The Perceived Impact of Sequential Intercept Mapping on Communities Collaborating to Address Adults with Mental Illness in the Criminal Justice System

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Abstract

Sequential intercept mapping is an approach to address the overrepresentation of adults with mental illness in the criminal justice system. This approach follows the sequential intercept model, a nationally recognized framework conceptualizing the linear movement of people with mental illness through the criminal justice system. During the sequential intercept mapping process, community stakeholders identify service and policy gaps and opportunities to address the needs of this target population. This qualitative study describes the perceived impact of sequential intercept mapping among community stakeholders. Sequential intercept mapping appears to be well-received, with the potential to improve collaboration and enhance community policy and practices.

Keywords Sequential intercept model · Sequential intercept mapping · Cross-systems collaboration · Jail diversion

Introduction

The overrepresentation of adults with mental illness in the justice system is well documented. It is estimated that 17–34% of people entering jails met criteria for serious mental illness, characterized by sustained duration of impairment, diagnosis or level of functioning- prevalence rates that are 3 times higher than the general population (Bureau of Justice Statistics 2017; Osher et al. 2012; Steadman et al. 2009). Of those with mental illness in the justice system, over 60% have co-occurring substance use disorders (Bureau of Justice Statistics 2006; Peters et al. 2012; Substance Abuse and Mental Health Services Administration 2015). The presence of mental illness and co-occurring disorders in the justice system elevates the risk for reincarceration and challenges systems in providing effective services and care to interrupt the cycle of recidivism (Baillargeon et al. 2010; Substance Abuse and Mental Health Services

Administration 2015). Thus, the problem of the overrepresentation of people with mental illness and/or substance use disorders in the justice system belongs to the mental health, addictions and criminal justice systems.

The Sequential Intercept Model is a cross-systems framework for organizing community systems to respond to the overrepresentation of people with mental illness in the justice system. The model identifies points of interception where the community mental health and addictions system can work with the criminal justice system to intervene to connect people to needed care and divert these individuals from the justice system, as appropriate (Munetz and Griffin 2006; Griffin et al. 2015). The intercepts along the criminal justice system are law enforcement and/or crisis services (Intercept 1), initial detainment and initial hearing (Intercept 2), jail and court-based programs (Intercept 3), release and re-entry (Intercept 4), and community supervision or support (Intercept 5). Ideally, people with mental illness are diverted at the earliest possible point in the justice system. Crisis response services, prevention and regulation have been recognized as an initial deterrent to the criminal justice system (Intercept 0), with the goal of preventing people from becoming involved in the criminal justice system by connecting them with needed mental health and substance use treatment services (Abreu et al. 2017; Munetz and Griffin 2006).

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The Sequential Intercept Model is applied within communities in the form of an action-planning workshop, *Sequential Intercept Mapping and Taking Action for Change,* developed by Policy Research Associates, Inc. (Griffin et al. 2015). During the sequential intercept (SI) Mapping workshop, trained facilitators use the Sequential Intercept Model as a framework to encourage participants to problem-solve and develop action plans to improve local community responses to individuals with mental illness who encounter the criminal justice system. With input from the group, the facilitators map the flow of the criminal justice system intercept by intercept, noting the community's existing processes, resources, gaps and opportunities. Participants then vote to prioritize those gaps which they believe should receive initial attention and form working groups to develop action plans to address the prioritized gaps.

SI mapping brings together personnel from the mental health and addiction services and criminal justice systems, along with consumer advocacy, family members, individuals with mental illness and other key community stakeholders (e.g., local government officials) to discuss the challenge of the overrepresentation of people with mental illness in the criminal justice system. Participants from these various systems include senior administration, program and service coordinators, and personnel who work directly with people with mental illness in either the criminal justice or mental health setting.

There is evidence that cross-systems approaches like SI mapping can help communities develop responses to address the overrepresentation of people with mental illness in the justice system. Initial evaluations of SI mapping conducted by Policy Research Associations show a high level of satisfaction from workshop participants, increased collaboration and progress made in achieving the action items identified during mapping (Griffin et al. 2015). Vogel et al. (2007) described an earlier iteration of community-based mapping along the Sequential Intercept Model (i.e., the ACTION approach) to address the overrepresentation of adults with mental illness in the criminal justice system. Like SI mapping, this approach used facilitated strategic planning along the sequential intercept model, along with cross-systems training and education and targeted technical assistance. Vogel et al. (2007) found that the ACTION approach improved cross-system collaboration by creating a shared vision among community stakeholders, helped formulate community action plans with attainable steps, and enhanced information sharing across systems.

