

Evolution of Co-occurring Mental Health and Substance Abuse Programs for the Forensic Population:

The Beaver County Experience

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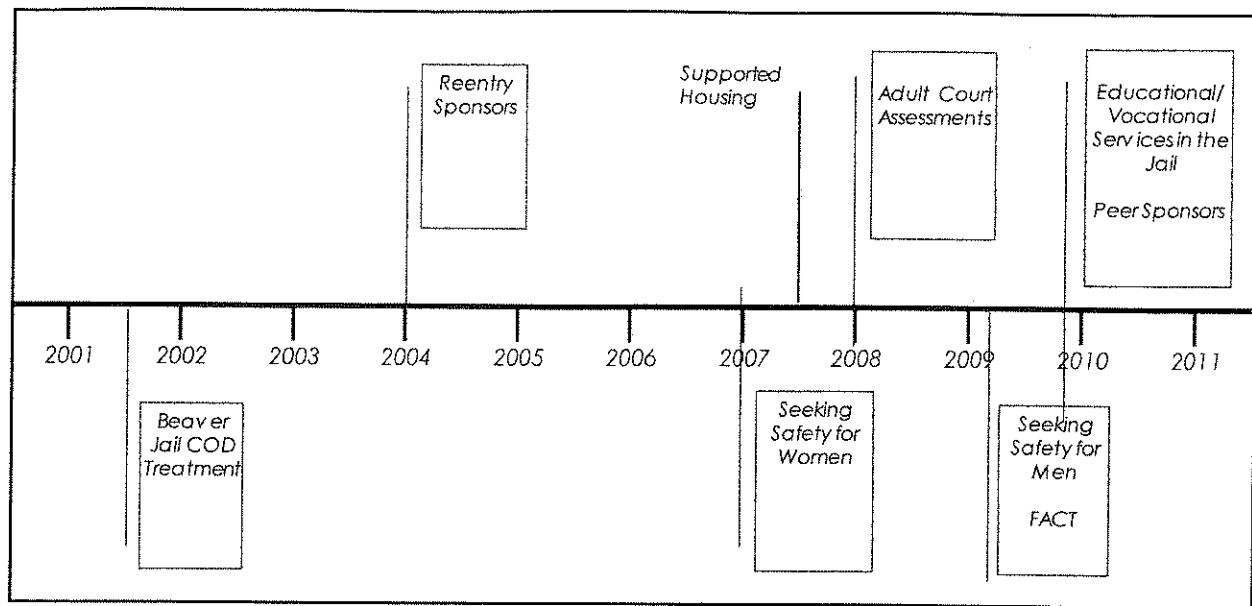
Figures released in December 2009 by the U.S. Department of Justice show that Pennsylvania's prison population grew at a much higher rate than any other state from 2007 to 2008. Data indicate that 80 percent of offenders reentering from prison have a history of substance abuse, 16 percent are diagnosed with mental illness, 79 percent are high school dropouts, 55 percent of males and 65 percent of females have minor children, and roughly half are functionally illiterate. Further, in a survey of state and federal prisoners, the Bureau of Justice Statistics estimated that about half of the prisoners met Diagnostic and Statistical Manual for Mental Disorders (DSM) criteria for drug abuse or dependence, and yet fewer than 20 percent who needed treatment received it.¹ At the close of 2009, the U.S. prison population was 1,610,446 — a rate of 504 inmates in custody per 100,000 U.S. residents.² If we include jails, the number of people incarcerated totals more than 2.3 million, and the incarceration rate climbs to 754.³ At year-end 2010, black non-Hispanic males had an imprisonment rate of 3,074 per 100,000 U.S. black male residents. This was nearly seven times higher than white non-Hispanic males at 459 per 100,000.⁴

Studies also show that those who remain dependent on substances are also much more likely to return to criminal activity. Offenders face a difficult transition from the structured environment of the jail to community living. After release, many offenders have no place to live, no job, and no family or social supports. They often lack the knowledge and skills to access available resources needed to support a successful adjustment to life on the outside. This significantly increases the risk of relapse and recidivism.

