



Supporting Criminal Justice Collaborations

In the wake of nationwide protests for criminal justice (CJ) reform, there is renewed focus on the intersection between Community Behavioral Health Organizations (CBHOs), law enforcement and correction facilities. Certain types of CBHOs, like Certified Community Behavioral Health Clinics (CCBHCs), are actually required to establish collaborations with law enforcement. These types of collaborations have been effective at reducing recidivism, improving health outcomes for CJ involved individuals and ensuring a smooth transition back to successful community living. Having a solid plan in place to support the ability of CBHOs and CJ organizations to work together to address the needs of consumers is essential.

Making partnerships work requires rigorous systems analysis, the willingness to change based on the findings and, ultimately, outcome measurement to confirm that changes have been attained. Six key questions that form the foundation of the [Stepping Up Initiative](#) highlight the need for clarity at the beginning:

- **Is your leadership committed?**
- **Do you have timely screening and assessment?**
- **Do you have baseline data?**
- **Have you conducted a comprehensive process analysis and service inventory?**
- **Have you prioritized policy, practice and funding?**
- **Do you track progress?**

MTM Services has worked extensively with partners to help answer these questions. Our work supporting collaborations between CBHOs and CJ organizations is grounded in a time-tested, two-part approach that combines a systems analysis and comprehensive data analysis to get results.

Systems Analysis

The process begins with a thorough, three-part systems analysis of all collaboration partners – CBHOs, law enforcement agencies and correction facilities – with a focus on key intersection points.

GAP Analysis – The first step is to map the reality of a client’s experience through the systems of both the CBHO and criminal justice organization. Our experts meet with and empower staff of both organizations to articulate their *actual* tasks – not how the access workflow looks on paper, but how it actually works, in real life. The two-part GAP analysis presents a clear picture of the client experience and the gaps in each system related to

mental health and addiction, as well as potential strengths between the systems including access to treatment, linkages to supplemental supports and information sharing.

Sequential Intercept Model (SIM) – The GAP analysis forms the starting point for utilizing the SIM, which examines the experience of individuals with mental and substance use disorders as they move through the CJ system. With a focus on five intercept points, “the SIM helps communities identify resources and gaps in services at each intercept and develop local strategic action plans. The SIM mapping process brings together leaders and different agencies and systems to work together to identify strategies to divert people with mental and substance use disorders away from the justice system into treatment,” according to [SAMHSA](#).

System of Care and Operational Readiness Assessment – A well-functioning system – front and back office – is the foundation of a good partnership, creating opportunities to improve care in a variety of ways, including ER and jail diversions, treatment courts, post-release “warm handoffs” as well as school-based services. Success will require close coordination between management teams to review important service and administrative functions. This assessment will ensure all collaboration partners have systems in place and ready to meet the needs of the partnership.

EHR and Information Technology Assessment – A persistent complaint from staff is that the data collection systems they use to collect information on their consumers is not working well for the staff. This is particularly challenging when CBHOs and CJ organizations are trying to share and leverage data to enhance their outcomes. The shortcomings of any one system are quickly multiplied in a collaboration. Changing this reality is critical. This assessment will document current IT and EHR status and recommend cost-effective strategies to minimize risk and promote collaboration.

Data Analysis

We utilize a 360° view of data – combining data from both the healthcare and CJ environment – to pinpoint the system changes that can impact recidivism, system duplications, client and staff dropout and communication challenges. All these issues, if not properly addressed as part of a larger **Racial Equity Plan**, negatively impact an organization’s ability to help consumers, particularly justice-involved individuals as well as those living with the health consequences of racial inequities.

SPQM is a state-of-the-art web-based analytical and management tool that measures the effectiveness of management and clinical practices, while helping organizations track and report on required measures. This data provides actionable information to make objective clinical care decisions, manage operations and develop continuous improvement strategies, particularly related to racial and ethnic disparities in client access, diagnosis and treatment as well as staffing.

DLA-20 enables clinicians to measure the everyday parts of life impacted by mental illness or disability to identify functional impairments, develop specific clinical objectives and measure and monitor progress towards recovery. It is a 30-day snapshot of 20 domains that provides a summary of individual strengths and needs at a specific point in time related to whole health.

MTM Team

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