

IN FOCUS CONDUCTING A COMPREHENSIVE PROCESS ANALYSIS

This brief focuses on conducting a comprehensive process analysis, or a step-by-step examination of how people who have serious mental illnesses (SMI¹) move through a county's criminal justice and behavioral health systems. A process analysis can help counties determine appropriate pathways for people with SMI, which may include diversion from jail to treatment in the community, a clinical assessment by a licensed mental health professional during or shortly after jail booking, pretrial supervision conditions, post-sentence supervision conditions, and more. The process analysis will also help counties identify what resources currently exist at the point of law enforcement contact, in jails, and in the community, and identify where there may be treatment and service gaps across systems.

Additionally, conducting this analysis will help counties uncover how much relevant data is available and where more data is needed to track Stepping Up's four key measures: (1) the number of people booked into jail who have SMI; (2) their average length of stay in jail; (3) how many are connected to treatment; and (4) their recidivism rates. Review *In Focus: Collecting and Analyzing Baseline Data* for more information about the four key measures.

WHY IT'S IMPORTANT

To reduce the number of people in jails who have SMI, it is important for counties to pinpoint interventions that are available in the jail and the community. With this knowledge, counties can appropriately place people who have SMI in diversion programs or move them through the criminal justice system in a timely manner, including through connections to treatment and services in the

Stepping Up is a national initiative to reduce the number of people who have mental illnesses in jails. Counties that have joined Stepping Up are using the initiative's framework document, Reducing the Number of People with Mental Illnesses in Jail: Six Questions

County Leaders Need to Ask
(Six Questions), to guide them in creating collaborative partnerships in their jurisdictions, systematically identifying people who have mental illnesses in their jails, and using data to inform systems-level

identifying people who have mental illnesses in their jails, and using data to inform systems-level changes and strategic plans to track progress over time. This brief is one of a series of companion products designed to provide counties with further guidance on how to apply the *Six Questions* framework. For key resources related to Stepping Up, including case studies, webinars, and network calls, visit the <u>Stepping Up Toolkit</u>.

community. To make the best use of limited county resources, it is important to target supervision and services to people with SMI who are assessed as having a high risk of recidivating and high needs based on a validated criminogenic risk and needs assessment.²

^{1.} The abbreviation "SMI" is used to denote both singular and plural forms of "serious mental illness."

Criminogenic risk and needs assessments are designed to estimate the likelihood that a person will come in contact with the criminal justice system
again, either as a result of a new arrest and conviction or reincarceration for violating the conditions of supervision. For additional information, refer
to Osher et al., Adults with Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting
Recovery (New York: The Council of State Governments [CSG] Justice Center, 2012), https://csgjusticecenter.org/mental-health-projects/behavioral-health-framework/.

In addition to identifying and quantifying system gaps, conducting a comprehensive process analysis will enable counties to streamline current operations, eliminate duplicative efforts, and increase efficiency. Without a comprehensive process analysis, there are likely missed opportunities for improving public health and safety and providing the most appropriate responses to people who have SMI.

WHY IT'S CHALLENGING

Conducting a comprehensive process analysis can prove difficult because county systems are complex, county departments and community-based agencies providing support to this population tend to work in silos, and, across the many county systems, technology is rarely in place to track data electronically. Due to these complexities, there is no one-size-fits-all approach to reducing the number of people who have SMI in jails. Every county must develop policies and practices that adhere to local, state, and federal laws, such as privacy laws, which regulate how systems operate.

In their efforts to track the four key measures, information technology (IT) staff and other key stakeholders may struggle to reach consensus on developing an integrated data system, establishing mechanisms to share information, prioritizing policies and target populations, and using resources. Counties that tackle these challenges and complete the process analysis are in a better position to apply their local data to decision making and fill treatment and service gaps. See *In Focus: Collecting and Analyzing Baseline Data* for more on privacy rules and information sharing.

WHAT COUNTIES SHOULD DO

In order to conduct a comprehensive process analysis, counties should do the following:

Map the county's criminal justice and behavioral health systems.