Background of Beaver County

The same issues described above have been occurring in Beaver County, Pa., which is located 30 miles northwest of Pittsburgh. It is a diverse area with pockets of affluence, as well as very poor districts, urban and rural areas, and varying economic resources. The county occupies 434 square miles and is bordered on the north by Lawrence County, on the east by Butler County and Allegheny County, on the south by Washington County, and on the west by the states of Ohio and West Virginia. The 2010 Census lists Beaver County's population at 170,539, down from 181,412 in 2000. Of these citizens, 11.5 percent live below the poverty level. The local economy never recovered from the collapse of the steel industry in the 1980s. The racial composition of Beaver County is predominantly Caucasian (92.5 percent), followed by African American (six percent), and has not changed significantly during the past 20 years. While African Americans account for only six percent of the county's total population, they represent close to 40 percent of those incarcerated in the Beaver County Jail.

Figure 1. Timeline for Services for the Forensic Population



More than 200 offenders are released from the Beaver County Jail-based treatment program each year. Alcohol and other drug use among inmates are also disproportionately high. Between 2010 and 2011, an average of 77.7 percent of individuals enrolled in the Beaver County Jail co-occurring mental health and substance abuse (COD) program reported being under the influence at the time of arrest. With respect to charges leading to incarceration, an average of 38.8 percent were incarcerated for probation violations and 46.3 percent were incarcerated for drug-related charges.

Beaver County was one of the first pilot programs and the only forensic program funded in 2001 by the Pennsylvania Office of Mental Health Substance Abuse Services (OMHSAS) to provide COD assessment and treatment. During the past 10 years, jail-based COD assessment and treatment has continued. Additionally, the county has moved toward the development of a recovery-oriented, community-based system of services and supports for individuals and families coping with a COD.⁵ Since 2001, Beaver County has been able to sustain COD treatment programs through various funding sources. The uniqueness relates to how the identification of consumer needs led to the attainment of additional funds to develop services. For example, reentry services were initially developed to help with transitioning from jail to the community; Seeking Safety was added to provide trauma-informed care; and homeless outreach services, not discussed in this article, were developed in response to the need for housing for released offenders. Finally, through the creation of a subcommittee at the county level, additional intercept points have been identified and are being addressed. The intended outcome is early identification, intervention and referral to treatment, to reduce both continued involvement in the justice system and the likelihood of repeat incarcerations. This article will describe:

- The evolution of programs offered to the forensic population;
- The initial stages of the sequential intercept model (SIM);
- Efforts to support new approaches to services through workforce development and cross-system education;
- Utilization of a data-driven process to identify successes and recommendations for improvement; and
- Sustainability.

Evolution of Services for the Forensic Population

As discussed above, the first treatment program was a jail-based COD program in 2001. Figure 1 demonstrates the services and supports added during a span of nine years. Much of what the county has accomplished is a result of a strong collaborative relationship between behavioral health and the criminal justice system. The county's ability to engage family members, consumers and natural supports in the system change process has also been significant. These partnerships have aided Beaver County Behavioral Health (BCBH) in its ongoing pursuit of funding for a recovery-based system of care.

Beaver County jail-based COD treatment. In July 2001, Beaver County Behavioral Health (BCBH) received funding from OMHSAS of the Pennsylvania Department of Public Welfare and the Bureau of Drug and Alcohol Programs (BDAP) to develop jail-based COD treatment. The Beaver County model targets the incarcerated offender population, identified by staff at the Beaver County Jail, and offers COD treatment through a mental health outpatient license. Inmates have the opportunity to continue COD treatment post-release at one of several treatment providers in the county.⁶ This successful program has been funded through mental health base dollars and a series of state and federal

grants, including Pennsylvania's Co-Occurring State Incentive Grant provided by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2003. Since 2002, COD treatment services have been offered to more than 1,600 individuals, averaging 210 per year. With respect to recidivism, approximately 20 percent returned to jail within six months post-discharge, 39.4 percent at 12 months and 44 percent at 24 months.⁷ These results are similar to what has been found in other studies. For example, a recent report issued in Polk County, Fla., indicates that 33.9 percent of offenders participated in jail-based treatment recidivated after one year following release from jail. Further, the recidivism rate for the no-treatment group was 47.7 percent.⁸

Reentry initiative and the forensic assertive community treatment team (FACT). The need for reentry services became obvious very early in the process. Individuals in the jail needed someone to work with the inmate, family, the criminal justice system, the behavioral health system and natural supports to facilitate the inmate's return to the community. The reentry liaison was funded through Pennsylvania Commission on Crime and Delinquency (PCCD) grants and was created for this purpose. This position provides a summary of treatment recommendations to the court and works to see that these recommendations are incorporated into court orders. Clinical information is shared with treatment providers. Applications are completed prerelease for health and financial benefits, as well as housing options. With these supports in place, it has been possible to reduce days of incarceration. During the past five years, the annual census of Beaver County residents in the local jail has declined by 30 percent.

