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JAIL MENTAL HEALTH INNOVATIONS:
FACTORS INFLUENCING MENTAL HEALTH SERVICES INNOVATIONS FOR JAILS

by

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ABSTRACT

The U.S. is recognized for uniquely high incarceration rates. Over recent decades, there has been a concurrent dramatic increase of jail detainees with mental disorders. Provision of adequate mental health services for jail inmates is constitutionally mandated, and has legal, ethical, quality of care, and fiscal implications for jails, families, communities, and detainees. Significant variation exists in the provision of mental health services across jails, and increased understanding of the factors that influence the adoption of such services may help guide jails to implement beneficial services, and ensure that such services reflect, reflect quality standards. This study used a mixed methods strategy to examine the influence of theoretically determined variables on the adoption of jail mental health services, and the quality assessment of such services. Data was gathered by survey instrumentation, secondary data review, and in-depth interviews with jail leaders. The study found that isomorphism has a significant effect on the structural adequacy of jail mental health services, innovation characteristics have a negligible relationship to structural adequacy and process integrity, structural adequacy mediates the effects of isomorphism on process integrity, and jail size has a significant effect on structural adequacy. This study advances the knowledge base in its specification of the roles of internal, external, and demographic factors in the adoption of jail mental health services, and in the testing and application of Donabedian’s healthcare model to assess the quality of such services.

KEYWORDS: Criminalization and mental illness, correctional mental healthcare, Donabedian’s healthcare model, innovativeness, isomorphism, jail accreditation, jail diversion, jail innovations, jail mental health services, large jails, process integrity, quality assessment, quality outcomes, stakeholders, small jails, structural adequacy,
I humbly and gratefully dedicate this publication to my muse, and greatest life inspiration, my mother Dulcie McGill Clayton. You have been my anchor in safe harbors and the wind beneath my sails in the adventures of life. You motivated my efforts, inspired my accomplishments, and you are the single most responsible person for any success I enjoy!

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My greatest joy would be to have you share the joy of this accomplishment, but your life will live on in everything that I do that is good. Though you never wrote a book on paper you have written books in many lives, and I am so blessed and privileged to have been one of those. This accomplishment is truly yours and I savor it for you, knowing how much you would - if only you could! Thank you for your motivation and your love and unconditional and self-sacrificing support. Your memory will continue to spur your children, grandchildren, and others to excellence in death as you did in your wonderful life! I love you!
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CHAPTER 1
THE PROBLEM AND ITS CLARIFYING COMPONENTS

Introduction

Correctional settings in the United States have experienced dramatic increases in inmate census over the past several decades to the point that the United States (US) now has the dubious distinction of the highest incarceration rate in the world. In 2008, US correctional settings reportedly held approximately 2.3 million people, or 23% of the reported worldwide total of incarcerated adults, with an incarceration rate of 756 per 100,000 persons and a 50% increase from the 501 per 100,00 rate recorded 14 years earlier in 1992 (Bureau of Justice Statistics, 2011). Approximately one third, or 785,556 of the total, represents jail incarcerations with the remainder held in prisons or related detention settings (Bureau of Justice Statistics, 2010; Minton & Sabol, 2009; Walmsley, 2009). Comparatively, the average worldwide incarceration rate was reported to be 145 per 100,000 persons (Walmsley, 2009).

Background of the Study

Concurrent with the rapid growth of the US incarceration rate has been the even more dramatic increase in the growth rate of the incarcerated population with mental illnesses and functional psychological challenges, cumulatively referred to as mental disorders. Testimony to this effect was presented during a 2009 Senate hearing on Human Rights and the Law on September 15, 2009, where it was reported that 64% of jail inmates experienced a mental disorder. That report and related others also asserted that the three largest mental health facilities in the United States of America were the Los Angeles County Jail, Rikers Island Jail in New York City, and Cook County Jail in Chicago (Associated Press Report, 2011; Bloom, 2010).
Steadman, Osher, Robbins, Case, & Samuels (2009), in a study of mental illness in jails, found that 14.5% of men and 31% of women had a serious mental illness (SMI). Those numbers rose to 17.1% and 34.3% respectively, when post-traumatic stress disorder (PTSD) was included as a diagnostic category. Lamb, Weinberger, Marsh, and Gross (2007) conducted a retrospective study of 104 inmates in a large metropolitan jail and concluded that a majority of the sample had diagnoses of a SMI. They found that many of those offenders had lengthy histories of relatively minor offenses, and that 92% of the inmates with a SMI had histories of medication noncompliance that preceded their arrests. This finding led to their assertion that many of the offenses leading to incarceration were committed at times when the alleged offenders were not receiving adequate community mental health treatment.

Study findings such as these have supported a “criminalization” premise for the high incarceration rates of individuals with mental disorders. This criminalization argument suggests that the failure of current community treatment systems to adequately engage and effectively treat individuals with SMI has resulted in their increased involvement within the criminal justice system (Fisher, Silver, & Wolff, 2006, Lamb et al., 2007, Torrey 2007).

Torrey (1997, 1998) presented a linear explanation of how this transition may have occurred. Prior to the 1950s, state mental hospitals, also known as asylums, were the primary care option for individuals with mental illnesses/disorders. Starting in the mid-1950s, US public policy featured a strong deinstitutionalization emphasis that resulted in the release of large numbers of state psychiatric patients to local communities. This transition from regional state hospitals to local community settings was unprecedented and unprepared for by community mental health support systems. Many of the residents of the state hospitals transitioned to nursing
homes where Medicaid provided payment (Torrey, 1997). However, community residential options remained a challenge for many. Mechanic (1999) contended that concurrent with this exodus from state psychiatric hospitals were alterations to state and federal housing policies that reduced the investment potential and profitability of low-income housing. The resulting lack of affordable housing created an influx of individuals with mental illnesses who were unable to find affordable permanent housing. Many of these ultimately became homeless. As this population became more prominent, they reportedly engaged in offenses, often of the nuisance variety, that resulted in their entry into the criminal justice system (Mechanic, 1999, Mechanic & Rochefort, 1992; Torrey, 1988).

Correctional policymakers and decision makers have utilized several approaches to address the challenge of the high prevalence of jail inmates with mental disorders and reduce the management difficulties related to jail operations and community transitions. Most notable among the efforts to address these problems has been the emphasis on diversion of individuals with mental illnesses from jails into community-based mental health treatment. Jail diversion strategies include pre-booking diversions, jail diversions without arrest and incarceration, and post booking diversions that feature early release from jail to treatment utilizing such vehicles as mental health courts and pretrial release (PTR) (Steadman et al., 2009, Lamb, Weinberger & Gross 2007, 2004, Steadman & Naples, 2005).

Despite its demonstrated value and sustained emphasis, critics have challenged the use of the jail diversion strategy as a unitary approach to dealing with the issue of large numbers of jail detainees who have mental disorders (Draine, Wilson, & Pogorzelski 2007; Lamb, Weinberger, Gross, & Marsh, 1998). Draine et al. (2007) declared that, “Interventions at the intersection of
the mental health and criminal justice systems has followed a small set of service models with limited success and a narrow impact on the quality of treatment available to people with mental illness” (p. xx). They further asserted that research on services for this population in the correctional setting revealed that there were “limited services directed for the select individuals who are deemed to be worthy of access to treatment” (p. 159). They challenged what they termed as a simplistic assumption that the issue facing offenders with mental illnesses in the criminal justice system was simply one of linkage. Rather, they focused on the limited capacity and resources of the community mental health system, the appropriateness of the available services to presenting needs, and the service system’s willingness to treat this population.

Another identified obstacle to comprehensive success of the jail diversion initiative has been the recognition that traditional community mental health treatment has been inadequate to meet the complicated needs of some individuals with mental disorders. As explained by Lamb et al. (1998), a large percentage of jail inmates with mental disorders have “characteristics” which “present a major challenge to treatment in any setting.” Many such individuals have a history of noncompliance with community mental health treatment that may both precede and parallel their involvement in the criminal justice system.

Lamb et al. (2007) conducted a retrospective study of 78 inmates with severe mental illness in a large urban county. They found that 92% of the study sample had a history of noncompliance with prescribed psychotropic medications prior to arrest, 72% had prior arrests for violent crimes against persons, and 76% had a history of substance abuse. They concluded that such individuals present a major challenge to the provision of mental health treatment in community settings given their psychiatric and criminal profiles as well as their history of
violence. The unwillingness of such individuals to participate voluntarily in community mental health treatment partially explains this noncompliance. A further explanation is the perceived inadequacy of community treatment agencies to provide the level of supervision necessary to engage their compliance (Lamb et al., 1998).

Limited availability and access to community mental health treatment options as well as strict exclusionary criteria for participation in such programs have also been obstacles to the optimal success of the diversion approach. Recognition of community treatment limitations such as those noted by Lamb et al. (1998) has led to the consideration of in-jail mental health services as a feasible treatment option to help address this issue. Lamb et al. (1998), concluded that in many cases jails may have already acquired the default responsibility for the care of inmates with mental disorders, a group that they described as among the most difficult and expensive of inmates to treat. Ax (2003) concurred with this sentiment, but for a different reason. He lamented that the current disparate array of community mental health care has led to the reality of jails being the most dependable portals of treatment to many individuals who other mental health systems cannot or will not accommodate.

In short, there has been a call to expand the approach to the issue of large numbers of jail inmates with mental disorders beyond a unitary jail diversion emphasis and to include other approaches such as the systematic development and provision of jail mental health services. Proponents of this expanded approach have advocated for the value of providing jail mental health services in a systematic manner as an option, and have suggested the utilization of a public health approach to guide the development of mental health services within correctional settings. This expanded approach emphasizes mental health services to address the population of
individuals in jails with mental disorders (Lamb et al., 1998; Draine, Wilson & Pogorzelski 2007). They concluded that properly designed jail mental health services may have greater potential to provide effective and timely intervention to jail inmates with mental disorders than singular reliance on a primary jail diversion emphasis.

Hafemeister, Hall and Dvoskin, (2001) cited multiple benefits that derive from the adoption of jail mental health services. These include the prevention/reduction of mental status decompensation, the reduction of self-injurious behaviors and suicide, the reduction of violence toward peers and or staff, and the reduction of violent victimization of inmates with mental illnesses by predatory inmate peers. At the staff and community levels, they also noted many advantages of jail mental health services such as improved staff morale (reduced stress, burnout, cynicism, and absenteeism), reduced danger to the community, enhanced inmate readiness for community reentry, and improved public safety. They identified key strategies of successful jail mental health services as including specialized housing, separation from potentially predatory inmates, close monitoring of inmates in crises, and skill building exercises.

The practical benefits for jails to provide mental health care may appear to be a rational consideration, yet at the time of the present study, limited information was available to guide the effective implementation and provision of jail-based mental health services. Research and practice initiatives in jail mental health services appeared to be segmented, tentative, sporadic, slow, and largely uninformed by current and relevant research findings (Freudenberg, 2001; James & Glaze, 2006; Lamb & Weinberger, 2009; Steadman et al., 2009). This has led to variations and inconsistencies in mental health services provisions across jails.
A key starting point to bridging what seems to be an information gap of limited knowledge was to ascertain the perceptions of jail administrators and relevant stakeholders regarding the issue, their beliefs regarding the provision of jail mental health services, and the factors that they believe most influence the adoption of such services. Consequently, this research was aimed at jail administrators and related key informants. The information culled from them was intended to increase understanding of the mental health services valued by these key informants and the factors that they viewed as necessary influencers of such services adoption.

One of the characteristics of the traditional paramilitary structure that defines jails has been that changes often occur very slowly and conservatively (Carlson & Garrett, 1999, DiIulio, 1999). The reality that many jails have minimal or no mental health service provisions for their inmates with mental disorders may well reflect this lethargic characteristic. Yet the parallel reality is that many jails have successfully introduced mental health service interventions that represent effective strategies to manage and treat their detainees who have mental disorders (Steadman & Veysey1997). This offers the assurance that successful precedents for jail mental health services exist, and that there are principles that can facilitate the adoption of innovative mental health services initiatives across jails.

The wide range of types, quantity, and quality of mental health services across jails suggests that the adoption of such jail services might be a selective implementation process. Frameworks from innovation, institutional, and stakeholder theories identify select variables that contribute significantly to the adoption of such services in a range of institutional settings. The
applicability and differential influence of these variables to services adoption in the jail setting remains largely unexplored and consequently unclear.

A clear assessment of the degree to which such adoption/implementation variables are available in Florida’s jails may provide clearer insight regarding the range and differences that exist in mental health services adoption across jails. The absence of research regarding the quality of mental health services in jails, is a likely explanation for the wide variation in mental health services across jails. The present research addressed that information gap by tapping into the common fund of knowledge held by jail administrators and other stakeholders and summarizing such findings in a standardized manner with application across jails. Finally, not only has there been a wide variation in the services that jails provide for inmates with mental disorders; there has also been a dearth of information regarding the quality of mental health services offerings by jails. This study included a qualitative component in which the classic quality health services quality assessment model, as advanced by Donabedian (1966, 1988), was applied to help determine the correlates of quality jail mental health services.

The use of empirical knowledge obtained by evidence can validate the actions of jails that have successfully adopted effective mental health services. It can also illuminate the missing elements that may help facilitate the adoption of related mental health services in non-adopter jails as they grapple with the shared challenge of optimal interventions for the large percentage of jail inmates with mental disorders. Ultimately, the adoption of jail mental health services may help address and resolve management challenges related to the high prevalence of inmates with mental disorders.
There has been a paucity of coherent and consistent jail mental health programs existing under the shadow of the exponential growth of the population of jail inmates with mental health disorders (Torrey et al., 2010; US Senate Subcommittee on Human Rights and the Law 2009). This reflects the need for adequate and appropriate mental health services for this population and highlights the importance of increased understanding of how jails are most effective in the introduction and adoption of such services.

Additionally, the absence of empirical research regarding this issue suggests the need for data gathering to help develop a comprehensive conceptual model around which jails can coalesce and receive guidance to shape their adoption of such services. Relevant research findings are a necessary component to justify, validate and guide the uniform implementation of appropriate mental health jail programs, and to construct an empirically developed blueprint to reduce variation and increase the effectiveness across jails in the adoption of effective mental health services. This research project was conducted in an attempt to address this empirical need, seeking increased knowledge of the perceptions of jail administrators and key stakeholders relative to the importance of theoretically identified predictors to the successful adoption of the innovation of mental health jail services.

Problem Statement

American jails face the urgent problem of high incarceration rates with a large representation of inmates with mental disorders. Management and related challenges accompany this growing problem, but to date evidence of a broad and pragmatic framework for jails to utilize in addressing this challenge in a systematic and unified manner, has been lacking.
Notably, the option to provide organized jail mental health services for this population largely remains overlooked, ignored or underdeveloped.

Beyond the direct impacts of this issue for jails, there is also the indirect impact in the form of family and community disruption when such individuals return to local communities without the benefit of stabilization (Drapkin, 2009). Jails, in their public safety role, have the potential to enhance family and community health by the provision of adequate mental health services for inmates with mental illnesses during their time of incarceration. Such intervention for inmates with mental disorders has dynamic potential to help ensure smooth and efficient agency operation during the period of their incarceration. It also has the potential to improve family and community health and safety if such individuals can receive effective mental health care during their incarceration with reduced risk for harm or disruption when they return to their home communities.

Jails do not traditionally have a primary mental health care provision design or intent. However, as the challenge of large numbers of inmates with mental disorders has persisted, community mental health service supports have appeared insufficient and inadequate to stem the tide of jail inmates with mental disorders. With the spotlight of increased public scrutiny, the cost of litigation for adverse events related to inmates with mental disorders and the need to ensure a maximally safe environment, jails have increased incentive to consider the provision of systematically developed and delivered in-house mental health services (Drapkin, 2009). However, there has been a deficit of and a need for vital guiding information regarding what constitutes effective mental health services for jail inmates and strategies that will enhance the likelihood of successful adoption of such services in jails.
This study aimed to aid jails to adopt a wider range of strategies to address the challenge of jail inmates with mental disorders. It sought to generate findings that will provide relevant information about jail mental health services and to test factors theoretically identified as quality mental health services against the perceptions and viewpoints of jail administrators and related stakeholders. Ultimately, this information may help in the development of a comprehensive guide as to (a) what effective jail mental health services should look like and (b) a delineation of necessary organizational steps that will aid in the efficient adoption of such services. It was further projected that the study findings would help guide the development of quality jail mental health services as a viable complementary strategy to provide effective interventions for the large number of jail inmates with mental health disorders. The expectation is that such an approach will improve the quality of intervention for this population, help reduce the incidence of adverse jail events that may be attributable to inadequately managed mental illnesses, and provide increased inmate stabilization to assist in a smooth transition to the community at the time of jail release.

Researchers have identified several limitations to effective mental health services provision that many jails continue to experience. These include ineffective screening for mental illness, limited or no access to psychotrophic medications, and limited or no access to counseling (Scheyett, Vaughn, & Taylor, 2009; Teplin, 1990). As such, there is significant potential for the development of basic as well as more sophisticated innovations for jail based mental health services.

This study has relevance not only for jails with minimal or no mental health services, but also for jails with a seemingly desirable range of mental health services. Such services may be
enhanced for increased effectiveness or may benefit from quality assessment to best ensure meaningful outcomes. Projected innovations for more sophisticated jails include the expansion of mental health services care models as demonstrated in the biopsychosocial model, the utilization of jail-based case management approaches, and partnership development with relevant stakeholders such as universities to design relevant training curricula for jail mental health services personnel (Appelbaum, Manning, & Noonan, 2004; Engel, 1978).

Innovation research and practice have predominated in the private sector over time. Such research and practice do not appear to have the same history in the public sector. Berry (1994) defined innovation in government as programs or policies that are new to the adopting agency and strongly advocated for government innovation. Cohen & Eimicke (1998) suggested that public agencies face several challenges to adopt innovations. This includes such constraining organizational elements as operating in a “media fishbowl” (p. 9) with the need to function in a regimented manner “circumscribed by laws and regulations” (p. 9). The challenges they described have direct applications to jails as public organizations and may help to explain the seemingly slower rates of innovation adoption for jails than for private agencies.

A practical approach to accelerate the innovation adoption process for jails appears to be the intentional utilization of identified strategies that can facilitate planned mental health services adoption in jails. The theoretical frameworks of innovation diffusion theory (IDT) and institutional theory and stakeholder theory each provide insight into how such institutional changes can occur and constituted the three-legged stool of the underlying theoretical framework used in this study. These theories provided a supportive and interlocking explanation to help
isolate and explain the multiple factors that appear to influence the adoption of new practices or innovations.

Given the importance of assessing services quality, this study also incorporated a qualitative element that examines quality outcomes in jail mental health services. Donabedian’s (1966, 1988,) structure-process-outcome model of quality provided a framework to guide the analysis of the relationship between structural adequacy and process integrity with regard to quality outcomes for mental health practices in jails. The researcher also examined how isomorphism and other jail characteristics influence the variation in structural adequacy and process integrity of jail mental health services. The present study was a contribution to the literature in identifying the effective mental health services practice in Florida’s jails.

Definition of Innovation

As used in this study, the term innovation describes the process by which jails adopt new or modified on site-specific mental health services, infrastructure, protocols, practices or support services. It refers to any new form of jail-based mental health services, provisions, and interventions for inmates inclusive of programmatic services such as medication intervention, and structural elements such as the provision of dedicated housing for inmates with mental illnesses. Health innovations are further described as a “novel set of behaviors, routines, and ways of working directed at improving health outcomes, administrative efficiency, cost effectiveness, or users’ experience and that are implemented by planned and coordinated actions” (Greenhalgh, Robert, Bate, MacFarlane, & Kyriakidou, 2005, p. 20).

Useful illumination for understanding the process of innovation adoption in jails comes from established findings from innovation theory as articulated by Rogers (1995, 2003). He
described an innovation as an “idea, practice or object perceived as new” (p. 11) with the newness inclusive of the novelty of the persuasion, or the decision to adopt known ideas or practices. McKeown, (2008) expanded on this definition in describing innovation as a new way of doing something and further proposed that innovations may be incremental, radical, or revolutionary changes in thinking, products, processes or organizations. West et al. (2003) viewed innovation as an intentional and replicable process with component elements and phases. They emphasized the intentionality of the process in their definition of innovation as, “the intentional introduction and application…of ideas, processes, products, or procedures, which are new to that job, work team, or organization and which are designed to benefit the job, the work team, or the organization” (p. 94).

Theoretical Framework

Diffusion of Innovation Theory

The conceptual framework that describes the innovation process, or the adoption of new ideas and processes, and its supporting elements is widely known as innovation diffusion theory (IDT), or synonymously as diffusion of innovations (DOI) theory. For the purposes of this study, IDT is the acronym applied to this theory. The researcher acknowledges the large body of confirmatory research that has previously tested and validated the core essentials of IDT. The findings from such studies have consistently supported the theory’s explication of correlational and causative relationships among identified indicator variables and the outcomes of innovation adoption or innovation adoption readiness (Greenhalgh et al., 2005; Rogers, 1995). This study sought to build on the precedence established by such studies to test and validate the relevance of
these indicator variables to the adoption of novel or modified mental health services in Florida’s jails.

Though many jails have independently established successful mental health programs, clear, consistent, and shared theoretical foundations have not been readily apparent in the review of such programs. In contrast, IDT has a rich and extensive research and literature base which provides a clear conceptual mapping of factors that have been demonstrated to influence the organizational adoption of new ideas, activities, and practices (Greenhalgh, Robert, MacFarlane, & Bate, 2004; Rogers, 1995). The large variability in the mental health programs in jails provides fertile soil for conducting a confirmatory testing of the principles of IDT in program adoption. Likewise, the variability in the range and quality of mental health services in jails begs for an established and credible explanatory model to help explain how services are adopted and the factors that influence quality services. IDT provided a useful theoretical framework to help explain quality mental health services adoption in jails and has the potential to reduce the need to “reinvent the wheel” in seeking for the further successful implementation of mental health services in jails.

This study offered the dual opportunity both to utilize this theory as an innovation adoption guide and to test the applicability of identified innovation factors to the jail setting. IDT provides a strong, conceptual framework that establishes a credible theoretical background and the basis to test hypotheses regarding the influence of empirically established predictor variables on jail adoption of mental health services innovations.
Institutional Theory

Institutional theory and its emphasis on isomorphism as explicated by DiMaggio and Powell (1983) also constituted a vital part of the theoretical foundation of this study. Jails operate largely independently, yet they have increasingly interacted with other jails and have both active and unfulfilled potential for mutual influence. Although there has been limited external oversight of mental health service provisions in jails, both state and federal guidelines have established standards for general operational elements in the provision of residential services to an involuntary clientele.

The delineation of external voluntary and involuntary mechanisms that influence similarly classified organizations to operate and behave alike is a prime focus of institutional theory. The variability in the provision of mental health services across jails renders jails as a valuable setting to test the applicability of identified elements of institutional theory as influencers in the differential adoption of new mental health services across jails. Thus, the conceptual framework of institutional theory formed the basis for the development of the study hypotheses regarding the influence of isomorphic influences with specific predictor variables such as jail professional affiliations, accreditation status, and interest group involvement on jail adoption of mental health services innovations.

Stakeholder Theory

As taxpayer funded agencies, jails have been accountable to, and influenced by, a range of public and private parties and constituencies. These include their governing bodies (sheriff, Board of County Commissioners, or private company), the judiciary, the legal profession, advocacy groups, peer jails, service providers, product suppliers, the taxpaying public and
inmates themselves. Freeman et al. (2010) denoted such constituency groups as stakeholders and described them as “any group of individuals who can affect or are affected by the achievement of the organization’s objectives” (p. xx). These constituency groups and parties may have independent and even competing goals and objectives of self-interest while sharing interest in the outcome of the specified organizational entity—jails, for the purpose of this study (Stacy, 2013).

Stakeholder theory in its instrumental and normative strands, links agency success and moral standing to the ability to identify relevant stakeholders, determine their potential to harm or help the agency, and develop strategies to manage these disparate objectives and parties for optimal agency benefit. Postema, Groen, and Krabbendam (2012) explained that stakeholder theory covers a wide swath of those who affect the organization’s efforts inclusive of government, local communities, and civic organizations that can officially or unofficially regulate, aid, or hinder the organization. Given the invested interest of stakeholders in the outcome of jails, there is value for intentionality in assessing and selectively involving stakeholders in information gathering that will lead to organizational decision-making (Freeman, 2010; Hasnas, 2013; Stacy 2013).

