



# 2014 Jail Best Practices Award Official Entry Form


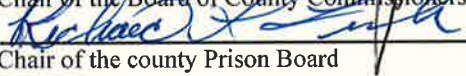
*This form must be attached to all entries.* Entrants must complete all sections for the entry to be considered complete. A copy of this official entry is available electronically at [www.pacounties.org](http://www.pacounties.org).

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## Project Information

Title Armstrong-Indiana-Clarion MA Jail Pilot Program Start Date December 1, 2012

Each application must be submitted with two signatures. Place appropriate signatures on two of the lines below:

 \_\_\_\_\_  
Chair of the Board of County Commissioners  
 \_\_\_\_\_  
Chair of the county Prison Board

\_\_\_\_\_ County Chief Executive Officer

## Program Narrative

A separate program narrative document must be attached to this form that answers the following questions in the order presented. This must be typed in a Word-document, Times New Roman, 10-point type.

- **Need:** a description of the identified need and the background including what programs were in place before the current project, if any, and how it led to this effort
- **Program/policies:** a description of how the project enhanced general operations programs/policies, treatment, and custody
- **Approach:** a description of the project, including any evidenced-based approaches to jail diversion, community involvement strategies, formation of stakeholder groups, county-wide planning strategies, etc.
- **Evaluation:** a brief description of how the project was evaluated and any lessons learned
- **Stakeholders:** a brief description of the community, including a description of key stakeholders, organizations, and county departments that were involved in the project
- **Processes:** a description of how the activities or processes utilized in this project were altered or will be continued based on experience, including plans for leveraging additional resources
- **Costs:** a description of any costs associated with the project and how it was funded; cost savings, if any and any change in community acceptance, reductions in insurance costs, or inspection improvements that resulted from the program

Scoring will be based on the elements as described above.

Please attach supporting documents, forms or other information that support the award entry. **Entries must be received by close of business on February 14, 2014.** Winners will be announced during the CCAP Spring Conference, March 23 - 25 2014. More information: Brinda Carroll Penyak, [bpenyak@pacounties.org](mailto:bpenyak@pacounties.org) or (717) 526-1010.



## 2014 Jail Best Practices Award

### Program Narrative: Armstrong-Indiana-Clarion Medical Assistance Jail Pilot Program

**Need: a description of the identified need and the background including what programs were in place before the current project, if any, and how it led to this effort**

Substance use disorders are on the rise in Armstrong, Indiana, and Clarion counties, as evidenced by increased number of individuals served, incarceration and re-incarceration rates, as well as increased caseload sizes for Probation Officers supervising individuals with substance use disorders or individuals whose crimes involved substance abuse. Prior to the Armstrong-Indiana-Clarion Medical Assistance Jail Pilot Program, inmates often did not have the opportunity to access the appropriate level of drug and alcohol treatment, nor did they have swift access to Medical Assistance and HealthChoices eligibility to fund that treatment. The Single County Authority (SCA, the Armstrong-Indiana-Clarion Drug and Alcohol Commission) would fund inmates for treatment upon release, limiting the number of individuals able to be served. The increased need for appropriate substance abuse treatment and Medical Assistance and HealthChoices eligibility for individuals led to the development of this program.

The following departments in Armstrong, Clarion and Indiana Counties (Probation, District Attorney's Office, Courts, County Jail, County Assistance Office, Commissioners, and the Drug and Alcohol Commission) have collaborated on a Medical Assistance Jail Pilot to identify County Jail inmates that need inpatient drug and alcohol treatment and assist them in applying for HealthChoices eligibility, effective on the date of their release from the County Jail so that they may be transferred from the County Jail directly to an inpatient drug and alcohol treatment facility.

**Program/policies: a description of how the project enhanced general operations programs/policies, treatment, and custody**

The efficiencies created through this MA Jail Pilot Program collaboration include the following:

- Direct transfer of the inmate from the County Jail to a residential treatment facility so that the released inmate is not waiting for a treatment assessment and admission to a facility, and likely to re-offend or use alcohol and/or drugs in the meantime
- Ability of County staff to track the Medical Assistance COMPASS application
- Medical Assistance eligibility notice is sent directly to the SCA
- Ability of County Probation Officers to make appropriate referrals for inpatient treatment
- Increased collaboration between Probation, County Assistance Office, Jail, and drug and alcohol Case Managers increase the likelihood of positive outcomes for the clients
- Positively benefitted the local County Jail census' by inmates being released to appropriate substance abuse treatment instead of continued incarceration
- More clients are receiving the appropriate level of substance abuse treatment

