I.M. JusticeBH

Factors that Predict the Readiness for Change and Quality Programming in Providing Behavioral Health and Jail Services

What is This Research About?

Implementation is impacted by the following two concepts related to delivering behavioral health services in jail and in community settings.

1. **Readiness for Change:** The preparedness of an agency to make and implement changes and improvements in services for individuals with mental or substance use health disorders. Readiness means the agency can act upon an action plan, define priorities, assemble appropriate resources, provide staff training, and garner management support to implement changes effectively.

2. **Quality Programming:** Efforts aimed at improving the fidelity of a program or service (i.e. is the program/ service implemented in the way it was intended and according to protocols). This can be achieved through various means, including expanding the range of programs and services, using quality improvement strategies, developing specialized programs, and establishing support resources for individuals with mental health disorders.

Understanding the factors that contribute to these two categories is essential to ensure that behavioral health agencies and/or jails are adequately prepared for positive changes and can provide high-quality mental health services.

Using survey data from **518** counties, this research is aimed at identifying the factors that are related to the readiness for change and quality programming. Specifically, this study analyzed the importance of different factors such as:

- **County characteristics**: population size, size of the police force per capita, jail capacity, and availability of funding.

- **Agency characteristics**: type of services provided, number of individuals receiving services, availability of evidence-based practices and policies, type of staff (medical and technical), use of various *implementation mechanisms* such as interagency teams, establishing consensus on goals and mission with other agencies, building a system of care, and training.

FINDINGS

Readiness for Change (N = 475 counties)[1]

Perception of availability of resources

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Ready for change (N = 304)	92%
Not ready (N = 130)	49%
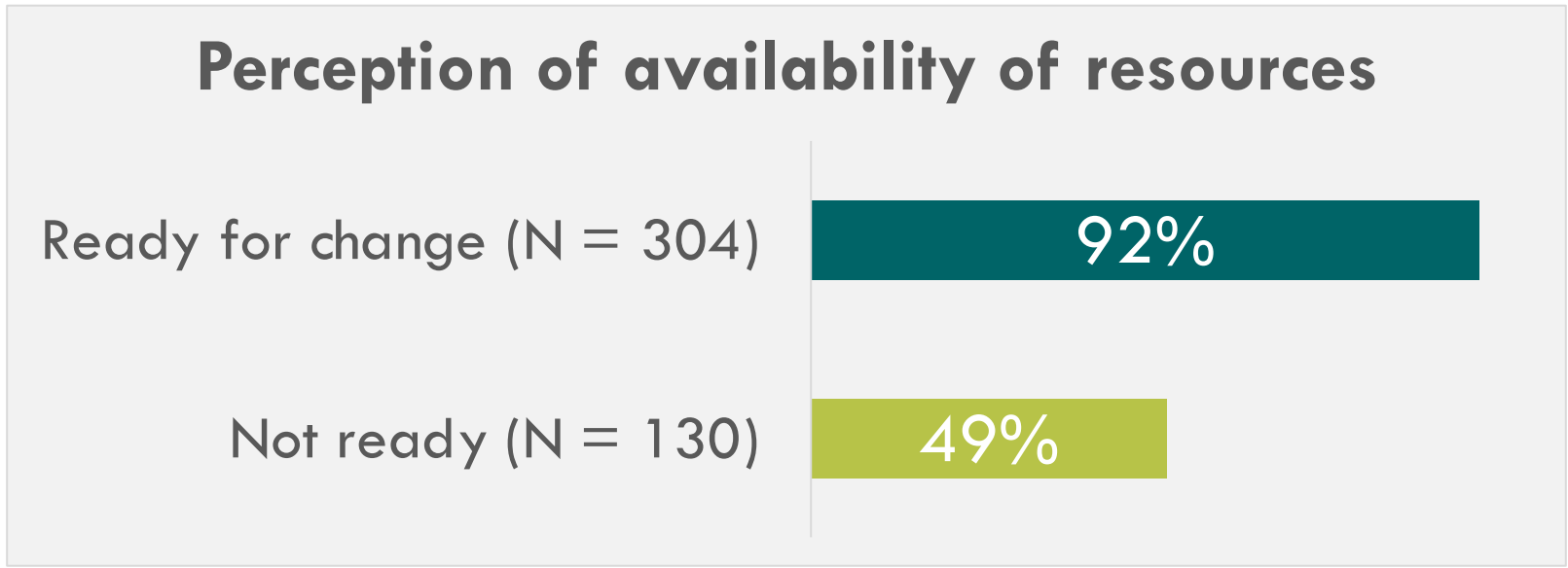
➢ When staff perceive sufficient **resources,** they are more likely to be ready to change practices on how people with mental health needs receive services.

