Reentry for Safer Communities

Effective County Practices in Jail to Community Transition Planning for Offenders with Mental Health and Substance Abuse Disorders

September 2008

NACo National Association of Counties
The Voice of America's Counties

BJA Bureau of Justice Assistance

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A Publication of the Community Services Division of the County Services Department

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About NACo – The Voice of America's Counties

The National Association of Counties (NACo) is the only national organization that represents county governments in the United States. Founded in 1935, NACo provides essential services to the nation's 3,066 counties. NACo advances issues with a unified voice before the federal government, improves the public's understanding of county government, assists counties in finding and sharing innovative solutions through education and research, and provides value-added services to save counties and taxpayers money. For more information about NACo, visit *www.naco.org*.

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Introduction

In an effort to reduce recidivism and properly address individuals with co-occurring disorders, there has been an emergence of collaborative reentry practices at the county level. These system practices set out to provide interventions that will improve the chances of a successful reintegration into the community for offenders leaving jails. Because jails are locally run and operated and there is such a variance in population and resources in each community, there are many different ways to approach the creation of an effective transition strategy.

This publication is designed for county elected officials, administrators and staff, social service and community providers, local law enforcement, jail and corrections professionals, and other relevant members of the community who are interested in reentry options for offenders with mental health and substance abuse disorders. In most cases, the county board of commissioners is responsible for the jail operating budget; therefore, these local officials are key policymakers in advancing successful reentry practices.

Background

In counties across the country, jails have become our nation's de facto mental health providers. Increasingly overcrowded jails compounded by high rates of mental illness and substance abuse disorders among inmate populations have left community mental health providers unable to meet the demand for mental health services, while county jails struggle with their new role as the primary providers of care to mentally ill offenders. More Americans receive mental health treatment in prisons or jails than in hospitals or treatment centers. The Los Angeles County Jail and New York City's Riker's Island have become our country's largest psychiatric facilities, holding more people with mental illness than the largest psychiatric inpatient facility in any hospital.[1]

There are 3,365 local jails that admit and release an estimated 12 million people annually.[2] A majority of individuals stay in jail less than a month, some for just a couple of hours before they are released. With 73 percent of jail inmates having been previously sentenced to probation or incarceration, it is clear that recidivism is playing a major role in the core population of jails across the country.[3]

The numbers of individuals with mental illnesses cycling through our nation's jails represent an acute crisis of public health and safety, resulting in steep costs to county jails, criminal justice agencies, and the individuals themselves. Because differing criteria are used to determine mental health problems or mental illness, estimates of its prevalence in correctional populations tend to vary.

- The U.S. Bureau of Justice Statistics estimated in 2006 that 24 percent of jail inmates and 15 percent of state prisoners suffered from a serious mental illness, resulting in approximately two million mentally ill individuals admitted to county jails annually. [4]
- The same report found that up to 64 percent of jail inmates suffered from "mental health problems," a rate much higher than the approximately 10 percent of adults in America who suffer from mental health disorders. [5]
- The Center for Mental Health Services' National GAINS Center estimates that 72 percent of persons with mental illness admitted to county jails also meet the clinical criteria for co-occurring mental health and substance abuse disorders. [6]

A co-occurring disorder, also called a dual diagnosis, occurs when an individual has both mental health and substance abuse treatment needs. The overwhelmingly disproportionate rates of mental illness and co-occurring substance abuse disorders among inmate populations have placed additional pressures on overcrowded, overextended, and under-funded county systems.

Benefits of Reentry

This publication focuses on defining the essential components of effective transition planning for this population and showcases studies of promising county practices from across the country. These examples demonstrate that successful reentry practices can:

- Enhance public safety through reducing offender's risk to the community upon release
- Demonstrate cost-savings through a decrease in incarceration and in a wide array of government programs
- Improve the quality of life of individuals suffering from mental health and substance abuse issues
- Promotes safe, orderly, and secure correctional institutions

Analysis conducted by the Urban Institute indicates that regardless of the cost environment or offender population, a modest, publicly funded reentry program could generate considerable net benefits to the community. The study showed that only small reductions in recidivism rates were necessary for public agencies to recover their initial investment in the reentry program; for some counties, less than a percentage point drop in recidivism would initiate cost-savings.[7]

The Urban Institute also conducted an evaluation of the Maryland Re-entry Partnership, which provides transition planning for offenders leaving prison through community-based case management. The evaluation found that with just a 5 percent drop in re-arrest rates exhibited by the program that the state saw a cost savings of $7.2 million, returning a benefit of about $3 for every dollar of cost associated with the program.[8] This research shows the value of prevented costs to potential crime victims and to public agencies that can result from reentry programs. However, these studies are not able to measure the possible decrease in health costs and benefits to the individuals exiting jail and their families.

There are several points at which a person suffering from a co-occurring disorder can come into contact with the criminal justice system. The National Gains Center for People with Co-occurring Disorders in the Justice System has developed the "Sequential Intercept Model," a conceptual tool to illustrate the interface between the criminal justice and mental health systems. The Sequential Intercept Model outlines five points, or "intercepts," at which the criminal justice and mental health systems interact:[9]

1) Law enforcement and emergency services
2) Initial detention and initial hearings
3) Jail, courts, forensic evaluations, and forensic commitments
4) Reentry from jails, state prisons, and forensic hospitalization
5) Community corrections and community support services

This model can be seen as a series of filters (see Figure 1) in which the intercepts represent different opportunities to intervene to prevent the cycling in and out of the criminal justice system that occurs with mentally ill individuals who often have co-occurring substance abuse disorders. This model has proven to be an effective tool for localities in developing promising practices that provide services designed to help these individuals transition back into the community. The ultimate aim is to reduce rates of recidivism and improve public health and safety by ending the unnecessary incarceration of individuals with mental illness.

Components of Effective Transition Planning for Individuals with Co-occurring Disorders

Developing a transition plan for individuals with co-occurring disorders and linking them to the proper treatment and services in the community upon release from incarceration is integral to reducing the rate of return of these individuals to the criminal justice system.

This publication will focus on local promising practices that address the final two intercepts of the Sequential Intercept Model: (4) reentry from jails, state prisons, and forensic hospitalization and (5) community corrections and community support services.

Role of NACo

In April 2005, the National Association of Counties (NACo) and the U.S. Department of Justice, Bureau of Justice Assistance convened a "Reentry Focus Group," which included experts from both the criminal justice and mental health fields. The group focused on the issue of transition planning, from jail to the community, of individuals who suffer from co-occurring mental health and substance abuse disorders. Representatives from federal, state, local, private, and nonprofit agencies (a list of all the organizations represented is included in the Acknowledgements) met to discuss the key components of model county practices in transitioning jailed persons with co-occurring disorders to the community as well as to identify possible model sites across the country.

