

Mercyhurst College Civic Institute



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

Program Evaluation

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Prepared by: Mercyhurst Civic Institute

Amy Danzer

ERIE COUNTY, PA CROMISA PROJECT

FISCAL YEAR 2003-2004 REPORT

Process Evaluation

During Fiscal Year 2003-2004, its fifth year of operation, the Community Reintegration of Offenders with Mental Illness and Substance Abuse (CROMISA) program continued to solidify its standing both at the local and state levels while continuing to advance services for dually diagnosed state supervised parolees. In light of the changing funding landscape for drug and alcohol treatment, utmost care was given by all levels of administration and providers to ensure the best treatment options for the largest number of clients possible. Even during this time of hardship, the CROMISA program continued to grow and improve.

Due to the short-term housing needs of many clients, even after a period of time at a half-way facility, the STEP apartments were added as a bridge to permanent housing during the 2002-2003 fiscal year. Due to concerns about the physical plant, another facility was identified and discussions with the landlord were taking place early in the 2003-2004 fiscal year. Renovations to the facility, however, were not the same as in the plans shared with the program staff and severely limited the independent living and safety of the clients. This prevented the smooth transition to this chosen facility. Instead, another more appropriate facility was secured in a more centrally located position which provides three short-term (up to four months) apartments for clients who need more time to arrange for permanent housing.

The ability to have clients with more severe mental illness issues enter the program through a non-Therapeutic Community program has greatly increased the ability of the program to more effectively stabilize and work with those clients who struggle in a more confrontational environment. This allows for the customization of the program from the outset and, we believe, allows clients to be more successful in both their mental health and substance abuse treatment. Although a fairly small proportion of clients enter through the Deerfield Residential Program, it has become a valuable asset especially when paired with the Gaudenzia/Crossroads dual-diagnosis program, which so effectively treats the majority of the CROMISA clientele.

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 prior to the board hearing. 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.

There has been little turnover in the staff of the program, which facilitates continuity for both current and past clients as well as referral sources.

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 primary parole officer, residential staff from both programs, outpatient mental health case manager, drug and alcohol case managers. The meeting is 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. (Names have been changed to provide anonymity.)

Stephanie started the CROMISA project by entering the Gaudenzia Dual Diagnosis Residential program from the State Correctional Institution at Cambridge Springs. She had a history of felony legal charges, abuse, several medical concerns, mental health, and drug and alcohol problems. From the beginning, she needed mental health and medical stabilization. She did stabilize and was able to successfully complete the residential program and went on to Community House. During her time in Community House, Stephanie experienced a period of mental health instability and was in the Stairways Crisis Residential Unit to stabilize for 10 days. Stephanie was successfully discharged and moved forward in managing her symptoms and learning about her various issues. She moved on from Community House to the Mercy Center for women. After successfully completing the program at the Mercy Center, Stephanie moved into her own apartment, where she currently resides. Stephanie worked with all the members of the CROMISA team. She continues to stay connected with the Stairways mental health clinic and is actively involved in drug and alcohol recovery. She also has a mental health Intensive Case Manager and a sponsor to continue to support her recovery. Stephanie has come a long way and made the decision to change her life for the better.

Mike started the CROMISA project by entering the Deerfield Dual Diagnosis Residential facility. This was Mike's third and final attempt at completing the CROMISA project. Based on the CROMISA treatment team's past experience with Mike, he was started on a very specific contract beginning the day he arrived into the program. He completed all of his programming successfully without exception, including residential, halfway house, and outpatient. He moved into an apartment connected to his parent's home. Mike's choices during this time made the difference in terms of his success. He surrounded himself with positive people and remained drug and alcohol free. He did not repeat his medication-seeking behaviors and was honest and cooperative throughout his year in CROMISA. He completed his third attempt at the program successfully. He continues to live in the community.

Statistical Evaluation

Referrals

Referrals increased 75% over the last year to 35. Of those, 34 (97%) were screened. The one not screened was a half-way back client who left the residential program prior to screening. Of those screened, 27 were assessed (79%) while two are scheduled to be assessed. Those who were not assessed were ineligible due to type of crime, denial of mental illness or left prior to completing the assessment. Of those assessed, seventeen were accepted (63%) with three awaiting determination. Those not accepted denied any substance abuse or mental health problems, weren't interested, or problems arose in their release from the prison system. The majority of those accepted are awaiting board action, which shows referrals are being initiated earlier in the release process from the SCIs.

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 Fiscal Year 2003-2004 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 fiscal year. It is important to note that almost the same number of clients were served in fiscal year 2003-2004 as during all previous years combined.

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.

