

Mercyhurst College Civic Institute



ERIE COUNTY COMMUNITY REINTEGRATION
OF OFFENDERS WITH MENTAL ILLNESS AND
SUBSTANCE ABUSE (CROMISA) PROGRAM

Program Evaluation

Grant Period October 1, 2002 - June 30, 2003

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ERIE COUNTY, PA CROMISA PROJECT

OCTOBER 1, 2002 – June 30, 2003 REPORT

Process Evaluation

During the nine months between October 1, 2002 and June 30, 2003, the Community Reintegration of Offenders with Mental Illness and Substance Abuse (CROMISA) program continued to solidify its standing while continuing to advance services for dually diagnosed state supervised parolees. This was done efficiently and effectively while cuts were being planned in services to those receiving drug and alcohol treatment.

Although the program had been very successful in moving clients from the residential phase into the community reintegration phase, the need for short-term housing, often after time spent at a half-way facility, was needed to allow for the time to get into private housing. The addition of the STEP apartments in the spring of 2003 fulfilled this need. CROMISA clients who needed up to four months of housing in apartments could stay at the CROMISA funded apartments until the long-term private housing they obtained was ready for them to move in.

Relationships with the Institutional Parole Representatives (IPRs) at many of the State Correctional Institutions (SCIs) have become even better and solidified so that there are more referrals and the referrals being received are more appropriate than they had been at the beginning of the program. It is believed that all IPRs know of the program and the requirements for being accepted. This allows for more clients to be screened and permits the parole board to consider the potential client's case with the knowledge of an acceptance into the program before the board hearing takes place. This increased efficiency in the process helps not only the Department of Corrections and the Parole Board but also the CROMISA program. The ability to share information including the medication stabilization prior to release allows for an easier transition for the clients.

The addition of the Deerfield Residential Program as another node of initial residential treatment provides for more flexibility in tailoring needs to the client. As some of the clients may not be able to thrive in a Therapeutic Community facility due to their mental illness, the Deerfield program provides a more appropriate mental health centered residential program for these individuals compared to the Gaudenzia/Crossroads program. The Gaudenzia/Crossroads program continues to service the majority of the clients entering the CROMISA program.

There has been little turnover in the staff of the program, which facilitates continuity for both current and past clients and staff. Due to the inability to promptly fill staff positions, the parole officer (PO) who had been the main point of contact and the PO for many of the clients was reassigned. To facilitate continuity, he continues to serve as the PO for

the clients he was already assigned. The new point of contact is taking on the new clients enrolling in the program and serves as the point of contact for the Office of Parole and Probation, which includes attendance at weekly meetings.

The management of the program continues to be strong. The Office of Drug and Alcohol Abuse (the local Single County Authority (SCA)) leads the program administratively while case management and supervision is contracted to Case Management Support Services. The Steering Committee that monitors and oversees the administration of the program consists of management of the participating agencies. With the maturity of the program, the meetings have been reduced from monthly to every other month. This has still allowed for appropriate monitoring while increasing attendance. Trainings have been offered on topics raised by the front line and administrative staff, and suggestions are not only accepted but also encouraged so the appropriate staff can get trainings they need and want.

Meetings of the front line staff continue to take place weekly at the Treatment Team meetings. These are held in the Gaudenzia/Crossroads residential facility and attended by staff from all of the participating agencies including the PO, residential staff from both programs, outpatient mental health case manager, drug and alcohol case managers and coordinated by the CROMISA case manager. This allows for weekly discussion of new clients, referrals, and those encountering difficulty. It also serves as a vehicle for the clients to meet with the group for introductions, education, requests, etc.

Clients entering the program are given introduction packets containing their rights, responsibilities, appropriate expectations, etc. They are also given calendars and other tools that allow them to organize the many meetings, appointments and things they are required to do. By giving them the tools and support they need to fulfill these program expectations, the program, while expecting quite a lot, is showing its confidence in them to be able to succeed.

The major strength of this program is the ability to tailor the program to the specific needs of the individual entering the program. Clients can come from many different types of supervision and with many different needs concerning their addiction, mental illness, housing, family concerns, education, employment skills, medical needs, etc. The CROMISA program, through both the Treatment Team and the Steering Committee, is committed to providing the tools the clients need to succeed while keeping the client on the right path to a healthy, productive reintegration from their criminal past into full, healthy participation in the community.

The following stories give a better understanding of the variety of challenges overcome by some of the CROMISA clients:

The first individual is a 55 year-old low-functioning Hispanic male who spoke little English. He was diagnosed as paranoid schizophrenic and cocaine dependent. He also had multiple health conditions including diabetes, high blood pressure, and heart disease. He served about eight years in prison for drug possession and was referred to

CROMISA by Gaudenzia/Crossroads. During his early involvement in CROMISA, he needed surgery due to heart disease. He continued to struggle with his health. With the assistance of CROMISA staff, he obtained Supplemental Security Income (SSI) due to his disabilities. He completed residential treatment and obtained an apartment with the assistance of a subsidized housing program. CROMISA established mental health supports in the community for this individual: a Housing Support Worker to help with housing, daily living and medication monitoring needs; an Intensive Case Manager to assist with mental health coordination and support; and a representative payee to manage his money. After only a few months in the apartment, he was no longer eligible for subsidized housing (due to a change in the housing program rules), and he had to find somewhere to live while paying market value. He worked with his CROMISA and other supports and found another place. Throughout his time in the project, this individual completed all required programming, maintained sobriety, refrained from any criminal activity and, after graduation, continues to remain active with community supports.

The next individual is a 43 year-old Black male who suffered brain damage years ago. He came to the CROMISA project through a referral from the SCI. This individual did very well in the structured environment of the residential programs, but he struggled when he got out into the community and into his own apartment. CROMISA staff searched for residential programming for persons with brain damage without success. The only facility available did not take anyone with disability / limited income. He relapsed in his substance abuse recovery and was sent to the county jail. Because he was serving the state-supervised county probation portion of his sentence, he went before the judge. The judge, CROMISA, and his family all gave him another chance. He was accepted into a consumer-run residential facility that is monitored by mental health professionals. As a part of the residential facilities expectations, he is required to work for the program. He also makes house decisions with the other members of the home. This environment has provided this individual with supports in the community and a structured environment. After graduating from CROMISA, he remains active in his church and the recovery community while continuing to reside at the same facility.