The reentry liaison helped identify the need for more intensive community follow-up services. In 2008, BCBH utilized HealthChoices, Pennsylvania's behavioral health-managed care program reinvestment fund to start a Forensic Assertive Community Treatment team, another evidence-based practice (EBP). This EBP has developed very positive relationships with both community supports and criminal justice providers, such as adult probation and the jail. FACT has enabled offenders with very complex needs to remain in the community safely.

Trauma-informed care — seeking safety. Jail-based treatment staff indicated that a large proportion of inmates reported trauma in their histories. A retrospective review of bio-psycho-social assessment was completed and demonstrated that 84 percent of the females enrolled in jail-based treatment between 2004 and 2006 reported incidents of trauma, and that 100 percent of that group stated that the trauma started before the age of 10. This led to a search for an EBP appropriate to the target population. Beaver County chose Seeking Safety, developed by Lisa Najavits, Ph.D., professor of psychiatry, Boston University School of Medicine Lecturer, Harvard Medical School. Beaver County first offered this EBP, funded through a grant from PCCD, to incarcerated woman with a diagnosis of substance abuse and post-traumatic stress disorder. Seeking Safety was expanded to incarcerated men with histories of COD and trauma. Community workers, including certified peer specialists, offer this EBP post-release.

Vocational and educational services. Many offenders incarcerated at the Beaver County Jail are not only found to suffer with addictive and mental disorders, but also with the absence of basic math, reading, writing and other life skills needed to maintain their independence. Many released offenders often do not succeed in the community upon completion of their sentences due to finding themselves back in the same environment of drug and alcohol abuse and unemployment, gravitating back to the criminality that led to their incarceration. Jail staff report that inmates on workrelease often have better employment records during incarceration than they do post-release. In other words, they retain employment while in jail and then quit their jobs following release.

Recovery, Evidence-based Supports, and Treatment Options for Re-Entry (RESTORE) began in April 2010 as another PCCD initiative and focuses on two closely related populations. The first is young adults (ages 18-25) with a substance use or COD, who are incarcerated in the Beaver County Jail, and require behavioral health treatment, as well as assistance in completing educational/career goals. The second target population is individuals with a substance use or COD, who are incarcerated in the Beaver County Jail and are currently participating in the work-release program. For the first time, educational/vocational assessments and counseling are available in the jail.

Reentry sponsors. As one part of a Bureau of Justice Assistance Second Chance Act award grant, Beaver County is developing reentry sponsors. Contracts have been awarded to two community-based providers of natural supports. Each has hired a program coordinator. Both are in the process of finalizing sponsor eligibility criteria and a training curriculum. The coordinators will work with inmates to identify individuals from the community, who will help the inmate post-release. These potential sponsors will be screened and trained, and the "match" will be supported to assist released offenders in their return to the community. The aim is to match inmates with peer sponsors in the community to share experiences and follow-up with the person to support his or her transition into the community. These sponsors may be identified by the inmate, e.g., a family member, friend or the coordinator. This is a very new support and no data exists as of this writing.

Initial Stages of SIM

In 2009, the local Criminal Justice Advisory Board agreed to build justice and mental health collaboration through implementation of SIM. Developed by Mark R. Munetz, M.D., and Patricia A. Griffin, Ph.D., SIM is a systematic approach of reviewing behavioral health interventions as intercept points throughout the criminal justice system.⁹ A behavioral health subcommittee was established. Members include: county commissioners, the administrative criminal court judge, the magisterial district judge, the district attorney and chief public defender, the deputy district court administrator, county and state adult and juvenile probation chiefs, BCBH, the warden of the county jail, the county sheriff, local law enforcement, behavioral health providers, natural supports and a victim's advocate; as