Demographic	FY 2003-2004		Previous Years	
	Number	Percentage	Number	Percentage
Clients	44		47	
GENDER				
Males	28	64%	36	77%
Females	16	36%	11	23%
RACE				
White	34	77%	33	70%
Black	8	18%	12	26%
Native American	2	5%	2	4%
ETHNICITY				
Hispanic	3	7%	7	15%
Non-Hispanic	41	93%	40	85%
EDUCATION				
GED, HS Grad or more	29	66%	30	64%
Less than GED or HS Grad	15	34%	17	36%
COUNTY				
Erie County	41	93%	44	94%
Crawford County	2	5%	1	2%
Warren County	1	2%	2	4%

	FY 2003-2004		Previous Years	
Demographic	Number	Percentage	Number	Percentage
REFERRAL SOURCE				
SCI	26	59%	32	68%
County Prison	4	9%	4	9%
Half-Way Back	5	11%	2	4%
Community Corrections Center	9	21%	9	19%
DISABILITY*				
Not Disabled	21	54%	30	67%
Physically Disabled	9	23%	6	13%
Mental Health Disabled	7	18%	7	16%
Mental Retardation Disabled	1	3%	2	4%
Other	1	3%	0	0%
VETERAN STATUS**				
Veteran	5	11%	9	19%
Non-Veteran	38	86%	38	81%

* Disability status is known for 39 clients from the past year and 45 clients from all previous years.

** Veteran status unknown for one client from the past year.

Although caution should be used when dealing with small numbers, there is very little difference between those in the program during the past fiscal year and those in the program during previous fiscal years. There is more diversity in the referral sources and an increase in the percentage of those who were determined disabled prior to program enrollment. There are, however, no statistically significant differences in any variable.

	FY 2003-2004		Previous Years	
CHARGES	Number	Percentage	Number	Percentage
First Charge Only				
Drug or Alcohol Charge	14	32%	9	19%
Index Charge	9	20%	16	34%
Non-Index Charge	21	48%	22	47%

CHARGES	FY 2003-2004		Previous Years	
	Number	Percentage	Number	Percentage
All Charges				
Drug or Alcohol Charge	24	24%	16	17%
Index Charge	15	15%	24	25%
Non-Index Charge	61	61%	55	58%
PREVIOUS PAROLE VIOLATIONS*				
Parole Violation	24	60%	32	71%
No Parole Violation	16	40%	13	29%
JUVENILE PLACEMENTS**				
Juvenile Placement	11	28%	10	22%
No Juvenile Placement	28	72%	36	78%
MH DIAGNOSES				
1 MH Diagnosis	22	50%	22	47%
2 MH Diagnoses	19	43%	12	26%
3 MH Diagnoses	3	7%	13	28%
First Diagnosis Only				
Mood Disturbance	35	80%	34	72%
Thought Disturbance	5	11%	8	17%
Personality Disturbance	2	5%	3	6%
Anxiety	2	5%	2	4%
COMMUNITY MH HOSPITALIZATIONS				
MH Hospital	30	68%	33	70%
Never MH Hospital	14	32%	14	30%
MH STATE HOSPITALIZATIONS•				
State Hospital	9	21%	8	17%
Never State Hospital	34	79%	39	83%

	FY 2003-2004		Previous Years	
	Number	Percentage	Number	Percentage
DRUG OF CHOICE				
Alcohol	25	57%	29	62%
Cocaine	11	25%	13	28%
Heroin	2	5%	2	4%
Other	6	14%	3	6%
	Mean	Median	Mean	Median
Age Entering Cromisa	39	40	39	40
Months Incarcerated●	31	26	55	38
Age of MH●●	28	27	24	21
Age of D&A●●●	13	14	14	13

* Previous Parole Violation status is known for 40 clients from the past year and 45 clients from all previous years.

** Juvenile Placement status is known for 39 clients from the past year and 46 clients from all previous years.

● Mental Health State Hospitalization history and Months of Incarceration is unknown for one client from the past year.

●● Age of Mental Health Diagnosis is known for 31 clients from the past year and 40 from all previous years.