The third individual is a 41 year-old White male who served time in prison for DUI and vehicular manslaughter. He was referred to CROMISA from the Community Corrections Center. He was struggling with maintaining a job due to the affects from the accident for which he was convicted. This individual was sent through dual diagnosis residential programming. He received short-term mental health residential treatment to adjust medications and help him address the impact of the accident and his responsibility for someone's death as he was suffering from flashbacks, acute anxiety, guilt, depression, and suicidal thoughts. He worked very well with therapeutic staff to address these issues. He obtained a room at a consumer-run residential facility and remained there until he was stabilized on his medications and established the community contacts he needed. After completion of the CROMISA program, he moved with his mother in the county where they care for each other. He continues to work closely with his intensive case manager, therapist and psychiatrist.

Statistical Evaluation

Referrals

Of the twenty referrals during the time period of this report, nineteen (95%) were assessed. The one not assessed was a half-way back client who left the residential program prior to assessment. Of those assessed, seventeen were accepted (89%). Those not accepted either did not have at least a one year parole tail left or denied any substance abuse problems. Eleven of the seventeen accepted (65%) successfully entered the program. Three (18%) were accepted and await parole board decisions while two (12%) were denied parole. For these two, their acceptance into the program stands and can again be considered when they are up for review in six months. One client was accepted and released from the SCI, but he never arrived at the residential treatment facility to begin participation in the program.

Demographics

Information on general client characteristics is shown below. Those who were in the program at all during the time period of this report are in the October 02 to June 03 grouping. This would include those who began during previous fiscal years and graduated during this reporting period or those who began only a few days before the end of the reporting period.

Although generally self-explanatory, some pieces of information below have specific sources and meanings. These include disability and veteran status. Disability status as reported comes from records indicating whether, upon entrance to the program, the client had been determined to be disabled by the Social Security Administration and therefore eligible to receive either Supplemental Security Income (SSI) or Social Security Disability (SSD). The reason for that determination, whether a physical or mental disability, is noted. Those who are not listed as disabled may apply for benefits and be eligible but were not already approved prior to entering the CROMISA program. Veteran status only records those who had, at any point, been in the Armed Services. It does not reflect an honorable, dishonorable or other discharge and is not related to eligibility of veteran services.

	October 02 to June 03		Previous Years	
Demographic	Number	Percentage	Number	Percentage
Clients	29		34	
GENDER				
Males	17	59%	28	82%
Females	12	41%	6	18%
RACE				
White	22	76%	22	65%
Black	6	21%	11	32%
Native American	1	3%	1	3%

Demographic	October 02 to June 03		Previous Years	
	Number	Percentage	Number	Percentage
ETHNICITY				
Hispanic	2	7%	5	15%
Non-Hispanic	27	93%	29	85%
EDUCATION				
GED, HS Grad or more	15	52%	23	67%
Less than GED or HS Grad	14	48%	11	32%
COUNTY				
Erie County	26	90%	32	94%
Crawford County	1	3%	1	3%
Warren County	2	7%	1	3%
REFERRAL SOURCE				
SCI	18	62%	24	71%
County Prison	3	10%	2	6%
Half-Way Back	5	17%	6	18%
Community Corrections Center	3	10%	2	6%
DISABILITY				
Not Disabled	16	55%	23	68%
Physically Disabled	3	10%	6	18%
Mentally Disabled	6	20%	5	15%
VETERAN STATUS				
Veteran	2	7%	9	27%
Non-Veteran	26	90%	25	74%

Although caution should be used when dealing with small numbers, the increase in the number of female clients during the time period shows considerable increase. This may in part be due to a strong relationship that developed between the CROMISA case manager and an IPR at the SCI in Cambridge Springs. Due to the proximity and relationship, there was an increase in the number of referrals from Cambridge Springs compared to those from previous years. Although there was a decrease in the percentage of clients who had at least a high school education or GED, there is no clear explanation for the difference from previous years.

	October 02 to June 03		Previous Years	
CHARGES	Number	Percentage	Number	Percentage
First Charge Only				
Drug or Alcohol Charge	6	21%	6	18%
Index Charge	9	31%	11	32%
Non-Index Charge	13	45%	17	50%
All Charges				
Drug or Alcohol Charge	9	15%	10	14%
Index Charge	16	26%	14	20%
Non-Index Charge	36	58%	44	64%
PREVIOUS PAROLE VIOLATIONS				
Parole Violation	16	55%	24	71%
No Parole Violation	9	31%	10	29%
JUVENILE PLACEMENTS				
Juvenile Placement	6	21%	9	27%
No Juvenile Placement	20	69%	25	74%
MH DIAGNOSES				
1 MH Diagnosis	16	55%	13	38%
2 MH Diagnoses	8	28%	10	29%
3 MH Diagnoses	4	14%	11	32%
First Diagnosis Only				
Mood Disturbance	23	79%	20	59%
Thought Disturbance	4	14%	9	26%
Personality Disturbance	1	3%	3	9%
Anxiety	0	0%	2	6%
COMMUNITY MH HOSPITALIZATIONS				
MH Hospital	18	62%	24	71%
Never MH Hospital	10	35%	10	29%

