

Treatment of Individuals With Co-Occurring Disorders in County Jails:

The Beaver County, Pa., Experience

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Heighted attention has been given to the issues concerning people suffering from co-occurring disorders. This is primarily due to an increase in the number of individuals with dual disorders within the mental health and substance abuse general population. It is also a result of poor outcomes in the attempts to treat this population in the community.¹ Individuals suffering from dual disorders have far fewer success rates, including increased vulnerability to relapse and rehospitalization,² more psychotic symptoms,³ noncompliance with medications and other treatments,⁴ homelessness and contact with the criminal justice system.⁵

A co-occurring disorder in the behavioral health field is defined as having both a substance abuse disorder and one or more psychiatric disorders. According to the Office of Mental Health and Substance Abuse Services, it is estimated that anywhere from 20,000 to 30,000 adults in Pennsylvania suffer from this disorder. As indicated in the Substance Abuse and Mental Health Services Administration's 2002 Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders, there are an estimated 10 million people in the United States suffering from mental illness and substance abuse disorders and dependence. For those involved with the criminal justice system, it is estimated that rates of co-occurring disorders are far more likely to be higher. For example, in *Psychiatric Disorders in America: The Epidemiologic Catchment Area Study*, authors Lee Robins and Darrel Regier estimate that the rates of mental health disorders are four times higher among inmates than in the general population, and the rates of substance use are four to seven times higher.

Challenges faced by the mental health and addictions field in their attempts to treat this population include a lack of common language/terminology in labeling the disorder; varying skill levels, qualifications and training of staff in identification and understanding of how to treat someone suffering from both disorders; professional differences in treatment approach; lack of follow-up; separate systems

and payment regulations; and much too often, a lack of collaboration, resulting in systems operating in "silos."

Several states and countries have implemented model programs in attempts to address this problem with varying degrees of success. In 2001, the Pennsylvania Office of Mental Health and Substance Abuse Services and the Bureau of Drug and Alcohol Programs issued a joint solicitation for Mentally Ill Substance Abuse (MISA) projects and selected five counties for funding. The goal of these projects was to demonstrate the potential of specialized MISA-integrated treatment and support services as a cost-effective alternative to traditional services and to create best practice models of systems and service integration for future policy and program development. Beaver County was awarded funds to develop one of the five pilot programs and was the only county to use a forensic model.

Background

Beaver County is a semirural county in southwestern Pennsylvania, located 30 miles northwest of Pittsburgh. The county occupies 434 square miles and is bordered on the east by Allegheny County (Pittsburgh), on the south by Washington County and on the west by the states of Ohio and West Virginia. The approximate population of Beaver County is 180,000. In the late 1990s, Beaver County replaced its 100-year-old jail with a new 402-bed facility, making it one of the largest county jails in the nation.

The 1999 Bureau of Justice Statistics report titled *Mental Health and Treatment of Inmates and Probationers*, estimated that at midyear 1998, there were 2,838,000 mentally ill offenders incarcerated in the nation's prisons and jails, which equates to approximately 16 percent of the total prison population nationally. This report further explained that mentally ill inmates are more likely than others to be under the influence of alcohol or drugs while committing their current offense. A record review conducted in 1999 by correctional officers in the Beaver County Jail illustrated inmate characteristics locally that were remarkably similar to national numbers. This study found that nearly 20 percent of the inmates in the Beaver County Jail have mental health and substance abuse disorders.

Prior to the construction of the county jail, the Beaver County Mental Health Association focused efforts on inmates with or at risk for mental illness. The association's board of directors approached the county commissioners and the prison board and requested that a special task force be convened to explore and make recommendations toward implementation of mental health, and drug and alcohol services in the proposed county jail. The task force played an important role in planning for treatment and has remained highly involved to this date. Membership has grown to include family members, consumers of mental health and substance abuse treatment services, a police officer and representatives from agencies such as the local County Assistance Office, the Beaver County Transit Authority, Adult Literacy and the Women's Center. Services available to inmates now include adult literacy classes, parenting classes, DUI school, anger management, victim awareness classes, GED testing, Alcoholics Anonymous, Narcotics Anonymous, and groups for survivors of childhood abuse, batterers, victims of domestic violence and victims of sexual abuse.

Subsequently, the task force supported a treatment program developed and funded by Beaver County's Single County Authority that included components of relapse prevention, training and education, a 2004 proposal to the Pennsylvania Commission on Crime and Delinquency for a Re-Entry Court Initiative and the MISA pilot funded by the Pennsylvania Office of Mental Health and Substance Abuse Services. Each of the services has built upon work done by the other treatment and support services now in place.