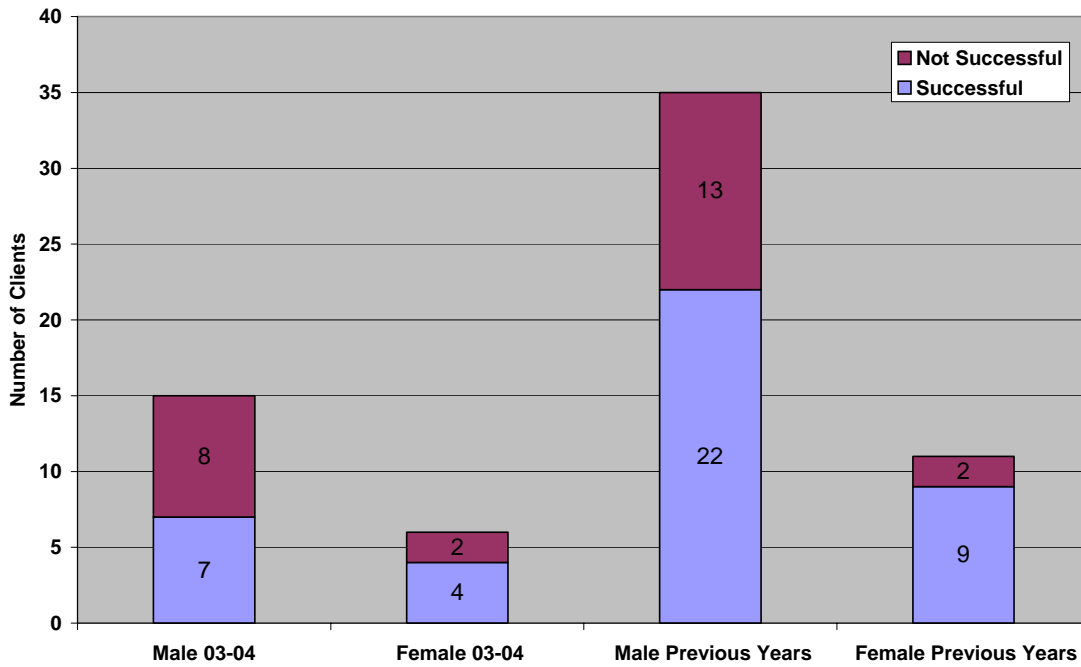
●●● Age of Drug and Alcohol Use is known for 42 clients from the past year.

The table above shows more drug or alcohol charges with decreases in index crimes, more likelihood of being a parole violator, fewer mental health diagnoses, a greater diversity in drugs of choice and less time during the latest incarceration for Fiscal Year 2003-2004 clients compared to clients from earlier years. Again, there are no statistically significant differences between those in the program this fiscal year compared to those in the previous four years for any variable.

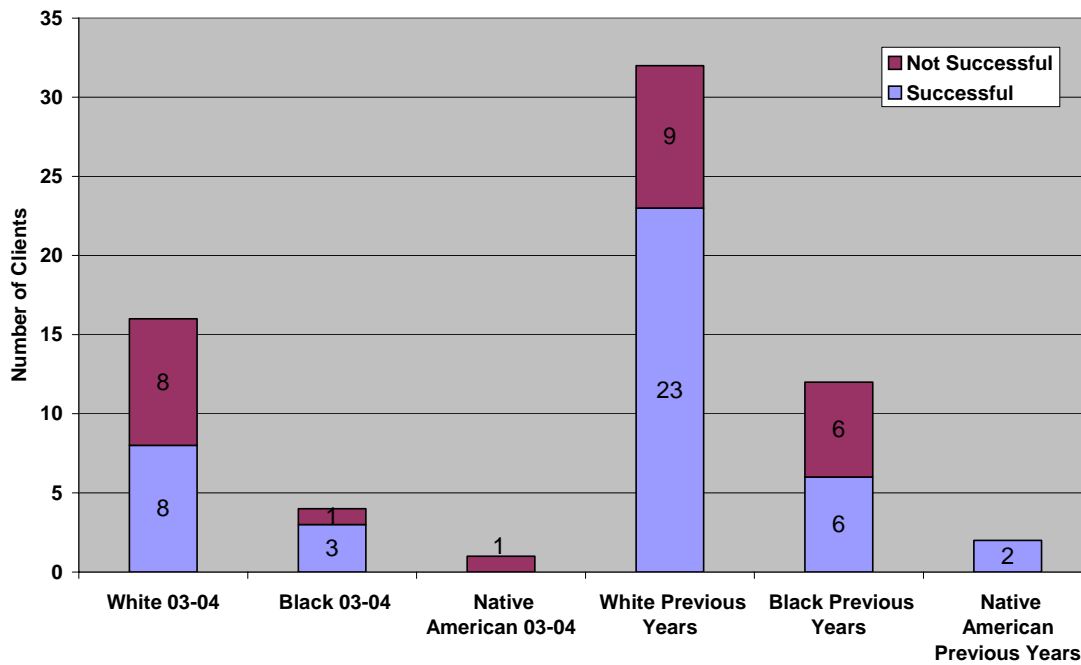
Successful vs. Not Successful Discharges

The following charts show breakdowns for those clients who were successful compared to those who were not for this time period and all previous years. Although not statistically significant, it should be noted that days of residential stay were shorter during this fiscal year when compared to previous years. This may be due to clients having less need, programs becoming more efficient or financial constraints.

