

Mercyhurst College Civic Institute



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

Program Evaluation

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ERIE COUNTY, PA CROMISA PROJECT FISCAL YEAR 2004-2005 REPORT

Process Evaluation

During Fiscal Year 2004-2005, its sixth 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. As in past years, utmost care was given by all levels of administration and providers to ensure the best treatment options for the largest number of clients possible. The CROMISA program continued to grow and improve, making it an outstanding example of how treatment and corrections can work together to improve the lives of clients.

The options available for and the quality of residential treatment from Gaudenzia/Crossroads and Deerfield allows for an appropriate placement of clients having many needs and abilities. The variety of housing options available after residential treatment including half-way houses, the STEP program, and others allow for the clients to move gradually to less restrictive environments without overwhelming them with such responsibility too early in their recovery. The development of this spectrum of options to meet the needs of any individual is one of the reasons that the CROMISA program has been so successful.

With the ceasing of operations of the Allegheny County CROMISA Program, there seemed to be a downturn in the number of referrals received by the Erie program. Anecdotal evidence points to a misunderstanding by Institutional Parole Representatives (IPRs) at the State Correctional Institutions (SCIs) that they were not to make referrals. This directive, which was specific to the Allegheny program, seemed to be generalized to both the Allegheny and Erie programs.

Possibly due to the lack of referrals from SCIs, there was a large increase in the number of CROMISA clients this past year who were sent to Gaudenzia/Crossroads as Community Corrections Center clients. Upon starting treatment at Gaudenzia/Crossroads, the staff determined that they were not only eligible but very good candidates for the CROMISA program. Because of this situation, efforts are being made to inform the IPRs of the ongoing Erie program and to educate them on referring eligible clients early in the release process.

Receiving referrals early in the release process allows for more clients to be screened and permits the parole board to consider a 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 medication stabilization prior to release allows for an easier transition for 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. Likewise, 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 meets regularly and consists of management of the participating agencies. Trainings have been offered on topics raised by the front line and administrative staff, and suggestions are not only accepted but encouraged so that appropriate staff can get trainings they need and want.

Front line staff continues to gather weekly at the Treatment Team meetings. Coordinated by the CROMISA case manager, these meetings are held in the Gaudenzia/Crossroads residential facility and are attended by staff from all of the participating agencies including the primary parole officer, residential staff from both programs, outpatient mental health/housing case managers, and drug and alcohol case managers. This meeting allows for weekly discussion of new clients, referrals, and those encountering difficulty. It also serves as a vehicle for 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 their many meetings, appointments, and other requirements. 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 their clients' ability to succeed.

The major strength of this program is that it can be tailored to the specific needs of any 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 Steering Committee, is committed to providing the tools clients need to succeed on a path to a healthy and productive reintegration and full 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.

Megan came to CROMISA with diagnoses of Major Depression, as well as cocaine and alcohol dependence. After having been released from jail for a period of one year, she had relapsed and was placed at Gaudenzia where she proved motivated to become involved in treatment. While at Gaudenzia, Megan's mental health symptoms emerged as more severe than anyone had realized. In addition, she was forced to address the possibility that she had cancer. With the assistance of CROMISA staff, Megan worked with her psychiatrist to establish medications to address her psychotic symptoms. CROMISA staff also joined her at meetings to support her through the process of

dealing with a cancer scare. In all, Megan completed her treatment through Gaudenzia, the Community House for Women, and the Mercy Center for Women. A Stairways Behavioral Health Rehab Specialist and a Mental Health Intensive Case Manager were especially pivotal in assisting Megan with housing, coordination of her mental health support, and enrollment in college courses. Throughout her time in the project, Megan completed all required programming, maintained sobriety, and refrained from any criminal activity. She has since continued her college and community involvement.

Jack, like Megan, was enrolled in CROMISA after having relapsed while living in the community. Rather than be returned to prison to serve time on his multiple DUI offenses, Jack was placed at Gaudenzia to begin treatment for his alcohol dependence. Additionally, he suffered from Bipolar Disorder, Anxiety Disorder, and severe neck pain due to herniated disks in his back. While at the Gaudenzia Residential Unit as well as the Snow Recovery House, Jack set up plans to pay his legal fines and housing fees. Because of his exceptional performance, he was provided with a used guitar by the CROMISA team as he was a talented musician, and could use it not only for his enjoyment but as a therapeutic tool to calm his anxiety. Eventually, with the help of CROMISA staff, Jack transitioned to the Fairweather Lodge, an independent but communal residential facility subsidized by Stairways for those recovering from mental illness. There residents provide support to each other while moving through recovery, work, and family issues. While at the Lodge, Jack gained employment, and after demonstrating leadership, was granted more work and responsibility. Unfortunately, after enduring a medical procedure and taking addictive pain medications, Jack relapsed again and ran away from the Lodge. Upon turning himself in, he was granted another opportunity to complete treatment, this time through Gateway. After apologizing to Fairweather members, asking for their continued assistance to stay clean, and committing to 45 days of treatment at Gateway, his request to stay and work at the Lodge was reaccepted. CROMISA and Fairweather staff provided their support during his second chance at recovery. Today Jack is still employed by the Lodge and works full-time in a supervisory capacity. He continues to be committed to treatment and recovery.