Screen, referral, treatment processes

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Ready for change (N = 321)	78%
Not ready (N = 147)	44%
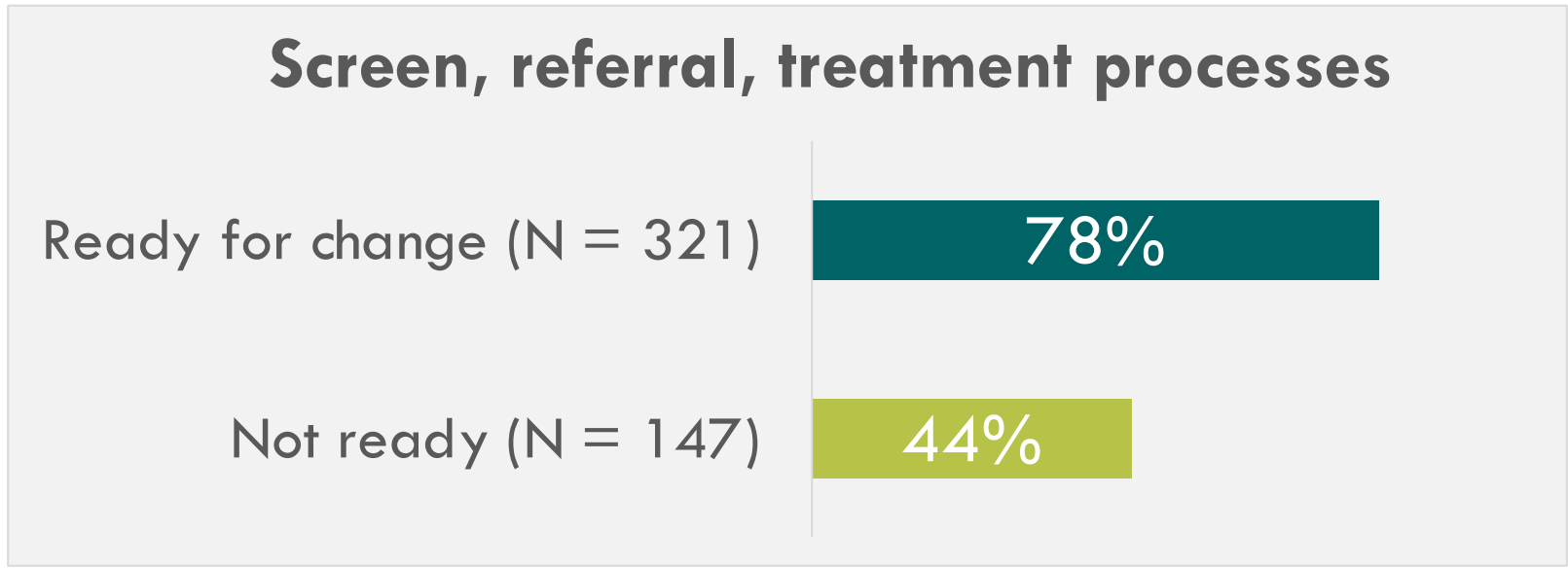
➢ When staff perceive that there is a **consistent process** for screening, referral, and treatment initiation, they indicate that the county is ready to change practices.