As part of the 21st Century Cures Act (2016), the U.S. Congress identified the Sequential Intercept Model and SI mapping as a means for promoting community-based strategies to reduce justice involvement of people with mental disorders (Abreu et al. 2017; Public Law 114–255, Title XIV, Subtitle B, § 14021). SI mapping has also been listed

as a priority for Justice and Mental Health Collaboration Program grants from the U.S. Bureau of Justice Assistance and is available to communities in the U.S. through Policy Research Associates. There are statewide initiatives in Ohio, Pennsylvania, Oregon, Virginia, Florida and Massachusetts. Most sites use this tool to address the overrepresentation of adults with mental illness in the justice system, although the Sequential Intercept Model and SI mapping have been used to conceptualize community responses to address the needs of justice-involved juveniles (Heilbrun et al. 2017), older adults (Metzger et al. 2018), and women (SAMHSA 2013), as well as people experiencing first episode psychosis (Wasser et al. 2017), sex workers (Silverman et al. 2015), people at risk for opioid overdose (Bonfine et al. 2018), and veterans (Pinals 2010).

Despite the rapid expansion and use of the Sequential Intercept Model and SI mapping as a cross-systems planning tool, there is little research about the challenges and benefits of conducting SI mapping, barriers to collaborating or strategies community stakeholders use to overcome challenges. The purpose of the study is to describe study participants' attitudes about SI mapping and their perspectives about the impact of SI mapping on community efforts to address the overrepresentation of adults with mental illness in the criminal justice system. Such research will inform our understanding of the use of this tool to create systems-level change in the approach to addressing mental illness in the justice system.

Method

As SI mapping is a relatively new practice for communities working to address the overrepresentation of adults with mental illness in the justice system, this study uses qualitative methodologies to explore the participant experience. Interviews are an open format for gathering in-depth information on attitudes and perceptions, with the goal that findings from such qualitative work can inform future research that examines the topics and themes that emerged during interviews. Guiding research questions for this qualitative study include: How do participants describe the impact of Sequential Intercept Mapping in their community? What challenges have community planning members/stakeholders faced, or continue to face, in achieving collaboration across the criminal justice and mental health and addictions systems? What factors or strategies do stakeholders note that promote successful cross-systems collaboration?

Participants

Purposive sampling was used to identify individuals who had been actively involved in planning for SI mapping and

had participated in the process. Study participants were recruited from Ohio counties that had completed the SI mapping workshop offered by the Ohio Criminal Justice Coordinating Center of Excellence (CCoE), a statewide technical assistance center that had been trained in SI mapping by Policy Research Associates, Inc. (Criminal Justice Coordinating Center of Excellence 2018). Participants were from communities that had completed SI mapping at least 9 months previously, which allowed sufficient time to have passed for the community members to make progress in carrying out their action plan set forth during the mapping. At the time of this study, eleven communities were identified that met this criterion: six were classified as rural or Appalachian and 5 counties were part of metropolitan and surrounding suburban statistical areas (Ohio Development Services Agency 2018).The lead author prioritized the selection of communities based on two factors: (1) that the planning team included representation and active involvement of at least one stakeholder in each of three areas of focus (i.e., mental health, criminal justice and consumer/advocacy) and (2) the amount of collaborative activity and progression of action plans since Mapping (e.g., achieving objectives; evidence of regular meetings in the community). This information was determined through consultation with the Criminal Justice CCoE staff. Here, the research team prioritized recruitment from communities that were perceived as exceeding expectations (2 communities) as well as communities perceived to be lagging in their ability to achieve objectives since SI mapping (2 communities). Given the capacity of the research team, recruitment efforts were made to target at least three core planning team members from four communities. Study participants were recruited based on their status as a member of the core planning team for SI mapping because they were integral to planning the workshop and for seeing out the objectives set forth by the working groups. Staff from the Criminal Justice CCoE were not involved in the recruitment process and are not knowledgeable as to which communities have core planning team members that participated in this study, or the identities of those who participated in this study.

Data Collection Procedures

The first author conducted interviews with stakeholders who organized and participated in SI mapping workshops within their community. All interviews were completed using a semi-structured interview guide consisting of open-ended questions to assess attitudes about the perceived impact of (1) the SI mapping exercise on cross-systems collaboration; (2) ability of the community to achieve objectives set forth during the mapping workshop, (3) the perceived level of buy-in for collaborative efforts to address the needs of people with mental illness in the justice system, and 4) barriers

and facilitators for addressing the issues discussed during SI mapping. Sample questions included: Is the collaborative group able to accomplish the goals or objectives it has set out to address? (In what ways? Or, why not?); What are some of the challenges to collaboration that you and others in this community face? How has your group worked to overcome obstacles to collaboration? Participants were also asked for general feedback on the SI mapping workshop, as well as the assistance received in preparation and follow-up to Mapping.

