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EVALUATION OF SERVICES FOR ADULTS WITH A DUAL DIAGNOSIS IN THE CRIMINAL JUSTICE SYSTEM

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

---

by

Cheryl Anne Stebbings

June 2011

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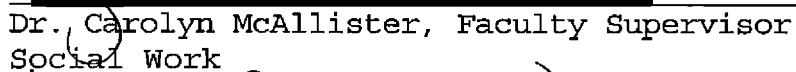

Dr. Carolyn McAllister, Faculty Supervisor
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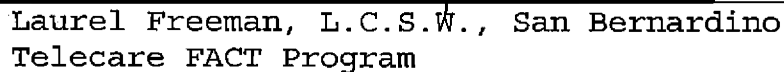

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ABSTRACT

Adults with co-occurring disorders in the criminal justice system face specific challenges in their recovery and require specialized treatment plans to help them successfully overcome those challenges. Finding a balance of how mental health providers and the criminal justice system can work together to design effective treatment plans for these clients is essential in helping them accomplish this. This research evaluated the effectiveness of services members receive from the San Bernardino Telecare FACT program in their recovery. It also evaluated any differences that may exist based on gender, age, or ethnicity. Implications of those results for social work practice were also discussed.

ACKNOWLEDGMENTS

I would like to say thank you to Dr. Carolyn McAllister for all of her support, patience, and understanding during the process of writing this. Also I would like to thank Laurel Freeman, Director San Bernardino Telecare FACT program. You invested a lot of time and energy into helping me learn and grow as a social worker, and I appreciate everything you have done for me. I learned so much from you that will go on to impact me in my own practice. Thank you to all the other FACT team members who work hard every day to help improve the lives of the members at their program; you guys are awesome.

Finally, I have to say I never would have made it through this program without the support, humor and friendship of my spectacular fellow students in my cohort. You made this experience bearable and have all made a difference in my life.

DEDICATION

I want to dedicate this to my family who have cheered me on through this entire process, and believed in my ability to accomplish my goals. Thank you, I love you all and appreciate your support and encouragement. To my mum, who's no longer here but was still with me every step of the way on this journey, I promised you years ago that I would go to college and finish my education; I think I'm done now. Finally, to my daughter Amanda Stebbings who believed in me even when I didn't and always encouraged me to keep going when I wanted to quit, I love you so much and I couldn't have done this without you.

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CHAPTER ONE

INTRODUCTION

This chapter gives an overview of the area of specialization, as well as introduces the reader to the problem statement that was studied throughout this research project. Also included are the purpose of this study, and presentation of the clients and agencies impacted by this problem and their need for research in this area. It discusses a brief rationale for the methods that were used, as well as the method of research that was employed. This chapter also looks at the significance of the research to social work practice and any implications the results of this study may have on it.

Problem Statement

In the past two decades, the overwhelming numbers of adults in the criminal justice system who are living with co-occurring disorders (COD) of a mental illness and a substance abuse disorder have become an increasing area of concern and interest in social work research and practice (Chandler & Spicer, 2006). This particular population of people faces specific problems and challenges in their recovery not faced by people with

only a single disorder, requiring different treatment and interventions to assist them in their recovery (Abram & Teplin, 1991).

To give some idea of the scope of this problem, according to the National Institute of Mental Health (NIMH, 2010) in any year just over 12.5% of the population in this country who are 18 and over is living with a dual diagnosis of a mental illness and a substance abuse problem, which is roughly 28.5 million people nationally. This same percentage of 12.5 equates to some 287,500 people nationally who are in the criminal justice system and who have dual disorders.

To compound the problem, adults with COD who are also trying to operate within the criminal justice system are caught between two very different systems founded on seemingly opposing sets of beliefs (Fellner, 2006). While mental health professionals and social workers seek to empower and advocate for their clients' right to self-determination, the underlying principles of the criminal justice system are discipline and punishment.

In the mid 1990s, mental health courts were created as a means of trying to merge these two very different systems (Bureau of Justice Assistance [BOJ], 2010) with

one of the biggest challenges being how they can best work together to create the most comprehensive, beneficial treatment plans for these clients. The recent merging of these two opposing systems has left many social workers, mental health professionals and criminal justice system workers unprepared to navigate and work within the merging of these two very different worlds.

