported later in Section X generally compare the 353 cases in the JDL sample to the 353 cases in the non-JDL sample.

Methodological Issues

The logic behind this analysis is that we are comparing a "treated" group with a non-treated group and if the program worked, we would expect to find a lower rate of recidivism in the JDL group. A complication is that the JDL group, by definition, has a higher proportion of mental illness. If there is a correlation between mental illness and crime, one would expect the JDL group to have a higher incidence of recidivism - even with the benefit of the JDL treatment. While there is some controversy, some contend that crime and mental illness are indeed related. According to one study,

> *"Offenders with severe mental illness generally have acute and chronic mental illness and poor functioning. A large proportion are homeless. It appears that a greater proportion of mentally ill persons are arrested compared with the general population."*[88]

Other studies do not demonstrate such a relationship, however.

B. Demographics of the JDL and Non-JDL Groups

Table X-1 shows how cases were distributed across the two groups and counties.

Table X-1
Jail Data Link System Sample by County

	Jefferson	Peoria	Will	Total
JDL Group	56	135	162	353
Non-JDL Group*	57	142	154	353
Total	113	277	316	706

*The full Non-JDL population from which these 353 were drawn contained slightly less Will county cases, and slightly more Jefferson and Peoria county cases.

[88] Lamb, Richard and Weinberger, Linda, "Persons with Severe Mental Illness in Jails and Prisons: A Review". *Psychiatric Services* 49: 483-492, April, 1998.

Looking at the JDL and non-JDL groups combined, 16% of cases were in Jefferson county, 39% in Peoria and 45% in Will county. Table X-2 compares limited demographics of the two groups.

Table X-2
Demographics of JDL and Non-JDL Samples

	Jail Data Link		Non-Jail Data Link		
	Male	Female	Male	Female	Totals
White	105	40	99	18	262
Black	145	45	189	24	403
Hispanic	16	1	21	2	40
Other	1	0	0	0	1
Total	267	86	309	44	706

Of the two groups combined, 37% were white and 57% were black, and 82% were male. The JDL group has somewhat more whites and females than the non-JDL group.

C. Criminal History data and Recidivism Findings

Data Management

To make the data more manageable, a subset of criminal history records was selected for analysis -- those where arrests occurred in 2006 or later – for both the JDL and non-JDL groups. This provided an approximate two year window after the fall 2006 jail admissions to assess recidivism.

To determine whether an individual had recidivated, the bookdate for the jail admission that led to sample inclusion was first identified. Records were sorted in "incident" order so that it was possible to clearly differentiate the crime that led to the original jail admission from subsequent incidents that led to new charges.[89] Only records associated with incidents that occurred later than the bookdate were considered as potential recidivism records. After verifying that a client was not still confined at the local jail or in IDOC, a client was classified as a recidivist if there were new incidents and subsequent charges.[90] Criminal history data were found for a total of 693 cases, across the JDL and Non-JDL groups. Of those, 42 were not "recidivism eligible", 318 were JDL cases and 333 were non-JDL cases.

[89] An "incident" is a time specific behavior that may have led to one or more charges from police and one or more follow-up filings by the States Attorney – all related to the same time-specific incident.

[90] Minor crimes were excluded from determination of a case as a recidivist. New charges which led to classification as a recidivist included Class A and B misdemeanors and the following felony classes: 1, 2, 3, 4, X, and M. Arrest types that were bond forfeiture warrants were also excluded in identifying a recidivist. A case was determined to be a recidivist if there were one or more new charges filed against the individual, charges arising either from the arrest by the police or from filings by the States Attorney, and the new charges were different from those which led to the earlier jail incarceration,

Offenses for JDL Group

Table X-3 shows the distribution of offenses that initiated their jail booking for the JDL sample.

Table X-3
Initial Jail Offenses for JDL Group

Offense Category	Number
Violent Crimes	
Domestic Battery	26
Aggravated Battery, Battery or Aggravated Assault	20
Criminal Sexual Assault/ Aggravated Criminal Sexual Assault / Aggravated Criminal Sexual Assault Abuse	11
Unlawful Use of Weapons / Unlawful Possession of a Weapon by Felon / Unlawful Discharge of Firearm Projectiles	9
Robbery / Armed Robbery	8
Murder / Reckless Homicide	7
Total violent	81 (28%)
Crimes Against Property	
Theft over $300 / Retail Theft / Theft of Labor	32
Burglary / Residential Burglary / Home Invasion / Criminal Trespass to Residence	24
Criminal Damage to Property / Criminal Trespass to Real Property .. to State Supported Land ..to Motor Vehicle	18
Deceptive Practices / Forgery / Credit Card Fraud / False Impersonation	9
Total property	83 (29%)
Other Crimes	
Drug-related offenses[91]	39
DUI – Alcohol / Traffic – Illinois Vehicle Code	24
Disorderly Conduct / Resisting Arrest[92]	14
Prostitution / Solicitation of a Sexual Act	9
Other	39
Total Other	125 (43%)
Grand Total	289(100%)

About 28% of the JDL offenses were crimes of violence and 29% were property crimes.[93]

[91] Includes possession of cannabis 30gm and under, delivery of cannabis over 30 gm, manufacture or delivery of controlled substance, possession of controlled substance, criminal drug conspiracy, sale or delivery of drug paraphernalia, possession of drug equipment and illegal liquor access.
[92] Includes mob action; resist, obstruct, disarm an officer; obstructing justice; flea or attempt to elude peace officer.
[93] The precise offense which resulted in the jail spell which led to inclusion in the project sample is unknown but the data in Table X-3 are an estimation of those offenses. The data reflect charges filed and included in the criminal history data from ICJIA. When bookdates from the jail census files and the charge dates from the ICJIA files matched, one "incident" was selected that appeared to be most likely related to the charges leading to confinement. Many incidents had multiple charges associated. Only one of those charges is reported here, but there is no way to know whether that charge was the most important charge or whether it ultimately led to charges being filed by the

Recidivism Outcomes: Comparison of the JDL and Non-JDL Group

Of the 318 JDL cases that were recidivism-eligible, 157 (49.4%) recidivated, and of the 333 Non-JDL cases, 147 (44.1%) recidivated, as shown in Table X-4. This difference was not statistically significant.[94]

These recidivism findings reflect arrests that occurred in any Illinois county. About 86% of subsequent arrests were in Peoria, Will or Jefferson counties. The balance of arrests were in 16 other Illinois counties.[95]

Table X-4
Overall Recidivism Rates : JDL Sample vs. Non-JDL Sample

	JDL		Non-JDL		Total	
	Number	Percent	Number	Percent	Number	Percent
Recidivists	157	49.4%	147	44.1%	304	46.7%
Non-Recidivists	161	50.6%	186	55.9%	347	53.3%
Total	318		333		651	

Rates varied by county, as shown in Table X-5.

Table X-5
Recidivism Rates: JDL Group Vs. Non-JDL Group by County

	JDL		Non-JDL		Total	
	Total Cases	Recidivism Rate	Total Cases	Recidivism Rate	Total Cases	Recidivism Rate
Jefferson						
Recidivists	20	42.6%	14	29.2%	34	35.8%
Non-Recidivists	27	57.4%	34	70.8%	61	64.2%
Peoria						
Recidivists	65	52.4%	68	47.2%	133	49.6%
Non-Recidivists	59	47.6%	76	52.8%	135	50.4%
Will						
Recidivists	72	49.0%	65	46.1%	137	47.6%
Non-Recidivists	75	51.0%	76	53.9%	151	52.4%
Total	318		333		651	

states attorney. The Jail Data Link System sample also contained criminal charge data (not reported) which originated in the county jail files. Those data were examined and about 1/3 of charges in that sample were "failure to appear" (see Figure III-5) and were thus not instructive. For the remaining charges, however, the distribution of offense types was very similar to the ICJIA data shown in Table X-3.

[94] Chi square with one degree of freedom = 1.785, p=.181.

[95] Those counties were Coles, Cook, Kane, Kendall, Lake, LaSalle, Livingston, McLean, Marion, Shelby, Tazewell, Vermilion, Warren, Washington, Wayne and Woodford.

The finding that JDL recidivism was higher than non-JDL recidivism was consistent across all counties, as shown in Table X-5. However, the difference was quite small in Will and Peoria counties (3% and 5% respectively) and quite large in Jefferson county (14%). The absolute rate of recidivism in Peoria and Will counties, about 50%, was substantially higher than Jefferson county (36%).

Since targeted JDL cases were "worked" more actively by case managers, the sub-group of targeted cases was examined separately. Table X-6 compares the targeted JDL group to the Non-JDL group and finds that the JDL group recidivated at only a 1% higher rate – 45% to 44%.

Table X-6
Recidivism Rates for Targeted JDL Cases Compared to Non-JDL Cases

	Targeted JDL (N=119)		Non-JDL (N=333)		Total	
	Number	Percent	Number	Percent	Number	Percent
Recidivists	54	45.4%	147	44.1%	201	44.6%
Non-Recidivists	65	54.6%	186	55.9%	251	55.4%
Total	119		333		451	

Recidivism across JDL Sub-Samples

This section examines comparisons between two sub-groups of JDL clients: the JDL target cases, and the subset of target cases that were linked 30 days after jail exit. The linked subgroup is of key importance because it represents clients who received all parts of the program model: the initial crossmatch, case manager services while confined, and then follow-up appointments after leaving jail. Table X-7 below shows the findings.

Table X-7
Recidivism Rates for Linked and Non-Linked Clients

	Linked		Non-linked		Total
	Total Cases	Recidivism Rate	Total Cases	Recidivism Rate	
Recidivist	30	53.6%	127	48.5%	157
Non- Recidivist	26	46.4%	135	51.5%	161
Total	56		262		318

Linked is defined as responding "yes" to item #11 (Is client still engaged in services?) OR having entered one or more dates in item #11B (dates of appointments).[96] Contrary to our expectation that the linked group would recidivate at a lower level, it recidivated at a higher level (54% compared to 49% for the non-linked group).[97] The table below shows how these data vary by county.

