JUSTICE CENTER
THE COUNCIL OF STATE GOVERNMENTS

Frequently Asked Questions

Adults with Behavioral Health Needs under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery

1. What does the *Adults with Behavioral Health Needs under Correctional Supervision* report offer that's new?

Large numbers of adults under correctional control (on probation, parole, or in prisons and jails) with mental health and substance use disorders are continually cycling through the criminal justice system.[1] This report examines how the science that guides the corrections and behavioral health fields can be integrated to produce better outcomes for this population. With this knowledge, decisions can be made on how to allocate scarce treatment and supervision services to have the greatest impact on recidivism and recovery.

It is the first time there has been a framework at the systems level to encourage corrections, mental health, and substance abuse policymakers and professionals to use objective assessments to collaboratively improve public safety and health outcomes. The framework encourages creative integrated service and supervision approaches that can be matched to individuals' needs and their risk of recidivism.

The unprecedented partnership among the National Association of State Mental Health Program Directors, the National Association of State Alcohol and Drug Abuse Directors, the American Probation and Parole Association, and the Association of State Correctional Administrators helped ensure that the report would advance the work of practitioners by promoting a shared process for integrating their responses in ways that would produce better outcomes from their efforts.

The project was supported by the U.S. Justice Department's Bureau of Justice Assistance and National Institute of Corrections, and by the U.S. Department of Health and Human Service's Substance Abuse and Mental Health Services Administration.

2. Has the framework been tested?

The concepts on which the framework is based have been rigorously researched and well tested, and are informed by the strong foundational work done by practitioners in the corrections, substance abuse, and mental health fields. Although there are no jurisdictions that have comprehensively implemented the service matching and resource allocation the framework promotes, there are agencies and organizations already achieving some key elements. Some jurisdictions have focused on diversion models that provide alternatives to incarceration when appropriate, while other jurisdictions have ensured that there is continuity of health care and integrated

[1] Although there is great concern about the flow of juveniles into the adult correctional system, the report only focuses on adults given the significant differences in how the systems operate, how information is shared, and what interventions are used. The proposed framework emphasizes the value of diversion but recognizes current limitations and so focuses on adults that have not been diverted from the corrections system.

co-occurring treatment services from the community to incarceration and back to the community again. Still others have provided innovative intervention models in correctional facilities and when individuals are subject to probation or parole.

The CSG Justice Center plans to implement the framework in several sites to document the benefits and challenges in using its approaches. The framework also is meant to advance the debate on how to build multisystem, assessment-driven strategies and to address constraints sometimes imposed by court orders, legislation, and other regulations (e.g., mandated treatment for lower-risk individuals, offense-based interventions, and other measures that do not consider risk or levels of need in allocating scarce treatment slots).

3. Under this framework, will community-based behavioral healthcare services be prioritized for adults on probation or parole over adults with no criminal justice involvement?

The framework only prioritizes resources among individuals with mental health and substance abuse needs under correctional control. It does not dictate how publicly funded programs should prioritize individuals for treatment in the community. Publicly-funded programs will continue to give precedence to individuals in the community based on the severity of their impairments.

Simply stated, corrections-supported programs should allocate greater resources to higher-risk individuals with mental illnesses and substance use disorders than to lower-risk individuals. That does not mean that lower-risk individuals can't receive the same public behavioral health services as individuals in the community with no criminal justice involvement. Most community behavioral health agencies and organizations are already seeing large numbers of individuals that are likely to be repeatedly caught up in the criminal justice system unless they receive effective interventions. Understanding the risk for future criminal justice involvement of adults with serious and disabling mental health and substance use disorders, and effectively responding to these needs, is good health care. Behavioral healthcare professionals are uniquely positioned to prevent arrests by focusing on symptoms of mental illness and substance use disorders that put individuals at risk of law enforcement contact. They have an important role in individual recovery as well as reducing recidivism.

