

Measuring and Evaluating Outcomes

When agents of change go to extraordinary lengths to facilitate collaboration among mental health and criminal justice stakeholders, which leads to the development of new and exciting initiatives to improve the systems' response to people with mental illness, it is essential that they measure and evaluate the impact of these efforts. Too often, policymakers exhaust time and resources planning and implementing a new program, policy, or statute without taking the steps to ensure that they will know the results of the initiative. By then, administrators need additional resources to sustain the initiative, yet administrators are insisting upon some evidence describing the impact of the program before authorizing the expenditure of additional funds.

Indeed, policymakers and organization executives are right to demand such information. It often rewards the initial decision to authorize the allocation of resources to a particular initiative with

data illustrating the benefits of a new program. The results of an objective, thoughtful evaluation also signal how an initiative can be improved. Furthermore, the evaluation process itself facilitates quality control; not every good idea is implemented well. Sometimes the results of a study reveal that a new program, policy, or legislation has had a negligible impact on a problem, or occasionally even exacerbated it.

The section of the Introduction to this report entitled "Getting Started" explains that an essential first step for any jurisdiction interested in improving the response to people with mental illness is to identify the problem (or problems) that leaders in the criminal justice and mental health community can agree to address. This chapter assumes the existence of such an agreement about the problem; the first policy statement underscores the importance of establishing practical measures of success, which will allow program *funders* and program *administrators* to determine whether they have ad-

1. The subsequent policy statements do not review the elements of validating instruments to identify a mental illness or to assess the potential of a person with mental illness to be violent. Although extremely important, and certainly needed,

the validation of various diagnostic instruments is complex and beyond the purview of this report.

dressed the problem.¹ The second policy statement in this chapter reviews the elements of a program or policy that will support the data collection needed to measure the outcomes identified. The last policy statement in the chapter assumes the change agent has helped analyze an initiative's successes and failures and discusses disseminating the findings.

Evaluations can be extraordinarily complex and expensive undertakings. The policy statements in this chapter suggest how policymakers and practitioners can measure the impact of an initiative practically and efficiently. That said, any effort to obtain reliable and useful information describing an initiative's outcomes requires some resource allocation. Examples cited elsewhere in this report sometimes include a provision requiring state or local government officials to use a portion of the funds allocated to evaluate the impact of the program.² Partnering with local universities is one way to conduct an evaluation and maximize the use of existing resources.

The value and usefulness of a program evaluation often corresponds to the degree to which various stakeholder groups are involved in identifying outcome measures, developing a data collection process, and disseminating the findings. Extensive collaboration inevitably enhances the quality and efficiency of the evaluation. Equally important, it vastly improves the likelihood that significant segments of the community will accept the findings that the evaluation yields. That said, this chapter does not address the oversight of the evaluation. (For a discussion about how to collaborate effectively and establish and institutionalize partnerships, see the section of the report Introduction entitled "Getting Started" and Chapter V: Improving Collaboration.)

2. See, for example, The California Mentally Ill Offender Crime Reduction Grant Program. California Board of Corrections, *Mentally Ill Offender Crime Reduction*

Grant Program: Annual Report, June 2000. Available at www.bdcorr.ca.gov/cppd/miocrg/miocrg_publications/miocrg_publications.htm.

44

Identifying Outcome Measures

POLICY STATEMENT # 44

Identify outcome measures that will enable policymakers and the public to assess the value and efficacy of the initiative.

Change agents who have nurtured a new program, policy, or statute should, before the initiative is implemented, determine how they will measure its success. The outcome measures identified should correlate to the specific goals of a program and the problem it was designed to address. Program administrators and policymakers are sometimes prone to pinning the success of an effort to types of outcomes that their program could never guarantee.

Selecting outcome measures that are particularly difficult, time-consuming, or expensive to measure also undermines the value of an evaluation. For example, while determining the overall cost savings that a program generates can be very valuable in persuading the legislature to maintain or increase funding for a project, isolating such data can be extremely complex. Empirical data linking a program's impact on criminal behavior to a pilot project can be equally elusive. Longitudinal studies with random assignment and control groups are not only an enormous undertaking, they also may not yield conclusive findings.

