

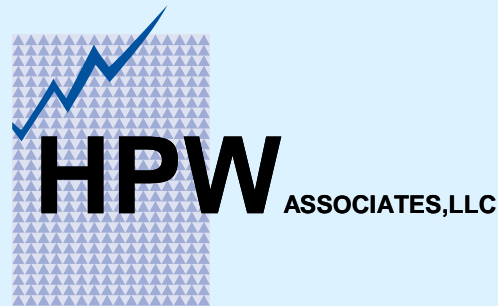
Jail Interventions for Individuals with Co-
Occurring Disorders:
A Comparison of Urban and Rural
Programs in Pennsylvania

NASMHPD Research Institute
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Aileen Rothbard, ScD
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Beaver County Forensic Program

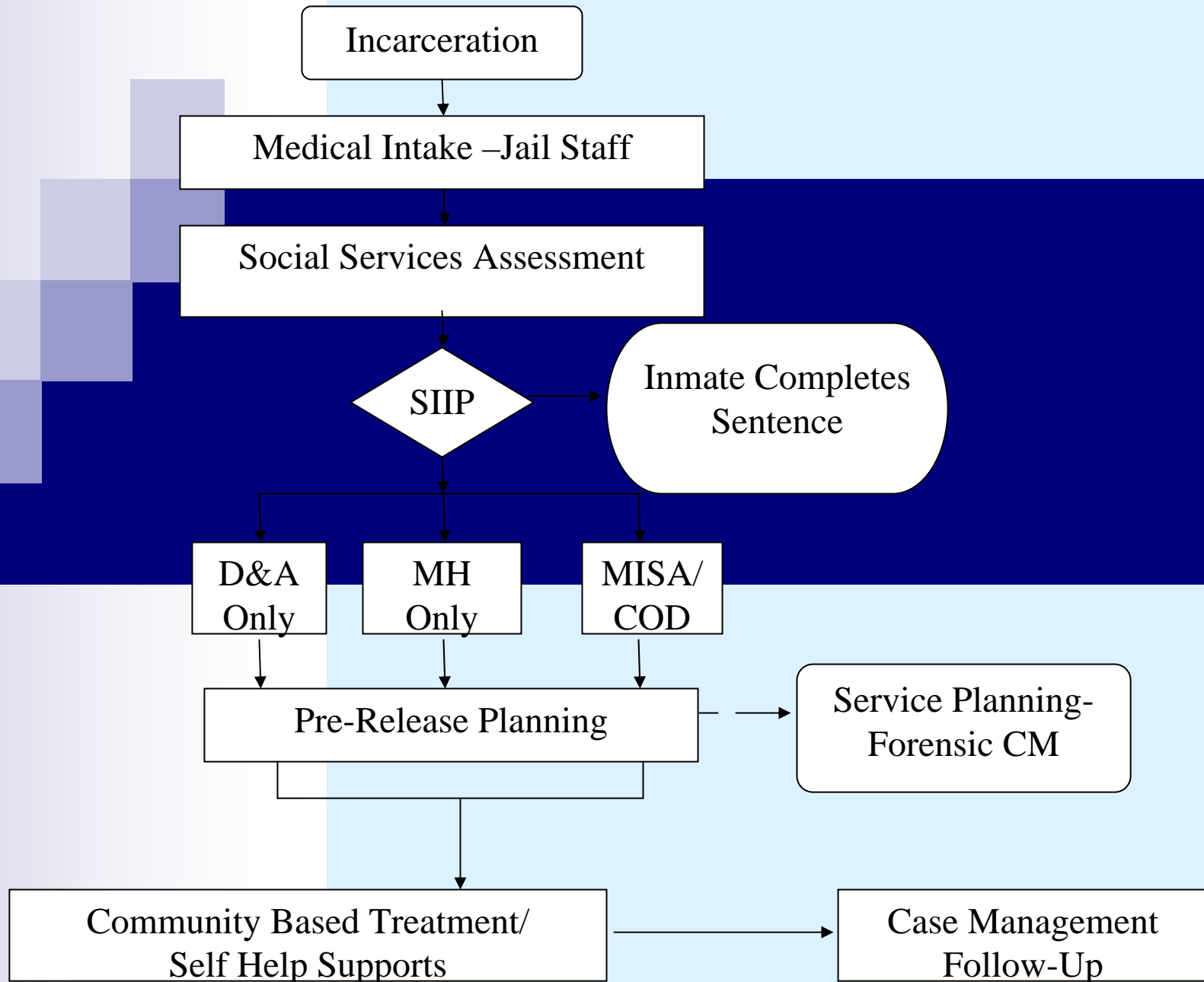
Holly Wald, Ph.D.



MISA/COD History

- July 2001- Funding awarded through the Office of Mental Health and Substance Abuse Services and Bureau of Drug and Alcohol Programs
- Only forensic model
- Gateway Rehabilitation Center –jail based treatment provider
- Services commenced the end of May 2002

BEAVER COUNTY MISA/COD PROJECT – JAIL MODEL

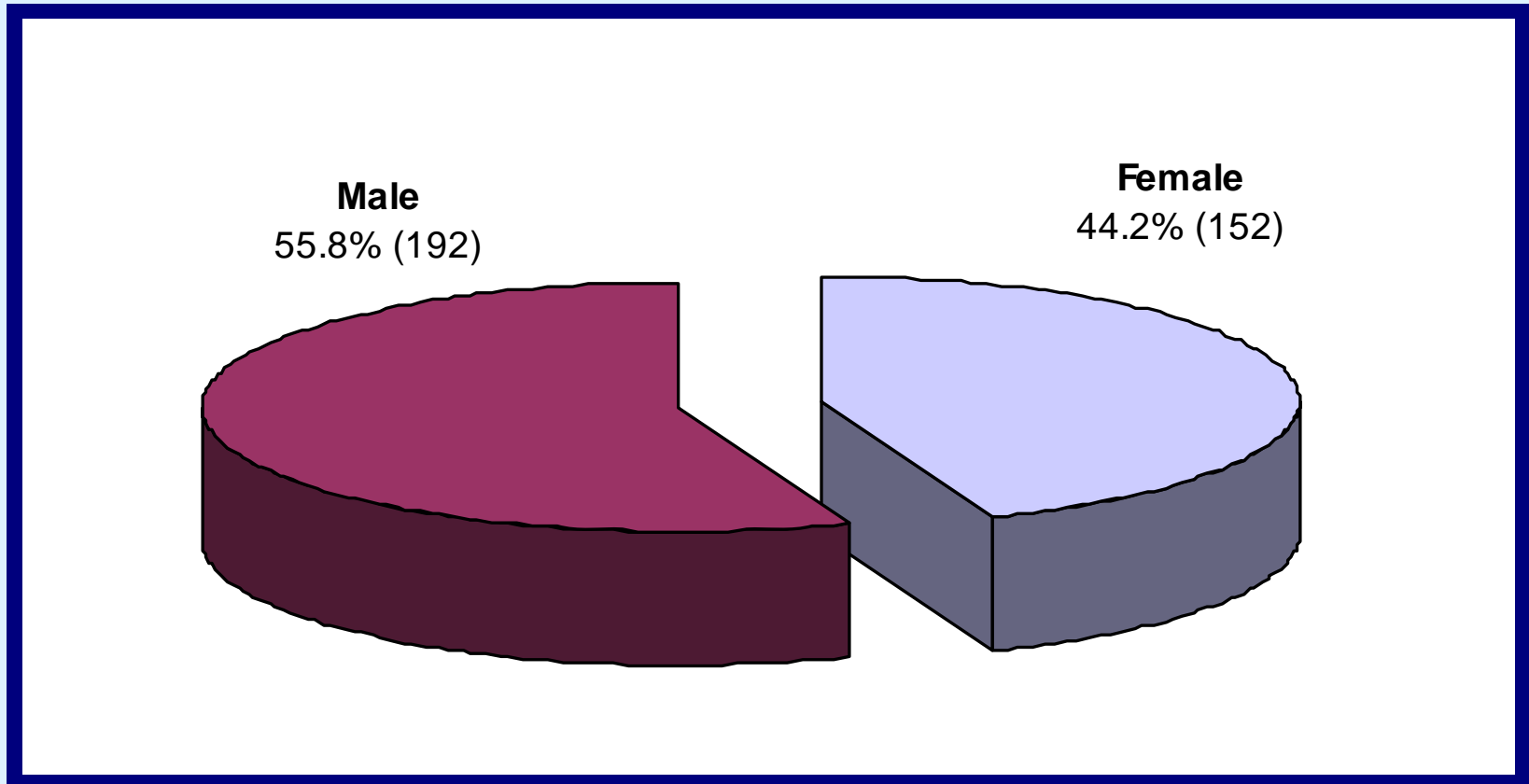


Beaver County-MISA/COD Model

Identification of potential clients by jail staff :