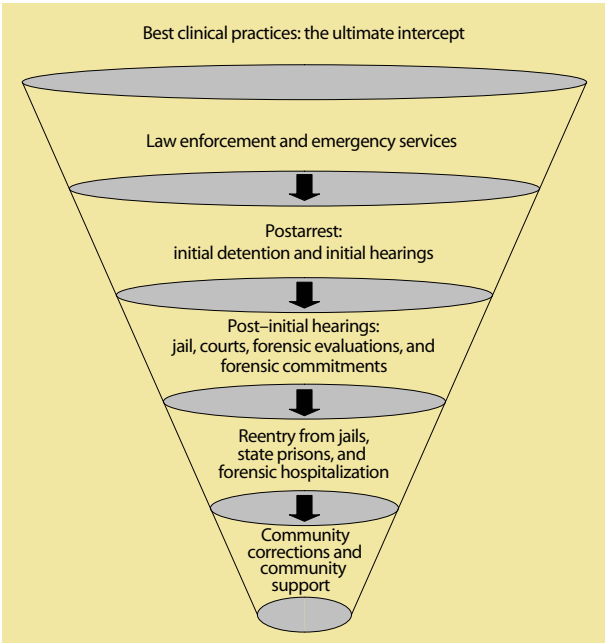
The Reentry Focus Group identified and defined five major characteristics of promising practices in local transition planning:

1) Collaboration - At the forefront of any successful reentry program is a strong collaborative structure between criminal justice and mental health agencies in the community. No single community organization is solely responsible for facilitating reentry practices, it requires partnerships across jurisdictional boundaries. Information sharing between partnering organizations in this process and offering collaborative/individual case management with aid from groups like local law enforcement, the jails, community mental health providers, faith-based organizations, probation and parole, and other social service providers is critical in establishing an effective transition from jail back into the community.
2) Access to Benefits – An important component to reentry for offenders with co-occurring disorders is ensuring access to benefits such as social securities income/ social securities disability income and Medicare/Medicaid prior to release so that individuals can access medication, health care, housing, food, and employment opportunities.

   When individuals are charged with a crime and incarcerated, they lose all access to federal benefits such as Medicare/Medicaid and Social Security. This often results in a burden on county governments, as locals are left to pay for medical care of jail inmates even if they have yet to be convicted of a crime. When they are released from jail, the reinstatement of these benefits can be difficult to navigate and can cause a significant lag before these services are readily available again.
3) Sustainability – A characteristic of any promising prac-

Figure 1: The Sequential Intercept Model Viewed as a Series of Filters

Source: Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness, Psychiatric Services, 2006.



tice is sustainability. The program needs to surpass a temporary status, locate consistent funding, develop performance measures, and become common practice in the locality.

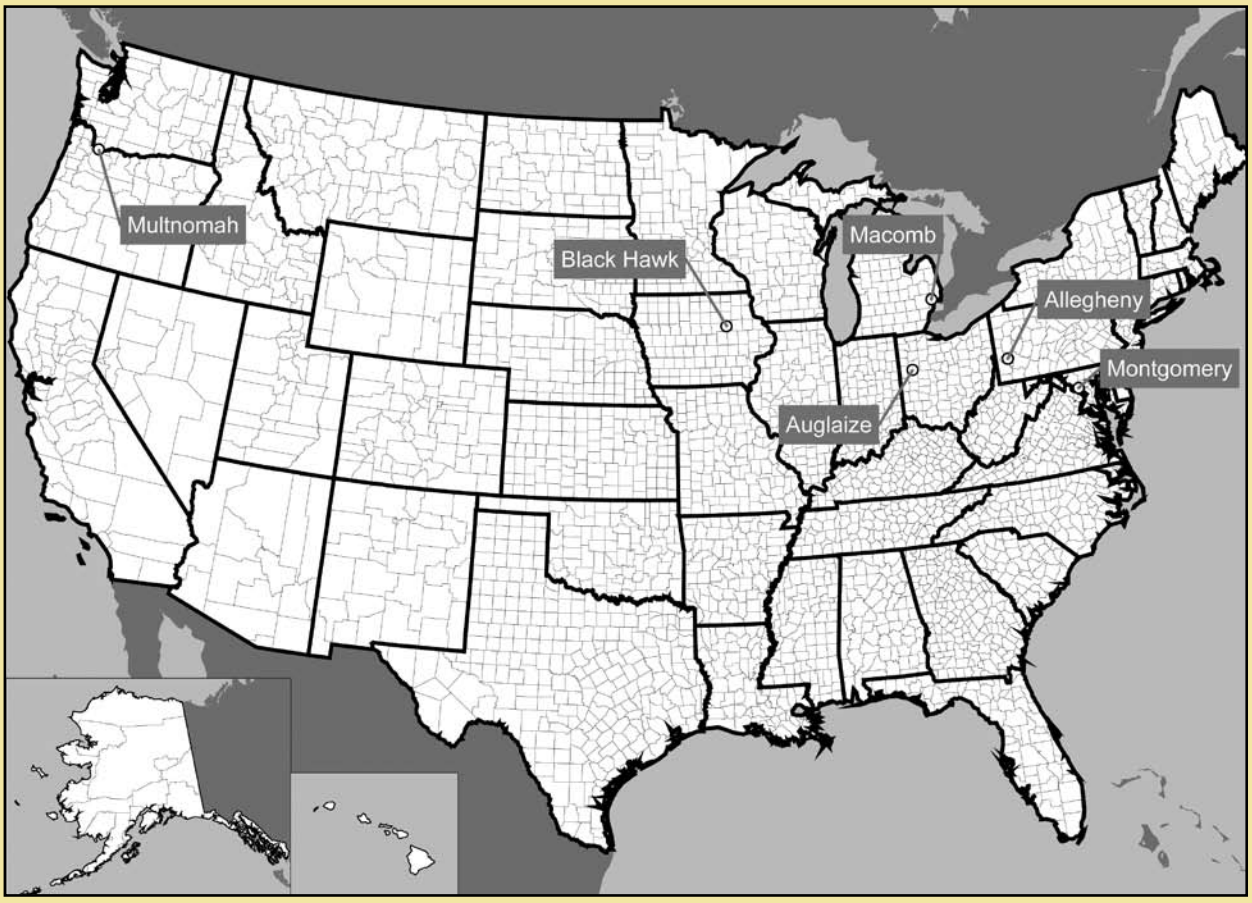
4) Cultural/Gender Components – Sensitivity to ethnicity, culture, and gender is integral in addressing the reentry of individuals with co-occurring disorders. Offering gender-specific programming as part of their treatment plan is important in properly addressing these offenders leaving jail.
5) Community Linkages – The final piece of the reentry process is connecting the offender to the appropriate services and support in the community to ensure the individual does not cycle back into the criminal justice system. This includes family reunification, access to housing, employment, transportation, and general aftercare and follow-up as part of the transition plan.