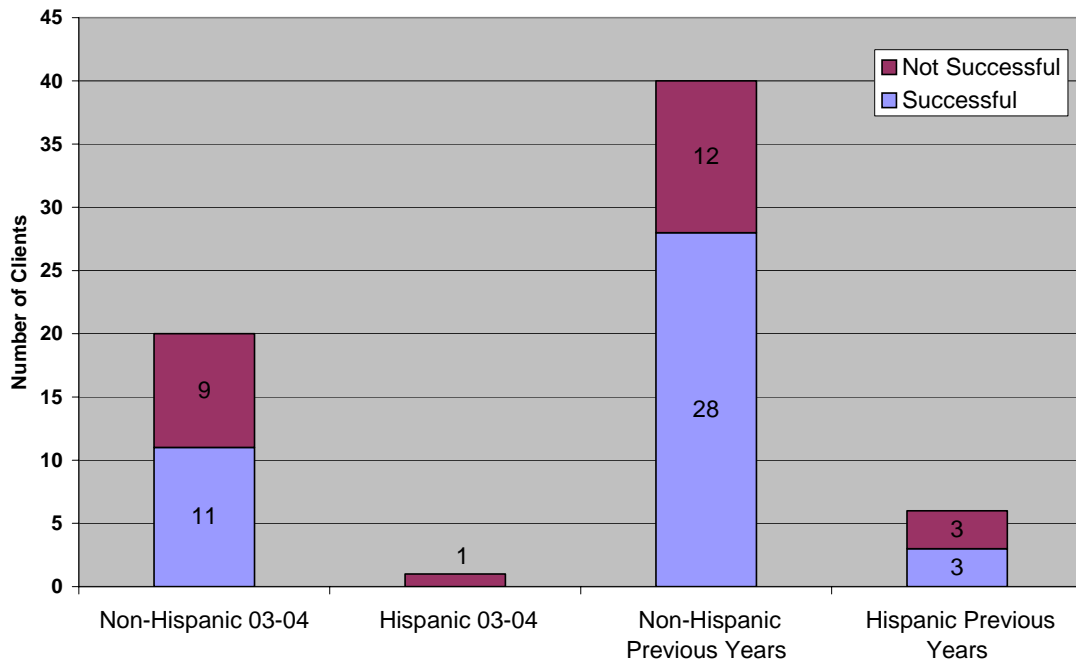
Successful vs. Unsuccessful by Gender



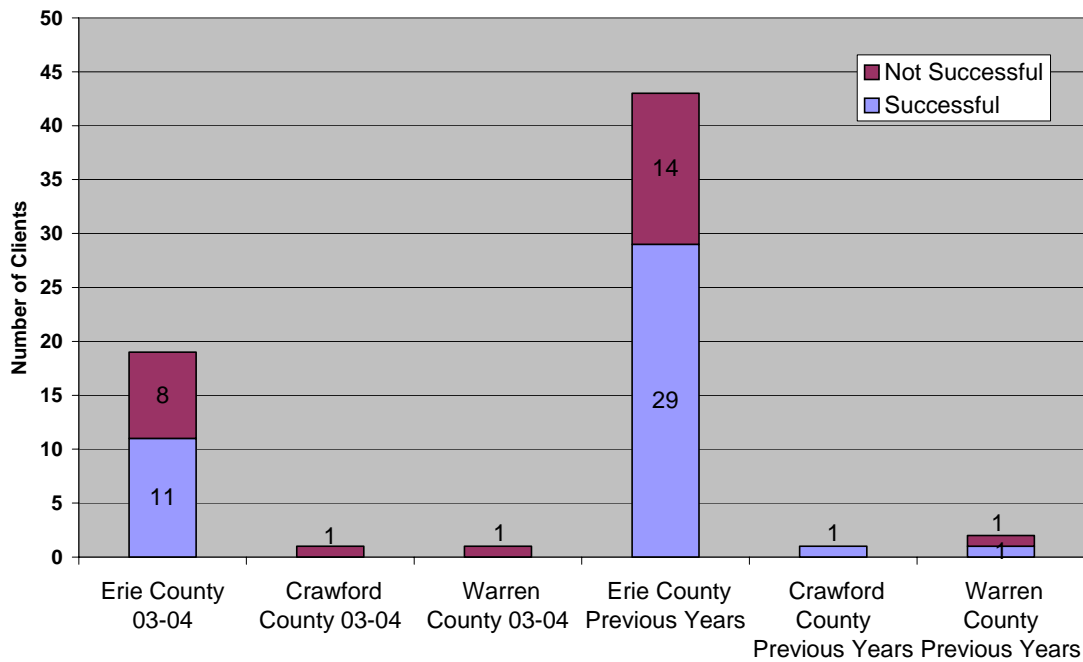
