



# Using Management Information Systems to Locate People with Serious Mental Illnesses and Co-Occurring Substance Use Disorders in the Criminal Justice System for Diversion

Summer 1999

A Product of the SAMHSA Jail Diversion Knowledge Development and Application Initiative

## Maricopa County (Arizona) Data Link Project

Identification of the target population for diversion is one of the essential ingredients for a successful jail diversion program. Maricopa County, (Phoenix) Arizona has developed an enhanced identification and referral process for the diversion from jail of persons with serious mental illnesses and co-occurring substance use disorders as part of the county's post-booking diversion program.<sup>1</sup> This program diverts individuals with co-occurring disorders who are admitted into the jail. The key element of the identification and referral process is the establishment of an electronic "Data Link" between the Maricopa County jail system and the local behavioral health authority, which assists the diversion program staff to quickly identify mental health consumers or arrestees with a history of mental health treatment, including those who have co-occurring substance use disorders who may be eligible for diversion from jail.

### Development of the Data Link

Many factors influenced the decision to design and implement an electronic method of sharing data between the jail and the local behavioral health authority. The prior existence of a successful jail diversion program, combined with both state and local coordinating councils addressing offenders with mental impairments, provided the county with the background and political climate to create an improved method of identifying persons with serious mental illnesses who become involved with the criminal justice system. Maricopa County is one of nine sites funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) Jail Diversion Knowledge Develop-

ment and Application (KDA) Initiative. Maricopa County's participation in the initiative provided both the funding mechanism and the motivation to implement the concept of a computerized method of client identification.

The Maricopa County Criminal Justice Behavioral Council has been the local driving force in the design and implementation of the jail mental health diversion program and the Data Link. This council was established in 1990 and continues to meet regularly to facilitate communication among stakeholders of various agencies and interest groups. Agencies represented include local police, the county sheriff's office, the state department of behavioral health, crisis services, probation, the county attorney's office, the public defenders office, housing providers and substance abuse and mental health providers. Consumers and consumer advocates are also represented.

The concept of a jail mental health diversion program has been a focal point of discussion since the council was established. The council provides oversight and monitoring of the success of the program. Council members form sub-committees to investigate and develop strategies as a means to improve the program. The electronic data link was a recommendation made by the council to increase the effectiveness of the program. Had it not been for the political relationships fostered and maintained in this council, the positive results would have been difficult to achieve.

Although the local Maricopa County Council's involvement was integral to achieving support for the jail data link, the backing of the Arizona Coun-

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cil on Offenders with Mental Impairments (ACOMI) provided a statewide political boost for the project. ACOMI was established by House Bill 2500 of the Arizona Legislature in its 1992 session. The Legislature charged the council with 19 mandates regarding the welfare of offenders with mental impairments throughout the state of Arizona. One of these mandates referenced a computerized system to track offenders with mental impairments throughout the state. ACOMI devoted a sub-committee to investigate and make recommendations regarding this mandate. Since the Maricopa County Council had already begun to formalize a jail data link, ACOMI had an additional, invested interest in supporting the data link system. ACOMI has also been instrumental in the successful application of the SAMHSA Jail Diversion grant and continues to provide oversight of the grant.

Maricopa County's involvement in the SAMHSA Jail Diversion KDA has increased the level of awareness throughout the state regarding the identification and diversion of offenders with mental impairments. Additional funding provided by SAMHSA Jail Diversion program enhancement funding enabled the program in Maricopa County to purchase the equipment needed to implement the data link.

### How the Data Link Works

Maricopa County has an estimated population of 2.5 million. The average daily jail population is 6,500 to 7,000, with an average of 300 bookings and releases per day. Prior to the existence of the data link, the jail diversion staff — who are located in the booking area of the jail — would rely on identification of clients by detention staff, family members, case managers, probation officers and their personal observation and knowledge of their clients. These points of identification are time consuming to track in the community system and not totally reliable. Therefore, some clients would go undetected and not be given the opportunity to make use of jail diversion services.