Perception of treatment prioritization

Ready for change (N = 310)	62%
Not ready (N = 138)	12%
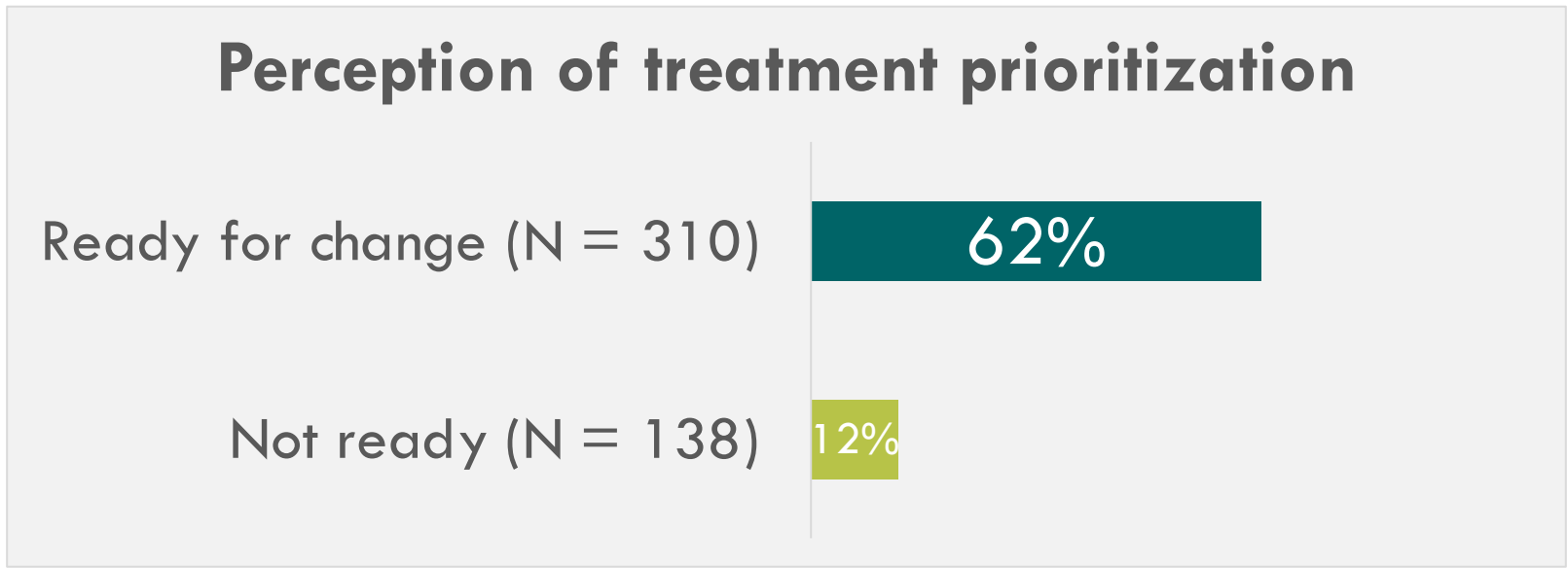
➢ When agencies **prioritize treatment** over incarceration, this influences their readiness for change.

