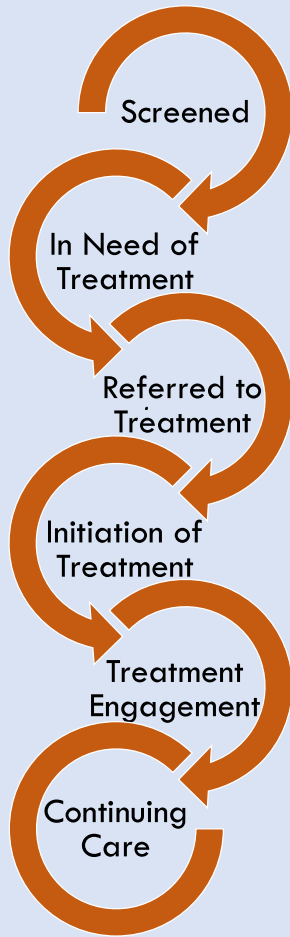# I.M. JusticeBH

Agencies responsible for providing behavioral health services to justice involved populations struggle to effectively progress patients from screening, to identifying their need, to referral to treatment, to treatment initiation, and to engagement in treatment (i.e. the Cascade of Care).

- Screened
- In Need of Treatment
- Referred to Treatment
- Initiation of Treatment
- Treatment Engagement
- Continuing Care

What is the Cascade of Care?

Cascade of Care is a system tool to examine how the service delivery system is functioning for those in need of care.

The Cascade of Care estimates how many individuals participate in each part of the delivery system: screening, identifying need, referral, initiation, and engagement of treatment.

Provides an objective view of which stages may be inhibiting quality care.

Assists in:
- Targeting where policy and implementation require attention
- Planning treatment capacity for chronic health issues
- Improving quality of care and data tracking

Ideally…

Every person entering the criminal legal system would be screened for behavioral health needs (i.e. substance use and mental health disorders) and ALL individuals in need would seamlessly transition through the stages of care toward recovery.
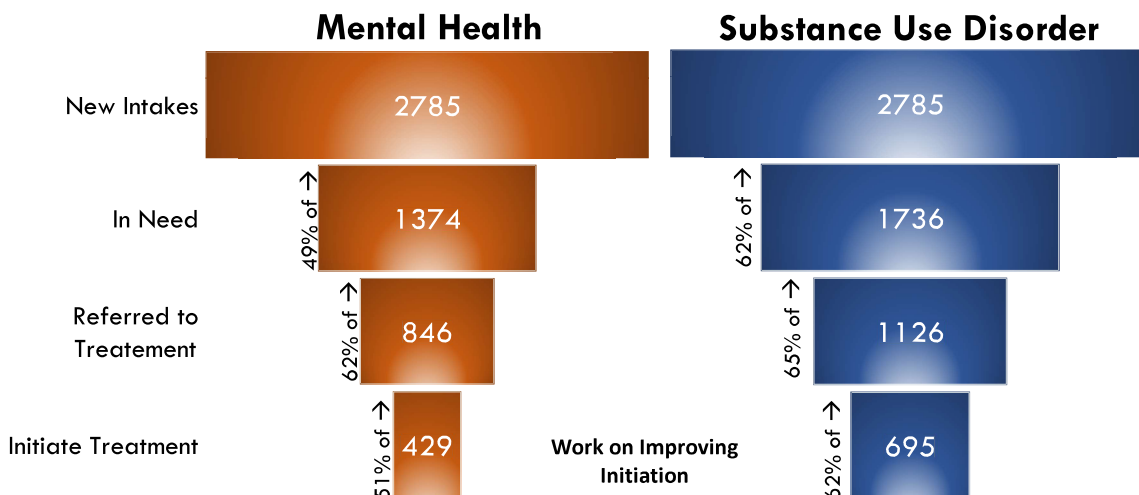
…as seen to the left