Statistical Evaluation

Referrals

All referrals to the CROMISA program are screened, assessed, and then either accepted or denied. Referrals over the last year decreased 26% from a total of 35 down to 26. All 26 referrals were screened, and all but one was assessed. The one client not assessed may be assessed in the future depending on the outcome of the client's detainer. Of the 25 referrals assessed, 23 were accepted. Two referrals were denied acceptance, one for an unknown reason, and the other for lack of time remaining on probation/parole. Of those accepted last year, one client enrolled during the following fiscal year (2005-2006) while the other awaits enrollment.

Demographics

Information on general client characteristics is shown below in Table 1. Those who were in the program at all during the time period of this report are in the Fiscal Year

2004-2005 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.

During the completion of this report, at least one CROMISA client was discovered who is not represented in the data below. At this time it is unclear if there are any other clients of the CROMISA program who have been overlooked during the client tracking and data collection process. Efforts are being made by the case manager and evaluator to ensure all CROMISA clients are accounted for in future evaluation reports.

Although generally self-explanatory, some pieces of information below have specific sources and meanings. These include disability and veteran status, and half-way back referral. Disability status 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 reflects only 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. Finally, a half-way back referral source reflects an individual who when on their way back to incarceration for violating the terms of their probation/parole is instead referred to CROMISA for treatment as an alternative.

Table 1

Demographic	FY 2004-2005		Previous Years	
	Number	Percentage	Number	Percentage
Clients	52		70	
GENDER				
Male	34	65%	52	74%
Female	18	35%	18	26%
RACE				
White	38	73%	50	71%
Black	12	23%	17	24%
Native American	2	4%	3	4%
ETHNICITY				
Hispanic	3	6%	8	11%
Non-Hispanic	49	94%	62	89%

Demographic	FY 2004-2005		Previous Years	
	Number	Percentage	Number	Percentage
EDUCATION				
GED/HS Grad or more	38	73%	45	64%
Less than GED/HS Grad	14	27%	25	36%
COUNTY				
Erie County	50	96%	65	93%
Crawford County	2	4%	2	3%
Warren County	0	0%	3	4%
REFERRAL SOURCE				
State Corrections Institution	22	42%	47	67%
County Prison	5	10%	6	9%
Half-Way Back	8	15%	11	16%
Community Corrections Center	17	33%	6	9%
DISABILITY*				
Not Disabled	21	45%	42	64%
Physically Disabled	6	13%	11	17%
Mental Health Disabled	18	38%	11	17%
Mental Retardation Disabled	1	2%	2	3%
Other	1	2%	0	0%
VETERAN STATUS**				
Veteran	8	16%	12	17%
Non-Veteran	43	84%	58	83%
	Mean	Median	Mean	Median
Age Entering CROMISA	38	40	39	40

* Disability status is unknown for 5 clients from the past year and 4 clients from all previous years.

** Veteran status is unknown for 1 client from the past year.

It is important to note that caution should be used when interpreting analyses based upon a relatively small number of individuals. Even so, the numbers above suggest that there were very few differences between those in the program during the past fiscal year and those in the program during previous fiscal years for most demographic variables. In fact, the only statistically significant differences are in referral source and disability status. Compared to previous years, more clients during the past fiscal year were referred from Community Correctional Centers while fewer were referred from

State Correctional Institutions. Again, this reflects the misunderstanding that Institutional Parole Representatives at the State Correctional Institutions were to stop making referrals to all CROMISA programs rather than just the terminated Allegheny program. Concerning disability status, there was an increased percentage of clients who were receiving disability assistance upon their enrollment in CROMISA. More specifically, this rise was reflected in an increased number of clients who were receiving assistance for mental health disabilities.