4. Are people with mental illnesses more violent than individuals without the disorders?

There has been a long-perpetuated myth that people with mental illnesses are more violent than individuals that do not have such disorders. This report concisely addresses this misconception and what the research reveals. Although the paper highlights the association between behavioral health disorders and criminal justice system involvement, one should be mindful that the majority of people with mental illnesses and substance use disorders are not violent and do not commit crimes.[2]

5. Aren't interventions for high-risk/high-need individuals an ineffective use of resources?

High risk/high need individuals are not destined to fail in treatment and can respond to interventions.[3] Studies show that evidence-based substance abuse and mental health treatments paired with research-driven corrections supervision can significantly reduce new criminal acts and days spent in jail and prison for these adults. Although high-risk/high-need individuals may spend more days in jail or prison than lower-risk groups within a program, they have better results than

[2] See, e.g., Henry J. Steadman, Edward P. Mulvey, John Monahan, Pamela Clark Robbins, Paul S. Appelbaum, Thomas Grisso, Loren H. Roth, and Eric Silver, "Violence by People Discharged from Acute Psychiatric Inpatient Facilities and by Others in the Same Neighborhoods," *Archives of General Psychiatry* 55, no. 5 (May 1998): 393–401; Richard A. Friedman, "Violence and mental illness—How strong is the link? *New England Journal of Medicine* 355, no. 20 (2006): 2064–2066.

[3] There are some individuals at the highest risk levels that will not reenter the community from correctional facilities and, although they will receive health care consistent with constitutional protections and sound management practices, they will not receive the same type and intensity of interventions as high risk/high needs individuals that are returning to the community.

their high risk/high need peers who did not have integrated interventions. There has been widespread frustration over how traditional, nonintegrated strategies have resulted in a revolving door for people with behavioral health disorders involved with the criminal justice system. Yet this revolving door can be slowed considerably by investing in an individual's capacity for change and bolstering coordination between systems.

6. Given enduring budget cuts, what changes are possible with limited resources?

To use scarce resources most effectively, it is first necessary to identify the needs of the people that agencies are trying to assist. Valid and reliable screening measures and assessment processes catalogue the needs of a population. From this assessment, individuals can be placed into distinct groups for which case plans and treatment strategies can be designed to address identified needs. Prioritizing high-risk, high-need groups is a rational approach to allocating resources for reducing recidivism and promoting behavioral health. Knowing the gap between the services available and the needs of a target population is an important advocacy tool. If the resource pendulum swings in a more positive direction or flexibility is possible, the addition of clients or services is guided by an objective, data-driven assessment. It is not simply a matter of asking providers to do more with less; the framework provides a path to being more efficient with whatever resources are available and leveraging the investments of multiple systems. No system can afford to waste resources on providing services that may be ineffective for a particular group.

7. How does an agency pick screening and assessment instruments and what do they measure?

There are numerous factors to consider in selecting screening and assessment instruments to measure risk of criminal activity and treatment/intervention needs—a challenge that corrections and behavioral health administrators have faced for many years. The instruments differ in what they measure, the time to administer, cost, training requirements, sensitivity (how likely they are to detect the dimension being measured), specificity (how exact they are in detecting the dimension being measured), and how valid they are for particular criminal justice populations or settings. An instrument may have been previously selected to meet state regulations or funding requirements, or to perpetuate an agency's or system's historic use of a particular tool. Screening tools simply attempt to answer a yes-no question: Does the individual possibly have the condition being measured? If screening results are positive, then further assessment is required to determine the exact type of risk or need, and associated factors that might interfere with learning or interventions if unaddressed. There are a number of reviews of risk instruments that can help guide selection.[4] Users generally look for screening instruments that are in the public domain (free), brief (low burden), and easy to administer and score. Determining risk and need requires a combination of structured, validated assessment tools, interviews, and supporting documentation gathered over time.

8. How does this framework apply to sexual offenders?

People who have committed sexual offenses often have one or more of the "core" criminogenic risk factors (such as antisocial thinking, behavior, and peers; substance abuse; and poor marital or family relationships) and many have concomitant mental health difficulties, although the available data suggests that less than five percent have a serious mental illness.[5] They share many of the pathways into the criminal justice system that other offenders follow. It is appropriate to utilize this framework as part of the overall planning for interventions, but its use must be complemented by specialized sexual offender risk assessment tools. Given that the population of convicted sexual offenders is a particularly heterogeneous one, it is possible they may be in one or more of the high-risk categories for committing a future crime in the context of this framework and yet be in a low-risk category for sexual violence, or vice versa.