Successful vs. Not Successful by Race



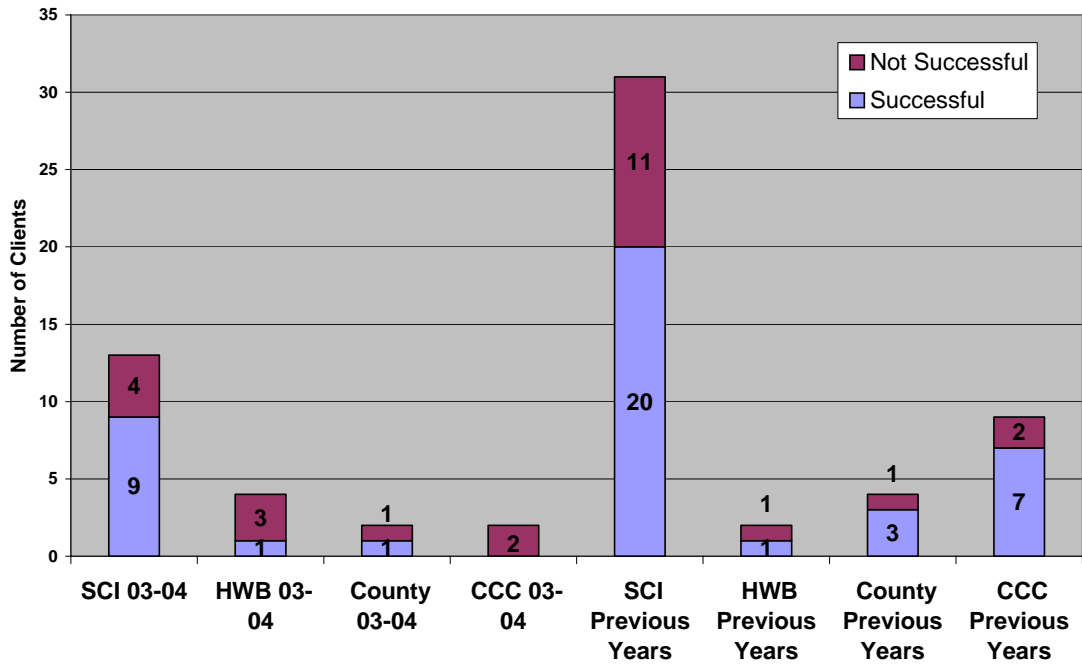
Successful vs. Not Successful by Ethnicity