Implementation Of The Program Model

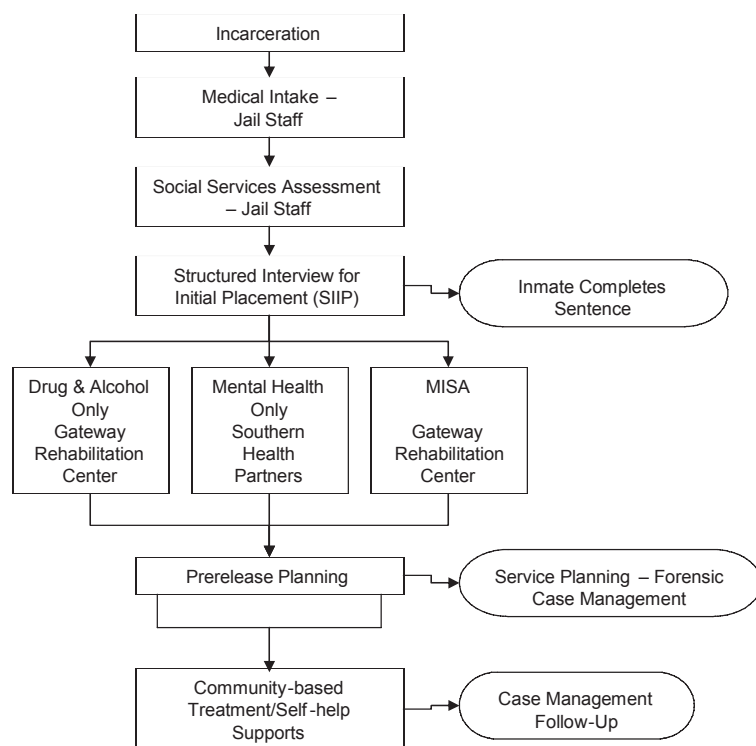
The Beaver County Jail MISA Treatment Program is a dually licensed program (Pennsylvania Department of Welfare and the state Department of Health) whose provider staff completed core and advanced training on co-occurring disorders. The core training series was developed by a statewide committee. Both trainings were provided by the Office of Educational and Regional Programming of Western Psychiatric Institute and Clinic.

The service provider offering treatment services in the jail is Gateway Rehabilitation Center. Staffing for the program comprises a clinical director, a psychiatrist (16 hours per week), two full-time therapists who have experience in mental health and substance abuse and an administrative assistant. The program is required by Pennsylvania state licensure regulations to keep a staff-to-inmate ratio at or below 1-to-30. The staff-to-inmate ratio at the Beaver County Jail program has always remained below the 1-to-30 requirement.

As depicted in Figure 1, implementation of the forensic MISA program within the Beaver County Jail involves the four primary components of identification, screening and placement, determined through the administration of the Screening Interview for Initial Placement (SIIP), treatment and transition back into the community.

Identification involves targeting the potential MISA-incarcerated offender at the first available opportunity. This is generally done during the jail's intake process when

Figure 1. Beaver County MISA Project - Jail Model



a correctional counselor interviews an offender, completes a social services assessment, and determines there may be a need for a referral to a trained MISA evaluator. The MISA evaluator is an experienced and trained therapist who has received specialized instruction in evaluating individuals for co-occurring mental health, and drug and alcohol needs.

The SIIP, a 25-page standardized screening instrument, was developed by staff at Hahnemann University specifically for improved identification of individuals in need of specialized co-occurring disorder services. It was felt by program administrators that without such an instrument, placement into the most appropriate support service and level of care was less likely to occur. It is through the use of the SIIP that the MISA evaluator determines the treatment need and level of need of each offender referred. Following the administration of the SIIP, an individual can be placed into drug and alcohol programming, mental health programming (contracted through Southern Health Partners) or a specialized combination of the two (MISA programming).

Once placed into the MISA treatment track, an individualized treatment plan is developed by the team with consultation of the psychiatrist and cooperative participation by the offender. The MISA psychiatrist is responsible for conducting initial and ongoing psychiatric assessments that are then used to refine, modify and update the treatment plan based on severity of symptoms, level of need and progress toward meeting agreed-upon goals and objectives. Individual therapy, psychoeducation, group psychotherapy, support groups and medication management are the primary interventions for achieving the goals and objectives of the treatment plan at this point.