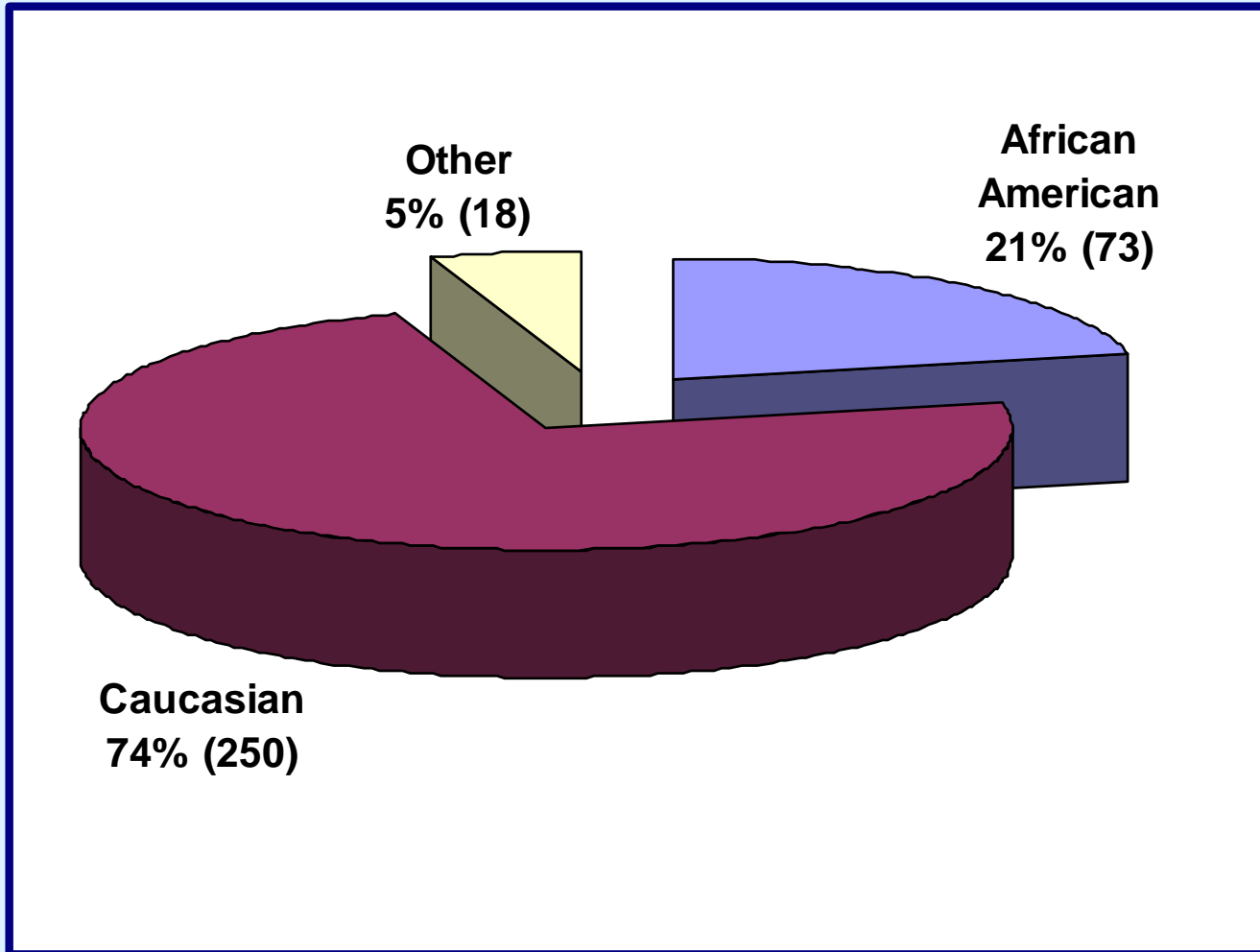
- 92.6% of the referrals originated from the criminal justice system during the first three years
- 57.7% are MISA
- 100% of those identified actually entered treatment

Gender Profile*



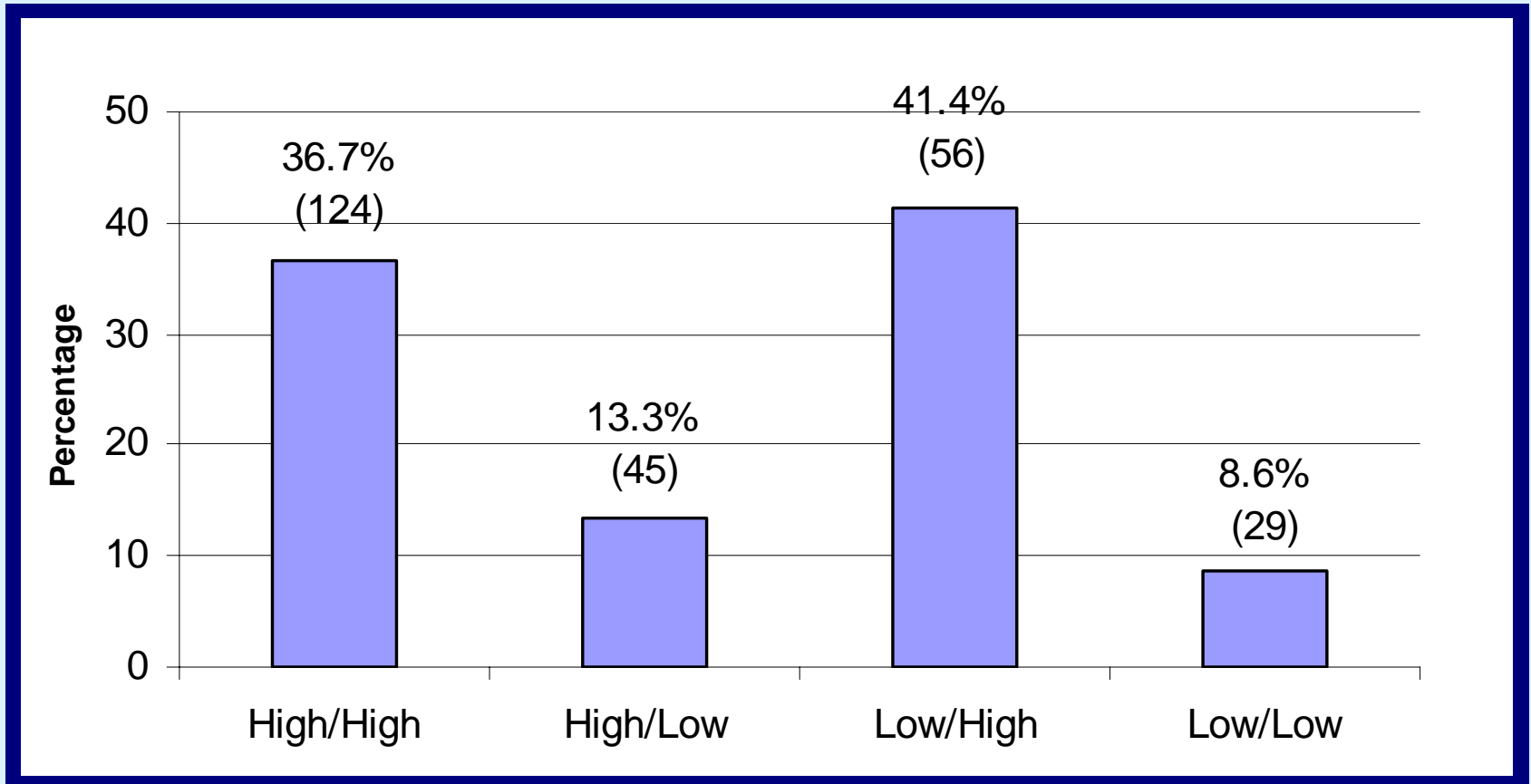
* The proportion of females who entered the MISA/COD program is larger than the proportion of women who are housed in the jail. Jail capacity is comprised of 75% men and 25% women.

Ethnic Profile*



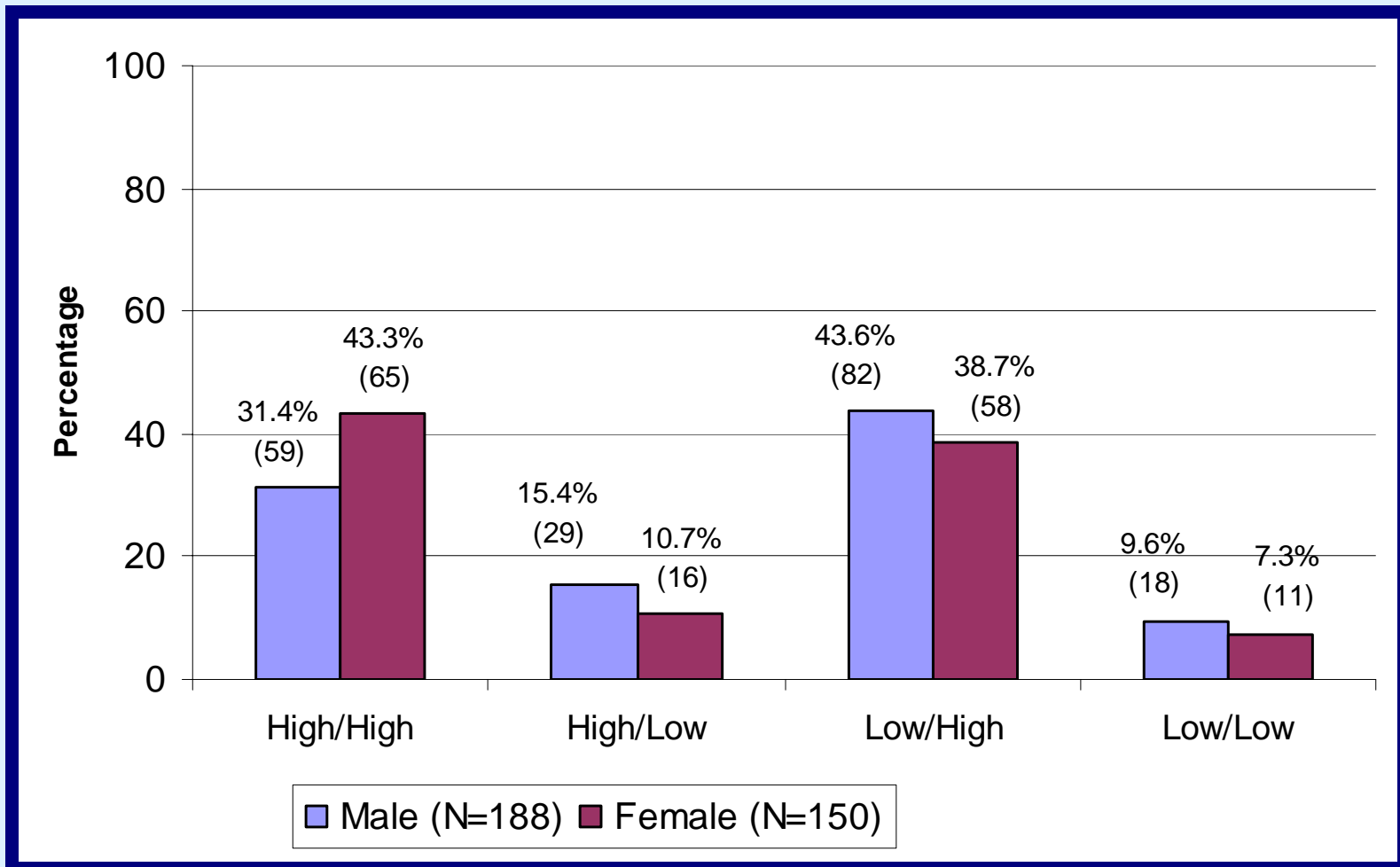
* The proportion of Caucasians is higher than the general jail population which is 60% African American