Having established these criteria, NACo sent out a "Call for Nominations" to solicit examples of model sites that exhibit these essential elements. Based on the nominated programs NACo received and on the recommendations that emerged from the Reentry Focus Group, six models were selected for further review. NACo program staff then conducted an intensive study, which included on-site visits to each selected county to meet with county elected officials, key staff, and other partner stakeholders.

This publication, based on the national study by NACo, features six effective practices for transition planning for incarcerated individuals with co-occurring disorders. These sites represent rural, suburban, and urban counties in different regions of the country (see Figure 2). These programs differ in the focal points of their reentry efforts, but exhibit strong partnerships between the jail and the community, treatment and transition planning within the jail, and some level of follow-up after release. The six sites are:

1) Allegheny County, Pennsylvania
2) Auglaize County, Ohio
3) Black Hawk County, Iowa
4) Macomb County, Michigan
5) Montgomery County, Maryland
6) Multnomah County, Oregon

Figure 2: Jail to Community Transition Planning Model Sites



Six model county programs

Allegheny County, Pennsylvania
Allegheny County Jail Collaborative

Allegheny County is an urban county with well over one million residents; the county seat is Pittsburgh. The Allegheny County Jail, located in downtown Pittsburgh, holds about 2,500 inmates and usually receives over 25,000 offenders a year to serve sentences or await trial. On an average day, approximately 100 arrestees come through the Intake Department. Additionally, the jail receives inmates from Constables, federal authorities, and Sheriff's Deputies. With the number of permanent releases being slightly less than admissions, the population of the jail has been steadily growing over the past decade.[10]

The Allegheny County Jail Collaborative (ACJC) has been a joint effort between the Allegheny County Jail (ACJ), the Allegheny County Department of Human Services (DHS), and the Allegheny County Health Department (ACHD) since 2000. The Collaborative was established at this time to address public safety, recidivism, successful reintegration, and duplication of services throughout government agencies within the county. In particular a County Executive had raised concerns that the county was duplicating services and could reduce recidivism and increase public safety by forming a collaborative body to work on these issues.

The Collaborative focuses on comprehensive reentry planning that includes family reunification, housing, substance abuse and mental health treatment, employment, and community engagement. This group has utilized screening tools to identify the needs of inmates and to develop creative solutions to address these needs. The Collaborative has built an infrastructure specifically to provide the supports and services to fill the gaps and remove the barriers that relate to the high rate of recidivism. The partners of the Collaborative meet monthly and work to plan all in-jail, transitional, and post-release services.

Collaboration

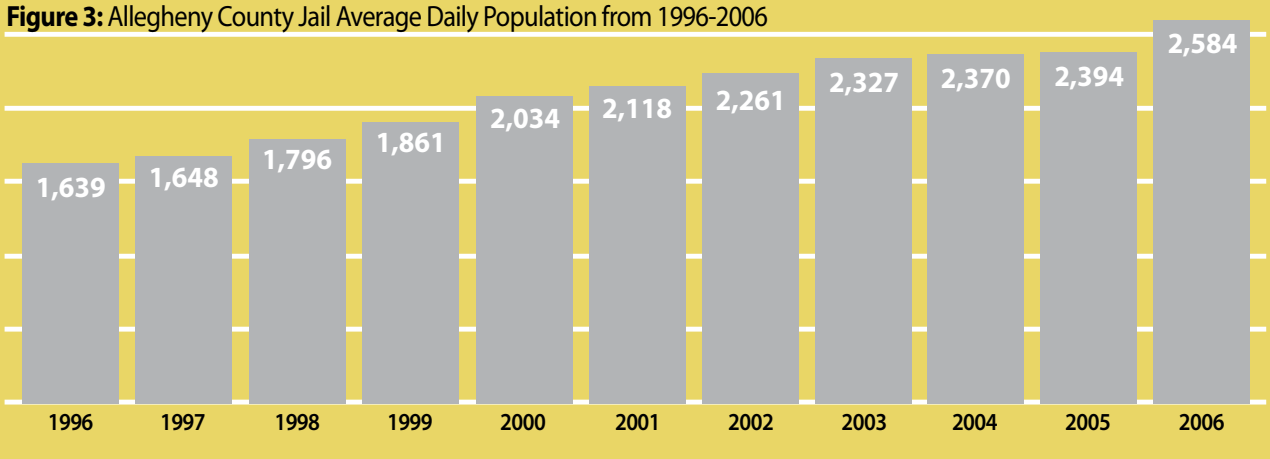
The ACJC partners meet monthly with departmental management as well as representatives from the court, probation/parole, and an evaluation team. The evaluation team is composed of academic staff from the University of Pittsburgh - School of Social Work and Center for Race and Social Problems staff who keep statistics and measuring the results of the Collaborative.

The Collaborative's partnership formed several committees to focus on certain aspects of the reentry process. The Allegheny County Reintegration Advisory Committee is a group of community-and jail-based service providers and ex-offenders who meet monthly to discuss barriers and solutions to the unified reintegration efforts in Allegheny County. The concerns and recommendations of this group are sent to the County Collaborative Management Team for review.

Access to Benefits

The Collaborative begins reentry planning as soon as an individual enters the jail. Inmates are screened upon intake and referred to jail-based programs and treatments such as GED preparation and testing, job training, life-skills class, mental health treatment, and in-patient substance abuse. Allegheny County Forensic Services works with the county jail, the District Courts, Service Coordination Units, and other community providers to assist these offenders with co-occurring mental health and substance abuse disorders prior to their preliminary hearing. They provide coverage at jail intake for processing involuntary or emergency commitments, divert the appropriate individuals from incarceration or extended jail stays, and create and present service plans to the court.

Figure 3: Allegheny County Jail Average Daily Population from 1996-2006



Several programs inside the Allegheny County Jail provide reintegration supports and services to inmates. Intensive case management during incarceration and after release involves building a service plan with the inmate along with service providers and court officials, coordinating services and applying for medical assistance inside the jail, and beginning to facilitate supports for release. The intensive case management is also responsible for contacting any pre-existing community supports, spiritual supports, or family members to include in the transition planning.

The Collaborative has built an infrastructure specifically to provide the supports and services to fill the gaps and remove the necessary barriers that directly relate to lowering the rate of recidivism in Allegheny County. ACJC has implemented reintegration programs, drug and alcohol treatment, GED programs, a "Three Quarter Way House" that acts as a hybrid of a halfway house and transitional housing, and the intensive programs that the county provides such as mental health forensics, Narcotics Anonymous (NA) and Alcoholics Anonymous (AA), and HIV/AIDS prevention and education. Forensic Services also runs the Community Reintegration of Offenders with Mental Illness and Drug Abuse (CROMISA) initiative, a separate facility that provides a therapeutic community for men who suffer from co-occurring disorders and are on probation or parole.

Sustainability

ACJC receives funding from numerous different sources including federal, state, and local agencies, and private foundations. ACJC receives funding support from the Pennsylvania Commission on Crime and Delinquency and other state resources; locally, from the Allegheny County Department of Human Services; and from five different foundations located in the county. Attending the monthly meetings of ACJC and its subcommittees has become common practice for the contributing organizations.

