

Adults with Behavioral Health Needs under Correctional Supervision:

A Shared Framework for Reducing Recidivism and Promoting Recovery

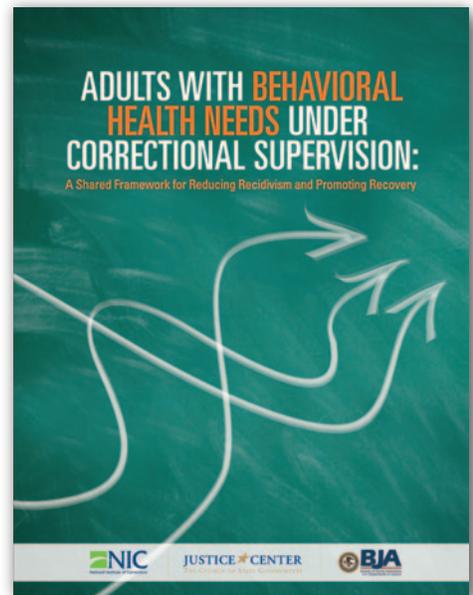
It's no secret that the majority of people churning through our country's jails and prisons and struggling to comply with conditions of probation and parole have impairments related to substance abuse, mental illness, or both.

But deep and enduring budget cuts—and significant disconnects between the corrections, mental health, and substance abuse treatment systems—have hampered efforts to reduce stubbornly high rates of reoffending and relapse among this population.

With mounting research that demonstrates the value of science-based tools to predict individuals' likelihood of committing a new crime, criminal justice leaders are increasingly using these tools to focus limited resources on subgroups under correctional supervision most likely to recidivate. At the same time, mental health and substance abuse administrators are working with service providers to prioritize their scarce treatment resources for those individuals with the most acute and serious behavioral health needs.

Although many corrections and community-based behavioral health agencies have made important advances in how they triage their limited resources within their own systems, there has not been a shared decision-making structure to integrate their independent approaches in ways that advance mutual health and public safety goals. **The Criminogenic Risk and Behavioral Health Needs Framework** addresses that gap.

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Studies reveal large numbers of individuals under corrections control have behavioral health problems:

- Nearly 70 percent of adults entering jails and more than 50 percent in state prisons have a substance abuse disorder.¹
- Approximately 17 percent of adults entering jails and state prisons have a serious mental illness.²
- Large numbers of adults on probation and parole have a need for behavioral health treatment.³
- Community-based treatment providers see these individuals in large numbers. The criminal justice system is the single largest source of referral to the public substance abuse treatment system.⁴ Given the prevalence of mental illness among the 650,000 state prisoners released each year⁵ and the more than 9 million from jails,⁶ the same can be said for mental health providers.⁷