Hire data experts

Ready for change (N = 308)	44%
Not ready (N = 135)	22%
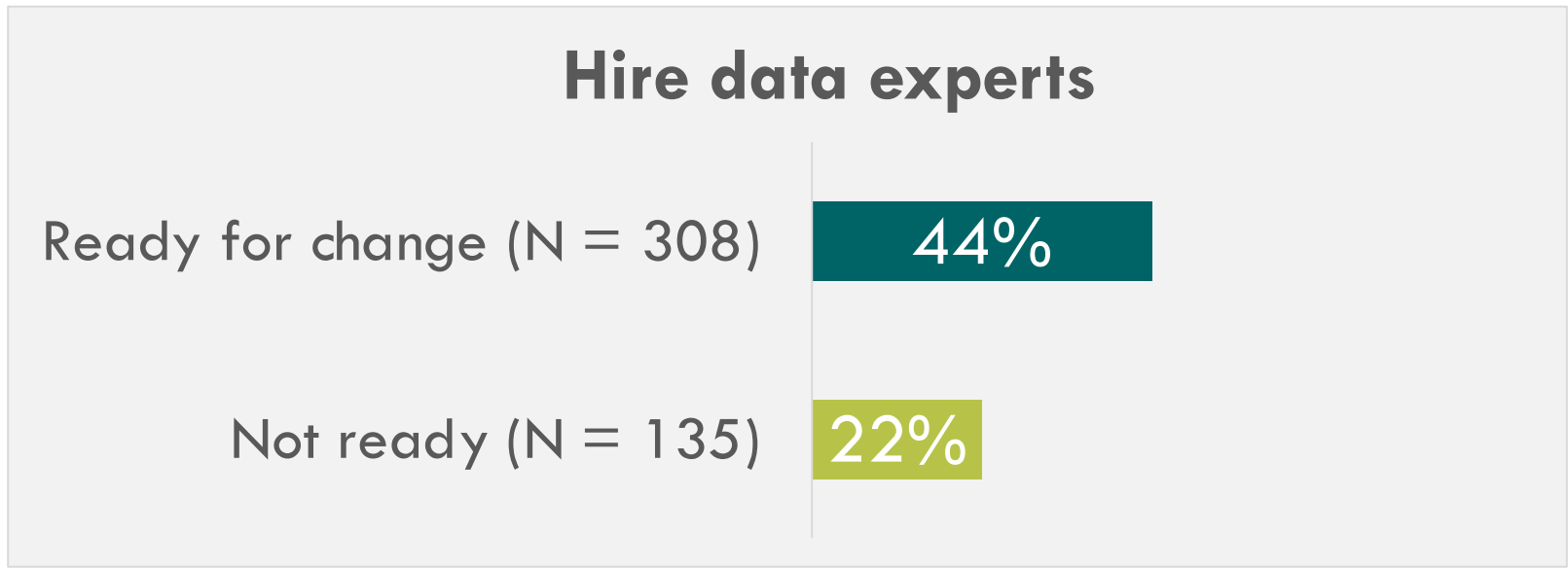
➢ The availability of **data experts** to analyze data contributes to readiness to change and the use of data to make decisions.

Perception of evidence-based activities

Ready for change (N = 297)	73%
Not ready (N = 127)	25%
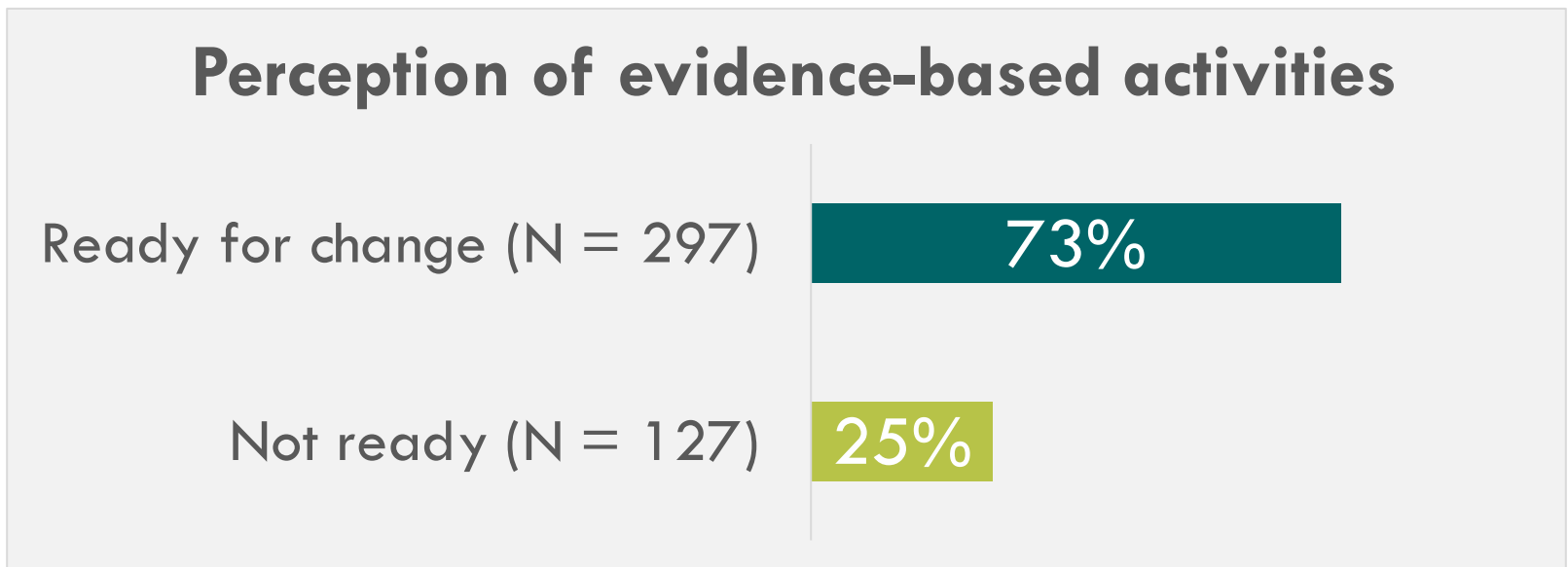
➢ Agencies that have more **evidence-based approaches (treatments and practices)** are more likely to be ready to implement and expand programming.