The electronic data link provides a direct connection between the jail and the public behavioral health authority. It has become an efficient and

effective method of identifying clients who have in the past or who are currently receiving services from the local public behavioral health authority.

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The jail electronic data link provides for continued identification of clients throughout the day, regardless of booking charge, time of booking or current mental status. The data link process is as follows:

- All admissions into the county jail are electronically sent to the Management Information System (MIS) at the public mental health authority, which contains approximately 12,000 client names. This is a one-way flow of information only.
- The MIS automatically matches clients based on name, date of birth, social security number and gender.
- Clients that match all categories are considered a full match and their names are immediately sent electronically to the jail diversion staff computer, as well as the client's case manager. Full match screens contain the client's booking number, a maximum of three booking charges, court jurisdiction(s), and general demographic information.
- Clients that match at least one of the categories, with the exception of gender, are considered a partial match and are only sent to the jail diversion staff. The jail diversion team has the ability to further investigate partial matches, which they can either convert to full matches or have the authority to delete from the system. If converted to a full match, the case manager then electronically receives notification of the client's admission to jail.

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- After full matches are determined, the jail diversion staff use various criteria to select candidates for the jail diversion program. The criteria include, but are not limited to:

- nature of the current offense(s);
- history of incarceration;
- current mental status;
- availability of community mental health resources;
- public safety factors;
- past performance in treatment settings.

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*The Data Link has doubled the identification of arrestees with a history of mental health treatment...for diversion from jail.*

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The jail mental health diversion program consists of three types of intervention:

- Clients may be released from jail with conditions that include treatment;
- Clients may be placed on summary (unsupervised) probation, which includes mandatory treatment; or
- Clients may be given the opportunity for deferred prosecution in an intervention that includes: increased judicial participation and supervision, and required treatment participation over a specified period of time. Successful completion of all requirements results in dropping criminal charges.

All three types of jail mental health diversion interventions include mandatory group therapy sessions, including an integrated treatment group for co-occurring mental health and substance use disorders. Diversion program staff estimate at least 70 percent of the diversion population has co-occurring substance use disorders.

If it is determined that a client will remain in custody instead of entering the diversion program, the

### Data Link Agreement

The Data Link Agreement between the Maricopa County Sheriff's Office and the local behavioral health authority was essential to the implementation of the Data Link. Each of the stakeholders concerns were carefully taken into consideration and all the attorneys had to approve the agreement. Among the areas defined in the agreement are:

- the parties involved;
- definitions of terms relevant to use — i.e., serious mental illness, booking information, authorized use, etc.;
- the purpose and terms of the agreement;
- use of information and restrictions on re-disclosure;
- breach of agreement;
- termination rights;
- indemnification;
- severability of agreement;
- modification and assignment of rights.

The Appendix of the Data Link Agreement describes the data link process, including how the individual is identified, who sees the information and how the information is used. The agreement also discusses safeguards to protect the confidentiality and integrity of the information shared.

case manager will send pertinent clinical and continuity of care information to the jail diversion staff within 24 hours. By policy, case managers are required to visit the client within 72 hours of incarceration and at least once every 14 days thereafter until release from the jail.

### Barriers and Solutions to Implementation

There were five major barriers encountered during the implementation phase of the Data Link. These barriers included:

- *Agreement on funding.* The first barrier was reaching agreement among the partnering agencies as to funding and who pays for what. Orig-

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nally this issue was expected to be a major stumbling block, but turned out to be relatively minor. The Maricopa County Sheriff's Office paid for the initial equipment outlay, and the local behavioral health authority agreed to pay for the monthly data line maintenance. In addition, the SAMHSA grant enhancement funds paid for part of the implementation of the system to enhance recruitment activities for the jail diversion outcome study.