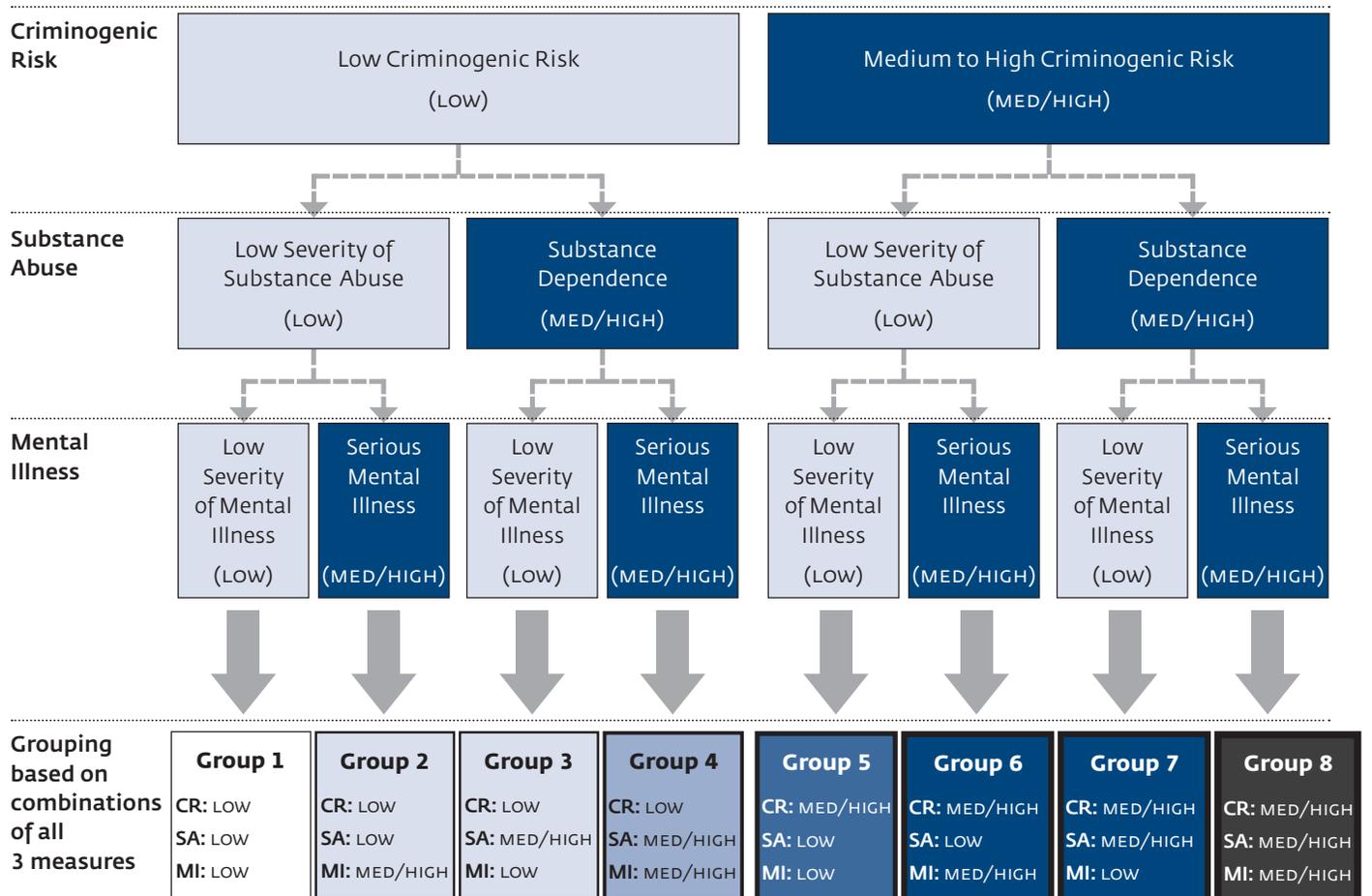
Administration, the Council of State Governments (CSG) Justice Center has developed a framework for this population in partnership with the

- Association of State Correctional Administrators (ASCA),
- National Association of State Mental Health Program Directors (NASMHPD),
- National Association of State Alcohol and Drug Abuse Directors (NASADAD),
- American Probation and Parole Association (APPA), and other organizations.

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outlines a structure for state and local agencies to begin building truly collaborative responses. It dispels myths about the link between mental illness and violence, underscores that recovery and rehabilitation are possible, and calls for the reallocation of resources where they will be most efficient and effective. It provides information on the principles, practices, and models that the three systems use to guide treatment and supervision resource-allocation decisions.

Although the distinct goals and constraints of the three systems sometimes lead to practitioners working at cross-purposes, there are jurisdictions in which professionals in the corrections and behavioral health systems are successfully collaborating to improve public safety and health. To build on this promising work, the Criminogenic Risk and Behavioral Health Needs Framework depicted below and detailed in the white paper illustrates how information



about risk of criminal activity, substance abuse treatment needs, and mental health treatment needs can be considered in combination.

The eight criminogenic risk/behavioral health needs framework groupings can facilitate tailored interventions to adults under correctional control and supervision. It can serve as a roadmap to effectively target higher-risk and higher-need populations to achieve the greatest impact on recidivism.⁸

The framework can help professionals in the corrections and behavioral health systems:

Advance collaboration and communication on challenging issues that each system has traditionally viewed differently by

- developing a shared language around risk of criminal activity and public health needs;
- establishing common priorities between criminal justice and behavioral health systems for individuals who are likely to commit future crimes and have treatment needs;
- underscoring the need for information sharing across systems; and
- creating a common “starting point” and then facilitating cross-systems support for policies, practices, and decision making.

Ensure that scarce resources are used efficiently by

- promoting the use of validated assessment tools to gauge individuals’ criminogenic risk and needs (i.e., those associated with the likelihood of committing a future crime) together with substance abuse and mental health needs;
- identifying the right people for the right interventions—those most likely to benefit from coordinated supervision and treatment strategies, and those that can do well with fewer interventions; and
- encouraging collaborative decision making among system leaders to determine how scarce treatment slots and intensive supervision services should be allocated to have the greatest impact, and then aligning and developing capacity to meet those needs.

