One of the most significant challenges facing the correctional system is the large proportion of inmates in need of behavioral health services to address mental health and substance abuse issues. National estimates place the percentage of inmates with substance abuse issues as high as 68 percent, and the portion with serious mental health issues at 17 percent, with 59 percent of those having a co-occurring substance abuse issue. Left untreated, these factors contribute to a recidivism rate that is higher than that of the general offender population; in addition, individuals with a serious mental illness return to jail nearly a year sooner than other offenders.

The Allegheny County Jail Collaborative, as part of its mission to prevent recidivism and improve public safety, convened a workgroup to review the availability of behavioral health services in the Allegheny County Jail (ACJ), identify gaps and challenges within the system, and create service "maps" to provide an overview of the service navigation process for behavioral health professionals and corrections officials. These maps can be found in the Appendices.

The workgroup found that the Jail Collaborative has structures and policies in place that are consistent with best practices for behavioral health services in a correctional setting; these include the following:

- Screening and evaluation, which take place at intake, include an assessment of the
 individual's ability to function in the jail environment, the need for behavioral health
 treatment, and the individual's risk of injuring himself or others.
- Qualified professionals are available to address non-emergency mental health needs.
- Individuals are assessed and engaged, and receive cognitive behavioral programming in accordance with best practices.
- A number of gender-specific services are available for female inmates.

Since the completion of the workgroup's activities, a new vendor is providing physical and behavioral health services in the Allegheny County Jail. This report does not reflect any changes made as a result of this transition in providers. Crime and Justice

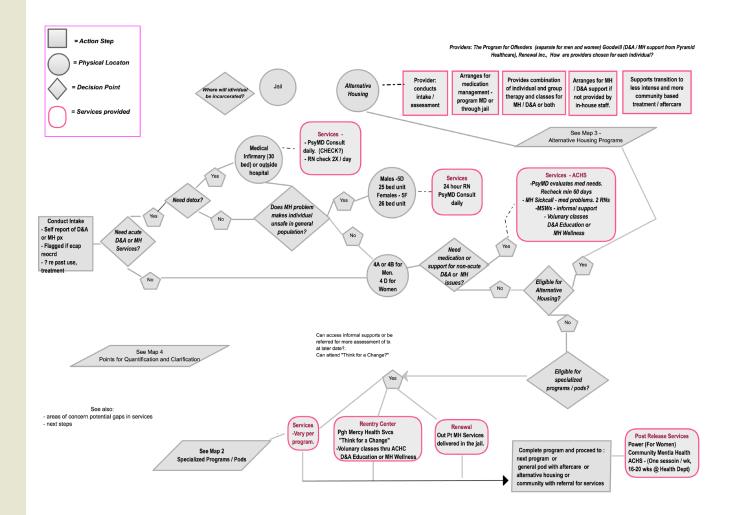
However, the workgroup identified gaps in the consistency with which these structures and policies were implemented. Specifically, the following gaps were identified:

- A lack of consistency was observed in the intake procedures, as well as in criteria for placement in specialized units and referral to treatment programs, counseling or classes.
- The availability of services is inadequate to meet demand. In addition, criteria for service might have the unintended effect of excluding particularly vulnerable individuals (e.g., those with intellectual disability, or who are non-ambulatory or non-English-speaking individuals).
- Fewer program options are available for women, and obstacles to service (e.g., limited program hours) have a disproportionate impact on women.
- Discharge is not always managed in the most effective way, often due to an unexpected court-ordered release or transfer that does not allow sufficient time for careful discharge planning and coordination. Inmates who have completed treatment programs, counseling or classes are not consistently connected to community supports or service coordination upon release. Furthermore, transition issues occur when inmates move to alternative housing, particularly regarding medical records and consistency of medication management.