Quadrant Profile*



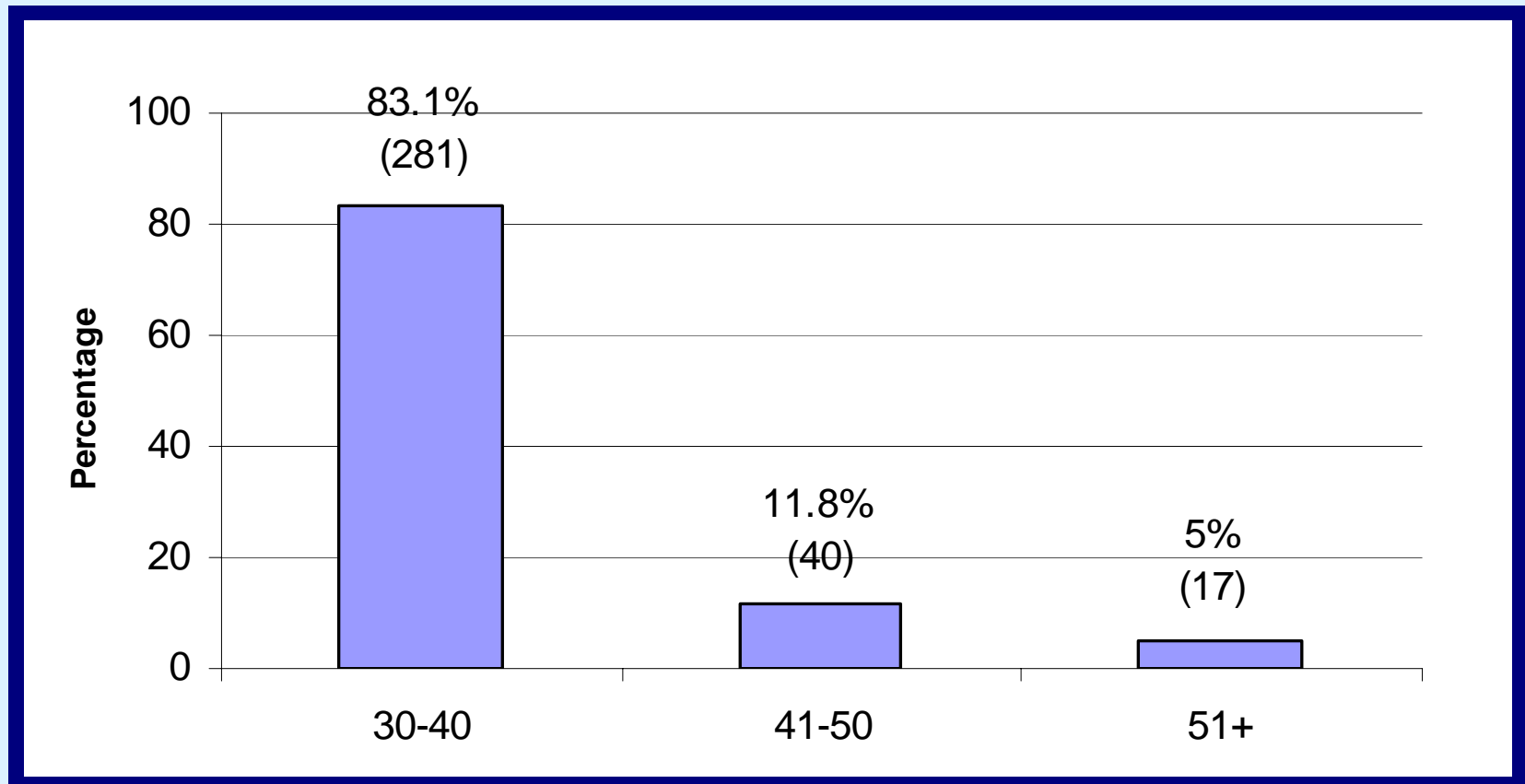
* Quadrant profiles were not indicated for six clients over all three years.

Quadrant Profile by Gender*



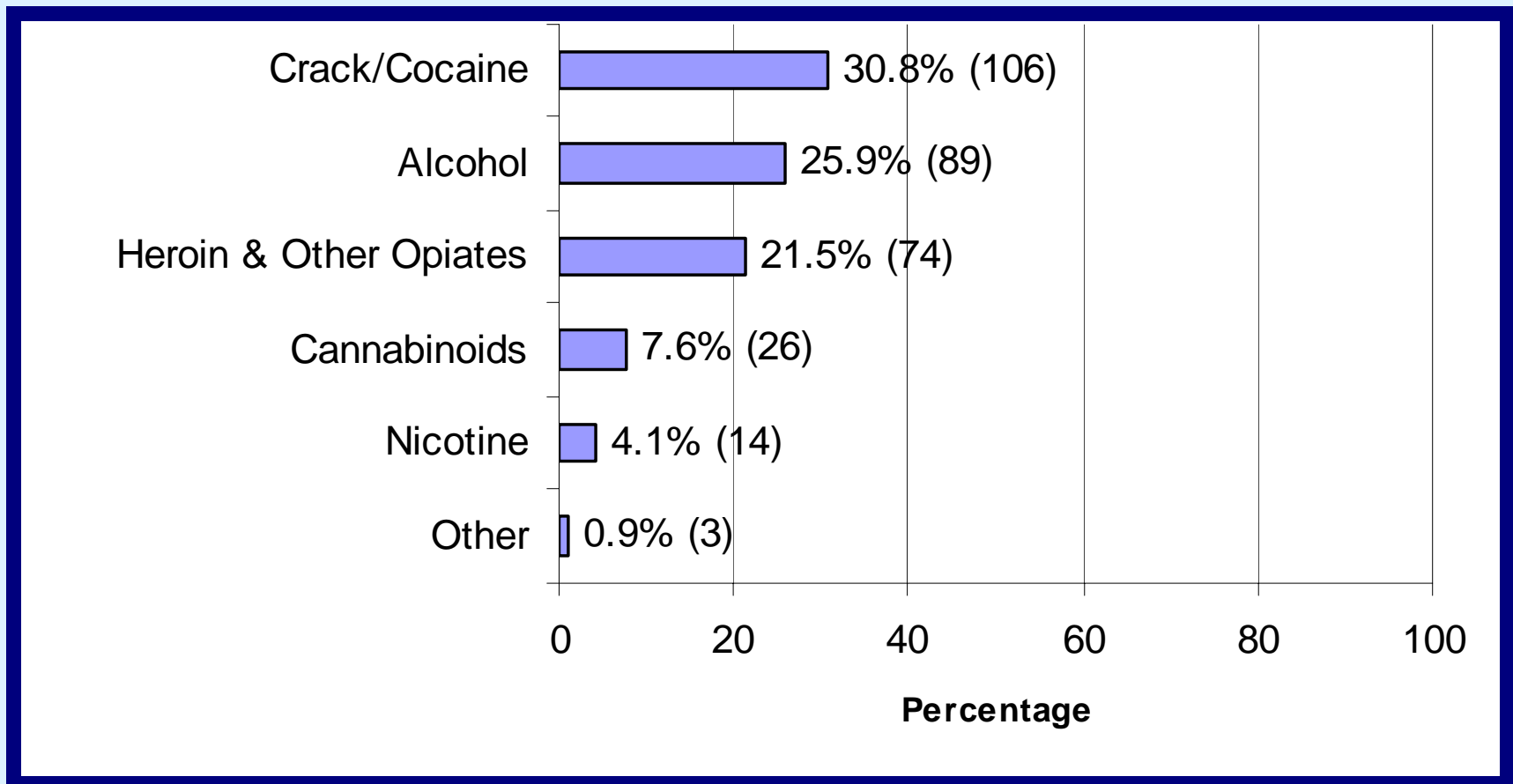
* Quadrant profiles were not indicated for four male clients and two female clients over all three years.

GAF Scores*



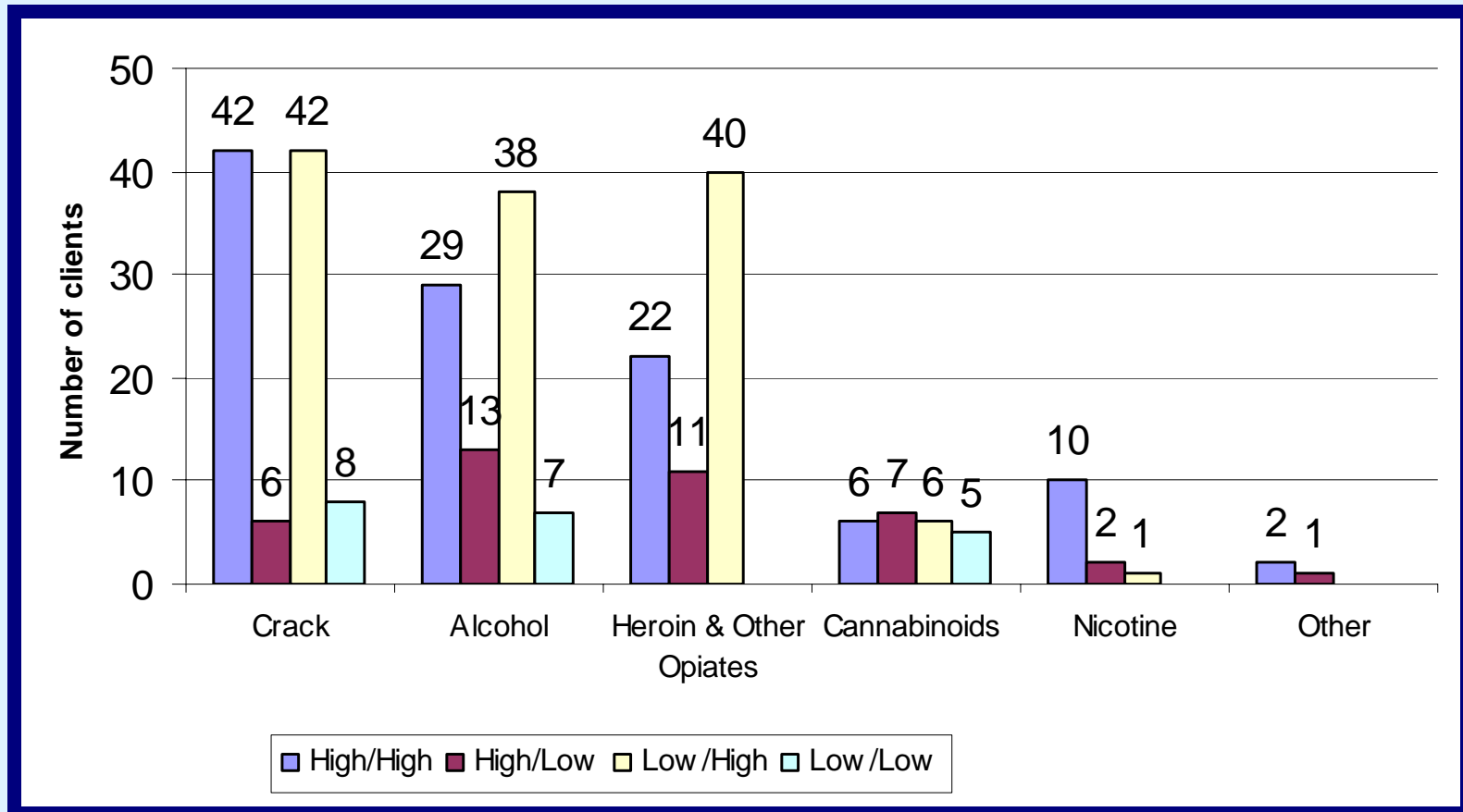
*GAF scores were not indicated for six clients over all three years.