Criminal Activity, Mental Health Status, and Substance Use

Information on clients' criminal activity, mental health status, and substance use is shown below in Table 2. Charges pertain to the most recent offense(s) for which the individuals were incarcerated. Months incarcerated reflects the number of months clients spent in incarceration for their most recent offense(s). Previous parole violator documents whether the clients were parole violators at any time during their criminal past.

Table 2

	FY 2004-2005		Previous Years	
	Number	Percentage	Number	Percentage
CHARGES				
First Charge Only				
Drug or Alcohol Charge	15	29%	14	20%
Index Charge	11	21%	22	31%
Non-Index Charge	26	50%	34	49%
All Charges				
Drug or Alcohol Charge	25	24%	24	16%
Index Charge	15	14%	36	26%
Non-Index Charge	66	62%	87	59%
PREVIOUS PAROLE VIOLATOR*				
Parole Violator	36	80%	44	67%
No Parole Violator	9	20%	22	33%
JUVENILE PLACEMENTS**				
Juvenile Placement	14	40%	16	24%
No Juvenile Placement	21	60%	51	76%

* Previous Parole Violation status is unknown for 7 clients from the past year and 4 clients from all previous years.

** Juvenile Placement status is unknown for 17 clients from the past year and 3 clients from all previous years.

	FY 2004-2005		Previous Years	
	Number	Percentage	Number	Percentage
MH DIAGNOSES				
Number of Diagnoses				
1 MH Diagnosis	28	54%	34	49%
2 MH Diagnoses	23	44%	20	29%
3 MH Diagnoses	1	2%	16	23%
First Diagnosis Only				
Mood Disturbance	42	81%	51	73%
Thought Disturbance	8	15%	11	16%
Personality Disturbance	0	0%	4	6%
Anxiety	2	4%	4	6%
COMMUNITY MH HOSPITALIZATIONS				
MH Hospital	39	75%	48	69%
Never MH Hospital	13	25%	22	31%
STATE MH HOSPITALIZATIONS***				
State MH Hospital	10	19%	15	22%
Never State MH Hospital	42	81%	54	78%
DRUG OF CHOICE				
Alcohol	25	48%	40	57%
Cocaine	16	31%	21	30%
Heroin	4	8%	3	4%
Other	7	13%	6	9%
	Mean	Median	Mean	Median
Months Incarcerated●	38	35	47	30
Age 1 st MH Diagnosis●●	25	22	25	21
Age 1 st D&A Use●●●	15	14	13	13

*** State Mental Health Hospitalization history is unknown for 1 client from the previous years.

- Number of Months of Incarceration is unknown for one client from the past year.
- Age of first Mental Health Diagnosis is unknown for 22 clients from the past year and 10 clients from all previous years.
- Age of first Drug and Alcohol Use is unknown for 1 client from the past year and 1 client from all previous years.

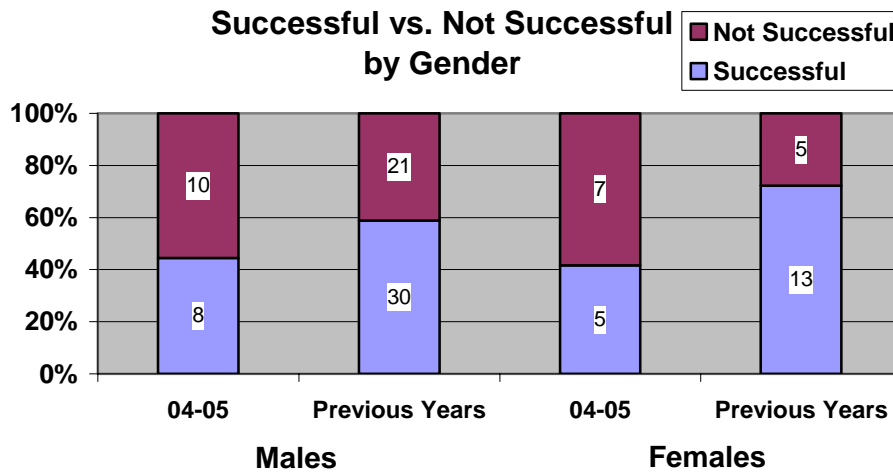
Similar to most of the demographic variables, there are no statistically significant differences in criminal activity, mental health status (except number of diagnoses – see below) and substance use between those in the program this past fiscal year compared to those in the program in previous fiscal years. Additionally, clients from the past year are similar in number of months spent incarcerated, age of first mental health problems, and age of first drug and alcohol use. The single difference between clients from the past year and clients from previous years is in the number of mental health diagnoses. Specifically, only one client from the past year was reported to have a total of three mental health diagnoses. Even though past years have seen a total of 16 clients with three mental health diagnoses, the yearly average is only three clients. Thus, this difference is not critical when considering the average rather than the total over all previous fiscal years. Again, caution should be taken in interpreting analyses based upon a relatively small number of clients. This is especially true for the variables above as there is much more missing data than for the demographic information in the previous section.