Gender/Cultural Components

The Collaborative manages 18 service providers within the Allegheny County Jail. Many of these providers offer gender-specific treatment programs. Zoar is a service provider that focuses on female inmates. The Community Reintegration of Offenders with Mental Illness and Substance Abuse (CROMISA) initiative is a separate facility working only with male offenders. The Three Quarter Way House is for male offenders and the county is working on the creation of one for women. Both Goodwill and Strength, Inc. work with men and women on reintegration projects.

Community Linkages

A major focus of ACJC is family reunification. In 2003, the Pittsburgh Child Guidance Foundation commissioned a study on the children of incarcerated parents in Allegheny County. The study found that 7,000 children in every zip code and school district in the county have a parent in jail or prison. The study also found that these children were significantly more likely than their peers to fail out of school, suffer emotional distress, commit serious delinquent acts, and be incarcerated themselves as adults.[11]

Figure 4: Allegheny County Jail
Source: Allegheny County Bureau of Corrections, 2006 Annual Report

In response to these findings, Lydia's Place, Inc., in partnership with the Allegheny County Bureau of Corrections, the Pittsburgh Child Guidance Foundation, by 100 other community organizations and individuals, is creating a Family Activity Center in the lobby of the Allegheny County Jail. The Center will assist families waiting to visit loved ones who are incarcerated as well as help keep the link between the incarcerated individuals and their family when they leave jail. Allegheny County has also been addressing this issue by working with the Urban Institute's Children of Incarcerated Parents Project.

Upon release from jail, a majority of individuals follow their transition plan and receive treatment, live in alternate housing in the Collaborative's Three Quarter Way House, transitional housing, or their own home. The intensive case manager follows the individual for up to a year after release to assist with family reunification, employment, housing, legal matters, transportation, child support issues, and obtaining logistical items such as a driver's license or other photo identification.

Results

A researcher from the University of Pittsburgh has been collecting data on the effectiveness of the Collaborative and conducting interviews with ex-offenders in a three-year study to show the benefit to public safety, to improve individual's lives, and save taxpayer dollars. The preliminary findings show an overall 15 percent reduction in recidivism compared to the rate before the Collaborative was established. The Collaborative is also working with Carnegie Mellon University to analyze the needs of the recidivating population and the communities most affected in the process.

Auglaize County, Ohio
Auglaize County Transition Program

Auglaize County is a rural county of just over 46,000 residents, located in Western Ohio. The Auglaize County Transition (ACT) Program is a joint project of the Auglaize County Sheriff's Office and the Community Connection for Ohio Offenders, a private, non-profit agency focusing on reentry services throughout Ohio. Although some aspects of ACT have been in place for a number of years, the program formally began in 2003. ACT takes a reentry case management approach to reducing crime in the community.

The Auglaize County Correctional Center is a 72-bed facility that holds pre-trial, pre-sentenced, and sentenced inmates for up to 18 months. The facility receives approximately 1,200 inmates a year, half of whom will be released within 72 hours. Of the 600 remaining inmates, about 200 actively participate in the correctional center's programming every year.

Collaboration

The ACT Program created an interdisciplinary collaboration board of partners called the Reentry Case Management Team. This team meets monthly and is composed of a number of organizations throughout the community:

1) Auglaize County Sheriff's Office
2) Auglaize County Municipal Court
3) Auglaize County Probation Department
4) Auglaize County Department of Jobs and Services
5) Community Connection for Ohio Offenders
6) Lutheran Social Services
7) ASTOP (a local substance abuse provider)
8) Mercy Unlimited (a faith-based outreach group)
9) Tri-County Mental Health and Recovery Services Board (Allen, Auglaize, and Hardin counties)
10) St. Mary's School District Adult Basic Education/ GED Program
11) Auglaize County Community Corrections Planning Board
12) Westwood Behavioral Center (a local mental health provider)
13) Ohio Adult Parole Authority

The ACT Program uses a case manager as the primary staff manager in coordinating transition plans for the inmates. In addition, a facility classification team- consisting of the case manager, the facility commander, the staff sergeant, one corrections officer from each shift, the mental health/chemical dependency counselor, and two individuals from the Ohio Department of Job and Family Services- meet monthly to review the list of inmates and discuss issues and treatment options for individual offenders.

Auglaize County Commissioner Douglas Spencer commented, "If I had to sum up why this program is a success in one word, it would be collaboration. Getting all these groups involved as partners in this program is really what has made it so effective."

Figure 5: Auglaize County Jail
Source: Staff Sergeant Charles Fuerstenau, Auglaize County Jail

Access to Benefits

All inmates are screened upon intake to the jail for any possible mental health or substance abuse disorders. The Mental Health and Recovery Services Board of Allen, Auglaize and Hardin counties provides a therapist certified for dual diagnosis assessments to administer a full and formal assessment for any inmates exhibiting mental health or substance abuse disorders. From this point, the ACT Program uses a case manager to link inmates to the appropriate services, both inside the jail and in the community upon release.

Substance abusing individuals are directed into a chemical dependency program, which includes Moral Reconation Therapy (MRT), a 12-step/chapter substance abuse treatment program, and individual and group therapy. Inmates with mental health issues or who are suffering from co-occurring disorders are routed into the chemical dependency program when appropriate and are seen by the facility therapist for individual and group programming. The mental health and chemical dependency programs are provided through an agreement with the Mental Health and Recovery Services Board of Allen, Auglaize, and Hardin counties. The Sheriff also contracts with Westwood Behavioral, a local provider, of mental health counseling for individuals who are not residents of one of the three counties served by this board.

The case manager also can admit inmates into the facility's GED program. Since 1999, over 80 individuals have received a GED while incarcerated; 14 received their GED in 2006 alone. The program has a 100 percent success rate, with individuals passing the GED exam, not necessarily on their first attempt, but in completing the program before they are released from jail. The case manager also facilitates an anger management group for inmates. The case manager works closely with the local adult probation and parole authorities to incorporate treatment programming into the conditions of release for offenders who have post-release control in their transition plan.

Sustainability

The ACT Program is funded by a Justice Assistance Grant from the Ohio Office of Criminal Justice Services, the inmate telephone fund, and the profit from the facility commissary fund. The facility commissary fund is composed of food sales and other miscellaneous items. The inmate telephone fund was established through an arrangement with a local phone company wherein the jail receives revenue from all inmate phone calls. This inmate commissary fund provides enough funding to sustain all of the alternative services that the jail provides its inmates.

Gender/Cultural Components

The Auglaize County Jail is designed to have 11 beds for female inmates, but has experienced an influx of female offenders recently. ACT has responded by offering gender-specific programming.