Primary Drugs Of Choice*



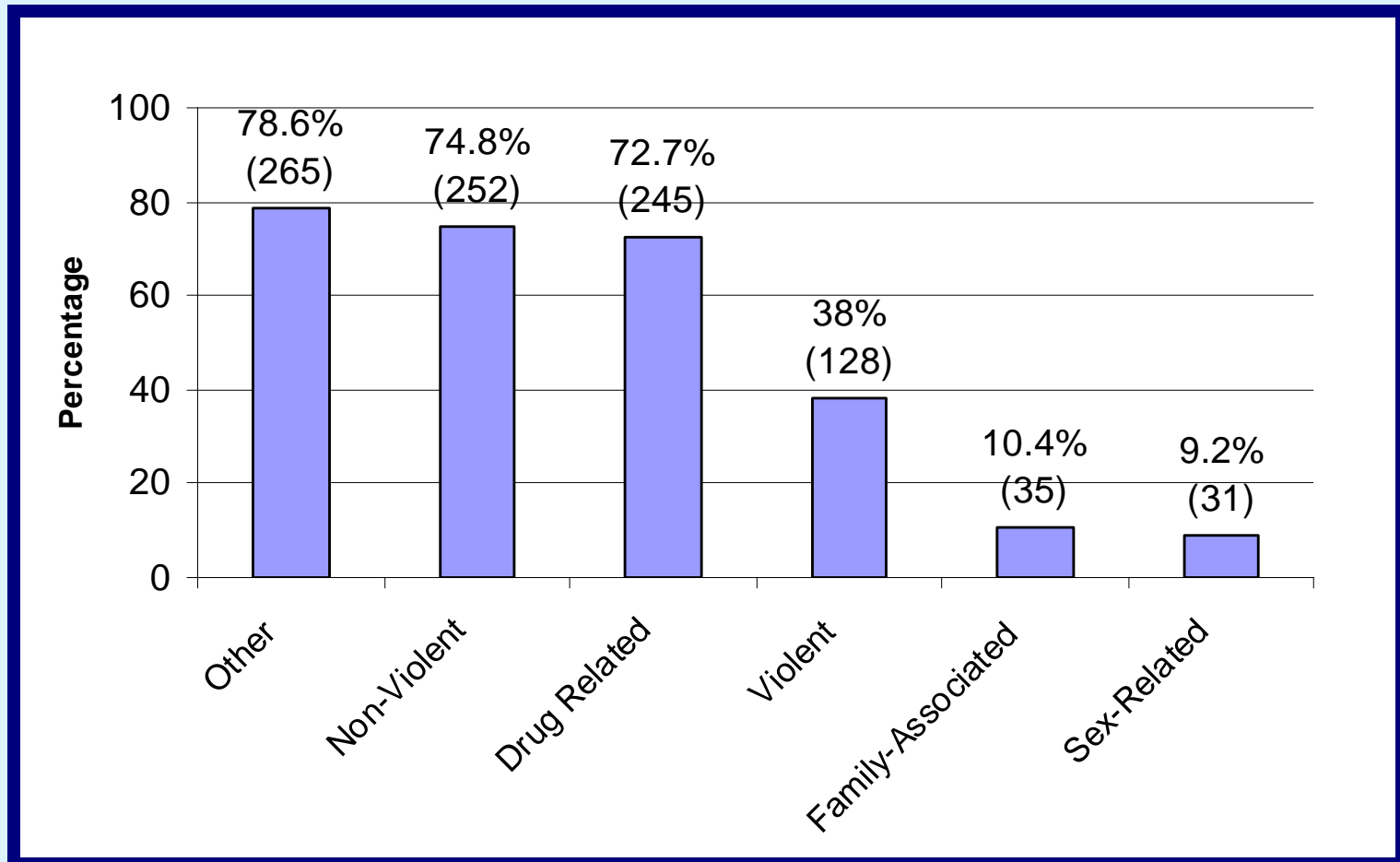
*Primary drugs were not indicated for thirty-two clients over all three years.

Primary Drugs Of Choice by Quadrant*



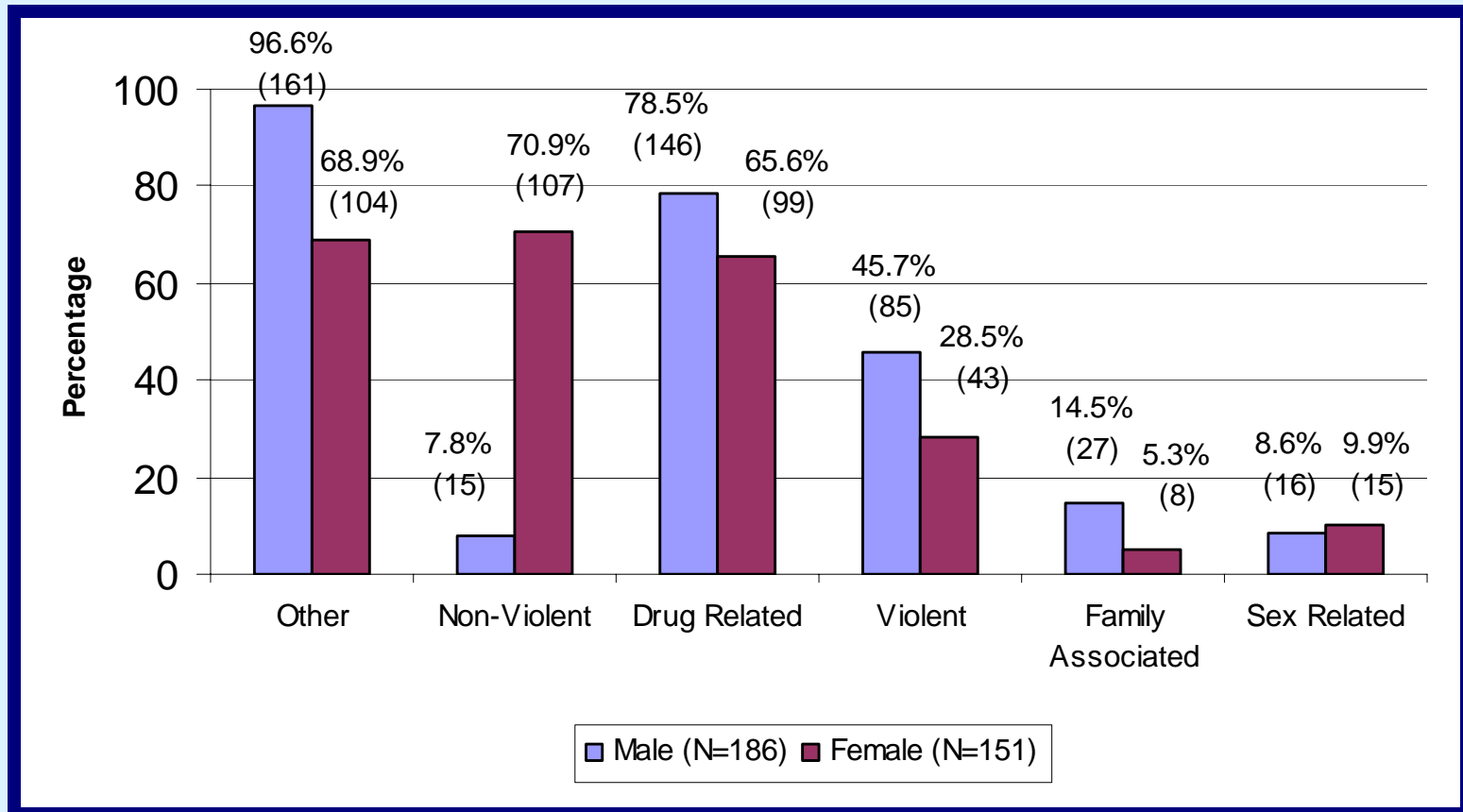
*One client was removed from this analysis as two primary drugs of choice were provided. There were six clients for whom quadrant was not provided over all three years. The "Other" category consists of Methadone, Methamphetamine and Methylphenidate.