Blair and Fottler (1990) asserted the importance of identifying relevant stakeholders and diagnosing whether their alignment with the goal of the organization is positive, negative or neutral. Savage, Nix, Whitehead, and Blair (1991) expanded on this identification in their classification of stakeholders as supportive, marginal, nonsupportive, or a mixed blessing. They suggested that organizations actively involve supportive stakeholders, monitor the marginal, transform or defend against the nonsupportive, and collaborate with mixed blessing stakeholders.
Fottler and Blair (1989) further classified stakeholders by their internal, external and interface positioning with intentional and reasoned attention directed to each category. As applied to jails, internal stakeholders include jail administration, mental health and medical staff, training and accreditation personnel, correctional deputies, support staff, and jail inmates. External stakeholders include community mental health agencies, mental health advocacy and interest groups, the legal community, the media and the public. Interface stakeholders include universities and training centers that train correctional, mental health and related professionals who work in jails.

Jails have multiple stakeholder and interest groups whose influence, involvement, and viewpoints may change over time but who nonetheless wield influence in their decision-making and actions. (Clarkson, 1995; Postema et al., 2013). With recognition of the potential for stakeholder groups to influence the decision making and actions of jails (Long, 2012), the researcher recognized relevant stakeholders as potential parties to the innovation adoption process in jails, and embraced the value of including such relevant jail stakeholders as survey respondents. As such, beyond the role of stakeholders as study participants, study findings and recommendations included reference to the identified role and continued involvement of jail stakeholders in the innovation adoption process.

Donabedian’s Quality Outcomes Theory

As important as it is to ensure that adequate services are provided for jail detainees with mental illnesses, there is an equally pressing need to ensure that such services are not only available but also effective. In short, the provision of services may well be confounded if there is no assurance that such services are of good quality. The Donabedian model (1966, 1988) is a
simple yet elegant conceptual model to assess quality in health care services delivery. It was utilized in this research study as a framework to provide a baseline assessment of the perceived quality of mental health services in Florida’s jails.

Donabedian proposed utilization of the triad of structure, process, and outcome to evaluate the quality of health care services. Structure is defined as the settings, qualifications of providers, and administrative systems through which care takes place and would include resources provision for health services delivery as well as accreditation status. Process is described as the components, particularly interactional, of health services delivery and outcome as the results of structural adequacy and process integrity.

In summary, this study integrated multiple conceptual elements of the theories previously described as an integrated theoretical framework to examine factors influencing the adoption of innovative mental health services in jails. It aimed to advance the knowledge base of the general innovation adoption in jails as well as to provide more specific information and guidance related to the provision of specific mental health services in jail settings. It was the expectation to illuminate and validate factors contributing to the development of effective jail services for inmates with mental disorders. Ultimately, the researcher sought to provide a practical model upon which the systematic adoption of empirically validated mental health services in jails could be implemented.

**Study Sample**

Florida’s 67 county jails provided the sampling frame for this study. Florida is a large and diverse state with political and other demographic segments that appear to parallel a wide range of the nation’s people and correctional landscape. Given its diversity, a study drawn from all
areas of the state offers findings that may be generalized beyond the confines of state lines. This study was conducted to examine the perceptions of jail administrators and key stakeholders relative to the issue of the high prevalence of jail inmates with mental disorders; their viewpoints regarding the roles of jails in addressing this issue; and their views on how isomorphic and innovativeness, and stakeholder factors may catalyze the adoption of quality mental health services in Florida’s jails. A qualitative component was included in this study to assess the perceived quality of mental health services in Florida’s jails. This qualitative component was intended to build on and add depth of meaning to the quantitative findings shown by the analysis of the questionnaire results.

**Research Questions**

The integrated theoretical approach noted above has guided the formulation of the following research questions:

1. What is the relative influences of isomorphic mechanisms (normative, mimetic, and coercive) on the structural adequacy and process integrity of mental health services in Florida’s jails?\(^1\)

\[^{1}\text{Normative isomorphism is the imitative pressure for agencies to move toward likeness through professionalization and membership in industry organizations. Mimetic isomorphism is the move toward institutional likeness based on the influence of jails observing other peer organizations. Coercive isomorphism is the move toward institutional likeness based on regulations, and licensing requirements for peer agencies to achieve legitimacy and political influence (DiMaggio & Powell, 1983).}\]
2. What is the relative influence of the innovativeness characteristics of relative advantage, Ease of use/complexity, observability, and service cost on the structural adequacy and process integrity of mental health services in Florida’s jails?

3. What are the influences of jail size, jail location, and jail administrative oversight in accounting for the structural adequacy and process integrity of mental health services in Florida’s county jails?

4. Are structural adequacy and process integrity of mental health services in Florida’s jails related to each other?

**Alternative Hypotheses**

Hypothesis 1a: The variables of regulatory directives (ISOREG), Jail Industry Standards (ISONORM) Jail imitation of peer jails (ISOMIME) and Jail Avoidance of Litigation (PREVSUIT) are valid measures for the construct of Isomorphism

Hypothesis 1b: The variables of Relative Advantage (ADVNTG) Ease of Use (EASE) Observability (OBSRVBL) and Cost Savings (CSTSAV) are valid measures for the Construct of Innovativeness

Hypothesis 2a: Isomorphism in its normative, regulatory and mimetic expressions will influence the structural adequacy of mental health services in Florida’s jails.

Hypothesis 2b: Isomorphism in its regulatory, normative and mimetic expressions will influence the process integrity of mental health services in Florida’s jails.

Hypothesis 3a: Innovativeness Characteristics (IC) of relative advantage, complexity/ease of use, observability and services cost will influence the structural adequacy of mental health services in Florida’s jails.
Hypothesis 3b: Innovativeness Characteristics of relative advantage, complexity/ease of use, observability and services cost will influence the process integrity for mental health services in Florida’s jails.

Hypothesis 4a1: Jail size is a significant influencer in the structural adequacy of mental health services in Florida’s jails.

Hypothesis 4a2: Jail setting is a significant influencer in the structural adequacy of mental health services in Florida’s jails.

Hypothesis 4a3: Jail administrative oversight will be significant influencer in the structural adequacy of mental health services in Florida’s jails.

Hypothesis 4b1: Jail size is a significant influencer in the process integrity of mental health services in Florida’s jails.

Hypothesis 4b2: Jail setting is a significant influencer in the process integrity of mental health services in Florida’s jails.

Hypothesis 4b3: Jail administrative oversight is a significant influencer in the process integrity of mental health services in Florida’s jails.

Hypothesis 5: Structural adequacy is positively associated with process integrity of the provision of mental health services in Florida’s jails.

The conceptual model that follows illustrates the hypothesized relationship of theoretically identified predictor variables and their contribution to the adoption of jail mental health services and the perceived quality of those services. These variables represent the construct of the isomorphism emphasis of institutional theory, the value of the characteristics of the innovation as delineated in innovation diffusion theory, and the influence of structural
adequacy and process integrity for quality service outcomes as described in Donabedian’s (1966, 1988) health quality theory.

Study findings may illuminate and confirm for jail application, the relevance of these variables identified in theory and previous research as predictors of the adoption of jail mental health services as innovations and as predictors of quality jail mental health services.

Study findings further illuminate the comparative value of these factors for jail mental health services adoption as compared to innovation research findings in more commonly researched private sector institutional settings. Such findings have the potential to demonstrate the convergence or divergence of enabling factors in the adoption of mental health services as perceived by jail-related respondents compared to those reported in the more traditional innovation research literature.

It is expected that the findings of this study may help to develop a theoretically grounded and empirically validated model to guide the intentional and systematic adoption of quality jail mental health services that effectively address the high prevalence of inmates with mental disorders. The validated model may serve as a guide for the successful adoption of quality jail in-house mental health services.
The hypotheses presented are a verbal expression of the postulated relationships between study factors and variables. Figure 1 provides a graphical expression of those hypothesized and expected relationships.

*Figure 1. Schematic Diagram: Hypothesized relationships of the study constructs*

**Purpose of the Study**

It was the expectation of the researcher that the findings of this research study would provide increased knowledge of the factors that prepare jails to adopt mental health services; identify and relate such readiness to the differential level of mental health services adoption among study jails; and assess the quality outcomes of such mental health services relative to their structural adequacy and process integrity. Such knowledge will help guide jail policymakers and decision makers in the identification and control of relevant factors that influence the adoption of useful and quality jail mental health services.
A further research expectation was that several practical and theoretical contributions would accrue from this study. The study was intended to provide novel insight into the perceptions that jail administrators and key stakeholders have of the issue of the high prevalence of jail inmates with mental disorders. More pointedly, it could cull their viewpoints about agency responsibility for optimally addressing this problem, the elements that should characterize the ideal programmatic solution, and the catalytic factors in the adoption of jail mental health services. Finally, it was intended to serve as a window into the quality assessment of jail mental health services.

There is no indication of a previous systematic collection of such information from a range of representative jail administrative and stakeholder constituencies. Such information, as culled from jail administrators, stakeholders, and key decision makers, offers credibility for the study findings, given the expert knowledge that these respondents have of the problems encountered with this population in jails as well as their appreciation for the intricate balance of inmate needs and public interests including public safety.

Analysis of this data provided information for the development of further theoretical frameworks: (a) a framework that jails can utilize to develop their readiness for the successful adoption of innovations such as mental health services, and (b) a relevant mental health services approach to guide jails in determining structural (infrastructure) and process (programmatic) elements that comprise quality jail-based mental health services. This framework incorporated the elements that study respondents identified as important for effective jail mental health services. A benefit of this study was its potential to illuminate and validate generalizable principles of innovation adoption as well as isomorphic and stakeholder influences that may have
application for non-mental health services adoption in jails as well as in other understudied governmental agencies.

**Significance of the Study**

Studies of jail innovations are sparse. Furthermore, the limited reviews of jail mental health services innovations typically reflect subjective anecdotal summaries that are not necessarily rooted in theoretical foundations or validated by empirical testing (Ruddell, 2006, Scafuri, 2011). Such programs lack the legitimacy conferred by the validation of empirical research and validated findings that are rooted in established theoretical foundations. A vital information gap therefore exists regarding anecdotal beliefs and research findings regarding jail adoption of new services as an innovation.

This study aimed to narrow that information gap by conducting a structured study with empirical analysis of theoretically identified variables in the institutional readiness of Florida’s jails to adopt “in-house” mental health services. The study has significance because of its potential to expand the knowledge base relative to the variables that influence planned change in the unique governmental entities known as jails. Traditional innovation studies have predominated in the private sector, but have had limited application in governmental agencies outside the field of education. This study allowed for the testing of principles validated primarily in private settings to the jail environment.

Improved understanding of how planned change or innovation takes place in jails has further relevance given the 21st century contextual uncertainty in the political and economic climate. The national reality of the United States is characterized both by reduced government revenues based on the recent financial recession and by a current political stance that threatens to
redirect the current flow of federal funds away from domestic “social” issues such as mental illness to other spending priorities. Governmental support provides the primary funding for jails.

In light of potentially reduced income streams, jails, as is true of other governmental agencies, face the mandate for increased efficiency, effectiveness, innovativeness, and transparency.

**Definitions of Terms**

**Mental disorders:** Describes a broad range of psychological, emotional and behavioral disorders inclusive of Axis 1 mental illnesses, substance use/abuse disorders, intellectual deficit disorders, and personality disorders. These conditions cause dysfunction and/or disability and may compromise effective functioning within the jail setting. Such conditions may be responsive to medication interventions as well as to a range of psychological and social support services.

**Jail mental health service innovations:** Describes new practices or policies that address the mental health care needs of jail inmates provided within the jail setting during the course of incarceration; may include onsite mental health staff, specialized mental health housing, correctional staff training on mental health issues and suicide prevention, utilization of electronic medical records, skill building groups, and discharge planning.

**Mental health treatment:** Describes the provision of psychiatric, psychological, behavioral, educational, and socialization strategies and interventions to ameliorate the manifestations of mental illnesses and behavioral health disorders; may include individual and group counseling, specialized housing, psychotropic medication intervention, behavioral contracting, psychoeducational skill building, social support development, and discharge planning.
Serious mental illnesses (SMI): Describes mental conditions and abnormalities related to significant functional impairment in behaviors, emotions or thoughts and last for extended periods. As used in this study, mental illness refers to thought disorders such as schizophrenia, mood disorders such as major depressive disorder and bipolar disorder, and severe anxiety disorders, characterized by accompanying symptoms such as delusions, hallucinations, disordered thinking, bizarre behaviors, dramatic mood alterations and excess mood swings.

Isomorphism: Describes a construct drawn from institutional theory as elaborated by DiMaggio and Powell (1983). It explains organizational change as a process in which organizations become similar to peer organizations in terms of processes and practice. It may be expressed in three separate forms: normative isomorphism, mimetic isomorphism, and coercive isomorphism. Normative isomorphism refers to change brought by professional norms such as accreditation or membership in professional organizations. Mimetic isomorphism refers to changes in the institution prompted by imitation of like entities. This is usually prompted by uncertainty of current practice and belief that the structure of a peer organization may be beneficial. Coercive isomorphism describes organizational change that is forced or coerced by pressure from external agencies/entities pressure from other organizations upon which they are dependent. This may come from governmental or other regulations, mandates, or contract laws.

Innovativeness: Construct drawn from innovation theory as presented by Rogers (1995, 2003); describes the process and characteristics of variables which will increase likelihood that they will be adopted/implemented in organizational settings. For purposes of this study it describes change as influenced by internal forces and examines innovativeness measures of
relative advantage of the mental health service over previous practice, ease of implementing the service, its compatibility with current practices, and implementation cost.

**Structural adequacy:** Refers to the presence of structural elements to ensure the delivery of adequate mental health services; drawn from Donabedian’s (1988) healthcare quality assessment model of Structure-Process-Outcomes. For purposes of this study, structural adequacy refers to both a quality dimension, as well as serves to denote the adoption/presence of mental health services that are necessary to ensure adequate services delivery for this population.

**Process integrity:** Refers to the implementation and assessment of mental health services in jails, focusing on the actual processes and the interactional nature of such; drawn from Donabedian’s (1988) healthcare quality assessment model of Structure-Process-Outcomes. For purposes of this study, it refers to ensuring that interactional and related quality elements of mental health services delivery are ensured.

**Outcomes:** Refers to the third strand of Donabedian’s (1988) Structure-Process-Outcomes quality assessment framework. For the purposes of this study, outcomes are measured by variables of inmate disciplinary reports, recidivism rates, length of jail stay and adverse health events to include attempted and completed suicides.
CHAPTER 2
REVIEW OF LITERATURE

Introduction

Jails face the challenge of high numbers of inmates with mental disorders. Such individuals experience psychological distress, present disproportionate levels of management demands within the jail setting, and pose potential public safety and stability threats to the communities to which most will ultimately return. The limited emphasis on mental health services in jails is undergirded by a paucity of research regarding this option and a need for relevant information from those who arguably know jails best, jail administrators and relevant stakeholders. The current research landscape fails, however, to provide needed information such as the perceptions of jail administrators and other relevant gatekeepers about the gravity of the inmate mental disorder challenge, the locus of responsibility for addressing the issue, the preferred manner to address it, the factors that will influence the adoption of necessary services, and the strategy to optimally assess the quality of service offerings.

Considering these identified knowledge deficits, the purpose of this study was to identify the perceptions of jail administrators and key stakeholders regarding effective mental health services for jail inmates with mental disorders and the factors that influence the readiness of jail systems to adopt such services. The ultimate goal was to utilize this information to develop a jail mental health services provision model and to introduce such a model within jails. The design and purpose of this study relied on an established body of knowledge related to the introduction and implementation of new practices or policies by individuals and organizations. This study was based on the existing theoretical foundation of innovation diffusion, institutional, and stakeholder theories to address these knowledge deficits. It added the further dimension of
Donabedian’s quality outcomes health care model to assess the quality component of Florida’s jails and the mental health services which they provide.

This review of the literature first addresses the genesis and current state of the challenge of high numbers of jail inmates with mental disorders. It next examines the responses of jails and the larger society including the reliance on jail diversion programs as well as jail based mental health services along with justifications for utilizing these approaches and the seeming success of each approach. Special attention is directed to the review of the literature related to the adoption of mental health programs identified as innovations in jails and to the mechanisms identified in the theoretical literature as supportive of the process of adopting new programs in jails.

Given the paucity of focused and directed jail studies, this literature review extends beyond jail settings to draw from the lessons, principles, methods, and findings of innovation and health studies in settings other than jails but which nonetheless have some application to the jail setting. The review will focus on the nature and methods of the innovation research studies as well as the significance of the findings. Relevant findings and conclusions related to prior studies served as guides to illuminate the significant factors that influence the adoption of mental health services as innovations in jails. The studies chosen for review had sufficient similarity to the intended research study to provide relevant blueprint principles for the adoption of jail mental health service innovations.

**Problems Facing American Jails**

American jails face the urgent problem of high incarceration rates and a large percentage of inmates with mental disorders. Management and related challenges accompany this growing problem, but there was little evidence of a broad and pragmatic framework for jails to utilize in
addressing this challenge in a systematic and unified manner at the time of the present study. Notably, the option to provide organized jail mental health services for this population largely remained overlooked, ignored, or underdeveloped.

Beyond the direct impacts of this issue for jails, there is also the indirect impact in the form of family and community disruption when such individuals return to local communities without the benefit of stabilization (Drapkin, 2009). Jails, in their public safety role, have the potential to enhance family and community health by the provision of adequate mental health services for inmates with mental illnesses during their time of incarceration. Such intervention for inmates with mental disorders has dynamic potential to help ensure smooth and efficient agency operation during the period of their incarceration as well as to improve family and community health and safety when inmates return to the community.

Jails have not traditionally had a primary mental health care provision design or intent. However, as the challenge of large numbers of inmates with mental disorders has persisted, community mental health service supports have appeared insufficient and inadequate to stem the tide of jail inmates with mental disorders. With the spotlight of increased public scrutiny, the cost of litigation for adverse events related to inmates with mental disorders and the need to ensure a maximally safe environment, jails have increased incentive to consider the provision of systematically developed and delivered in-house mental health services (Drapkin, 2009). However, there has been a deficit in vital guiding information regarding what constitutes effective mental health services for jail inmates as well as the strategies that will enhance the likelihood of successful adoption of such services in jails.
This study aimed to aid jails to adopt a wider range of successful strategies to address the challenge of jail inmates with mental disorders and inadequate care. The researcher sought to generate findings that would provide relevant information about jail mental health services and to test factors theoretically identified as contributors to agency readiness and actual service innovation against the perceptions and viewpoints of jail administrators and other key informants. Ultimately, this information may help in the development of a comprehensive guide as to what effective jail mental health services should look like along with a delineation of necessary organizational steps that will aid in the efficient adoption of such services. It was further projected that the study findings would help guide the development of quality jail mental health services as a viable complementary strategy to provide effective interventions for the large number of jail inmates with mental health disorders. The expectation was that such an approach would improve the quality of intervention for this population while reducing the incidence of adverse jail events that may be attributable to inadequately managed psychological disorders.

**Theoretical Constructs**

Greenhalgh et al. (2005) traced the roots of innovation theory to Tarde, a late 19th century French lawyer and social psychologist. Tarde posited that the imitation of practices was ubiquitous and easily organized into laws to form the basis of broader social change. Rogers (1995, 2003) built on this core ideology and tested and confirmed distinct steps and processes to facilitate planned, systematic, and organized change, as opposed to chaotic evolution. He described the tenets of this systematic and planned change under the acronym for innovation diffusion theory (IDT), also referred to as diffusion of innovations (DOI) theory. Although these acronyms are interchangeable, for the purposes of this study IDT was the primary descriptor
used to represent elements of the theory. Rogers (2003) proposed that the adoption of innovations is an active process with intentional stages and levels. The theory emphasizes characteristics of the innovation itself, as well as “intra” and “inter” organizational factors as influencers of the innovation adoption process.

A second theoretical construct that applied to this study was isomorphism as delineated in institutional theory. The three major pillars of isomorphism, mimetic, normative and coercive isomorphism, focus more on the role of external influences in such adoption than does innovation theory. This external influence in influencing change speaks to the strong theorized role of external influences in the adoption of mental health services innovations in jails.

The study’s multi respondent design reflects recognition of the roles of multiple actors in institutional decision-making and sits on the theoretical foundation of the instrumental and normative branches of stakeholder theory. Clearer delineations of IDT, institutional, and stakeholder theories as they relate to the adoption of mental health services innovations in jails are discussed in succeeding sections of this paper. These enhanced theoretical descriptors provide justification for the use of each of these theoretical perspectives to develop an overarching framework that informed and guided this study.

Finally, the quality component is an essential element to ensure program effectiveness and overall accountability. Donabedian’s (1966, 1988) quality assessment model is a parsimonious yet elegant model to capture quality outcomes in health care based on structural adequacy and process integrity. This model was integrated into this study to help determine the quality of mental health services for Florida’s jails.
The research questions and study hypothesis that guided the study were derived from these theories. They provided a framework to test and validate hypothesized relationships between identified predictor variables and the outcome variable of jail readiness for and adoption of mental health services innovations. Statistical analysis of study findings demonstrated variable associations and relationships as previously established in related research settings.

**Institutional Theory**

Institutional theory explains organizational change with emphasis on the mechanisms of external and internal institutional factors to affect agency change. The theory proposes that changes, such as the adoption of practice innovations in organizational settings, result from institutional survival pressures that influence agencies toward likeness or sameness in their responses. A preeminent explanatory premise of this theory is the concept of isomorphism represented by three primary manifestations, coercive, normative, and mimetic (DiMaggio & Powell, 1983). Normative isomorphism refers to the internal pressure of belonging to peer organizations and is associated with professionalization. Mimetic isomorphism results from standard responses to uncertainty and change and describes the pressure exerted on organizations by the influence of observed peer organizations. Coercive isomorphism refers to external pressure exerted on organizations by making them subject to accreditation, regulations, and licensing. It is rooted in the role of political influence and the need for agencies to achieve legitimacy.

Accreditation refers to the voluntary decision of jails to meet requirements of industry-related professional inspectional entities which provide seals of approval when established standards are satisfied at the specified structural and operational levels. Accreditation bodies set
normative standards for the industries that they represent. These standards represent best practices and often establish frontier type precedents (Miner & Allan, 2014; Nayar, Fang, & Apenteng, 2014; Riley, Bender, & Lownik, 2012).

The role of accreditation in influencing jails’ readiness to adopt mental health services is consistent with normative isomorphism as explicated in institutional theory. Normative isomorphism theorizes that institutions change as they seek to ensure their survival by achieving industry standards to which like agencies adhere. Accreditation status refers to the possession of such a seal of approval as granted to jails that have met established standards of professional state and national groups. Relevant jail accreditation types for this study include Florida Model Jail Standards (FMJS), the American Correctional Association (ACA), and the Commission on Accreditation for Law Enforcement Agencies (CALEA) and the National Commission on Correctional Health Care (NCCHC) (APA, 2000). Jails that pursued and held accreditation status signify their intent to achieve expected industry standards of the practice.

Despite the minimal mental health standards of most jail accrediting bodies, the willingness of many jails to meet voluntarily imposed standards suggests their willingness to pursue broader programmatic improvements across jail constituencies. This study hypothesized that jails that have relevant professional accreditation status, and particularly health related accreditation, will have improved on-site mental health services innovations compared to jails that do not have relevant accreditation status.

Institutional theory also proposes that mimetic isomorphism or the tendency to imitate like agencies also influences institutional change. Voluntary membership of jails in state and national industry/professional groups provides exposure to professional practices of other
facilities, some of which may have operational mental health services. Exposure to innovative
and successful mental health services in peer jails, or as advocated by professional organizations
of the industry, increases the likelihood of adoption of such services by other jails. Relevant
professional correctional organizations in Florida include the Florida Sheriffs Association (FSA),
the American Jail Association (AJA), and the American Correctional Association (ACA).

Finally, coercive isomorphism reflects the tendency of organizational bodies to move
toward sameness when there is mandated requirement for such, as dictated by legislation or
regulation. Consequently, laws or requirements for which violations may result in formal
sanctions will likely catalyze compliance with the specified change. The constitutional mandate
and protections of the 8\textsuperscript{th} and 14\textsuperscript{th} Amendments approximate the spirit of coercive isomorphism.

Stakeholder Theory

Stakeholder theory attends to the role of constituent influences in institutional
maintenance and change. Relevant stakeholder groups include structured organizational entities
as well as citizen groups with interest and advocacy roles. Stakeholder theory proposes that
classification and consideration of these influencing groups is vital to the decision making of
governmental agencies such as the jails.