Community Linkages

A majority of ACT's services are offered inside the jail facility while the inmate is incarcerated. The case manager works closely with local adult probation and parole to work on transition plans for persons exiting the jail and remains an important contact after individuals are released. The case manager also coordinates with an employment specialist provided through the Ohio Department of Job and Family Services to help ex-offenders obtain a job and appropriate housing immediately after their release. Joe Lynch, jail administrator at the facility says that ACT is "grassroots crime prevention at the local level."

The ACT Program has brought community groups together and worked with inmates with mental health or substance abuse needs to provide the appropriate services and improve their chances of becoming more productive citizens. Staff Sergeant Charles M. Fuerstenau of the ACT Program remarked on the effect of the program, "I used to think if someone came back into the jail after having been previously incarcerated that the program had failed. Now I realize that you have to measure your progress in terms of improving the lives of the entire community."

Results

Since the program was put in place in 2003, the jail has seen an 80 percent drop in incidents of violence within the facility. Also, the work release program at the facility has generated $385,000 in income since its inception. The Ohio Department of Health has funded a $20,000 evaluation of the ACT Program by a criminal justice professor from the University of Texas at San Antonio and a professor from Tiffin University (Ohio) who was formerly the director of the Ohio Bureau of Adult Detention. They hope to produce statistically significant results from the past three years they have been monitoring the effort.

Black Hawk County, Iowa

Mental Health Assessment and Jail Diversion Program

Black Hawk County has a population of approximately 120,000 people living predominately in the Waterloo/Cedar Falls region. The jail averages 250 inmates with approximately 28 percent taking psychiatric medications. The Black Hawk County Jail was experiencing constant overcrowding, and in 2004 the county's Department of Correctional Services received funding from the Central Point of Coordination (CPC) office, which oversees local mental health spending in the county, to address this population.

The Department of Correctional Services, with input from various community organizations including the county attorney's office, put together the Mental Health Assessment and Jail Diversion Program. The goal was to establish a structured means of screening and early intervention for individuals with mental health issues and to pursue the best possible supervision/treatment options for mentally ill offenders coming back into the community.

The Mental Health Assessment and Jail Diversion Program is based on the Substance Abuse and Mental Health Services Administration's (SAMHSA) "APIC Model" which includes the following components:

Assess

Assess the inmate's clinical and social needs and public safety risks

Plan

Plan for the treatment and services required to address the inmate's needs

Identify

Identify required community and correctional programs responsible for post-release services

Coordinate

Coordinate the transition plan to ensure implementation and avoid gaps in care with community-based services[12]

Collaboration

The Mental Health Assessment and Jail Diversion Program is a collaborative effort among the Department of Correctional Services, the Sheriff's Office, the county attorney's office, the public defender, the local courts system, the mental health center, Pathways Behavioral Services (mental health professionals working within the jail), and other community agencies in and around Black Hawk County. In 2004, the Department of Correctional Services hired a Community Treatment Coordinator who has been integral in coordinating the organizations and agencies involved in this program.

Upon the inception of the program, the county decided to place the Community Treatment Coordinator within the Department of Correctional Services. The connection between the mental health community and an offender's parole or probation added accountability, which helped gain support from judges in the local court system. There are weekly meetings with the Sheriff's Office, the County Attorney, Pathways Be-

havioral Services and the Community Treatment Coordinator to discuss and plan for releases from the Black Hawk County Jail.

Access to Benefits

The Mental Health Assessment and Jail Diversion Program provides the opportunity for identified mentally ill inmates in the Black Hawk County Jail to be screened and provided assistance in establishing a transition plan. Referrals for inmates to enter this program come from a variety of sources, including jail staff, probation/parole officers, the Mental Health Center, the offender and their family, public defender/county attorney, case managers, and other involved community agencies.

The Community Treatment Coordinator provides assessment, referral to the appropriate services, and works to facilitate the transition plan for these individuals. The Department of Correctional Services partners with Black Hawk Grundy Mental Health and Pathways Behavioral Services to offer the referral option of gender-specific services in the Dually Diagnosed Program for Men and the Women's Co-Occurring Disorder Program at the county's Residential Correctional Facility. The partners make every effort to get medication to those inmates in need.

Sustainability

The Mental Health Assessment and Jail Diversion Program began with a grant from Black Hawk County's CPC, an office that assists with referrals and placement to appropriate service providers in the community. The program quickly produced results for the community, and the county has been very supportive of the program by providing funding.

Gender/Cultural Components

The Department of Correctional Services offers two gender-specific programs for treating individuals with co-occurring disorders: the Dually Diagnosed Program for Men and the Women's Co-Occurring Disorder Program. Both programs incorporate an integrated treatment approach by addressing both the mental health and substance abuse disorders. Simultaneously, in the same setting, cross-trained staff from mental health, substance abuse, and correctional services work together to provide the services.

The Dually Diagnosed Program for Men, a 16-bed residential facility for male offenders with co-occurring issues, was established by the county in 1998. Clients participate in treatment during a six to twelve month period, and continue to receive case management, individual counseling, and group therapy services following their discharge from the facility. Two respite beds are set aside in the residential facility for clients encountering difficulty adjusting to their release while under the program's continuing care supervision.

The Women's Co-Occurring Disorder Program began in 2003 and has many similarities to the men's dual diagnosis program. A number of these female offenders spend time in the Waterloo Residential Correctional Facility as a condition of their probation or on work-release status. The overall goal of both these programs is to provide gender-specific treatment programs so that offenders can establish law-abiding lifestyles with a stabilized mental condition free of chemical dependency.

Community Linkages

The Community Treatment Coordinator works with Probation/Parole Officers in coordinating the transition of the offender back into the community. They focus on connecting the individuals with access to medications, housing options, finances, and employment. A unique feature of Black Hawk County's program is the Community Accountability Board, a group composed of various agencies and individuals from the community who have a vested interest in persons with mental illness. The board assists the Department of Correctional Services and the correctional consumers in reviewing potential program participants, developing comprehensive treatment plans, and identifying what needs to be done to have the greatest chance for a successful community transition. The Department of Correctional Services is trying to secure funding to hire an outreach worker whose duties would be based solely on narrowing gaps in aftercare when offenders are released from jail.

Results

The Community Treatment Coordinator position has also enabled the Mental Health Assessment and Jail Diversion Program to track data and show the community results in improving public safety, improving people's lives, and saving money.

Based on 34 months of data (i.e., since inception of program)

- 415 men and women assessed
- 282 men = 68%
- 133 women = 32%
- 74% (309 people) were transitioned successfully into the community/diverted from jail and prison
- Re-arrest rate is 26%
- Surveyed 10 specific individuals in the program and estimated cost savings over $54,500

Based on the average stay in jail, data from November, 2006

A neighboring county, Dubuque, is using Black Hawk County's program as a model in developing its own jail diversion and transition planning efforts. As Sara Carter, the Community Treatment Coordinator, commented, "We have gotten to the point we are not just reacting to the problem, but we have put some planning into how to ease overcrowding in the jails, treat mentally ill individuals appropriately, and increase awareness of the issue throughout the community."