Degree of inter-agency coordination

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Ready for change (N = 326)	62%
Not ready (N = 147)	41%
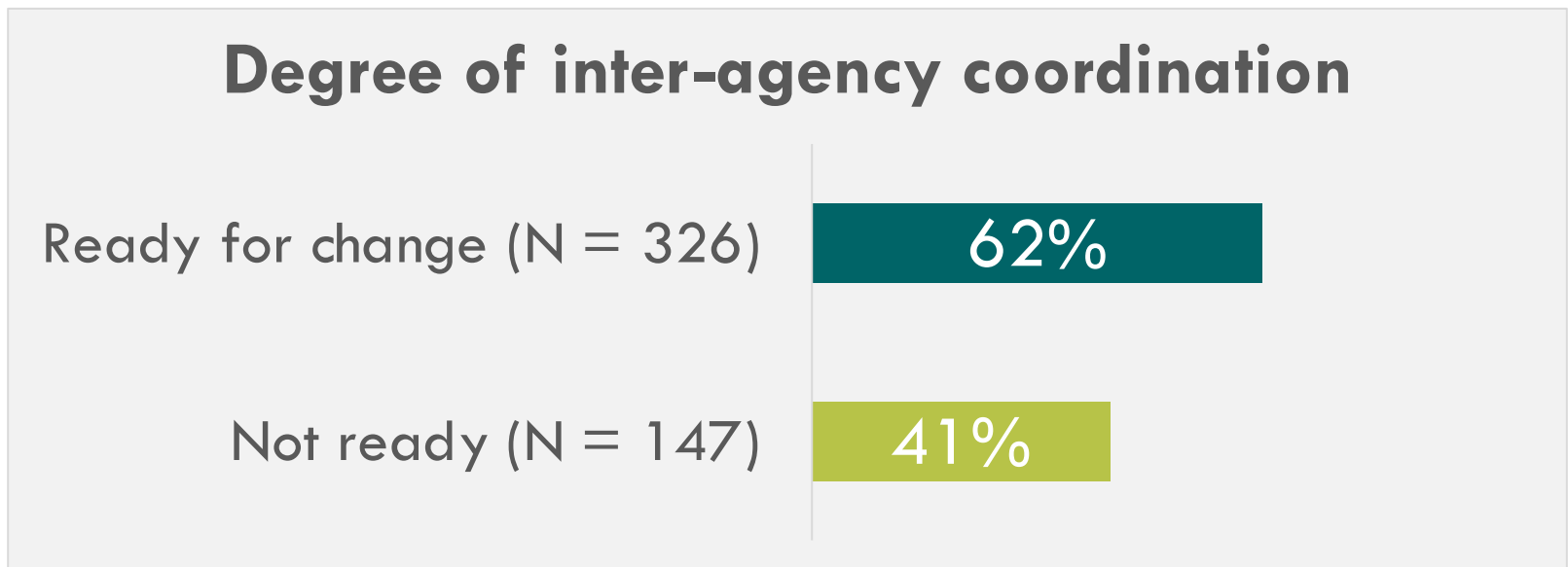
➢ Agencies are more likely to be ready to change, when there is a higher level of **coordination** with other agencies in the county/state)(*>11 activities, such as sharing information and resources, providing services, overseeing programs, and training*).