[96] Case Managers sometimes answered item #11 as "No" but then entered dates into item 11b, meaning that the correct answer to item #11 was "Yes".

[97] The difference was not statistically significant. Chi square with one degree of freedom was .480, p=.489.

Table X-8
Recidivism Rates for Linked and Non-Linked Clients by County

	Linked		Non-linked		Total
	Total Cases	Recidivism Rate	Total Cases	Recidivism Rate	
Jefferson					
Recidivist	5	29.4%	15	50.0%	20
Non- Recidivist	12	70.6%	15	50.0%	27
Peoria					
Recidivist	18	64.3%	47	49.0%	65
Non- Recidivist	10	35.7%	49	51.0%	59
Will					
Recidivist	7	63.6%	65	47.8%	72
Non- Recidivist	4	36.4%	71	52.2%	75
Total	56		262		318

When county level data are examined separately for the linked and non-linked group, in Jefferson county, the rate is lower in the linked group, as expected: 29% vs. 50% in the non-linked group. In the other two counties, the recidivism rate is considerably higher in the linked groups. Note that percents based on such small sample sizes – only 56 cases in total for the linked group, and only 11 in Will county -- are generally not reliable.

Table X-9 below examines only targeted cases.

Table X-9
Recidivism Rates for Linked and Non-Linked Targeted Clients

	Linked and Targeted		Non-linked and Targeted		Total
	Total Cases	Recidivism Rate	Total Cases	Recidivism Rate	
Recidivist	18	47.4%	36	44.4%	54
Non- Recidivist	20	52.6%	45	55.6%	65
Total	38		81		119

It was expected that restricting the analysis to targeted cases and then comparing linked and non-linked groups could possibly show that linkage had a recidivism-reducing effect, but it did not.

Within the JDL group, the recidivism rate was checked separately for the 119 target group cases, and the 197 non-target group cases. The target group recidivated at a 45% rate, while the non-target group recidivated at a 51% rate, as shown in Table X-10.

Table X-10
Recidivism Rates for Targeted JDL Cases Compared to Non-Targeted JDL Cases

	Targeted JDL (N=119)		Non-Targeted JDL (N=197)		Total	
	Number	Percent	Number	Percent	Number	Percent
Recidivists	54	45.4%	101	51.3%	155	49.1%
Non-Recidivists	65	54.6%	96	48.7%	161	50.9%
Total	119		197		316	

This finding is positive and may reflect that the enhanced case management services provided to the target group resulted in a reduction in recidivism, however, the difference was not statistically significant.[98]

Summary

About 28% of offenses committed in the JDL group were violent crimes, 29% were crimes against property, and the balance were drug-related, traffic related or fell into one of several other categories. The recidivism rate for the JDL group was higher than the Non-JDL group, 49% to 44%, a finding consistent in all counties. When target cases were examined separately (cases receiving the most intensive services) the JDL recidivism rate fell to 45%. Surprisingly, 54% of linked JDL cases recidivated (cases that showed up for appointments 30 days after jail exit), compared to only 49% of non-linked cases. When the target and non-target JDL cases were compared to one another, the target cases recidivated at a lower rate: 45% to 51%. This may mean that the more intensive services helped to reduce recidivism. However, none of the differences were statistically significant.

XI. INTENSIVE CASE REVIEW (ICR) SAMPLE

Data in this section provide the results of the Intensive Case Reviews. Two types of data are presented here: (1) data from pre-printed CLIF forms for all 45 cases, provided by DMH, and (2) data collected during the group discussion of each of the 45 cases. (Some additional county by county data are also presented in Attachment 5.)

A. Sample Identification and ICR Procedures

Detail on how the ICR sample was selected by DMH is in section IV.B, Research Methodology. All cases had exited jail in the summer of 2007 and were target cases. Special rules were used to ensure that case identities were not divulged to the researchers, a condition agreed to between DMH, ICJIA and UIS prior to any actual data sharing. Once the 15 cases were selected in each county, the names of the 15 persons – accompanied by anonymous identifiers (e.g., case P1, case P2, etc.) -- were given to the Jail Liaison and the case manager by DMH staff. Site staff then

[98] Chi square with one degree of freedom = 1.030, p=.310.

pulled case files on each of the 15 to use during the day spent discussing the ICR sample with the researcher. At the same time that DMH gave case identities to site staff, they also gave the researchers a file containing CLIF data from the Data Link system on the same 15 cases, containing only the anonymous identifiers. For each case, the researcher reviewed the available CLIF information in advance of site visits in order to guide the discussion.

When the researcher met with site staff for the intensive case reviews, discussions occurred one person at a time. A standard data collection protocol was used to guide discussions for each case.[99] By referencing the anonymous identifier, the researcher ensured that everyone was discussing the same inmate. The purpose was to go through the key information on the CLIF and to understand the inmate's background and demographics; prior clinical history; how they were handled by the jail; what services were provided by the agency and case manager, and finally, to make a judgment about recidivism. Ultimately, cases were judged to have either recidivated or not.[100] The group also tried to assess whether the inmate had received any services from the JDL program.

While the data reported below are instructive, they should be viewed as anecdotal and as a series of 45 case studies. While procedures followed were for the most part the same from case to case, and county to county, they do not meet the test of rigor that would normally be applied in social science research. Further, the sample size is too small to be able to generalize from these 45 cases to the full population of JDL cases.

In Jefferson county, the researcher met with site staff in October, 2008 for the intensive case review. There were three participants: the Jail Liaison, a jail medical staff person, and the case manager. Besides the participants' personal knowledge of the 15 sample members, case manager files from the agency, jail medical unit files and jail custodial files were referenced. The ICR discussion in Peoria occurred in November, 2008. The participants were the Jail Liaison, the case manager and the case manager supervisor. Case manager paper and electronic files were available from the agency, along with jail custodial files. In Will county, the researchers met with site staff in December, 2008, including the Jail Liaison, the case manager and the case manager supervisor. Again in Will county, case manager paper files were available from the agency, along with jail custodial files.

ICR data below are presented in three parts – first select statistics on the ICR sample from data entered by case managers onto the CLIF forms; second, statistics from data compiled by the researcher during the actual ICR group discussions, and third, the results of the group process discussing services and recidivism. Data from CLIF forms add to our understanding of how the Data Link system was used by case managers and also give us key data about the 45 cases.

[99] The 7-page protocol included questions presented by the researcher to participants on demographics; criminal history; substance abuse; mental illness; services during confinement that were provided either by jail or clinic staff; the discharge plan; and, community services after release.

[100] The few cases that did not have an opportunity to recidivate were included in the non-recidivist group.

B. Findings

CLIF Form Data

Table XI-1 shows the range of diagnoses for the total ICR sample.

Table XI-1
DMH Diagnosis for ICR Sample by County
(N=45)

Diagnosis	Number in Jefferson County	Number in Peoria County	Number in Will County	Total
Major Depressive Disorder	2	3	5	10
Observation for suspected mental condition	2		5	7
Schizoaffective Disorder	1	4	1	6
Bipolar I Disorder	1	2	1	4
Bipolar Disorder NOS		3	1	4
Adjustment Disorder Unspecified	1	2		3
Personality Disorder NOS	2			2
Psychiatric Disorder NOS	2			2
Bipolar II Disorder	1			1
Depressive Disorder NOS			1	1
Schizophrenia			1	1
Borderline Personality Disorder	1			1
Oppositional Defiant Disorder	1			1
Missing	1	1		2

Major depressive disorder is the largest single category of diagnosis, with 10 cases, followed by bipolar disorder (split across three sub-groups) with 9 persons. The next two largest groups are observation for suspected mental condition (7) and schizoaffective disorder (6).

Table XI-2 shows data from the CLIF forms for seven different items, by county.

Table XI-2
Select CLIF Item Data : ICR Sample by County
(N=45)

CLIF Item[101]	Response	Number in Jefferson County	Number in Peoria County	Number in Will County	Total
4. Was detainee identified as MI client upon admission screening?	Yes	11	14	13	38
	No	2	1	2	5
	Missing	2			2
5. Was the client receiving Mental Health services while detained?	Yes	8	9	12	29
	No	5	6	3	14
	Missing	2			2
6. If yes, specify what types of services were being provided by the jail.[102]	Some data entry recorded=>	7	5	10	22
	No entry	8	10	5	23
7. Was discharge plan developed prior to release?	Yes	11	11	11	33
	No	2	4	4	10
	Missing	2			2
7b. Who developed the discharge plan?[103]	Case Manager (CM), Jail Liaison (JL) and client=>	10	8	3	21
	CM, Client, Other agency=>		2	3	5
	CM and client	1	1	7	9
	Missing	4	4	2	10
11. Is client still engaged in services?	Yes	15	15	15	45
14. Agency comments (Had Case Manager entered any?)	Yes	14	12	10	36
	No	1	3	5	9

On the CLIF forms, 38 of 45 clients were identified as mentally ill cases at the point of completing the initial CLIF (item #4). A total of 29 of 45 were receiving some sort of mental health services while detained (item #5), and 33 of 45 had discharge plans completed (item #7). All 45 were still engaged in services at 30-day follow-up (item #11).

On average, it was two days from date of jail entry to the date the client was seen by the case manager and the mean length of stay at the jail was 60 days.[104] The length of stay varied

[101] See Attachment 3 for an explanation of CLIF items.
[102] Table XI-4 just below presents examples of the types of data entered here, for a sample from one county.
[103] In interviews, as noted, Case Managers indicated that only clients were normally involved in discharge planning.
[104] These lengths of stay were computed by using two dates in CLIF item #3: jail entry date (Date of contact w/liaison) to the date Case Manager saw the client (First contact w/client).

tremendously, anywhere from a portion of one day to 11 months. The cases tended to fall into two groups: those confined for a very short time (24 cases stayed an average of 3 days) and those confined for a longer period (21 clients stayed an average of 4 months).