Limited attention has been devoted to stakeholder and political influences in previous
innovation adoption studies. This may be because the roots of innovation research largely reside
in nongovernmental settings. However, jails, as public agencies that “pertain to citizens”
(Random House College Dictionary 1992), have innate political involvement and a symbiotic
relationship with its constituent citizens, and with political influence. Cook (1998) asserted that
public administration is a political undertaking and a political institution as much as are courts,
legislatures, or elected offices. He further suggested that “understanding of, and appreciation for the inescapable fact of public administration’s character as a political institution and its complex implications should be the foundation of the administrative enterprise” (Cook, 1998, p. 225).

Cohen and Eimicke (1998) further distinguished the role of political factors in the private and public sectors. They suggested that the private sector orientation often views political factors as “illegitimate, exogenous factors in the process of organizational change” (p. 10). In contrast, they advanced the view that for public organizations “political factors should be conceptualized as central determinants of the ultimate parameters of organizational change” (p. 10). They further contended that “politics sets the boundaries of what is feasible in the public sector [and] to ignore that, is to disregard the public in public sector” (p. 10).

Political factors have a vital role in 21st century public agencies such as jails. Unlike Woodrow Wilson’s model of public agency administration as separate from political influence, many consider political influence as an integral part of public agency decision-making. Corte-Real (1997) asserted that political neutrality at the leadership of civil service professions was difficult if not impossible to achieve. She referenced the special provisions of several civil service systems related to the recruitment, selection, and appointment of top civil servants to ensure that appointees have expertise and technical skills as well as practical political understanding. Beyond the role of appointees, she contended that public administration places ultimate responsibility for decision making on politicians who are, in the end, accountable to citizens and society. Thus, decisions made regarding jail services demand intentional attention to political factors.
The administrative structure of jails as governmental agencies also appears relevant to the adoption of services innovations. Administrative responsibility and command for Florida’s jails may reside in the Sheriff’s office, the Board of County Commissioners, or contracted, private for-profit companies. Such administrative authority chains may reflect distinctions between agencies with centralized power administered along very rigid chains of hierarchical authority and decision-making as opposed to those that have much looser administrative structures.

Rogers (1995) suggested that centralization, the degree to which organizational power and control are concentrated in a few individuals, was negatively associated with innovation. His explanation was that top leaders in centralized organizations were often not properly positioned to identify operational-level problems or to suggest relevant innovations to meet those needs. As a matter of interest, innovation theory suggests that following innovation decision-making, centralization may encourage the implementation of innovations. Formalization, as indicated by strict chain of command responsibility for decision-making, is similarly viewed as inhibitory of innovation adoption but beneficial for innovation sustainability post adoption decision.

Interest groups also merit significant consideration as stakeholders in organizational changes and innovations within jails. Boushey (2010), in a study of innovation diffusion across state governments, suggested that innovation research had understated the role of non-governmental actors in policy diffusion. He proposed that the diffusion of innovations is driven not only by sequential emulation but also by “orchestrated pressure campaigns of organized interests that strategically work to see policies adopted” (Boushey, 2010, p. 4).

Interest groups are one such form of organized interests. They exert both direct and indirect influence on public agencies. Direct influence exists in overt lobbying and educational
efforts. Indirect influence includes lobbying, political contributions, and formal and informal influence directed toward politicians as well as civil service administrators (Corte-Real, 1997). Relevant stakeholder and interest groups for this study included the National Alliance on Mental Illness (NAMI), the Mental Health Association (MHA), Florida Partners in Crisis (FLPIC), and the Safety Council of each county. Jails with strong and homogenous interest group involvement typically have greater innovation adoption readiness than will those with nonexistent, limited or highly diverse interest group involvement. Support for interest group involvement is found in both innovation and stakeholder theories.

**Innovations in Jail-based Mental Health Programs**

Mental health services characteristics describe elements of proposed jail mental health program innovations that may make them attractive or unattractive to jail administrators and key stakeholders. Rogers (1995) found that the innovation characteristics of relative advantage, compatibility, complexity, trialability and observability consistently accounted for 49% to 87% of the variance in innovation adoption studies (Greenhalgh et al., 2004; Rogers 2003). These empirically identified and validated innovation characteristics were included in this study along with the element of political salience identified by Boushey (2010) to be an important innovation characteristic. Rogers (1995) theorized and reported confirmatory studies in which larger organizations were found to be more innovative than smaller organizations, although this variable had the opposite influence following the initial innovation adoption steps for innovations in the governmental arena.
Learning Culture

Learning culture describes the formal and informal educational and cultural standards for study jails as well as opportunities provided for intentional and ongoing staff learning. It includes identification of the agencies as learning environments with measures to include educational requirements for hire and promotion as well as agency policies for mandatory and incentivized continuing education. It also includes the institutionalized viewpoints regarding people with mental illness. Rogers (1995: 380) theorized that the possession by the members of an organization of a relatively high level of knowledge and expertise and degree of professionalism, as expressed by formal training, aids the innovation adoption process. He postulated that this characteristic encourages organizational innovativeness, although it may present some challenges in reaching consensus about implementation decisions.

Summary

The current research related to the institutional adoption of new ideas and services as innovations has been reviewed in this chapter. Given the limited research related to the adoption of jail mental health services, services adoption in other settings that have relevance to the adoption of innovations in jails has been discussed. The theoretical frameworks for services adoption presented in the previous chapter formed the foundation upon which jail related research was conducted. The chapter that follows builds on that foundation to propose a methodology for jail based research to examine factors that influence the adoption of jail mental health services as innovations.
CHAPTER 3
METODOLOGY

Introduction

The previous two chapters provided a contextual foundation and justification for this study based on the reality of a high prevalence of jail inmates with mental disorders and evidence of limitations in effective service provision for this population. This challenge points to the need for efficient, effective, and sustainable solutions based on empirically derived knowledge of such services and the necessary or useful strategies to implement such solutions.

Jails nationwide have lacked a systematic, unified and shared approach to the provision of effective and comprehensive jail mental health services to better manage the large numbers of inmates with mental disorders. Though theory and previous research findings offer reasons and methods of how such initiatives may be introduced and adopted in organizations, their value to the jail setting remains unproven due to limited research to test and confirm the applicability of identified variables to innovation adoption in the jail setting.

Jail administrators and relevant stakeholders possess unique knowledge of the jail setting and its operational details. This chapter details the data gathering process that was used to access this information from key stakeholders. The chapter details the design, structure and administration of the quantitative survey instrumentation and the qualitative in-depth interview that were used as primary data gathering tools. The desired data include perceptions regarding the gravity and severity of the problem, administrative and stakeholder viewpoints of the relevant factors that influence jails to adopt novel mental health services, their recommendations for mental health services deemed to be most appropriate for this population, and the assessment of the quality components of jail mental health services in surveyed jails. This information is
foundational as a guide in the formulation of the optimal approach to effectively address this issue of effective management of jail inmates with mental disorders.

The objective consideration of an organized system of jail-based mental health services appeared to be a viable solution oriented option. However, the glaring knowledge gap regarding the perceptions of jail administrators and key stakeholders about the necessary elements of effective jail mental health services and the necessary factors to help jails prepare to adopt jail mental health services stood as an obstacle to the credible presentation of this option as a viable alternative.

This chapter describes the study methodology used to gather information that was necessary to fill this identified knowledge gap. Previous study findings and established theoretical frameworks as reviewed in previous chapters provided methodological guidance and direction on the optimal means to obtain meaningful summary findings. Summative, descriptive and analytic methodology were used to assess the applicability of the principles proposed from previous research to the systematic adoption of mental health services in jails.

Specifically, this chapter describes the study design and methodology used to measure the perception of targeted key decision makers and stakeholders regarding elements of mental health services provision for jail inmates with mental disorders. The chapter also discusses the sampling and measurement approaches and the specific analytic methods and procedures used to validate the proposed integrated theoretical model and its specific hypotheses. Table 1 summarizes the philosophical and practical approach to this study.
Table 1

*Contextual and Conceptual Study Format*

<table>
<thead>
<tr>
<th>Concept</th>
<th>Context</th>
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<tbody>
<tr>
<td>Paradigm</td>
<td>Pragmatism</td>
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<tr>
<td>Epistemology</td>
<td>Deductive</td>
</tr>
<tr>
<td>Measurement</td>
<td>Mixed methods - quantitative/qualitative</td>
</tr>
<tr>
<td>Design/methodology</td>
<td>Survey - questionnaire type; Qualitative in depth interviews</td>
</tr>
<tr>
<td>Sample</td>
<td>Purposive non-experimental</td>
</tr>
<tr>
<td>Time frame</td>
<td>Cross sectional study and stratified sample for qualitative assessment</td>
</tr>
<tr>
<td>Unit of analysis</td>
<td>Individual respondent/jail</td>
</tr>
</tbody>
</table>

**Study Design**

This study utilized established theoretical findings to develop a model of the predictors that most influence jails in the adoption of mental health services. It gathered information from respondents via survey questionnaire and in-depth interviews. The study findings were correlated with theoretical assertions regarding the contributions of these factors to the outcome variables of jail adoption of mental health services and the quality component of such services. The data-gathering tool for the quantitative section of the study was questionnaire survey. Surveys provides the advantage of efficiency in gathering large quantities of information from a large sample as provided in this study. Statistical analysis was used to determine the fit of the theoretically developed model to the data obtained from respondents, and helped to determine the influence of theoretically proposed independent variables on the outcome variables of jail.
adoption of mental health services. The study also featured a qualitative element. An in-depth questionnaire was also administered to a stratified sample of respondents to test their perceptions of the contributions of structural and process variables to quality mental health services in their facilities.

**Sample**

This study was a mixed methods study of Florida’s 67 county jails (Appendix A). The quantitative portion of the study utilized a purposive non-experimental sample. Champion (2002) proposed the use of a purposive sample when clear criteria exist for selecting the participants for the study sample group. This study targeted Florida’s jails as a purposive sample because of Florida’s representative qualities and the likelihood that a statewide study would generate a higher response rate than a nationwide study. Units of study were the individual respondents representing each county jail. The quantitative section of the study elicited questionnaire responses from five respondents per county jail (e.g., jail administrators and representative stakeholders/gatekeepers for each county jail). The use of Florida’s county jails as a purposive sample had intuitive as well as rational appeal. The makeup of Florida’s counties covered a range of demographic characteristics and related factors that suggested strong potential for national representational value. At the time of the study, Florida was the fourth largest state in the union with a 2012 population of 19,317,568 which represents almost 7% of the nation’s population. The state was viewed as being sufficiently large and diverse so as to have many regional pockets of strong ethnic, racial, and cultural variations that reflect broader elements of the national landscape.
Many of Florida’s demographic characteristics were sufficiently close to national figures to have the potential for generalizability. The comparative Florida gender rates are 51.1% females and 48.9% males. This compares to the national breakdown of 50.8% female and 49.2% male. Similarly, Florida has a white population of 78.3% compared to the national percentage of 77.9%. The stability of Florida’s population is similar to the national rate. A total of 83.7% of Floridians lived in the same house over the preceding year as compared to a national rate of 84.8%.

Florida’s education rates are also similar to the US national figures. A total of 85.8% of Floridians have a high school diploma and 26.2% have a bachelor’s degree or higher. Comparatively, the national rates are 85.7% with a high school diploma and 28.5% with a bachelor’s degree or higher. Economically, 15.6% of Floridians live below the poverty line compared to the national rate of 14.9% (US Census Bureau: State and County Quick Facts, 2013). Also, Florida’s jails reflect the range of sizes evident in jails nationwide with the gamut of sizes from small jails with fewer than 50 inmates to mega jails with more than 5,000 inmates. Florida’s political landscape also reflects the nation’s strong two-party system, with discernible pockets of partisan political affiliation across the state.

The purposive selection of Florida’s jails for this study had further justification beyond its potential representative value for national application. Given the dearth of research studies regarding mental health services in jails, it appeared wise to concentrate this seminal study on an area where the response rate could be potentially maximized to help ensure valid study results. Focusing the study in Florida enabled the researcher to utilize a known contact network to foster an increased response rate from the targeted jails. Additionally, Florida’s jails represent a frontier
territory to some degree. The recent past has seen a push to privatize the management of correctional facilities in Florida. This is a development that has been catalyzed by ongoing economic challenges, and the touted potential cost savings hypothesized that privatization can achieve. Several jails currently privatize their mental health services and this study provided a convenient manner to assess the perceived differential influence of private vs. public operational structure in determining the readiness and adoption of mental health services innovations in Florida’s jails.

Given the research goal to determine factors considered vital in the adoption of mental health services innovation in jails, this study targeted respondents who have knowledge of jails to provide informed responses. Study participants comprised jail administrators as well as internal and external key stakeholders with knowledge of jails and the factors that affect their functioning. Responses were sought from a total of five jail administrators and stakeholders representing each of Florida’s 67 jails to provide a combined pool of 335 potential respondents. Structural equation modeling was the analytic strategy used to organize and analyze the study results. To assure analytic validity, structural equation modeling benefits from having five to 20 participants for each study variable. This sample pool of 335 provided an adequate sample for the 19 identified hypotheses to be tested, and took into consideration the likelihood of an imperfect response rate.

Representative respondents were a purposive, targeted sample identified by their professional roles as administrators and as relevant internal and external stakeholders. The sample grouping was comprised of the jail administrators and select jurisdictional stakeholders representing Florida’s 67 jail districts. Targeted respondents for each county were the
administrative authority for the jail (sheriff, board of county commissioners, private management company), jail administrator, the jail medical/mental health director/provider, jail accreditation manager and administrative personnel of the local mental health advocacy group, (NAMI/FLPIC/MHA). The key informant stakeholders targeted by this study had the requisite knowledge of jail operations to inform this research study accurately as well as the decision-making influence necessary to help implement the types of mental health services that are determined to be beneficial to jail operations and supportive of public safety.

Instrumentation – Quantitative Data Gathering

This study utilized the written survey approach to data gathering. The data gathering instrument was a researcher-developed questionnaire (Appendix B). The first section of the questionnaire addressed demographic factors with a numerically coded response set that provided for ease of sorting, interpretation and analysis. A majority of the remaining questions feature a seven-choice response set Likert-type format. Question responses reflected a scale of 1 to 7 in which higher scores represented increased affirmation of the specified variable. Questionnaire items measured variables related to factors identified from the theoretical frameworks of innovation, institutional, stakeholder, and healthcare quality as important in the innovation adoption and quality assessment process. Appendix C contains a listing of questionnaire variables, pairing each item on the survey instrument with the variables that it was designed to measure and test. Distribution of the survey instrument to jail administrators and identified key informants of each of Florida’s county jails was by email with time targeted follow-up reminders.
This study required a large sample to have results that would have generalizable value to the approximately 3,300 jails nationwide. It also required a large sample because its multiple research questions, hypotheses, and study variables demanded a large study sample to ensure valid study findings. The challenge was to gather information efficiently and accurately from a large number of respondents. Surveys fit this efficiency goal elegantly. As a mixed methods study, a qualitative element was also included in the form of in-depth individual interviews to obtain thick, rich, and more detailed information related to the quality of jail mental health services as perceived by jail administrators.

Although jails have not been the study site for much innovation study, the large body of innovation studies in other areas has validated the influence of identified factors in innovation adoption. Thus, this study was not primarily exploratory but rather sought to confirm the applicability of factors previously confirmed as important to the adoption of mental health services in the novel jail setting. The major quantitative approach of this study highlights this primary confirmatory approach. Although there was a limited exploratory element, particularly in the qualitative in-depth interviews, the questions were based on the framework of an identified healthcare quality assessment model and sought to confirm the applicability of that theoretical model in assessing the quality of jail mental health services.

The study questionnaire was disseminated electronically utilizing the Qualtrics survey platform. The Florida Sheriffs Association (FSA), the Florida Corrections Accreditation Commission (FCAC), and the Florida chapter for the National Association on Mental Illness all agreed to distribute the survey to their constituent members. An introductory email was sent to each of these professional groups. That introductory email contained instructions for the
individual survey respondents. It also contained a testimonial and support letter from a well-known Correctional leader, the current Chief of Corrections for the Seminole Sheriff’s Office. Beyond her leadership role in the Seminole County jail, she also had the name recognition and credibility of having served as the Deputy Secretary of Corrections for Florida. These steps were taken to provide credibility to the study and assist in the gaining entry to the traditionally “closed” law enforcement and corrections culture.

This correspondence to the targeted responders from the leadership of these organizations informed the potential study participants of the study purpose, potential benefits and significance, and solicited their cooperation to complete the attached survey. The validated survey response methodology of a follow-up letter to the potential responders was also utilized after two to three weeks of the initial survey send-out to help maximize the potential for a high response rate (Gross, Peterson & Smith, 2002, Reynolds, 2007). Support and testimonial documentation from the Jail Administrator of the Seminole County Jail which accompanied the letter from the researcher can be viewed in Appendix D. These supporting materials added credibility to the research project and were intended to assist in motivating a high response rate.

Procedures

Quantitative methodology was appropriate in this mixed methods study because of the multiple explanatory variables that this researcher wished to confirm as contributory factors to the adoption of jail mental health services. Quantitative methodology provides the ability to study multiple influencing factors simultaneously and efficiently, thereby limiting the influence of confounding variables and increasing the potential generalizability of the results. For a study with the many variables that this study addressed, quantitative research offered the advantage of
efficiency and affordability in contrast to the prohibitive expense and time commitment required to examine this same quantity of variables using only qualitative methodology.

Survey methodology was the quantitative approach of first choice for this study because it represented the most efficient strategy to obtain, organize and analyze the copious amount of information captured for multiple variables and a large study sample. The questionnaire format of this methodology facilitated the examination of the multiple study variables with responses drawn from a large sample of research subjects. Beyond the relative superiority of survey methodology for efficient information gathering with large samples, it also enabled efficient organization, description and rapid analysis of study data across multiple comparative criteria. This instrumentation format provided the best approach to obtaining many answers to a range of questions that target a large respondent group faced with shared challenges.

The researcher conducted an informal pilot study to help validate the rationale and methods of the study as well as to help ensure the fidelity of the study instrument and study protocols. A pilot sample consisted of five advanced standing students in a forensic psychology doctoral program who completed the early version of the questionnaire and provided formative feedback. These students all served internship experiences in jail settings, and their skillset and experiences were sufficiently representative of the larger study group to provide information to refine the instrument and the study process/protocols.

**Measurement**

This study gathered data to analyze the influence of 19 hypothesized predictor variables on the outcome variable adoption of mental health services by Florida’s jails. The independent
variables reflected findings from institutional, stakeholder, innovation and healthcare quality theories as well as demographic attributes of respondent jails.

**Variables**

The outcome variables of this study were the structural adequacy and process integrity of mental health services in Florida’s jails. These constructs were measured by indicators captured by the questionnaire in addition to in depth interviews with jail administrators. Select items in the questionnaire were structural and process indicators, and the survey was further analyzed to establish the density of mental health services and strategies identified by survey respondents. These data were supplemented by secondary record reviews of all Florida jails, and qualitative input from in-depth interviews with a sample of jail administrators. Interview questions were utilized to ascertain the self-assessment of a sample of jail administrators regarding the levels of structural adequacy and process integrity of the mental health services within their facilities.

The availability of select on-site jail mental health, structures, services, and practices indicated the degree of structural adequacy and process integrity of respondent jails in the implementation of mental health services, and provided a picture of the relative perceived value of these variables for jails. A listing of such mental health services was included in the questionnaire. Respondents indicated which of these were operational at the jail that they represented (Appendix E). The mental health services can be categorized as structural or process related and were used to assess how well these elements were provided in Florida’s jails. Density of reported mental health innovations provided a gauge of actual innovation adoption in study jails, and the nature of the services indicated the quality element that predominates for the identified mental health service.
Within Donabedian’s (1966, 1988) quality assessment model for healthcare, outcomes are the third variable to determine the quality of health services (Moore, Lavoie, Bourgeois & Lapointe, 2015; Kobayashi, Takemura & Katsuya, 2011). This quality dimension was addressed in the qualitative portion of the study via questions to jail administrators regarding four specific outcomes for jail inmates with mental disorders compared to those who were not diagnosed as having mental disorders. These four outcome measures are (a) number of disciplinary reports, (b) length of jail stay, (c) number of adverse events including attempted and completed suicides, and (d) recidivism rates.

These variables were not included in the model because anecdotal input suggested that responses to these questions might not be forthcoming on a questionnaire leading to a larger quantity of uncompleted questionnaires. The first obstacle to obtaining answers to these questions on a questionnaire is the reality that these are sensitive type questions that jails are often reluctant to disclose due to potential challenges such as litigation. A second reason that such information would likely not be forthcoming is that many jails do not keep accurate records of such information. The third reason is that gathering this information would add considerable time to completing the survey and increase the likelihood of abandoned surveys or incomplete responses. Thus, the outcomes dimension as described by the variables just described was not included in the schematic model for quantitative testing and analysis. However, it is discussed in the qualitative findings and discussion section of this paper.
Data Analysis
Quantitative Analysis

Previous confirmatory studies conducted in a variety of institutional settings have validated the significance of factors identified theoretically as contributory to institutional adoption of innovations (Rogers, 2003). However, such studies have occurred less frequently in public governmental agencies and have been virtually nonexistent in jail settings. Consequently, there was need to confirm multiple hypotheses regarding the influence of these theoretically established variables on the outcome variables of readiness to adopt and actual adoption of mental health services in the unique jail setting. Institutional readiness is linked to the presence of factors identified as important for the adoption of mental health services innovations and has been established as supportive of innovation adoption (Faber, 2014). Once the level of readiness to adopt mental health innovations in jails is established, jails can have a blueprint of the necessary steps to facilitate the ultimate successful adoption of such services.

The outcome variables of jail readiness to adopt and adoption of mental health services, as well as the quality of institutional mental health services are latent variables in that they are not directly observable or measurable. Instead, their measurement is approximated by the consolidation of observable component indicator exogenous or predictor variables. The questionnaire items represent the 19 identified measurable indicators for this study. These items, completed by the study sample will generate a large body of data that require efficient organization, description, and analysis.

Statistical Product and Service Solutions (SPSS) and Analysis of Moment Structures (AMOS) are the powerful statistical tools that were used to organize code, score, describe, and
analyze the questionnaire responses. Descriptive data produced and analyzed using SPSS included summaries of relevant demographic factors such as jail sizes and geographical locations. AMOS and the specific analytic strategy of structural equation modeling (SEM) were used for the more complex statistical analyses for this study. SEM quantifies and measures variables that are not directly observable by measuring the more concrete variables that are theoretically linked to the latent variables. It is a confirmatory technique based on the deductive approach and allows for testing of conceptually derived models established by the existing theoretical literature. This statistical tool allows the researcher to examine and confirm relationships between the a priori specified model and the collected study data as it seeks to determine if the theory driven model fits the data. It operates on the rationale that underlying relationships exist between study variables and tests for the strength of those relationships, or covariance between study variables.

SEM is a large sample technique (Bentley & Chou, 1987) that was singular in its ability to efficiently perform the extensive analytical functions required of this study. It allows the researcher to measure multiple independent as well as multiple dependent variables simultaneously. Additionally, it accounts for measurement errors as compared to regression analysis which does not account for measurement errors and has the implied assumption that measurement is perfect. SEM also tests for mediation or indirect effects as well as for group differences. It can perform multi-sample analyses to show if the model applies differently across group distinctions. Because it applies a confirmatory analysis strategy to its data analysis, it allows the researcher to test theoretically driven hypotheses related to associations between
variables (Byrne, 2001). In short, SEM can efficiently specify the model, identify the model, and determine its fit to the data. Finally, SEM can modify the model if necessary.

Consistent with SEM processes, this study conceptually presented the study variables within a structural and a measurement model. The goal was to develop a model that represented the relationships between the study’s variables, and fit that model to the data culled from the questionnaire. Optimal fit of the model to the data was determined by statistical results such as the Model Chi Square score, the Root Mean Square Error of Approximation (RMSEA) score and the utilization of select Fit Indexes such as the Goodness of Fit Index (GFI), Comparative fit Index (CFI) the Normed Fit Index (NFI). A well-fitted model will have a non-significant and low chi-square score, a RMSEA that is less than .05, and Fit Indices that are close to one (1) but at least .90. Model fitting will also utilize assessment of the probability (p) value. P values in excess of .05 or 5% signify that the model fits the data (Byrne, 2001). SEM offers strategies to modify the model and achieve optimal fit of the model to the study data. Such modifications if necessary are guided by theoretical support.