Interviews were conducted in person or over the phone if requested by the participant or due to scheduling limitations. Interviews took place at a location chosen by the study participant, but most often occurred in the individual's office or in a coffee shop. Interviews were audio-recorded (with written consent of the participant) and a verbatim transcript was produced for each participant. Interviews ranged from 22 to 58 min (mean: 44 min (standard deviation = 9.219); median: 45 min; mode: 49 min), creating 241 pages of deidentified transcripts. To ensure anonymity, identifying information was removed from the transcripts prior to coding and analysis and participants are not described based on their current position in the community, but rather as being associated with one of three broad perspectives of focus: criminal justice perspective, mental health perspective and consumer/advocacy perspective. All participants provided informed consent prior to participating in the interviews and the Institutional Review Board at Northeast Ohio Medical University approved this study.

Data Analysis

The research team used consensual qualitative research, which is a useful method for exploring and summarizing qualitative data across cases (Hill et al. 1997, 2005). Consensual qualitative research was selected as a methodology because it uses a systematic data collection protocol, including open-ended questions in semi-structured interviews, across a defined sample; a collaborative, group-based approach to data analysis; and rationally-derived domains (i.e., topic areas) for organizing the initial data coding, from which the core ideas of each domain are further abstracted and described (Hill et al. 1997). The authors created a coding scheme that included 22 codes with code descriptions (e.g., impact on collaboration; service outcomes; barriers; interfering issues; buy-in; shared vision). Using this coding scheme, the research team worked collaboratively to reach consensus where there was disagreement in coding the data. Interrater agreement on coding decisions was 81% overall. By usual cutoffs for reliability, 80% or higher interrater agreement is considered good for confirmatory purposes (Garson 2016; Miles and Huberman 1994). Once coded, the authors worked together to identify core ideas and concepts

that cut across individuals and communities, organizing categories under each domain that reflected the most relevant core ideas across interviews (Hill et al. 1997). These core ideas are summarized as emergent themes below.

Results

In total, 19 interviews were completed with mental health, criminal justice and consumer/advocate stakeholders in four communities in Ohio (response rate: 53%, 19 of 36 potential respondents). While the exact position titles of participants varied across communities, the sample represents a diverse group of participants in various positions. Seven participants (37%) were from the mental health field (e.g., director of services; case manager; county board administrator), 8 (42%) were from the criminal justice system (e.g., courts, jails, prosecutor's office) and 4 (21%) were either individuals with mental illness (e.g., consumers of mental health services) and/or advocates. The distribution of participants from these three areas is representative of all potential participants contacted about this study (N = 36; 14 (39%) were from the mental health field, 15 (42%) were from criminal justice and 7 (19%) were consumers/advocates). Eleven (58%) participants were female. Data were organized into the following themes with supporting categories of data: (1) attitudes about SI mapping; (2) its perceived impact on the community and (3) barriers and facilitators to collaborative approaches to address adults with mental illness in the justice system.

Theme 1: Attitudes About the Sequential Intercept Mapping Process

The first theme focuses on the perceived impact of the SI mapping workshop on the community. This theme includes an assessment of the general, overarching perceptions about SI mapping, attitudes about the key composition of participants and perceived stakeholder buy-in.

Summary of General Perceptions of SI mapping

In general, all study participants shared some positive views about the impact of SI mapping in their communities. SI mapping was described as a "valuable process" that enhanced existing efforts to address the needs of the target population of adults with mental illness in the justice system by increasing awareness among local stakeholders of the issue and building a sense of community through the mapping process. As one mental health participant stated,

> "SI mapping was an opportunity for everyone that was concerned about that problem to finally come and put

their brains together and realize that no one agency knew all or had all the information and could solve the crisis. And we needed each other. We needed the collaboration and to be able to work together."

Others described SI mapping as an opportunity for stakeholders to "think out loud in safe space," (criminal justice participant), noting that SI mapping "certainly validated a lot of what we do," (mental health participant) and another participant suggested that "the outcomes and improvements (from SI mapping) exceeded our expectations," (consumer/advocate).