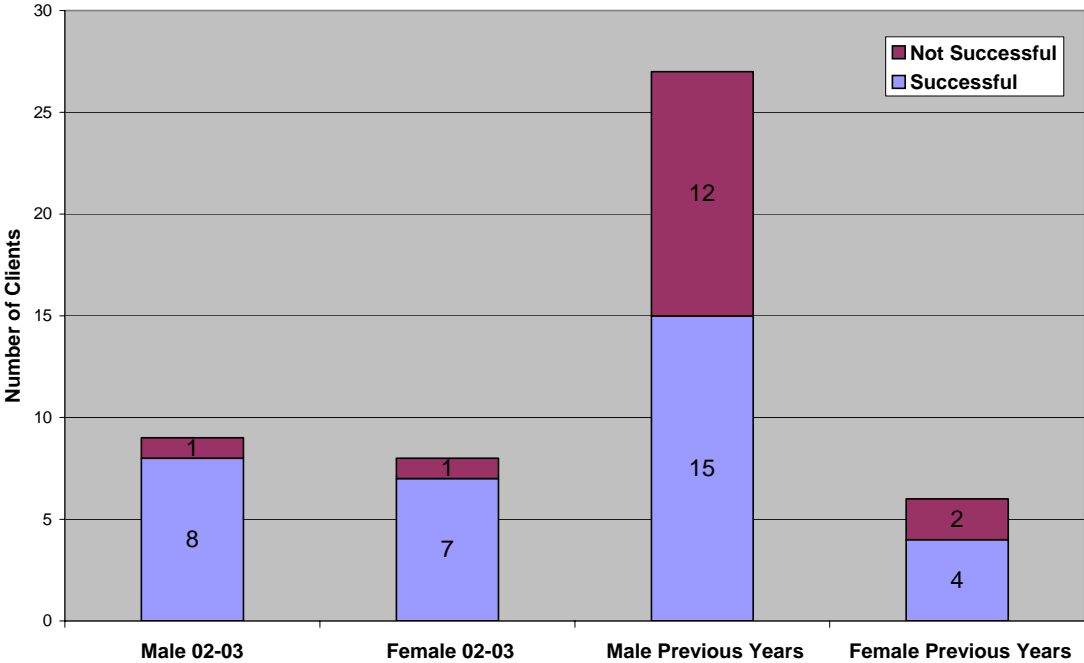
	October 02 to June 03		Previous Years	
	Number	Percentage	Number	Percentage
MH STATE HOSPITALIZATIONS				
State Hospital	6	21%	6	18%
Never State Hospital	22	76%	28	82%
DRUG OF CHOICE				
Alcohol	17	59%	20	59%
Cocaine	9	31%	9	27%
Heroin	1	3%	2	6%
Other	1	3%	3	9%
	Mean	Median	Mean	Median
Age Entering Cromisa	39	40	38	40
Months Incarcerated	45	27	53	39
Age of MH	27	24	24	20
Age of D&A	12	12	15	13

During the 02-03 reporting period, there were fewer clients who had previous parole violations, and clients generally had fewer mental health diagnoses. There was a higher percentage of individuals with mood disorders during 02-03 when compared to that in previous years. There was a slightly lower average in incarceration months for those during the latest time period. As there was little difference between this year and previous years in the referral source, this cannot account for the difference.

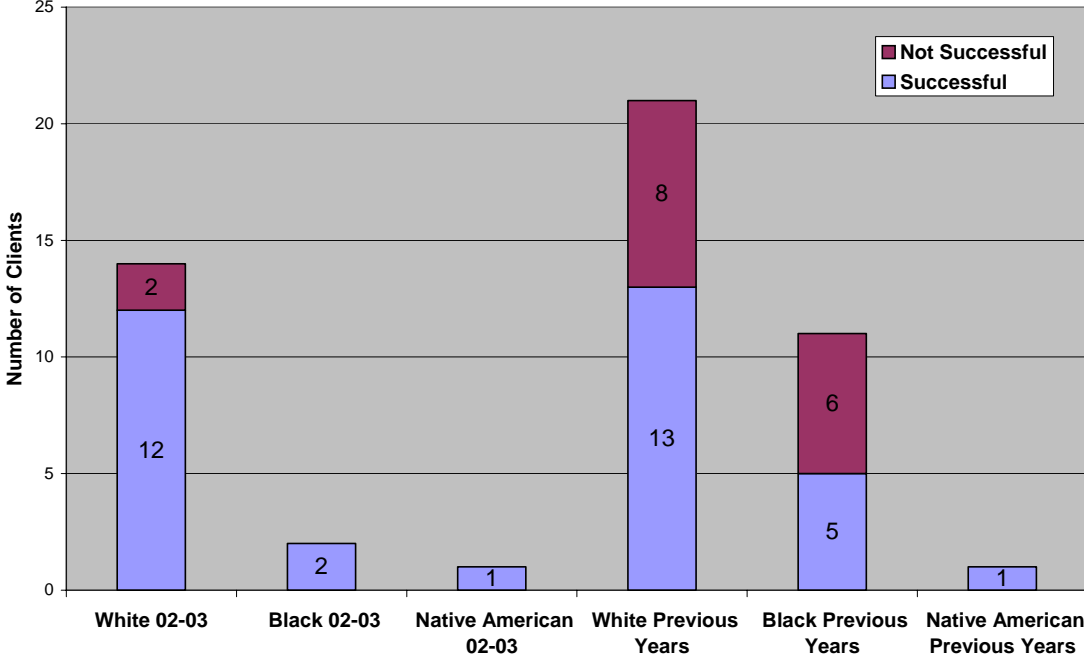
Successful vs. Not Successful Discharges

The following charts show a consistent pattern of clients being more successful during the reporting period than of those of prior years. This is true for gender, race, ethnicity, county, referral source, type of charges, number of mental health diagnoses, type of first mental health diagnosis and drug of choice.