Using input from front-line staff about day-to-day system operations, this map should clearly demonstrate how people who have SMI move through the criminal justice and behavioral health systems. The map should start with the first point of criminal justice contact, such as the 911 call for service or when law enforcement responds to people who are experiencing a mental health crisis in public.³ Other parts of the map could cover processes related to pre-booking diversion opportunities, time in jail during the pretrial stage, time in jail during the post-conviction stage, and returning to the community after a period of incarceration. Some counties may even consider how people who have SMI fare prior to any criminal justice involvement, what drives initial law enforcement contact with that population, and whether there are crisis lines or other mechanisms in place to respond to people who have urgent mental health needs. All available details about the county's criminal justice and behavioral health functions—including the number of mobile crisis responders, the size of the county jail population identified as having SMI, and the number of participants served by a specialty treatment court, for example—should be represented on the system map. See Figure 1 for an example of a system map from Scotts Bluff County, Nebraska, that follows the Sequential Intercept Model.⁴

^{3.} For more information about collaboration between law enforcement and mental health entities, read the CSG Justice Center, *Police-Mental Health Collaborations: A Framework for Implementing Effective Law Enforcement Responses for People Who Have Mental Health Needs* (New York: CSG Justice Center, 2019), https://csgjusticecenter.org/law-enforcement-publications/police-mental-health-collaborations-a-framework-for-implementing-effective-law-enforcement-responses-for-people-who-have-mental-health-needs/">https://csgjusticecenter.org/law-enforcement/publications/police-mental-health-needs/.

^{4.} Some counties choose to map their criminal justice and behavioral health systems using the Sequential Intercept Model. See the text box on page 5 for more information.

• Identify opportunities for policy and process improvement.

System mapping discussions can highlight ways to eliminate duplicative processes or programs and adjust policies and practices to better serve people who have SMI. This effort often leads to sharing information and resources across agencies and improving access to care.

Develop and analyze a list of existing evidence-based programs and services.

This list, which could be developed within the system map, should include programs and services that are currently available in the jail and community, with details about each program and service, such as eligibility criteria, waitlists, and cost. Programs and services could include behavioral health treatment, cognitive behavioral therapy, psychiatric services, supportive housing, supportive employment, and facilitated support groups. These interventions are provided by various people—including licensed mental health professionals, community supervision officers, faith-based groups, advocates, and volunteers—who may work together to provide collaborative case management. The list should indicate whether program or service matches and referrals are based on criminogenic risk as well as needs, including SMI. Compiling this list of interventions will help reveal any gaps that need to be filled either by adjusting how existing programs and services are provided or by investing additional resources to supply new programs.

• Conduct a qualitative analysis for a fuller picture.

Counties should make systems-level, data-driven decisions that also include a qualitative analysis because numbers may not tell the whole story. There are different mechanisms to collect qualitative data, including focus groups, one-on-one interviews, and surveys. A priority should be placed on interviewing people in the criminal justice system who have SMI and/or their family members because of their direct contact with the systems. This information will help county leaders articulate problems and proposed policy and practice recommendations for decision makers to consider. Because it presents an opportunity to talk with various stakeholders, collecting qualitative data may also help county leaders develop stronger relationships within and across agencies.

• Review relevant statutes, standard operating procedures, and other policies.