Types of Charges Leading to Incarceration



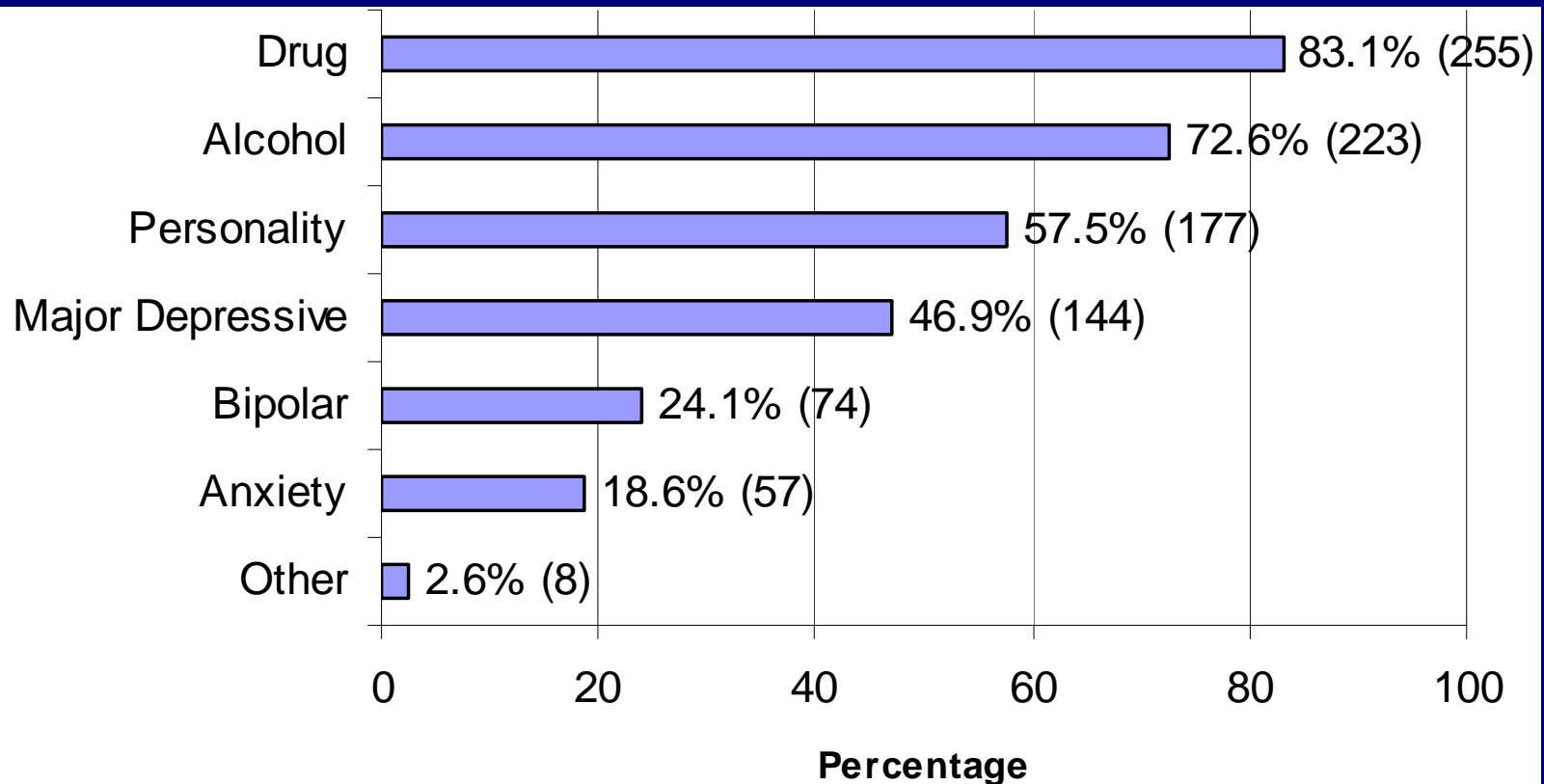
*It is important to keep in mind that the "Other" category consists of those who may have selected "Other", "Contempt of Court" or "Parole/Probation Violations" therefore the percentage may be slightly higher due to multiple charges per individual.

Types of Charges Leading to Incarceration by Gender*



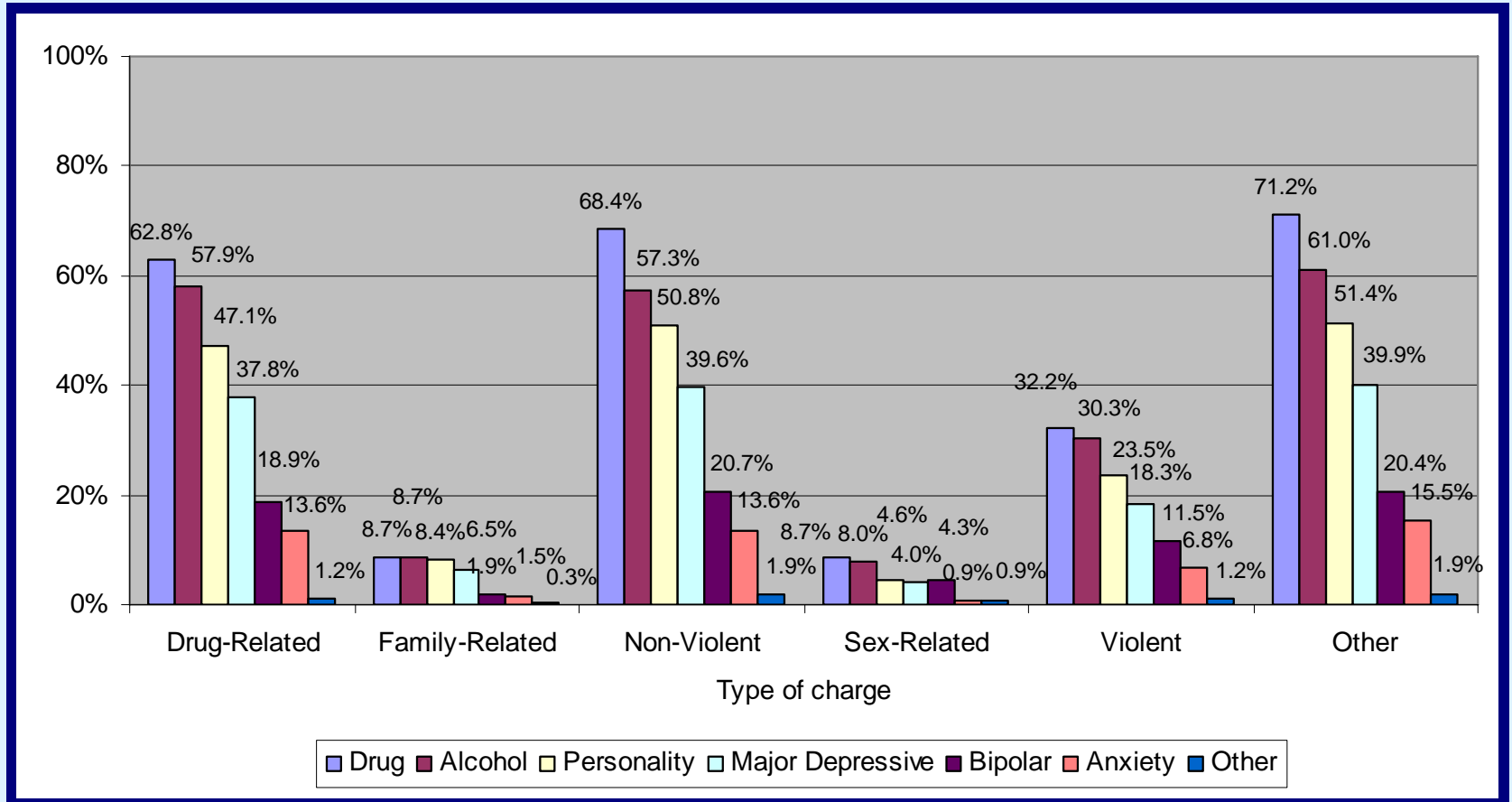
*It is important to keep in mind that the “Other” category consists of those who may have selected “Other”, “Contempt of Court” or “Parole/Probation Violations” therefore the percentage may be slightly higher due to multiple charges per individual.

Primary Mental Health Diagnoses*



*The “Other” category consisted of Schizophrenia and Attention-Deficit Hyperactivity Disorder (ADHD).

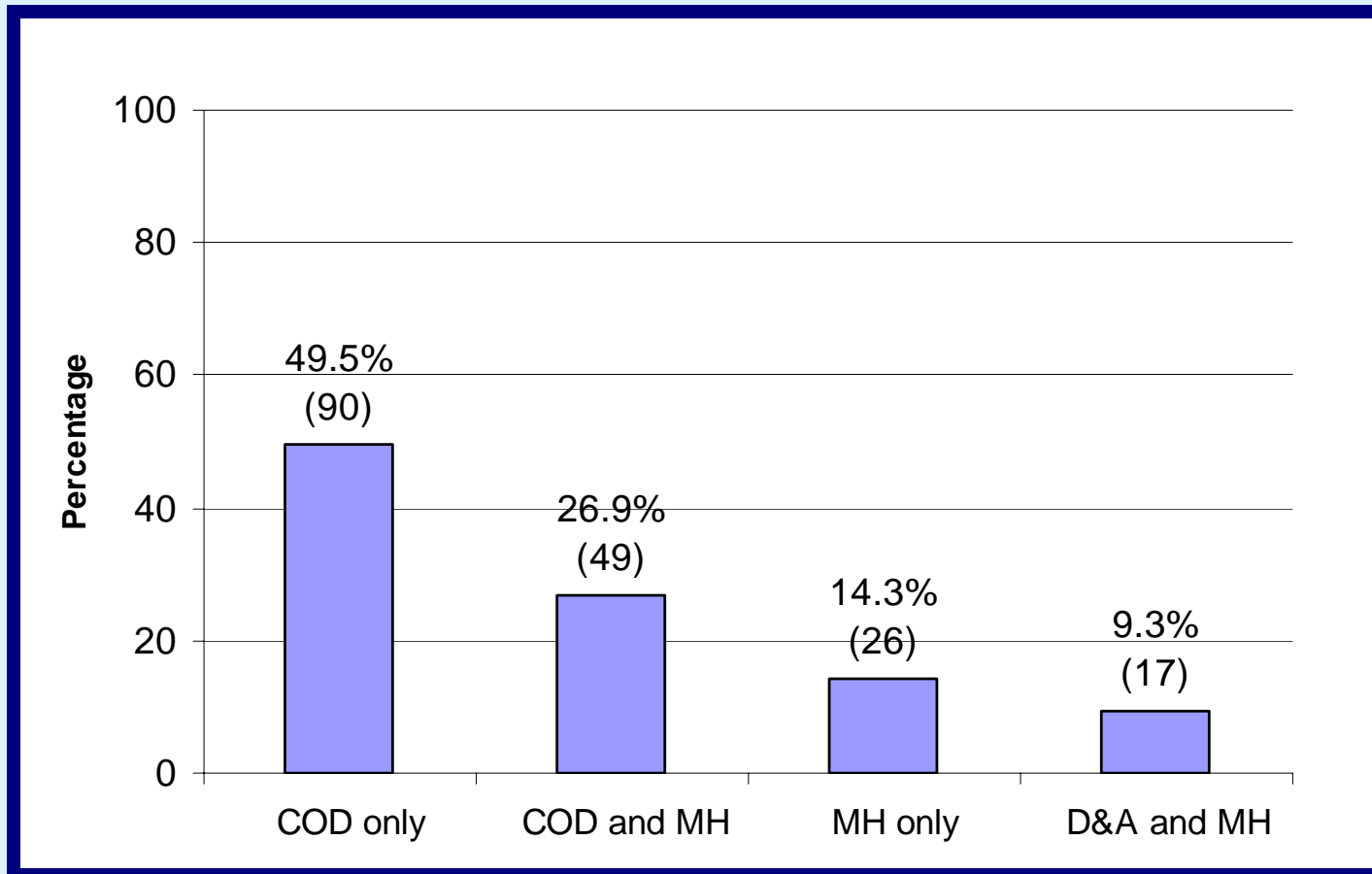
Primary Mental Health Diagnoses* by Type of Charges**