Law enforcement, court, corrections, and mental health system officials each measure success differently, and they have developed (or are in the process of developing) performance-based measures unique to their professions.³ The recommendations below describe outcome measures that can be tailored to law enforcement, court, corrections, or mental health programs. In addition, these measures can provide useful information without requiring an evaluation process that is particularly time-consuming or expensive to conduct.

3. See, for example, Larry Hoover, ed., *Police Program Evaluation*, Police Executive Research Forum, 1997; Larry Hoover, ed., *Quantifying Quality in Policing*, Police Executive Research Forum, 1997.

RECOMMENDATIONS FOR IMPLEMENTATION

a Establish process measures to assess how well the program activities have been implemented.

Project funders and the public will want to know exactly what project support bought. The following list describes the process outputs that program administrators should count both before and after program implementation.

Number of people served

Program administrators should know the total number of people served over a specified period of time. These numbers will indicate the size of the target population served and the extent of each person's involvement in the program, enabling administrators to compare these figures with numbers projected at the beginning of the effort and to understand better the makeup and needs of the target population.

Each program will identify different process measures depending on the program design and the point of intervention on the criminal justice continuum. For example, administrators of a Crisis Intervention Team should capture at least the following data: the number of calls referred to the team; the number of individuals referred to community-based services; the number of individuals hospitalized; and the number of referrals to community-based services who received follow-up services. A pretrial services program would track the following numbers regarding the number of people served: the number of defendants interviewed; the number of defendants referred for a mental health assessment; the number of defendants recommended for pretrial release; the number of defendants approved for pretrial release; and the number of defendants who successfully comply with the conditions of release.

Example: Jail Addiction Services, Clinical Assessment and Triage Services (CATS), Montgomery County (MD)

The Montgomery County Clinical Assessment and Triage Services (CATS) is a team of mental health professionals at the county jail who assess new inmates suspected of having a mental illness at intake and assist in determining whether it would be appropriate for some of these inmates to be diverted to community-based mental health treatment. The team uses the following measures to gauge their impact: 1) number of inmates assessed for behavioral health problems; 2) number of inmates recommended for diversion; 3) number of inmates with mental health symptoms diverted into community treatment; and 4) number of inmates who are eligible for the public mental health system.

Units of Services

Whereas the figures discussed above will indicate the extent of the target population's penetration of the layers of the program, units of service indicates the target population's access to substance abuse and mental health services. For each person served, it is important to know the number of contacts that he or she has had with mental health and/or substance abuse treatment providers. A "contact" could include a weekly counseling session or participation in an Alcoholics Anonymous meeting. Researchers should continue to tally the number of contacts an individual has after he or she has completed a sentence or after referral. Such information will be extremely useful in determining whether a new program has made services accessible to the target population and whether a new program has successfully engaged people with mental illness in treatment and/or facilitated access to services.⁴

Efforts should be made to determine when there are repeated contacts with the same individual (identifiers need not be used) and whether contacts are increased or reduced before and after the project's start.

Timeliness of Service

Program administrators should consider using the timeliness of the service delivered as one way to measure empirically the quality of service provided. For instance, jail administrators should determine how long it takes for detainees referred for a mental health assessment following the screening to in fact receive an assessment. Similarly, it is helpful to know how much time passes after a person is released from prison before he or she makes contact with the mental health system.

Example: Montgomery County (MD) Police Department

The Montgomery County Police Department uses the timeliness of service and the distribution of trained officers as several factors to help measure quality of service. The program measures the average length of time between the call to the CIT officers the Department of Health and Human Services crisis center specialist. In addition, the police department calculates both the percentage of the patrol force that is CIT certified and the percentage of police districts that have at least one trained CIT officer assigned to each shift.

b

Establish outcome measures that indicate the impact of the initiative on the person's involvement with the criminal justice system and mental health system.

Confirming a connection between a new program and some desired outcomes, such as improved public safety and providing better, or more, services

4. Subsequent contacts with (or calls for service to) law enforcement, even when they do not end in arrest, are also important indicators of the extent to which the mental health system has effectively engaged the individual. These contacts and other contacts with the criminal justice

system are addressed in the subheading under the next recommendation regarding public safety.