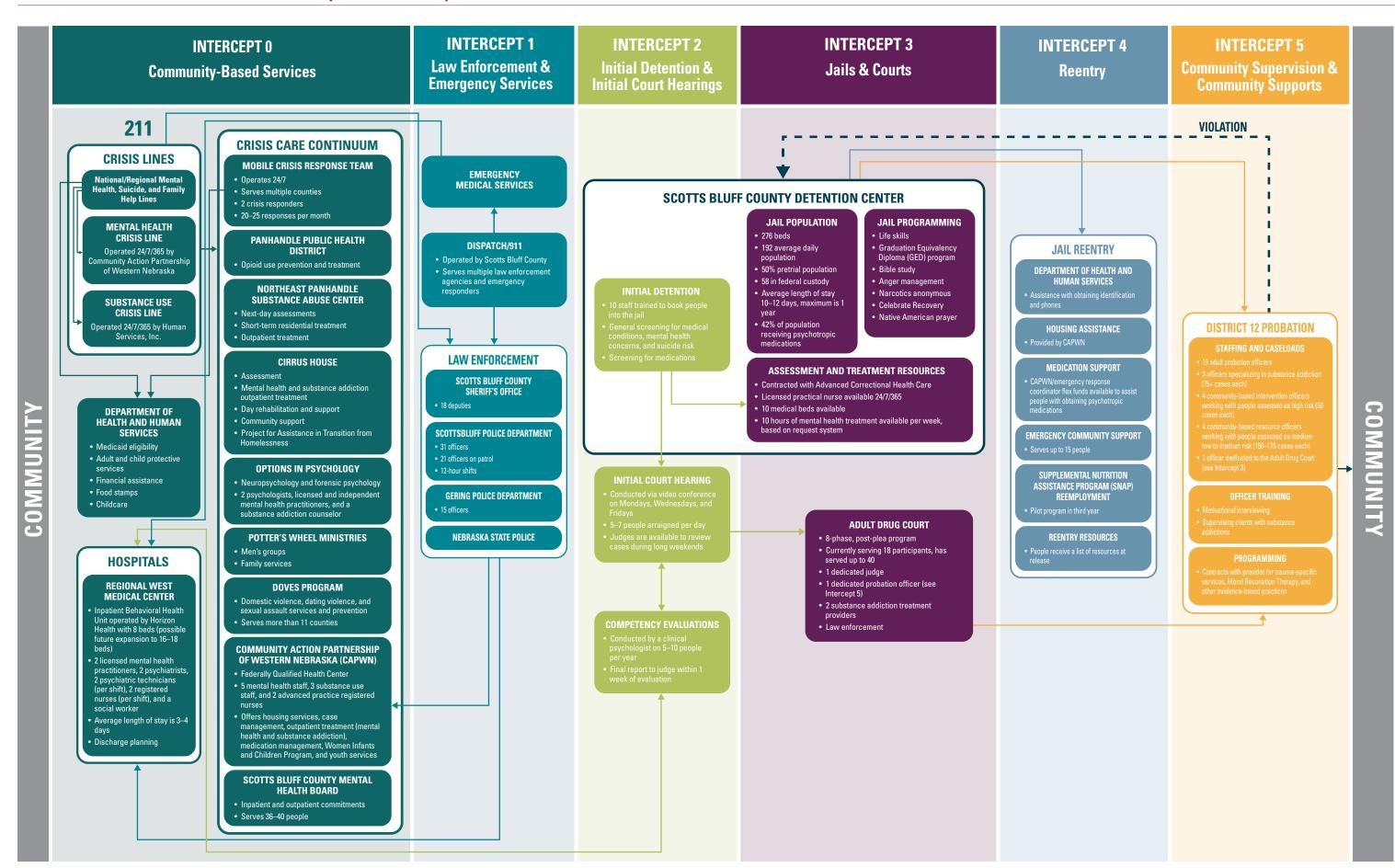
County leaders should flag policies and practices that are not in compliance with laws, are outdated, do not align with evidence-based practices, and/or disproportionately impact people who have SMI. After determining if the flagged policies and practices should be amended or eliminated, county leaders should present proposed changes to local decision makers with rationale for why those changes would help reduce the number of people in jails who have SMI. Note that some policy changes may require state administrative or legislative measures. Local champions of criminal justice and behavioral health system improvements may advocate for such changes at the state level.

Take jail tours and observe programs.

With permission from the appropriate stakeholders, county leaders should take tours of jails and treatment facilities to better understand how the criminal justice and behavioral health systems interact. These officials should also consider observing group programs run by behavioral health experts and community supervision officers and work with providers to ensure that programming in jails and treatment facilities is evidence based.

^{5.} Programs and services are considered evidence based when they have demonstrated effectiveness through scientific research and evaluation. Both research and field experience show that implementing evidence-based programs and services with fidelity correlates to reduced recidivism rates and improved outcomes for people in the criminal justice system. For more information on evidence-based practices, visit https://www.samhsa.gov/ebp-resource-center.

^{6.} See the CSG Justice Center, "Collaborative Comprehensive Case Plans," accessed April 10, 2019, https://csgjusticecenter.org/nrrc/collaborative-case-plans/.



To Get Started, Consider Hosting a Sequential Intercept Mapping Workshop

The purpose of the Sequential Intercept Model (SIM) is to help counties develop a strategic, systems-level plan that will improve responses for people in the criminal justice system who have mental illnesses and co-occurring substance addictions. The SIM Workshop requires system-wide participation, including criminal justice and behavioral health stakeholders, such as people who have had personal experience with these systems. The workshop is best conducted by a trained, neutral facilitator.

The final product of the workshop should illustrate how a person who has SMI moves through the criminal justice system, identify opportunities and resources for diverting people from jail to appropriate responses in the community, and indicate gaps in services. After completion of the SIM Workshop, the next step is to prioritize the needed interventions and resources that will impact one or more of the four key measures.

The U.S. Department of Justice's Bureau of Justice Assistance has supported the SIM Workshop by including it as a priority for Justice and Mental Health Collaboration Program grants. Policy Research Associates Inc. is the developer of the SIM process and facilitates mapping workshops. For more information about the history of the model or hosting a SIM Workshop, visit https://www.prainc.com/sim/.

To learn more about other counties that have conducted a comprehensive process analysis, read the National Association of Counties' Chester County, Pennsylvania, and Franklin County, Ohio, case studies.