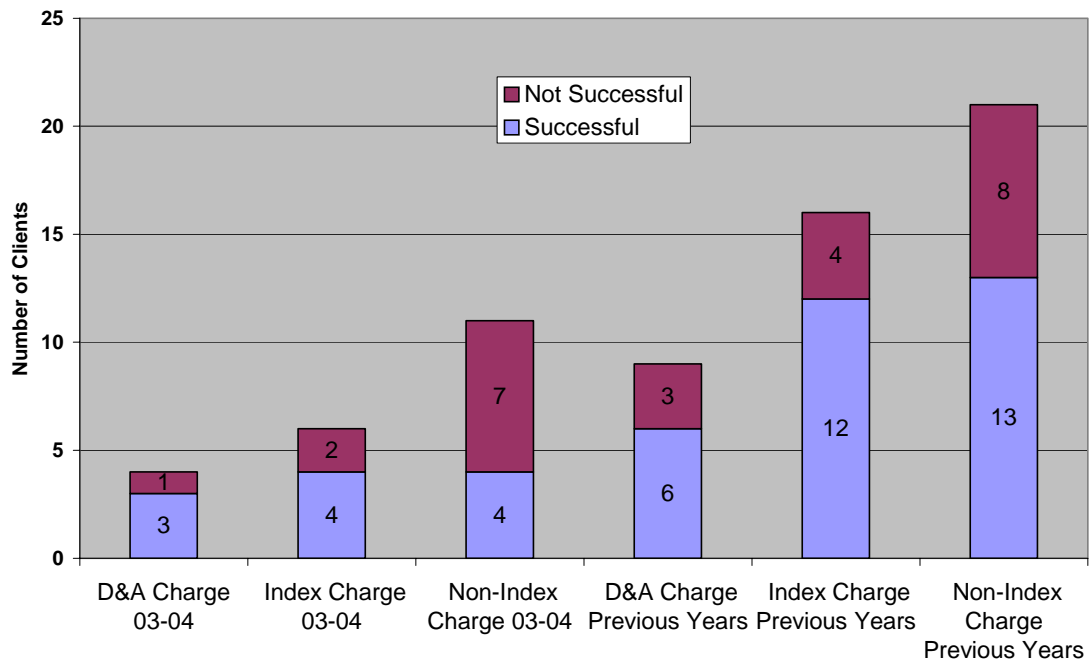
Successful vs. Not Successful by County



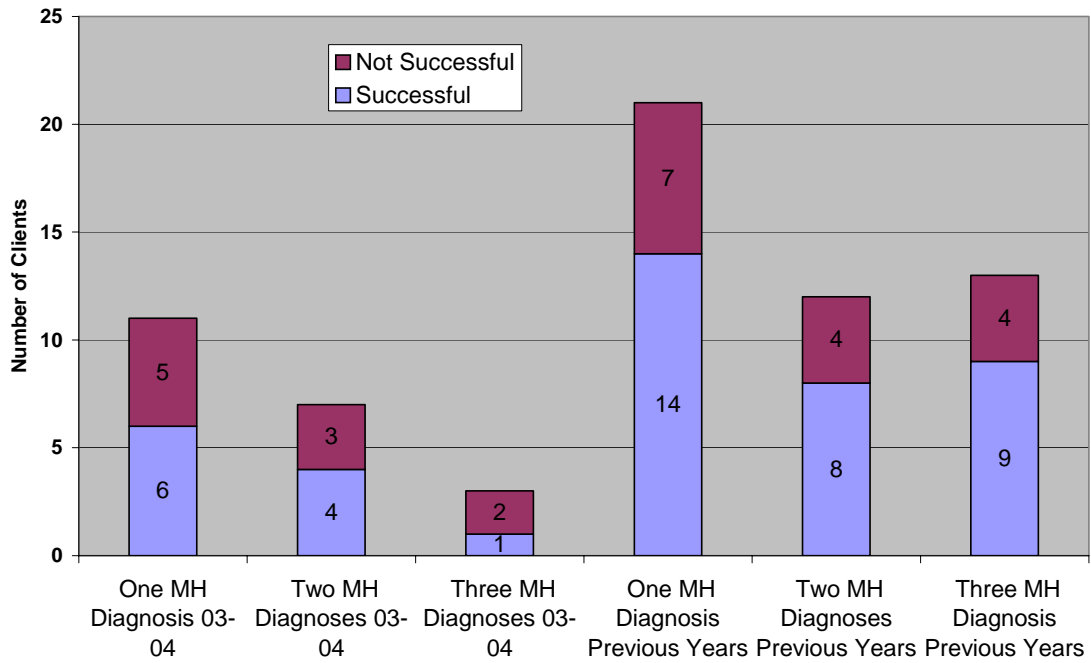
Successful vs. Not Successful by Referral Source



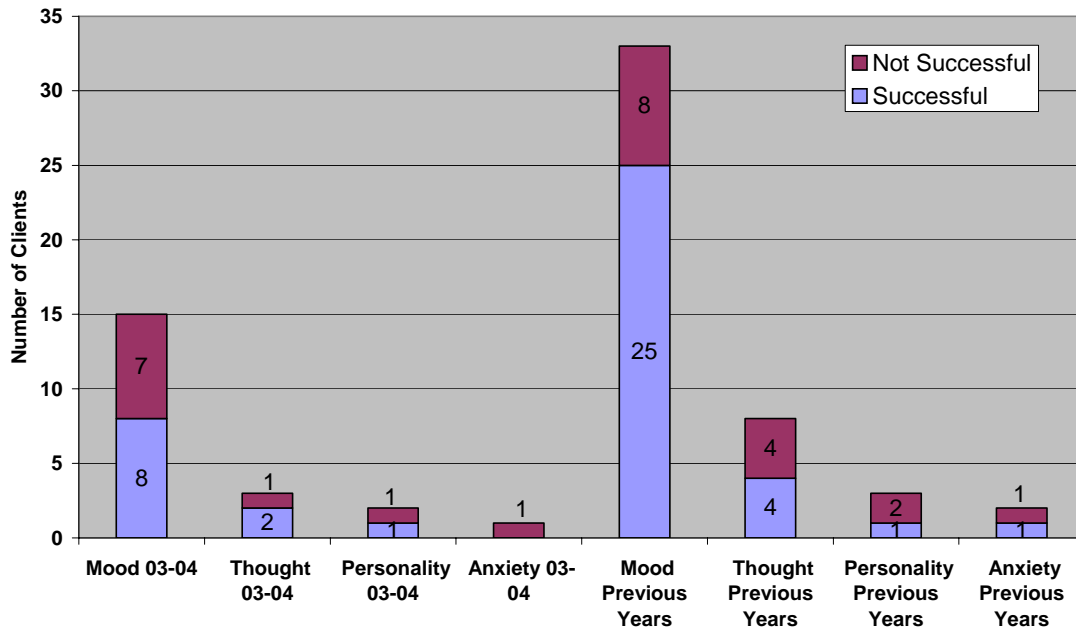
Successful vs. Non-Successful by Type of First Charge