All participants offered some supportive or positive comments about SI mapping, but there were some comments that were more critical of the SI mapping workshop. One concern that was expressed by a minority group of participants (n = 5, 26%) centered on the rigidity of focus within the SI mapping workshop, and whether there is room to include intersecting topics or content viewed as missing from the SI mapping discussion, such as the opiate crisis or juvenile justice issues. This was seen by these participants as a missed opportunity for systems to intervene earlier on in the trajectories of illness or criminal justice involvement.

Composition of the SI mapping Group

In discussing the make-up of the SI mapping attendee list, most participants (n = 12, 63%) expressed that there must be a mix of people at the table that includes both the "doers and the deciders," meaning that it is essential to include practitioners who "work the system every day" along with the people who wield decision power and who can implement policy change. Other suggestions were to ensure that all service provider agencies are included, especially those that serve outlying communities within the county.

Participants noted that having judges involved in SI mapping carries a significant weight as they have the clout and capability to affect local system processes. One criminal justice participant described how important it is that judges are educated about the issue of mental illness, substance use, and effective treatment, especially as judges wield significant power over individuals. It is often difficult for other stakeholders in the community to challenge a judge's decisions, noting "it's hard not to follow those ideas without being disrespectful." SI mapping was viewed as a learning opportunity for judges about the scope of the problem, so they can make more informed decisions, as well as a chance for them to work collaboratively with others in the community to improve system processes.

Another group of stakeholders viewed as vital to the SI mapping process were people with lived experience with mental illness, either personally or those who have loved ones with mental illness. These individuals offer a

personal face and represent the target group of people that SI mapping participants are trying to assist. One perceived role of consumers/advocates in SI mapping is to challenge others to correct a flawed process or injustice. One mental health participant described such a challenge, stating,

"It was really poignant, the family member of a loved one just posed to everybody, 'you knew my son. You knew what my son was capable of, you've seen my son healthy and when he is not. You knew [he would decompensate] fast and yet he's in prison. So, I ask you, what do you think you could have done different from what you did?'"

Another perceived value of having this group was in sharing their personal experience with mental health and criminal justice system stakeholders, including how their experiences may or may not have reflected agency or department protocols. Often, because they are not employees of the systems being discussed, people with lived experience can speak more openly or critically about gaps in the process. As one mental health participant noted, "There's a frankness that consumers bring that others cannot because they don't have to play some of the political lines we all have to play. The consumers are not beholden to anybody."

Stakeholder Buy-In

Overall, participants described a generally high level of buy-in and support for SI mapping across criminal justice, mental health and consumer/advocacy stakeholders. There was mixed support for other key stakeholders, such as local government officials, with some participants describing them as involved in efforts while others noted their absence. Participants noted the challenge that a lack of buy-in from specific stakeholders can have on the community's ability to enact change to address adults with mental illness in the criminal justice system. A few participants (n = 4, 21%) attributed a degree of stagnation in their communities since SI mapping due to the lack of involvement of specific stakeholders, such as the local Sheriff, Prosecutor's Office, or county commissioners. According to one criminal justice participant, "the biggest weakness I've identified is that I'm not sure we got buy-in from the real holders of the purse strings and decision makers." A mental health participant echoed the importance of including the county commissioner's office in SI mapping because many community initiatives require financial backing and support. It was also viewed as necessary for senior administrators to buy-into the collaborative process and to see the value to their own mission. One criminal justice participant discussed a lack of interest from the local court system, suggesting that,

"it was a matter of personalities at the top. It's just a philosophy I guess that the Court's direct mission is simply to handle the cases that come. And anything that takes them away from that direct mission, they don't have time for. They don't make time for it."

Study participants were asked if there was a single person who led efforts to bring SI mapping to their community. Most participants (n = 15, 79%) identified this champion as a person associated with the local mental health and addictions services board. Three participants (14%) indicated that the SI mapping effort was championed through a combination of senior justice and mental health administrators, and one participant cited the role that the local consumer advocacy group (e.g., chapter of the National Alliance on Mental Illness (NAMI)) played in bringing about SI mapping.

In sum, study participants were generally supportive of SI mapping. A component of SI mapping perceived to be vital is having senior administration, judges, and consumer and family involvement. Participants reported a high degree of buy-in for these efforts across mental health, criminal justice system and consumer/advocate stakeholders, but the mental health system was viewed as the primary champion of efforts around SI mapping.

Theme 2: Perceived Impact of Sequential Intercept Mapping

The second theme focused on participants' perceptions of the impact that had been made in the community as a result of Sequential Intercept Mapping. Sequential intercept mapping was perceived to have an impact on developing collaborative relationships and in forming community groups and coalitions to address the issue of people with mental illness in the justice system. The impact on making personal connections, bringing all key stakeholders together, and the benefit of interpersonal contact were the most frequently cited benefits of SI mapping (n = 12, 63%). One criminal justice participant stated,

"SI mapping had an impact on our collaborative activities. I think it began it. Not that people didn't know each other, but I have been here 20 years and that was the only time I can remember that those agency representatives were in one room for 2 days. It was a unique experience."