Successful vs. Not Successful Discharges

The following charts show breakdowns in some of the variables introduced previously for those clients who were successful compared to those who were not for fiscal year 2004-2005 and all previous years. Enrolled clients who were not successful reflect those who were revoked for committing a new crime or a technical probation/parole violation, or who could not successfully complete treatment. There are a total of 56 successful clients, 13 from the past year and 43 from all previous years. There are a total of 43 clients who were not successful, 17 from the past year and 26 from all previous years. Current clients (N=22) are excluded from these analyses. In addition, one client from previous years is excluded due to death during enrollment. Each graph displays the percentage that each group of clients accounts for. Value labels representing the number of clients who were successful or not successful for the variable in question are also included.

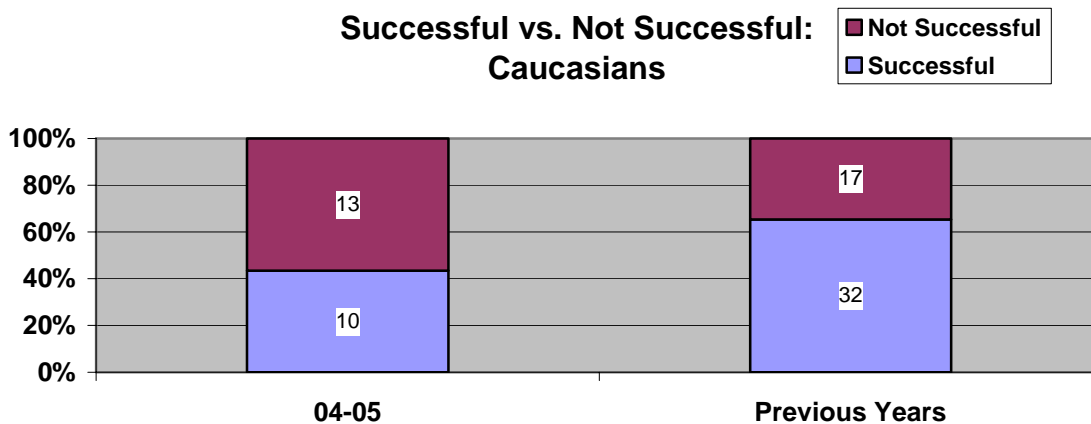
Client gender had no statistically significant relationship with graduation success during fiscal year 2004-2005 (see Figure 1). In other words, males and females were both successful (and not successful) at similar rates. Similarly, although both males and females were successful at a lower rate during the past year (43% across genders) compared to all previous years (62% across genders), this drop is not statistically significant.

Figure 1



Similar to both males and females, the success rate for Caucasian clients during fiscal year 2004-2005 decreased compared to previous fiscal years (see Figure 2). Only 43% of whites were successful in the past fiscal year compared to 65% in all previous years. Again, however, this difference was not statistically significant. Any difference between races or within races across fiscal years cannot be analyzed due to insufficient numbers of clients representing other races. The majority of clients served by CROMISA over the years have been Caucasian.

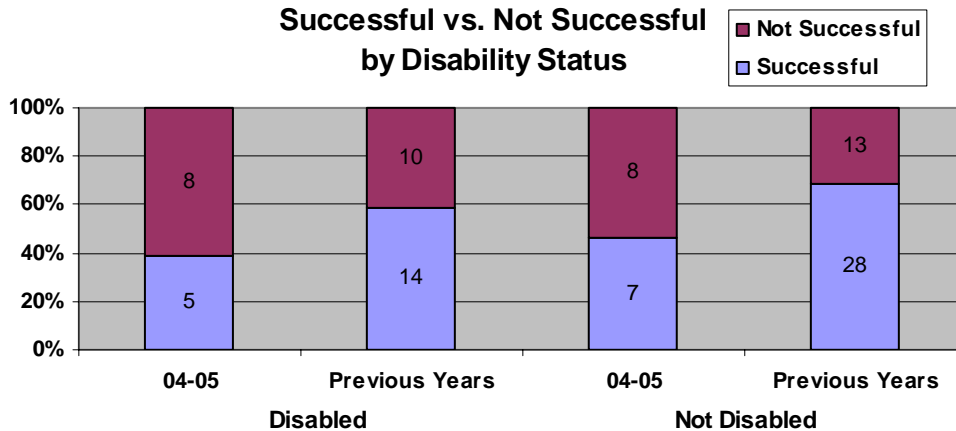
Figure 2



Client disability status, like gender, had no statistically significant relationship with graduation success during fiscal year 2004-2005 (see Figure 3). Those who were disabled (measured by receipt of social security income (SSI) or social security disability (SSD) assistance at time of enrollment) were successful (and not successful) at similar rates as those who were not receiving assistance at time of enrollment. Though both clients who were disabled and those who were not disabled appeared to have lower success rates this past year compared to previous years, these drops are not