Unlike other statistical approaches, SEM provides the means to both confirm the overall importance of contributory factors, as well as determine the relative contribution of each of these factors to the adoption of mental health services in jails, and the quality elements of such services. In the present study, each hypothesis represented part of the measurement model in which indicator variables were identified in the theoretical literature as contributory to the latent variables of readiness to adopt and actual adoption of jail mental health services. Ultimately, SEM tested the resultant structural model that emerged and established its fit with the given data. Statistical goodness of fit results between the model and the obtained study data confirmed,
directed with modification, or informed the rejection of the a priori hypothesized relationships between the study’s predictor and outcome variables.

An interesting feature of SEM that sets it apart from other statistical strategies is its goal to find similarities rather than differences in the model and the data. Thus, the intent in the present study was that the null hypotheses would be supported, thus confirming the fit of the theorized model with the study data. The model that was fit to the data provided confirmation for the differential contribution of the identified predictors in influencing mental health services adoption readiness and actual adoption of mental health services in Florida’s jails.

Although SEM offers clear evidence of its superior application for this study, there were some potential disadvantages to its use. The first is that a good model fit would not necessarily mean that the fitted model was a good model. A well-fitted model may provide a false sense that the study hypotheses have been adequately resolved and may lead to ignoring low-level variables which may have significance as direct or indirect influences. Another potential disadvantage of SEM is that it assumes that the data reflect a multivariate normal distribution, and that may not necessarily be true. Possible inaccuracies in the conclusions of the study may result if the study data are assumed incorrectly to be normally distributed. Finally, SEM works best with large samples, and smaller samples may reflect some analysis discrepancies. Despite these potential downsides, SEM remained the most appropriate statistical tool to manage the complexity of the study, the range of hypotheses, and the large quantity of data this study was expected to generate.

The quantitative strategy of this study will help to identify the factors that influence the adoption of jail mental health services as well as identify the differential quantity of jail mental health services in study jails. However, the optimal success of this study requires the assessment
of the effectiveness of jail mental health services. Such study of services effectiveness, and quality, including the direction and linearity of variables that contribute to quality services have not been the typical subject of study for jails and required a considered approach to gather such information. The quantitative survey methodology of this study provided a foundation to initiate the quality assessment process but was inadequate for the in-depth questions and input that were necessary to provide deep and rich information related to the effectiveness or quality of jail mental health services.

Qualitative Component

A qualitative element was included in this study to augment and advance the survey findings for a more accurate quality assessment. The qualitative element of this study was conducted following the completion of the quantitative survey instrument. The qualitative strategy included an analysis of secondary jail related data as found in census reports and electronic descriptors of jail mental health services provision and the development of a template based on those findings. This template was used to categorize Florida’s jails based on their provision of the structural and process elements of the quality assessment framework developed by Donabedian (1966, 1988). A stratified sample of jails was drawn for further study and in-depth interviews were conducted with the administrators of the selected facilities to assess their perceptions of the quality of mental health service offerings in their jails.

The theoretical foundation for this qualitative element of the study rested on the healthcare quality model postulated by Donabedian (1966, 1988). This model assesses health care quality based on a primary assessment of the structural adequacy of health services infrastructure, the integrity of the clinical processes of health care delivery, and the outcomes
realized. Donabedian (1988) suggested a linear relationship in which “good structure increases the likelihood of good process, and good process increases the likelihood of a good outcome” (p.1, 743). The three major elements of this quality model are described as follows:

Structure denotes the attributes of the settings in which care occurs. This includes the attributes of material resources (such as facilities, equipment, and money), of human resources (such as the number and qualifications of personnel), and of organizational structure (such as medical staff organization, methods of peer review, and methods of reimbursement).

Process denotes what is actually done in giving and receiving care. It includes the patient's activities in seeking care and carrying it out as well as the practitioner's activities in making a diagnosis and recommending or implementing treatment. Structural elements permit the inference that conditions are inimical or conducive to good care.

Outcome denotes the effects of care on the health status of patients and populations. Improvements in the patient's knowledge and salutary changes in the patient's behavior are included under a broad definition of health status, and so is the degree of the patient's satisfaction with care. (Donabedian, 1988)

The purpose of the qualitative study was to assess the structural adequacy of the study jails and the clinical process integrity of the services provided. The qualitative element tested the relative value of these two variables in the ultimate quality outcome for jail mental health services. Quality outcome assessment was provided by the analysis of secondary data as well as by subjective responses from a sample of jail administrators. The researcher utilized information gathered from the quantitative survey as well as secondary data available from census reports and the facility websites to develop a descriptive table of each of Florida’s 67 jails.
Table 2 provides a framework typology that demonstrates the factors and method utilized in the assessment and categorization of the quality components of structural adequacy and process integrity for Florida’s jails along with the desired quality outcomes. The following two assumptions undergird the indicators of quality outcomes shown in Table 2:

1. Jails that perform well in terms of structural elements will also perform well in clinical processes.

2. The presence of strong structural and process characteristics in jails will produce improved quality outcomes in the management of inmates with mental illnesses
Table 2

*Qualitative Assessment Typology: Donabedian’s Quality Outcomes Typology Applied to Jail Mental Health Services*

<table>
<thead>
<tr>
<th>Descriptor</th>
<th>High Structural Adequacy</th>
<th>Low Structural Adequacy</th>
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<tbody>
<tr>
<td>High Process Integrity(HP)</td>
<td><strong>High Structure (HS)</strong>&lt;br&gt;Jail Accreditation Status – NCCHC/ACA = 2; FCAC only =1 No accreditation = 0; Dedicated housing for inmates with mental illness Y =1 N=0; On site psychiatrist Y=1; N=0 Medium to mega jail size&lt;br&gt;&lt;br&gt;<strong>High Structure– High Process (HS-HP)</strong>&lt;br&gt;High Process (HP) Adequate # of qualified MH staff; provision of group and individual counseling Coordination between MH and security staff Coordination between MH and community MH agencies; Mechanism for inmate feedback, requests, grievances</td>
<td><strong>Low Structure (LS)</strong>&lt;br&gt;FCAC Only /No accreditation No specialized MH housing No On-site psychiatrist Mini to small jail&lt;br&gt;&lt;br&gt;<strong>High Process –Low Structure (HP-LS)</strong>&lt;br&gt;High Process (HP) Adequate # of qualified MH staff; provision of group and individual counseling Coordination between MH and security staff Coordination between MH and community MH agencies; Mechanism for inmate feedback, requests, grievances</td>
</tr>
<tr>
<td>Low Process Integrity(LP)</td>
<td><strong>High Structure (HS)</strong>&lt;br&gt;Jail Accreditation Status – NCCHC/ACA = 2; FCAC only =1 No accreditation = 0; Dedicated housing for inmates with mental illness Y =1 N=0; On site psychiatrist Y=1; N=0 Medium to mega jail size&lt;br&gt;&lt;br&gt;<strong>High Structure –Low Process HS-LP</strong>&lt;br&gt;Low Process (LP) - Lack of MH staff, unqualified staff; No provision of counseling; no discharge planning/reentry; limited or no staff training; limited or no mechanism for inmate feedback</td>
<td><strong>Low Structure (LS)</strong>&lt;br&gt;FCAC Only /No accreditation No specialized MH housing No On-site psychiatrist Mini to small jail&lt;br&gt;&lt;br&gt;<strong>Low Structure – Low Process LS-LP</strong>&lt;br&gt;Low Process (LP) - Lack of MH staff, unqualified staff; No provision of counseling; no discharge planning/reentry; limited or no staff training; limited or no mechanism for inmate feedback</td>
</tr>
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</table>

**Desired Quality Outcomes**
1. Lower mortality and morbidity rates – inmate injury, suicides
2. Improved inmate adjustment – reduced numbers of Grievances and Disciplinary Reports
3. Reduced incidences of staff and inmate injuries
4. Reduced recidivism rates
Appendix A lists each of Florida’s 67 jails based on its size, location, and surrounding county population. It also lists three structural and three process variables identified from the survey as well as from the secondary data research, and places each of Florida’s 67 jails within one of four typologies: High Structure – High Process (HS-HP), High Structure – Low Process (HS-LP); High Process-Low Structure (HP-LS) and Low Structure-Low Process (LS-LP). Each jail was placed in one of these four categories based on the identified levels of structure and process for each. Finally, a stratified random sample of 10% of Florida’s jails was drawn from the categorical placement of all 67 jails into the appropriate one of each of these four categories. It was assumed that the selected jail typified other jails that were placed in the same category. This sample identified the jails for which in-depth interviews were conducted with their jail administrators. These in-depth interviews (Appendix F) featured questions to assess how the targeted jail administrators rated their jails relative to structural adequacy, process integrity and overall quality outcomes as measured by select indicators of jail recidivism, the numbers of inmate grievances and the incidence of suicides among jail inmates with mental illnesses.

The findings from the in-depth interviews were anticipated to support or fail to support the findings derived from Table 2 relative to the quality of mental health services in Florida’s jails. The qualitative data findings were also compared and added to the quantitative data findings when appropriate as a triangulation tool and validity enhancement tool, particularly when the findings converged.

The qualitative element of the study featured in-depth interviews with a sample of jail administrators. Questions focused on the quality assessment of jails by jail administrators with particular reference to their analysis of the structural adequacy and process integrity of their
mental health services. These interview responses were analyzed to determine patterns, themes and summary assessments of the quality of mental health services of the sampled jails.

The In-depth Questionnaire Measures were administered to a sample of jail administrators of Florida’s jails based on their facility’s placement within a matrix of structural adequacy and process integrity of the jails that they represented. This matrix included jail size categorized as large jails >750 inmates; medium jails 250-749; small jails <250.

Information available on public information sites including census reports, jail descriptive material and information gathering calls were used to classify each of Florida’s 67 jails within a typology of expected quality outcomes. Quality assessment was based on Donabedian’s (1966, 1988) theoretical exposition of structural adequacy and process integrity as foundational to healthcare quality outcomes. The classification matrix utilized the indicator variables of accreditation status, availability of dedicated mental health housing, and jail size as indicators of structural adequacy. The matrix also included the process integrity indicators of onsite provision of individual and group counseling (biopsychosocial model), provision of mental health screening for all inmates booked into the facility, and the provision of discharge planning/reentry services. Quality outcomes were not reflected in the program description but consisted of jail administrators’ self-reports of incidence of jail suicides, disciplinary reports (DR), length of jail stay, and recidivism rates of inmates with mental illnesses compared to detainees not diagnosed with mental illnesses.

Jails were assigned a categorical rating that indicated the presence or absence of the listed structural or process indicators. Jails that had two or more of the three indicators listed in each category were rated as high in that indicator. Those with one or less were rated as low for that
indicator. There were four resultant jail classifications: High Structure – High Process (HS-HP); High Structure – Low Process (HS-LP); High Process – Low Structure (HP-LS); and Low Structure – Low Process (LS-LP).

When the classification of jails based on secondary review was completed, a stratified random sample of 15% of the jails was drawn. The administrators of this select sample of jails were interviewed to confirm or disconfirm the categorization of their facilities as well as provide further insights into their view of the contributions of these factors to the quality of mental health services offerings in their jails. The interviews featured prepared questions, many of which were open-ended to facilitate discussion and elaboration by the respondents. Respondents were directly asked for input regarding the presence of the structural and process indicators of interest, to specified indicators of quality outcomes for jail detainees, including number of inmate grievances, jail recidivism rates, inmate behavioral management and avoidance of adverse inmate outcomes such as suicides. Assumptions of this qualitative component were:

1. Jails that score well in terms of structural elements of mental health services will also perform well in clinical processes.

2. The presence of strong structural and process characteristics in jails will produce quality outcomes as indicated above, in the management of inmates with mental illnesses.

Confidentiality

The corrections community values discretion in information sharing, particularly given the potential for adverse consequences if information is disclosed inappropriately. With respect to the principles of the research process, as well as this identified concern within the correctional
setting, confidentiality of study data was upheld during the study process, and was assured in both written and verbal communication. Study findings did not feature comparisons of individual jails or any other process that could lead to the unintended identification of participant jails. Study findings and comparisons were in aggregated and summary format to prevent the identification of individual jails.

Protection of Human Subjects

This study involved human subjects as respondents, and required Institutional Review Board (IRB) approval to ensure the protection of study subjects. The researcher requested and received approval from the University of Central Florida’s IRB to conduct the planned research in advance of the implementation of the research project (Appendix G). The proposed research methodology was not considered to be intrusive, did not include inmates (a vulnerable population), and there was little likelihood of harm to the participants. To the contrary, the study participants as representatives of jails and stakeholder agencies were likely to accrue the benefits of information that could improve practice.

Summary

Even with identified limitations and need for further research, this study provided novel insights to the challenge of how to introduce effective mental health services in jails. It remains clear that this is a challenge with many questions and iterations that this research study did not answer conclusively. Yet this study appropriately opened the conversation and provided empirical findings to guide the progression in addressing this challenge.

Malerba & Brusoni (2007) have correctly and astutely observed that, “there are still many phenomena (about innovation) that we know very little about, many questions without an
answer, many problems without a solution” (p. 1). This assertion is certainly relevant to the issue of successfully addressing the challenge of effectively managing inmates with mental illnesses in jails. The limited findings of this study were neither summative nor exhaustive. Rather, by examining one area of this large challenge, this study sought to advance both the conversation and the knowledge base by providing empirical support and confirmation to guide the implementation of jail-based mental health services. To the extent that these findings provide the necessary guidance to jails that are just entering the conversation, and validate the initiatives of jails that have progressed in the conversation, it is anticipated that these study results will prove to be a desirable, welcome, and useful addition to the toolkit for the effective management of jail inmates with mental disorders.
CHAPTER 4
FINDINGS

Introduction

This study examined the perceptions of jail administrators and key stakeholders regarding factors identified in the literature as important in the adoption of mental health services in jails as well as their perceptions of the quality of such services. The previous three chapters established the need for this study, established the theoretical underpinnings that underlie the research design, and described the guiding methodology and strategies for the data gathering and analysis process. This chapter summarizes the study’s findings, particularly related to the research questions and study hypotheses.

The study design featured a mixed methods approach. This chapter reviews and discusses both the quantitative and qualitative data gathering and analysis processes. The chapter describes the analytical models and approach that fueled the quantitative approach and informed the findings, interpretation, and presentation of these findings. Consistent with the qualitative component of the study, patterns and themes that surfaced from in-depth interviews with jail administrators regarding their perceptions of quality mental health services in their facilities were also identified and are described in this chapter.

Finally, the chapter summarizes findings as to whether established theoretical concepts about the adoption of institutional services are supported or unsupported by the data gathered. The discussion is organized around an early emphasis on the quantitative elements of the study including a statistical summary of the demographic characteristics of the study participants and a review of the analytical approach and findings. The qualitative approach and findings are then
summarized with an emphasis on the data gathering approach and the presentation of themes and patterns that emerged from the study.

Hypotheses Review

The theoretical literature as described in Chapter 2, suggested that institutional services adoption was influenced largely by external influences related to the movement of institutions to be like peer facilities, a construct described by DiMaggio & Powell (1983) as Isomorphism. There is also a rich research finding centered on institutional services adoption as influenced by factors, largely internal, related to the services themselves. Rogers (2003) elaborated on this in his diffusion of innovation theory, which for the purpose of this study has been referred to as innovativeness.

The hypotheses for this study were designed around validating practitioner anecdotal experience and theories of service adoption as they relate to the theoretical frameworks of these theories and researcher experience in this field. A summary review of the hypotheses is presented after which the data will be analyzed to determine its fit to the model and the findings relative to the study hypotheses.

The study featured four primary and several related sub-hypotheses. These hypotheses are first related to the variables that best describe and measure the constructs of isomorphism and innovativeness. They also explore the relationship of these constructs as well as the control variables of jail setting, jail size, and administrative oversight to the outcome variables of structural adequacy and process integrity. A summary listing of the study hypotheses follow:
Hypothesis 1a: The variables of regulatory directives (ISOREG), Jail Industry Standards (ISONORM) Jail imitation of peer jails (ISOMIME) and Jail Avoidance of Litigation (PREVSUIT) are statistically significant measures for the construct of Isomorphism

Hypothesis 1b: The variables of Relative Advantage (ADVNTG) Ease of Use (EASE) Observability (OBSRVBL) and Cost Savings (CSTSAV) are statistically significant measures for the Construct of Innovativeness

Hypothesis 2a: Isomorphism in its regulatory, normative and mimetic expressions will influence the structural adequacy of mental health services in Florida’s jails.

Hypothesis 2b: Isomorphism in its regulatory, normative and mimetic expressions will influence the process integrity of mental health services in Florida’s jails.

Hypothesis 3a: Innovativeness as measured by relative advantage, complexity/ease of use, observability and services cost will influence the structural adequacy of mental health services in Florida’s jails.

Hypothesis 3b: Innovativeness as measured by relative advantage, complexity/ease of use, observability and services cost will influence the process integrity for mental health services in Florida’s jails.

Hypothesis 4a1: Jail size is a significant influencer in the structural adequacy of mental health services in Florida’s jails.

Hypothesis 4a2: Jail setting is a significant influencer in the structural adequacy of mental health services in Florida’s jails.

Hypothesis 4a3: Jail administrative oversight will be significant influencer in the structural adequacy of mental health services in Florida’s jails.
Hypothesis 4b1: Jail size is a significant influencer in the process integrity of mental health services in Florida’s jails.

Hypothesis 4b2: Jail setting is a significant influencer in the process integrity of mental health services in Florida’s jails.

Hypothesis 4b3: Jail administrative oversight is a significant influencer in the process integrity of mental health services in Florida’s jails.

Hypothesis 5: Structural adequacy is positively associated with process integrity in the provision of mental health services in Florida’s jail.

Data Gathering and Method

An early step in the data analysis process was the quantitative confirmation of the variables that best measured the constructs of isomorphism and innovativeness. The questionnaire included multiple variables identified in the literature and by researcher experience as contributory variables to these two constructs. However, these variables had been identified in non-jail settings and it was important to ensure that the variables for analysis were applicable to the jail setting. Further, an important research goal was to achieve a model that was maximally efficient, yet parsimonious, by utilizing variables that are best measures of the constructs as applied to the jail setting. Figure 2 displays an early model that included multiple variables identified as contributory to the constructs of isomorphism and innovativeness.
Figure 2. Initial Schematic Diagram of Contributory Variables of Isomorphism and Innovativeness
The matrix model that guided the analysis of how well the multiple variables measured the two constructs is described by the following model (Figure 3) where $X_1$ to $X_n$ represents the range of variables, $\beta_1$ to $\beta_n$ represent the range of factor loadings, and $\epsilon$ represents measurement error.

\[
\begin{bmatrix}
X_1 \\
X_2 \\
X_3 \\
\vdots \\
X_n
\end{bmatrix} = 
\begin{bmatrix}
\beta_1 & 0 \\
\beta_2 & 0 \\
\vdots & \vdots \\
0 & \beta_{m+1}
\end{bmatrix}
\begin{bmatrix}
\text{Isomorphism} \\
\text{Innovativeness}
\end{bmatrix} + 
\begin{bmatrix}
\epsilon_1 \\
\epsilon_2 \\
\vdots \\
\epsilon_n
\end{bmatrix}
\]

*Figure 3. Variable Measurement of Study Constructs*

Factor loadings for the vast majority of the variables identified as indicator variables for isomorphism and innovativeness proved to be very low and not significant. However, the review of the identified variables in the study hypotheses all had high factor loadings as shown in Figure 4:

\[
\begin{bmatrix}
\text{ISOREG} \\
\text{ISONORM} \\
\text{ISOMIME} \\
\text{PREVSUIT} \\
\text{ADVNTG} \\
\text{EASE} \\
\text{OBSRVBL} \\
\text{CSTSAV}
\end{bmatrix} = 
\begin{bmatrix}
0.59 & 0 \\
0.75 & 0 \\
0.85 & 0 \\
0.72 & 0 \\
0 & 0.81 \\
0 & 0.74 \\
0 & 0.80 \\
0 & 0.75
\end{bmatrix}
\begin{bmatrix}
\text{Isomorphism} \\
\text{IC}
\end{bmatrix} + 
\begin{bmatrix}
\epsilon_1 \\
\epsilon_2 \\
\epsilon_3 \\
\epsilon_4 \\
\epsilon_5 \\
\epsilon_6 \\
\epsilon_7 \\
\epsilon_8
\end{bmatrix}
\]

\[Stru = f(\text{Isomorphism, IC, JS, JSIZE, JADMIN})\]
\[Proc = f(\text{Stru, Isomorphism, IC, JS, JSIZE, JADMIN})\]

*Figure 4. Factor Loadings on Isomorphism and Innovativeness Constructs*
The factor loadings for each strand on the isomorphism construct was normative isomorphism .75, mimetic isomorphism .85; regulatory isomorphism .59 and prevention of litigation .72. These were all significant findings at a confidence level greater than 99.9%.

The variable measures for the innovativeness construct produced even more robust factor loadings. The variables of relative advantage, ease of use, observability and cost savings had factor loadings ranging from .74 to .81 which all demonstrated strong correlation with the construct. These findings were also significant at a confidence level greater than 99.9%.

These initial findings established the desirability of these identified variables as valid measures of the isomorphism and innovativeness constructs. The data indicated support of the alternative hypotheses and informed the development of the structural equation model as shown in Figure 5.
SPSS and AMOS were used to generate data results based on coded responses to questionnaire items that identified each variable and construct. The resultant data demonstrated that the data from the questionnaire fit the hypothesized model. The structural equation model displayed in Figure 6 presents a graphical representation of the association of the study constructs and indicators and the correlation coefficients that define their relationships.
Figure 6. Final Structural Equation Model with Factor Loadings

Summary of Descriptive Jail Study Statistics

The targeted study population for this research project were the chief executives of jail operating entities, jail administrators, jail mental health/medical administrators, jail accreditation managers, and administrative membership of the local chapters the Florida branch of the National Alliance on Mental Illness (NAMI). The initial study goal to include participation from the criminal justice and mental health advocacy group, Florida Partners in Crisis (FLPIC) derailed when the group ceased to exist as the study was in the implementation phase.

As described previously, the participant pool represented five potential respondents from each of Florida’s 67 jails for a desired response pool of 335 responses. The average daily inmate census of these 67 jails ranged from 18 to 4,500. For statistical analysis purposes, the 67 jails were categorized in three independent jail sizes. Jails with an average daily population (ADP) of
249 or fewer inmates were categorized as small jails, those with an ADP of 250 – 749 as medium jails, and those with an ADP of 750 or more inmates as large jails. Within this categorization, Florida’s 67 jails were comprised of 25 small jails (37.3%), 19 medium sized jails (28.34%), and 23 large jails (34.33%).

The Qualtrics survey platform was the vehicle used to disseminate and record the survey questionnaires. The Florida Sheriffs Association (FSA) and the Florida Accreditation Commission (FCAC) distributed the surveys to targeted administrative personnel of Florida’s jails via an anonymous electronic link. A total of 84 survey links were opened, and 72 responses were electronically submitted. The initial review of the surveys showed that only 55 of the submitted surveys were completed before the respondents closed and submitted them. These 55 surveys provided the descriptive data that formed the basis of the demographic summary. However, during later analysis of the data, an additional six of the 55 responses were found to have missing information that was necessary for complete data analysis. Because the respondents were anonymous, missing data could not be reasonably and accurately integrated into the inferential data analysis. For that reason, those additional six questionnaires were not included in the data analysis process.

Of the 55 original complete responses, 45% (25) of respondent jails were located in large cities, 34.5% percent (19) were located in small towns, and 20% (11) were located in rural areas of the state. Respondents overwhelmingly described the political climate where their jails were located as conservative or very conservative with a breakdown of 65% (35) claiming the climate to be conservative and an additional 14.8% claiming it to be very conservative. Of the
respondent jails, 65% were operated by the county sheriff, 28% were operated by private companies, and 5.5% were operated by the county’s Board of County Commissioners.

Respondents viewed the issue of mental illness to be a serious issue in the jails they represented. A total of 82% of respondents claimed that the incidence of mental illness in their jails was 10% or greater, and an equal percentage identified the challenge of adequately managing this population in the jail setting as an urgent challenge for jails.