Eight (42%) participants reported improvements in bringing in community representatives that had not previously taken part in collaborative activities to address the over-representation of mental illness in the justice system. Even if the effect only lasted during the SI mapping workshop itself, such inroads were viewed as positive advancements in building collaboration.

Another participant further discussed how SI mapping helped to establish relationships that allowed for instrumental support sharing. This criminal justice participant who works directly with offenders remarked, "If I specifically need something, I get in contact with [a mental health colleague] and she pretty much does anything humanly possible to get me what I need."

Finally, in one community, a stated outcome of SI mapping was collaboration on writing and obtaining state and federal grants to secure additional funding to support community efforts. While it cannot be attributed solely to SI mapping, one consumer/advocacy participant described the belief that a mental health levy campaign to increase local spending on mental health services passed, in part, due to enhanced collaboration and information sharing that occurred after SI mapping.

Participants also believed that SI mapping impacted services, programming and system processes for people with mental illness in the justice system. One criminal justice participant who manages a county jail shared,

> "There's a couple of things I changed when I got back from it, which I wasn't interested in doing before I got there. As soon as I got back from Sequential Intercept Mapping I added more psych hours to our facility even though it was something we'd already contracted for, but you know, based upon the argument and then coming in and doing my own research, I felt maybe adding a couple more hours would be a positive benefit for our facility."

As described in Table 1, participants noted improvements after SI mapping in the availability of crisis intervention team (CIT) for law enforcement, an increase in the number of CIT officers, improved access to emergency or crisis services, and enhanced jail-based mental health and reentry services.

Theme 3: Barriers and Facilitators to Cross-Systems Collaboration

The third theme describes barriers to developing and sustaining efforts to address adults with mental illness in the criminal justice system. Specifically, the barriers described here are those related to achieving and sustaining the level of cross-systems collaboration needed to implement SI mapping and sustain efforts. Also included within this theme were noted strategies identified by study participants to assist in overcoming such barriers to collaboration. Barriers and facilitators to collaboration were organized into categories outlined in Table 2.

Perceived Barriers to Collaboration

When asked about barriers to collaboration to address the issue of adults with mental illness in the criminal justice system, participants frequently discussed a general lack of available resources, specifically a lack of community-based mental health services. Other community-based services noted as lacking included housing services and recovery housing for this population and, more generally, public transportation that can be used to help people get to medical and service appointments and to work.

A barrier that impacts collaborative relationships, related to the notable lack of mental health services in communities, is the resignation or feeling that things cannot be done because of a lack of financial resources. As one criminal justice participant stated,

> "for people dealing with that population, there's a sort of resignation that we don't have money to do stuff. It's a tragedy, and we'd all like to see a better way of doing it. But we are beholden to the legislature in terms of what resources we have available to us, and I think

Table 1 Categories related to theme 2: perceived areas of impact

Area of impact	Description
Collaboration and relationships	Encouraged interpersonal connections to "break down those silos"
	Allowed participants to "put a face with a name"
	Provided contact for instrumental support
	Development of community coalitions and formal groups
Crisis Intervention Teams	Increased number of CIT trainings offered
	Increased number of CIT officers
Crisis services	Improved access to local emergency departments
	Education and awareness around emergency hospitalization processes
	Crisis mobilization/crisis response teams
Jail-based mental health services	Increased availability of psychiatry services
	Developed and improved reentry services for people with mental illness
	Improved access to medication upon re-entry from jail
	Streamlined Medicaid enrollment practices for inmates preparing to return to community

Table 2 Categories related to theme 3: Barriers and facilitators to cross-systems collaboration

Barrier	Description
Lack of resources	Unavailable or scarce array of services (e.g., crisis services, mental health and addiction services, transportation, housing)
	Psychological impact due to lack of resources (e.g., feelings of resignation or a defeatist view regarding inability to fully address issue)
Cross-systems issues	Language barriers across mental health and justice systems
	Different systems have different priorities and philosophies
Interpersonal or interagency concerns	Competition/rivalry among agencies/entities serving the same population
	Agency staff turnover and the continuous need to build new relationships
	Interpersonal "disputes," "hostility" and "drama"
Emergent issues that detract from issue of adults with mental illness	Opiate epidemic re-routes resources and attention from adults with mental illness in the justice system
	Temporary, transient or state-driven initiatives and policies that dictate practices of local communities