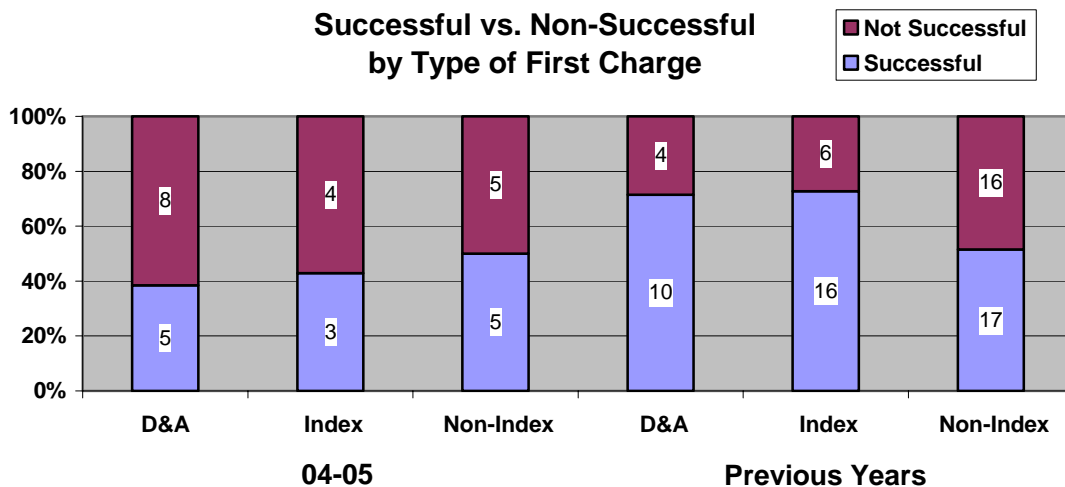
statistically significant. (Disability status is unknown for six clients who would have otherwise been represented below.)

Figure 3



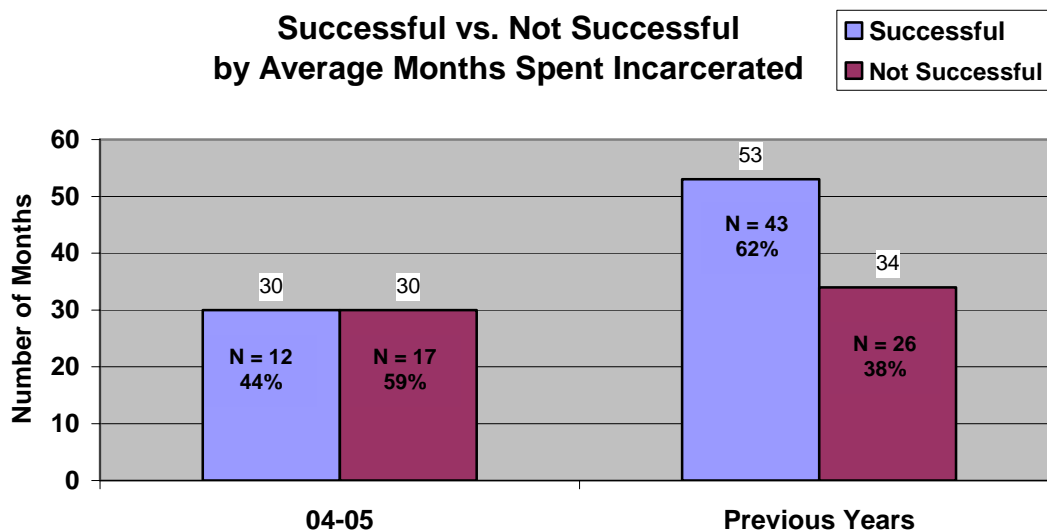
Though there are no statistically significant differences within or across years in terms of the type of offense clients were charged with, figure 4 displays an interesting trend to note that might warrant tracking in the future. Previous years saw that clients with drug and alcohol (D&A) and index charges were equally successful, while those with non-index charges were less successful in completing the program. During the past fiscal year, however, while those with drug and alcohol and index charges remained almost equally successful, those with non-index charges appeared to surpass the other's success rates.