*The “Other” category consisted of Schizophrenia and Attention-Deficit Hyperactivity Disorder (ADHD).

**The “Other” category consisted of Contempt of Court, Parole/Probation Violations and Other.

Enrollment in Community Based Treatment*



*There were none of the following combinations: 1) D&A only, 2) COD and D&A or 3) COD, D&A and MH.

The Philadelphia Prison to Community Project

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The Center for Mental Health Policy
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Project Model

- Prison to Community Project is based on the APIC Model (Osher, F, Steadman, H.J, & Barr, H.)
 - Assess
 - Plan
 - Identify
 - Coordinate
- The APIC model is a best practice and was funded by the SAMHSA and published by the GAINS Center; *A Best Practice Approach to Community Re-entry from Jails for Inmates with Co-occurring Disorders*

A Community Partnership

■ Community Partners

- The Mental Health Association of Southeastern Pennsylvania
- The Philadelphia Prison System
- Philadelphia Health Services
- Adult Probation and Parole
- The Philadelphia Office of Behavioral Health

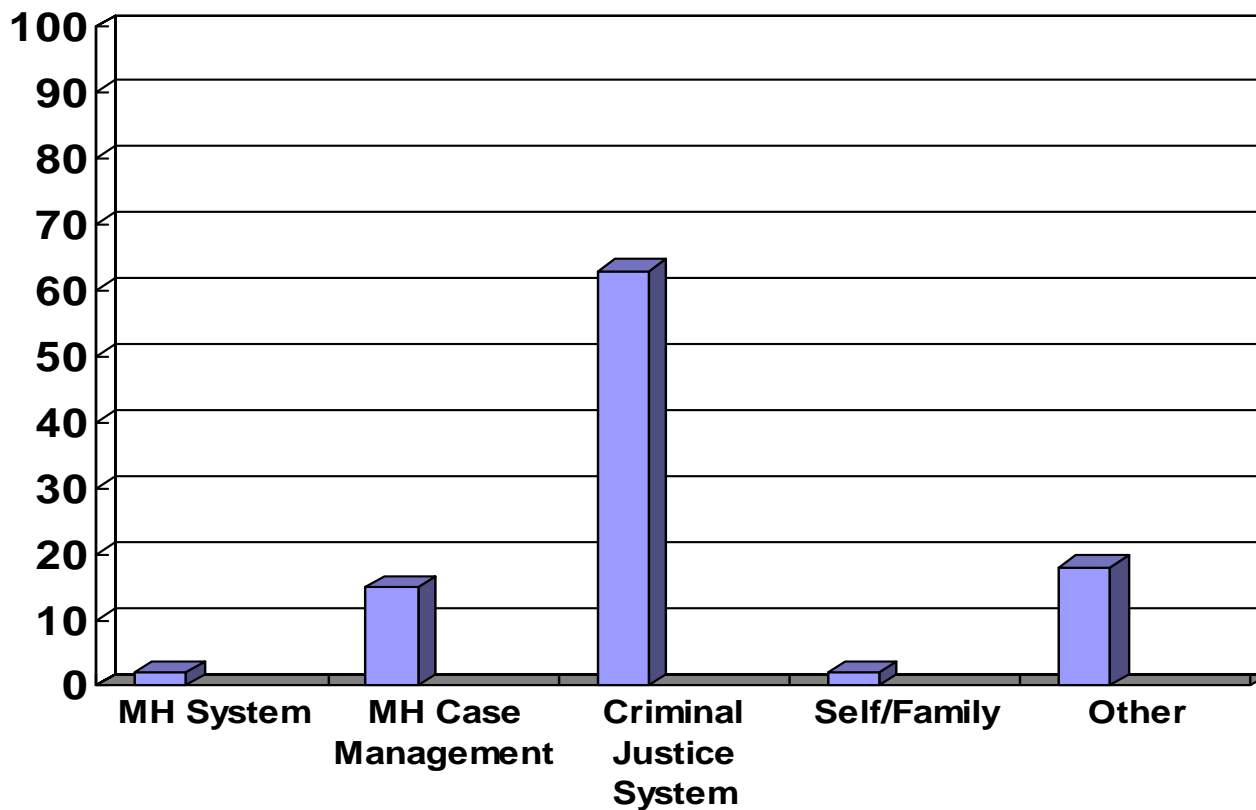
Project Objectives

1. **Education** about maintaining good mental health both in prison and after returning to community life.
2. **Assistance in planning and preparing** for the transition back into community life.
3. **Support** during the **transition** back into community living after release from prison.
4. **Assistance in avoiding a return** to jail during a one-year period after release.

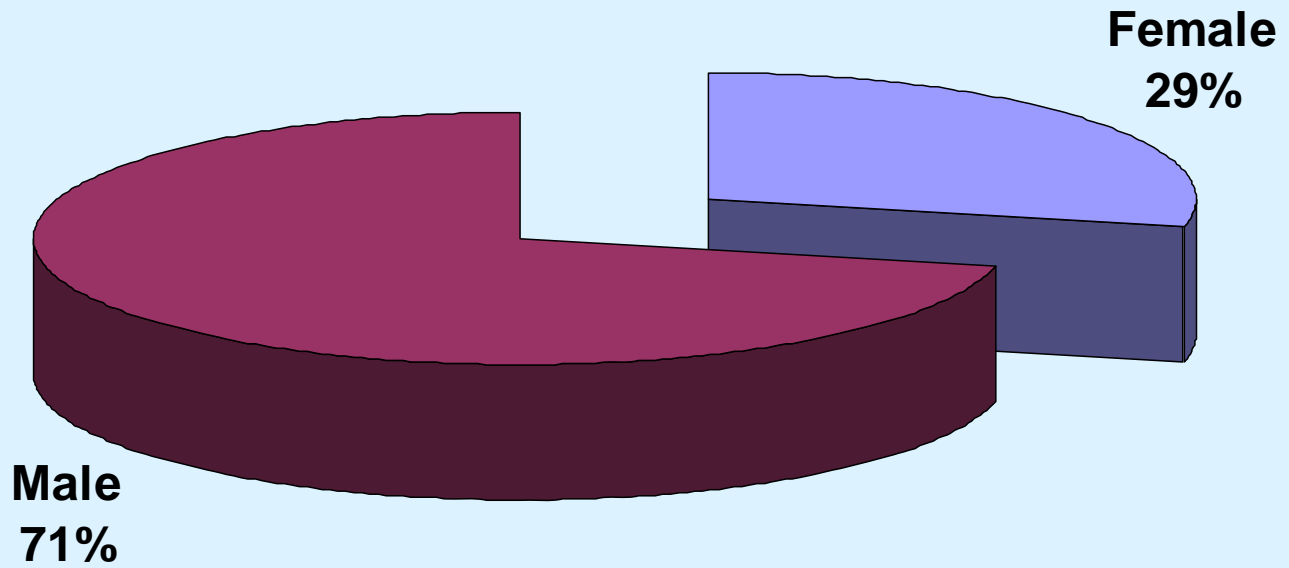
COD Screening and Assessment Summary

- Screening & Assessment occurs prior to jail discharge
- Current data from January 2005 – June 2005
- 85 Persons screened for COD
 - 37 (44%) Persons assessed for COD
- 100% entered COD case management treatment