In item #9.A., case managers were asked to prescribe follow-up services as part of the (Initial CLIF) discharge plan. In item #11.A, they did the same thing when the 30-Day CLIF was completed. Findings are presented in Table XI-3.

Table XI-3
Services Prescribed at Initial CLIF and 30-Day CLIF in ICR Sample
(N=45)

Service Type	Number of services at Initial CLIF (item #9.A)	Number of services at 30-Day CLIF (item #11.A)
Outpatient individual / group therapy	22	18
Psychiatric services	28	19
Case management	23	19
ACT	1	0
Another agency (i.e., DASA, HCD, etc.)	2	5
Residential services	2	3
Other	2	9
Missing	1	0

Source: CLIF data for ICR sample

In this sample, at the initial discharge plan, 22 were prescribed outpatient therapy, 28 psychiatric services, 23 case management, two "Another agency", two residential, one ACT, two "other" and one missing. In item #11.A., case managers were describing the follow-up services *actually received* at the point of 30-day follow-up. Those received included 18 for outpatient therapy, 19 for psychiatric services, 19 for case management, three residential, five "another agency" and 9 "other".

In item #6, case managers were to "…specify what types of services were being provided by the jail". Results from one county (Jefferson) are presented in Table XI-4.

Table XI-4
Type Information Entered by Case Managers into CLIF Item #6
Jefferson County ICR Sample
(N=15 Cases and 80 Comments)

Type Information	# of comments
Jail handling and agency services while confined	22
Referrals and linkages – treatment after release	19
Criminal history information	17
Mental illness	15
Substance abuse	4
Other (about Data Link system; treatment before jail entry	3

As seen in Table XI-4, there were four key types of information entered: service provision while confined; services after release; criminal history information, and further information related to the client's mental illness. Most comments were entered by case managers at the point of jail exit, or just after, but a few were at the point of jail entry.

Client Demographics of the Intensive Case Review Sample

The 45 inmates were 35 years old, on average, and there were 25 males and 20 females. A total of 26 were white and 19 were African-American. Table XI-5 presents educational level data.

Table XI-5
Educational Level for ICR Sample by County

# Years	Jefferson	Peoria	Will	Total
Over 12 years	0	4	1	5
12 years	6	8	4	18
Under 12 years	2	3	9	14
Missing	7	0	1	8

About half of those for which data were available were high school graduates and just over a third had not completed high school. Eleven of the 45 were married and the other 34 were single. Only nine had a known employment history just prior to jail entry. A total of 35 of the 45 were judged to have serious co-occurring substance abuse disorders.

Criminal History

Table XI-6 shows criminal charges in the ICR sample.

Table XI-6
Criminal Charges for ICR Sample by County[105]
(N=45)

Charge	Number in Jefferson County	Number in Peoria County	Number in Will County	Total
Theft	4	2	2	8
Aggravated Assault	2	3	1	6
Criminal Trespass	2	2	2	6
Burglary	2		2	4
Domestic Battery	2		2	4
Drug charges	1		3	4
Traffic charges / DUI		2	1	3
Failure to appear		1	2	3
Identity theft	1			1
Resisting an officer	1			1
Home invasion		1		1
Violating an order of protection		1		1
Prostitution		1		1
Credit card misuse		1		1
Missing		1		1

Theft, aggravated assault and criminal trespass were the three most common categories. Normally jail staff only had access to the client's prior criminal history, and subsequent charges, in their county only. If a new offense had been committed in another Illinois county (or another state), typically that would have been unknown.

JDL Program Services

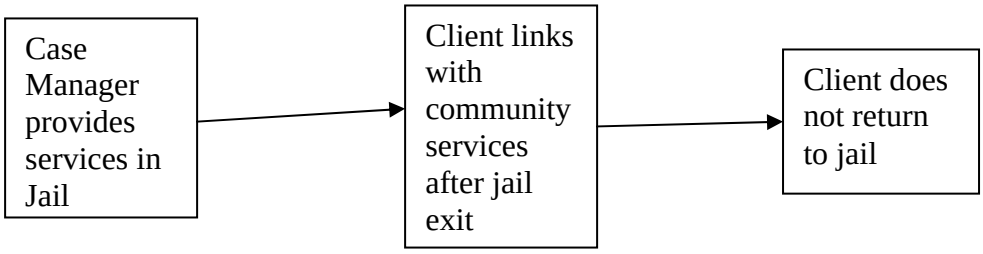
Twenty nine of 45 clients had contact with the case manager while they were in the jail. The actual number of contacts is unknown, but for individuals who were in jail for several weeks or months, case managers normally had multiple contacts. A total of 34 of 45 clients had discharge plans completed.

Analysis of Program Effects

Cases were classified as to whether the case manager had contact with the client while the client was in jail, and whether the client had linked with community services after jail discharge. The presumed causal linkage is something like this:

[105] The categories of offenses reported here do not follow a standard nomenclature or statutory system but rather represent whatever the Jail Liaison reported to the group during the intensive case review based on a quick review of jail records. The charges were for the offense which led to the jail admission which was sampled in the summer of 2007.

Figure XI-1
Presumed JDL Program Causal Linkages



An ideal case would be one where the case manager had contact with and served the client while they were confined, including preparation of a discharge plan with appropriate follow-up services prescribed, and then after jail exit, the client followed through and sought out the prescribed community services. Human behavior being as complex as it is, particularly when it comes to an arrest event that has to be detected and acted on by the criminal justice system, this simple diagram is not likely to explain much, but it is a start.

Table XI-7 shows how recidivism outcomes are related to the presumed "causes" in Figure XI-1. Groups A, B, C and D – the four rows in Table XI-7 – represent different service "mixes" that might impact on recidivism. Group A would be expected to recidivate at the lowest level, and Group D at the highest level, for example.

Table XI-7
Recidivism Outcomes by Service Type and County
(N=45)

Type Service / Linkage Model	Jeff. Recid-ivisits	Jeff. Non-recid-ivists	Peoria Recid-ivisits	Peoria Non-recid-ivists	Will Recid-ivisits	Will Non-recid-ivists	Total Recid-ivisits	Total Non-recid-ivists
A. Case Manager provided services and client linked	2	2	2	5	3	3	7	10
B. Case Manager provided services and client did not link	4	3	1	1	2	1	7	5
C. No services, but client linked anyway	1	1	2	3	1	3	4	7
D. No services and no linkage	1	1	0	1	2	0	3	2
Total	8	7	5	10	8	7	21	24

Recidivism Outcomes

A total of 21 of the 45 clients recidivated, and 24 did not. Recidivism meant that after the jail admission which led to their inclusion in the ICR sample, they were released from jail and re-arrested on a new charge unrelated to the charge which led to their previous confinement. The process of classifying a case as a recidivist or not was a group process which involved all ICR process participants; normally all group participants were in agreement, including the case manager and Jail Liaison and other participants. When everyone was not in agreement, a majority consensus approached was used, and the result was so recorded by the researcher.

In total, 47% recidivated, and 53% did not. The 17 cases in Group A are perhaps of most interest. Those are the cases where the case manager connected with the client while confined, and they linked with community services after jail exit, i.e., these cases followed the ideal program model. As expected, most (10 of 17) did not recidivate. In Group B, the case manager had again connected with the client while in jail, however, the client did not link with services after released. We would expect higher recidivism for this group, and that occurred – 7 of 12 recidivated. Both of these findings support the Data Link model.

Group C are likely short term clients who were released from jail before the case manager could make a contact. However, they did link with services after exit. Only 4 of 11 recidivated – doing somewhat better than expected. Finally, Group D neither had a contact with the case manager nor did they link with services and thus we would predict a poor outcome for this group. The outcome was not good (3 of 5 recidivated), but not as bad as predicted.

During the group discussions of these 45 cases, the enormity of challenges facing the detainees was abundantly evident. Most faced not only serious mental illness, but also a history of substance abuse and a variety of other challenges such as low educational levels, unemployment, and little in the way of family supports. For most, these problems were not new, but had been occurring for years or decades. The JDL program model helps these individuals to regain access to the much needed mental health services that they had been in touch with before they were arrested and jailed.

XII. DMH BOOKING DATA AND SITE INTERVIEW DATA

DMH did its own internal assessment of recidivism by comparing linked and non-linked cases. The data are presented in Table XII-1.

Table XII-1
DMH Internal Re-Booking Data
April 2006 to March 2007

	Will	Peoria	Jefferson
Total Crossmatches	651	1,013	214
Exclusions	559	757	169
Linkage Eligible	92	256	45
Actual Linkage	29	96	20
Percent linked	31.5%	37.5%	44.4%
Clients Re-arrested	3	22	4
Percent re-arrested	10.3%	22.9%	20.0%
Not linked	63	160	25
Non-Link re-arrest clients	29	90	10
Percent re-arrested	46.0%	56.2%	40.0%

The table title denotes that these are "re-booking" data as opposed to "recidivism" data. DMH had data from the three local county jails indicating that a client was again confined. However, there was no indication as to whether the confinement resulted from a new arrest or whether it was related to the same arrest and charges that had led to their previous confinement. Also, since anyone recidivating in another county jurisdiction would be unknown, these are likely under-estimates. As seen in the table, about 18% of linked clients were re-arrested, compared to 47% of non-linked clients, suggesting that successful transition planning does reduce jail recidivism.

Site Interview Data related to Recidivism

During the site interviews conducted by researchers, agency staff were asked whether they believed that the JDL project had reduced recidivism. The most typical response was that they were not sure; the JDL project may have had some beneficial impact, but they had not seen any data to support it. Some indicated that JDL had reduced recidivism for clients who had been successfully linked, and cited the DMH data above to that effect. In two counties, staff at the agency had collaborated with jail staff to try to check recidivism data on select samples of cases, but the precise results were unknown.

Sheriffs and Jail Liaisons were also asked whether they thought JDL had reduced recidivism. They were as a group less likely than agency staff to believe that recidivism had been reduced.[106]

XIII. SUMMARY OF RECIDIVISM OUTCOMES

Recidivism outcome data in sections X, XI and XII above are wide ranging. This section pulls together some highlights. Data are from three different sources: ICJIA, DMH and the Intensive Case Review.