Macomb County, Michigan
Dual Diagnosis & Mental Health Jail Reduction Programs

Macomb County is the third largest county in Michigan, with a population of over 800,000. The largely suburban county is within metropolitan Detroit, covers 482 square miles, and is the fastest growing county in the state. The Macomb County Jail houses over 1,438 adult men and women; approximately 14 percent have mental health issues. Seventy percent of those identified as having mental health issues were incarcerated for non-violent crimes and 80 percent also have substance abuse issues.

Macomb County Community Corrections operates two programs for offenders with mental health and substance abuse issues: the Dual Diagnosis Program and the Mental Health Jail Reduction Program. The Dual Diagnosis Program has been working to address the needs of those with mild to moderate mental illness both in and outside the Macomb County Jail since October 2001. In response to a growing need for earlier, more intensive intervention for individuals suffering from co-occurring disorders in the jail, the Mental Health Reduction Program began in 2004.

Collaboration

The Dual Diagnosis and Mental Health Jail Reduction Programs are run by Macomb County Community Corrections, a county department that develops and maintains community-based alternatives to incarceration for non-violent offenders aimed at relieving prison and jail overcrowding. Community Corrections administers these programs in coordination with the Community Mental Health Department and works to build the community collaboration necessary to help meet the needs of the co-occurring population in the Macomb County Jail.

The group's Advisory Board includes a circuit court judge, a district court judge, a prosecuting attorney, a defense attorney, the county sheriff, chief of police, representatives from the chamber of commerce, the county's office of substance abuse, Community Mental Health, and members of the public. Community Corrections has a number of both formal and informal agreements with organizations throughout the community to assist the program's clients. These include a partnership of more than two dozen local human services agencies that have pledged to provide resources including health care, education, vocational training, family counseling, childcare, and transportation to populations with mental illness. Macomb County Commissioner Joan Flynn remarks, "Macomb County has been encouraging collaboration; that's what makes these programs work."

Access to Benefits

Macomb County Community Corrections works to place non-violent offenders into community supervision, rather than jail or prison, to free up corrections space for more serious offenders. Through the Dual Diagnosis and Mental Health Jail Reduction Programs rehabilitative and monitoring options include substance abuse inpatient and outpatient treatment, daily reporting services, urine testing, community service work, cognitive restructuring, and pre-trial release supervision.

The Dual Diagnosis Program is designed to fill the gap between release from incarceration and the inductions of community services by providing treatment and case management. Participants can be felons or misdemeanants who have a primary diagnosis of substance abuse and a secondary diagnosis of a mental health disorder. Before the existence of the Dual Diagnosis Program, it was difficult to place individuals with co-occurring disorders in treatment programs, because of the complexities of dealing with the combinations of issues. Emergency psychiatric evaluations and medications are provided to participants while they wait for their federal benefits and an appointment with a community mental health provider.

The Mental Health Jail Reduction Program, established in 2004, was designed to reduce the jail population by diverting non-violent, less severe mentally ill inmates who previously would not have been eligible for community-based programs. Those who participate in the program are chosen based on specific eligibility criteria. They are then assessed and screened for appropriateness for the program. A request is made to the courts for early release from jail into various residential facilities or intensive outpatient treatment. While involved in this program, the offender is seen by a contracted psychiatrist, provided with medication, and given assistance with housing and transportation costs.

Both of these programs focus on the needs of those with mild to moderate mental illness previously ineligible for placement through the Macomb County's Community Mental Health Department. The Community Mental Health Department has funding to address the remaining offenders with severe and persistent mental illness with secondary substance abuse issues. Community Corrections has two staff whose jobs are primarily transition planning. In addition, Community Mental Health has two case managers assigned to the jail for this purpose.

Figure 6: Macomb County Advisory Board
Source: Linda Verville, Assistant Director, Macomb County Corrections

Sustainability

The Dual Diagnosis program began with funding through the Bureau of Justice Assistance and is currently being financed by Macomb County. The Mental Health Jail Reduction Program is funded through the Michigan State Office of Community Corrections. The Macomb County Board of Commissioners has put on hold plans for a jail expansion project that would

cost upwards of $93 million and is currently investing in the jail diversion programs to address the needs of this growing population.

Gender/Cultural Components

The Dual Diagnosis and Jail Reduction Programs fund a women's treatment facility, called the Home of New Vision, for long-term dual diagnosis treatment and transition back into the community. This provides specialized residential treatment that can address the gender specialized needs of the co-occurring population. Group services include a 12-week Women's Empowerment Series designed for survivors of domestic violence, as well as other open support groups.

Community Linkages

Once an individual is leaving jail or residential treatment, Community Corrections addresses the lag in time between the release from jail and the intake process at community agencies. In this crucial period, the programs fund necessary psychological evaluations, prescription medications, housing assistance, transportation, and other basic needs.

The coordinator meets with the offender to review the individualized plan and make appointments for community case management meetings before the offender is released from jail. After release, the coordinator meets with the client for employment screenings, health care eligibility screenings, long-term housing options, and enrollment into outpatient treatment programs or other services identified by the initial needs assessment. Community Corrections works with the local Michigan Works! Office and the state's workforce development association to coordinate employment and training options.

Communication with treatment and service providers is ongoing. The Program Coordinator updates the probation department and the courts on progress and compliance. Substance abuse testing is part of the treatment plan to ensure compliance. The average time in the program is between seven and twelve months.

Results

Throughout 2006, 111 individuals went through the full transition planning program, were released from jail, and provided case management and individualized treatment and services. The average reduction in jail stay for these individuals is estimated to be 78 days. By reducing their incarceration time, the county estimates it saves 10,400 jail bed days for a cost savings of $733,200.[13]

With a reduction in recidivism and extending the time for re-arrest, if it does occur, additional jail beds are saved in the long term. Documented outcomes from the programs indicate that the average time between incarcerations before program intervention for this population was 128 days; after completing the program, the time was extended to 309 days. Macomb County Commissioner Keith Rengert says, "These programs are proving to be effective not only in saving the county money, but in helping people improve their lives."

Montgomery County, Maryland
Pre-Release and Reentry Services Division

Montgomery County is a large suburban county of over 870,000 residents, located just north of Washington, DC. The Montgomery County Department of Correction and Rehabilitation oversees four major operational divisions:

1) The Pre-Release Center (PRC)– a pre-release facility that holds an average of 172 inmates and coordinates with an average of 50 offenders in home confinement.
2) The Correctional Facility – a jail with a capacity of 1,029 inmates.
3) The Detention Center – responsible for intake and processing of offenders with a capacity of 200 inmates.
4) The Pre-Trial Services Unit – a pre-trial community supervision program of about 1,500 defendants a year.