This collaboration has benefited clients and families through the following:

- Providing assistance to the County Jail inmate in applying for Medical Assistance benefits while in the County Jail
- If eligible, having HealthChoices benefits start on the date of release for the County Jail inmate
- Providing the appropriate level of substance abuse treatment
- Providing for admission on the inmate's date of release directly to the substance abuse treatment facility
- Increasing access to the appropriate medications for inmates with Co-Occurring Disorders
- Provided hope for families that their loved one is receiving substance abuse treatment

# **MA County Jail Pilot Armstrong-Indiana-Clarion Drug and Alcohol Commission**

**December 31, 2013 UPDATE**

**Statistics reference December 1, 2012 through December 31, 2013**

# Current Partners

- Armstrong, Clarion, and Indiana Counties
  - Department of Drug and Alcohol Programs
  - Department of Public Welfare
  - Commissioners
  - Judge
  - District Attorney
  - Probation Offices
  - County Jails
  - County Assistance Offices
  - Treatment Providers
  - Managed Care Organizations
  - Drug and Alcohol Commission

# Current Process

- Probation identifies inmate for evaluation
- Probation calls Commission for assessment
- Commission's Case Manager performs Level of Care Assessment
- If eligible, Case Manager notifies Probation for release date
- Commission's Certified Recovery Specialists assists inmate with completion of COMPASS Medical Assistance Application
- CRS notifies County Assistance Offices when application will be sent through COMPASS
- County Assistance Office processes application
- County Assistance Office notifies Commission of eligibility
- Commission notifies Probation and County Jail
- Commission's CM acquires bed date for date of inmate's release

# Armstrong County – started 12/1/2012

- **72 referrals** -Avg. age 29.80                      30 – female, 42 male
  - 64 referred due to probation violations
  - 13 of the 71 referrals were referred for a second/third time in the pilot program
- **23 ineligible for Pilot Program**
  - 1 referred to Outpatient, 3 referred to Intensive Outpatient, 7 referrals to Partial, 1 returned to another county jail to serve additional detainer, 1 sent to state prison, 2 released from county jail prior to assessment, 5 clients had private insurance and directly referred to treatment/released, 2 referrals cancelled by APO, 1 client assessed and no treatment recommended
- **2 referrals are pending**
- **47 eligible for Pilot Program per Level of Care recommended**
  - **43 recommended to short term inpatient**
    - 3 admitted and still in treatment
    - 4 admitted, completed, stepped down to Halfway House and still there
    - 2 admitted, completed, stepped down to Halfway House, d/c non-compliant
    - 1 admitted, completed, stepped down to Halfway House, d/c non-compliant but now in aftercare
    - 2 Admitted, completed and stepped down to Halfway House, completed and followed through with aftercare
    - 21 admitted, completed and followed through with aftercare
      - 6 admitted, completed, started aftercare but d/c non-compliant
      - 1 admitted, d/c non-compliant but re-engaged and is now in Halfway House
      - 1 admitted, completed but did not follow through with aftercare
      - 2 admitted and d/c non-compliant
    - 1 to short term inpatient-dual (admitted, d/c due to medical issue, admitted to Partial, d/c non-compliant and re-incarcerated)
    - 1 recommended to long term treatment, d/c non-compliant, jailed and d/c, now in aftercare
    - 1 to long-term inpatient-dual (admitted, completed, admitted to Partial, experienced an overdose and readmitted to detox, stepped down to long term, d/c for medical reasons, no further contact)
    - 1 to hospital based inpatient (not admitted, client decided to max out sentence and access Partial Treatment upon jail d/c)
  - **3 referrals were eligible for utilization of the 1663 form**
  - **14 clients were re-incarcerated after referral to jail pilot program, some at time of non-compliant treatment d/c and others after all treatment was completed upon re-offending**

# Armstrong County cont.

- **Average length of time between probation referral and Level of Care Assessment = 12.69 days**
- **Average length of time between Level of Care Assessment and Certified Recovery Specialist (CRS) services admission = 15 days** (one referral was pending information from APO-27 days, one client had detainer that needed to clear-42 days, one client had minimum sentence to serve-163 days)
- **Average length of time between CRS services admission and MA application date = 1.7 days**
- **Average length of time between Level of Care Assessment and Treatment admission = 17.89 days** (one at 37 days due to needing to see DR For 1663 form, one at 52 days due to pending charges and a detainer to clear, one at 216 days due to minimum sentence to serve)
- **Eleven referrals had MA/Behav. Health coverage still active in Jail – CAO decided to not turn it off so that treatment admission was not delayed**
- **Actual amount of Treatment Dollars saved to date = \$233,156.00**