FINDINGS

Programs and Services that are Offered with High Fidelity (N = 485 counties)[1]

Development of formal blueprint

Progress made (N = 159) — 87%

No progress (N = 310) — 36%
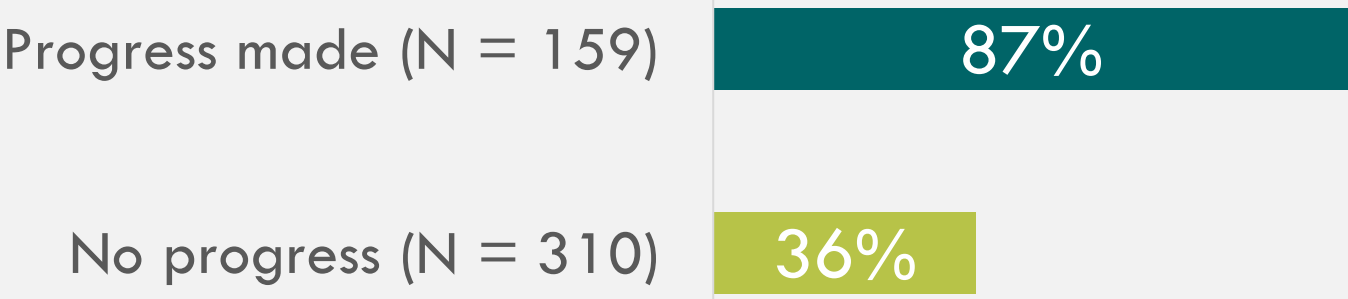
➢ Staff that actively develop, utilize, and update a **formal strategy plan** to enhance mental health or substance use services tend to report progress in quality programming.

Piloting new initiatives

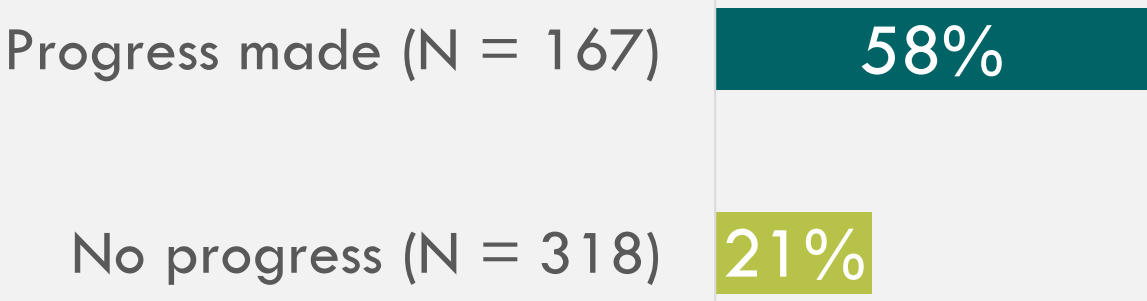Progress made (N = 160) — 83%

No progress (N = 312) — 25%
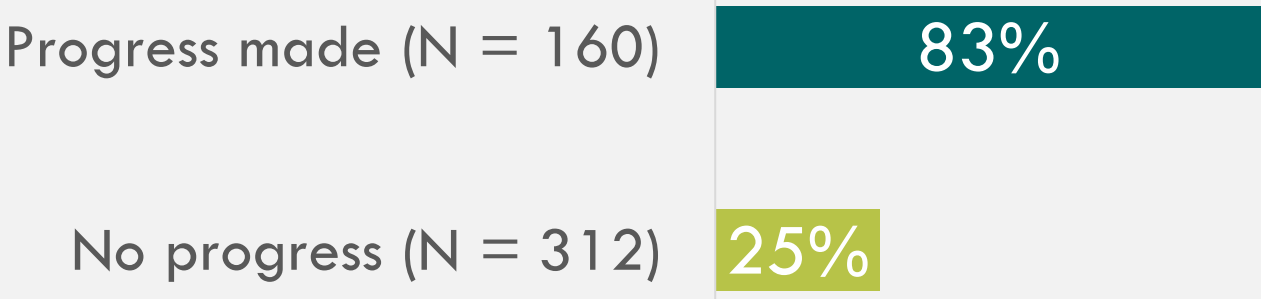
➢ Respondents who reported **piloting** new or refined efforts report that they have made progress in providing quality programming