Also impeding this process is the fact that many prison and criminal justice professionals do not feel that mental illness or substance abuse should be taken into consideration in sentencing or other disciplinary actions; they also have many concerns about malingerers (Fellner, 2006).

In order to begin to address this ever growing problem of dual-diagnosis adults in our jails, prisons and courtrooms, it is imperative that both these systems become knowledgeable about the other, and which services within those systems best assist clients in recovery. The current lack of knowledge in this area may be causing many of the people with dual-diagnoses in these systems to slip through the cracks and potentially miss out on receiving an integrated treatment plan designed to address their very specific needs.

Purpose of the Study

Many criminal justice workers feel that working with mental health agencies is impeding their ability to reform criminals through the use of punishment and discipline, while at the same time mental health professionals feel having to work within the rigid, punishment oriented confines of the criminal justice system is negatively impacting their ability to provide their clients with the services and treatment they need (Fellner, 2006).

Knowing which mental health services and/or criminal justice system services are most beneficial to the client will assist workers in both professions to provide better treatment to their clients. Having this knowledge may also help bring workers in these two opposite fields together and assist them in working towards creating a more unified front in treatment planning and working with clients.

One of the basic beliefs in social work is that the client is the expert on themselves and knows what is best for them. As members of the Telecare Forensic Assertive Community Treatment program (FACT), the mental health agency that the participants in this study receive

services from, clients have a choice over what services they utilize, such as housing or medication support, and how frequently they utilize these services. This study looked at members' reduction in recidivism and hospitalization rates based on frequency and type of services used. Another purpose was to identify the demographics of the members of the agency; who uses the services and what is their background?

FACT feels that oftentimes the criminal justice system is too speedy and harsh in its punishment by putting dual diagnosis offenders who relapse back in jail as a means of punishing them from using again when perhaps in fact what they need is a more intense, or more specialized, treatment plan (Laurel Freeman, Director FACT Program, personal communication, October 27, 2010).

This agency is interested in understanding how big an influence the threat of incarceration is on their clients' recovery and if being subjected to this punitive treatment is in fact actually helping them. Also of interest is whether or not certain services are more beneficial at different stages during recovery and which services are most helpful to clients.

To help ascertain the answer to these questions, this was a quantitative study which looked at any positive or negative correlations between services, or mean differences in outcomes based on services provided, length of time in the FACT program and re-incarceration rates. The ultimate goal of gaining this information is to utilize it to design and implement better treatment plans and provide more effective services to the clients.

A thorough demographics analysis was also done so that any differences in gender, ethnicity, age or acculturation could be assessed and taken into consideration as they relate to overall success in recovery. This also helped identify who the clients are that are utilizing services at FACT; where they come from and what their lives were like prior to entering this program.

Significance of the Project for Social Work

This study was needed not only to clarify information just for one specific mental health agency, but rather to bring awareness and education to all social workers, mental health professionals and those in the criminal justice field as to what the best course of

treatment is for adults with co-occurring disorders who are in the criminal justice system. It further sought to define which system, if either, influences clients' success more in recovery.

This research hoped to shed some light on what which services are most beneficial to clients and if those services change at different lengths of time in the program. It also sought to identify what demographic of our community most utilizes the services offered through the FACT program.

This information will be very beneficial to social workers and other mental health professionals during all phases of treatment, such as the treatment planning and implementation phase and the termination phase. If clinicians know which services or resources have helped their clients during treatment they will then know where to direct their clients for follow-up treatment services.

It is also important to not only bring awareness and education about this information to the above-mentioned professionals, but also to politicians and other social change agents who impact and designate funding and resources for criminal justice and mental health programs such as FACT that work with dual-diagnosis adults. The

more research can contribute to the development and streamlining of these programs, the more effective they will become, hopefully leading to more development and funding being allocated to them.

This research evaluated which services in the Telecare FACT program help clients most in their recovery. It also assessed whether it is the mental health services they receive that are most beneficial in their recovery and treatment, or if it is the punitive measures from the criminal justice system that influence them more.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter provides a thorough literature review which delves into the history of the problem being looked at and provides substantial evidence to support the need for further research in this area. Also included is the relevance of this research project and its results to social work practice.