Transition planning and release preparation begins very early on in treatment. The average Beaver County Jail inmate serves about 12 weeks, so planning for the release of these offenders back to the community needs to begin immediately. Friday afternoons are reserved by the MISA treatment team for community treatment providers, residential service providers, forensic case managers, probation and others who may have a vested interest in the success of the offender's return to the community, to case consult and ensure that what needs to be done to improve the chances of success in the community is well-thought-out and planned for in advance of the release date.

Follow-up services are provided through a forensic case manager who is responsible for identifying the client's service needs, developing a plan for accessing needed services, as well as providing follow-up and support on an ongoing basis. Provision of such services helps in preventing clients from "falling through the cracks" after having been released from jail, as well as helping to ensure that a client follows up with the recommendations in the after-care plan.

MISA Client Characteristics And Progress

Client Identification and Entry into Treatment. The model is operating as envisioned; the majority of MISA clients are being initially screened by the jail staff and referred to the treatment provider to be administered the SIIP. During the first two years of the project:

- 403 individuals were referred to the treatment provider in the jail;
- 210 were identified as MISA (the remaining were identified as drug and alcohol); and
- 209 enrolled in the MISA Treatment Program in the jail.

Client Characteristics. As indicated in Figures 2 and 3, the MISA clients are almost evenly balanced according to gender (compared with the 3-1 male-female ratio in general population) and are predominately white. The mean age is 35.1, ranging from 19 to 57 years of age.

Primary drugs of choice are crack/cocaine, alcohol and heroin/other opiates. With respect to behavioral health diagnosis, the predominant diagnoses are alcohol, drug use, depression, and bipolar and personality disorders.

The charges leading to incarceration suggest that the majority of the criminal activity relates to the support of an

addiction. Most of the clients were charged with more than one type of crime, primarily consisting of drug-related, non-violent (including forgery, burglary, etc.) and other (primarily probation violations) crimes.

Additionally, 89 percent of those entering treatment revealed they were under the influence of alcohol and other drugs at the time of their arrest. This is substantially higher than the general jail population, which is 57 percent.

Participation and Retention in Treatment. As mentioned previously, MISA clients receive three types of treatment: individual therapy, life skills/relapse education and treatment groups. One of the challenges in providing service in a jail environment relates to the length of time an individual will be incarcerated. In some instances, MISA clients are serving a sentence that lasts for several months, while others are being held on new charges (which may eventually be dropped) or a shorter sentence. The average length of stay in the MISA program for the first year was 8.7 weeks (ranging from less than one to 22 weeks) and 9.2 weeks (ranging from less than one to 34 weeks) for the second year. During their time in treatment, inmates primarily participate in educational and treatment groups, but are also in direct contact with MISA staff during assessment and screening, treatment and discharge planning, psychiatric evaluations and continuing consults, life skills and special issues training groups, and individual sessions. The overall average number of treatment group sessions an inmate receives while in the MISA program is 8.5 and the overall mean number of individual sessions is 4.2. Although total contact hours have not been maintained for the program participants, it is believed that as many as 50 hours of staff contact can be expected for each involved inmate who stays with the program for the average length of time. However, there is much variation in contact hours dependent on length of time in the program and in the jail.

MISA staff and jail administrators are quick to tell of the overwhelmingly positive response inmates have had with the MISA program. In addition, a client satisfaction survey has been completed at multiple points by a consumer satisfaction team. Specifically, representatives not directly involved with the jail or the treatment program visited the jail for the purpose of determining satisfaction among inmates enrolled in the MISA program. Responses given indicate that between 80 percent and 85 percent of the inmates interviewed rated their overall satisfaction with the treatment program as high. The respondents were also

Figure 2. Gender Profile (n = 210)

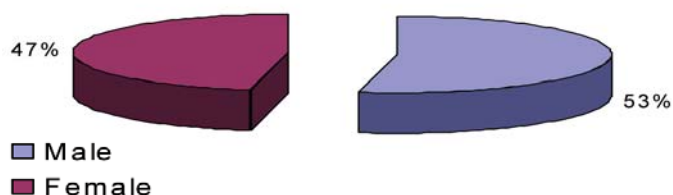
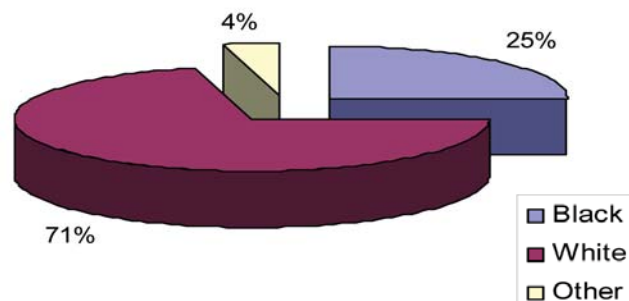