Linked data systems to drive decisions

Progress made (N = 156) — 57%

No progress (N = 313) — 12%
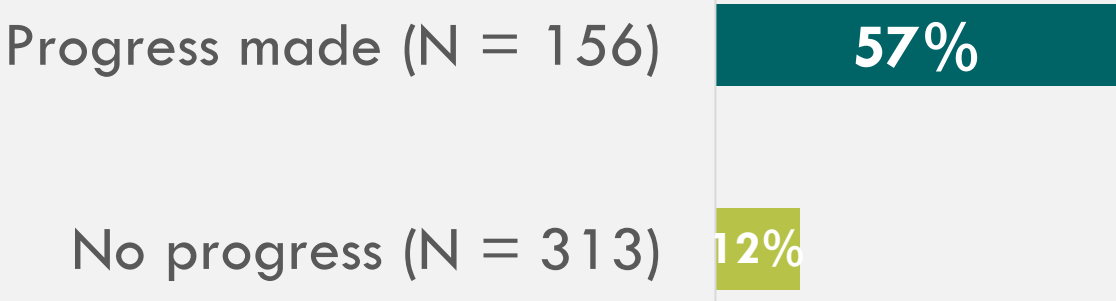
➢ Counties that successfully established **link data from various agencies** report progress in quality programming.

Participation in national initiatives

Progress made (N = 167) — 58%

No progress (N = 318) — 21%

➢ Agencies that participate in **national initiatives** that impact their jails in the last decade report progress made in providing quality programming.

Emphasis on criminogenic needs

Progress made (N = 158) — 88%

No progress (N = 297) — 37%
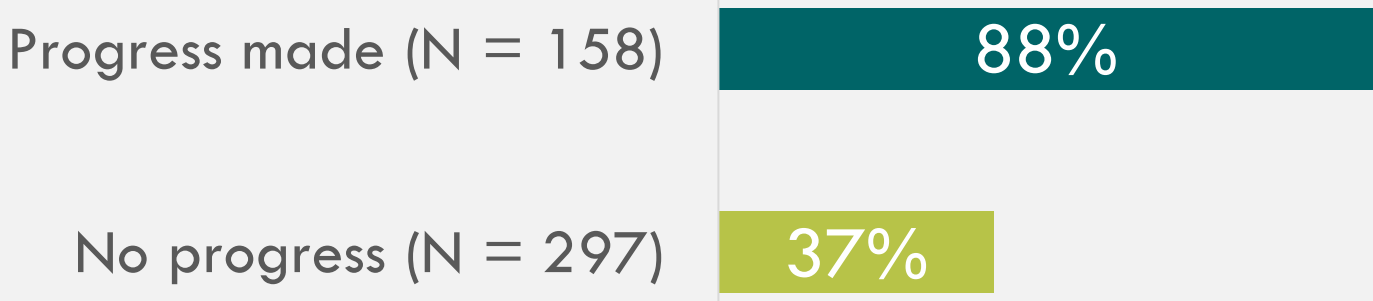
➢ Addressing **criminogenic needs** or dynamic risk factors related to recidivism improves progress on quality programming.

Presence of performance monitoring

Progress made (N = 162) — 35%

No progress (N = 289) — 3%
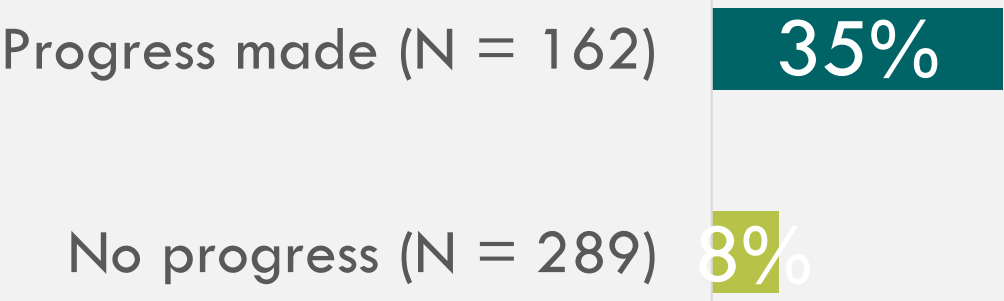
➢ Agencies that report the use of **performance monitoring** report an emphasis on quality programming[3]. Performance monitoring includes examining new intakes to jail, length of stay in jail, discharge with treatment referral, etc.