Mental Illness and the Criminal Justice System

Although prisons and jails have always had a significant number of inmates with mental illnesses, during the past few decades those numbers have skyrocketed, putting the criminal justice system in the position of potentially being the biggest national mental health provider (Fellner, 2006). Many attribute this growth in numbers to deinstitutionalization, which closed many state hospitals that used to house people with severe and persistent mental illnesses such as schizophrenia, bipolar disorder, and major depression (Lamb, Weinberger, & Gross, 2004). Today roughly 55,000 persons with mental illnesses are residing in state

hospitals compared to almost 560,000 1955. Another factor contributing to the increase of incarceration of adults with mental illnesses may be the change in the laws to have someone involuntarily committed with the criteria being much more stringent and rigid now than in the past (Lamb, Weinberger, & Gross, 2004). Finally, inadequate community support systems for persons with mental illnesses who are being released from jail or prison also propagate their criminalization.

Although most prison guards receive little to no training in working with adults with mental illness, they become their primary caregivers, and more often than not treat them the same way they do all other inmates (Fellner, 2006). In addition, Abram and Teplin (1991) found rates of co-occurring disorders among people in jail or prison are significantly higher than for those in the general population, and this dual diagnosis only compounds the problems they face while incarcerated.

Many dual diagnosis prisoners are not able to comply with the rules and regulations they are expected to follow while incarcerated, and oftentimes are punished for exhibiting behaviors related to the symptoms of their illness, which in turn only serves to exacerbate these

symptoms (Fellner, 2006). These inmates are denied parole more frequently and are more likely to serve their entire sentence than inmates without a mental illness.

Several judges in New York felt the situation had reached a crisis level and that prisoners with mental illnesses were not receiving the treatment they needed while incarcerated, which in turn was perpetuating their cycle of homelessness and incarceration (Hodulik, 2001).

Despite the fact that this was a growing area of concern, most prison officials were reluctant to work with mental health providers and voiced their concerns that this would encourage malingering, could undermine the authority of the criminal justice system and might even put the mental health provider at risk of being attacked by disgruntled prisoners (Fellner, 2006).

Mental Health Court and the Merging of Two Systems

With rates of incarcerated individuals on the rise, and many of their illnesses going undetected at intake into the criminal justice system, it became apparent that although corrections officials were reluctant to work with mental health professionals there was a need to find a way to merge these two systems to work together. In

what can only be viewed as a paradigm shift this merging was ultimately accomplished with the implementation of Mental Health courts in the mid 1990s (Bureau of Justice Assistance [BJA], 2010). These courts are a collaborative effort on the part of the mental health and criminal justice fields to work with non-violent offenders who have co-occurring disorders or a mental illness and who are facing incarceration.

Initially there were only four Mental Health courts in the country, however, there are currently 150 nationwide, and more are in the works. Sadly over half of the courts reported that they only started receiving clients less than two years ago (BJA, 2010). The focus of these courts is on linking clients to services such as housing, employment and treatment and thereby reducing their number of contacts with the legal system. Treatment for people participating in these courts is supervised by a judge, mental health treatment providers, and other court personnel who collaboratively define the terms of their participation in the program (BJA, 2010).

Although this may seem to be the ideal solution to this ever growing problem, there are many questions still to be answered about the effectiveness of this integrated

treatment. One particular question on many people's minds is are these programs working and if so what are the most effective services in treatment to clients with co-occurring disorders in the Criminal Justice system. Do the mental health services impact their recovery more, or is it the threat of being incarcerated?

Previous Evaluations of Treatment Programs for Dual Diagnosis Adults

The history of research on treatment for dual diagnosis clients is fairly recent, beginning during the 1980s when clinicians first became aware of the enormity of this problem (Drake, Mueser, Brunette, & McHugo, 2004). However, significant strides have been made in this area with more and more studies being added to the literature.

In their review of residential treatment programs for adults with co-occurring disorders, Brunette, Mueser, and Drake (2004) found that higher integration levels were associated with more engagement on the part of clients in treatment and also with their retention rates. They also found using a more supportive and less confrontational approach was important as well as program flexibility to individualize the client's treatment.