5. The National GAINS Center for People with Co-occurring Disorders in the Justice System has provided technical

with limited resources, can be extremely difficult. Nevertheless, such outcome measures are compelling and key to maintaining support from policymakers and the public.

Accordingly, program administrators should identify *aspects* of public safety, quality of life, and cost efficiency that can be realistically measured without being irresponsible or misleading about the impact of the program on these issues. For example, tracking whether (and how often) program participants are re-arrested, violate a condition of release, are reincarcerated, or are re-hospitalized provides important indicators of the program's impact on the justice system and a person's involvement with it. Such data, however, need responsible analysis to determine when the program correlates to particular results or when it causes change.

Public Safety

Measures of public safety include numbers describing the following:

- calls for service to law enforcement
- calls for transportation / referral
- re-arrest
- jail admissions
- jail days
- jail or prison-based disciplinary infractions
- revocations of community-supervised release

Other measures, although more difficult to track than the numbers above, include assaults involving people with mental illness and uses of force involving a person with mental illness.

Quality of life

Changes in personal functioning measures, such as the following, enable researchers to assess how or whether an individual's quality of life has improved or worsened:

- drug/alcohol abuse
- employment
- housing situation
- family reunification
- job skills
- education level
- suicidal ideation/attempts
- demonstrable improvement in functioning (using the scale provided in the DSM IV)⁶

The federal government (particularly through the US Department of Justice and the US Department of Health and Human Services) plays an essential role in generating knowledge about what programs have demonstrated promise or have proven effective in improving responses to people with mental illness. Although not every new initiative can benefit from a federally-sponsored evaluation, policymakers and practitioners across the country can learn from program evaluations that the federal government has conducted—especially when data sets and outcome measures are congruent across jurisdictions. The Substance Abuse and Mental Health Services Administration (SAMHSA), through the Center for Mental Health Services (CMHS) and the Center for Substance Abuse Treatment (CSAT) has initiated a three-year Jail Diversion Knowledge Development and Application project to study programs that divert some individuals with mental illness and co-occurring substance abuse disorders from jail in nine sites. The purpose of the study is to determine when jail diversion works, for whom, and under what circumstances. This evaluation effort will capture and analyze data both within and across jurisdictions and should provide important information for the field.⁵

assistance for the jail diversion programs and the Research Triangle Institute is responsible for overall program integration, data management, and data analyses. See: www.gainsctr.com/projects/jail_diversion.asp.

6. See the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (DSM-IV), American Psychiatric Association, Washington D.C., 1994.

Cost

Project funders will be especially interested in the costs associated with an initiative:

- requests for law enforcement for service
- jail days
- mental health crisis facility admissions
- psychiatric inpatient admissions and total days
- substance abuse crisis facility admissions and total days
- involuntary treatment costs
- prison days

To capture the true criminal justice cost reductions that a new initiative realizes, jail and corrections administrators should attempt to calculate the real cost of incarcerating a person with mental illness. Existing prison and jail per diem costs reflect the expense of incarcerating an average inmate. Inmates with mental illness, however, typically absorb a disproportionately high amount of correctional resources. Although no correctional system has effectively isolated the cost, providing mental health services (especially when taking into account the cost of escort and transportation costs) in a prison or jail is expensive. The bedspace for a person with mental illness in prison or jail (recall that many are assigned to high-security cells) may also be more expensive than the average inmate

Corrections administrators also should attempt to capture some of the costs associated with inadequately treating mental illness in prison or jail. These situations can lead to inmate-on-staff assaults, inmate-on-inmate assaults, and other use-of-force incidents, which translate into missed work days, lawsuits, and injuries to officers and inmates—physically and emotionally. Such incidents also often increase the length of inmates' stay.

Law enforcement officials should use similar measures to gauge the fiscal impact of an initiative. Reducing the time it takes for a police officer to clear a call involving a person with mental illness (while also reducing the likelihood that there will be a subsequent call for service) has significant cost implications. Lowering rates of injuries among line staff or members of the community who have a mental illness is also a significant outcome.

Quality of Service

The preceding recommendation included as an important outcome measure the timeliness of service. This performance indicator can be a useful element to consider when measuring the quality of service. Satisfaction with service, although considerably more subjective than the timeliness of service, is also an important measure of the quality of service.