Facilitator	Description
Creating a "hub" to address issue	Dedicated lead person who can work across systems plus buy-in and active management from a respected administrator
	Promoting shared mission with common goals
	Frequent communication among stakeholders
Focus on "doing and adapting"	Stay task oriented in addressing specific challenges
	Work around barriers ('just keep going')
	Willingness to change beliefs, behaviors, practices and policies
Cross-systems education and training	Raises awareness of available services, resources, people and processes
	Builds empathy
	Creates a community of respect

that breeds a mentality of, yes, we know we need to do this, but nobody has extra money or more people. In an ideal (world)…yes, we'd be able to do these things. And I think that attitude in and of itself is probably a significant obstacle."

Other barriers to collaboration include cross-systems issues, including different languages used within systems, misunderstandings of roles and responsibilities across systems, different philosophical attitudes towards issues that affect the target population (e.g., whether mental illness is a contributor to criminal activity or a mitigating factor; provision of naloxone for overdose cases), and different priorities between the criminal justice and mental health systems. One mental health provider described feeling that, the local county criminal justice system does not prioritize resources to address mental illness, noting that, "their priority is more tactical. More-I don't know. We (mental health) are down the list of what they feel their priorities are." One consumer/advocate noted a lack of understanding about mental illness within criminal justice, stating, "the judicial system doesn't care if you have a mental illness. It's all, 'you committed a crime, you are going to jail'."

While not a common sentiment, several participants (n = 4, 21%) discussed the negative impact that interpersonal tension, disagreement, and hostility can have on collaborative efforts. Most of these comments were made regarding specific individuals who were no longer working in the community or involved in collaborative efforts, but these interactions were believed to have damaged collaborative efforts early on. A related issue that was discussed was an unwillingness of some to partner with others. As one consumer/advocate participant described,

> "there are various agencies that said they're not willing to part with their ego, with their pride, to work with other people. So, they would come to meetings, but they would never really have anything that they wanted to contribute, and then after a couple meetings they quit coming and they even stopped some other people from representing that wanted to be part of it."

While certainly problematic to developing collaboration, participants who discussed these issues indicated that they were resolved primarily by going around the person or agency that was blocking efforts and trying to persevere without that entity.

Relatedly, other participants (n = 3, 16%) described how rivalry among agencies serving the same population impaired collaborative efforts during SI mapping. As one mental health participant discussed,

"We're not the only contract agency for the local alcohol, drug and mental health services board. Other contract agencies were solicited to participate too. Frankly, that process was a little bit uncomfortable since there's a substantial rivalry between us and some of the other providers as we compete for the same pieces of the contract with the local board. So, the idea of sitting in a room and sharing our thoughts and plans about how best to serve this population, when we know we're competing with each other, that really got in the way. Now, everybody was very cordial during the whole process, but I think people were careful about what they were willing to share."

An additional barrier related to interpersonal relationships is that of turnover and the need to develop and establish new relationships. Five (26%) participants discussed the difficulty turnover presents at all levels and across both systems, and how time consuming it is to build new relationships and to get new people up to speed on collaborative activities of the community.

A final category of barriers to collaboration are around other issues that divert attention, resources or steer policy and practice away from the issue of collaborating to address the needs of adults with mental illness in the justice system. The opioid epidemic was cited as a distractor from efforts to address adults with mental illness in the jail (n = 6, 32%), as it was viewed as a force that re-routes funding away from the population of people with mental illness because of the critical nature of overdose cases and high death rates. While one participant did acknowledge an unintended benefit of the opioid crisis is that it focuses public attention on mental health and addiction issues broadly speaking, the primary concern was that the mental health system was overburdened and losing focus on the severity of illness and deaths among people with mental illness. A mental health participant stated,

"it feels like people with mental illness problems have taken a backseat to the whole opiate epidemic. There's lots of talk and a lot of resources directed at that without ever really finishing up the work and shoring up the system to deal with the mental health needs of those folks."

Finally, there was some discussion around how local policies, practices and decisions, both within the mental health system and criminal justice system, are made in a reactive way, and how this interferes with long-term community initiatives. In the mental health system, local mental health and addictions services boards receive funding from the state to distribute locally. As such, the boards must often adjust their priorities to meet the stipulations and restrictions set by the state. Funding may be tied to specific initiatives that may be transient or relate to a key issue, such as the opioid crisis. In the criminal justice system, policy decisions at the state level often tie the hands of local courts and decisions that can be made, and there are often legal restrictions that affect case processing. These external forces impact the ability of personnel in both systems to work collaboratively or in a coordinated way.