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- *Incompatibility of computer systems.* A second issue was the incompatibility of different computer systems in "communicating" with each other. Having management information system representatives from each agency meet directly and frequently with each other, rather than communicating through an intermediary, solved this barrier over time.
- *Unrealistic expectations about sharing information.* A third barrier was the unrealistic expectation from stakeholders of the amount and type of information that could be generated from this system. Originally, some of the parties to the agreement wanted more information than was absolutely necessary to identify mental health consumers within the criminal justice system. This issue was resolved through repeated meetings emphasizing the primary goal of developing a simple and quick system for identifying consumers in jail.
- *Frequent changes in key stakeholders.* Another barrier was the constant turnover of key stakeholder representatives. This proved to be a major cause of delay in the implementation of the project. Because of the long planning process, many key stakeholder representatives would

leave an agency for other positions, only to be replaced by a person unfamiliar with the goals of the project. It would take time, often six months, to educate these new representatives on the Data Link project.

- *Confidentiality and security issues.* Finally, security and confidentiality issues were significant barriers to the timely implementation of the project. An agreement between the sheriff's office and the local behavioral health authority spelled out in great detail how security of the system and confidentiality of consumer/inmate information would be handled.

### Positive Outcomes

After one year of using the electronic data link, the positive outcomes have far outweighed any problems encountered during the planning and implementation of the project. With the implementation of the data link, the county has been able to identify twice as many candidates for diversion or in need of assistance from diversion program staff.

Many clients have been assisted by having their community case managers promptly provide information to the jail psychiatric treatment staff for continuity of care purposes. The Data Link has also helped case managers locate and begin providing services again to clients who had been "lost" to the community mental health system.

Prior to the implementation of the Data Link, staff estimated they were finding 85 percent of the target population through their careful screening activities and the wide range of referrals they received. Now they realize they were only identifying 50 percent of those individuals with a history of receiving community mental health treatment. The doubling of diversion is significant. The average number of diversions prior to the Data Link was 12 to 15 diversions per month. Since implementation, the program averages 20 to 30 diversions from jail.

Additionally, the Data Link has given Maricopa County the ability to capture real numbers of men-  
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tal health clients encountering the criminal justice system, along with diagnostic, demographic and criminal involvement information. The scope of the issue has given further credence to the necessity of a jail mental health diversion program, adequate staff resources, and the importance of information sharing among agencies.

### Potential Risks of the Data Link System

An identification system similar to Maricopa County's Data Link does not come without several potential risks. One such risk is the possibility that public knowledge about the system may lead to repeated requests from the media for information about incarcerated individuals. While this scenario may seem far-fetched, such a request was received from a local newspaper. The staff of the local behavioral health authority politely declined, citing confidentiality concerns and a violation of the person's right to privacy.

Another potential risk is an objection from local mental health consumer/advocacy groups that such a system violates an individual's right to privacy. Consumer/advocacy groups were an integral part of the planning process for Maricopa's Data Link, as members of both the local and statewide coordinating councils. As a result, there was virtually no opposition from consumer/advocacy groups. Furthermore, one of the explicit reasons for developing the data link was to provide a mechanism for better mental health services to consumers, whether they were held in jail or released back into the community.

### Lessons Learned

Three lessons have been learned from the implementation of the Data Link system:

- *The process takes time.* Plan plenty of time (a year is not unreasonable) for developing consensus among key stakeholders, particularly organizational decision-makers and management information system programmers and managers.
- *One individual needs to have the authority and responsibility to monitor the process.* It is ex-

### Pima County, (Tuscon) Arizona Data Link

Pima County, (Tuscon) Arizona recently implemented an electronic linkage between the local detention center and the regional behavioral health managed care agency. Similar to Maricopa County, the Pima County DataLink is used to improve identification of individuals with mental health and co-occurring substance use disorders for diversion from the jail to community services. As with the Maricopa Data Link, the support and recommendations by the Arizona Council on Offenders with Mental Impairments (ACOMI) helped provide backing to develop this tool for the diversion program. The DataLink in Pima County, however, functions a little differently. It is a court-based diversion program, with diversion staff located in the Pima County Justice Court and the Tuscon City Court.