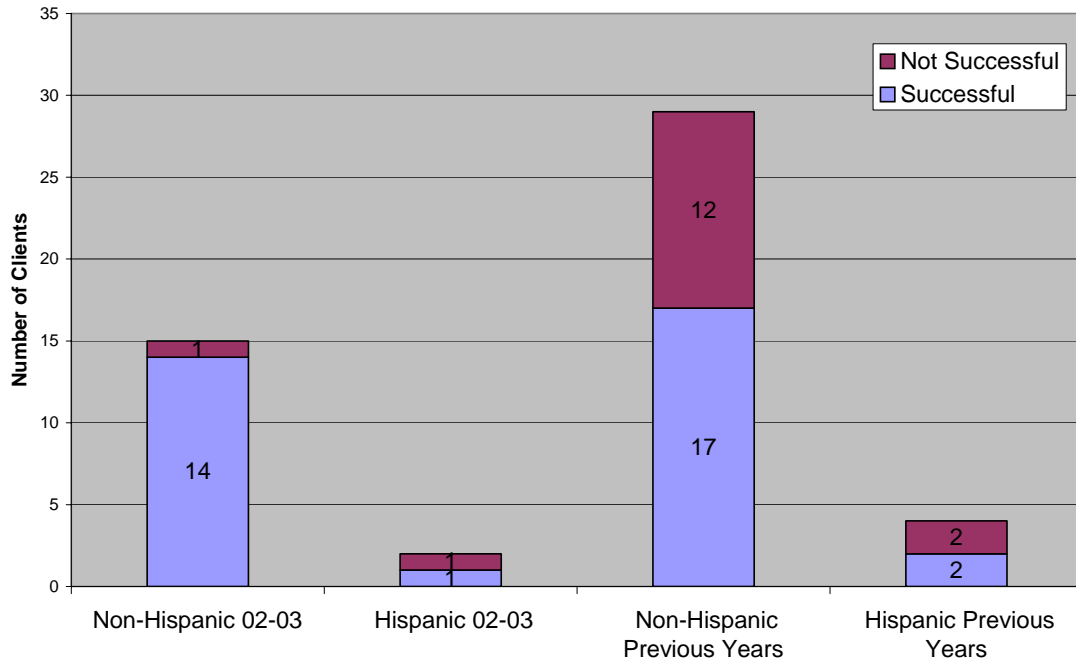
Successful vs. Unsuccessful by Gender



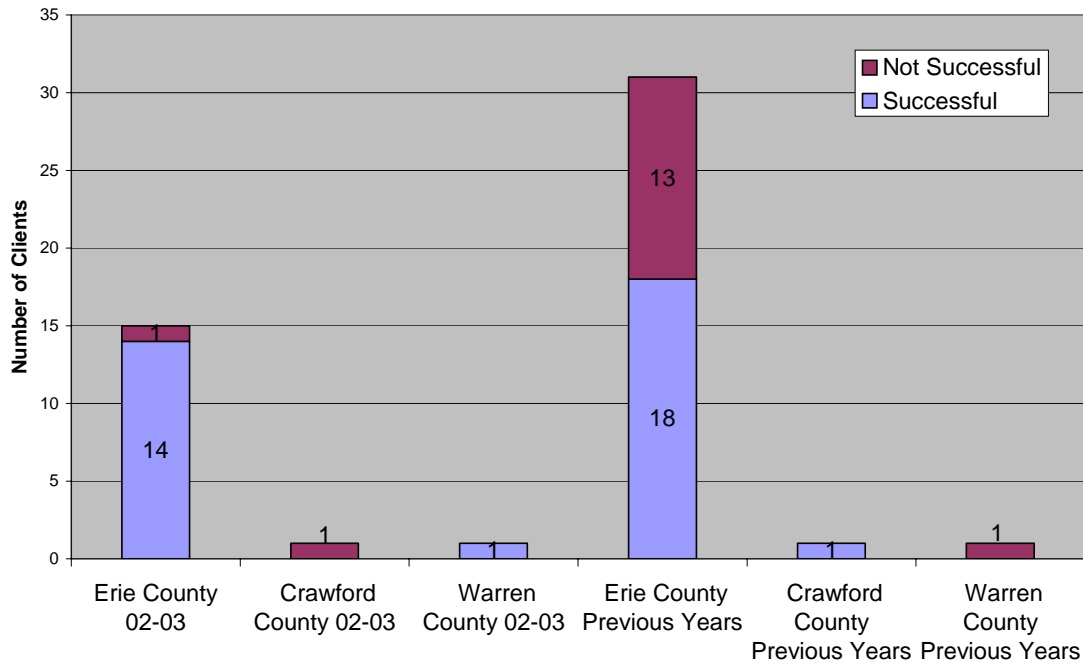
Successful vs. Not Successful by Race



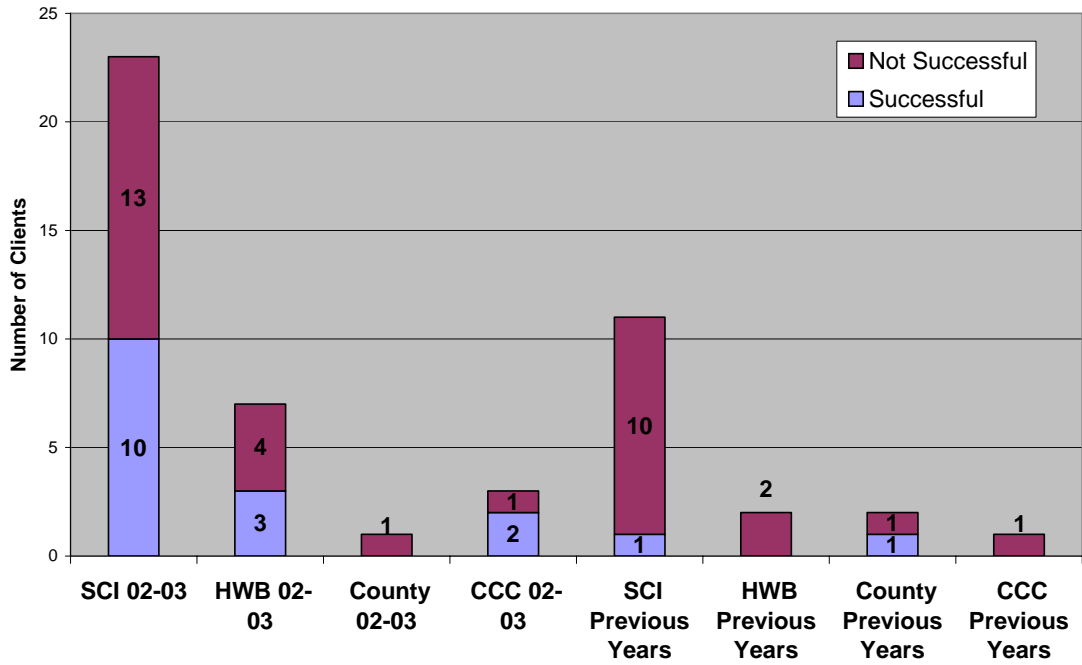
Successful vs. Not Successful by Ethnicity