*N's vary due to missing data. In each graph, the percentages represent the proportion of respondents who answered "yes" to the specific question for the following variables: readiness for change or progress (first page), or **progress in quality (this page)**.*

METHODOLOGY

DATA for this research come from a survey administered to four agencies (mental health, substance use treatment, jail, and probation) at the county level.

Two quantitative **METHODS** are applied:

1) **Multiple Linear Regression (using OLS)** to identify statistical relationships between multiple variables

2) **Hierarchical Linear Models (HLM)** to account for the influence of specific factors at the state level

Information about the survey:

- Conducted by George Mason University in collaboration with the University of Central Florida and Michigan State University

- Funded by **the National Institute of Mental Health**, ROI MH118680 (MPIs: Taxman and Johnson)

- Conducted online using Qualtrics, phone, and mail addressed to **950** counties

Zhorayev, O., Ramezani, N., Johnson, J., & Taxman, F.S. (working paper).
"What Factors Are Associated with the Use of Implementation Strategies and Processes at the County Level?"

MAJOR TAKE-AWAYS

Readiness for Change

We found that an organization that is ready to change to address the needs of people with mental health disorders are more likely to:

Report RESOURCES

Emphasize TREATMENT over incarceration

Use EVIDENCE-BASED APPROACHES

Have Screening, Referral, and Treatment PROCESSES

Have DATA EXPERTS

COORDINATE ACROSS AGENCIES

Agencies can **improve readiness** for positive changes by:

✓ **Assessing the resource needs**, advocating for adequate funding, optimizing resource allocation, and promoting efficient resource management;

✓ Developing policies and guidelines that **promote a therapeutic approach**, and establishing protocols that steer the focus toward treatment rather than punitive measures;

✓ **Identifying relevant evidence-based interventions** to address the myriad of needs of individuals with mental health disorders;

✓ Having **screening, referral, and treatment processes**, including a warm hand-off, well specified within and across agencies;

✓ Having **data experts** to support data-driven decision-making including using data to assess performance;

✓ **Collaborating with other agencies** to facilitate communication at the client and program level, and to develop consensus on how to solve problems.

Quality Programming

An organization that achieved quality programming is more likely to:

Have STRATEGIC PLAN

Have LINKED DATA FROM MULTIPLE SYSTEMS

Emphasize CRIMINOGENIC NEEDS

PILOT PROGRAMS

Participate in NUMEROUS INITIATIVES

MONITOR INDICATORS OF PERFORMANCE to make programmatic decisions

Agencies can **advance quality programming** through:

✓ Developing, using, and routinely updating a **strategic plan/blueprint** that provides a roadmap for enhancing mental health and substance use services;

✓ Establishing **data systems** that enable comprehensive data sharing, and analysis, and support evidence-based decision-making;

✓ **Identifying criminogenic and risk factors** associated with recidivism and targeting interventions towards those factors;

✓ **Using a pilot phase** to test programs, identify potential problems, and adjust programs before implementation;

✓ Expanding participation in **national initiatives** to obtain technical assistance, participate in learning communities, and other improvements to deliver better outcomes for individuals with mental health disorders;

✓ Using **performance monitoring** to ensure that the programs have fidelity to their model.

Every county has a story, and we want to hear yours

We heard from over 500 counties in the Wave 1 Survey, and they benefited from a personalized **Feedback Report** on their progress towards implementation.

Click **HERE** or scan the QR code below to **participate in our survey and see a sample Feedback Report.**

Your Voice Is Important

We are now in Wave 2 Survey – **encourage** your local jail, probation, mental health, and/or substance use treatment administrator to participate in the survey. You may request a Wave 2 Feedback Report to see how well your county does on implementation.

For more information on this study and other similar topics, visit our website at www.gmuace.org/nimh