Of the anticipated 335 responses, 72 responses were submitted for a seemingly weak participant response rate of only 21.5%. Additionally, there was only a 16% (55) response rate on which the descriptive demographic data were based and only a 14% (49) response rate on which the structural equation modeling data analysis was performed. Although this initial finding was disappointing, further analysis of the response data set indicated that a much higher proportion of jails had responded and the deficit reflected having a single respondent from most respondent jails rather the anticipated multiple responses from each jail.

A manual analysis of the responses showed broad response participation from jails across the state, despite the disappointingly low number of cumulative responses. All seven identified regions of the state were represented with multiple responses from each geographical region. Nine (16.36%) responses indicated they were from South Florida jails, eight (14.55%) from Southwest Florida; 10 (18.2%) were from East Central Florida, eight (14.5%) were from W Central Florida; eight (14.5%) were from NE Florida; seven (12.7%) were from NW Florida. Two (3.62%) wrote in North Central Florida and the final two (3.62%) respondents wrote in Central Florida.
A further examination of the responses revealed that six were from small jails with 249 or fewer inmates, 12 were from medium sized jails, 250 – 749 inmates, and 35 responses were from large jails. Several respondents provided identical jail sizes in their responses leading to the likelihood that the respondents were multiple respondents from the same jail. When these similar numbers were combined, the resultant count of seemingly separate jails was reduced to 24 large jails, 11 medium jails and six small jails for a likely participation by 41 of Florida’s 67 jails for an optimistic possible jail participation rate of 61%.

Although the goal was to have surveys completed by internal and external jail stakeholders, the overwhelming majority of respondents were jail personnel: 10% by jail administrators, 15% by Accreditation managers, 16% by medical/mental health administrators, completed 42% of the survey responses. External stakeholders – namely NAMI personnel, completed only 3.64% of surveys. Almost all respondents had a college education with 67% of the individual respondents reporting that they held a bachelor’s degree, 42% reporting having a master’s degree or higher educational level. Less than 4% of respondents claimed to have only a GED or high school diploma.

Respondents were a mature group. Only 5% were younger than age 35, and 76% were 45 years of age or older. Racial diversity among respondents appeared limited with 82% White, 13% Black, and 4% Latino. Respondent gender was evenly distributed with 54% male and 46% female respondents. Most respondents had been in their roles for a limited time but had extensive experience in other correctional roles. Of the individual respondents, 75% had been in correction employment for 16 years or more, and only 13% had fewer than 10 years of correctional experience.
Relative to the issue of treatment for inmates with mental disorders, 82% of respondents viewed the challenge of providing care for inmates with mental illnesses in jails as an urgent and immediate challenge, and 71% felt that the adequate management of inmates with mental illnesses was necessary to ensure smooth and efficient jail operations.

**Analysis of Quantitative Data**

**Structural Equation Modeling**

The quantitative portion of this study examined the influence of the latent constructs of isomorphism and innovativeness characteristics and the related variables that measure them, on the adoption of jail mental health services and their dimensions of quality. A third construct, stakeholder influence, was excluded from the study and final analysis because the two sets of external stakeholders that were expected to be a part of the study did not materialize. This two-factor model examined the influence of the constructs isomorphism and innovativeness characteristics on the adoption of jail mental health services and simultaneously tested the measurement model and the structural parameters.

Table 3 presents a summary model of the study variables, factors, control variables, and response variables that were central to this study.
Table 3

Listing of Variables and Constructs in Study Model

<table>
<thead>
<tr>
<th>Observed Variables</th>
<th>Factors</th>
<th>Control Variables</th>
<th>Response Variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREVSUIT</td>
<td>Isomorphism</td>
<td>JS</td>
<td>PROC</td>
</tr>
<tr>
<td>ISOMIME</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISONORM1</td>
<td></td>
<td>JSIZE</td>
<td>STRU</td>
</tr>
<tr>
<td>ISOREG</td>
<td></td>
<td>JADMIN</td>
<td></td>
</tr>
<tr>
<td>CSTSAV</td>
<td>IC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OBSRVBL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EASE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADVNTG</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Jail setting, jail size and jail administrative authority were also examined as control variables. The observed variables and their underlying factors along with the control variables served as the independent or study variables and findings of structural adequacy and process integrity served as dependent or outcome variables in the data analysis model.

Structural adequacy and process integrity are recognized as health care indicators of quality of health care services provisions and outcomes. Within this study, they also served the dual role of establishing the implementation of mental health services elements in the jails of study, as the elements had to be available to be assessed for quality.

Structural equation modeling was the analytical strategy utilized in the quantitative portion of this study to demonstrate the relationship among variables identified in the research as related. The researcher utilized structural equation modeling to build a model based on research findings. The model fit was then established by statistically examining the study findings to
determine how well the data gathered by the survey fit the theoretically developed model and supported the hypotheses listed earlier in the chapter.

Structural equation modeling was used to determine the contributions of the listed variables to the response variables of structural adequacy and process integrity. Figure 6 presents the completed measurement and structural model for this study. It amplifies the study’s hypothesized relationships of variables and constructs by providing the statistical correlations and covariances (data) that demonstrate statistically significant relationships and the strength of those relationships. It provides a visual of the statistical model and the study data and the graphical foundation that supports the fitting of the model to the data generated by the study sample. Figure 6 also provides a concise graphical picture permitting an examination of the study hypotheses in light of the data gathered from the survey.

Goodness of Fit Statistics

While Figure 6 demonstrates the relationships between the variables of interest in and relevance to the study, it did not independently assure that the model developed by the researcher was an appropriate fit for the study data that were generated. An important step in ensuring valid research findings is the assurance that the model’s fit to the data demonstrates an adequate goodness of fit. The statistical output presented in Table 4 demonstrates the goodness of fit of this study model to the collected data.
Table 4

*Goodness of Fit Statistics: Jail Mental Health Services Model*

<table>
<thead>
<tr>
<th></th>
<th>NPAR</th>
<th>CMIN</th>
<th>DF</th>
<th>P</th>
<th>CMIN/DF</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Default model</strong></td>
<td>34</td>
<td>69.659</td>
<td>57</td>
<td>0.121</td>
<td>1.222</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>CMIN</th>
<th>RMSEA</th>
<th>LO 90</th>
<th>HI 90</th>
<th>PCLOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Default model</strong></td>
<td>0.068</td>
<td>0.068</td>
<td>0</td>
<td>0.118</td>
<td>0.296</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>AIC</th>
<th>BCC</th>
<th>BIC</th>
<th>CAIC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Default model</strong></td>
<td>137.659</td>
<td>165.659</td>
<td>201.981</td>
<td>235.981</td>
</tr>
</tbody>
</table>

**Chi Square Test**

The first fit statistic that was examined was the chi square test. This fit statistic is not recommended for high numbers of cases due to the tendency to have a statistically significant finding with a large N. This sample size was very small and did not, therefore, present that challenge. In the case of structural equation modeling, the goal is to have a statistically...
nonsignificant chi square score which helps to demonstrate that the hypothesized model is not unlike the general population incidence.

The data indicates that the Chi square (χ) for the proposed model was 69.659 and closely approximated the DF which was 57, thus satisfying one measure of a good fit. The CMIN/DF of 1.22 also indicated a good fit as it is generally stated that this score should be less than 3. The p value was 0.121 which made it statistically nonsignificant and indicated that the hypothesized model was not different from the population model, thus fitted to the study data.

This is so, because in structural equation modeling the goal is for the hypothesized model to fit the real population and not to be an unlikely event. A nonsignificant chi square shows that the researcher’s model is not different from the default and it fits well. Thus, higher p values indicate better fit because it establishes that the fit is not unusual, but standard to what is expected. (Byrne, 2001). The p value of 0.121 exceeded .05 and therefore satisfied this goodness of fit criteria.

Root Mean Square Residual (RMR)

The second fit index examined was the Root Mean Square Residual RMR. Hu and Bentler (1999) stated that a value under .08 is generally considered to be a good fit and a value of 0 indicates a perfect fit. The RMR in this model was 0.088 which was higher than desired for a good fit. However, the RMR is believed to be positively biased, particularly in cases with a small N. Given the small N of his study it was likely that the RMR would be higher than it would have been with a larger sample.
Root Mean Square of Approximation (RMSEA)

The next fit index was the Root Mean Square of Approximation (RMSEA). It has been suggested by Kenney, Kaniskan, and McCoach (2014) that the cut off score for a poor fit can be as high as 1. MacCallum, Browne, and Sugawara suggested 0.01 as an excellent fit, 0.05 as a good fit and 0.08 as a mediocre fit. The RMSEA was a decent 0.068.

Goodness of Fit Indices:

Several fit indices were also examined. Fit indices indicate perfect fit with a score of 1. Good fits are expected to be above .90 and expectations are often .95 or above. CFI was 0.949 which is relatively good and the IFI was 0.953. The NFI which is a commonly used fit index was a very poor .785. However, Byrne, (2001) stated that the CFI was proposed for use given the “tendency” of the NFI “to underestimate fit in small samples” (Byrne 2001, p. 83)

Hypotheses Findings and Estimation Results

As discussed previously, the data reflected a reasonably good fit to the model. The structural equation model presented in Figure 6 will now be explained in the context of its application to the study hypotheses. The table of regression weights and significance levels listed below will be referenced to demonstrate support or lack of support for the stated hypotheses.

Hypothesis 2a Hₐ: Isomorphism in its regulatory, normative and mimetic expressions will influence the structural adequacy of mental health services in Florida’s jails.

Table 5 indicates that Isomorphism regresses on the response variable of structural adequacy with a regression coefficient of - 0.318 and a p value of less than .001. This signifies statistical significance at a confidence level greater than 99.9%. This means that isomorphism (or the tendency for institutions to become like peer institutions) was inversely related to structural
adequacy in Florida’s jails. Thus, the more closely jails become like other jails, the less structural adequacy they will reflect. Although the association was not overwhelmingly strong, the study data indicated that jails with high levels of structural adequacy will have less resemblance to other jails and vice versa

Finding: Isomorphism and structural adequacy had an inverse but statistically significant relationship. The data findings supported the alternative hypothesis.

Hypothesis 2b Hₐ: Isomorphism in its regulatory, normative and mimetic expressions will influence the process integrity of mental health services in Florida’s jails.

Table 7 indicates that the standardized regression weight of Isomorphism on process integrity was a weak 0.05. The p value was 0.718 and indicated no statistical significance and no statistical relationship between isomorphism and process integrity in Florida’s jails.

Finding: The statistical findings failed to support the alternative hypothesis. Isomorphism or changing to be like peer jails did not influence the process integrity of mental health services in Florida’s jails.
Table 5

Regression Weights of Study Variables and Factors: Estimation Results

<table>
<thead>
<tr>
<th>Variables</th>
<th>xx</th>
<th>Factors</th>
<th>Estimate weights</th>
<th>S.E.</th>
<th>C.R.</th>
<th>P</th>
<th>Standardized Regression Weights</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRU</td>
<td>&lt;---</td>
<td>JADMIN</td>
<td>0.02</td>
<td>0.031</td>
<td>0.636</td>
<td>0.525</td>
<td>0.056</td>
</tr>
<tr>
<td>STRU</td>
<td>&lt;---</td>
<td>JSIZE</td>
<td>0.256</td>
<td>0.053</td>
<td>4.81</td>
<td>***</td>
<td>0.516</td>
</tr>
<tr>
<td>STRU</td>
<td>&lt;---</td>
<td>JS</td>
<td>-0.135</td>
<td>0.048</td>
<td>-2.81</td>
<td>***</td>
<td>-0.302</td>
</tr>
<tr>
<td>STRU</td>
<td>&lt;---</td>
<td>Isomorphism</td>
<td>-0.148</td>
<td>0.053</td>
<td>-2.783</td>
<td>***</td>
<td>-0.318</td>
</tr>
<tr>
<td>STRU</td>
<td>&lt;---</td>
<td>IC</td>
<td>-0.009</td>
<td>0.039</td>
<td>-0.221</td>
<td>0.825</td>
<td>-0.023</td>
</tr>
<tr>
<td>PREVSUIT</td>
<td>&lt;---</td>
<td>Isomorphism</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>0.725</td>
</tr>
<tr>
<td>ISOMIM</td>
<td>&lt;---</td>
<td>Isomorphism</td>
<td>1.127</td>
<td>0.219</td>
<td>5.153</td>
<td>***</td>
<td>0.854</td>
</tr>
<tr>
<td>ISONORM1</td>
<td>&lt;---</td>
<td>Isomorphism</td>
<td>0.958</td>
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Hypothesis 3a: Innovativeness as measured by relative advantage, complexity/ease of use, observability and services cost will influence the structural adequacy of mental health services in Florida’s jails.

A review of Table 5 indicated that the regression weight of innovativeness on the structural adequacy of Florida’s jails was a very weak and statistically nonsignificant 0.02. This indicated that innovativeness did not influence the structural adequacy of mental health services in Florida’s jails.

Finding: Data findings indicated that there was no statistically significant relationship between innovativeness (IC) and the structural adequacy of mental health services in Florida’s jails. The statistical findings fail to support the alternative hypothesis. The characteristics of suggested mental health services did not influence their implementation/adoption in Florida’s jails.

Hypothesis 3b: Innovativeness, as measured by relative advantage, complexity/ease of use, observability and services cost will influence the process integrity for mental health services in Florida’s jails.

The data analysis as shown in Table 5 demonstrated a 0.004 regression weight of innovativeness on process integrity. This indicated that innovativeness had no influence on process integrity for mental health services in Florida’s jails.

Finding: The statistical findings failed to support the alternative hypothesis. The characteristics of suggested mental health services did not ensure the integrity of the services offerings in Florida’s jails.
Hypothesis 4: Structural adequacy is positively associated with process integrity in the provision of mental health services in Florida’s jails.

Multiple variables, as used in the study, demonstrated strong and statistically significant regression coefficients with structural adequacy. These included jail size (0.516); jail setting (-0.302) and isomorphism (-0.318). However, none of those variables demonstrated relationships of statistical significance with process integrity. As shown in Table 5, the only factor that showed a significant association with process integrity was structural adequacy.

In fact, it is an extremely strong correlation with a regression weight of .832 and a statistical confidence level greater than 99.9%. This indicated that structural adequacy had a significant and positive relationship with process integrity. It also suggests that structural adequacy may mediate the effect of isomorphism on process integrity. It further suggests that structural adequacy had a precedent and more dominant role than process integrity in the implementation and quality assessment of mental health services in Florida’s jails.

Finding: The statistical findings supported the alternative hypothesis. Florida jails that had greater provisions for mental health services also had greater assurance of effective services delivery and vice versa.

Hypothesis 5a1 Ha: Jail size is a significant influencer in the structural adequacy of mental health services in Florida’s jails. (This study identified jail size as the average daily inmate count. It was coded as 1-249 =1; 250-749 =2; 750 and greater =3)

Analysis of the study data demonstrated that jail size had a strong positive effect on structural adequacy for Florida’s jails with a regression weight of .516 at a greater than 99.9%
statistical confidence level. This means that as jail size increased, so too did the structural adequacy of Florida’s jails.

**Finding:** The statistical findings supported the alternative hypothesis.

**Hypothesis 5a2:** Jail setting is a significant influencer in the structural adequacy of mental health services in Florida’s jails (this study identified jail location as large city, small town and rural area. Jail setting was coded as 1 = large city, 2 = small town, and 3 = rural area).

Study findings indicated that jail setting had a statistically significant but negative relationship with a standardized regression weight of -0.302, also with a greater than 99.9% confidence level. This means that as the numerical coding for jail setting increased so too did the structural adequacy of jails. However, this negative association indicated that as the coding numbers were reduced, the effect on structural adequacy of jail mental health services increased. Because jail setting was coded negatively with large jails having the smallest number, the findings indicate that jails that are in large cities will have greater influence on the adequacy of mental health services than jails that are in small towns or rural areas.

**Finding:** The statistical findings support the alternative hypothesis.

**Hypothesis 5a3:** Ha: Jail administrative oversight will be a significant influencer in the structural adequacy of mental health services in Florida’s jails.

**Finding:** The standardized regression weight of jail administrative oversight regressing on structural adequacy was a statistically nonsignificant .056 indicating that jail administrative oversight was not an influencer of the structural adequacy of Florida’s jails. The data failed to support the alternative hypothesis.
**Hypothesis 5b1:** Jail size is a significant influencer in the process integrity of mental health services in Florida’s jails.

**Finding:** The standardized regression weight of jail size regressing on process integrity was a statistically nonsignificant -0.117 indicating that jail size was not an influencer of the process integrity of Florida’s jails. The statistical findings failed to support the alternative hypothesis.

**Hypothesis 5b2:** Jail setting is a significant influencer of process integrity of mental health services in Florida’s jails.

**Finding:** The standardized regression weight of jail setting regressing on structural adequacy was a statistically nonsignificant -0.007 indicating that jail administrative oversight was not an influencer of the process integrity of Florida’s jails. The statistical findings failed to support the alternative hypothesis.

**Hypothesis 5b3:** Jail administrative oversight was a significant influencer in the process integrity of mental health services in Florida’s jails. Jail administrative oversight was coded as 1- Sheriff; 2- Private management group; 3- Board of County Commissioners (BOCC)

The standardized regression weight of jail administrative oversight regressing on process integrity was not a statistically significant predictor with a beta weight of -0.017 indicating that jail administrative oversight was not an influencer of the process integrity of Florida’s jails. The analysis did not detect any significant association between this variable and progress integrity.

**Finding:** The statistical findings failed to support the alternative hypothesis. Jail oversight responsibility was not a significant influencer in ensuring the process integrity of Florida’s jails.
regardless of whether the administrative entity was the Sheriff’s Office, a private company, or the Board of County Commissioners (BOCC).

Analysis of the study data also indicated that both constructs of isomorphism and innovativeness had positive and statistically significant covariance at the 0.053 significance level although this was slightly above the preferred \( p \) value of less than 0.05. However, it is known that small samples, as has been the case for this study, can lead to nonsignificant parameters (Byrne, 2001). The control variables of jail setting and jail size had an even stronger covariance with a \( p \) value of less than .01. However, this was a negative covariance. As explained previously, due to the reverse coding utilized for jail setting, this negative covariance actually indicated that as jail size increased so too did the size of the area where jails were located. Therefore, larger cities will have larger jails and rural settings will have smaller jails. The results of this analysis are presented in Table 6.

Table 6

*Covariance of Constructs and Control Variables: Group 1--Default Model*

<table>
<thead>
<tr>
<th></th>
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<th>X</th>
<th>X</th>
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<th>C.R.</th>
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Qualitative Findings

The qualitative component of this study consisted of in-depth interviews with a stratified sample of jail administrators. The in-depth interviews addressed questions that spoke to their
perception of the adequacy of the services they offered and the integrity of the service offerings and their contribution to the perceived quality of mental health services.

The goal was to utilize a stratified random sample based on the analysis of research findings that categorized Florida’s 67 jails within a matrix (Appendix A) of High Structure-High Process (HS-HP); High Structure-Low Process (HS-LP); Low Structure-High Process (LS-HP); and Low Structure-Low Process (LS-LP). This matrix was developed with Donabedian’s (1988) Quality model as a template. The template for this study was formulated from information gathered from the Internet, census records and related documents that provided information about the demographic, structural, and process elements of Florida’s 67 jails. In a few cases, information was not available in print or electronic format, and phone calls were initiated in an effort to obtain the necessary information to complete the projected model. Figure 7 contains the model that resulted from the literature review.

It indicated that the greatest distribution of the quality components reduced by Donabedian into structural adequacy and process integrity were concentrated in the overwhelming majority of jails fitting into two of the four configurations High structure – High Quality (HS-HP), and Low Structure-Low Process LS-LP. A lesser number of jails were placed in the High Structure – Low process HS-LP category. Only one of the 67 jails Florida jails fit the criteria as High structure- Low Process (HS-LP) leading to the strong likelihood that this case was an outlier.
The initial study plan sought to utilize a stratified random sample drawn from 20% of each respondent category. Two factors frustrated this goal. The first was that the results were heavily skewed toward only two of the four categories of interest. Secondly, there was a lack of responsivity from many of the targeted jails. This applied particularly to small, rural jails that had low scores on both structural and process elements of quality of mental health services. It was very difficult to speak with anyone from such facilities, and when personnel were contacted, they declined to provide the information that was sought. Ultimately, the attempt to utilize a
stratified random sampling approach was abandoned in favor of a stratified purposive sample that selected respondents based on jail size, quality categorization, and willingness to participate in the in-depth interview.

Structure was shown to be a stronger determinant of quality than process for the jails surveyed and structure invariably seemed to precede process. In fact, the best indicator of quality, as determined by industry standards, is the degree of structure. This is consistent with the paramilitary organization of jails which feature a “top down” model of information dissemination. The structural elements in Florida’s jails appeared to define the process.

**Accreditation Status**

The secondary analysis of data indicated that the strongest structural indicator that appeared to influence process and quality was accreditation status. Accreditation standards establish the baseline for process elements of the quality model. Jails that have earned accreditation status have satisfied the guidelines that indicate an effective and industry standard process. However, during interviews with jail administrators, though acknowledging its importance, many administrators downplayed the importance of accreditation to ensure quality outcomes. Several suggested that accreditation was a useful aid but not essential to ensure that quality standards were maintained. Some suggested that in some cases accreditation was more like “window dressing” and stated that quality standards should be present with or without accreditation standards.

**Jail Size**

Jail size was shown in the secondary analysis of data to be the second strongest structural indicator of quality in Florida’s jails. The administrators who were interviewed did not volunteer
this to be a factor in ensuring quality outcomes, but invariably the larger jails had disproportionately higher structural offerings such as dedicated mental health housing and onsite mental health staff than did smaller jails. The second strongest structural indicator that affects quality has been judged to be facility size.

Two possible reasons emerge to explain the structural and overall quality advantages that large jails provided over smaller jails. First, larger facilities were generally accredited and accreditation standards have built in quality indicators. The second reason is that larger facilities had greater financial and personnel resources which can be used to improve quality and ensure increased mental health services due to the economy of scale.

Beyond the advantages of a greater resource pool for larger than for smaller jails, larger jails also seemed to be more open to isomorphic influences, particularly the mimetic influence exercised by smaller jails. As indicated in the quantitative summary, isomorphism had an influence on structural adequacy of jails that could not be attributed to chance. However, the mimetic strand of isomorphism was activated by exposure to the activities of other jails.

These study findings indicated that smaller jails tended to be more protective of their information and did not appear to seek exposure to other jails. There appeared to be limited information sharing with a guardedness that extended to the release of information that would seem to be as simple as sharing the average daily population of the jail. It appears the smaller the jail, the less open the personnel contacted were in sharing information regarding jail operations in general and specifically with regard to managing inmates with mental illnesses. Surprisingly, some of these smaller jails did not have an internet presence, seemingly no availability of written information, and were highly reluctant to provide information of any sort even when informed
that the information was confidential. Beyond the lack of resources, it appears that smaller jails were less likely to share information or to seek to benefit from the experience of peer jails. The reality that many of these small jails were not accredited may, on surface review, suggest that smaller jails lack of the funds and personnel to afford this time intensive and expensive venture. However, it may also indicate a seemingly underlying wariness of smaller jails to outside intervention, and a possible resistance to accreditation that by its very nature compares jails against peers.

Smaller jails also seemed to identify lower incidence of mental illness (e.g., with an administrator of one of the smaller jails indicating that his jail did not typically have inmates with mental illnesses. This was not independently verified, and may be an accurate assessment. However, this information was in sharp contrast with findings regarding medium sized and large jails, which typically related a prevalence of inmates with mental illness. One such jail administrator, whose medium sized jail housed over 300 inmates, asserted that over 50% of inmates at his jail received some form of mental health intervention, and 20% were prescribed psychotropic medications.

Further research is needed to determine if the perception that mental illness is not prevalent in smaller jails is accurate or if it is an altered reality based on other factors including mislabeling as “behavioral problems” or not having access to mental health professionals on staff, and their ability to accurately identify mental illness. Further research can also focus on whether this phenomenon may be due to smaller facilities having a protective influence on mental status while larger settings may have a negative effect on mental status.
A large percentage of the surveyed jails appeared to have high structural adequacy. Yet, though structural adequacy was identified as a vital factor in ensuring quality healthcare outcomes, the assumption that high structural adequacy, as determined in this study, equates to high quality mental health services may be misleading. There are nuanced differences in the structural offerings of jails, and the test of structural adequacy as designed in this study was not a test of the quality of these services. Ultimately, the assurance of quality services provision requires triangulation with knowledge of concrete outcome indicators of quality services, paired with the accountability of verification by the providers and recipients (i.e., providers and inmates) of such services. A similar case can be made regarding the quality ratings of jails in this survey that ranked as having high process integrity.