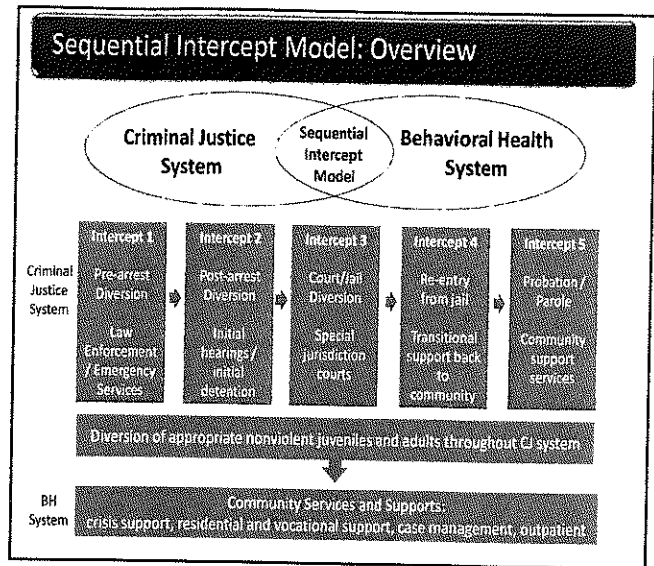
well as family members and individuals involved in the behavioral health and criminal justice systems. Attendance at monthly meetings and retention of members has been a strong indication of the group's commitment to this project. Initial work was supported by a Category 1: Planning grant from the Bureau of Justice Administration (BJA). The group's initial plan was highlighted in the BJA online newsletter in September 2010.

The SIM project has emphasized cross-trainings. Topics presented to date include:

- Crisis intervention teams;
- The Beaver County Transition to Independence Process System program;
- An overview of Beaver County Crisis Services;
- Specialized probation and parole services in Beaver County;
- Jail-based assessment and treatment services;
- An overview of co-occurring disorders and their effect on criminal justice behaviors;
- An overview of Beaver County's courthouse assessment program; and
- Mental Health First Aid, an education program to help the public identify, understand and respond to signs of mental illnesses and substance use disorders.

Trainings have been attended by representatives from Adult Probation and Parole, the district attorney's office, law enforcement, emergency services and the jail.

Figure 2. Sequential Intercept Model — Beaver County



Efforts to Support Workforce Development

A critical component addressed from the initial receipt of funding for the jail-based COD program was workforce development and cross-system education. Since the initial funding of the jail-based COD program, extensive training has been provided to treatment and case management staff, other justice system representatives such as proba-



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tion and parole, mental health/drug and alcohol advocates, consumers and family members. Trainings have included an annual COD series, Seeking Safety, motivational interviewing (basic and advanced), natural supports in service planning, crisis intervention teams, etc. Annually, approximately 250 individuals have participated in training and educational activities.

Training costs have been built into every grant budget. Participant evaluations of the training indicate skill-building with respect to treatment approaches; understanding of the relationship between mental health and substance use disorders with involvement in the criminal justice system; and improved appreciation of the similarities and differences in perspectives of the system involved.

Utilization of a Data-Driven Process to Help Identify Needs

A data-driven process has been incorporated from the onset of the jail-based program. Initially, a Quality Improvement (QI) Committee, which met quarterly, oversaw the implementation of a QI plan, reviewed quarterly reports and provided recommendations. The primary result of this effort was to improve the efficiency and effectiveness of services provided to the targeted population. Data was used for program enhancements, including the identification of the need to more efficiently track, support and supervise offenders upon release. Results from the initial evaluation of the jail-based program indicated that 63 percent of participants were being released from jail prior to having completed treatment. These findings lead to development of reentry liaison services. Implementation of the trauma-informed EB, Seeking Safety, is another example of how the data-driven process influenced program design. In addition, the collection and reporting of outcome indicators have contributed to the expansion and enhancement of services. Examples of outcomes include rates of completion of treatment, sobriety rates, attainment of employment and reincarceration rates.

Sustainment of Services

The successes described above helped foster expansion of services and EPB practices into the community; increased understanding between behavioral health and criminal justice systems; and made treatment an expectation in the Beaver County forensic system. Positive treatment results, supported by program evaluation, have helped Beaver County secure additional grants. Support from PCCD, BJA, SAMHSA and OMHSAS have been vital to sustaining this effort. Pennsylvania's behavioral health Medicaid program, HealthChoices, has played a significant role in sustaining treatment outside the jail. Inpatient services, outpatient services, case management, Assertive Community Treatment, the Residential Treatment Facility for Adults, two long-term structured residential facilities, certified peer specialist services and Reentry Liaison services have all been sustained through Medicaid and have been essential to this effort.

The greatest challenge to sustaining community treatment is the released offender who has no insurance and is ineligible for Medicaid. The greatest challenge to sustaining jail-based treatment is the fact that no Medicaid dollars, not even the state portion, can be used to provide care in this critical intercept. To date, Beaver County has used grant funding and has dedicated some mental health state funds obtained through the closure of a state hospital to providing COD treatment in the local jail.

ENDNOTES

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