(1) Criminal history data from the ICJIA – comparison of the JDL and Non-JDL groups

[106] One jail staffer noted that nearly 80% overall of released inmates recidivate.

It was found that 49% of the JDL sample recidivated, compared to 44% of the Non-JDL sample, contrary to our hypothesis that the "treatment group" (JDL) would have a lower recidivism rate. Since the JDL group by definition had a high incidence of mental illness and there is some evidence that mental illness and crime are correlated, the finding may be considered unsurprising. The JDL group rate may have been even higher, however, had the JDL program not been in place. The finding of a higher recidivism rate in the JDL group held across all three counties, but the Will county findings were more favorable than the other two counties. Recidivism was 3% higher in Will county in the JDL group, but 5% and 13% higher, respectively, in Peoria and Jefferson counties.

(2) Criminal history data from the ICJIA – comparison of targeted JDL cases to Non-JDL group

When target cases were examined separately (cases receiving the most intensive services) the JDL recidivism rate fell to 45%, only 1% higher than the Non-JDL group.

(3) Criminal history data from the ICJIA – comparison of linked group and non-linked groups

Using the same data source two sub-groups were examined in the JDL sample: clients who were successfully linked with community services after jail exit compared to those who were not. The expectation that the linked clients would recidivate at a lower rate was found not to be true, however: 54% in the linked group recidivated, compared to 49% in the non-linked group.

(4) Criminal history data from the ICJIA – comparison of targeted JDL group with non-targeted JDL group

The targeted JDL cases recidivated at a lower rate: 45% to 51%. This positive finding could mean that the more intensive JDL services helped to reduce recidivism.

(5) Jail census file booking data from DMH – comparison of linked group and non-linked groups

DMH examined arrest data from the three county jail files to make the same comparison and found that only 18% of the linked clients were re-booked, compared to 47% of the non-linked clients. When looking at the linked rates across the three counties, Will county was the best, Peoria county the worst, and Jefferson between the two. These computations were based on the jail census files to which DMH has access and would not include out-of-county arrests. The sample size, however, was quite large.

(6) Intensive Case Review sample

Twenty one cases overall recidivated. Unlike the other samples, the recidivism rate was the lowest in Peoria county. When a sub-group was examined that had received more intensive case manager services and was linked with community services, 41% recidivated. That compares to 58% of a non-linked group. The weakness of this analysis is that so few cases were involved (only 29 for percentages cited) and that measurement processes were imprecise.

Summary

Had an experimental research design been in place, one could assert that the treatment group had one recidivism rate while the control group had another and the recidivism outcomes would be unambiguous. In this study, however, there were multiple data sources and methods and some conflicting evidence. Three analyses suggest that the JDL program reduced recidivism: the ICR sample (41% linked recidivated, vs. 58% non-linked); the DMH internal study (18% linked recidivated, vs. 47% non-linked); and, the comparison of targeted JDL cases (45%) with non-targeted JDL cases (51%). The other two comparisons, however, suggest that the JDL program did not reduce recidivism – the JDL group recidivated at 49%, compared to 44% for the non-JDL group, and 54% of the linked group recidivated, compared to 49% of the non-linked group. It should be noted that ICJIA criminal history data are the most reliable data source available to assess recidivism. Taken as a whole, these results are inconclusive with respect to the effect on recidivism and suggest that further study, using a more rigorous research design, is needed.

XIV. ADMINISTRATIVE AND COMMUNITY CONTEXT AND COLLABORATION

This section reports data from site interviews.

A. Administrative Support

Support was needed from within three organizations in order for the JDL project to succeed: the three local agencies, the three jails, and DMH.

Agency support was exceptional from the viewpoint of the case managers. For two of three interviewed case managers, the agency allowed the case manager function to be their full time job. At the third, it was more than half of the job. All felt that case manager supervisors and agency executive directors were helpful and supportive of the project. Case managers normally had excellent working relationships with other agency staff. For example, sometimes case managers needed other agency staff, including the staff psychiatrist, to fit newly discharged clients into an earlier than expected appointment, and they normally did so. All case managers felt that internal agency communications about JDL were adequate. Case manager supervisors agreed that agencies were very supportive and provided all needed resources. They cited support from the Executive Directors and the IT staff who from time to time helped with technology issues. All felt that internal agency communications about the JDL project were sufficient.

Support for the project was also provided by sheriffs and other upper level jail administrators. While their project activity was very limited, they gave initial approval and ongoing support to the Jail Liaisons and the IT liaisons, and they were very supportive of the work of the case managers. Upper level jail staff recognized the seriousness of the problem of mentally ill inmates and appreciated the improved relationship with the local agencies and the quicker

identification of mentally ill jail inmates that resulted from JDL.[107] All sheriffs believed that they had provided all needed resources and that JDL was improving services to inmates while they were confined. One noted that treatment options other than just confinement were needed for mentally ill inmates.

Within DMH, upper level administrators also provided ongoing support for the efforts of the Project Manager on the JDL project. The Project Manager's time was made available throughout the project.[108] Further, senior DMH staff periodically attended Steering Committee meetings, requested briefings and provided ongoing support.

B. Community Context

This section addresses whether the communities within which the sites were located were aware and supportive of the project. Two communities were thought to be quite aware of issues related to inadequate services for mentally ill inmates at the county jail, while the third was judged to be less attentive. One of the two had an active NAMI chapter and it also formerly had a state mental hospital that closed some decades ago. Jail staff felt that the closure of that facility still results in an increase in the mentally ill population in the jail.

In one county, other social service and criminal justice agencies were thought to be aware of the JDL project, but in the other two counties, the project was less well known and publicized. The project was more likely to be known to adult probation departments than to judges or law enforcement officials. In one community, the JDL project was well known to a local Drug Court but less so to judges or police. While the JDL program name was not especially well known, the agencies which operated the JDL program were themselves very well known to the community.

C. Collaboration

The importance of collaboration in working with the mentally ill transitioning from jail cannot be overstated. Jails do not have the staff and resources on their own to provide good discharge and linkage services. One researcher noted:

> *"Collaboration across disciplines and jurisdictional boundaries is at the core of jail reentry, and in recent years, the field has seen an explosion of creative and productive partnerships between jails and law enforcement, probation, faith-based organizations, mental health clinics, victim advocate groups, the business community, and a variety of other social service and community providers. In many cases, such as the treatment of mental illness, individuals in jails are past or current clients of community-based organizations, and reentry strategies can maintain continuity of care."*[109]

[107] One noted that it kept mentally ill inmates from falling through the cracks.
[108] Depending on the month, an estimated 25% to 50% (or more) of the Project Manager's time was devoted to project management, a cost covered by internal DMH funds.
[109] See Solomon, et al, 2008.

The JDL project represents precisely this sort of collaboration. DMH laid the foundation for this collaborative approach involving jails and mental health agencies in the Phase 1 project, and continued it in Phase 2. The reason why collaboration works – and is essential – is that inmates are served by all three organizations involved here: the jail, the agency and DMH. Each organization is trying to meet the needs of the inmate and by doing so, to improve the safety and security of society.

Just how the collaboration worked was a bit different from county to county. At the site where the agency had more of a forensics orientation, agency staff related exceptionally well to the jail staff. The case manager had a jail identification badge which made getting in and out very easy and the case manager was well known to the jail administrators. The case manager also had ready access to the jail's mental health information. This site also had the advantage in that the Jail Liaison had taken the most active role possible during the first year of project operations, and fully grasped the JDL program model.[110] Also, if inmates at this jail wanted to see the case manager at the jail, they completed a paper request form. The forms went first to the non-profit social service provider at the jail, and they were then forwarded on to the case manager. Finally, this county, as noted, had a full time mental health professional located onsite at the jail, under contract to the local agency.[111] In short, the model of collaboration implemented at this site was exceptional.

At a second site, the agency and jail also worked together well. The jail nurse served as the primary point of contact for the case manager, and it was noted that the case manager in this county (as in other counties) was quick to help jail staff serve mentally ill inmates that were <u>not</u> part of the JDL population. This was the site, however, where at one point jail staff felt that some agency staff had too much of a "social work" orientation and not enough of a criminal justice orientation. Particularly for offenders who were likely going to prison rather than be discharged to the community, the agency staff and jail staff did not always agree on the need for mental health services. The jail and agency worked out this problem after some time, however.

At the third site, again, the relationship between the agency and jail was also exceptionally good – a relationship that spanned nearly three decades. The JDL project further strengthened this relationship, since jail staff clearly appreciated the importance of improved discharge planning. Agency staff felt that jail staff provided everything needed to make the project a success.

<u>Summary</u>

Once the project was underway, upper level agency staff, jail staff and DMH staff provided continuous support. The JDL program was not a highly visible program within local communities, for the most part. The JDL program had occasional contact with other organizations such as probation departments -- and JDL was reportedly well regarded within the community -- but for the most part, the program involved only the local jail and the local agency. The collaborative relationships established at the three sites worked very well. Jails gave case

[110] During the second year, as noted, the Jail Liaison came to use the phone, not the Data Link system, to communicate with the Case Manager. Such calls were reportedly very rare and normally constituted some type of emergency.

[111] The only problem noted at this county was that the Case Manager never heard the results of the initial inmate screening and indicated that inmates were often released before the Case Manager knew that they had arrived.

managers the access necessary to conduct interviews and begin discharge planning. Case managers shared with jail staff critical information that might assist jail handling. The support of top executives at the jails and agencies was critical and set the tone. In short, the model of collaboration implemented at these three sites, and facilitated by a state agency holds promise as an avenue for similar cooperation in other Illinois communities.

XV. INFORMATION SHARING

This section is a very limited overview of issues related to sharing data across agencies.

In describing the Data Link system earlier, the computer matching processes were described in detail. Signed agreements (Attachment 1) allowed data sharing between the county jails and DMH. The agreements cited the state statute which authorized the exchange of clinical information for the purpose of linkage after jail exit. Through special arrangements with the three jails, county jails produced daily census files and put them on their local file servers. In the process, jail staff provided account authentication credentials to DMH staff. DMH then used an automated program to download data from the jail servers.