Both the quantitative analysis of survey data and the review of secondary data for the qualitative component of this study identified structural adequacy as being a stronger predictor of jail adoption and quality than process integrity. However, it was surprising and interesting to note that a major theme of jail administrators was the attribution of greater importance of process elements than structural elements in the adoption of mental health services and the assurance of quality services. Many explained that they recognized the lack of structural adequacy based on inadequate resources. However, they expressed the belief that the personnel who delivered mental health services were expected to be effective in doing so even when the structural capacity was lacking. Two administrators of different jails independently explained that even if some element of structural adequacy were in place, that did not ensure that a quality process of mental health services provision would be assured. They further stated that jails do not have the resources to guarantee that structural adequacy is always satisfied. However, they asserted that
the right personnel and approach could bring good results even when structural adequacy may not have been satisfied.

Further themes that surfaced from the qualitative portion of the study included the limitations of structural elements in jails for the provision of mental health services and the preference for mental health services to be provided by outside agencies. Another important theme that several administrators mentioned was the frustration at the lack of clarity in defining and categorizing mentally ill inmates as separate from those inmates with behavioral or related issues as opposed to primary mental illness.

A jail administrator of a large Central Florida jail expressed serious concerns about the numbers of individuals who did not appear to have a primary mental illness but who were labeled by the courts as having a serious mental illness and sentenced to the state hospital for stabilization. She explained that this was possible because Florida law authorized competency evaluations for inmates who refuse to cooperate with their attorneys or appear to not understand the nature of the legal process. She opined that such labeling with a diagnosis of mental illness often seemed to be a deliberate strategy to extend the court proceedings or introduce the mitigating element of mental illness into the judicial consideration of sentencing for criminal behavior.

Administrators of large facilities tended to give lower overall quality scores to their facilities. However, these ratings seemed to increase when they looked at specific structure and process issues. This seems somewhat counter intuitive in that it would seem to be more natural that administrators would want to give a good impression that might then be challenged by the actual realities of services limitations. Administrators of smaller facilities tended to gloss over
such assessments and generally give themselves seemingly unexamined good scores. This may very well be because smaller jails likely lack the knowledge of, or exposure to, other service offerings. This may well be a case of “not knowing what I do not know” or not knowing enough about the issue to recognize or identify alternate options.

Overall, the qualitative study supported the hypothesis that the quality of jail mental health services for those interviewed was dependent on both structural adequacy and process integrity. In the following chapter, what these findings mean for jails grappling with the challenge of providing services to inmates with mental disorders will be explored.

Summary

This chapter demonstrated how the quantitative and qualitative study design was implemented and how data were analyzed to support an explanatory two factor model of contributory variables to the adoption of jail mental health services. The quantitative section and analysis demonstrated that the model fit the data, supporting a two-factor construct model. It shed light on how the structural adequacy and process integrity of Florida’s jails have been influenced by the constructs of isomorphism and innovativeness as well as the control variables of jail size, jail setting, and jail administrative oversight.

The results of the qualitative component of the study were also presented. The study findings provided strong support for the quantitative finding that structural adequacy preceded and seemed to supersede process integrity in influencing both the implementation of jail mental health services and in assuring quality outcomes. It also offered strong positive support to the quantitative finding that jail size was a vital influence in the implementation of jail mental health services and quality outcomes in Florida’s jails. The finding also included statistical evidence to
support the predominance of structural adequacy over process integrity in the implementation of mental health services in Florida’s jails. It also highlighted the positive association between larger jails in larger cities and their positive influence on structural adequacy in Florida’s jails.

The following chapter will interpret and better illuminate the study findings in light of the extant research literature as well as to present the researcher’s analysis of the meaning, implications, and research springboard opportunities based on the findings.
CHAPTER 5
SUMMARY, DISCUSSION AND RECOMMENDATIONS

Introduction

The previous chapters of this document presented justification for this study of the perceptions of jail administrators and related stakeholders regarding the need, adoption and quality assessment of mental health services in Florida’s jails. The preceding chapter in particular summarized the methods, analysis and findings of the research study. This chapter summarizes and interprets those findings to illuminate their meaning, significance, and implications and offers recommendations for future study based on the findings. The author also used this chapter to extend the application of these findings to practical jail settings for the benefit of jail administrators and related policy and decision makers as well as mental health services administrators. The chapter begins with a review and elaboration of the hypotheses findings and other general findings from the study and proceeds to further elaboration, interpretation, and recommendations.

Review and Elaboration of Study Hypotheses and Related Findings

Hypothesis 1

The study’s four major hypotheses and 10 sub hypotheses were explained and detailed in Chapter 4. There are significant interpretations, implications and applications, many of which are summarized in the order that they were presented in Chapter 4.

Hypothesis 1 tested to see if the variables of relative advantage, ease of use, observability and cost of mental health services cost were statistically valid measures for the construct of innovativeness. The findings indicated that all four variables were strong measures of innovativeness. Overall, this finding was not surprising, as it was consistent with the extensive
research of Rogers (2003) who previously empirically demonstrated that the first three of those variables were strong influencers of the adoption of the innovation process. Cost was not one of the variables which was listed. It has been suggested that cost is included in relative advantage but what emerged in this finding was that cost savings had a factor loading of .74 which was actually higher than ease of application/complexity which Rogers had indicated to be one of five essential innovation characteristics. A possible explanation of this finding is that in the private or school settings where much innovation adoption research has been conducted, cost factors may not be as serious a consideration as they may be in jails, particularly small ones which may have small operating budgets and limited discretionary funds.

A similar finding came from the testing of Hypotheses 1b which tested to see if the four variables of regulatory standards, normative expectations, mimetic influences, and prevention of lawsuits were statically valid measures for the construct of isomorphism. All four variables indicated positive factor loadings. As with innovativeness, the research literature supported the validity of the first three of these measures as partial surrogates for the construct of isomorphism. This researcher added the prevention of lawsuits as an indicator based on experiential knowledge and anecdotal responses from jail personnel. Litigation prevention had a factor loading of .72, significantly higher than the .59 factor loading of regulatory isomorphism (more commonly referred to as coercive isomorphism) on the isomorphism construct. In both of these cases, the assumed relationships between constructs and observed variables that was found in the literature was supported. However, two variables that were not featured in the literature as prominently proved to have higher factor loadings than the better known measurement variables. This finding validated the inclusion of the named variables in the study. It further illustrates that although
many findings regarding the adoption of services in other settings have application to jails, research regarding jails must be contextualized and one must consider the practical variables that have unique and even idiosyncratic application to jail settings.

Hypothesis 2

Hypothesis 2 examined isomorphism as an influencer of structural adequacy and process integrity in jails and found that isomorphism or the tendency/influence to be like other jails had a significant but inverse relationship on the structural adequacy of jails, but not on the process integrity of jail mental health services.

This was a surprising and somewhat puzzling finding. The researcher assumed that there would be a significant relationship but expected it to be a positively related rather than the negatively related relationship that was found. This finding means that as jails become more like those of their peers they may provide fewer structural provisions for mental health services. Although this seems to be counter intuitive, it may be a reflection of the opinions of many jail administrators who assume that their mental health services provisions are better than those of peer jails, thereby reflecting association sameness with other jails and implying fewer services.

This possibility was supported by the in-depth interviews where several administrators of small jails which did not appear on paper to have structural adequacy of mental health services, nonetheless rated themselves as high as 9 on a 10 point scale of structural adequacy.

For the second part of the hypothesis, no significant association was found between isomorphism and the process integrity of mental health services in Florida’s jails. A possible interpretation of this finding was informed by the qualitative in-depth interview of several jail administrators. It appeared that many of the respondents were not thoroughly familiar with the
nature of quality mental health services. This seemed to be especially true when mental health services were provided by a local “non-chain” provider. In many cases, it appeared as though some administrators were content to have the providers perform their duties independent of jail involvement. In short, the failure to find a lack of significant association between isomorphism and the process integrity of Florida’s jails may be a valid finding or may reflect a reality of some respondents not knowing enough about mental health services to “not know what is not known.”

Hypothesis 3

Hypothesis 3 examined the influence of innovativeness on the structural adequacy and process integrity of Florida’s jails. The result shows that no significant relationship exists between innovativeness and the two quality variables of structural adequacy and process integrity. This was surprising, as innovativeness is valued in the private sector and is viewed as a key ingredient both to providing services and ensuring quality process and outcomes.

Innovativeness, as presented in this study, was more closely linked to internal factors influencing mental health services adoption. The subject of the previous hypothesis, isomorphism, was, however, more closely aligned to mental health services adoption being linked to external influences. The previous hypothesis indicated a significant but inverse relationship between isomorphism and structural adequacy. This would seem to suggest that increased external pressure for sameness would result in less structural adequacy for jails which further suggested a move toward internal decision making. However, the expected association with the alternative of innovativeness as an influencer of structural adequacy did not materialize, thereby providing a confounding finding.
The researcher suggests a reexamination of the questionnaire items and the survey design to determine if this confounding finding may have been a result of instrument error. In the meantime, this finding was viewed as inconclusive, and the hypothesis is recommended as a topic for further investigation.

Hypothesis 4

This hypothesis examined the relationship between structural adequacy and process integrity in Florida’s jails. The quantitative analysis indicated that structural adequacy seemed to both precede and mediate the effects of process integrity, seeming to place a greater value on structural adequacy than on process integrity. The implication for jail administrators and decision makers was that the infrastructure for mental health services such as appropriate housing and staffing are generally prerequisites for successful process of services delivery and the ultimate good quality outcomes.

The in-depth interviews shed some additional distinctions on this finding. There appeared to be a strong correlation between administrators who could effectively explain mental illness and its appropriate interventions and their emphasis on process factors and integrity as more important in the jail setting. These administrators stated that structural adequacy was not an indication of process integrity and effectiveness and that process integrity could override structural deficiencies. These administrators brought a high level of academic sophistication and knowledge of mental health issues to the discussion.

In looking at the quantitative and qualitative findings, the researcher theorized that although both structural adequacy and process integrity are vital for quality outcomes in jail mental health services, it appears that for facilities with administrators who are knowledgeable
about mental health issues and treatment, process integrity goals were viewed as most important. For those administrators who have limited knowledge, however, structural adequacy, which is easier to define, was viewed as more important.

Hypothesis 5

Hypotheses 5 examined the influence of the control variables of Jail size (Large =3; Medium = 2; and Small =1): jail setting (Rural =3; Small town = 2; Large city =3), and Jail administrative oversight (1 = Sheriff; 2 = Private management group; 3= BOCC) on the structural adequacy and process integrity of Florida’s jails. It found a positive association of jail size and jail setting to the structural adequacy but not to the process integrity of Florida’s jails. Jail administrative oversight did not have a significant association with either outcome variable. The issue of jail size showed consistency as an influencing variable and is discussed further later in the chapter.

Limitations of Study

This study had several limitations that served as a constraint to the applicability and generalizability of some of the findings. A primary limitation was its small sample size. This unexpectedly small sample size was based both on a lower than anticipated response rate as well as the number of submitted questionnaires that were incomplete. Because the respondents were anonymous, incomplete questionnaire responses had to be discarded because the missing responses could not be traced to a particular respondent.

Small sample sizes make many analytical approaches difficult to utilize, and this appeared to be particularly true of the structural equation modeling which ideally uses large samples. This small sample size raises reasonable doubt as to the study findings and restricted
the generalizability of the study data. Given the small sample size for this study, it may give rise to the opinion that the findings were more illustrative than representative of other similar jails. The integration of a qualitative component within this study project helped to validate some aspects of the study, but a larger study sample would have been more useful for this study.

A second limitation of this study was its largely singular reliance on administrative personnel to inform the study. Administrators typically bring the advantage of many years of experience in the field, and this was true for respondents for this study. However, administrative personnel often lack the personal interaction with inmates and with service providers who are often closer to the issues of the management of jail inmates with mental disorders and therefore likely better able to recommend meaningful and sustainable solutions. The lack of input from inmates, particularly related to quality assessment, was a related limitation of this study.

Another limitation of this study was the difficulty experienced by the researcher in obtaining responses from jail respondents particularly those who represented small jails. This information gathering difficulty was a consistent barrier both in obtaining information via the questionnaire for the quantitative analysis and via phone call and email for the qualitative portion of the study. It was particularly evident during the qualitative portion of the study as the researcher sought to obtain jail related information as outcome indicators to assess the quality of jail mental health services.

This included information regarding inmate disciplinary reviews, grievances, and adverse inmate events to include fights, inmate injuries and suicides. This information was especially difficult to obtain from the smaller jails where there seemed to be an unusual hypervigilance and guardedness regarding such information. This was consistent, however, with law enforcement
agency practices, which have traditionally operated as somewhat “closed” societies, distrustful of inspection and often viewed as intrusive by the larger public. The difficulty to obtain information about outcomes made it difficult to link antecedent mental health care or lack thereof to effective and quality outcomes.

**Suggestions/Implications for Future Strategies to Enhance Jail Studies**

A major obstacle to this study’s implementations as planned was what seemed to be a general absence of knowledge about the mental health services by jail administrative personnel. Much of this appeared to be a lack of knowledge and exposure rearing the limits and manifestations of mental illnesses in jail inmates.

Future studies, particularly those that examine the quality of jail mental health services, need to find a way to include inmate output to ensure valid and applicable information and to ensure accountability. Jail inmates with mental illnesses have traditionally not been used as a study sample. Two primary characteristics of this group likely account for their absence from the research study arena. First, as an incarcerated population, they are correctly viewed as a vulnerable population whose reliance on external authority makes them at risk for coercion and/or victimization. Secondly, mental illness also comprises an area of extreme vulnerability and mentally ill inmates have not been typically been used in jail-based research. The use of inmates as a vulnerable population in any form of research is always a challenging and rigorous task to accomplish. Yet future research does not have to be limited to inmates who are incarcerated at the time, but may reasonably utilize as study participants individuals who have been recently released from jail for a retrospective study. The advantages of using this population include avoiding the multiple steps that must be taken to conduct such research with
an incarcerated population. It also helps to better ensure that participants do not have secondary gain motives as primary.

Response Distinctions in Larger and Smaller Jails

Florida’s 67 jails may be categorized as 25 (37.31%) small jails, 19 (34.2%) medium jails, and 23 (28.36%) large jails. Although small jails account for the largest percentage of Florida jails, they had the smallest percentage of responses to the survey with only 11% (6) recorded responses. In like manner, there was substantial difficulty in accessing small jails to obtain information for the qualitative portion of the research study. Small jails consequently had only a 25% (n = 2) participation rate in the qualitative portion of the study which involved a 12% (n = 8) sample of Florida’s jails.

Even in the cases where contact was made with administrative leadership of small jails, there appeared to be a diminished depth of knowledge of, or sense of interest in, mental health issues related to their jails. This limited interest seemed to particularly apply when mental health services were provided by outside contract providers. Typically, for the smaller jails, such services were provided by individual or small group providers; and the administrators seemed to have limited knowledge of the particular services that these providers delivered.

In contrast, administrators of the larger jails generally seemed to be more knowledgeable of, and more invested in, the mental health services provisions and challenges of their jails even when mental health services were provided by contract providers. It is of note that contract mental health services for the larger jails were generally provided by larger “chain type” medical services/mental health services providers as opposed to the single person or small group provider profile of many of the small jails.
Administrators of larger jails also seemed to demonstrate greater transparency in discussing the strengths and weaknesses of the mental health services provisions of their facilities, elaborating on questions asked during the in-depth interview. In contrast, many small jail personnel seemed rushed and disinterested in the subject. Several hurried the interviews along, and one summarily hung up the phone after two or three minutes after announcing without waiting for dialogue, “I don’t have time for this.” In many cases, it appeared that the smaller jails did not have access to statistical information regarding aspects of mental health series. One smaller jail administrator stated that he had no one in custody at that time who had a mental illness and stated that the jail’s rate was less than 5%.

Of further note was the difference in self-score for quality of mental health services that were provided by larger and smaller jails. One of the two smaller jails that participated in the qualitative interview rated its mental health offerings as an 8 on a 1-10-point scale where 10 was excellent and 1 was very poor. Although the larger jails seemed to have more structural and process resources in place, the most common rating provide by the larger jails was a 7 on the same 1-10-point scale.

Partnership Benefits for Jail Provision of Mental Health Services

One of the more insightful concepts that was introduced by several jail administrators during the in-depth interviews was the vital importance of partnerships to ensure successful services for inmates with mental disorders. This concept of partnerships was broad based and characterized the jail administrators who seemed most excited to discuss their approach to the challenge. For several of these administrators, the most immediate partnership was one of necessity and was catalyzed by their contact with a health services provider agency to provide
mental health services. However, although jail administrators acknowledged the expertise gap that made it necessary to contract outside providers, they were articulate in speaking about the issues and sharing their perceptions of structural and process elements that were necessary to ensure that adequate and quality mental health services were being provided.

These were the same respondents who did not limit their partnerships to relationships of necessity but viewed mental health services provision as a continuum of services that began and would end in the community. For this reason, jails that seemed to be successfully in addressing the challenge of large numbers of inmates with mental illnesses developed and maintained active partnerships with a range of partners. As described by one large jail administrator, these partners came from various parts of the community and included community providers, educational, vocational, substance abuse, and legal partners who could assist in providing the structures to maintain the optimal functioning for individuals with mental illnesses within and beyond the jail setting.

This “invested” partnership perspective of larger jails is one that smaller jails would do well to adopt. Beyond the partners listed previously mentioned, some of the smaller jails might consider partnering with other small jails to share resources such as having shared mental health staff who could divide time between such facilities. This concept of partnership should not be a rigid, singular, black and white choice of specified partners but should ideally reflect a balance of needs and abilities of jails and their strategic partners. Regardless of the type of partnership, however, it seems to be important that the jail administrative leadership be invested in the partnership and in the role and work of the partners. Jails also need to have a level of engaged
leadership in partnerships to enable the honest identification of problems, and the commitment to understand such problems and the willingness to invest in solutions

**Researcher Reflections**

This research produced many positive and novel findings. However, its potential value was diminished by the small sample size that negatively affected the analytic process and reduced the validity, generalizability, and applicability of the findings. In retrospect, this reflected some mistaken assumptions made by the researcher. Because the study was designed with an analytic strategy that required a large sample, the initial pool of potential applicants should have been much larger and broader.

The researcher’s assumption and preconceived idea that his experience within the correctional field would be a strong influence and motivator of responses was incorrect. It was particularly surprising that the response from small jails was so limited. The preconceived idea of the researcher was that small jails would be situated in small towns with the small-town values of cooperation and friendliness. The opposite turned out to be the case.

Although quantitative study appears to have intuitive appeal for many scholars, this study highlighted the need for qualitative study as well, particularly because few previous studies had been conducted in a particular field. Quantitative study, though effective and often considered to be conclusive, may only tap at the surface of valuable informational ore that needs to be symbolically mined. Qualitative study provides deep and rich insights that may not always be at the surface level or even intuitively determined. In retrospect, a qualitative approach involving several case studies of preselected jails may have provided answers for many of the questions that remain unanswered in this study.
Recommendations for Further Research

Very limited research has been conducted to date with jail studies in general, and specifically with jail studies related to mental health services. This study verified that jail administrators and related stakeholders acknowledge the issue of large numbers of individuals with mental illnesses in jails as a significant and urgent challenge. It also illuminated and validated the need for further research. These recommendations for further study are based on identified knowledge gaps as well as the opportunity to expand what is currently done with jail inmates with mental disorders.

The recommendations that follow are for studies that build on this current project to help advance knowledge of strategies to improve the quantity and quality of mental health services for jail inmates with mental disorders. The recommendations for further research also include discussion of some of the obstacles that have stood in the way of research in this area as well as suggested strategies to avoid or circumvent such obstacles in future research.

A recurrent theme from the study was the wide variation in the categorization of inmates with mental illnesses as well as the reports of respondents regarding the percentage of inmates in their jails with mental illnesses. These figures ranged from less than 5% to more than 50%. An area of need for further study is the development of a more clearly defined categorization system to more accurately identify inmates with mental illnesses and valid disorders.

It is also recommended that future jail studies focus on finer specification using targeted jail types based on preselected criteria such as jail size, accreditation, or administrative oversight. This may be approached by implementing a study that identifies and explores in great detail the dimensions of one or more of these variations. It may also be conducted where multiple
dimensions can be examined across jails. However, for the latter study, the researcher would need to have some guarantee of a stratified sample with large enough responses in each stratified category to ensure credible comparison of jail groups across the multiple groups of categories.

With such limited research studies on jails, much remains unclear regarding how the finer distinctions such as size impact both the perceptions of problems and practical solutions suited to the differing needs and realities. This study only touched the surface of the impact of differences in jail mental health services attributable to size distinctions. Yet it became clear that there were clear differences in perceptions, priorities, practices and even philosophies based on the size distinctions.

As an example, obtaining information from many jails was a very difficult, and in some cases, seemingly impossible task. This was true for both the written questionnaires and the emails and phone calls from the researcher seeking to interview jail administrators. However, the difficulty in information gathering was even more pronounced for small jails. Relative to the questionnaires, although small jails accounted for 37% (27) or of Florida’s jails, only six small jails provided responses for a dismal response rate of only 9%. Seeking the information via phone calls and interview requests and actual interviews was also very difficult.

At least two of Florida’s smaller jails seemed to have no internet presence, and for many others the information provided was limited and sketchy. Attempts at phone calls particularly to the small jails, was often a frustrating exercise that did not generate information. In some cases, phone calls did not go directly to jail personnel but instead to a recorded phone message. Follow-up phone call requests from the researcher did not receive callbacks from administrative personnel of smaller jails. Messages that were left were not responded to. In other cases, phone
calls for informational requests were met with suspicion, claims of not having the requested answers or direct statements of unwillingness to share such information. Surprisingly, particularly for the small jails, there seemed to be limited information about mental health services for jail inmates. Interestingly, many of the administrators of the larger jails seemed to be very willing to discuss these issues openly. Those who fit this mold were typically well informed about the challenges of adequate care for inmates with mental illnesses and had strong views about solutions to the issues. Many, as demonstrated in the in-depth interviews had become strong advocates for jail mental health services and could describe initiatives which they had implemented to help address this issue successfully.

Given these logistical and practical challenges in accessing many jails, small ones in particular, for research purposes, it is recommended that future jail studies take a more targeted approach and utilize qualitative methods, particularly in-depth case studies. Such case studies could be constructed around the in-depth examination of jail incidents related to inmates with mental illnesses that have had negative quality indicators. These might include unusually long jail stays, multiple grievances, high rates of recidivism, and high rates of adverse events including suicide attempts and behaviors.

It is further recommended that future jail studies enlarge the three sizes categorization of this study to a finer specification with a minimum of five jail size categories. The following is a suggested configuration: 0-99 – micro jails; 100- 299 - small jails; 300 – 749 medium jails; 750 – 1,250 - large jails; 1,250 and larger – mega jails. As found by this researcher there is great differentiation between a jail with 18 inmates and one with 250 inmates that is lost when jails groupings are unusually broad. Having smaller groupings will allow the researcher to
concentrate on areas of greater similarity and isolate challenges that are unique and related to idiosyncratic elements defined in large part by the distinction. It will also provide more relevant guidance centered on the unique size related challenges that jails face.

Future studies should also seek to engage and mobilize multiple channels to help ensure a large sample for quantitative data gathering methodology. The value of this study was considerably limited by the researcher’s overly optimistic expectation that failed to consider that correctional and law enforcement agencies tend to be guarded and protective of providing information to the public. This overestimation of jail responsivity proved to be a design flaw and was demonstrated in a poor response rate. Future studies should enlarge the population pool to the 3,300 jails nationwide or focus on a broader geographical pool such as the Southeastern United States. Given the broad differences in jails based on sizes, political climate, and other demographic factors, future study may be better suited to differentiating jails by sizes and concentrating on a particular demographic such as jails of a particular size or located in a particular geographic area of the country.

Researchers for future study should also seek to maximize the potential of national groups to stimulate responses. Many state, regional, and national correctional groups hold quarterly and annual meetings. These include the American Correctional Association (ACA), the American Jail Association (AJA), the National Council on Crime and Delinquency and the National Association of Counties (NACo), and state and national branches of Sheriffs Associations. Future researchers would do well to enlist and utilize these organizations, with their established networks and credibility, to build support for jail research. The value of engaging these organizations in support of jail mental health services research finds increased
credence in the finding of this study that isomorphic elements have significant value in the implementation of change in Florida’s jails.