The regional behavioral health managed care agency collaborated with the Pima County Sheriff's Office to implement the DataLink in 1999. The DataLink process in Pima County functions as follows:

- the detention center electronically sends a list of jail bookings to the behavioral healthcare agency to match against its member list;
- a matching list is produced daily and sent to jail diversion staff prior to initial court appearances and arraignments;
- this information is then used by diversion staff located in the courts to make recommendations to the court regarding the conditions of release, including mental health treatment conditions.

Prior to the development of the DataLink, diversion staff manually cross-checked appearance dockets for individuals held in the detention center and the list of clients currently served by the regional behavioral health managed care agency. This process was time consuming and created potential for error.

With DataLink, the identification of individuals with mental health and co-occurring substance use problems for the diversion program has increased. An added benefit of the DataLink is that jail diversion staff can identify individuals receiving services in the regional behavioral health managed care agency's provider network and coordinate services.

*For more information about the Pima County DataLink, contact David Mitchell at 520-624-2174.*

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tremely important for the success of an electronic data link project that one individual is committed and empowered with the authority and responsibility of monitoring and motivating others to stay on task. Without such a key individual, the project runs the risk of never getting off the ground and floundering, especially in a volunteer, community-led coalition.

- *There needs to be a mechanism for stability.* The group needs to develop some mechanism for dealing with turnover among key stakeholder representatives and orientation of new representatives. One potential solution is to request each stakeholder agency to select an alternate representative who can provide backup support when necessary, and take responsibility for staying informed about the progress of the project.

### Future Uses

Given the success of the electronic data link project, expansion and use of the aggregate data for legislative and resource administration are potential uses for the future. Other populations, such as substance abusers or juveniles, can benefit from the lessons learned and technological knowledge gained by this endeavor to improve their systems of intervention when dealing with the criminal justice system. The county can also look forward to using the data as an aid in dealing with legislative issues regarding funding of jails and the public mental health system. Also, agencies can now realize the potential for using existing and/or new resources for this population.

The Data Link has doubled the identification of arrestees with a history of mental health treatment in Maricopa County for diversion from jail. A similar data link has recently been implemented in Pima County, Arizona (see page 5). Other communities may wish to investigate similar projects as a simple and quick mechanism to identify individuals with mental illnesses and co-occurring substance use disorders in jail for diversion.

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### Endnotes

1. Maricopa County, Arizona is one of nine sites funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) Jail Diversion Knowledge Development and Application (KDA) Initiative. This partnership between the Center for Mental Health Services (CMHS) and the Center for Substance Abuse Treatment (CSAT) is studying diversion programs that serve individuals with co-occurring mental health and substance use disorders. The sites were funded to evaluate the effectiveness of diverting non-violent, low-level offenders with co-occurring mental health and substance use disorders from the criminal justice system. The goal of this initiative is to determine what types of diversion work, for whom, and under what circumstances.

**The National GAINS Center for People with Co-Occurring Disorders in the Justice System** is a national center for the dissemination and application of information about effective mental health and substance abuse services for people with co-occurring disorders who come in contact with the justice system. The GAINS Center is a partnership among a number of federal agencies, including the two centers of the Substance Abuse and Mental Health Services Administration (SAMHSA) — the Center for Substance Abuse Treatment (CSAT) and the Center for Mental Health Services (CMHS) — and the National Institute of Corrections. More recently, this partnership has expanded to include the Office of Justice Programs and the Office of Juvenile Justice and Delinquency Prevention. The GAINS Center is operated by Policy Research, Inc. of Delmar, New York, in collaboration with the Louis de la Parte Florida Mental Health Institute.

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