Once DMH staff append ROCS and inpatient file information to the jail census file, the individual data from all sources are posted to the Data Link database. The Data Link System is accessed by agency and jail staff via internet using a web browser. Access to the system is tightly controlled by DMH and is granted via User IDs and passwords provided by DMH. Approval paperwork had to be signed by several DMH officials.

All agency staff with Data Link system access were reportedly aware of the importance of keeping all clinical information confidential. Similarly, jail staff with access to the Data Link system were aware of confidentiality issues. During site interviews, staff indicated that Data Link system security safeguards were more than adequate.

Summary

The Data Link system contains highly detailed clinical and criminal justice information about mentally ill inmates. It was made possible by three-party agreements involving local jails, agencies and DMH, as authorized by state statute. The online system has adequate security safeguards. Staff who use the system are aware of the need to maintain the confidentiality of all individual level data.

XVI. PROJECT DESIGN, COSTS AND SUSTAINABILITY

Data in this section are from interviews with site staff and DMH staff and from a review of DMH documents.

1. Project Design

This section provides a very brief assessment of the overall JDL program model and limited recommendations for improvements. The recommendations are based mostly on input from site interviews.

Agency staff in all three counties believed that the JDL project provided much needed services and in particular, that improved mental health services during jail confinement were being provided. They also believed that improved follow-up community services were provided and accessed. However, one interviewee noted that it would be helpful to also have some type of court services to supplement the JDL model. They noted, as it is, clients fail to appear often and new warrants are issued for their arrest. If agency staff (as part of the JDL model, or otherwise) could help ensure that clients show up on their court dates, some arrests could be avoided. At another site, staff cited how important it was to get clients registered into the agency's system as active clients while the clients were still confined in the jail. This led to much quicker access to agency services once the client was released. Jail staff were also asked about whether JDL led to increased access to follow-up community services. Nearly all said they believed that such improvement had occurred.

Overall, except for minor tweaking, the program model seems to be working well, from the perspective of both jail staff and agency staff. Interviewed staff were unanimous that the two key program components – use of the Data Link system, and transition planning by case managers – were key program elements and should continue and they had no recommendations for major program overhaul.

However, staff did have a number of ideas to consider. The ideas are grouped below in terms of which organization or groups of organizations might responsible for implementation of the idea.

What changes could agencies consider to improve the JDL program model or otherwise improve services to the mentally ill?

Related to JDL project specifically

- Continue to support the JDL case manager as a full-time position. Several jail staff felt that more case manager time was needed.
- If time permits, case managers should focus on the JDL inmates who were previously inpatients.
- Encourage case managers to provide more intensive follow-up case management services after jail release.

Related to community mental health services in general

- Locate a staff person directly at the courthouse.
- Dedicate a staff person to help with client transportation.
- Establish better relationships with local police departments, possibly a liaison position or a mobile crisis and intervention team, to help direct needed services to the many "street people" that police encounter daily, possibly interceding before people are arrested and end up at the county jail.
- Support development of Mental Health courts.

- Establish better linkages with regular medical care services, ensuring that clients get thorough and full medical screenings and possibly locating a staffer at local medical agencies to provide routine mental health screenings.

What changes could agencies and DMH consider jointly to improve the JDL program model or improve services to the mentally ill?

- Case managers routinely work with and use (at least) two major electronic systems: the JDL system and the extant agency systems. Typically they appear to work more with the agency system than the JDL system. To the extent that required entries in the JDL system are duplicative of what the worker already enters into the agency system, time that could be used for better or more discharge planning is lost. If there were a way to cost-effectively load data into both systems from a single data entry, the case manager's time might be better used.

What changes could jails consider to improve the JDL program model or otherwise improve services to the mentally ill?

Related to JDL project specifically

- Routinely convey the results of the initial screening conducted by jail staff to case managers.
- The sheriff should periodically acknowledge to jail staff the importance of mental health services, good discharge planning, connecting released inmates with community social services, and the importance of facilitating the JDL case manager's work.
- Provide dedicated office space for case managers.
- Ensure that case managers have ready access to all jail files containing mental health information.

Related to mental health services in general

- Improve support for the jail ministries programs.
- Increase availability of psychiatric care.
- Make greater use of tele-medicine services.
- Do more testing and counseling.
- Provide more substance abuse services.
- Provide better training for jail staff on mental health issues, and include chaplains in the training.
- Make sure line-level staff receive the mental health training, not just supervisors.

What changes could agencies and jails consider jointly to improve the JDL program model or improve services to the mentally ill?

- Sometimes there is an ethos clash between the criminal justice orientation of the jail staff, and the service or health orientation of the agency staff. Jail staff see security and protection of the public as their first priority. Agency staff are more oriented towards the health needs of the inmate, and may see criminal behavior as a byproduct of the mental illness. As these projects unfold, agency staff must be continually sensitive to the legitimate security needs of the jail. As a corollary, jail staff should receive training on mental health. If the jail feels its security needs are not being addressed and limits the case manager access to clients, the model will not work.

What changes could DMH consider to improve the JDL program model or otherwise improve services to the mentally ill?

In relation to the Data Link System

- Review the typical daily usage of the various Data Link screens by case managers to determine whether there are any shortcuts that could be built into the system that would save time in moving from screen to screen.
- Create a drilldown capacity within the "No CLIF" report to reduce time wasted from scrolling from page to page.
- Create a new system flag at the halfway point between the initial CLIF and the 30-day CLIF. The flag would remind the case manager to make contact with the client and initiate work on the 30-Day CLIF.
- Ensure that the Data Link system is as fast as possible.
- Remove exclusionary cases from the *Current Client* listing. Since they are no longer being actively worked by the case manager, they should be removed to a separate menu item.

2. Project Costs

This section presents a limited overview of project costs to provide a rough estimate of what a similar program might cost should it be replicated in another state or at another site in Illinois. There were five key cost centers: (a) DMH staff, (b) contracted case manager salaries at the local agencies, (c) a contracted IT specialist, (d) the hardware and software to develop and implement the Data Link system, and (e) other expenses.

DMH staff

The key DMH staff working on the project were the Project Manager and the Technology Chief. The Project Manager was responsible for overall project design and implementation and was involved from the earliest stages of conceptual design and proposal writing to the present. During planning stages and the first year of operations, the Project Manager spent an estimated 50% time working on the project, and considerably less once the program was operating. The Technology Chief 's work was concentrated during late 2005 and 2006 (estimated at 30% time) when the logistics of jail file transfers was being worked out and the software running the Data Link system was being designed. Two support staff also assisted, as did two senior DMH managers who had ongoing oversight responsibilities.

Contracted Case Managers

In the spring of 2006, DMH contracted with agencies and covered the majority of the case manager's salary -- with funding from ICJIA -- and case managers worked 100% time on the JDL project.[112] In the second year, DMH was able to provide a smaller amount of funding ($40,000 per site) from DMH internal sources.

Contracted IT Specialist

To assist the Technology Chief and Project Manager with software development, a part-time IT specialist's services were contracted. This specialist assisted with computer programming

[112] With Case Manager services at Jefferson county being split across two counties.

associated with reading the jail, ROCS and inpatient files and selecting needed data fields for the Data Link system. Those fields were then posted to the online Data Link system. Making the system as comprehensive, user friendly and accurate as it was required much planning and developmental work.

Hardware, Software, Equipment and Commodities
Wireless laptops were purchased for the case managers and select DMH central staff. Because quick and continuous data entry and retrieval using the Data Link system was central to the project, laptops made it as easy as possible for case managers access the system. To ensure system stability and ready data access, two servers and associated software were purchased, along with a network printer. Other items purchased included cell phones for case managers,[113] desks and a projector. The original estimate for these commodities and equipment was about $38,000, but only $32,000 was spent.

Travel
Travel funds were part of the original budget and were needed for (a) limited case manager travel, (b) DMH staff making site visits, and (c) steering committee meetings. These funds were originally estimated at about $75,000, but actual travel expenses turned out to be much lower.

ICJIA Grant Overview
The original budget for the first year of operations was $374,392 from ICJIA grant funds, and $124,797 in DMH match funds. In total, the project actually expended $194,000 from the ICJIA grant in a 9-month period, about $12,000 in equipment; $17,000 in commodities; $2,000 in travel, and $164,000 in contractual services, leaving $178,982 unexpended from grant funds.[114]

Costs to Agencies
During year one, ICJIA grant funding was provided to DMH. Using those funds, DMH provided $60,000 to each agency to offset the cost of case manager salaries. During years two and three, DMH provided each agency with $40,000 per year for case manager services. In site interviews, case manager supervisors and Executive Directors were asked about project costs. In general, they indicated that the $40,000 from DMH covered a significant portion of the case manager salaries, but not all of it. Other costs of participation which they noted were (a) the time of the case manager supervisor, (b) overhead for office space and PC's for the case manager, (c) periodic staff time by agency IT staff who helped out with technological issues, and (d) travel (between the case manager's office and the jail).

Costs to Jails
Jail staff considered the time contributed by Jail Liaisons to be minimal enough that there were no measurable project costs. They noted that if recidivism could actually be reduced, the project would save money.

Summary
Costs may be divided into startup costs and ongoing operational costs. Startup costs would primarily be related to Data Link system development. The state agency creating the Data Link

[113] Two sites reported that they did not use the cell phones.
[114] From DMH Fiscal Report to ICJIA, 7-06 to 9-06 quarter.

system has a substantial initial investment in the software development to match the daily jail census files with the clinical files containing mental health information. Hardware to support the system would also have to be procured. Further, the state agency must provide staff who can negotiate initial details with local agencies and jails. Ongoing operational costs would be primarily the case manager salary at the local agency, plus the state agency program manager who troubleshoots system problems and provides guidance to the case managers. Jail operational costs are negligible.