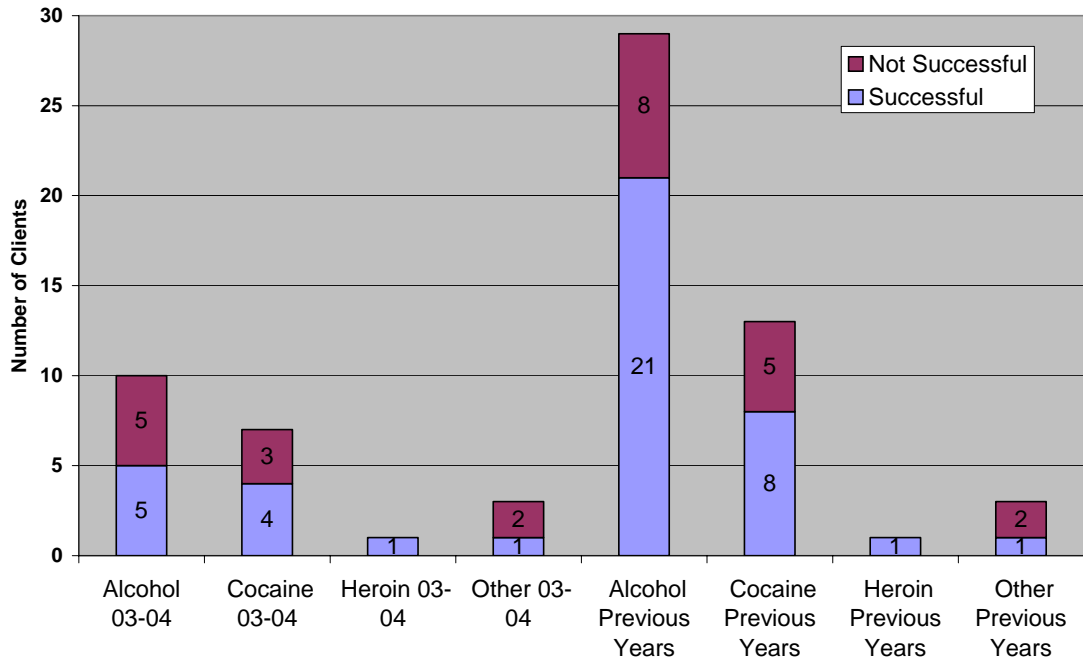
Successful vs. Not Successful by Number of Mental Health Diagnoses



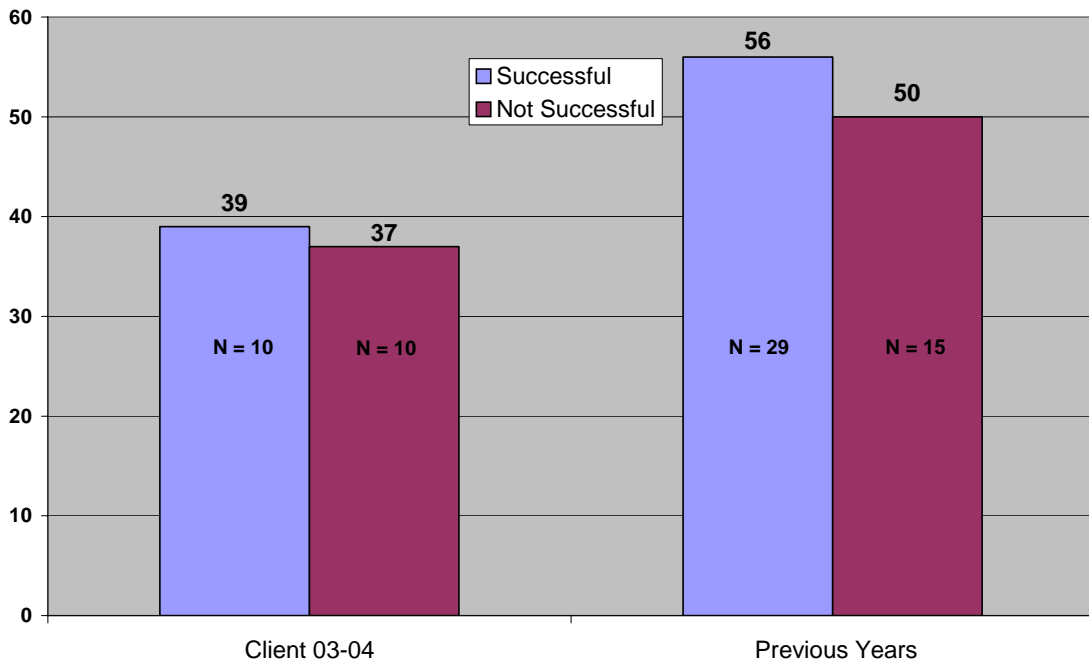
Successful vs. Not Successful by Type of First Mental Health Diagnosis