The Pre-Release and Reentry Services Division (PRRS) coordinates the PRC, a complex of four correctional units, each operated by a separate staff treatment team: a co-ed unit, two men's units, and an honor's unit. The first stand-alone PRC was opened in 1972. The program was expanded over the years and in 1990 the PRRS developed a highly structured non-residential pre-release component. The PRC is a highly structured residential work release and treatment facility for up to 177 male and female offenders, and offers a comprehensive array of services that provide offenders and their families an opportunity to address problems, make lifestyle changes, and manage the issues of reentry as offenders begin their return to the community.

The PRRS serves local, state, and federal offenders who are within 12 months of release and are primarily returning to Montgomery County. PRRS works closely with the offender's family in designing the transition plan and PRRS staff provide intensive case management, employment services, and treatment planning. The program conducts a thorough screening and assessment of individuals before they are deemed eligible to participate.

Collaboration

The PRRS works closely with the Montgomery County Department of Health and Human Services, the courts, local employers, housing agencies, the local faith community, the Maryland State Division of Corrections, and the federal Bureau of Prisons. PRRS partners with the Department of Health and Human Services in designing treatment plans for individuals with co-occurring disorders or mental health services. The Archdiocese of Washington's Welcome Home Program and St. James Aftercare Ministries offer mentoring services and the Montgomery County Housing Opportunity Commission and other faith-based organizations provide offenders with federally subsidized housing.

Access to Benefits

PRRS staff screen individuals weekly in each of Montgomery County's detention facilities. Referrals are typically received from defense and prosecuting attorneys, judges, probation agents, case managers within the Maryland Division of Corrections, and community corrections officials within

the federal Bureau of Prisons. At the time of initial screening, each case undergoes a thorough review to determine if an offender is best served by residential services through the PRC, non-residential through the home confinement program, or a combination of both.

PRRS provides a comprehensive array of services including:

- Individualized assessment and treatment planning
- The intensive Job Readiness and Retention Program, job counseling, and placement
- Comprehensive substance abuse and addiction services, education, counseling, relapse prevention planning, and Twelve Step programming
- Work-release or educational release
- Individual, group, and family counseling
- Community-based therapy
- Life Skills seminars

Sustainability

Montgomery County fully funds PRRS. The program operates under the premise that public safety is enhanced when individuals are released through the PRC rather than through the jail. Residents of the PRC provide support for their families and save money for their release by obtaining employment. Residents also pay 20 percent of their salaries for room and board, which generates over $250,000 for the county annually.

Gender/Cultural Components

Programming in the PRC includes gender-specific treatment through the TAMAR Program, which stands for Trauma, Addictions, Mental health And Recovery. TAMAR is a voluntary trauma treatment and education program for women and men. The TAMAR Program is in place in eight counties throughout the state of Maryland, offering trauma treatment centers within the detention centers as well as peer support groups within the community. The program also offers connection to community agencies providing mental health, substance abuse, and social and domestic violence services.

Community Linkages

The PRRS Division has a strong work-release program in which individuals are assigned a Work Release Coordinator whose primary functions are to assist in finding long-term employment, provide vocational guidance and counseling, facilitate the Job Readiness/Retention Seminar, and ensure that their clients maintain positive performance and accountability at work. The Work Release Coordinators are engaged in community outreach with local businesses, prospective employers, and vocational training programs.

Case managers help individuals suffering from co-occurring disorders link up with the proper community based mental health and substance abuse treatment. They also work with the offender's family member designated as their "sponsor" to ensure the offender is having a smooth transition back into the community. PRRS will provide the sponsor information on enabling, limit-setting, domestic violence, and family roles. Sponsors are seen as an integral part of the reentry process.

Results

PRRS collects data and demographic information on individuals successfully released from PRRS; jail beds saved; cost savings; and percentage released with employment, housing, and other appropriate services.

In 2006, PRRS:

- Managed almost 30 percent of all locally sentenced inmates in the corrections system in Montgomery County
- Served 624 individuals, and 83 percent successfully completed the program.
- Collected $400,000 in program fees. Program participants paid over $200,000 for family and child support and $30,000 in federal taxes.
- Saw 99 percent of program participants released with housing.
- Saw 88 percent of program participants were released with employment.

Multnomah County, Oregon
Transition Services Unit

Multnomah County is an urban county of over 660,000 containing the city of Portland. Multnomah County contains two operating jails: the Multnomah County Detention Center, a 676-bed maximum security adult facility in downtown Portland, and the Multnomah County Inverness Jail, a 1,014 bed medium security facility in the Northeast part of the city.

The Transition Services Unit (TSU), established in 2001, provides a comprehensive system of services designed to prepare, equip, and sustain offenders upon their release from jail or prison. The TSU conducts reach-in visits of inmates who are going to be released from state prisons back into Multnomah County. The program is responsible for linking recently released offenders to services, including pre-release planning, case coordination, housing, transportation, and medical and benefit assistance. The TSU provides transition planning services up to 120 days prior to release from prison or jail and 90 to 180 days post-incarceration.

The Department of Community Justice, a county agency in Multnomah County, runs the TSU. The program works on the "housing first" model and coordinates with Multnomah County and the city of Portland's 10-year plan to end homelessness. TSU's primary focus is on offenders with special needs, including those with mental, developmental, and physical disabilities; the elderly; and predatory sex offenders. TSU services cover a daily average of 35 recently released offenders from jail or prison, helping them to:

1) Locate and access safe and suitable housing
2) Identify and make an initial appointment for medical and/or mental health and substance abuse treatment
3) Receive medication assistance
4) Make first appointment for federal and state benefits
5) Receive employment referrals
6) Receive clothing
7) Receive case coordination parole/probation and connect to other service providers

Collaboration

The Department of Community Justice coordinates the TSU in and works with a number of community, state, and federal agencies and organizations.

TSU's Housing Services has contracts with six local housing providers and provides contracted/subsidy housing for individuals transitioning back into the community. The Department of Community Justice partners with Cascadia Behavioral Healthcare, a local treatment provider, to provide treatment for individuals suffering from co-occurring disorders.

Multnomah County also runs a Public Safety Coordinating Council where committees make recommendations on various criminal justice and mental health concerns. Multnomah County Commissioner Lisa Naito remarks, "A regular organizational meeting with all the appropriate stakeholders is a necessary first step. The Public Safety Coordinating Council is the foundational structure of Multnomah County's efforts; it's where the action stems from."

Access to Benefits

The TSU coordinates the Joint Access to Benefits (JAB) Program, a collaborative effort that helps offenders qualify for federal disability benefits that cover mental health services, psychiatric medications, and other care. This is a joint project among the Multnomah County Sheriff's Office, Multnomah County Aging and Disability Services, Social Security Administration, and Oregon Department of Corrections. The goal of the JAB Program is to initiate the application for Social Security benefits as early as possible after release so persons leaving jail can receive benefits as soon as possible in order to ensure stable housing and medication assistance.