Researchers have also found that integrating substance abuse services with mental health services significantly improves the outcome in treatment compared to programs which address only one problem at a time (Mueser, Drake, Sigmon, & Brunette, 2005). Their study showed that despite the lack of empirical evidence supporting one treatment over another, progress is being made, and this reflects positively on future development of more refined interventions in treatment.

In their 2009 study of psychosocial treatments for this population, Horsfall, Cleary, Hunt, and Walter found that some of the most critical interventions to include in an effective treatment plan are motivational interviewing, cognitive behavioral therapy, relapse prevention, social skills training, dual-diagnosis 12 step programs and case management as well as family and caregiver support and education. Their research also noted that it is particularly important to use early interventions when working with young people. Due to the fact that they do not have an extensive history of substance abuse, these early interventions may help reduce or completely stop their drug or alcohol use.

Horsfall et al. also note that having staff confront their biases, judgments and stereotypes as well as their lack of confidence in their skills to treat this population is also crucial for outcome success (2009).

Focusing specifically on in prison treatment programs Edens, Peters, and Hills (1997) noted that prison based programs should provide interventions in treatment over a lengthy period of time and provide an integrated approach to treatment. Both disorders should be considered primary and a multidisciplinary treatment team comprised of professionals with mental health and substance abuse training is optimal. They also note that the need for treatment does not end once the person is released into the community, and should continue far beyond the extent of the prison walls.

In their 2006 study which randomly assigned participants to either a high fidelity Integrated Dual Disorders Treatment program or to usual services available, Chandler and Spicer found that the decrease in pre and post rates of arrests and convictions was significant from baseline for the experimental group but not for those who received usual treatment services. Interestingly, though, the length of time to being

re-arrested was not significantly different for either group.

Although numerous researchers have looked at effective treatment services for this population, there are still large gaps in the knowledge available in this area. This study intends to add to the literature by looking at the effectiveness of specific services offered through the Telecare FACT program at various stages of recovery. Another main purpose of this study is to see if there are any differences in effective treatment based on demographic differences such as gender, ethnicity, age, acculturation, education level, or socio-economic status.

Theories Guiding Conceptualization

The main guiding theoretical perspective for this research was systems theory. According to Hepworth, Rooney, Rooney, Strom-Gottfried, and Larsen (2010) having an understanding of how people relate with their environment, and the diverse systems involved in those interactions, is viewing the person from an ecological systems perspective. Having knowledge of the interpersonal systems of the person such as family relations, friends or other social network supports as

well as the organizational systems they are part of and their physical environment helps give an understanding of their problems and guides the focus of their treatment.

This research intended to give a clearer understanding of how the mental health and criminal justice systems can best work together to create the social and organizational supports clients need to help them achieve success in their recovery in which specific areas of those systems to focus on.

Summary

This chapter reviewed the history of people with co-occurring disorders and mental illnesses in the criminal justice system, and treatment services they have been offered. It also looked at the implementation of mental health court and how that was designed to merge two seemingly opposing systems to operate in the best interests of the client. Finally it reviewed past research that has been done on programs and services available to adults with dual diagnoses and presented the rational for the purpose of this study.

CHAPTER THREE

METHODS

Introduction

This chapter discusses the purpose of the study and will clarify what the rationale was for selecting the research method that was used. Detailed information is also given on who the sample and how they were selected. This chapter also gave a step by step process as to how the data was collected and the exact procedures that were followed during the study as well as how members' confidentiality was kept. Finally it looked at the statistical tests that were used to analyze the data and the rationale for choosing them.

Study Design

This study intended to evaluate services provided by Telecare Forensic Assertive Community Treatment program to its members by assessing services used by members, length of time in the program, the reason for leaving the program and any reductions in recidivism or hospitalization rates based on those services. This study used a quantitative between groups design to examine mean differences in recidivism and hospitalization based on

participants' length of time in the program and type of services used. As the purpose was to find what services are most utilized and if those services change based on members' length of time in the program, a quantitative approach was necessary to assess those differences. De-identified pre-existing data was taken from Caminar, the computer program system FACT uses to track services, recidivism rates, hospitalizations, case manager interactions and other relevant client information.