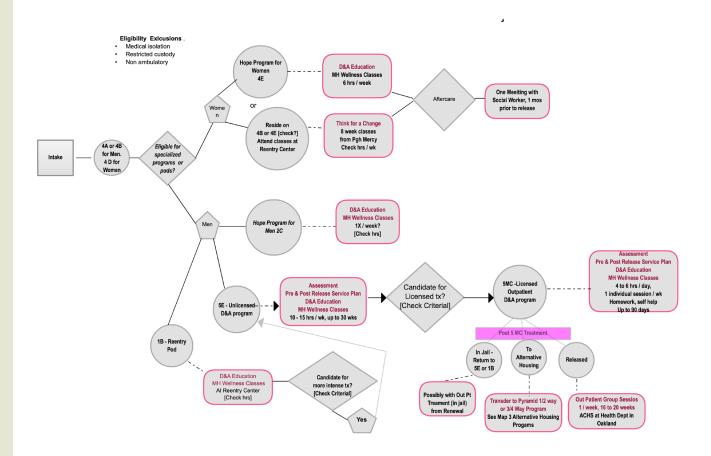
APPENDICES:

- A. Allegheny County Jail Behavioral Health Supports and Classes 3
- B. Specialized Behavioral Health Program Pods Allegheny County Jail 4
- C. Behavioral Health Services Allegheny County Jail Medication Management 5
- D. Alternative Housing and Post-Release Services 6

APPENDIX A: ALLEGHENY COUNTY JAIL — BEHAVIORAL HEALTH SUPPORTS AND CLASSES

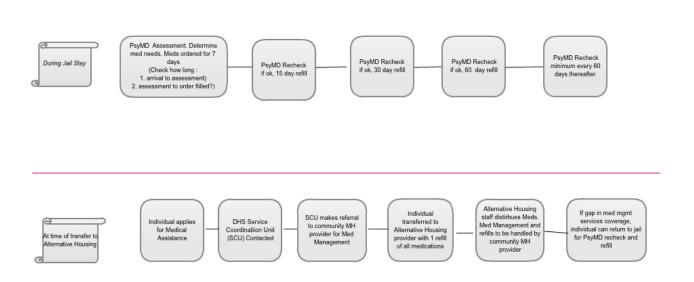


APPENDIX B: SPECIALIZED BEHAVIORAL HEALTH PROGRAM PODS — ALLEGHENY COUNTY JAIL



APPENDIX C: BEHAVIORAL HEALTH SERVICES — ALLEGHENY COUNTY JAIL MEDICATION MANAGEMENT

Estimated number currently receiving medication management services: 763 of approximately 2500 people in the Jail. Estimated number currently receiving supportive services: 300 to 400.



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APPENDIX D: ALTERNATIVE HOUSING AND POST-RELEASE SERVICES

How are providers chosen for individuals? Are Pyramid Health Services different for individuals housed at Goodwill vs their own inpatient services?						
						Post Release Services
	Goodwill Supported by Pyramid Health Care (Men only?)	Pyramid Health Care (Men only?)	ACTA The Program for Offenders (Men)	The Program (Women)	Renewal, Inc	Power
Primary Jail Population Served	Men - Primarily D&A	Men - Dual Dx MH + D&A	Men, Primarily D&A	Women D&Aw high proportion also MH	Men and Women MH and / or D&A	Women Post Tx and / or Incarcerattion for D&A
How Are Clients Referred	JRS				Court, Jail, Probation Office, District Magistrates	Jail, Renewal TPC ??
Services Provided	Out Patient 1.5 hrs 1X /wk (4 Out Pt Groups)	Partial Hospitalization Tx - 5 days / wk, 6 hrs / day 6 weeks PsyMD 1-2 X / wk Half Way House Intensive Out Pt. 3 hrs/ day - 3 days / wk Morning, Afternoon, or Evening Group Midday - More MD Acces 3/4 Way House Referrals from 5MC or 5E, Renewal, ACTA. Need prior hx of licensed level of care Out Patient Tx	Drug & Alcohol Treatment CHECK?] MH Treatment thru Pgh Mercy	Licensed In-Pt D&A Treatment	In Pt Residential D&A + MH Treatment Out Patient MH + D&A Educational, vocational, recreation and employment programming	Therapy and / or Psycho-Educational Groups, @ 1.5 - 2 hrs / wk for up to 90 days Holistic Supports eg Expressive Arts, Yoga, Meditation, tai chi. At least one familly education session
Medication Management	PsyMD on staff or consulting	PsyMD on staff or consulting			PsyMD on staff or consulting	
Post Discharge	Refer to community based services 12 Step Programs					Refer to community based services 12 Step Programs