Identified Facilitators for Collaboration

One of the key strategies identified for keeping collaborative efforts going to address the needs of justice-involved adults with mental illness is to create a center of collaborative activity within the community, described by one participant as a "hub," that would include at least one person with protected or dedicated time who can work directly on priorities identified by the collaborative group and who also ensures frequent communication among group members. This would involve embedding the mission and goals of the collaborative group within community practices, as well as frequent communication among all stakeholders. Further, the "hub" would include the input and active management of one or more executive-level administrators with the clout and respect from other community stakeholders to enact and institutionalize change by formalizing policies and procedures into standard practice, organizing collaborative group meetings, and ensuring that the group is working towards meeting its objectives.

Participants identified a second strategy to overcoming barriers to collaboration as keeping the focus on "doing and adapting." Participants discussed the importance of talking through differences of opinions and continuing to work towards or create solutions, adding the importance of willingness to change or adapt as needed. This perspective involves keeping an action-oriented focus of the group that works towards solutions, even if there are certain stakeholders who are not participating or there is a lack of momentum. Participants described this approach as "just keep them at the table," (mental health participant) and "you just gotta do it… just keep progressing forward. Keep the exposure out and keep trying to collaborate," (criminal justice participant).

Another strategy for overcoming barriers to collaboration was education about the issue of the overrepresentation of adults with mental illness in the justice system. Eight (42%) participants discussed the benefits of working to educate other members of the collaborative group about services, system processes, policies, and resources in the community. The SI mapping workshop itself was viewed as a facilitator for fostering cross-systems education and information sharing that impacted how participants view one another. One consumer/advocate participant shared,

"everything has completely changed, and it started with SI mapping. And, this is my own perception, my perception is that [a local community mental health agency] gained more respect for the other agencies in the room that we work with every day."

Other participants discussed the value of specific community efforts for cross-systems education and training, such as Crisis Intervention Teams, or their own experiences learning from others that occurred through networking, discussions and collaborative meetings that resuled from SI mapping.

Discussion

Developing sustainable and effective community-based approaches to jail diversion is complex, requiring coordination and collaboration across multiple systems of care, social service systems and the criminal justice system. The success of such work depends on implementing effective programming, practices and treatments in an environment of limited resources and personnel. While there is evidence that the sequential intercept mapping process facilitates cross-systems collaboration, formal evaluations of this effort are only beginning. The purpose of this study was to explore and describe the attitudes and perceptions of community members who planned and participated in SI mapping.

Study participants expressed support for SI mapping efforts in their community. Participants attributed improvements in community crisis and jail-based services to SI mapping, as well as improvements to community practices and policies. There was a high degree of support for SI mapping across mental health, criminal justice and consumer/advocacy stakeholders. Judges and individuals with mental illness were noted as stakeholder groups that are vital to the SI mapping process. Like previous analyses of SI mapping and the ACTION model framework (Griffin et al. 2015; Vogel et al. 2007), findings from this study show positive perceptions about SI mapping and its potential to foster collaboration, improve cross-systems coordination and impact practices in the community.

Barriers to developing cross-systems collaboration included a lack of community resources, cross-systems communication and differences in priorities across disciplines. Interpersonal conflict was reportedly rare but did negatively impact collaborative efforts. The opioid epidemic was viewed as an issue that detracts and/or distracts from the needs of adults with mental illness in the justice system.

One approach to alleviating the barrier for cross-systems collaboration that was suggested is to create a "hub" of activity where practices and procedures are developed and institutionalized to support collaboration, and personnel have permissions and dedicated time to work within and across systems to ensure the priorities of the cross-systems collaborative are achieved. Steadman (1992) discussed the notion of the "boundary spanner" as an actor who can work fluently across systems, who can bridge the systems despite different professional perspectives and orientations, and who understands the languages, policy and procedures of the criminal justice and legal systems and mental health system. Participant feedback in this study suggests that it is not enough to have a single individual serve as the central force behind these efforts and cautioned against relying too heavily on one person or entity serving in this capacity. Instead, participants recommend supporting multiple people at different levels who can work and influence across systems. Thus, the notion of the "hub" would include the efforts of multiple boundary spanners, including the involvement of administrators with clout working synergistically at multiple levels and across systems to keep efforts going.