As the FACT program is a very specific recovery oriented agency one of the potential limitations of this study is that results may not be generalizable to adults with co-occurring disorders in the criminal justice system who are members of other mental health agencies or who are not involved with an agency at all. Also because membership in the FACT program is limited it may be that most members have been in the program for approximately the same length of time and may not give an accurate reflection of services used and success in recovery by people who are farther along in the process. This research intended to evaluate services that the FACT program provides that are most effective for members in their recovery and examined if some services are more

beneficial and utilized more at certain periods of time in the program than others.

Sampling

Secondary data on all current and past participants in the FACT program was collected from the Caminar computer program at the agency. Prior to being given to the researcher all identifying information, names, social security numbers, were removed from the data so that members identity would remain completely anonymous to the researcher.

Data Collection

De-identified existing data in the computer on all people who have been a member in the FACT program since it started two years ago was accessed and printed by the program director at FACT for the purposes of assessing and analyzing in this study. This data included items such as number of hospitalizations, number of relapses and incarcerations, length of time in program and reason for leaving the program. Also retrieved from the Caminar program were demographics on each member of the program which included age, ethnicity, religion, diagnosis and gender.

Procedures

As this study used pre-existing data for analysis the procedures followed the same steps mentioned above in the data collection section

Protection of Human Subjects

In order to protect the confidentiality of people who have been members of the FACT program all data was de-identified prior to being given to the researcher. This included the removal of names, addresses, phone numbers and social security numbers. All data was locked in a filing cabinet in the office of the FACT director. The data was only transported to California State University, San Bernardino by the researcher for the purposes of entry into the SPSS program for statistical analysis. Once the statistical analysis was completed the data set was returned to the director of the FACT program.

Data Analysis

Descriptive analysis was used to show the overall trends in the se of the FACT program by the variables analyzed. Chi squared measure of association tests were used to test for relationships between variables such as

the use of particular services and demographic variables such as gender and ethnicity. Using the Pearson correlation coefficient, bivariate correlations were looked at to analyze any positive or negative correlational relationships that existed between the services and to narrow down relationships that should be further analyzed with other statistical testing methods. Independent samples t-tests were used to interpret mean differences in services used. As this study was conducted using existing data and no participants were randomly assigned to groups, these were correlational not causal relationships.

Summary

This chapter discussed the purpose of the study and the rationale for the research method selected. It also gave information on who the participants were, how their confidentiality was protected, how data was collected and how it was analyzed, as well as the procedures that were followed.

CHAPTER FOUR

RESULTS

Introduction

This chapter will discuss the demographics and give the reader detailed background information about the members at the FACT program whose data was used for this research analysis. It will also look at the statistical results of the t-tests and correlations that were done and briefly discuss possible reasons for those results.

Presentation of the Findings

Existing data was extracted from the Caminar computer program at FACT for a total of 80 past and present members at the agency who will be referred to as the participants from now on. Participants included 41 (51.3%) males and 39 (48.8%) female members of the San Bernardino Telecare FACT program. Of the FACT participants, 21 (26.0%) were African American, 1 (1.3%) were Asian, 32 (40.0%) were Caucasian, 19 (23.8%) were Hispanic, 4 (5.0%) were Native American and 3 (3.8%) identified as having an ethnic background not listed above. The participant's ages ranged from 20 to 57 with a mean age of 36.81 (*SD* = 10.996).

Of these participants, 57 (71.3%) had Social Security Income benefits and 23 (28.8%) had no source of financial income, while 52 (65%) had Medi-Cal healthcare insurance and 27 (33.8%) did not. Housing status of participants varied with 34 (42.5%) of the sample living independently either on their own or with family, 24 (30.0%) in sober living facilities, 19 (23.8%) were incarcerated, 1 (1.3%) were homeless and 2 (2.5%) were deceased since enrolling in the program.

As FACT receives many of its referrals through local jails, many of the participants are still attending Mental Health Court with 26 (2.5%) at San Bernardino court, 8 (10%) at Rancho Cucamonga, 5 (6.3%) at both Victorville and Joshua Tree courts and 3 (3.8%) at Barstow court. Thirty-two (40%) are now off of probation and 1 (1.3%) was on probation but not attending mental health court.