Promote effective practices by

- matching individuals’ risk and needs to programs and practices associated with research-based, positive outcomes;
- ensuring consistency of coordinated approaches while allowing for individualization of treatment and case management strategies; and
- refocusing reentry and other efforts for individuals leaving prisons and jails, or who are on probation or parole, to equip them with the necessary skills and competencies to become law-abiding, healthy members of communities and families.

Investments in interventions that do not yield positive outcomes cannot be sustained. States' spending on corrections is estimated to be nearly \$52 billion in a single year.⁹ Funding under the control of the state mental health authorities in the 50 states was reduced by at least \$3.49 billion between fiscal year (FY) 2009 and 2012,¹⁰ and the federal Substance Abuse Prevention and Treatment Block Grant (the cornerstone of the states' substance abuse systems) was cut by more than \$20 million from 2004–2008.¹¹ These systems simply cannot afford to invest in strategies that do not have the maximum impact on public safety and health. The approaches this framework encourages are desperately needed to increase effectiveness, create efficiencies, and improve accountability, and ultimately can provide better outcomes for each system and the individuals they serve.

The framework white paper, an FAQ, and other resources can be found at www.csgjusticecenter.org/mentalhealth/bhcorrframework.

The Council of State Governments Justice Center is a national nonprofit organization that serves policymakers at the local, state, and federal levels from all branches of government. The Justice Center provides practical, nonpartisan advice and consensus-driven strategies, informed by available evidence, to increase public safety and strengthen communities (see www.justicecenter.csg.org).

1. Karberg, Jennifer C., and Doris J. James, *Substance Dependence, Abuse, and Treatment of Jail Inmates, 2002* (Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2005); Mumola, Christopher J., and Jennifer C. Karberg, *Drug Use and Dependence, State and Federal Prisoners, 2004* (Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2006).

2. Steadman, Henry J., Fred C. Osher, Pamela Clark Robbins, Brian Case, and Steven Samuels, "Prevalence of Serious Mental Illness Among Jail Inmates," *Psychiatric Services* 60, no. 6 (June 2009): 761–765; Ditton, Paula, *Mental Health and Treatment of Inmates and Probationers* (Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 1999).

3. Seven to nine percent of adults on probation or parole have a serious mental illness, and 35 percent of parolees and 40 percent of probationers had drug or alcohol dependence or abuse "in the past year." Feucht, Thomas E., and Joseph Gfroerer, *Mental and Substance Use Disorders among Adult Men on Probation or Parole: Some Success against a Persistent Challenge* (Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality: 2011).

4. Substance Abuse and Mental Health Services Administration, *The TEDS Report: Characteristics of Probation and Parole Admissions Aged 18 or Older* (Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, March 3, 2011).

5. Guerino, Paul, Paige M. Harrison, and William J. Sabol, *Prisoners in 2010* (Washington, D.C.: Bureau of Justice Statistics, December 2011). For more on the prevalence of mental illness in prisons, see Ditton, *Mental Health and Treatment of Inmates and Probationers*, 1999.

6. Beck, Allen J., "The Importance of Successful Reentry to Jail Population Growth," presented at the Urban Institute's Jail Reentry Roundtable, Washington, D.C., June 27, 2006. For more on mental illness in jails, see Steadman, Henry J., et al., "Prevalence of Serious Mental Illness Among Jail Inmates," 2009.

7. See, e.g., Theriot, Matthew T., and Steven P. Segal, "Involvement With the Criminal Justice System Among New Clients at Outpatient Mental Health Agencies," *Psychiatric Services* 56 (2005): 179–185.

8. A study of prison and community corrections individuals revealed that more than 45 percent were classified as high risk or above. Latessa, E.J., P. Smith, R. Lemke, M. Makarios, and C. Lowenkamp, *Creation and Validation of the Ohio Risk Assessment System: Final Report* (Cincinnati, OH: University of Cincinnati School of Criminal Justice 2009). Note that there is not a universal cutoff score to determine "high risk" because instruments should be normed to specific populations. This study reflects one example of an assessment instrument used to predict criminogenic risk.

9. State correction spending was estimated at \$51.7 billion in FY 2011. National Association of State Budget Officers, *State Expenditure Report: Examining Fiscal 2009-2011* (Washington, D.C.: National Association of State Budget Officers, 2011).

10. Lutterman, Ted, *The Impact of the State Fiscal Crisis on State Mental Health Systems* (Falls Church, VA: NASMHPD Research Institute, 2011).

11. National Association of State Alcohol and Drug Abuse Directors, *Fact Sheet: Substance Abuse Prevention and Treatment (SAPT) Block Grant, 2009* (Washington, D.C.: National Association of State Alcohol and Drug Abuse Directors, January 2009).