# Clarion County – started 12/1/2012

- **34 referrals** -Avg. age 28 - 10 female, 24 male
  - 29 referred due to probation violations \*4 referred during pre-sentence
- **15 ineligible for Pilot Program**
  - 4 referred to Intensive Outpatient, 4 referral to Partial, 2 with private insurance in place, 1 returned to another county jail to serve additional detainer, 1 out of county resident, 1 considered for Drug Court and denied, thus continued incarceration, 1 sentenced to state intermediate punishment thus continued incarceration, 1 released from jail (pre-sentence client).
- **1 referrals currently pending**
- **18 eligible for Pilot Program per Level of Care recommended**
  - *11 recommended to short term inpatient*
    - 2 admitted, completed, stepped down to HH, completed, admitted and currently in non-residential aftercare
    - 1 admitted, completed, and currently in aftercare
    - 4 admitted, completed, stepped down to Partial, d/c non-compliant and re-incarcerated
    - 1 admitted, completed, failed to keep appointment for aftercare, absconded from probation
    - 1 admitted, completed, stepped down to HH, d/c non-compliant and re-incarcerated
    - 1 admitted, completed, no contact from client after treatment completion
    - 1 assessed but not referred to treatment due to scheduled hearing date, probation re-referred later
  - *2 to short term inpatient-dual*
    - 1 admitted, stepped down to and completed HH treatment, relocated out of county
    - 1 referred to 3B dual yet admitted to 3C dual due to insurer and still in 3C dual care
  - *4 to long term inpatient*
    - 1 completed all treatment and then re-incarcerated
    - 1 admitted and stepped down to 3B, completed all treatment and relocated to another county
    - 2 admitted and still in 3C care
    - 1 to *hospital based inpatient* (not admitted due to ongoing medical issues, d/c from jail, failed to keep Partial Treatment intake appointments, was eventually admitted to IOP, This referral was eligible for utilization of the 1663 form)
- **1 referral was eligible for utilization of the 1663 form**
- **6 clients were re-incarcerated after referral to jail pilot program, some at time of non-compliant treatment d/c and others after all treatment was completed upon re-offending**



# Clarion County cont.

- **Average length of time between probation referral and Level of Care Assessment** = 8.90 days
- **Average length of time between Level of Care Assessment and Certified Recovery Specialist (CRS) services admission** = 19.46 days (one referral had serious medical issues that complicated service provision, two referrals with minimum sentence to serve)
- **Average length of time between CRS services admission and MA application date** = 0.08 days, only one client had their Compass application submitted one day after the CRS met with them in jail due to computer issues.
- **Average length of time between Level of Care Assessment and Treatment admission** = 24 (two referrals with minimum sentence to serve, one client's admission delayed due to client failing to keep/rescheduling intake appointments)
- **Actual amount of Treatment Dollars saved to date** = \$135,892 in residential cost (inpatient and halfway house). Additional savings possible for SCA with clients who followed through with Partial, IOP and OP aftercare while MA/Behavioral Health eligible

# Indiana County - started 5/1/2013

- **30 referrals**      -28.73 Avg. age      - 4 female, 26 male
  - 15 referred due to probation violations
  - 15 referred during pre-sentence or pending charges as part of drug court and/or RIP program consideration
- **9 ineligible for Pilot Program**
  - 6 not approved for Drug Court/RIP therefor not approved for jail pilot)
  - 1 not eligible due to LOC recommended
  - 1 not eligible for pilot program due to being an out of county resident
  - 1 not eligible due to financial resources that rendered him ineligible for MA
- **1 referrals still pending**
- **20 eligible for Pilot Program per Level of Care recommended**
  - 19 recommended to short term inpatient
    - 1 admitted and still in treatment
    - 1 admitted, completed, stepped down to HH, d/c non-compliant and re-incarcerated
    - 1 admitted, left treatment AMA, re-incarcerated
    - 1 admitted, completed, stepped down to HH, left treatment AMA, re-incarcerated
    - 2 admitted, completed, stepped down to HH and still in HH care
    - 9 admitted, completed, and currently in non-residential aftercare
    - 1 admitted, d/c non-compliant, re-incarcerated
    - 2 admitted, completed, started aftercare (IOP) but was re-incarcerated
    - 1 referred to 3B yet moved up to 3C care upon admission (and additional information provided), client still in long term care
  - 1 recommended to long term inpatient (still in long term inpatient care)
- **No referrals were eligible for utilization of the 1663 form**
- **6 clients were re-incarcerated after referral to jail pilot program, some at time of non-compliant treatment d/c and others after all treatment was completed upon re-offending**