Individuals with co-occurring disorders are connected with Cascadia Behavioral Healthcare before their release. A 30 day supply of medication is provided for individuals leaving prison and a 14-day supply for those exiting jail. The TSU also has available 20 slots a month to cover no charge offenders exiting prison or jail a full 12 months of coverage for medical services and insurance.

Snapshot of Special Needs for TSU Clients	
Mental Health	35%
Sex Offenders	51%
Offenders with Violent Histories	19%
Developmental Disabilities	6%
Medical Disabilities	11%
Alcohol and Drug Issues	78%

The Multnomah County Department of Community Justice also operates the Londer Learning Center, designed to enhance community safety by helping offenders develop literacy skills. The center collaborates with local treatment centers, courts, corrections counselors, and parole/probation officers to provide educational services for adults out of jail or prison, but on some form of community supervision.

Sustainability

The TSU is funded primarily by Multnomah County, with additional funding from the Oregon Department of Corrections. The Multnomah County Board of Commissioners has been supportive of the TSU program and has made the services the TSU offers common practice in the county.

Gender/Cultural Components

Multnomah County's Day Reporting Center is a highly structured, non-residential program that offers supervision and access to services while stressing accountability and community safety. The Day Reporting Center offers 90 to 120 days of intensive case management for offenders coming out of jail or prison. The Focus on Reentry (FOR) program offers a number of gender-specific groups; cognitive restructuring and life skills groups; and relapse prevention, education, and emotional management services. The FOR program works in 12 gender-specific sessions, and on the 13th session they bring in the appropriate community linkages for the individual.

Community Linkages

TSU works extensively in providing housing support for offenders transitioning back into the community. The program provides contracted/subsidy housing for a monthly average of 329 offenders who have no other resources or support. Multnomah County has contracts with local housing providers and also operates facilities like the Medford Building. The Medford Building- a co-operative effort of Multnomah County and Central City Concern, a non-profit group working to provide solutions to homelessness in Portland- houses male and female offenders released from substance abuse treatment programs and who currently undergoing outpatient treatment as well as indigent, post-prison parolees and probationers.

TSU works with the Day Reporting Center to form a hub of services for released offenders from jail or prison, including:

- Drug and alcohol assessments, referrals, and services
- Cognitive restructuring and life skills groups
- Case management
- Random urinalysis
- Employment services
- Referrals for education and GED testing
- Mental health services

Results

TSU corroborates research that finds that offenders who have access to supportive services and housing upon leaving incarceration are less likely to recidivate and more likely to find employment.

- TSU receives approximately 2,265 clients a month.
- TSU data also shows 78 percent of high-risk, high-need offenders were able to move into stable housing, obtain employment, complete their GED and/or obtain entitlements.

Multnomah County, Oregon
Department of Community Justice Transition Services Unit

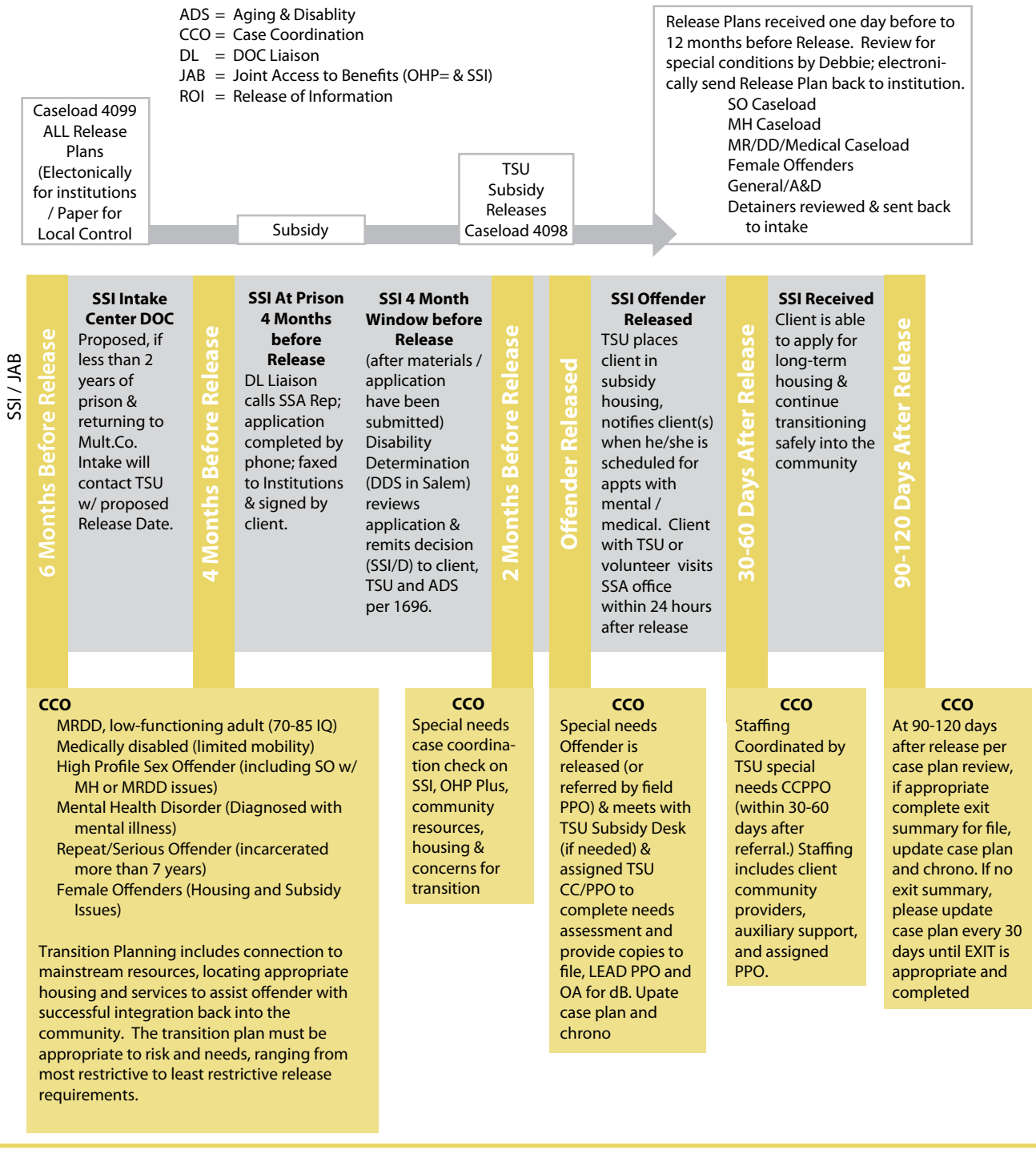


Figure 7: Diagram of the Transition Services Unit Services

Endnotes

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[13] Macomb County Community Corrections estimates that with 100 participants multiplied by 104 days (the average stay in jail for individuals with co-occurring disorders) multiplied by $70.30 (the daily cost of incarceration in the Macomb County Jail) they save $733,200 a year in jail costs.

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