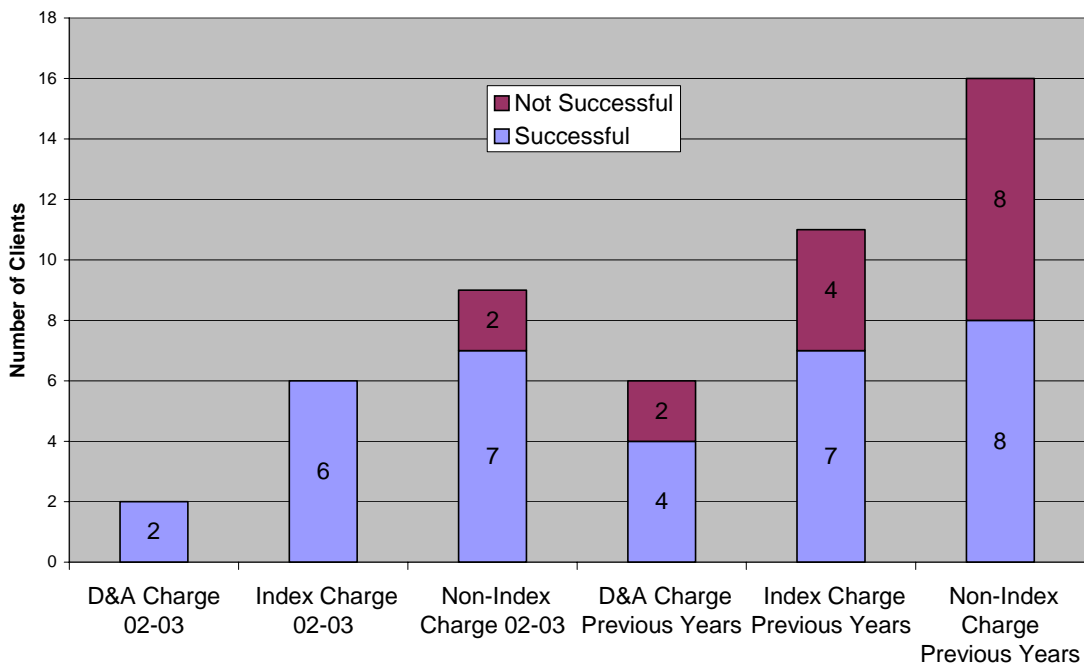
Successful vs. Not Successful by County



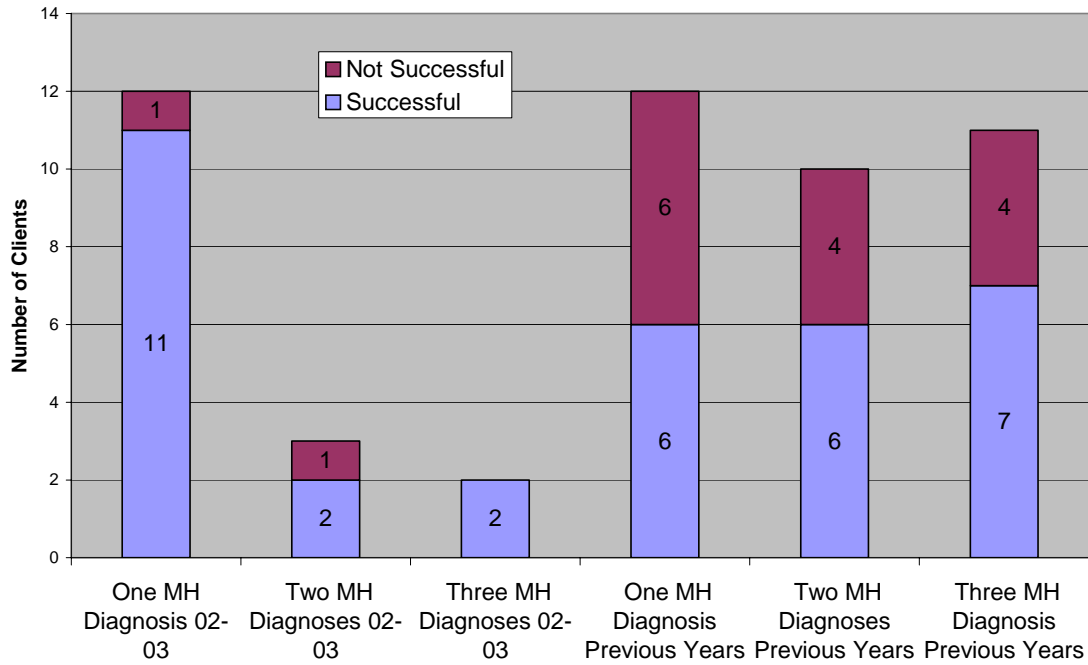
Successful vs. Not Successful by Referral Source