In Reality…

Screening procedures are often disorganized at best. Those in need of treatment fall through the cracks at each stage of care. This results in a cascading effect where only a small fraction of those in need actually receive and complete treatment.
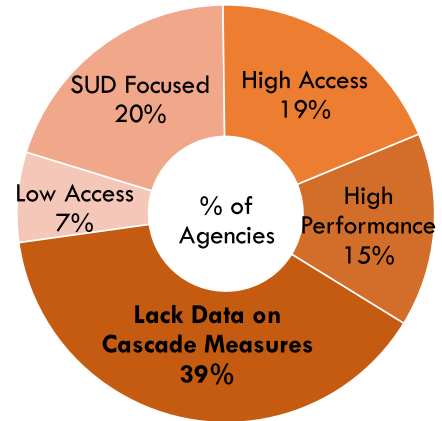
…as seen below

Agencies, on *average*, report…

Mental Health

New Intakes	2785
In Need	1374
Referred to Treatement	846
Initiate Treatment	429

49% of →
62% of →
51% of →

Substance Use Disorder

New Intakes	2785
In Need	1736
Referred to Treatement	1126
Initiate Treatment	695

62% of →
65% of →
62% of →

Work on Improving Initiation

Clark, K.J., Viglione, J., Sneed, R., Johnson, J. & Taxman, F.S. (working draft). Findings from "Cascade of Care for Substance Use and Mental Health Disorders for Justice Involved Populations"

What *TYPE* of agency are you?

We have found that agencies typically fall into five different categories. These categories describe how successful agencies are in moving individuals along in the behavioral health system of care

- **Low Access Agencies** → Agencies with under developed behavioral health practices and lack access to care.
- **High Access Agencies** → Agencies that effectively progress patients through stages of care.
- **Substance Use Disorder (SUD) Focused Agencies** → Agencies that are more effectively progressing patients through SUD care than mental health care.
- **High Performance Agencies** → Agencies that may have lower behavioral health needs among their populations, but are high preforming in terms of progressing individuals through care.
- **Lack Data on Cascade Measures** → Agencies that do not track the care points, and do not have a general sense of how many individuals progress through each stage of care.

% of Agencies

- SUD Focused 20%
- High Access 19%
- High Performance 15%
- Lack Data on Cascade Measures 39%
- Low Access 7%

What influences your agency *TYPE*?

Location Matters

Rural counties are more likely to have barriers to resources such as medications for opioid use disorder, treatment facilities, and other support services.

Efforts to improve rural treatment access include:
1. Reducing stigma of behavioral health needs and treatment
2. Telehealth provider access
3. Mobile health units

Utilizing Specialized Staff

Counties with more specialized staff—specifically mental health and peer support staff—tend to successfully progress individuals through stages of care.

Hiring specialized staff could improve outcomes. This can relieve non-specialized staff of performing tasks they are not trained to do.

Agency Data Priorities

Data driven decision making requires tracking, reporting, and utilizing key measures such as *number of new jail bookings with mental health disorders, length of stay in jail, number of referrals to post-release treatment, length of stay in post-release treatment, and rate of return to jail*. This can increase the identification of treatment for those with behavioral health needs.

Prioritization of services and warm handoff processes improve progress through care.

Agencies Unaware of their Patients' Progress through Care:
Most agencies do not have data to calculate the cascade of care measures. This results in a lack of awareness about service needs and procedures to involve individuals in care. This can be complicated by differing priorities among agencies, cultural beliefs, and/or stigmatization.

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 implementing policy change.

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

Your Voice Is Important

The I.M. Justice Behavioral Health Evaluation Project surveys 950 counties to identify the ways they manage justice-involved people with mental illnesses in the jail and/or community. Our aim is to learn about how counties implement policy change in their jail and behavioral health systems.

We are now in the 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 if

For more information about this study and other similar topics, please email IMJusticeBH@ucf.edu or visit our website at www.gmuace.org/nimh.
Looking for training or technical assistance on a cascade for your agency/county? Visit our website to submit a request: https://www.jcoinctc.org/tta/.