Of the eighty participants whose data was looked at, 45 (56.3%) of them are still in the program, 15 (18.8%) left the program because they were sentenced to time in state prison, 12 (15.0%) left the program voluntarily either by successfully graduation of mental health court or switching to another mental health program, and

4 (5.0%) were discharged because they were sentenced too significant amounts of time in jail.

A Pearson's correlation coefficient was used to measure bivariate positive or negative correlational relationships between variables. Results of the analysis showed that age and bookings in jail for the five years prior to enrolling in the program varied systematically indicating that the older the person was, the more times they had been booked into jail in the five years before enrollment($r(78) = .281$, $p = .012$).

Incarcerations and Hospital Admissions

There was also a significant positive correlation between the number of times a person was admitted into Arrowhead Regional Medical Center Behavioral Unit (ARMC) in the five years prior to entering the program, and the number of times they were booked into jail ($r(78) = .427$, $p < .01$). Those with higher admissions to ARMC prior to enrollment also served a greater number of days in jail prior to entering the FACT program($r(78) = .232$, $p = .038$). This same positive correlation existed once someone has entered the FACT program in that the more times they were admitted to ARMC prior to using services at FACT, the more times they were booked into jail after

entering the program ($r(78) = .238$, $p = .033$) however, there was no significant relationship with the number of days they spent in jail ($r(78) = .134$, $p = .236$). This could be due to the mental health and criminal justice systems working together to help stabilize people once incarcerated.

Also, the more times a person went to ARMC after entering the program, the more incarcerations they had after entering the program ($r(78) = .388$, $p = . < .01$), and the longer they stayed in jail ($r(78) = .224$, $p = .046$) which seems to indicate that spending time in a locked psychiatric facility puts the members at greater risk of being re-incarcerated and spending more time in jail once they are there.

Equally of interest is the significant positive relationship between the number of days a person serves in jail ($r(78) = .226$, $p = .043$), or the number of days they spend in ARMC ($r(78) = .322$, $p = .004$), with the number of plan development services they receive from the program.

There was also a significant positive correlation between the number of days a person is in the program with the number of case management, medication and total

hours of service they receive ($r(78) = .334$, $p = .002$), ($r(78) = .220$, $p .050$), and ($r(78) = .303$, $p = .006$) respectively.

Gender

When looking at gender differences several chi-square tests of independence were calculated. Results showed a significant relationship between gender and having paranoid schizophrenia ($\chi^2(1) = 5.020$, $p < .05$) with men being more likely to have paranoid schizophrenia than women. There were no significant relationships found between gender and being on probation ($\chi^2(1) = 2.452$, $p > .05$), gender and housing status ($\chi^2(4) = 6.317$, $p > .05$)or gender and alcohol dependence ($\chi^2(1) = 1.013$, $p > .05$) or any of the other substance abuse disorders.

Finally, an independent samples *t*-test was calculated to compare the mean in jail bookings five years prior to entering the program between men and women; no significant difference was found ($t(78) = -.768$, $p > .05$). The mean of the women ($m = 8.745$, $sd = 11.931$) was not significantly different from the mean of men ($m = 10.878$, $sd = 12.892$). There were also no significant mean differences found between men and women in jail bookings since entering the program

($t(78) = -2.562$, $p > .05$) with the mean of the men being 2.024 ($sd = 1.62$) and the mean of the women being 1.154 ($sd = 1.406$).

Age Effects

A chi-square test of independence was also calculated comparing the frequency of schizoaffective disorder in younger (up to 38 years of age) versus older (39 years of age and older) participants. This test was significant, ($\chi^2(1) = 6.545$, $p < .05$) with the older participants being more likely to have schizoaffective disorder that the younger ones.

An independent samples t-test comparing the mean scores in bookings into jail prior to entering the program found significant differences between older and younger program members ($t(78) = -2.305$, $p < .05$). The mean of the younger members was significantly lower ($m = 6.725$, $sd = 5.023$) than the mean of the older members ($m = 12.95$, $sd = 16.322$). However, once admitted into the program the mean scores for bookings into jail dropped significantly for both age groups and there was no significant mean difference between the groups ($t(78) = 2.184$, $p > .05$, m older $= 1.225$, $sd = 1.405$, m younger $= 1.975$, $sd = 1.656$).