# Indiana County cont.

- **Average length of time between probation referral and Level of Care Assessment = 9.4 days**
- **Average length of time between Level of Care Assessment and Certified Recovery Specialist (CRS) services admission = 17.12 days** (minimum sentences to serve affected CRS/MA admission dates), also not all clients elect to enroll in RSS services
- **Average length of time between CRS services admission and MA application date = 0 days**
- **Average length of time between Level of Care Assessment and Treatment admission = 24.85 days** (four referrals at 45 or more days due to minimum sentence to serve)
- **Actual amount of Treatment Dollars saved to date = \$158,937.00** in residential cost (inpatient and halfway house). Additional savings possible for SCA with clients who followed through with Partial, IOP and OP aftercare while MA/Behav. Health eligible

# Combined Numbers

- **136 referrals**    -Avg. age 29.13    - 44 female, 92male
  - 108 referred due to probation violations
- **47 ineligible for Pilot Program**
- **4 referrals still pending**
- **85 eligible for Pilot Program per Level of Care recommended**
  - *73 recommended to short term inpatient*
  - *3 to short term inpatient-dual*
  - *6 to long term inpatient*
  - *1 to long term inpatient-dual*
  - *2 to hospital based inpatient*
- **4 referrals eligible for use of the 1663 form**

# Combined Numbers cont.

- Average length of time between probation referral and Level of Care Assessment = 11 days
- Average length of time between Level of Care Assessment and Certified Recovery Specialist (CRS) services admission = 16.7 days
- Average length of time between CRS services admission and MA application date = 1.14 days
- Average length of time between Level of Care Assessment and Treatment admission = 20.83 days

**Total Amount SCA Saved in  
Treatment Dollars (12-1-12 to 12-31-13)**

**\$ 527,985.00**

# Successes

- Cost savings to SCA treatment budget and PCCD grant treatment \$
- Ability to track MA application via Compass website
- MA eligibility notice sent to SCA directly
- A few referrals were MA/Behavioral Health eligible at jail admission and local CAO decided to continue coverage, therefore treatment admission was expedited
- CAO responsiveness, communication and assistance with challenging cases
- Jail collaboration to use internet and phones has been extremely helpful
- Collaboration between CAO, Probation, Jail, Case Managers and Recovery Specialists increases likelihood of positive outcomes for clients
- More clients are receiving appropriate substance abuse treatment

# Challenges

- Clients' pending charges and detainers delay time between referral and treatment admission.
- Medical issues considerably complicate the referral process. Two hospital based Inpatient Treatment referrals did not access treatment, one due to client choice to max out her sentence, the other due to medical issues affecting admitting facility's ability to accept client.
- Clients being considered for Drug Court Programs that are not accepted into those programs often get denied treatment as well, due to APO decision to continue incarceration.



# Collaborative Recent Updates

- April 2013 met with Indiana County representatives to include Indiana County (DPW, Jail, and APO staff) in Pilot.
- Indiana County included in Pilot as of May 1, 2013.
- June 2013 met with Clarion District Attorney's Office to begin collaboration on pre-sentence and recently sentenced referrals and provide training on characteristics of appropriate referrals.
- June 2013 met with Armstrong County APO Chief & Deputy Chief to review referral process and provide training on characteristics of appropriate referrals.
- June 2013 met with Indiana County APO staff to review referral process and provide training on characteristics of appropriate referrals.
- July 2013 streamlined referrals to two Case Managers (one for Armstrong & Indiana counties, one for Clarion) for consistency and collaborative scope of effort, instead of three.
- January 2014 AICDAC plans to hire an additional Criminal Justice Case Manager to work with Armstrong County referrals and current CJCM will work with Indiana County referrals.

# Future Plans

- Possible expansion to other counties in Pennsylvania at the direction of the Department of Drug and Alcohol Programs.
- Planned pilot in the SCI Graterford prison.