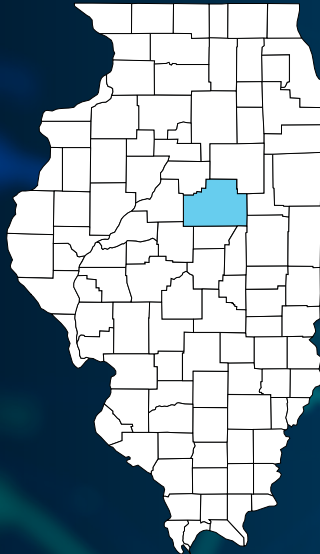# BUILDING DATA-DRIVEN JUSTICE

McLEAN COUNTY, ILLINOIS

POPULATION:
169,572[1]

BACKGROUND

In 2013, McLean County requested assistance from the National Institute of Corrections (NIC) to study the availability and quality of mental health services within its jail system and the community. NIC reported a direct correlation between the lack of available community-based resources and the number of people with mental illness and/or substance use disorders arrested.

Based on NIC's assessment and recommendations, the McLean County Board developed the "***McLean County Mental Health Action Plan***," which identifies immediate and long-term steps for the Board, county departments and service providers. The plan's primary goal is to understand and improve the intersection of the justice and behavioral health systems in the county, ultimately by identifying and assigning responsibilities by agency.

This case study shares the steps taken by the county to address these challenges and highlights some of the initiatives and practices that have been implemented to better assist people experiencing a behavioral health crisis.

COLLABORATING TO RESPOND TO PEOPLE IN CRISIS

Through the county's participation in the Data-Driven Justice (DDJ) project and other national initiatives, McLean County leaders have continued to build on their Mental Health Action Plan with concerted efforts to collaborate and implement initiatives aimed at reducing individuals' with mental illness involvement with the criminal justice system and usage of emergency departments and homelessness services. Together, county justice, health and behavioral health stakeholders have:

- Continued its mobile crisis team and hotline

- Enhanced training for law enforcement officers and other first responders

- Developed specialty courts

- Identified gaps in services through cross-systems collaboration and data analyses

- Operationalized plans to provide specialized jail units for people with mental illness and special needs

- Opened a triage center that serves as a walk-in facility and diversion option and provides crisis intervention and linkages to follow-up services 365 days per year

- Implemented a Frequent Users System Engagement (FUSE) Program to provide intensive wrap-around case management to individuals who have intersected multiple systems most frequently

- Arranged for the same psychiatric prescriber assigned to the FUSE Program to also be assigned as the psychiatric prescriber for participants while detained, allowing for an improved continuum of care for those who may transition from one to the other

- Partnered with the NYU Criminal Justice Lab to pilot a screening tool for law enforcement officers to use in the field to identify people with mental illness or substance use disorders or who are experiencing homelessness, and

- Utilized a Bureau of Justice Assistance grant through the Justice and Mental Health Collaboration Program to establish a Comprehensive Assessment Team to implement a systematic approach for assisting justice-involved youth.

In developing these programs, county leaders realized the need to use data to better identify and serve frequent utilizers of health, human services and justice systems.

> In 2020, McLean County opened its 24/7 Triage Center to assist people experiencing a behavioral health crisis.

IDENTIFYING AND SERVING FREQUENT UTILIZERS

Recognizing the need to address information-sharing gaps and inefficiencies, McLean County created an integrated justice information system (IJIS) in 1997 that has expanded over the years to include data from law enforcement officers throughout the county, the jail, court, prosecutor, public defender, probation and parole. The IJIS assigns a unique identifier to each individual entering the criminal justice system, which helps track the number of times that person is involved in the justice system, their case processing time and the type and severity of charges.

Nearly two decades later, as a part of its efforts to address behavioral health treatment needs of community members, McLean County partnered with the Corporation for Supportive Housing (CSH) and adopted its Frequent Users System Engagement (FUSE) model. FUSE identifies frequent users of jails, shelters, hospitals and/or other public crisis services and provides stabilization and wrap-around services through supportive housing.

McLean County created a tool to match data sets from local housing and homelessness systems with criminal justice information to identify people who regularly cycle between these systems.

As part of this effort, the county and CSH partnered with the Center for Data Science and Public Policy (DSaPP) at the University of Chicago to create a data-matching tool that combines data sets from local housing and homelessness systems with IJIS data to identify individuals who regularly cycle between these systems and provide them with targeted assistance. McLean County was one of four pilot programs to implement this data-matching tool, which has allowed it to assess and integrate 20 years of justice data and five years of homelessness data.

The data-matching tool integrates all IJIS and Homeless Management Information System (HMIS) information once per month. This monthly update allows the county's behavioral health administrator to complete a report that highlights the intersections between the two data sets over the past 18 months and sort results based on total number of contacts across all systems and most recent HMIS contacts. Using the tool's report and DSaPP analytics, the county is able to identify the top 20 frequent utilizers, often with eight or more contacts between the two systems within an 18-month period.

Once individuals are identified for the program through this report, FUSE staff begin the outreach process, which may take place wherever the person is located (e.g., jail, shelter visits, court or other service point of contact). Individuals meet with FUSE staff to discuss the program and sign consent forms. Clients then meet with staff regularly – often daily – to support access to housing, behavioral health treatment and other resources they may need to be successful.

The FUSE program supports frequent utilizers by providing access to housing, behavioral health treatment and other resources.

As the county measures long-term behavioral and physical health outcomes of FUSE participants and evaluates the impact of the model, it hopes to expand its data-sharing partnerships to behavioral health providers and local hospitals. This expansion would provide greater access to more comprehensive data that the county can use to better understand an individual's diagnostic and location information and history of service use. Access to this additional data will help improve the county's ability to identify and better serve its frequent utilizers.