Although the ideal in research study is the randomized study design, the results of this study suggest limitations to the randomized study design to obtain a representative sample. It appeared that the jails that were most likely to participate as respondents to the survey were those facilities with whom the concept of jail mental health services resonated and who already were implementing services. Jails that lacked such services seemed to be the ones with increased likelihood of non-response. Thus, even in randomized sampling, there was no assurance that the responses were representative of the various constituencies of jails, as there was no assurance or guarantee that those selected would respond. It is recommended that future studies be purposive in nature not only in seeking study participants, but also in centering studies around preselected criteria such as jail size, incidences of adverse events, or other noteworthy differentiating elements.

Future research should be intentional in the effort to include inmate input. This is particularly important because it is difficult to have accurate quality assessments without the input of those affected by the services, and for whom the services are intended. Beyond the input that comes from service providers and those more directly associated with the challenges, inmates as central to the issues of mental illness can arguably provide greater insight into the process and the effectiveness of services provided. This is particularly true in quality assessment where patient/inmate input may be vital to help assure process integrity as a factor of ensuring quality outcomes.
It is understandably and appropriately a very cumbersome and difficult process to obtain institutional and IRB approval to utilize current inmates in research projects. This becomes an even greater hurdle when the vulnerability of being an inmate is doubled by the diagnosis of mental illness and its multiple accompanying disadvantages. Although this is an obstacle that may be overcome with careful and long term planning, there is another recommended route to obtain inmate input to ensure accountability in the quality assessments of Florida’s jails. Each month, thousands of inmates with mental illnesses are released from jails. As jails are encouraged to become more involved in discharge planning for successful community reentry, many of these inmates may be willing to provide feedback regarding the mental health services which were provided during their incarceration. Such a sample will be less likely to be regarded as coerced and should prove to be more acceptable to Institutional Review Boards (IRBs) and jail program administrators.

Future research should also utilize practitioners as research subjects. Although administrators have the big picture view of the challenges, practitioners often have a better sense of the practical application of the necessary elements of a successful program. It might be safe to say that in Donabedian’s quality equation, administrators can speak most authoritatively to the issue of structural adequacy. However, as was apparent in this study, administrators do not appear to be quite so well equipped to speak to the process and interactional elements of mental health services in jails. Doing so requires the input of those who are delivering and receiving such services, practitioners and inmates. Future study of jail mental health services should include mental health services providers, particularly if the goal is to ensure that quality is assessed in both structural and process dimensions.
Future research should also focus on establishing a more standardized concept and definition of mental health and mental illness and the quality indicators that identify each. This was particularly true for the qualitative portion of the study where jail administrators were encouraged to elaborate on the original questions. Several jail administrators expressed differing views of how to define mental illness. For some, mental illness should be used only to describe those individuals with serious mental illnesses that were so incapacitating that they required long-term treatment. For others, any inmates who required counseling, even if for a transient issue, would meet the criteria of mental illness. In short, there is need for a better definition of mental illness and indicator goals for both effectiveness and lack of effectiveness in outcomes. This entails the development of quality indicator outcomes to help make assessment more of a science and less of an art. Such research can help to redefine quality assessment for mental health services as more proactive than reactive and retrospective.

With such a range of differences in definitions of mental illness, it is understandable that there would be differences in identifying solutions to the issue or accurately assessing the quality of mental health services provided. As Donabedian (1988) correctly stated, “The definition of quality is narrower or more expansive depending on how narrowly or broadly the concept of health is defined” (p. xx). Such a clear definition regarding the expected definition and expectation of quality outcomes also narrows the expectation of health care quality outcomes based on such predetermined standards of maximalist vs the more realistic optimal (cost consideration) standards of mental health care quality.

There is also room for research on the impact of differential administrative oversight on the implementation of mental health programs in jails. Funding for Florida’s jails is provided
from taxpayer receipts as levied and collected by County Commission Boards. However, the administrative authority for operating Florida’s jails, and more specifically their mental health services, comes from three major administrative structures. The majority are operated by the office of the appointed sheriff; a lesser number are operated by for profit agencies; and a small minority still have the Board of County Commissioners as their administrative authority. Further study is needed to assess the impact of each of these administrative structures on the implementation of mental health services in Florida’s jails and the quality of such services.

Future research should also focus on how jails can leverage financial and related resources to help to ensure the provision of quality mental health services. Leveraging these resources should not be limited solely to lobbying governmental funders but should also focus on establishing strong community partnerships with agencies that can help to provide care for incarcerated individuals with mental illnesses. Such groups might include local mental health centers as well as local mental health advocacy groups such as national, state and local branches of the National Alliance on mental illness (NAMI) along with national, state, and local branches of the Mental Health Association (MHA). Such partnerships are only limited by the imagination and can extend to local universities engaging them to develop training curriculums to enhance the knowledge of correctional personnel who interact with jail inmates with mental disorders.

This leveraging of resources might also examine the pooling of resources, especially for small jails where economy of scale realities make it difficult to ensure the provision of mental health services for the small number of inmates with mental illnesses. Further research is needed to assist jails, particularly smaller sized jails, to understand the methods and benefits of collaboration, and how to best pool resources for mutual benefit.
Another area for future research might be a study of the leadership demographics and profile (traits and qualities) of jail administrators related to the adoption of new services. This distinct difference in leadership styles and approaches appeared to be quite evident even with the limited contact with jail administrators, and a more in-depth study could reveal how leadership factors impact the implementation of mental health and related changes for jails.

Finally, leveraging resources might also extend to partnerships with community agencies that can provide jail mental health services. One of the findings of this study was that jail administrators, in in-depth interviews, stressed the importance of the “process” factors for quality mental health services. Yet there is not a systematic way of ensuring that mental health services providers and practitioners receive the necessary training to ensure that process integrity is achieved. In seeking to ensure quality mental health services in jails, universities and professional training institutions might be enlisted to provide courses, seminars and workshops both for mental health professionals and for security personnel to better understand and provide effective interventions to work effectively with inmates with mental disorders. A secondary value of this educational outreach is that education is one of the most effective ways to achieve change. The study established that isomorphism in representing external change is more effective than innovativeness representing internal change. Education has the potential not only to introduce change but to make that change standard as all the recipients receive similar information via an educational curriculum.

Research can also help jails to develop consensus regarding the priority of jail mental health services for inmates and the establishment of quality measures to evaluate outcomes.
Success in providing quality services to this population will be best ensured when there is consensus on standard of care guidelines and the quality indicators to measure these.

**Summary**

This research study was a necessary project because the nation’s jails continue to have so many inmates with mental disorders, and many of these jails continue to be at a loss for how to address this challenge, often with disastrous results. As a novel venture, with limited precedent for the researcher to follow in implementing this study, there is much to look back on and learn from the process. The lack of precedence of a jail study like this in and of itself constitutes a learning experience. The researcher learned several vital lessons of things that should be included or omitted and strategies that could be utilized to ensure a more successful research experience.

Many interesting findings also surfaced from the study, and the goal to enhance knowledge of how to enhance mental health services for the large numbers of inmates with mental disorders was realized. As should be true with genuine learning, tapping the knowledge well should result in the desire for deeper knowledge. The preceding extended section on recommendations for further study demonstrate the researcher’s acknowledgement of the many unanswered questions about mental health services in jail. It further represents his invitation to likeminded researchers to dig deeper to unearth answers to the questions of how best to implement mental health services to jails and how to deliver such services effectively and ensure that they meet the high standards that will result in quality outcomes.

It is this researcher’s hope that many will accept this invitation and that this relatively uncharted research frontier will be fully explored, releasing methods and strategies and means
and motivations to help ensure that the best quality services are provided to the needy and vulnerable population of jail inmates with mental disorders.
APPENDIX A
FLORIDA’S 67 COUNTY JAILS
<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>JAIL</td>
<td>Accreditation – ACA / NCCHC (X1)</td>
<td>Onsite MH Services (X2)</td>
<td>Jail Size X3</td>
<td>County Census</td>
<td>MH Scrng X4</td>
<td>Biopsychosocial-Indvdl / Gp Counseling (X5)</td>
<td>Discharge Planning Reentry (X6)</td>
<td>Operational Responsibility</td>
<td>HS-HP; HS-LP; LS-HP; LS-LP</td>
</tr>
<tr>
<td>1 Alachua County Jail</td>
<td>ACA, NCCHC, FCAC (2)</td>
<td>Y (1)</td>
<td>950 (2)</td>
<td>249,365</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Corizon</td>
<td>HS-HP</td>
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<tr>
<td>2 Baker County Jail</td>
<td>N (0)</td>
<td>Y (1)</td>
<td>402 (3)</td>
<td>27,154</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>Armor</td>
<td>HS-LP</td>
</tr>
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<td>3 Bay County Jail</td>
<td>ACA (1)</td>
<td>Y (1)</td>
<td>969 (3)</td>
<td>169,856</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Sheriff</td>
<td>HS-HP</td>
</tr>
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<td>4 Bradford County Jail</td>
<td>N (0)</td>
<td>N (0)</td>
<td>176 (1)</td>
<td>28,255</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>Sheriff</td>
<td>LS-LP</td>
</tr>
<tr>
<td>5 Brevard County Jail</td>
<td>ACA, FCAC (1)</td>
<td>Y (1)</td>
<td>850 (3)</td>
<td>543,566</td>
<td>Y</td>
<td>y</td>
<td>Y</td>
<td>Sheriff</td>
<td>HS-HP</td>
</tr>
<tr>
<td>6 Broward County Jail</td>
<td>ACA, FCAC (1)</td>
<td>Y (1)</td>
<td>1400 (3)</td>
<td>1,780,172</td>
<td>Y</td>
<td>y</td>
<td>Y</td>
<td>Armor</td>
<td>HS-HP</td>
</tr>
<tr>
<td>7 Calhoun County Jail</td>
<td>N (0)</td>
<td>N</td>
<td>55 (1)</td>
<td>14,750</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Sheriff</td>
<td>LS-LP</td>
</tr>
<tr>
<td>8 Charlotte County Jail</td>
<td>FCAC, NCCHC (2)</td>
<td>Y (1)</td>
<td>498 (2)</td>
<td>140,031</td>
<td>Y</td>
<td>y</td>
<td>Y</td>
<td>CCA</td>
<td>HS-HP</td>
</tr>
<tr>
<td>9 Citrus County Jail</td>
<td>ACA (1)</td>
<td>Y (1)</td>
<td>465 (2)</td>
<td>192,370</td>
<td>Y</td>
<td>N</td>
<td>N</td>
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<td>HS-LP</td>
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<td>10 Clay County Jail</td>
<td>FCAC (1)</td>
<td>Y (1)</td>
<td>900 (3)</td>
<td>340,000</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Armor</td>
<td>HS-HP</td>
</tr>
<tr>
<td>11 Collier County SO</td>
<td>FCAC (1)</td>
<td>N (0)</td>
<td>218 (1)</td>
<td>67,485</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Sheriff</td>
<td>LS-LP</td>
</tr>
<tr>
<td>12 Columbia County Jail</td>
<td>FMJS (0)</td>
<td>N (0)</td>
<td>145 (1)</td>
<td>34,894</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Sheriff / Local contract: Desoto Mem Hospital</td>
<td>LS-LP</td>
</tr>
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<td>Y (1)</td>
<td>1400 (3)</td>
<td>299,114</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>BOCC</td>
<td>HS-HP</td>
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<tr>
<td>JAIL</td>
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<td>Onsite MH Services (X2)</td>
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<td>MH Scrng X4</td>
<td>Biopsychosocial-Indvdl / Gp Counseling (X5)</td>
<td>Discharge Planning Reentry (X6)</td>
<td>Operational Responsibility</td>
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<td>17 Flagler County Jail</td>
<td>N (0)</td>
<td>N</td>
<td>125 (1)</td>
<td>97,376</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Sheriff</td>
<td>LS-LP</td>
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<td>NA (0)</td>
<td>N</td>
<td>66 (1)</td>
<td>11,596</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Sheriff</td>
<td>LS-LP</td>
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<tr>
<td>19 Gadsden County Jail</td>
<td>N (0)</td>
<td>Y (1)</td>
<td>190 (1)</td>
<td>46,151</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Sheriff</td>
<td>LS-LP</td>
</tr>
<tr>
<td>20 Gilchrist County SO*</td>
<td>N (0)</td>
<td>N</td>
<td>36 (1)1%</td>
<td>17,004</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>Sheriff – Local Contract</td>
<td>LS-LP</td>
</tr>
<tr>
<td>21 Glades County Sheriff</td>
<td>N (0)</td>
<td>Y (1)</td>
<td>292 (2)</td>
<td>12,635</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>Armor</td>
<td>HS-LP</td>
</tr>
<tr>
<td>22 Gulf County Sheriff</td>
<td>N (0)</td>
<td>N</td>
<td>35 (1) low</td>
<td>15,844</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>BOCC</td>
<td>LS-LP</td>
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<tr>
<td>23 Hamilton County Jail*</td>
<td>N (0)</td>
<td>Y (1)</td>
<td>89 (1)</td>
<td>14,671</td>
<td>N</td>
<td>N</td>
<td>N</td>
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<td>LS-LP</td>
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<td>24 Hardee County Sheriff’s Office</td>
<td>N (0)</td>
<td>N</td>
<td>190 (1)</td>
<td>27,887</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Sheriff</td>
<td>LS-LP</td>
</tr>
<tr>
<td>25 Hendry County Sheriff</td>
<td>N (0)</td>
<td>N</td>
<td>179 (1)</td>
<td>39,089</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Sheriff</td>
<td>LS-LP</td>
</tr>
<tr>
<td>26 Hernando County Jail</td>
<td>ACA, FCAC (1)</td>
<td>Y (1)</td>
<td>650 (2)</td>
<td>173,094</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Sheriff</td>
<td>HS-HP</td>
</tr>
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<td>27 Highlands County Jail</td>
<td>FCAC (1)</td>
<td>Y (1)</td>
<td>384 (2)</td>
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<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Sheriff</td>
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<td>28 Hillsborough County Jail</td>
<td>ACA, NCCHC (2)</td>
<td>Y (1)</td>
<td>4190 (3)</td>
<td>1,300,000</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>NAPHCARE</td>
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<tr>
<td>29 Holmes County Jail</td>
<td>FMJS (0)</td>
<td>N</td>
<td>150 (1)</td>
<td>19,873</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Sheriff</td>
<td>LS-LP</td>
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<tr>
<td>30 Indian River SO</td>
<td>FCAC (1)</td>
<td>Y (1)</td>
<td>455 (2)</td>
<td>138,894</td>
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<td>N</td>
<td>Armor ?</td>
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<td>31 Jackson County Corrections</td>
<td>N (0)</td>
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<td>FLORIDA JAIL LISTING</td>
<td>Structure Variable</td>
<td>Structure Variable</td>
<td>Demographic</td>
<td>Process Variable</td>
<td>Admin Structure</td>
<td>Perceived Quality Of Services</td>
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<td>JAIL</td>
<td>Accreditation – ACA / NCCHC (X1)</td>
<td>Onsite MH Services (X2)</td>
<td>Jail Size X3</td>
<td>County Census</td>
<td>MH Scrgng X4</td>
<td>Biopsycho-social-Indvdl / Grp Counseling (X5)</td>
<td>Discharge Planning Reentry (X6)</td>
<td>Operational Responsibility</td>
<td>HS-HP; HS-LP; LS-HP; LS-LP</td>
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<td>32 Jefferson County Jail</td>
<td>N (0)</td>
<td>N</td>
<td>37 (1)</td>
<td>14,658</td>
<td>N</td>
<td>N</td>
<td>N</td>
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<td>33 Lafayette County Jail</td>
<td>N (0)</td>
<td>N</td>
<td>18 (1)</td>
<td>8,942</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Sheriff – Local Contract MHC</td>
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<td>Y</td>
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<td>35 Lee County Jail</td>
<td>FCAC (1)</td>
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<td>Y</td>
<td>Y</td>
<td>N</td>
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<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Corizon</td>
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<td>37 Levy County Jail</td>
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<td>N</td>
<td>N</td>
<td>Y</td>
<td>Sheriff 10 hrs./ day 7 days /wk.</td>
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<td>N</td>
<td>N</td>
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<td>N</td>
<td>N</td>
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<td>39 Madison County Jail</td>
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<td>65 (1)</td>
<td>19,115</td>
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<td>Y</td>
<td>N</td>
<td>Sheriff/ Local Appalachee MH</td>
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<tr>
<td>40 Manatee County Jail</td>
<td>ACA, FCAC (1)</td>
<td>Y (1)</td>
<td>900 (2)</td>
<td>327,142</td>
<td>Y</td>
<td>N</td>
<td>N</td>
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<td>41 Marion County Jail</td>
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<td>Y (1)</td>
<td>1800 (3)</td>
<td>332,529</td>
<td>Y</td>
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<td>Y</td>
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<td>Armor?</td>
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<td>43 Miami-Dade County Jail</td>
<td>ACA FCAC (1)</td>
<td>Y (1)</td>
<td>4500 (3)</td>
<td>2,662,874</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>BOCC - Jackson Hospital - CHS</td>
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<td>ACA, FCAC NCCHC (2)</td>
<td>Y (1)</td>
<td>600 (2)</td>
<td>73,873</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>Armor</td>
<td>HS-HP</td>
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<td>45 Nassau County Jail</td>
<td>FCAC (1)</td>
<td>Y (1)</td>
<td>300 (2)</td>
<td>74,195</td>
<td>Y</td>
<td>Y</td>
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<td>Correct Care Solutions</td>
<td>HS-HP</td>
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<td>Accreditation – ACA / NCCHC (X1)</td>
<td>Onsite MH Services (X2)</td>
<td>Jail Size X3</td>
<td>County Census</td>
<td>MH Scrmg X4</td>
<td>Biopsycho-social-Indvdl / Grp Counseling (X5)</td>
<td>Discharge Planning Reentry (X6)</td>
<td>Operational Responsibility</td>
<td>HS-HP; HS-LP; LS-HP; LS-LP</td>
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<td>NCCHC, FCAC (2)</td>
<td>Y (1)</td>
<td>660 (2)</td>
<td>183,482</td>
<td>Y</td>
<td>N</td>
<td>N</td>
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<td>N (0)</td>
<td>Y (1)</td>
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<td>N</td>
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<td>NCCHC, ACA, FCAC (2)</td>
<td>Y (1)</td>
<td>3500 (3)</td>
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<td>Y</td>
<td>Y</td>
<td>y</td>
<td>BOCC</td>
<td>HS-HP</td>
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<td>FCAC, NCCHC (2)</td>
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<td>863 (2)</td>
<td>276,163</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Armor</td>
<td>HS-HP</td>
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<td>ACA, FCAC, NCCHC (2)</td>
<td>Y (1)</td>
<td>3811 (3)</td>
<td>1,335,187</td>
<td>Y</td>
<td>N</td>
<td>y</td>
<td>Armor</td>
<td>HS-HP</td>
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<td>FCAC (1)</td>
<td>Y (1)</td>
<td>1500 (3)</td>
<td>466,457</td>
<td>Y</td>
<td>y</td>
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<td>HS-HP</td>
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<td>ACA, NCCHC (2)</td>
<td>Y (1)</td>
<td>4000 (3)</td>
<td>917,398</td>
<td>Y</td>
<td>Y</td>
<td>y</td>
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<td>2700 (3)</td>
<td>609,492</td>
<td>Y</td>
<td>Y</td>
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<td>Y (1)</td>
<td>400 (2)</td>
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<td>N</td>
<td>N</td>
<td>N</td>
<td>Sheriff</td>
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<td>FCAC (1)</td>
<td>N (0)</td>
<td>500 (2)</td>
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<td></td>
<td>Armor</td>
<td>HS-LP</td>
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<td>56 Sarasota County Jail</td>
<td>FCAC (1)</td>
<td>Y (1)</td>
<td>1000 (3)</td>
<td>382,213</td>
<td>Y</td>
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<td>Armor</td>
<td>HS-HP</td>
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<td>57 Seminole County Jail</td>
<td>NCCHC, ACA, FCAC, (2)</td>
<td>Y (1)</td>
<td>850 (2)</td>
<td>425,071</td>
<td>Y</td>
<td>Y</td>
<td>y</td>
<td>Sheriff</td>
<td>HS-HP</td>
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<td>JAIL</td>
<td>Accreditation – ACA / NCCHC (X1)</td>
<td>Onsite MH Services (X2)</td>
<td>Jail Size X3</td>
<td>County Census</td>
<td>MH Scrn X4</td>
<td>Biopsychosocial-Indvdl / Grp Counseling (X5)</td>
<td>Discharge Planning Reentry (X6)</td>
<td>Operational Responsibility</td>
<td>HS-HP; HS-LP; LS-HP; LS-LP</td>
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<td>St Johns County Jail</td>
<td>FCAC (1)</td>
<td>Y (1)</td>
<td>433 (2)</td>
<td>195,823</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Armor</td>
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<td>59</td>
<td>St Lucie County Jail</td>
<td>FCAC, NCCHC (2)</td>
<td>Y (1)</td>
<td>1200 (3)</td>
<td>280,379</td>
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<td>Y</td>
<td>Y</td>
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<td>Sumter County Jail Detention Center</td>
<td>FCAC (1)</td>
<td>Y (1)</td>
<td>204 (1)</td>
<td>97,756</td>
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<td>Suwannee County Jail</td>
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<td>63</td>
<td>Union County Jail</td>
<td>N</td>
<td>N (0)</td>
<td>30 (1)</td>
<td>15,388</td>
<td>N</td>
<td>N</td>
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<td>Volusia County Jail</td>
<td>FCAC</td>
<td>Y (1)</td>
<td>1500 (3)</td>
<td>494,804</td>
<td>Y</td>
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<td>Wakulla County Jail</td>
<td>FCAC (1)</td>
<td>Y (1)</td>
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<td>30,978</td>
<td>Y</td>
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<td>226 (1)</td>
<td>55,793</td>
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<td>N</td>
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<td>Washington County Jail</td>
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<th>HS</th>
<th>LS</th>
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<td>HP</td>
<td>31/67 46.3%</td>
</tr>
<tr>
<td>LP</td>
<td>8/67 11.9%</td>
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<tr>
<td>Question</td>
<td>Code Description</td>
</tr>
<tr>
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<tr>
<td>1. Jail Setting (JS)</td>
<td>1= Large City; 2 = Small Town; 3= Rural Area</td>
</tr>
<tr>
<td>2. Jail Location (JL)</td>
<td>1= SOFL; 2=SWFL; 3= ECFL; 4= WCFL; 5=NEFL; 6= NWFL; 7= Other</td>
</tr>
<tr>
<td>3. Political Climate (POLCL)</td>
<td>1= VCONS; 2= CONS 3= INDP; 4=LIB 5= VLIB</td>
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<td>4. JAIL CENSUS (JCENS)</td>
<td>1= &lt; 100 (Mini); 2 = 101 – 250 (Small); 3= 251 - 700 (Medium); 4 = 751–1500 (Large); 5= &gt;1501 (Mega);</td>
</tr>
<tr>
<td>5. Percentage of Mental Illness (PERMI)</td>
<td>1= &gt;5%; 2= 6-10%; 3=11-15%; 4= 16-20%; = 21-25%; 6=&lt;25%; 7= Unknown</td>
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<td>6. Jail Administrative Oversight (JADMIN)</td>
<td>1= Sheriff; 2=BOCC; 3= Local Govt.; 4= Private FP; 5= Private NP</td>
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<td>7. Respondent Title (RESPITL)</td>
<td>1= Sheriff; 2=County Administrator; 3=Jail Admin; 4= Accreditation Mgr.; 5= Training Coordinator; 6= Medical/MH Admin; 7= Admin – Private Agency; 8= PF Office; 9= SAO; 10- NAMI/FLPIC; 10 = Other</td>
</tr>
<tr>
<td>8. Length of time in current role (ROLEEXP)</td>
<td>1= &gt;2 years; 2=3-5 years; 3 = 6-10 years; 4 = 10-20 years; 5= &gt;20 years</td>
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<tr>
<td>9. Education Level (EDU)</td>
<td>1= HS Diploma/GED; 2= College – no degree; 3 = Associates; 4= BA/BS; 5 = Masters</td>
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<tr>
<td>10. Respondent Age (AGE)</td>
<td>1= &gt;25; 2=26-36; 3=35-44; 4 = 45-54; 5 = &lt;55</td>
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<tr>
<td>11. Racial Identity (RACE)</td>
<td>1= Asian or Pacific Islander; 2 = Black; 3 = Latino/Hispanic; 4 = Native American; 5=White; 6=Other</td>
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<tr>
<td>12. Respondent Gender (SEX)</td>
<td>1= Male; 2 = Female</td>
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<tr>
<td>13. Jail Experience (JAILEXP)</td>
<td>1 =, 1year; 2= 2-5 years; 3 = 6-10 years; 4 = 11-15 years; 5 = 16 – 25 years; 6 = &lt;25 years</td>
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| 14. Jail Mental Illness Challenge (MICHALL) | }
1. **Urgent Challenge (URGNT)** 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree
2. **Necessary Management (NECC)** 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree
3. **Primary Responsibility to Jail (JAILPRIM)** 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree
4. **Primary Responsibility to Community Agencies (COMMPRIM)** 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