Successful vs. Not Successful by Drug of Choice

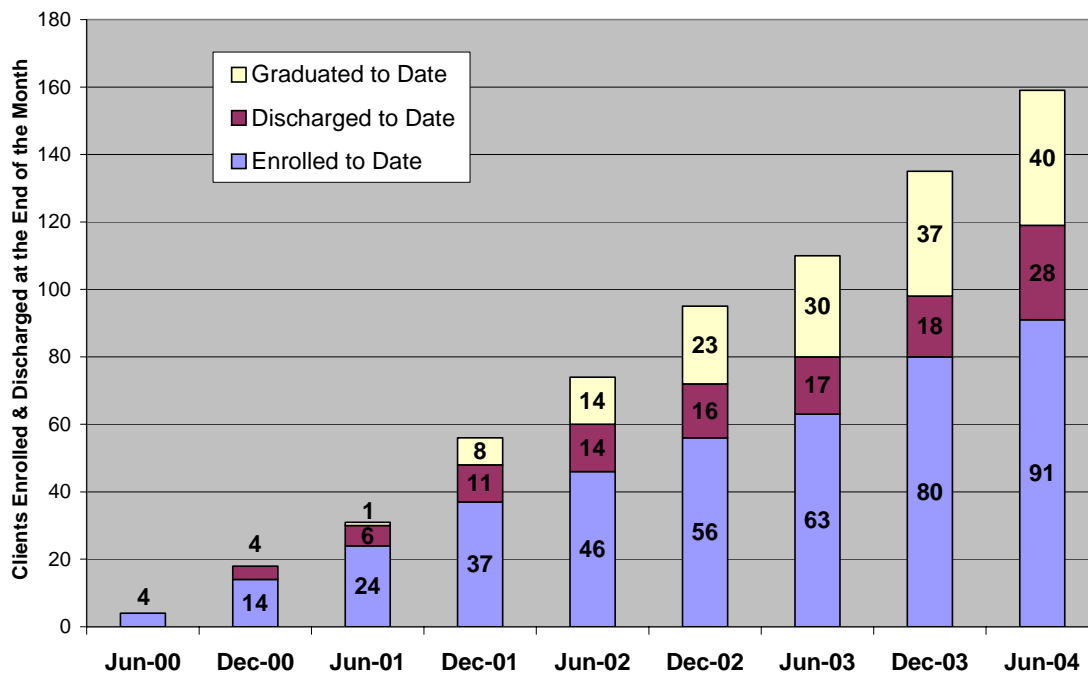


Average Days Spent in Residential Treatment



As the chart below shows, almost equal numbers of clients graduated as were discharged during the last year. It must be kept in mind, however, that clients have more opportunities to be discharged for inappropriate behavior than for completing the one-year program and graduating. There was also one administrative discharge by the parole agent. There are also several clients whose participation was extended beyond the normal one-year enrollment due to needing continued program support for a few months which would have otherwise increased the number of graduates.

Cumulative CROMISA Enrollments, Discharges and Graduations



In reviewing residential treatment data, a statistically significant difference ($p < .05$) was found between the mean number of psychotropic medication changes between previous years (mean = 2.92) and this year (mean = 1.85), probably due in large part to changes in psychiatrists providing treatment. There were also significantly fewer meetings with the psychiatrist ($p < .001$) as well as individual counseling ($p = .001$) for those who were receiving treatment this year compared to earlier years and reflect the shorter stays in the more expensive residential program. There was no difference, though, in the likelihood of successfully completing the program for either of those variables. The placement in Deerfield or Gaudenzia/Crossroads had no effect on the likelihood of successfully graduating the program.

Administrative Evaluation

The administration of this program by the Single County Authority (SCA) has been without incident. There were no reports of problems in receiving payments, answers to questions or other information from any of the service providers. The state budget cuts profoundly affected the SCA and thereby the treatment providers in the county, but the SCA kept open communication with the providers to give the most current information available. The CROMISA program itself, due to the funding source, was fairly well insulated from these dramatic effects.

The retirement of the SCA director in early 2004 and the subsequent search for a new director left the position open for most of the remainder of the fiscal year but the leadership continued. The office staff as well as treatment staff provided ongoing service to providers while continuing to meet the needs of the clients. Direction for the office, when needed, was provided by the Chief Administrator of the Office of Human Services. A new SCA director was chosen and has filled the position. He confirmed his dedication to the continuing operation and improvement of the CROMISA program.

Cost/Benefit Analysis

During this fiscal year, there were a total of 7,724 days of treatment for 44 clients. This equates to a 106% utilization of treatment days possible due to serving more than the 20 clients expected during any period of time. The average length of treatment during the fiscal year was 176 days. This includes clients who ended their year of treatment during this time and those who had started the program in some instances only a few days prior to the fiscal year. Given that the total expenditures for the fiscal year, as reported by the Office of Drug and Alcohol Abuse, were \$500,000, the cost per treatment day (regardless of whether it was in residential or outpatient) was \$64.73. Of all expenditures, 93.8% went to direct treatment costs while 6.2% went to administration or evaluation 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 \$111.43 per inmate per day during fiscal year 2002-2003 (the latest available). Given this information, the CROMISA program provided a cost savings of \$46.70 per client per day or a total of \$360,710.80 for the time period. This savings 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.

Conclusions

The CROMISA program saves significant amounts of money over incarceration and increases the ability of individuals to reintegrate into the community. The program has matured and grown to the point where the system is over-taxed by its own success. The number of clients being served has far surpassed the expected 20 at any time and

the hallmark of providing extensive and intensive case management is in jeopardy. The program may continue as it is but providing funding for another case manager, preferably full time, would allow for increasing the number of clients served and better serve those already in the program. Another case manager would also allow for more consultations and presentations to share the elements of program success with others around the state and nation. With the success of the program and the increasing number of referrals, the program will, in the near future without staffing changes, be in a position to need to curtail enrollments which may in turn jeopardize the ability to get referrals. Careful consideration of present and future needs should be undertaken to determine the best course of action to ensure the success of the program and the success of the clients.