C**Monitor the gross numbers of people with mental illness in contact with—or under the supervision of—the criminal justice system**

Improving the effectiveness and the accessibility of mental health services should reduce the number of people with mental illness who are in contact with the criminal justice system. (See Policy Statement 1: Involvement with the Mental Health System.) Indeed, the overrepresentation of people with mental illness in the criminal justice system is, in part, what prompted the *Criminal Justice / Mental Health Consensus Project*. Accordingly, assuming state and local government officials have provided criminal justice officials with sufficient tools and guidance to identify people with mental illness, they should track the gross numbers of people with mental illness (or, in the case of law enforcement's contact with a person with mental illness, those individuals who exhibit signs of potential mental illness) at each stage on the criminal justice continuum (i.e., arrest, detention, probation, etc.). Such data should also include demographic information (e.g., age, race, gender) regarding this population.

45

Collecting Data

POLICY STATEMENT #45

Ensure mechanisms are in place to capture data consistent with the process and outcome measures identified.

Once officials have determined the criteria they will use to measure the impact of the program, they need to be sure they will capture the relevant data. In addition, they need to establish a baseline, which serves as a benchmark against which progress can be measured.

Implementing many of the policy statements in this report should facilitate the collection of data that would accomplish both these goals. For instance, Policy Statement 2: Request for Police Service explains the value of tagging calls for assistance that appear to involve a person with mental illness.

Policy Statement 11: Pretrial Release / Detention Hearing addresses the importance of screening a pretrial defendant for mental illness. Policy Statement 13: Intake at County / Municipal Detention Facility and Policy Statement 17: Receiving and Intake of Sentenced Inmates provides for screening people with mental illness when they enter a jail or prison. The recommendations below suggest how state and local government officials can capitalize on these and other opportunities to assemble valuable data.

RECOMMENDATIONS FOR IMPLEMENTATION

- a** Agree upon common definitions of mental illness and the characteristics of the general target population.

Researchers studying various initiatives that target people with mental illness have cited inconsistent definitions of mental illness and uneven qualities of documentation as a major obstacle to evaluating effectively the impact of a program.⁷

7. Polly Phipps and Gregg Gagliardi, Implementation of Washington's Dangerous Mentally Ill Offender Law: Prelimi-

nary Findings, Washington State Institute for Public Policy, March 2002.

Although mental illness diagnoses are complex, and insisting upon a precise diagnosis is problematic, it is reasonable and wise to ensure partners use common definitions.

Example: Dangerous Mentally Ill Offender (DMIO) Program (WA)

When the Washington State Institute for Public Policy conducted a preliminary review of the DMIO program, it recommended that the agencies charged with implementing the program needed “to come to an agreement about which objective criteria (diagnosis, functional impairment) will qualify a candidate as mentally ill for the purposes of the DMIO program.” Department of Corrections officials, while noting that agencies already were using a “working definition” for “major mental disorder,” concurred that reviewing and resolving differences in the definitions adopted by the committee and definitions already employed by DOC would be useful.⁸

For the data to be particularly useful, it is important that the target population share other common denominators, such as the age of the group (juveniles or adults) and the presence of a co-occurring disorder (e.g., mental illness only or mental illness and a co-occurring substance abuse disorder).

Of course, detailed definitions of the target population alone will not ensure that evaluators are analyzing data for a population that shares similar mental health status and/or criminal history. Training staff on the application of this definition to the client population is essential.

b

Capitalize on existing management information systems to facilitate data collection and analysis.

Automated management information systems reduce paperwork, maintain data in an organized fashion, and provide quick access to information. Data collections that can easily draw from these systems can reduce the time it takes to capture data, ensure the information is collected in a consistent format, and enable quick analysis of the information. For example, law enforcement officials could add a field to police record management systems, which would enable law enforcement to record information, after a call is cleared, about successful referrals to community-based services.