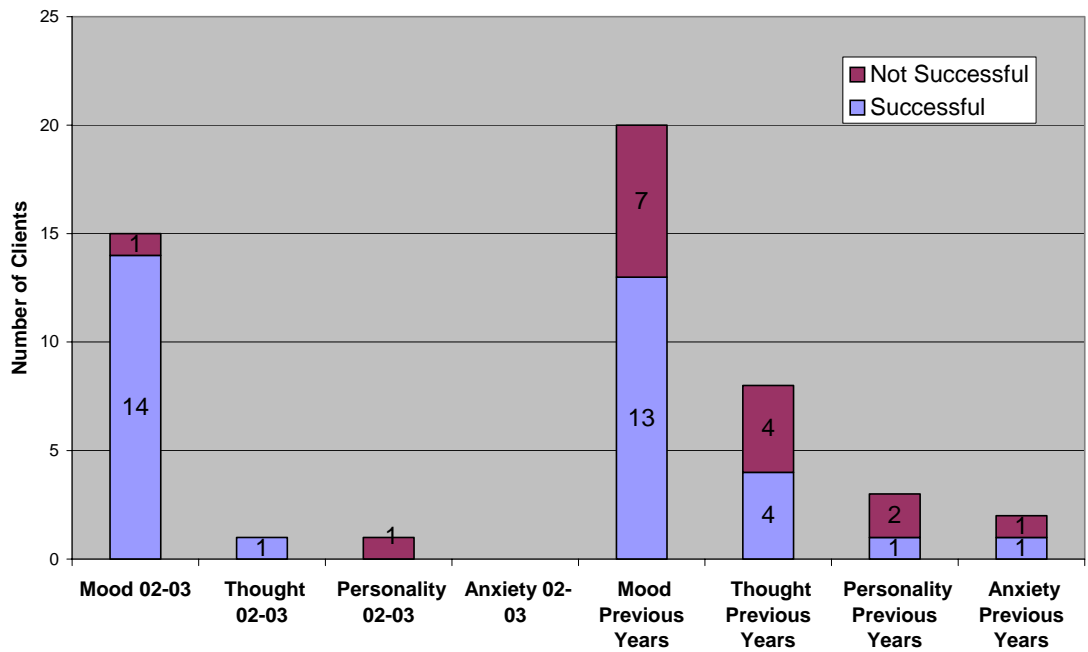
Successful vs. Non-Successful by Type of First Charge



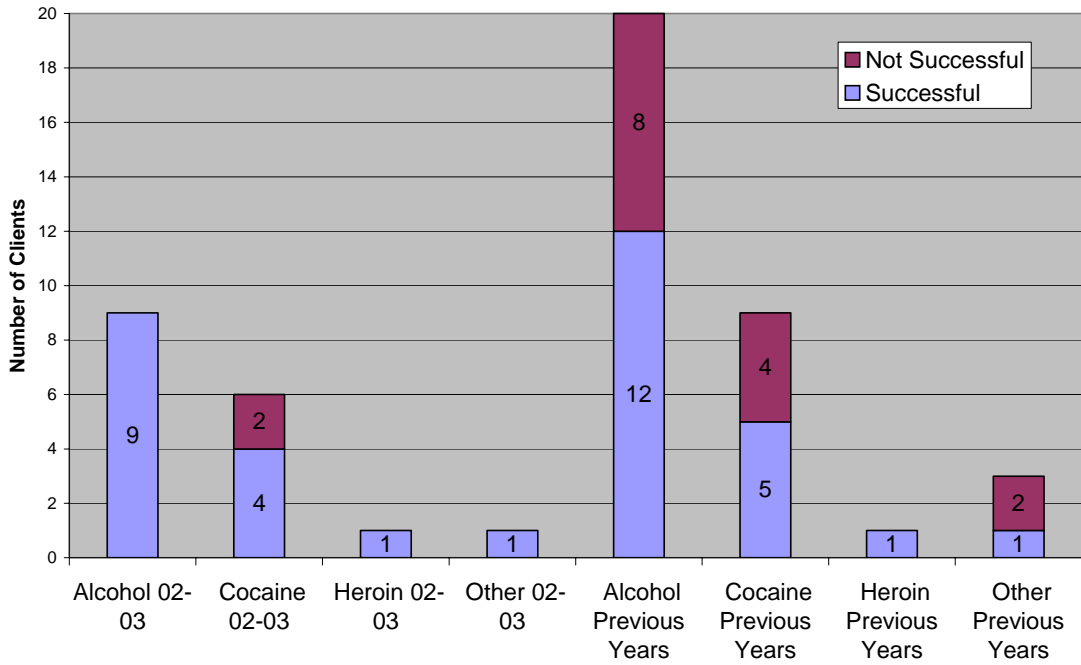
Successful vs. Not Successful by Number of Mental Health Diagnoses



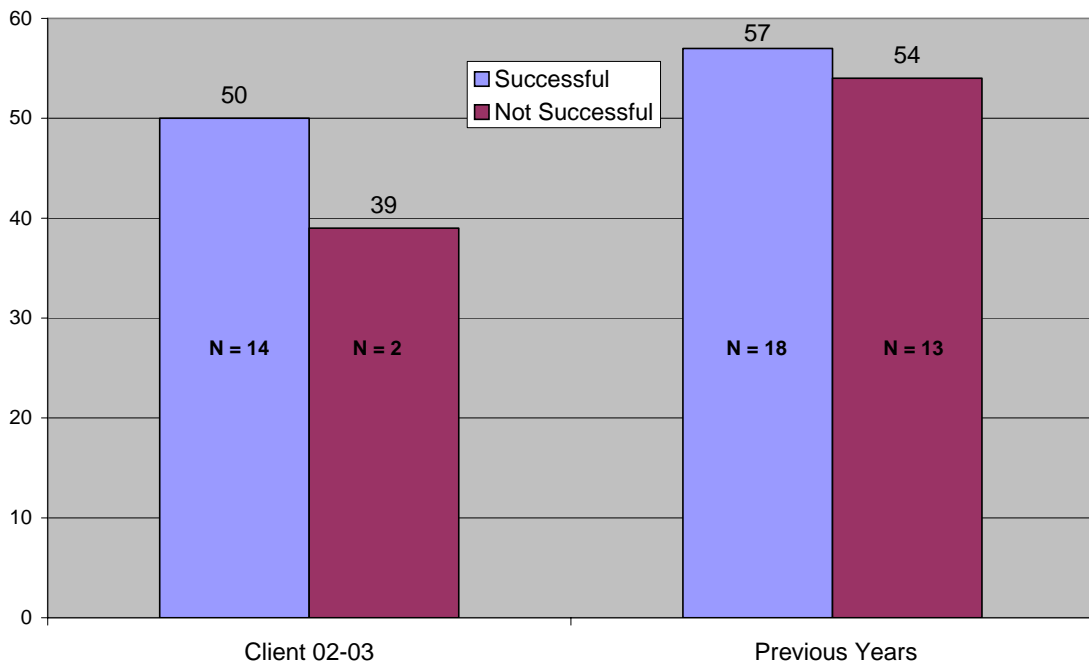
Successful vs. Not Successful by Type of First Mental Health Diagnosis