15. **Preferred Intervention Strategy (INTSTRAT)**
1. Pre-booking Diversion (PRBDIV) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree
2. Post-Booking Diversion (PSTBDIV) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree
3. Contractor Jail MH Services (CONMHS) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree
4. Self-Operated Jail MH Services (SLFMHS) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree
5. Combination Diversion and onsite MH programs and Jail Diversion (COMBJD) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree
6. No MH Services (NMHS) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

16. **Preferred MH Services Model (MHSMOD)**
1. Medical Model Known (MEDMODK) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree
2. Medical Model Used (MEDMODU) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree
3. Biopsychosocial Model Known (BIOMODK) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree
4. Biopsychosocial Model Used (BIOMODU) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree
5. Diversion Model Known (DIVMODK) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree
6. Diversion Model Used (DIVMODU) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

17. **Jail Role in MHS Adoption**
1. Jails as Leaders in MHS adoptions (JLEADER) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree
2. Jails as Early Adopters (JEARLY) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

3. Jails as Peer Followers (JMIM) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

4. Jails as Forced (JCOERC) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

5. No Jail MHS (JAILNO) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

18. MHS Characteristics that Influence Adoption (ADOPCHAR)
1. Advantage over current practice (ADVNTG) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

2. Compatible with current practice (COMPAT) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

3. Easy to utilize in the jail setting (EASE) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

4. Observable results for improve inmate management (OBSRVBL) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

5. Can show overall cost savings (CSTSAV) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

6. Have political appeal (POLAPL) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

7. Have political support (POLSUP) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

8. Include security staff (JAILTEAM) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

9. Address biological, social and behavioral factors (BIOPSYCH) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

10. MHS characteristics as most important influence of program adoption (CHARPRIM) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

19. Organizational Influencers of MHS Adoption
1. Jail Operated by Sheriff (SHRFJAIL) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

2. Jail Operated by BOCC (BOCCJAIL) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

3. Jail operated by private company (PRIVJAIL) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree
4. Jail decision making by external administrative entity (**EXTCNTRL**) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

5. Jail decision making by Jail Administrator (**INTCNTRL**) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

6. External political support for MHS adoption (**EXTPOL**) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

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20. **Stakeholder Group Influence in Jail MHS Adoption (STKHLDR)**

1. Advocacy group involvement with jail (**NAMIINFL**) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

2. Advocacy group support for jail MHS (**NAMISPRT**) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

3. Media focus on jail MHS (**MEDIA**) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

4. Advocacy group involvement as primary influencer of jail MHS (**ADVPRIM**) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

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21. **Isomorphism Influence in Adoption of Jail MHS (ISOMORPH)**

1. MHS adoption if helps reduce inmate litigation (**PREVSUIT**) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

2. MHS adoption if other jails use (**ISOMIME**) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

3. Health emphasis accreditation (**ISONORM**) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

4. Jail membership in professional organization (**ISONORM**)

5. Jail response to governmental mandate (**ISOREG**)

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22. Political factors as influence in jail decision making (**POLFACS**) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

23. Political factors as stronger influencer than jail internal operational factors (**POL_OP**) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree
24. Recommended Services Model for jail inmates with mental disorders (RMHSMOD)
   1. Interdisciplinary team approach (TEAM) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree
   2. Biopsychosocial Model (BIOMOD) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree
   3. Medication as primary (MEDMOD) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree
   4. Focus on out of jail MHS (NOJAILMH) 1 = Strongly Disagree; 2 = Disagree; 3 = SW Disagree; 4 = Neither Agree Nor Disagree; 5 = SW Agree; 6 = Agree; 7 = Strongly Agree

25. Mental Health Service Innovations in respondent jails 1-28
APPENDIX C
QUESTIONNAIRE KEY
Questionnaire Variables

Demographics
1. JS – Jail Setting
2. JL – Jail Location
3. POLCL – Political Climate
4. JCEMS – Jail Census
5. PERMI – Percentage of Jail Mental Illness
6. JADMIN – Jail Administrative Oversight
7. RESPTITL – Respondent Title
8. ROLEEXP – Length of time in current role
9. EDU – Respondent Education
10. AGE – Respondent Age
11. RACE – Respondent racial identity
12. SEX - Respondent Gender
13. JAILEXP – Years of correctional experience

14. JMICHAL Challenge of Mental Illness in Jails
   14.1 URGNT - Urgent Challenge
   14.2 NECC - Necessary Management
   14.3 JAILPRIM - Jail as Primary Responsibility
   14.4 COMMPRIM – Community MH as primary for challenge

15. INTSTRAT Preferred Intervention Strategy
   15.1 PRBDIV – Prebooking Diversion
   15.2 PSTBDIV – Post booking Diversion
   15.3 CONMHS – Contractor operated Jail MHS
   15.4 SLFMHS – Jail Operated MHS
   15.5 COMBJD – Combination Diversion and onsite MH Program and Jail Diversion
   15.6 NMHS – Jail mental health services not recommended

16. MHSMOD Preferred MHS Model
   16.1 MEDMODK - Respondent familiar with Medical model
   16.2 MEDMODU – Medical Model primarily utilized in respondent jail
   16.3 BIOMODK - Respondent familiar with Biopsychosocial model
   16.4 BIOMODU - Biopsychosocial model primarily utilized in respondent jail
   16.5 DIVMODK - Respondent familiar with Diversion model
   16.6 DIVMODU – Diversion model primarily utilized in respondent jail
17. Role of Jails in MHS Adoption

17.1 JLEADER – Jail role to lead in MHS adoption
17.2 JEARLY - Jail role as early adopter of MHS innovations
17.3 JMIM - Jail role as Peer Jail imitator of MHS innovations
17.4 JCOERCE – Jail role as adopter of MHS when forced to do so
17.5 JAILNO – Jail role not to adopt MHS

18. ADOPCHAR - Influence of MHS Characteristics in their adoption

18.1 ADVNTG – MHS that offer advantages over other practices
18.2 COMPAT – MHS that are compatible with current jail practices
18.3 EASE – MHS that are easy to utilize in the jail
18.4 OBSRVBL – MHS that have observable results of inmate improvement
18.5 CSTSAV – MHS that can show overall cost savings for jail
18.6 POLAPL – MHS that have political appeal
18.7 POLSUP – MHS that have political support
18.8 JAILTEAM – MHS that involve security staff
18.9 BIOPSYCH – MHS that include biological, psychological and social factors
18.10 CHARPRIM – Services characteristics are primary determinant of MHS adoptions

19. Organizational Influencers of MHS Adoption

19.1 SHRIFJAIL – Jail operated by Sheriff
19.2 BOCJCJAIL – Jail operated by Board of County Commissioners
19.3 PRIVJAIL – Jail operated by private company
19.4 EXTCNTRL – Jail decision making by external administrative entity
19.5 INTCNTRL – Jail decision making by Jail Administrator
19.6 POLSUP – External political support exists for MHS adoption
20. STKHLDR - Stakeholder/Interest Group Influence in Jail MHS Adoption (STKHLDR)
   20.1 NAMIINFL – Advocacy/interest group involvement
   20.2 NAMISPRT – Advocacy/interest group support for MHS adoption
   20.3 MEDIA – Media focus on jail MHS
   20.4 ADVPRIM – Advocacy group involvement as primary influencer of jail MHS adoption

21. ISOMORPH - Isomorphic Influences in Adoption of Jail MHS
   21.1 PREVSUIT – MHS adoption of perceived to reduce inmate litigation
   21.2 ISOMIME – MHS adoption if services in use at other jails
   21.3 ISONORM – MHS adoption if jail holds health services accreditation
   21.4 ISONORM – MHS adoption if jail is member of professional organization
   21.5 ISOREG - MHS adoption as response to governmental mandate

22. POLIFACS - Political factors as influence in jail decision making for MHS

23. POL_OP - Political Factors as Overriding Operational Factors in MHS adoption

24. RMHSMOD - Recommended Services Model for jail inmates with mental disorders
   24.1 JAILTEAM – Interdisciplinary team approach
   24.2 BIOMOD – Biopsychosocial Model
   24.3 MEDMOD - Medication emphasis of medical model as desired model
   24.4 NOJAILMH - Focus on community based MH services only

25. Mental Health Service Innovations in respondent jails 1-28
APPENDIX D
SUPPORT/TESTIMONIAL DOCUMENTATION
FSA Survey Participation Letter

Isaiah Dennard, Jail Services Coordinator, FSA

Dear Mr. Dennard

This letter is the formal follow-up to an earlier verbal request for the assistance of the Florida Sheriff’s Association (FSA) in the distribution of the attached questionnaire about mental health services for jail detainees with mental disorders. The desired participants are Sheriffs, BOCC, Jail Administrators, Accreditation Managers and Health Services / Mental Health Administrators from Florida’s 67 jails.

This survey is a part of my doctoral study at the University of Central Florida. I am currently Director of Health Services for the John E Polk Correctional Facility (JEPCF) operated by Sheriff Dennis Lemma of the Seminole County Sheriff’s Office (SCSO). For the past 25 years, I have worked in the Orange County, Brevard County and Seminole County jails. This front line service highlighted for me, the challenges that jails face to address the needs of the large number of detainees with mental illnesses.

Community settings are the desired settings to address mental health issues, and Jail Diversion programs such as CIT and Mental Health Court have been valuable tools to help ensure community based treatment for offenders. Yet, despite the contributions of jail diversion programs, many jails still struggle to manage the large percentage of their population with mental disorders. Such individuals may remain incarcerated because they have co-occurring substance abuse/addictions issues, or may have demonstrated violent behaviors. Others may have serious felony charges that indicate a threat to public safety in community treatment settings, which typically have limited safety features.

With this reality, there is an urgent need for increased knowledge about the most effective approach to manage such individuals. This study will explore the viewpoints of correctional administrators and decision makers about the role of jails in the provision of adequate mental health services for inmates with mental disorders. It also seeks to highlight the perceptions of the responders of the most important factors that will influence how jails chose to deal with this challenge.

Members of the FSA are sought as respondents for this study because have knowledge of this population, the challenges they present within the jail setting, and the most effective strategies that should be utilized to manage their care. The assistance of the FSA is critical because of its membership base, and because of its ability to provide credibility and influence for the success of the project. The researcher humbly, yet earnestly requests the distribution of this questionnaire to representatives of the following classifications in Florida’s jails: Sheriff/Chief Deputy or designee; Jail Administrator; Jail Health Services/Mental Health Directors and Jail Accreditation Managers.

The study questionnaire is accessible via an anonymous link that found at the end of this study. Clicking on that link will take the respondent to the survey instrument. The study has met the stringent research study requirements set by the Institutional Review Board (IRB) at the University of Central Florida.
The electronic link to the survey instrument is hyperlinked as follows:
http://ucf.qualtrics.com//S E/?S ID=S V_bwlQ3TC ej9VY T pr

Attached also is also an endorsement / support letter from Dr. Laura Bedard, the Chief of Corrections, Probation and Judicial Services at the Seminole County Sheriff’s Office. Dr. Bedard has a comprehensive understanding of the mental health challenges of detainees. She is a former FSU Criminology Professor, former Deputy Secretary for Florida’s Corrections Department, and served as Warden at several correctional facilities in Florida and nationwide. She reviewed this study and her letter indicates her strong support of the study’s goals.

Thank you for reviewing this request. I am hopeful that FSA will demonstrate its support of this relevant academic project by the dissemination of the survey instrument, and the encouragement to the targeted responders to participate. I anticipate the success of this project, and expect that the study findings will help jails in Florida and nationwide to deal with the challenge of detainees with mental illnesses in the most effective manner possible.

With Respect and appreciation!

Orville Clayton, LMHC, LCSW, CCM, CCHP
Director, Health Services - JEPCF
Doctoral Candidate –University of Central Florida – College of Health and Public Affairs
Survey Participant Recruitment Letter

January, 2017

Dear Participant,

This questionnaire seeks responses to help determine the perceptions of jail administrators and stakeholders about the issue of jail inmates with mental illnesses. Your participation in this questionnaire will increase the knowledge of how jail administrators and stakeholders perceive the role of mental health services in jails, and the factors that will help determine whether such services are promoted in Florida’s jails.

This research is not designed to minimize the role of community mental health services and jail diversion programs. It seeks instead to more fully look at the issues surrounding individuals with mental illnesses who are found in jails even at times when we have placed strong emphasis on diversion programs. As a member of NAMI you may have had direct or indirect contact with such unfortunate situations and your input to this questionnaire is vital to help us to determine the optimal course to pursue in such cases.

Your participation in this survey is completely voluntary. I strongly encourage your participation however, as a means to advance the knowledge that is necessary to effectively deal with the challenge of jail detainees with mental illnesses. Your responses are anonymous and your honesty in responding to these questions is crucial. Please invest the 15-20 minutes that it will take to provide this vital information.

Thank you, for this investment of your time and your contribution to helping us meet the goal to ensure that individual with mental illness receive the treatment that they need and uninterrupted by criminal justice involvement.

Sincerely,

Orville Clayton, LMHC, LCSW, CCM, CCHP
Doctoral Candidate – Health Services Administration and Research, University of Central Florida
Dear Respondent,

Orville Clayton is a veteran Corrections professional who has worked with adult and juvenile detainees for more than 25 years. He holds licenses and certifications in mental health counseling, jail management, and correctional health care. He is the current Director of Health Services at the John E Polk Correctional Facility. He is also completing doctoral study at the University of Central Florida and has chosen the timely topic of mental health care for jail detainees with mental illnesses for his research study.

The value of research regarding correctional detainees with mental illnesses cannot be overstated. As a former Deputy Secretary of Corrections overseeing Florida’s prisons, and in my role of Warden of several prisons statewide and nationally, I can validate the relevance of this subject for correctional settings across our state and our nation. I endorse and support Mr. Clayton in this study and encourage each of you to participate by completing the attached questionnaire. I have full confidence that the knowledge gathered from this study will help to spur innovations that can enhance effective mental health care outcomes and the manner in which such innovations are adopted in jails.

The attached questionnaire is conducted as part of his doctoral research and is designed to help identify and rank the factors that influence Florida’s jails to adopt innovative mental health practices. I believe that this research will be enhanced by the range of viewpoints from administrators and key stakeholders, who have first-hand knowledge of the mental health crisis shared our jails in Florida.

This information when analyzed, will provide increased insight about the role of jails relative to the high prevalence of jail detainees with mental illnesses. I support the goals and tenor of this study and encourage each of you to assist in this valuable research by completing the attached survey “Factors that Influence Jails to Adopt Mental Health Innovations”.

Thank you,

Laura Bedard, PHD
Chief – Corrections, Probation and Judicial Services
Seminole County Sheriff’s Office
211 Eslinger Way, Sanford, FL 32773
APPENDIX E
MENTAL HEALTH SERVICES LISTING AND INNOVATIONS
Listing of Jail Mental Health Innovations

1. Provision of mental health screenings for all inmates
2. In-Jail mental health services
3. Dedicated mental health housing
4. Timely mental health assessments and evaluations
5. Individual counseling,
6. Group counseling/psychoeducation
7. Case management services
8. Discharge planning
9. Mandatory staff training on mental illnesses and disorders
10. Mandatory jail staff training on suicide prevention strategies and procedures
11. Utilization of an electronic medical (mental health) record system (EMR)
12. Introduction of specialty mental health trainings such as CIT and Mental Health First Aid
13. Psychotropic medication interventions
14. Intentional guiding mental health services intervention model
15. Integration of mental health care services within the jail’s operational policies
16. Availability of community reentry networks
17. Partnerships with colleges and training institutions

Jail Mental Health Services Listing

The following services are viewed as quality indicators of mental health services provision in jails

1. Onsite Jail MH staff 88.24% - Structural
3. Dedicated housing for MH inmates 68.63% - Structural
5. On site psychiatrist 64.71% - Structural
6. On site psychotropic medications 88.24% - Process
8. Licensed MH staff 78.43% - Structural
9. Established relationships with community MH providers 86.27% - Process
10. Established relationships with community MH advocacy/interest groups 62.75% - Process
12. Active Accreditation status 74.5% - Structural
13. Onsite Substance abuse assessment and treatment 66.67% - Process
15. Trauma informed care provided 31.3% - Process
16. MH Screenings for all inmates booked into jail 94.12% - Process
17. Targeted mental health assessments as indicated 68.63% - Process
18. Onsite individual counseling 60.78% - Process
19. Onsite group counseling/psychoeducation 39.2% - Process
22. Provision of suicide prevention training to security staff 86.2% - Process
23. Provision of training on MH signs and symptoms to security staff 80.3% - Process
26. Discharge planning/community reentry guidance 54.9% - Process
APPENDIX F
JAIL IN-DEPTH QUESTIONNAIRE (QUALITATIVE)
AND DEVELOPMENTAL GUIDELINES
Jail in Depth Questionnaire – Qualitative Study
Facility Questionnaire on Quality Outcomes for inmates with mental illnesses

Jail Size: Location: Administrative Authority:

Accreditation/s:

1. What indicators do you use to measure the quality of mental health services provided by your jail (Reduced behavioral problems, lockdown status, DRs, length of stay that does not exceed that of the typical jail population) -

   a. On a scale of 1-10 how do you rate the quality of mental health services provided to inmates with mental illnesses at your facility? Are you satisfied with this rating? What do you consider to be a good quality rating for the typical jail?

2. Which outcome measures do you consider to be most important in determining the quality of care for inmates in your facility with mental illnesses (Reduced Disciplinary Reports, Avoidance of Inmate deaths in custody, Avoidance of legal action against the facility, reduction of recidivism, avoidance of unusually long jail stay, other )

   a. How useful are these measures to help determine strengths and areas for improvement in your jail?

3. On a scale of 1-10 with 10 being most important how important do you consider the following structural factors to be in determining the quality of care for inmates in your facility:
   a. Dedicated housing available for inmates with mental illness,
   b. Adequate number of MH personnel to provide services to inmates with mental illness
   c. Agency infrastructure that supports coordination between mental health and security staff via scheduled meetings and collaborative efforts.
   d. Established reentry pathway for effective transition from jail back to the community
   e. Accredited status from agency that includes mental health standards
   f. Other structural factors – (please specify) ________________________________

4. On a scale of 1-10, how important do you consider the following process factors to be in determining the quality of care for inmates in your facility
   a. Annual training for Security staff on suicide prevention and Mental Health Issues
   b. Group and individual counseling for inmates
   c. Systematic programs to facilitate smooth and successful jail discharges to the community
d. Established and open system for inmates to provide feedback regarding care received (Inmate request process, grievance process)
e. Other process factors: ______________________________________________________

5. How would you compare the relative importance of structure and process factors to determine quality mental health services to inmates at your jail facility?

6. On a scale of 1-10 How well does your facility meet each of those indicators now?
   a. Structural Indicators
   b. Process Indicators
   c. Overall?

7. In what ways might the inmates of your jail who have mental illnesses describe quality services differently from jail administrators?

8. On a scale of 1-10 what score, would you give to your jail for the quality of mental health services provided?

9. On a scale of 1-10 what score do you think inmates at your jail would give to mental health services

Inmate Outcomes
1. How does the length of jail stay for inmates with mental illnesses spend in your jail compare to the LOS for inmates without a diagnosed mental illness 1. Shorter time ___ 2. Longer time ___ 3. No difference ___

2. How many suicides has your jail experienced in the past 3/5 years? How many were with inmates who were diagnosed with a mental illness?

3. How do the rates of disciplinary reports compare for inmates in your jail who have mental illnesses and those who do not.

4. How do the numbers of grievances submitted by inmates with mental illnesses compare to inmates with no diagnosis? 1= MH lower Grievances 2 = MH Higher # of grievances 3= No difference in grievance rates between inmates with and without mental illnesses

5. How does the recidivism rate of inmates with mental illnesses in your jail compare with the recidivism rates for inmates who do not have a mental illness?
Objective Indicators

High mental health performance (high quality) would be indicated by 18 or more identified MH services available to inmates, mental health staff with licensure, accreditation status, equal or shorter stay in jail for individuals with mental illnesses; equal or lower levels of grievances for inmates with mental illnesses, and lower or equal rates of jail suicides. High Structure + High Process elements should indicate better quality of MH services. Will test findings both from survey and from interview (qualitative) with selected jail administrators.

High Structure elements for model

<table>
<thead>
<tr>
<th>High Structure Elements - Model</th>
<th>Process Elements - Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jail Size – Large jail – better services</td>
<td>MH or CIT Training for Deputies – better MHS</td>
</tr>
<tr>
<td>Accreditation - # and kind – better MHS</td>
<td>Coordinated Security and MH mgmt. of MH</td>
</tr>
<tr>
<td>Provision of Jail MHS – Better MHS</td>
<td>Availability of MH groups</td>
</tr>
<tr>
<td></td>
<td>Availability of individual counselling</td>
</tr>
</tbody>
</table>
In Depth Questionnaire Developmental Guidelines

**Target Facilities** Jail Size Large >1000; Large 750; Medium 250-749; Small < 250;

**Methodology:** Stratified Random Sampling of Units of organization (Jails - 2 jails from HS-HP; HS-LP and LS-LP dimension/category)

**Indicators of High Structure Characteristics:**
1. Accreditation status – number of accreditations and specific mental health accreditation
2. Availability of specialized mental health housing
3. Availability of staff of personnel resources - mental health personnel to provide counseling and personnel
4. Ease of access to mental health care via sick call and grievance processes

**Indicators of High Process Characteristics:**
1. Biopsychosocial model for mental health interventions – Individual and grp counseling
2. Provision of individual and group counseling related to mental health issues
3. Coordination of and integration of mental health services with discharge planning/reentry resources
4. Integration of mental health services within the security and operational routines of the facility

**Indicators of Quality Outcomes**
1. Increased mortality – lower suicide rates
2. Improved inmate adjustment – reduced numbers of grievances and Disciplinary Reports
3. Reduced Incidences of staff and inmate injuries
Questions reflect the following major research categories and questionnaire items represent indicators for each category

A. Innovation Theory - Jail Mental Health Program Characteristics
   1. Relative Advantage
   2. Complexity
   3. Trialability
   4. Observability
   5. Innovation Cost

B. Institutional/Stakeholder Theories
   1. Political Influence
   2. Interest/ Advocacy Groups Role
   3. Professional Affiliations
   4. Accreditation Status
   5. Media Focus

C. Innovation/Stakeholder Theories
   1. Operating Entity Board of County Commissioners Sheriff Private Industry
   2. Organizational Leadership Type Age, Education, leadership style hierarchical
   3. Learning Environment
   4. Political Identity
   5. Organizational Size

D. Donabedian’s Healthcare Quality Assessment Framework
   1. Structural Adequacy
   2. Process Integrity
   3. Healthcare Outcomes

E. Demographic Factors
   1. Jail Size
   2. Jail Location
   3. Jail Administrative Entity
Approval of Exempt Human Research

From: UCF Institutional Review Board
#1 FWA00000351, IRB00001138

To: Orville Clayton and Co-PI: Thomas Wan

Date: September 01, 2017

Dear Researcher:

On 09/01/2017, the IRB approved the following modifications as human participant research that is exempt from regulation:

Type of Review: Exempt Determination
Modification Type: Modification to type of recruitment
Project Title: Dissertation Research: “Factors That Influence Mental Health Services Innovations for Florida’s Jails”
Investigator: Orville Clayton
IRB Number: SBE-15-11013
Funding Agency: Grant Title:
Research ID: SBE-15-11013

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

Signature applied by Gillian Amy Mary Morien on 09/01/2017 02:39:56 PM EDT

IRB Coordinator
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