3. Sustainability

This section addresses efforts to keep the JDL program operating and is based mostly on interview data. It addresses whether and how to continue the program at the three current sites and the issue of expansion to other sites.

Case managers, case manager supervisors, agency directors, sheriffs and jail liaisons were unanimous in their support for the program and their view that the program should be continued. The inadequacy of existing mental health services for inmates was readily acknowledged, and the need for improved continuity of care after the inmates left jail was clear. As with many social programs, however, the challenge is funding.

DMH has sustained the project to date using internal funding in the second and third years of project operations, after the first year seed funding from ICJIA ended. Whether DMH will continue to be able to provide this funding, however, is unknown. To address this, DMH has sought out new funding sources in an effort to continue funding for the three current sites and to expand to other sites. Reportedly DMH has had some success with local 708 boards that have agreed to fund case managers at new sites. Further monitoring of newly available grant funds from the federal government and foundations is recommended.

DMH might also consider further development of a rural program model, somewhat similar to what they have done already at the Jefferson county site, where the case manager has been serving two county jails. Rural jails, whose mental health services in general are more likely to be inadequate, may benefit from a "traveling" case manager that could possibly serve a three to five county region. Agencies serving several counties may have to collaborate for this to work.

Also, DMH should also consider implementing a lower cost model: a model where the Data Link system is made available to local jails and agencies, but there is no case manager. While the value of the case management services is clear, the cost of roughly $50,000 per annum may simply be unaffordable. One way to get added benefit from the investment in the existing system would be to add sites where one jail staff (possibly in the Medical Units) and one agency staff would be given access to the Data Link system. The agency staff person would not be a funded case manager, but possibly a supervisor who would take the time to check the system each morning to see if any of their clients are newly confined at the local jail; if so, the staff person at the agency who had already been working with that individual could be notified, and it would be up to them to take the next step, if any. To do this, DMH would have to continue to make available the central office staff to work with new sites as well as the technological staff to

work through details of jail file transfers and posting newly matched counties to the Data Link system.

XVII. CONCLUSIONS AND RECOMMENDATIONS

A. Conclusions

The need for improved jail discharge planning and community linkage for mentally ill inmates is unquestioned. Many people unfortunately are intimately connected to both the local criminal justice and community mental health systems. The severity of their problems are such that both systems are needed to help stabilize and control the behaviors and thinking that connects them to these systems. Continuity of care is essential when passing from one system to the next. When people are unexpectedly arrested and jailed, severing ties to the community mental health system which has been sustaining them, and then they are released – all unbeknownst to the clinicians who have been working with them, the chances of relapse to a deteriorated mental state (or of additional criminal behavior) increase.

The Jail Data Link model offers a promising program model to promote continuity of care. It demonstrates that jails, local agencies and a state mental health agency can collaborate effectively to provide better services, and that this can be accomplished at a relatively modest cost. Any strengthening of the relationship between local jails and mental health agencies is a plus, and the Jail Data Link project did just that. This occurred in part because people got to know and trust one another during the course of the project, opening avenues for new collaborative activity.

Accomplishing this is not without challenges. Local agencies see as their mission improving mental health services for everyone in the community, including those confined at the local jail. Jail staff have more of a public safety orientation, and providing services to mentally ill inmates is one of but many challenges they face on a day to day basis. To continue to implement successful programs in collaboration with the jail, and to generally improve the quality and quantity of mental health services to confined inmates, agency staff must remain ever mindful of security issues.

The Data Link system is a well-designed user friendly online system that enables agencies and jails to share information with one another 24/7. Users require minimal training and system maintenance costs are low.

B. Recommendations

- The program at the three current downstate sites should be continued. Without the program, the Medical Unit staff at the jails are mostly on their own in terms of making referrals and discharge planning as local agencies do not have the staff to assist with this type of work absent Jail Data Link project funding. The priority of Medical Unit staff

has to be on emergency mental health services for confined inmates rather than discharge planning.

- The program should be expanded to other test sites if possible to further test program impact. Since DMH has already invested substantial funds in Data Link system development, and the system could handle any number of additional sites at a low cost, new sites could be added inexpensively.
- As new sites might be rolled out, they should be mindful that agency and jail staff who are using the new system will have to have a minimal level of technical skills – enough at least to login to and access an online system, and to move around from screen to screen to secure needed information.
- As noted above, sometimes there is an ethos clash between the criminal justice orientation of the jail staff, and the service or health orientation of the agency staff. Jail staff see security and protection of the public as their first priority. Agency staff are more oriented towards the health needs of the inmate, and may see criminal behavior as a byproduct of the mental illness. As these projects unfold, agency staff must be continually sensitive to the legitimate security needs of the jail. As a corollary, jail staff should receive training on mental health. If the jail feels their security needs are not being addressed, the jail may limit CM access to clients.
- Before new sites are brought on board, central staff and select site staff should be sure to complete any system testing necessary to ensure that the system is working fully before line level staff are expected to use it on a daily basis.
- DMH should review the current usage of text entries in the "Agency Comments" field to ensure that the case manager entries are being read and acted on by someone either at the agency or at the jail. Further, DMH should try to ensure that case managers are not needlessly entering the same data into two different systems (the local agency system, and the State's Data Link system).
- Since nearly three fourths of the crossmatch population is ultimately determined to be non-target cases, case managers spend a good deal of time screening out those cases. DMH should review whether there is a way to eliminate the non-target cases from the crossmatch and save this case manager time for linkage work. If the cases cannot be eliminated from the crossmatch, they should at least be concentrated and displayed on separate menu items on the Data Link system and not mixed in with cases that are being actively worked.

Attachments

Attachment 1
County Data Sharing Agreement Template

DEPARTMENT OF HUMAN SERVICES
Division of Mental Health

Jail Data Link Project (Phase 2) Agreement
COUNTY JAIL/

This agreement is between the County Department of Corrections, and an agency , of the Division of Mental Health, Department of Human Services. County Jail in concert with the above agency, and in partnership with Department of Human Services, Division of Mental Health agree to participate and maintain the stipulations listed herein, with the Jail Data Link Project (Phase2). This agreements' intent is to reduce the rate of recidivism of mentally ill detainees who have been identified and documented as having services provided by the above listed community mental health center, and to uphold the provisions of (740 ILCS 110/9.2) (Source P.A. 94-182). These provisions permit the exchange of clinical information for the purpose of discharge/linkage and/or continuity of care for those identified individuals.

The above listed agency and County Jail will accomplish the above by utilization of a secure, HIPAA compliant Internet connection to a Division of Mental Health database, to access and share clinical information respective to the above agency's clients. This exchange will enable the client to re-integrate/re-link to the(a) community mental health agency upon discharge from County Jail into the community at large.

For the purpose of this agreement, linkage is operationalized as the individual client returning to the(a) community mental health provider within 30 days of discharge from County Jail into the community.

DIVISION OF MENTAL HEALTH PROVISIONS:

The Division of Mental Health agrees to provide the following:

1. Access/Clearance/Security establishment to information via an Internet connection.

2. Technological support/assistance.

3. Monthly data set reports (i.e., login information, linkage data, client count, etc) both from data entered by County Jail and the following community mental health center:

CENTER

COUNTY DEPARTMENT OF CORRECTIONS PROVISIONS:

1. Clinical documentation will be entered into the database as to anticipated linkage coordination and discharge probability, along with clinical meeting discharge planning information.

2. Access/clearance to the County Jail for the purpose of clinical meetings, and clinical services.

3. Clinical availability (either via telephone or in person) to establish clinical linkage, discharge planning meetings.

COMMUNITY MENTAL HEALTH AGENCY PROVISIONS:

1. Open and review database, and document status of active clients at a minimum twice weekly.

2. Establish weekly telephone/in person conference schedules with County Jail and the Division of Mental Health, Office of Technology.

3. Nominate (1) primary and (1) alternative jail data link liaison to:

   a. Participate in monthly standard meetings.
   b. Participate in training events.
   c. Be responsible for contacting Division of Mental Health staff to advise of any technological complications, problems.
   d. Advise Agency Executive Director/Clinical Director of success/failure of the project on a monthly basis.

This agreement can be terminated/suspended and reinstated by the Division of Mental Health or the Community Mental Health Provider as follows but is not limited to:

1. A community mental health agency has experienced an emergency or fiscal crisis thereby creating and undue hardship on the agency liaison prohibiting continued participation.

2. The Division of Mental Health has documented audit reports of "null" entries for three (3) consecutive months by an individual agency or three(3) consecutive absents from a jail data link meeting.

3. Division of Mental Health audit documents a "0" client positive cross match for the above listed agency for three (3) consecutive months.

I have read and understand the provisions contained in this agreement:

FOR DEPARTMENT OF HUMAN SERVICES/DIVISION OF MENTAL HEALTH:

_____ _____
Division of Mental Health Date

_____ _____
Division of Mental Health Date:

FOR THE COUNTY DEPARTMENT OF CORRECTIONS:

_____ _____
County Jail Date:

FOR THE COMMUNITY MENTAL HEALTH PROVIDER: (County Comprehensive Services Center)

_____ _____
Executive Director Date

_____ _____
Nominated Main Liaison Date

_____ _____
Alternate Liaison Date

HEALTH

Attachment 2
CLIF Form

Case Management Linkage Input Form (CLIF)

Detainee Basic Information

Detainee Information

Inmate ID:		Last Name:		First Name:	
Book Date:		Date of Birth:		Gender:	
Court Date:				Race:	
Charge Code:		Charge:			

State ROCS Information View ROCS **RIN: 888888888**

Case Management Linkage Input Form (CLIF)

Pre/Post-Discharge Data

1. Last known diagnosis of record (from ROCS):	
2. Last known medication:	

Frequency:		**Dosage:**	
3. Jail Liaison Name:		**Date of contact w/liaison:**	**(MM/DD/YYYY)**
		First contact w/client: *	**(MM/DD/YYYY)**
4. Was detainee identified as MI client upon admissions screening?		No	
5. Was the client receiving Mental Health services while detained:		Yes	
6. If yes, specify what types of services were being provided by the jail:			
7. Was discharge plan developed prior to release?		Yes	
A. If yes, please select up to three of the following:			
☐ **Client**			
☐ **Jail Liaison**			
☐ **Criminal Justice Authority (Probation/Public Defender/Judge/State'sAttorney)**			
☐ **Other agency**			
8. Client discharge date from jail (from Archive):			
9. Has client been prescribed follow-up services? *		No	
A. If yes, please choose up to three of the following:			

- [ ] Case management
- [ ] Psychiatric Services
- [ ] Outpatient individual/group therapy
- [ ] ACT
- [ ] Another agency i.e., DASA, HCD, etc. (Please indicate details below)
- [ ] Residential Services
- [ ] Other (Please indicate details below)

Please provide details if any:

B. If no, please select one of the following:

10.Other (Please indicate details below)

Please provide details if any:

10. Has client been prescribed medication upon discharge? Yes

Note: Can not save pre/post-discharge input without answering Q3 and Q9.