Example: Mentally Ill Offender Crime Reduction Grant Program (CA)

The state law that established the Mentally Ill Offender Crime Reduction Grant Program requires counties receiving a grant to conduct an evaluation of their project that includes outcome and performance measures. To assist counties in assembling data needed for the evaluation, the Board of Corrections (which oversees the grant program) tapped three existing databases: 1) the State Department of Mental Health’s Client and Services Information (CSI) System, which captures various data regarding diagnoses, demographic information, and lifestyle information; 2) the Medi-Cal/CSI Billing systems, which net data regarding the health and support services that each client uses; and 3) the State’s Adult Performance Outcome System, which captures

8. Ibid, Appendix G, p. 67.

data for each client regarding the results of two of three mental health instruments administered at the beginning of mental health treatment and at regular intervals thereafter.⁹

Example: Dangerous Mentally Ill Offender (DMIO) Program (WA)

In evaluating the quality and quantity of pre-release and post-release services that the target population received, the Washington Public Policy Institute relied in part on detailed notes that community corrections officers entered into the state Department of Correction's Offender Based Tracking System (OBTS) electronic database.

C Solicit comments and opinions from staff, crime victims, family members, and program participants.

Program staff, crime victims and program participants and their family members can be extremely helpful in informing policymakers how a new program or initiative has affected lives and systems. To that end, policymakers should encourage administrators to collect anecdotal data from these stakeholder groups. Indeed, information about their satisfaction with a new policy or program is often as important as empirical data regarding the impact of the program.

Program administrators should survey crime victims, asking them whether they felt that they had been sufficiently informed about developments in the case and whether they had been adequately consulted, given the requirements of the existing state law. Obtaining feedback from practitioners is also essential.

Example: Jail Diversion Program, Connecticut Department of Mental Health and Addiction Services (DMHAS)

DMHAS officials conducted a written survey of judges, prosecutors, public defenders, and other court officials, asking them to what extent they agreed with statements regarding the jail diversion program, such as the following: 1) it saves the court time; 2) it gives unfair advantage to the defendants; 3) it protects the rights of the defendant; 4) it saves the state money; and 5) it reduces risks to the community. They included the results in a report submitted to the General Assembly. This report helped to convince the Connecticut State Legislature to expand funding for the Jail Diversion Project to create diversion programs statewide.

Example: Mobile Crisis Team (MCT), Montgomery County (MD)

The MCT provides emergency mental health services to individuals at any location in the jurisdiction to attempt to stabilize the situation at the least restrictive level possible. Clients who requested the MCT are surveyed regarding their level of satisfaction with the response.

In surveying people with mental illness who participated in the program, interviewers should ask about the individual's level of satisfaction with his or her housing situation, employment status, or relationships with loved ones.

9. California Board of Corrections, *Mentally Ill Offender Crime Reduction Grant Program*, p. 7.

Some jurisdictions have taken additional steps to collect empirical data regarding the qualitative impact of the initiative.

Example: Mentally Ill Offender Crime Reduction Grant Program (CA)

The Board of Corrections, which oversees the grant program, developed a methodology to evaluate the program. Thirteen of the 15 counties that are grant sites are employing this experimental design. Randomly selected treatment and comparison groups are assessed at least twice (before and after the intervention) with the same instruments over the same period of time. Records are kept for every project participant (in both the comparison and treatment groups) and must include any services or interventions received and a definition those services.¹⁰

d

Establish procedures early in the process to share information that will facilitate the data collection of people served by both the criminal justice and mental health systems.

Criminal justice and mental health officials sometimes let laws and regulations protecting the privacy of people served by the mental health system serves prevent efforts to collect data and conduct evaluations. There are ways, however, for researchers to respect these mandates and still obtain data that will inform an evaluation. For example, to determine whether an initiative has been effective in maintaining contact between a community mental health provider and a person referred by the police, courts, or corrections, criminal justice officials do not necessarily need records regarding a particular person's attendance at a clinic. Instead, information in the aggregate would serve the same purpose. In addition, researchers do not necessarily need to have access to a mental health provider's records to determine the units of service provided to a particular individual. Requesting that the provider simply check its records for a particular person would accomplish the same goals.

Example: Crisis and Engagement Services, Mental Health, Chemical Abuse and Dependency Services Division, Dept. of Community and Human Services, King County (WA)

The King County Department of Community and Human Services conducted a cross-system examination of the costs of providing services to a group of "high utilizers of drug and alcohol acute services." This evaluation included costs associated with jail time, inpatient psychiatric services, substance abuse crisis services, involuntary treatment costs, and emergency room admissions. To minimize information-sharing obstacles, the Mental Health, Chemical Abuse and Dependency Services Division first collected information concerning the use of mental health and substance abuse services under their supervision. The division then asked the jail and local emergency room to provide information that was cross-referenced with the initial list to determine which individuals were utilizing multiple services during a one-year period.