Figure 4



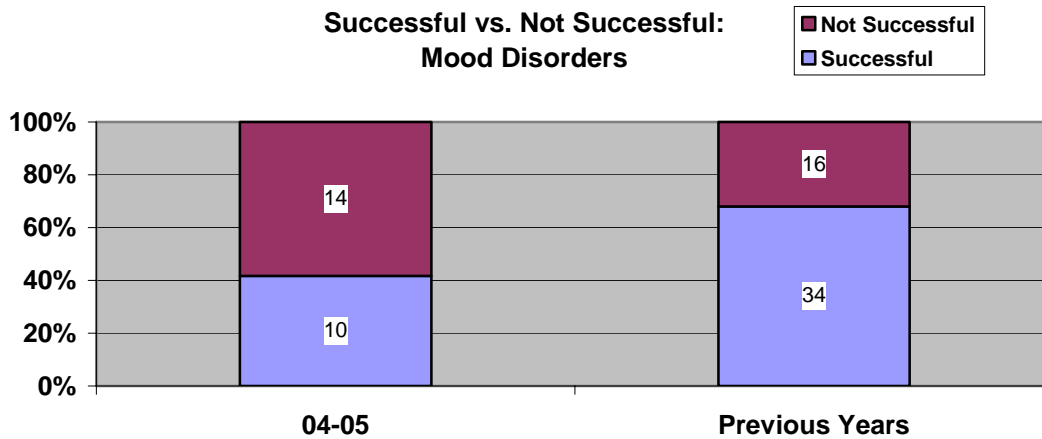
Additionally, the number of months spent in incarceration had no statistically significant relationship with graduation success during fiscal year 2004-2005 (see Figure 5). Both clients who were successful and not successful stayed an average of 30 months during their last incarceration. Likewise, the average number of months spent incarcerated for both successful clients and those who were not successful did not differ statistically between the past and previous fiscal years. Clients who were not successful both this past year and in previous years spent roughly the same amount of time in prison at 30 and 34 months respectively. For successful clients, the decrease in length of incarceration in the past year (30 months) compared to previous years (53 months) is not statistically significant. (The number of months spent incarcerated is unknown for one client who would have otherwise been represented below.)

Figure 5



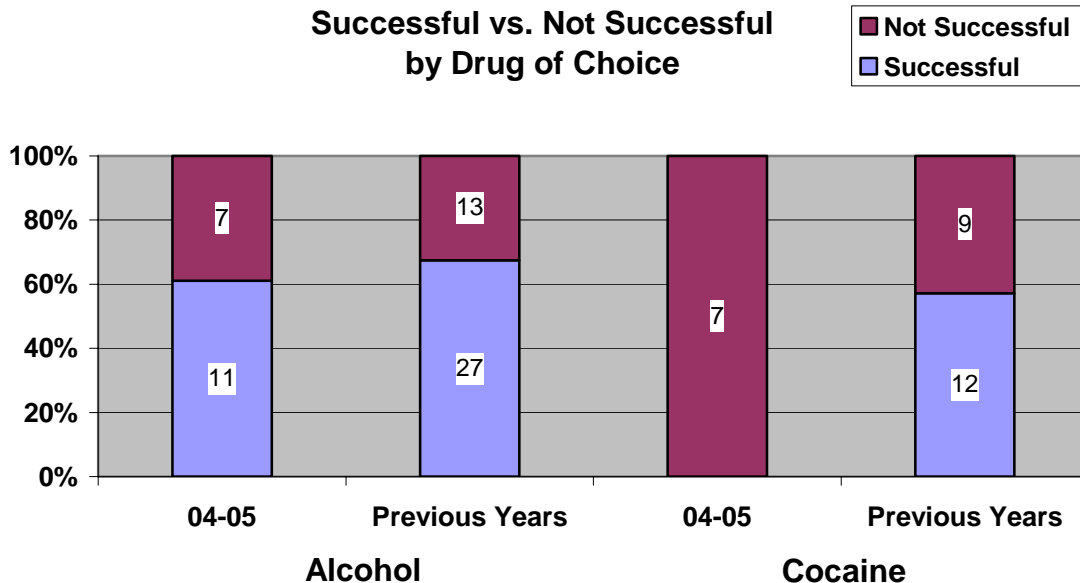
Concerning mental health diagnoses, those with mood disorders as a primary diagnosis graduated at a statistically significant lower rate during fiscal year 2004-2005 compared to all previous fiscal years (see Figure 6). Specifically, only 42% of those with mood disorders as their primary diagnosis were successful this past year compared to 68% in previous years. Due to insufficient numbers of clients diagnosed with thought, personality, and anxiety disorders, analyses could not be completed for these groups, nor could they be compared to those with mood disorders.