Diagnosis and Substances Used

Results also showed a significant positive correlation between having an eating disorder diagnosis, a diagnosis of major depression, or a diagnosis of borderline personality disorder, and having a sedative anxiolytic disorder ($r(78) = .570$, $p < .01$), ($r(78) = .90$, $p < .01$), ($r(78) = .221$, $p = .025$) respectively.

There were also significant positive correlations between major depression and cannabis dependence ($r = .210$, $p = .01$) and obsessive compulsive disorder and cannabis dependence ($r = .33$, $p = .001$). However significant negative correlations were found between paranoid schizophrenia and both alcohol dependence ($r = -.206$, $p = .034$) and cannabis dependence ($r = -.186$, $p = .049$).

Summary

This chapter gave detailed demographic information on the participants in the study to help give a greater understanding of who are the people who utilize services at the FACT program and what was their history prior to entering the program. It also discussed the findings of

the analysis with any significant correlations between variables as well as any mean differences between groups.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will look more in depth at the results of the analysis and discuss the implications of those results as they relate to social work practice. Any possible limitations of the study will also be reviewed and finally, based on the results of the analysis recommendations for practice, policy and possible future research studies in social work practice will be discussed.

Discussion

This analysis of services at San Bernardino Telecare FACT was done to assess overall effectiveness of those services as well as look at the demographics of the people who are utilizing services at the agency. Several interesting relationships emerged during the analysis.

Incarcerations and Hospital Admissions

One very interesting relationship that emerged was the positive correlation between the number of times a member was admitted to ARMC in the five years prior to entering the program with the number of times they were

booked into jail five years prior and also the number of days they spent in jail once booked in. This indicates that those whose mental health symptoms are more unstable are at greater risk of being incarcerated than those who are more stable in their symptoms, and once incarcerated are also serving longer sentences. These results are not surprising as past studies have also shown that people with mental illnesses who are not receiving treatment through mental health are at greater risk of entering the criminal justice system, particularly if they are homeless or have addiction problems (Fellner, 2006). Once incarcerated their mental health symptoms often increase which makes it harder for them to comply with prison regulations and increases the length of time they spend behind bars.

The good news seems to be that although the number of times someone went to ARMC after they entered the FACT program showed a significant positive correlation with the number of times they were booked into jail after entering FACT, the number of days they spent in jail was not impacted. This shows the effectiveness of the FACT program, and the success of the mental health system and the criminal justice system working together. It also

supports the need for collaboration between the two agencies as working with adults with co-occurring disorders in the criminal justice system is such an overwhelming concern that no on profession can effectively address it on their own (Bailey & Koney, 1996). This finding is also supported by past research that found using integrated treatment programs for inmates with co-occurring disorders improved their success in recovery (Edens, Petere, & Hills, 1997).

There was also a significant positive correlation between plan development services from the FACT program and the number of days a member spends in either jail or ARMC. This suggests that the longer someone is in a locked facility in either the mental health system or the criminal justice system, the more assistance they need developing their treatment plan goals to assist them in their recovery once they are released. This could be because they have been out of society for a longer period of time and need more assistance reintegrating, that they are suffering more negative effects from being incarcerated, or that being held in a behavioral unit, longer may require more intense services upon release.

The positive correlation between the number of days in the program and the number and types of services used seems to indicate that the longer a person stays in the program the more engaged they become with the services offered by FACT. This is contrary to what was expected as prior studies have shown more intensive treatment services initially how better outcomes for recovery (Scott, Lewis, & McDermott, 2006). However, another possibility is that participants who remain in the program are more likely to have their symptoms stabilized, and are therefore more available to receive services from the program.

Gender Effects

The only significant relationship based on gender that emerged in the study was that of having paranoid schizophrenia and being male. There is no way to tell why that would be other than the possibility that men and women could receive different diagnoses for similar symptoms, or that men are more predisposed to developing paranoid schizophrenia. This is in line with previous findings that have shown there are more men than women living with schizophrenia, and men are also more likely to develop symptoms at a younger age than women (John

Hopkins University, 2011). Although neuro-science research is making some headway in trying to understand this, expanding on this phenomenon would require additional studies that are much more elaborate and in-depth than this one. Contrary to what was expected, other than this one finding there were no other gender differences found for diagnosis or types of substances being abused.