Future Research Directions

By exploring participant perspectives, this qualitative study has identified issues that will inform the use of SI mapping as a community-based planning tool to address the needs of people with mental illness who are involved in the justice system. However, to help us understand how SI mapping impacts individuals and systems, under what circumstances and for whom, future research is needed to examine issues related to the feasibility and acceptability of SI mapping. Feasibility refers to those factors that contribute to the effective implementation and uptake of SI mapping in communities, while acceptability refers to issues related to the potential benefit or impact of Sequential Intercept Mapping on the target population, stakeholders and systems. An agenda for future research in these two areas is outlined below.

Feasibility Issues

Research is needed into the feasibility of Sequential Intercept Mapping as an approach for communities to address complex issues that involve multiple stakeholders. Future studies should compare perceptions of SI mapping participants across perspectives (e.g., criminal justice, mental health, consumer/advocacy perspectives), as well as attitudes of other stakeholders who may not be directly involved in planning SI mapping but still may be impacted by the work done (e.g., consumers of mental health services). Research should also explore attitudes from SI mapping participants in communities with varying resources and population characteristics. Finally, as Mapping is being used widely to address several complex community issues, studies should explore the use of this exercise as a community planning tool to address multiple issues. This would help identify key elements of the process that are effective and could improve

or enhance the use of SI mapping, regardless of the topic at hand.

Acceptability Issues

Outcomes-based research and evaluation is needed to assess the efficacy of this initiative in improving the number of people with mental illness who are involved in the justice system. Such research could involve comparing the number of people in the criminal justice system at each intercept within communities that have used SI mapping as a planning tool with those that have not, or in comparing the number of diversions to mental health treatment or connections made among those in need of mental health services before and after SI mapping. From a systems perspective, research is needed that examines the impact of SI mapping on operations, including the timeliness of intervention, efficiency in case processing, or in improvements made in the array and availability of services to meet the needs of the target population. Also critical is systems-level research examining the impact of SI mapping on connections and collaboration among key stakeholders (e.g., a study measuring the density of resource networks among providers working at the interface of behavioral health and criminal justice). Ultimately, this research, combined with outcomes-level data that can assess criminal justice involvement and service engagement of adults with mental illness will indicate the ability of this community-based, cross-systems initiative to reduce justice system involvement for people with mental illness.

Limitations

The purpose of this study was not to generalize or draw statistical comparisons or conclusions, but to provide an opportunity for SI mapping core planning team members to reflect on their personal experiences in planning for and participating in SI mapping, and in their involvement in collaborative activities since SI mapping. SI mapping is a complex community process, and it should be made clear that causal inferences made in describing the impact of SI mapping in these communities merely reflect the opinions and attitudes of study participants.

This study has some limitations, including the possibility of selection bias. Efforts were made to interview all participants of core planning teams for SI mapping. The sample size for this study (N = 19) is quite small, and the overall response rate was 53%. This is a modest rate for a study of this scope, and it is possible that self-selection by potential participants into or out of this study impacted findings. While there was representation across the three key perspectives of focus (e.g., mental health, criminal justice, consumer/advocacy), there was a limited number of participants who were consumers, and no person who identified

as a family member could be successfully recruited to take part in this study. As consumers and family members were viewed as vital to the SI mapping process, additional input from this stakeholder group may have shaped the presentation of findings differently. Second, participants from this study were all from rural (n = 3) or suburban (n = 1) communities (Ohio Development Services Agencies 2018). It was not a deliberate selection decision to exclude urban areas. The communities were selected based on the representativeness of core planning team members and from a review of progress made since SI mapping occurred, where we selected two communities that were excelling and two that seemed to be struggling in achieving their objectives. However, the experiences and opinions of stakeholders who participated in larger, urban settings are not included and would have enhanced our understanding of the experience of SI mapping in such areas. It was not the goal of this study to generalize findings to these settings, yet the applicability of the results presented here may be limited for urban areas. Future research on the impact of SI mapping should explore the perspectives of key stakeholders in differently populated communities.

Conclusion

Recent national initiatives have emphasized the sequential intercept model and have promoted the SI mapping workshop as a community-level, cross-systems approach to addressing the needs of people with mental illness who may become involved in the justice system. This national focus has resulted in a high demand for and rapid expansion in the use of SI mapping. This study was an initial assessment of stakeholder perspectives of the planning, implementation and impact after SI mapping. Overall, there was general support for SI mapping and a perceived benefit to communities that completed the activity, especially in building and prompting collaborative activities, making connections, educating across systems within a community, and to some degree, contributing to the development or improvement of programs or services. Stakeholders discussed its potential use in overcoming barriers to cross-systems collaboration. SI mapping appears to be a well-received community planning initiative with potential to impact relationships, policy and practice.

Compliance with Ethical Standards

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