Save Input

Case Management Linkage Input Form (CLIF)

30 Day Follow-Up Data

11. Is client still engaged in services?*	N/A
A. If yes, please choose up to three of the following:	

- ☐ **Case management**
- ☐ **Psychiatric Services**
- ☐ **Outpatient individual/group therapy**
- ☐ **ACT**
- ☐ **Another agency i.e., DASA, HCD, etc (Please indicate details below)**
- ☐ **Residential Services**
- ☐ **Other (Please indicate details below)**

Please provide details if any:

B. Please enter date of appointments for the above services in chronological order (up to 5 appts):

1. _____ **(MM/DD/YYYY)**
2. _____ **(MM/DD/YYYY)**
3. _____ **(MM/DD/YYYY)**

5. (MM/DD/YYYY)

C. If no, please select one of the following:

Please select ...

Please provide details if any:

12. Date of most recent service to client: * (MM/DD/YYYY)

13. Medication for most recent visit:

Note: Can not save 30 Days Follow-up input without answering Q11 and Q12.

Save Input

Case Management Linkage Input Form (CLIF)

Additional Comment Data

Existing Agency Comments: NONE

Enter new comment:

Save Input

Case Management Linkage Input Form (CLIF)

Jail Comment Data

No. 1	Date:	2009-01-21	Time:	11:34 AM		

Attachment 3
Description of CLIF Form Items

Table 3-1
Item by Item Descriptions
CLIF Form Pre/Post Discharge tab: Items 1 to 10

Item #	Item Description	Explanation
1	Last known diagnosis of record	Posted to Data Link system from agency or state hospital files
2	Last known medication	Entered by case manager, generally from agency files
3	(a) Jail Liaison Name (b) Date of contact w/liaison (c) First contact w/client	(b) Jail entry date, taken from bookdate displayed in *Basic Information* (c) Date case manager had first face to face with client
4	Was detainee identified as MI client upon admissions screening?	Dropdown yes/no menu. Based on case manager's own records and knowledge of this detainee, answering Yes normally meant this was a target client.
5	Was the client receiving Mental Health services while confined?	Use of this field may have varied. It may have meant that services were provided during confinement, either by the jail or by agency staff (the case manager, or other agency staff). In one county it simply meant that this client was an "open" case at the agency.
6	If yes, specify what types of services were being provided by the jail.	At one county it was noted that all service data were entered on the agency system, not the Data Link file, and thus this field would normally be missing. At the other counties, service data were entered. The services recorded could have been provided by the case manager, other agency staff or Medical Unit staff at the jail.
7	Was discharge plan developed prior to release?	Dropdown yes/no
8	Client discharge date from jail (from Archive)	Case manager finds discharge date in archive reports of Main Menu on Data Link system
9	Has client been prescribed follow-up services?	Dropdown yes/no where YES indicates detainee is a target client.
9.A.	If yes, please choose up to three of the following:	Community services that are part of discharge plan at initial CLIF.
9.B.	If no, please select one of the following	Dropdown menu used to select linkage exclusion reasons
10	Has client been prescribed medication upon discharge?	Whether the discharge plan included medication for the client to take after they reach the community.

Table 3-2
CLIF Form 30-Day Follow-Up: items 11 to 13

Item #	Item Description	Explanation
11	Is client still engaged in services?	Dropdown yes/no which indicated successful linkage. Completed 30 days after jail discharge, data come from the case manager knowledge of detainee circumstances.
11A	If yes, please choose up to three of the followings	Case manager marks each of 7 services that detainee is engaged in at 30 day point. If "Other" is chose, text details can be entered.
11B	Please enter date of appointments for the above services in chronological order	Appointment dates entered are scheduled appointments, not actual appointments, after jail exit.
11c	If no, please select one of the following	Same as #9b: Case manager can enter a change in status is client circumstances changed since initial CLIF.
12	Date of Most recent service to client	Date of the most recent community service for the client
13	Medication for most recent visit	Type medication, if any, noted during most recent visit.

Attachment 4
Agency Comments Entered by Case Managers into CLIF Forms

Table 4-1
Jefferson County Agency Comments in ICR Sample

TYPE INFORMATION	NUMBER
Criminal History Information	
Incarceration status	4
Criminal charges	4
Court dates	3
Detail on criminal behavior/activity; whether offender accepts or denies guilt; offender version of offense	2
Bond amount, released due to met bond, etc.	2
Agency staff will be at court for offender	1
Offender version of crime	1
Mental Illness Information	
Whether taking medications; wants medication change; whether needs medication	7
Wants to go/was at/ to mental hospital	3
Diagnosis	2
Is MI/TA client*	1
Mental illness status (real or not)	1
Open case with local agency	1
Substance Abuse	
Substance abuse status, effect on arrest event	4
Treatment before admission	
Treatment status before admission	1
Jail Treatment and Agency Services while inmate confined	
Suicide watch, tried suicide, etc.	5
Contact with offender information	4
Offender attitude about post-release compliance with treatment plan	3
Will staff offender in future, case manager needs to follow-up	2
Reason for no contact with offender	1
Offender request for post-release services	1
Offender requested to see case manager	1
Offender attitude about jail services	1
Offender needs help communicating. with outside agency	1
Behavioral issues in jail	1
Directive from agency Supervisor to case manager to follow up	1
Information about Jail Data Link System	
Offender showed up on CLIF	2

Referrals and linkages: treatment after release	
Referrals by case manager: Contact with local agency or other social service agency or mental hospital information referrals made	7
Whether offender is complying with discharge plan, showing up for appointments, etc.	4
Offender attitude about post-release services	2
Will miss scheduled appointment due to incarceration	1
Completed post-discharge group session	1
Another agency referred offender to agency (for parenting, anger, etc. classes)	1
Scheduled to see staff at agency	1
Tried suicide, admitted to hospital	1
Offender requests specific services	1

*Meaning mentally ill targeted client

Attachment 5
ICR Sample County Detail

[NOTE: Some of these statistics duplicate what is presented in section XI.]

Jefferson County ICR Data

CLIF Form Data
Table 5-1 shows the range of diagnoses for the Jefferson County ICR sample.

Table 5-1
DMH Diagnosis for Jefferson County ICR Sample

Diagnosis	Number
Observation for suspected mental condition	2
Personality Disorder NOS	2
Psychiatric Disorder NOS	2
Bipolar I Disorder, Most Recent Episode, Depressed, Moderate	1
Bipolar II Disorder	1
Major Depressive Disorder, Recurrent, Unspecified	1
Major Depressive Disorder, Recurrent, Moderate	1
Schizoaffective Disorder	1
Borderline Personality Disorder	1
Oppositional Defiant Disorder	1
Adjustment Disorder Unspecified	1
Missing	1

Table 5-2 shows select CLIF item data for Jefferson county.

Table 5-2
Select CLIF Item Data
Jefferson County Intensive Case Review Sample

CLIF Item	Response	Number
4. Was detainee identified as MI client upon admission screening?	Yes No Missing	11 2 2
5. Was the client receiving Mental Health services while detained?	Yes No Missing	8 5 2
6. If yes, specify what types of services were being provided by the jail.[115]	-Some data entry here -No entry	7 8
7. Was discharge plan developed prior to release?	Yes No Missing	11 2 2
7b. Who developed the discharge plan?	Case Manager (CM), Jail Liaison (JL) and client => CM and client Missing	10 1 4
11. Is client still engaged in services?	Yes	15
14. Agency comments (Had case manager entered any?)	Yes No	14 1

Most clients were identified as target cases at the point of completing the initial CLIF form, were receiving some sort of mental health services while detained and had discharge plans completed. All were still engaged in services at 30-day follow-up. On average, it was three days from date of jail entry to the date the client was seen by the case manager and the mean length of stay at the jail was 47 days. As was the case in all counties, the length of stay varied tremendously, anywhere from 1 day to 6 months. They tended to fall into two groups: those confined for a very short time (7 of this county's cases stayed an average of 3 days) and those confined longer (8 clients stayed an average of 3 months).

In item #9.A., case managers were asked to prescribe follow-up services as part of the discharge plan. In this sample, 13 were prescribed outpatient therapy, 11 psychiatric services, 5 case management, and 1 "other".[116] In item #11.A., case managers were asked to describe the follow-up services *actually received* at the point of 30-day follow-up. Those received included 7 for outpatient therapy, 7 for psychiatric services, 6 for case management, and 5 "other" (including substance abuse, parenting classes, and anger management).

[115] Case Managers entered the following into item #6: three persons were getting medication from jail staff; 2 were arranged to see medical staff by the Case Manager, and 2 were "case management".
[116] For two cases where the Case Manager had answered "No" to whether they completed a discharge plan, they had nonetheless made an entry in item #9.A.

Jefferson County ICR Process

The ICR discussion occurred in October, 2008. There were 3 participants: the Jail Liaison, a jail medical staff person, and the case manager. Besides the participants' personal knowledge of the 15 sample members, case manager files from the agency, jail medical unit files and jail custodial files were referenced.