There were also no gender differences found for whether or not someone was on probation, what type of housing they were in, length of time spent in the program, types of services received or the number of times they were booked into ARMC or jail either in the five years prior to entering, or since being admitted, to the FACT program.

Age Effects

With respect to differences based on member's age there was a positive correlational relationship between how old a person is and how many bookings into jail they had prior to entering the fact program. This showed that the older a person was the more times they were booked into jail during the five years prior to joining FACT. This could be due to the fact that younger members would

not have been old enough to be sentenced to jail for the entire five years prior to entering the program and would therefore have fewer bookings.

It could also be an indication that the criminal justice system is becoming more aware of the challenges faced by someone with a mental illness, and professionals are working with the mental health system so that rather than immediately booking someone into jail, law enforcement is finding other alternatives to help them remain stable and in the community. Prior research has shown that police officers have not often noticed symptoms of a mental illness that a mental health professional would see however perhaps these results are an indication that this trend is changing and law enforcement is becoming better at detecting this (Lamb & Grant, 1982).

Those members of the program who were in the older age category were also more likely to have been diagnosed with schizoaffective disorder than those members who were in the younger category. One possible explanation for this is that because a schizoaffective disorder diagnosis requires a person to have both mood disorder symptoms and symptoms of schizophrenia it may take mental health

clinicians much longer to assess the full range of someone's symptoms and reach this diagnosis. Again, this is out of the scope of this research and would require a much more in depth study.

Diagnosis and Substances Used

Some other interesting relationships that emerged were the positive correlations between having a diagnosis of sedative anxiolytic disorder and having a co-occurring diagnosis of an eating disorder, major depression or borderline personality disorder. Finally there was a positive correlation between cannabis abuse and a diagnosis of either depression or obsessive compulsive disorder.

Limitations

This study has several limitations with perhaps one of the main ones being that this is an analysis of services at one specific program and limited to a very small population. Results are limited only to those people who have been in the past, or are currently enrolled, in the San Bernardino Telecare FACT program and are not generalizable to the public.

Also, all statistical analyses in this study are inferential in nature only and cannot begin to lend any insight into any cause and effect relationships. Finally, as all data was secondary data received from the FACT program, the researcher had no control over how those data were entered or whether or not there were errors in entering them.

Recommendations for Social Work Practice, Policy and Research

Based on the correlational and relational results of this study it does appear that when the criminal justice and the mental health systems work together the outcomes are better for consumers. Social workers should familiarize themselves more with what integrated programs exist within their community so they can refer clients with co-occurring disorders who are also having legal problems to treatment services at these programs.

Receiving complete wraparound services from professionals who are sensitive to the specific needs and challenges of this population can have a lot of influence over their success in their recovery. This supports prior research that has also shown significant reductions in a person's number of convictions after receiving services

from an integrated treatment program (Chandler & Spicer, 2006).

Social workers should also advocate for these clients and support policy changes to implement more programs that support collaborative efforts between the two historically opposing systems of mental health and criminal justice. Generating more funding for these programs and also implementing additional educational programs for professionals in both systems is critical to advance the expansion and strengthen the effectiveness of these integrated services programs.

There are numerous future research implications for the social work profession. It is only recently that the specific challenges and barriers to success for adults with co-occurring disorders who are also in the criminal justice system has become an increasing area of concern for social work professionals. Streamlining services and utilizing those that are most effective for this population will improve overall success and analyzing more integrated programs for most effective services will help increase this knowledge.

Surveying the actual consumers at the programs would also be another important research study for the future

as this would enable social workers to get the consumers' perspective on services and programs they feel are most helpful to the in their recovery.

Conclusions

Numerous interesting correlations emerged from the analysis of the FACT program that give social work professional greater insight into what is working for these consumers as well as factors that may potentially put people at risk for more incarcerations, longer amounts of time spent in jail and also certain types of substance abuse.

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