Successful vs. Not Successful by Drug of Choice

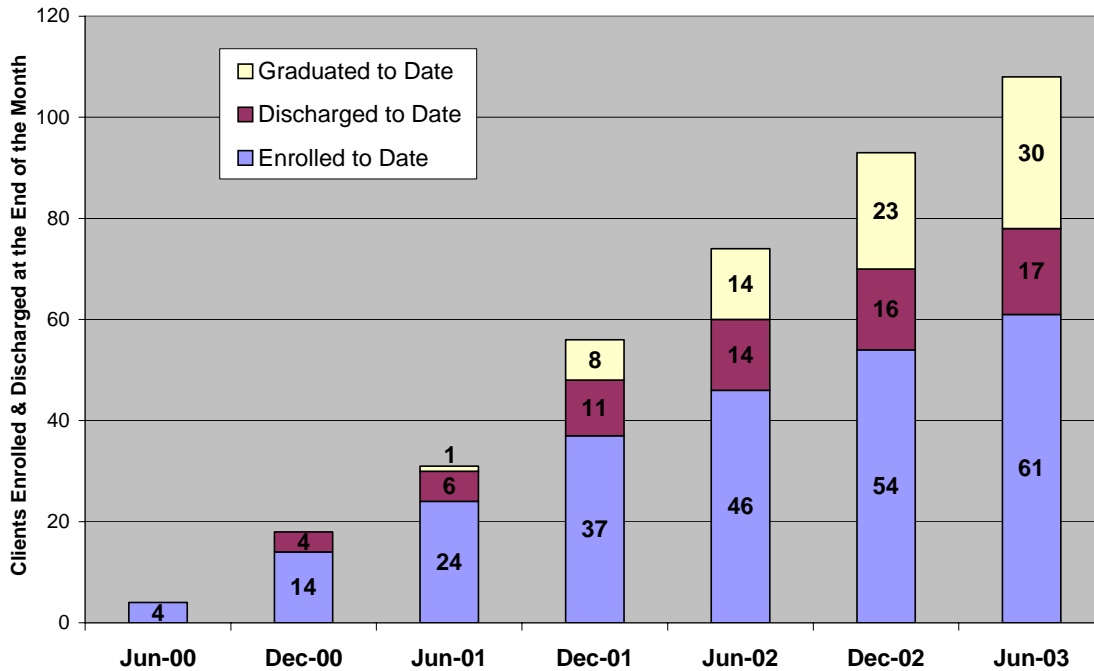


Average Days Spent in Residential Treatment



As the chart below shows, more clients have graduated in the most recent period than in previous periods while the unsuccessful discharges have slowed tremendously. It must be kept in mind that clients have more opportunities to be discharged for inappropriate behavior than for completing the one-year program and graduating.

Cumulative CROMISA Enrollments, Discharges and Graduations



In reviewing the residential treatment data, there were no significant differences between those who were successful and those who were not in the number of times they met with the psychiatrist, the number of times they met with the individual counselor, the number of groups they attended or the change in their Global Assessment of Functioning (GAF) scores between intake and discharge. Only the number of medication changes approached significance [$\chi^2(7, N = 34) = 13.076, p = .07$] with fewer medication changes being associated with higher rates of success.

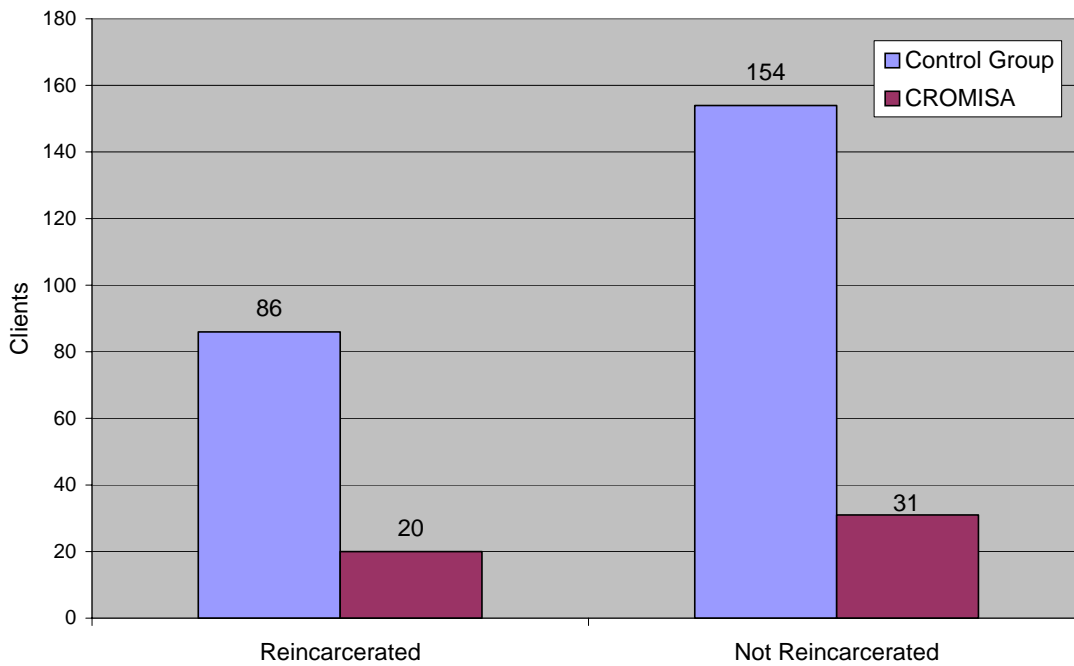
Control Group

A control group of 259 inmates from Erie County who were released between January 1997 and December 1999 and who were identified as mentally ill during their incarceration was provided by the Department of Corrections. These individuals probably would have been eligible for the CROMISA program had it been in existence at that time. Nineteen of these were removed from the group due to the charges against them. Although these charges may not have precluded them from participation in the CROMISA program, their removal from the control group was a deliberate choice to err on the side of caution. This left a control group of 240.