Figure 6



Clients' drugs of choice continue to be primarily alcohol followed by cocaine (see Figure 7). Though those dependent on alcohol graduated at similar rates this past fiscal year (61%) compared to previous fiscal years (68%), those dependent on cocaine did not. In fact, no one who reported cocaine as their drug of choice during fiscal year 2004-2005 successfully completed the program. Previously, success rates were similar between clients dependent on alcohol (68%) and those addicted to cocaine (57%). During the past year, however, clients with an alcohol dependence appeared to have a better chance of successfully graduating (61%) than those with a cocaine addiction (0%).

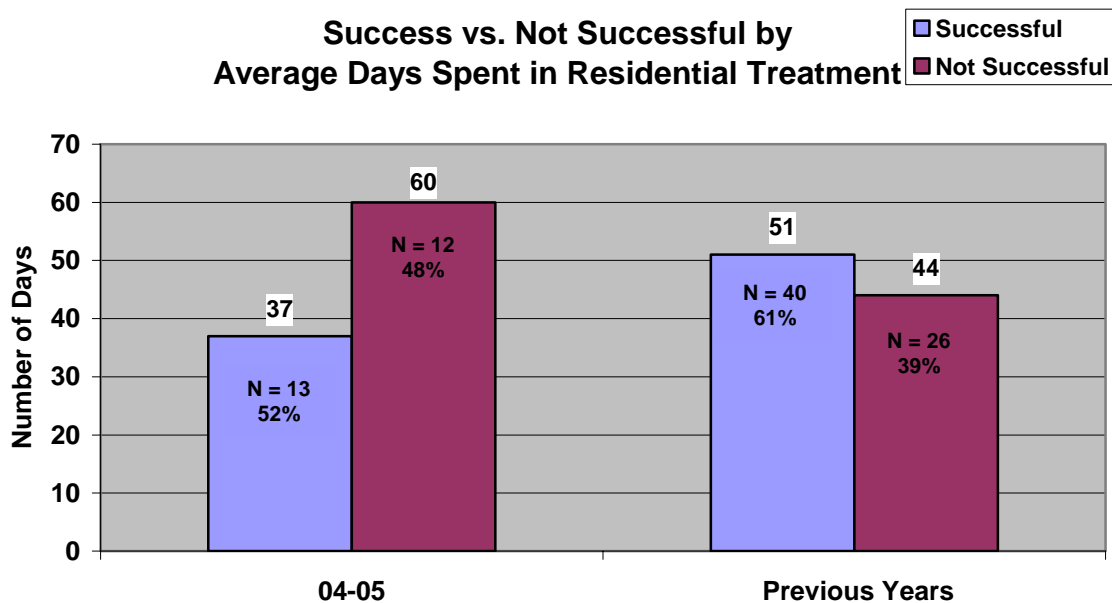
Figure 7



Residential stay dates are known for 53 successful clients, 13 from the past year and 40 from the previous years. Stay dates are unknown for 3 successful clients from the previous years. Residential stay dates are known for 38 clients who were not successful, 12 from the past year and 26 from previous years. Stay dates are unknown for 5 clients who were not successful from the past year, as these clients attended the Deerfield program and access to Deerfield resident charts was unavailable at the time of data collection in preparation for this report. Again, those currently enrolled in the program (N=22) are excluded from the following graph as is one client from previous years due to death during enrollment.

Length of residential stay had no statistically significant relationship with graduation success during fiscal year 2004-2005 (see Figure 8). In other words, though the average number of days spent in residential treatment was much longer for those who were not successful (60 days) than for those who were successful (37 days), this difference was not statistically significant. In fact, clients were still both successful (52%) and not successful (48%) at approximately equal rates. Likewise, the average number of residential days for both successful clients and those who were not successful did not differ statistically between the past and previous fiscal years. Even though the number of days decreased for successful clients and increased for clients who were not successful, no meaningful conclusions can be drawn from these changes.