Figure 3. Client Profile by Race (n = 207*)



*Ethnicity data were missing for three individuals

highly satisfied with the treatment staff in the jail. For example, the respondents indicated that the therapists were respectful, helpful, friendly, knowledgeable and competent, sensitive to cultural backgrounds, as well as respectful of confidentiality. Inmates also responded that they were participating in treatment plan goals, receiving and attending group therapy, and feel comfortable asking about their treatment. The majority of inmates were highly satisfied with the impact of the treatment program as it relates to encouraging personal responsibility for recovery, encouraging that recovery/improvement is possible and in dealing more effectively with problems. Additionally, 70 percent felt that the treatment experience was helping them to better control their lives. Respondents, staff and jail administrators seem to be quite satisfied with the MISA program in the jail, particularly the capabilities of the staff/client input and involvement in their treatment experience, as well as a general feeling of encouragement about the participant's improved chances of recovery.

Furthermore, of those discharged, 45 (26.9 percent) completed treatment. Release from jail was the primary reason (90 out of 122) that individuals who enrolled in the program did not complete treatment.

Criminal Recidivism. One of the strengths contributing to the success of the Beaver County MISA program relates to the incredible support received from the jail administrators. They are cognizant of the benefits of providing treatment to their inmates, as it has the potential of closing its revolving door with respect to inmates committing new crimes upon release and returning to the jail setting. Analysis of known recidivism data accessed from Beaver County Jail records indicate that approximately one-third (35.4 percent) of the clients discharged (since the program's inception through Dec. 31, 2003) returned to the jail at least once, while two-thirds remained in the community (20 of these clients returned for a second offense during this time period). An even smaller percentage, 17.5 percent, returned to jail due to new drug- and alcohol-related offenses. This is substantially lower than the recidivism rate for individuals who do not participate in this behavioral health program, which is 60 percent to 62 percent.

Lessons Learned

At the time of this writing, Pennsylvania was one of seven states to receive a Co-Occurring Disorders State Incentive Grant award from the Substance Abuse and Mental Health Services Administration in 2003. The \$3.9 million grant is awarded over a five-year period to increase the capacity of state treatment systems to provide effective, coordinated and integrated treatment services to individuals with co-occurring substance abuse and mental health disorders. Due to its success, Beaver County is the recipient of some of these grant dollars. These funds will be used to build on the recently established services and supports for individuals with co-occurring mental health and substance abuse disorders. Future plans will incorporate lessons learned during the past three years.

With respect to what works, it has been found that the county jail is an excellent location to initiate treatment. Since the Beaver County MISA pilot began in 2001, only one

individual refused to begin the recommended course of treatment. It can be debated whether participation while incarcerated is truly voluntary, but the more significant fact is the participation itself. For whatever reasons, people in jail are motivated to participate in treatment; to not take advantage of treatment opportunities in the jail is a major omission in planning for individuals who have co-occurring mental health and substance abuse disorders.

In addition to support from the state Office of Mental Health and Substance Abuse Services and the Bureau of Drug and Alcohol Services, the Beaver County MISA pilot benefited greatly from county commissioners, a warden and a director of treatment in the jail who have been very supportive of treatment and rehabilitative services. Their attitude and their actions have clearly communicated to all jail staff an expectation that while security is never compromised, inmates will be treated with respect and that treatment is an important part of daily operations. Training made available to the jail and community staff through the MISA pilot has also facilitated this positive and receptive atmosphere.

Challenges have been primarily related to clients being quickly released from jail without firm aftercare plans in place. It is often very difficult to find and track released offenders once they are in the community. The cooperation between individual probation officers and community case management staff is very good, but effectively merging the probation/parole system into the treatment/judicial/jail systems remains difficult. Beaver County recently applied for and received funds from the Pennsylvania Commission on Crime and Delinquency to develop a reentry court initiative. The hope is that implementation of this initiative will bring all parties to the table and increase cross system collaboration.

ENDNOTES

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⁵ Drake, R.E. et al. 1993.

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