This control group contained a significantly smaller proportion of females compared to the CROMISA group [$\chi^2(1, N = 311) = 5.359, p < .05$] possibly due to more women being incarcerated and released recently and the close relationship being developed with the SCI and Cambridge Springs. There were no significant differences between the groups concerning race or age.

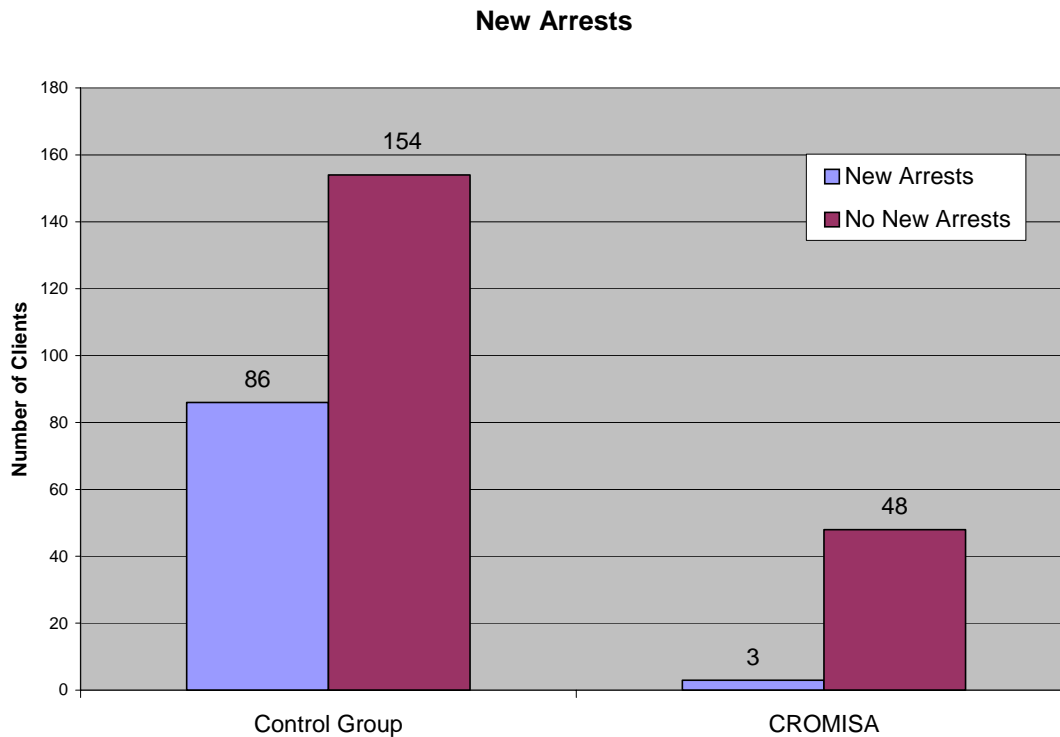
Comparisons were made between those from the control group and the CROMISA clients who returned to prison and those who did not. CROMISA clients who remain in the program at the end of the reporting period (not returned but had not yet graduated) were excluded from the analysis, again to be conservative. There were no statistically significant differences between the reincarceration rates of the control and the CROMISA group [$\chi^2(1, N = 291) = .208, p < .649$]. A graphic illustration of this breakdown is shown below. Note the large difference between the number of those in the control group and the CROMISA group.

Control Group vs. CROMISA Clients' Reincarceration



The problem with the comparison above is that the control group only shows new arrests, not reincarcerations due to technical parole violations. There were only three new arrests for all CROMISA clients (two after graduation, one after being discharged from the program). All other reincarcerations for CROMISA clients were due to

technical parole violations. This shows more public safety than the reincarceration rate shown above.



The chart above shows that while 36% of the control group was arrested for a new crime, only 6% of all former CROMISA clients were arrested for new crimes. This statistically significant finding is the best indication of the increase in public safety achieved through the CROMISA program [$\chi^2(1, N = 291) = 17.773, p < .001$].

Administrative Evaluation

The administration of this program by the Single County Authority (SCA) has been flawless. There were no reports of problems in receiving payments, answers to questions or other information from any of the service providers. With the proposed budget cuts affecting the SCA as well as the treatment providers in the county, the office provided accurate and timely information when available on the affects cuts would have on the providers and programs. There have been no changes in the programming or administration of the CROMISA program as the federal funding through the Pennsylvania Commission on Crime and Delinquency (PCCD) was picked up through the Bureau of Drug and Alcohol Programs, a division of the Pennsylvania Department of Health (BDAP).

Cost/Benefit Analysis

As the funding sources for the CROMISA program changed, the program reporting year changed to reflect the funding from the state as sole funder. During the time period of this report, October 1, 2002 to June 30, 2003, there were 273 days.

During this nine month time period, there were a total of 4,676 days of treatment for 29 clients. There was an 86% utilization of treatment days possible. The average length of treatment during that time was 161 days, including those who ended their year of treatment during this time and those who had started the program in some instances only a few weeks prior to the end of the period. Given that the total expenditures for the time period, as reported by the Office of Drug and Alcohol Abuse, were \$375,000, the cost per treatment day (regardless of whether it was in residential or outpatient) was \$80.20. Only 7.5% of all expenditures were for administration or evaluation. The remaining 92.5% went to direct treatment costs.

Bonnie Gaswind, the Information Coordinator at the Pennsylvania Department of Corrections, reported that the cost per day of an inmate at SCI Waymart, the only facility that has a dual diagnosis unit, was \$112.39 per inmate per day during fiscal year 2001-2002 (the latest available). Given this information, the CROMISA program provided a cost savings of \$32.19 per client per day or a total of \$153,887.16 for the time period. This is an annualized savings of over \$200,000 but does not include the financial benefits of those who are working (decreasing payouts by SSI, welfare, Medicaid, etc. while paying taxes) or the human benefits of an improved life outside of a state correctional facility.

In sum, the CROMISA program not only saves significant amounts of money, but also, and possibly more importantly, significantly increases public safety.