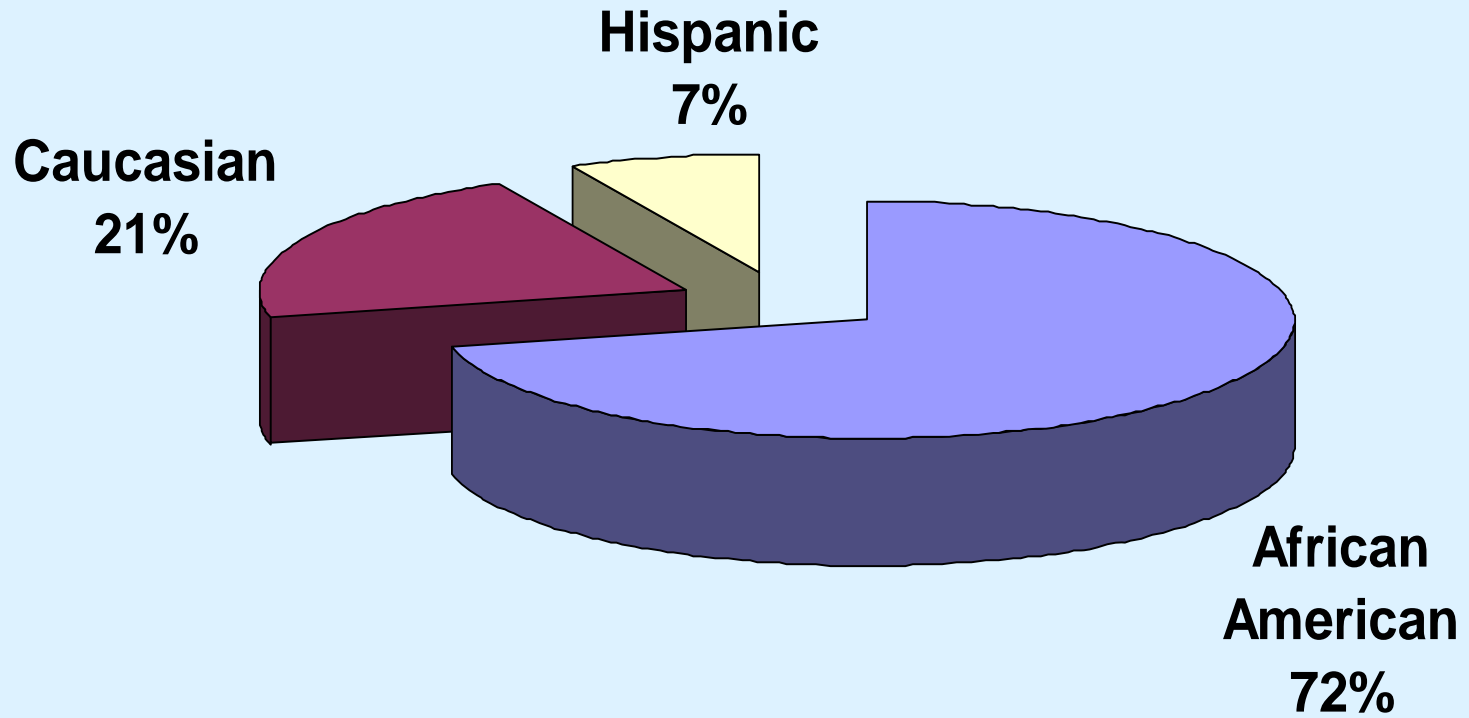
Referral Source 1/05-3/05



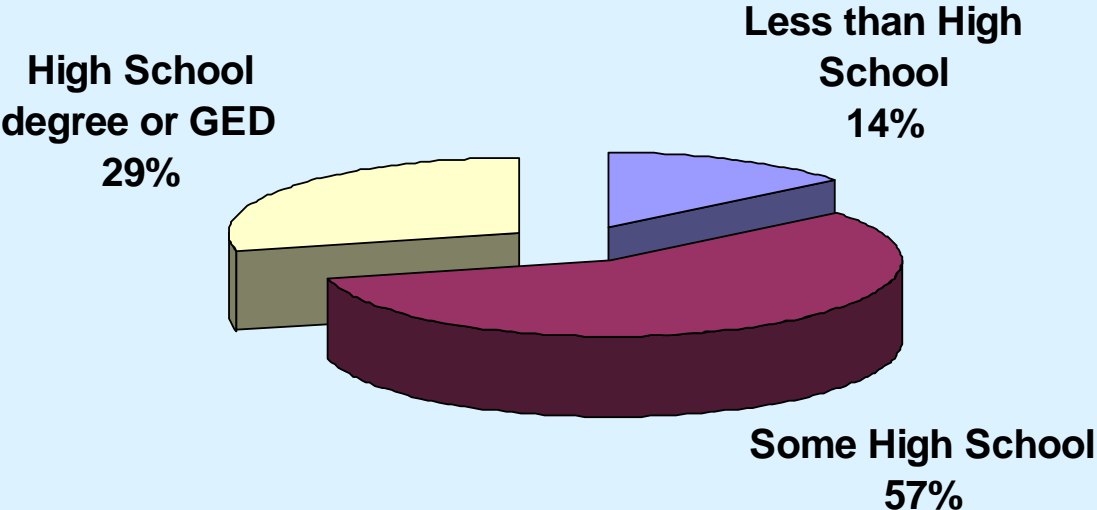
Gender Profile



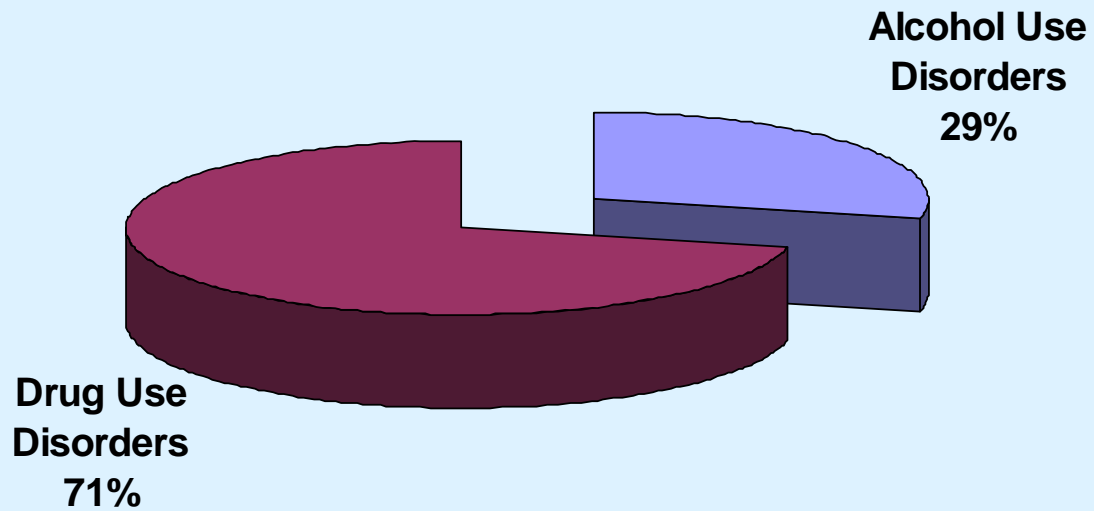
Ethnic Profile



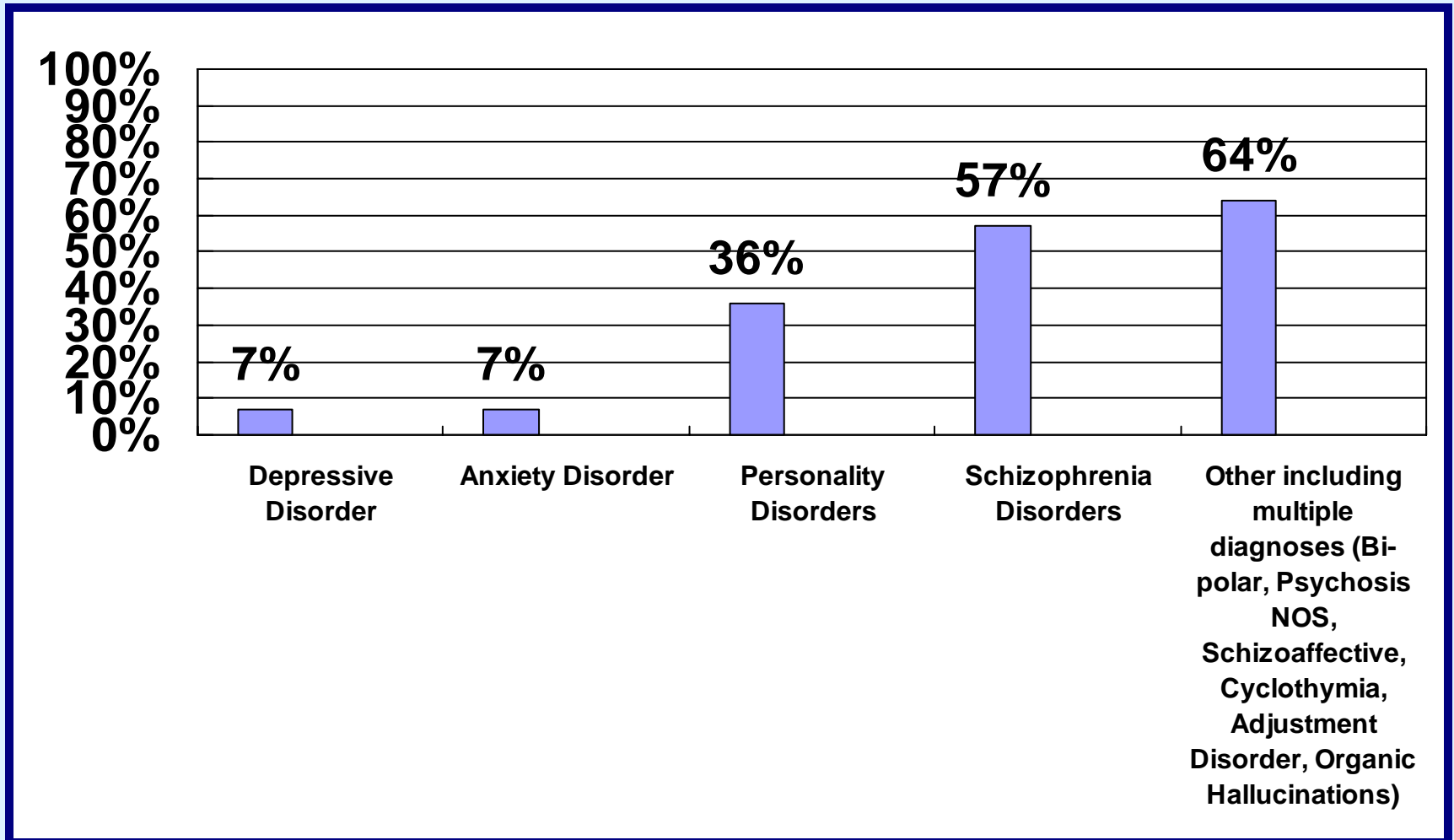
Education Level



Primary Diagnosis for Substance Abuse



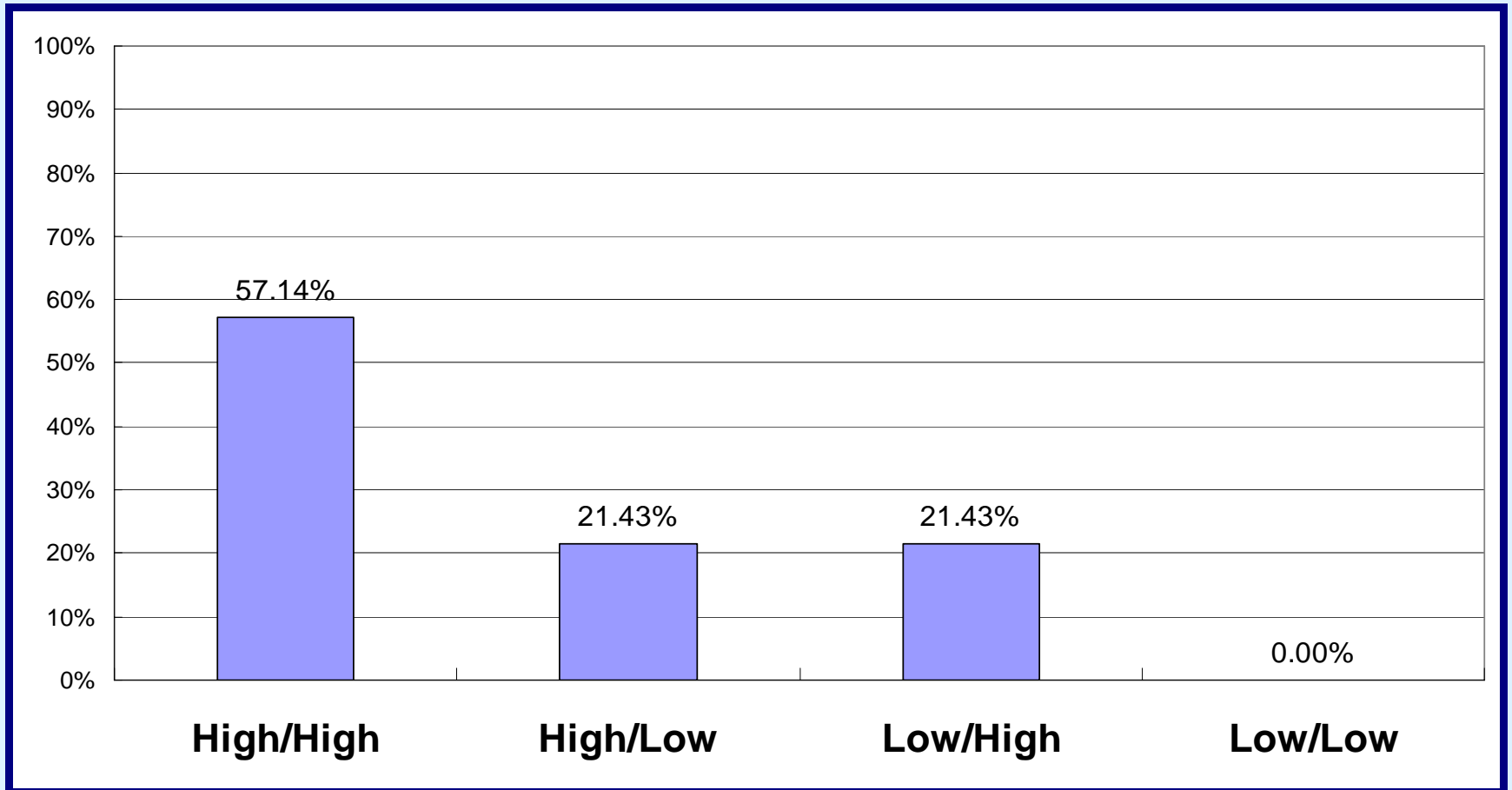
Primary Diagnosis Mental Health



Philadelphia Forensic COD Program

- Average Global Assessment of Functioning (GAF) Score: 50.71
- 100% of individuals receive psychotropic medication

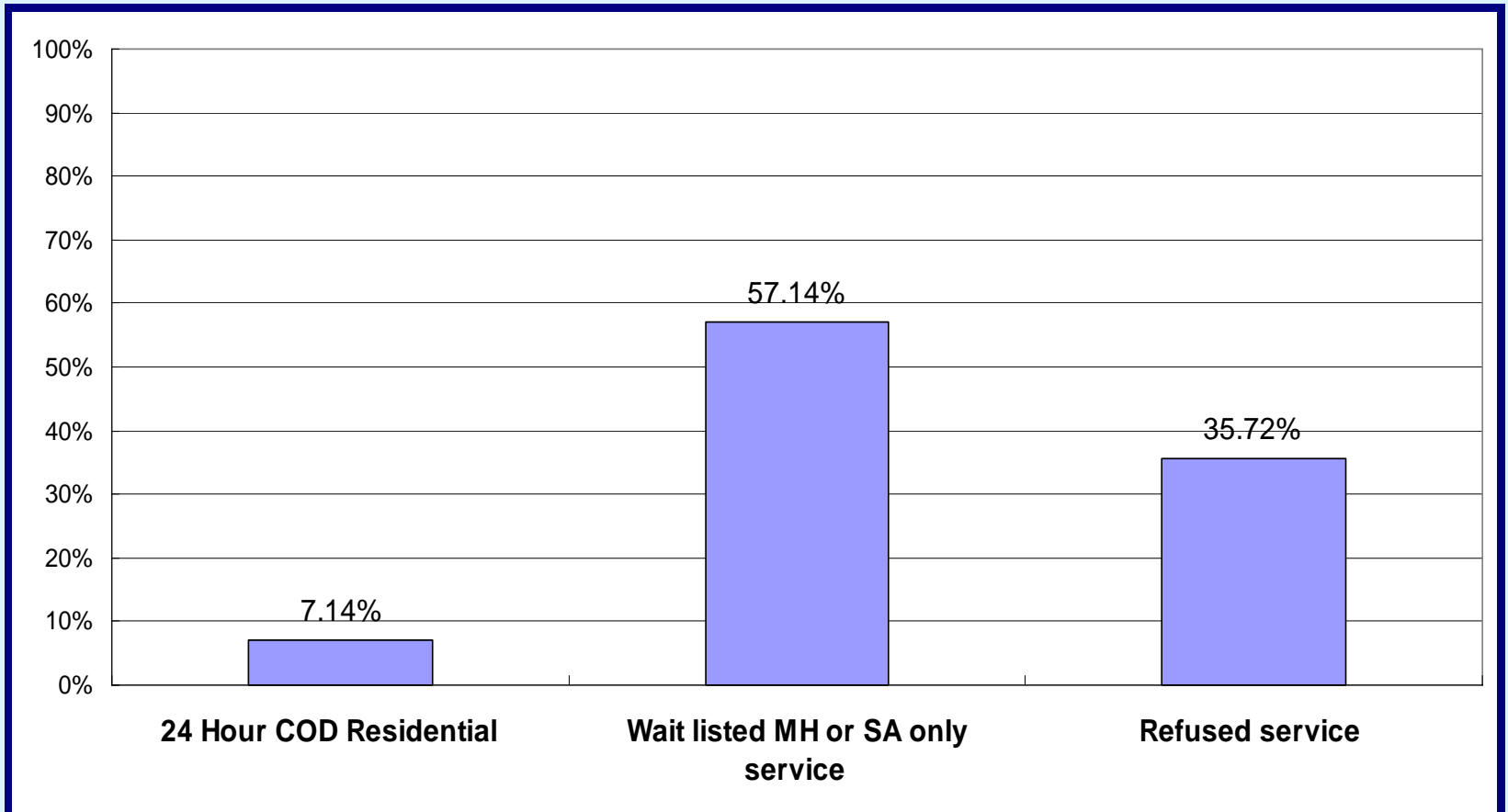
Quadrant Profile



COD Service Provision

- 7.14% COD consumers entered 24 Hour COD Residential Programs at discharge
- 57.14% COD consumers were wait listed for COD service and were provided alternative MH or SA only service
- 35.72% COD consumers refused service

COD Service Provisions





Program Comparisons

Rural/Suburban and Urban
COD Interventions

System Comparisons

- Consumer populations are similar – both identified in a jail setting
- Program intervention models differ
- Data collection efforts differ

Consumer Comparisons

- Gender:
 - Twice as many women in Beaver County program
- Ethnicity:
 - Ethnicity differs, each program reflects overrepresentation of African-Americans based on the county ethnicity
- GAF Scores:
 - Philadelphia consumers have higher GAF scores, which implies higher functioning

Consumer Comparisons

- Diagnoses:
 - Philadelphia - Higher rates of drug use disorders for SA, higher rates of schizophrenia for MH
 - Beaver County - Higher rates of alcohol use disorders for SA, higher rates of personality disorders and major depression for MH
- Quadrants:
 - Philadelphia Program includes more High-High consumers
 - Beaver Program more Low-High consumers

Program Comparisons

- Screening:
 - 60% of Beaver County screened + for COD
 - 44% of Philadelphia County screened + for COD
- Community placement following discharge may not be comparable; Beaver consumers receive COD treatment in jail and may not need continuing treatment in the community
- Community resources and referral opportunities differ, i.e. size of community impacts issues such as homelessness and treatment availability

Program Comparisons

- Wait listed consumers in Philadelphia may be a feature of:
 - finance/billing capabilities;
 - number of slots available in the community;
 - Consumer return to original service provider (not COD) because of familiarity; and/or
 - access to programs, i.e. transportation.

Variables Affecting Engagement in COD Programming After Discharge

- Geography may impact the availability of the range of services within the community because of transportation
- Consumers may prefer to return to a MH or SA provider with whom they are familiar based on prior involvement in treatment
- Homelessness may impact consumer diagnosis, i.e. high rates of schizophrenia in urban setting, which may include higher rates of homeless consumers

Summary

- A key element in the composition, direction and success of COD/jail interventions is the community/system in which the intervention is implemented.