10. Ibid.

46

Disseminating Findings

POLICY STATEMENT # 46

Publicize program successes as appropriate to the media, public, and appropriators

Once agents of change have completed an evaluation, they should share the results of their findings with various audiences. In most cases, disseminating information about the impact of the program

is essential to build support for a new initiative, to facilitate the replication of a pilot project, or to engage additional partners. This policy statement suggests three ways to accomplish these goals.

RECOMMENDATIONS FOR IMPLEMENTATION

a Capitalize on existing networks of advocacy groups to publicize program results

By tapping its national network, an advocacy group, such as a local Mental Health Association or affiliate of NAMI (Alliance for the Mentally Ill), can be extraordinarily effective in spreading the word about a new and promising initiative.

Example: Crisis Intervention Team, Memphis (TN)

The Memphis CIT was established as a result of a collaborative effort among the Memphis Police Department and various leaders in the community, including members of the NAMI. Training is an important component of the CIT initiative, and NAMI members play a key role in administering the training program for police officers. NAMI hosts an annual awards dinner for officers serving on the CIT and has also been helpful in trumpeting the results that Professor Randolph Dupont has documented: the response time for a CIT officer on a crisis call averages 5 to 10 minutes, as compared with other models where police take 30 to 50 minutes. NAMI's promotion of these and other data at its conventions and on its website has facilitated replication of the CIT model in communities across the country.

b Advertise positive program results in local media outlets

When the results of an evaluation confirm the value of a new initiative, policymakers and practitioners should publicize the data. In this regard, press

kits that briefly highlight the findings and provide contact information for program spokespersons can be extremely effective.

It is important to identify spokespersons who the media or the public might not immediately associate with the issue. For example, a mental health advocate or provider might be expected to talk about the value of an effective community-based mental health program. On the other hand, law enforcement officials, corrections administrators, or other criminal justice practitioners who explain how effective mental health services have improved public safety can be particularly compelling.

Example: Trauma, Addictions Mental Health and Recovery (TAMAR) Program (MD)

Preliminary research regarding rearrest rates among women participating in TAMAR has been impressive. Wardens and other correctional administrators of facilities in county jails where the TAMAR program has been established have made presentations for county commissioners and state legislators citing these data to help explain the value of the initiative. Elected officials have responded by promoting the replication of the program and publicizing its value to the state and counties in public hearings.

Example: Partners in Crisis (FL)

Linda Gregory, the widow of a deputy sheriff shot and killed by Alan Singletary (a person with a history of untreated mental illness) and Alice Petree, Alan Singletary's sister, are members of Partners in Crisis, a coalition of leaders in the criminal justice and mental health system in Florida. Partners in Crisis conducted public service announcements across Florida featuring Ms. Gregory and Ms. Petree who explained the value of access to effective mental health services.

"We need to better demonstrate the effectiveness of the kinds of programs discussed in this report—do empirical studies, figure out what works, and then institutionalize these practices."

WILLIAM SONDERVAN
*Commissioner, Maryland
Division of Correction*

C

Create clearinghouses at the state and local level that provide information regarding the availability of services people with mental illness coming into contact with the criminal justice system.

Clearinghouses can help to advertise new initiatives that are promising and spread the word about valuable lessons learned in other communities.

Example: Texas Council on Offenders with Mental Impairments

The Texas Council on Offenders with Mental Impairments is statutorily responsible for providing technical assistance and information to local and state criminal justice entities regarding alternatives to incarceration for those with special needs. The council comprises individuals from throughout the state who represent every facet of local and state criminal justice systems. These board members are responsible for collecting information from the field and bringing it to the council for review and response.

Establishing for one jurisdiction an organization that will serve as a clearinghouse around criminal justice and mental health issues exclusively may be unrealistic, but adding this function to an existing entity is often feasible. For example, the mental health agency funding community programs or an entity or person reporting to the court (e.g., pretrial services, probation, mental health court staff) regarding the availability of community-based services could become a locus of information.