---

[4] See, e.g., Roger H. Peters, Marla G. Bartoi, & Pattie B. Sherman, *Screening and Assessment of Co-occurring Disorders in the Justice System*. (Delmar, NY: CMHS National GAINS Center, 2008).

[5] See Andew J. Harris, William Fisher, Bonita M. Veysey, Laura M. Ragusa, and Arthur J. Lurigio, "Sex Offending and Serious Mental Illness: Directions for Policy and Research," *Criminal Justice and Behavior* 37, no. 5 (May 2010): 596–612.

Therefore, when screening and assessing sexual offenders, it is important to use sex offender-specific and general recidivism-reduction tools, as well as instruments that assess violence risk and behavioral health needs.

9. Can you apply the same framework principles to all adults, without regard for gender, race, ethnicity and other demographic factors?

The framework concepts have shown to be effective for men and women, and across racial and ethnic groups.[6] However, the pathways into the criminal justice system and to recovery vary across populations. For example, women's incarceration is more likely related to harmful relationships and trauma than men's.[7] Gender-informed assessment tools have been shown to be effective in identifying these and other related needs.[8] The framework advocates the use of the most appropriate assessments for particular populations and settings to help inform case management plans and treatment.

There is very little research on whether interventions have different results based on the race and ethnicity of individuals under correctional control. However, behavioral health research has identified gender, race, and ethnicity as important factors to consider in relation to responsivity. Programs that attend to these factors may have more impact on their participants. Acknowledging the special issues that women or racial and ethnic minorities confront can be critical when addressing criminogenic needs. Agencies should build their competencies by investing in staff training, examining the cultural sensitivity of particular practices, and providing services that are responsive to individuals' cultures.

10. If low-risk/high-need individuals are not prioritized for interventions, will they become high-risk in the future?

The research tells us that providing low-risk individuals with intensive correctional supervision or programming that puts them in contact with high-risk individuals can actually increase their chances for reincarceration. But low-risk, high-need individuals clearly require treatment and service interventions. Within jails and prisons, all inmates have constitutional protections that assure them access to health care that promotes screening, assessment, and treatment of medical illnesses, including mental illnesses. In the community, high-need individuals are the priority population for treatment services, typically funded by private or public insurance. Treatment professionals can consider how traditional responses can also help individuals avoid future risky behavior or thinking (for example promoting prosocial thinking, activities, and peers will address criminogenic risk factors and will likely mesh with behavioral health treatment interventions). Mental health and substance abuse professionals can focus on the treatment of individuals' specific illnesses and needs, but with an awareness of responses that can also keep the individual from becoming involved in the criminal justice system.

The views in the FAQ are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice, the U.S. Department of Health and Human Services or their agencies, or the members of the Council of State Governments (CSG) or its partners. The CSG Justice Center prepared this paper under NIC Cooperative Agreement Award Number 10P09GKE3 and BJA grant number 2010-MO-BX-K040.

---

[6] See Donald A. Andrews, "The Risk-Need-Responsivity (RNR) Model of Correctional Assessment and Treatment," *Using Social Science to Reduce Offending*, ed. Joel A. Dvoskin, Jennifer L. Skeem, Raymond W. Novaco, and Kevin S. Douglas (New York, NY: Oxford University Press, 2012).

[7] See Stephanie S. Covington, "A Woman's Journey Home: Challenges for Female Offenders," in *Prisoners Once Removed: The Impact of Incarceration and Reentry on Children, Families, and Communities*, ed. Jeremy Travis and Michelle Waul (Washington, D.C.: Urban Institute, 2003), 67–103; Caroline Wolf Harlow, *Prior Abuse Reported by Inmates and Probationers* (Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 1999).

[8] See Patricia Van Voorhis, Emily M. Wright, Emily Salisbury, and Ashley Bauman, "Women's Risk Factors and Their Contributions to Existing Risk/Needs Assessment: The Current Status of a Gender-Responsive Supplement," *Criminal Justice and Behavior* 37, no. 3 (March 2010): 261–288. For additional information about gender-informed assessment tools, please visit the National Resource Center for Justice Involved Women at http://cjinvolvedwomen.org/. The center is operated by the Center for Effective Public Policy and funded by the Bureau of Justice Assistance and National Institute of Corrections.