Figure 8



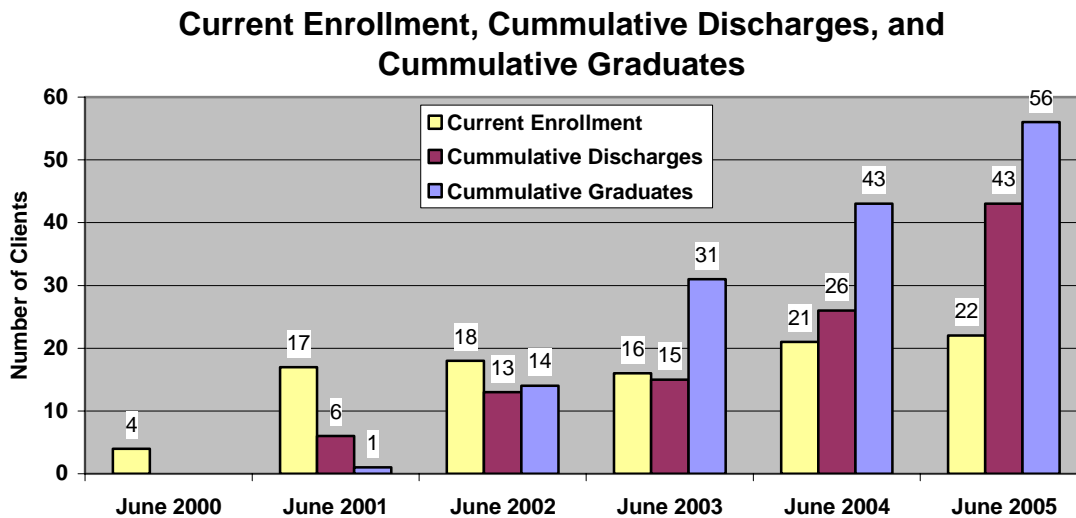
Concerning other residential treatment variables, clients during the past year had similar experiences to clients during previous years. They encountered approximately equal numbers of psychotropic medication changes, meetings with the psychiatrist, and meetings with drug and alcohol counselors. Unfortunately, client success this year cannot be analyzed according to which residential treatment facility they attended. Because individual, client-signed releases were not on file at the time of data collection,

access to Deerfield client charts was not granted. Actions are being taken by leaders at the residential facilities to ensure full access to all client charts for the fiscal year 2005-2006 evaluation report. It is worth noting that the fiscal year 2003-2004 evaluation revealed no differences between the Gaudenzia/Crossroads and Deerfield facilities in terms of CROMISA graduation success.

Any other variables that might be of interest in terms of successful completion of the program (i.e. state hospitalization status, parole violator status, juvenile delinquent status) were not analyzed due to insufficient numbers and/or missing information.

CROMISA enrollment has remained steady for the past two fiscal years at just over 20 clients (see Figure 9). Though the total number of graduates still outnumbers the total number of discharges, there were only 13 new graduates this past year compared to 17 new discharges. Fiscal year 2003-2004 saw an almost equal number of graduates (N = 12) and discharges (N = 11). Despite this jump in the number of discharges in the last fiscal year, 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. There are also several clients (N=3) whose participation this past year was extended beyond the target one-year enrollment period due to their need for continued program support. Their graduation at the proposed one year mark would have increased the number of graduates for the past fiscal year. In fact, almost half (6) of the graduates from the past year were enrolled in CROMISA for at least 14 months.

Figure 9



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. Although funding of treatment is always an issue, the SCA’s open communication with the providers prevented major problems. The CROMISA program itself, due to the funding source,

was fairly well insulated from any dramatic changes. The SCA director continues his commitment to the effective operation and continuing improvement of the CROMISA program.

Cost/Benefit Analysis

During fiscal year 2004-2005, there were a total of 7,575 days of treatment for 52 clients. This equates to a 104% 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 146 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 \$66.01. Of all expenditures, 94% went to direct treatment costs while 6% 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 facility that has a dual diagnosis unit, was \$116.43 per inmate per day during fiscal year 2003-2004 (the latest figure available). Given this information, the CROMISA program provided a cost savings of \$50.42 per client per day or a total of \$381,957 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 service for 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.

Given the large number of clients who entered through CCCs, it seems the Department of Corrections (DOC) is willing to pay for treatment of those exiting the SCIs. It may behoove the program, and increase the number of clients who can be served, to

approach the Department of Corrections to request that those entering from the CCC program or directly from the SCI continue to receive DOC funding for treatment after their enrollment in CROMISA. Rather than assume the total cost for these clients, CROMISA funds could be used to cover the difference between CROMISA dual diagnosis treatment, which is more expensive, and other treatment options. CROMISA funds could then be extended dramatically, thereby allowing more clients access to the program and the comprehensive treatment many of them need.