Client Demographics from ICR Discussion

The 15 inmates were 34 years old, on average, and there were 8 males and 7 females. Twelve were white and three were African-American. For the 8 persons with educational level data, six graduated from high school and two completed the 9th grade. Six were married and the other 9 were single. Only three had a known employment history just prior to jail entry. 13 of 15 were judged to have serious co-occurring substance abuse disorders.

Criminal History

Four were charged with theft; two each with burglary, domestic battery, aggravated battery and criminal trespass; and one each with identity theft, resisting an officer and drug possession. Many had very substantial criminal histories going back over a period of years.

JDL Program Services

Eleven of 15 had contact with the case manager while they were in the jail. Ten of 15 had discharge plans completed.[117]

Recidivism Outcomes

Eight recidivated, and 7 did not. Recidivism meant that after the jail admission which led to their inclusion in the ICR sample, they were released from jail and re-arrested on a new charge unrelated to the charge which led to their previous confinement. The process of classifying a case as a recidivist or not was a group process which involved all ICR process participants; Normally all group participants were in agreement, including the case manager, Jail Liaison and researcher. When they were not, a majority vote ruled.

Table 5-3 shows how recidivism outcomes are related to the presumed "causes" discussed in section IX.

[117] One less than reported on the CLIF forms. During the discussion, Case Managers were asked if a discharge plan had been completed on each client. In this sample, the pre-printed CLIF form data showed 11 plans had been completed, but the Case Manager indicated that only 10 had been completed. .

Table 5-3
Jefferson County Recidivism Outcomes by Service Type

Type Service / Linkage Model	Number of Recidivists	Number of non-recidivists
A. Case manager provided services and client linked	2	2
B. Case manager provided services and client did not link	4	3
C. No services, but client linked anyway	1	1
D. No services and no linkage	1	1

Group A should have recidivated the least, but it was equally split between recidivists and non-recidivists. Group B would be expected to recidivate at a higher rate (since it was not linked), and it did, but not by a wide margin: 4 recidivated while 3 did not.

Peoria County ICR Data

CLIF Form Data

Table 5-4 shows the range of diagnoses for the ICR sample.

Table 5-4
DMH Diagnosis for Peoria County ICR Sample

Diagnosis	Number
Schizoaffective Disorder	4
Bipolar Disorder NOS	3
Major Depressive Disorder, Recurrent, Severe without Psychotic Features.	2
Adjustment Disorder Unspecified	2
Bipolar I Disorder, Most Recent Episode Mixed, Severe with Psychotic Features	1
Bipolar I Disorder, Most Recent Episode Mixed, Severe without Psychotic Features	1
Major Depressive Disorder, Single Episode, Unspecified	1
Missing	1

The diagnoses at Peoria seem to reflect more severe mental disorders, on the whole, than the Jefferson sample.

Table 5-5
Select CLIF Item Data
Peoria County Intensive Case Review Sample

CLIF Item	Response	Number
4. Was detainee identified as MI client upon admission screening?	Yes No	14 1
5. Was the client receiving Mental Health services while detained?	Yes No	9 6
6. If yes, specify what types of services were being provided by the jail.	-Some data entry here -No entry	5 10
7. Was discharge plan developed prior to release?	Yes No	11 4
7b. Who developed the discharge plan?	Case Manager (CM), Jail Liaison (JL) and client => CM, client, other agency= CM, client= Missing=	8 2 1 4
11. Is client still engaged in services?	Yes	15
14. Agency comments (Had case manager entered any?)	Yes No	12 3

As at Jefferson county, the group agreed that these clients were seriously mentally ill on the whole, were receiving some sort of mental health services while detained and had discharge plans completed. All were still engaged in services at 30-day follow-up. On average, it was less than two days from date of jail entry to the date the client was seen by the case manager (and many were seen the date of entry) and the mean length of stay at the jail was 59 days. The length of stay varied from one day to 9 months and again fell into two groups: those confined for a very short time (9 of this county's cases stayed an average of 1.5 days) and those confined longer (6 clients stayed an average of 5 months).

In item #9.A., case managers were asked to prescribe follow-up services as part of the discharge plan. In this sample, two were prescribed outpatient therapy, 9 psychiatric services, 9 case management, two for another agency, one residential services and one ACT. In item #11.A., case managers were asked to describe the follow-up services *actually received* at the point of 30-day follow-up. Those received included 4 for outpatient therapy, 5 for psychiatric services, 8 for case management, two for another agency and two residential services.

Peoria County ICR Process

The ICR discussion in Peoria occurred in November, 2008. There were 3 participants: the Jail Liaison, the case manager and the case manager supervisor. Besides the participants' personal

knowledge of the 15 sample members, case manager paper and electronic files were available from the agency, along with jail custodial files.

Client Demographics from ICR Discussion
The 15 inmates were 37 years old, on average, and there were 8 males and 7 females. Nine were white and six were African-American. Eight had graduated from high school, three had less than high school and four had more than high school. One was married and the other 14 were single. Only two had a known employment history. Twelve of 15 were judged to have serious co-occurring substance abuse disorders.

Criminal History
Three were charged with aggravated assault, and two each were charged with theft, criminal trespass, and traffic charges; and one each with home invasion, violating an order of protection, prostitution, credit card misuse, an unspecified felony, and failure to appear.

JDL Program Services
Nine had contact with the case manager while they were in the jail. Eleven of 15 had discharge plans completed.

Recidivism Outcomes
Five recidivated, and 10 did not. This outcome was considerably better than in Jefferson county.

Analysis of Program Effects
Table 5-6 shows how recidivism outcomes are potentially related to services provided and linkage subsequent to jail discharge.

Table 5-6
Peoria County Recidivism Outcomes by Service Type

Type Service / Linkage Model	Number of Recidivists	Number of non-recidivists
A. Case manager provided services and client linked	2	5
B. Case manager provided services and client did not link	1	1
C. No services, but client linked anyway	2	3
D. No services and no linkage	0	1

As hypothesized, the majority of Group A clients (5 of 7) did not recidivate. Group B, expected to recidivate at a higher level, was split with one case recidivating, and the other not.

Will County ICR Data

CLIF Form Data
Table 5-7 shows the range of diagnoses for the ICR sample.

Table 5-7
DMH Diagnosis for Will County ICR Sample

Diagnosis	Number
Observation for suspected mental condition	5
Major Depressive Disorder, Recurrent, Severe with psychotic features	3
Depressive Disorder NOS	1
Bipolar I Disorder, Most Recent Episode Mixed, Severe with Psychotic Features	
Bipolar I Disorder, Most Recent Episode Manic	1
Bipolar Disorder NOS	1
Major Depressive Disorder, Recurrent, Unspecified	1
Major Depressive Disorder, Single Episode, Severe without Psychotic Features.	1
Major Depressive Disorder, Single Episode, Unspecified	
Schizoaffective Disorder, Chronic	1
Schizophrenia, Paranoid, in remission	1

Like Jefferson county, Will county had a large number with the "Observation for suspected mental condition" diagnosis.

Table 5-8
Select CLIF Item Data
Will County Intensive Case Review Sample

CLIF Item	Response	Number
4. Was detainee identified as MI client upon admission screening?	Yes No	13 2
5. Was the client receiving Mental Health services while detained?	Yes No	12 3
6. If yes, specify what types of services were being provided by the jail.	-Some data entry here -No entry	10 5
7. Was discharge plan developed prior to release?	Yes No	11 4
7b. Who developed the discharge plan?	Case Manager (CM), Jail Liaison (JL) and client => CM, client, other agency= CM, client= Missing=	3 3 7 2
11. Is client still engaged in services?	Yes	15
14. Agency comments (Had case manager entered any?)	Yes No	10 5

Again, most clients were receiving some sort of mental health services while detained and had discharge plans completed. All were still engaged in services at 30-day follow-up. On average, it was about one day from date of jail entry to the date the client was seen by the case manager (and most were seen the date of entry) and the mean length of stay at the jail was 75 days. The length of stay varied from one day to 11 months and again fell into two groups: those confined for a very short time (8 of this county's cases stayed an average of 4 days) and those confined longer (7 clients stayed an average of 5 months).

In item #9.A., case managers were asked to prescribe follow-up services as part of the discharge plan. In this sample, 7 were prescribed outpatient therapy, 8 psychiatric services, 9 case management, two for "Other agency", and one missing. In item #11.A., case managers were asked to describe the follow-up services *actually received* at the point of 30-day follow-up. Those received included 7 for outpatient therapy, 7 for psychiatric services, 5 for case management, 5 for another agency, one residential and two other.

Will County ICR Process

The ICR discussion in Will occurred in December, 2008. There were 3 participants: the Jail Liaison, the case manager and the case manager supervisor. Besides the participants' personal knowledge of the 15 sample members, case manager paper files were available from the agency, along with jail custodial files.

Client Demographics from ICR Discussion

The 15 inmates were 34 years old, on average, and there were 9 males and 6 females. Five were white and ten were African-American. In terms of educational level, 1 person had more than 12 years of schooling, four had 12 years, 9 had less than high school and one was missing. Four were married and the other 11 were single. Four had a known employment history. Ten of 15 were judged to have serious co-occurring substance abuse disorders.

Criminal History

Three were charged with possession of controlled substances; two each were charged with domestic battery, theft, failure to appear, burglary and criminal trespass; and one each were charged with aggravated battery, and DUI.

JDL Program Services

Nine had contact with the case manager while they were in the jail. Thirteen of 15 had discharge plans completed.

Recidivism Outcomes

Eight recidivated, and 7 did not, the same as Jefferson county.

Analysis of Program Effects

Table 5-9 shows how recidivism outcomes are potentially related to services provided and linkage subsequent to jail discharge.

Table 5-9
Will County Recidivism Outcomes by Service Type

Type Service / Linkage Model	Number of Recidivists	Number of non-recidivists
A. Case manager provided services and client linked	3	3
B. Case manager provided services and client did not link	2	1
C. No services, but client linked anyway	1	3
D. No services and no linkage	2	0

Group A clients were split equally between recidivists and non-recidivists.

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