3. How have jurisdictions integrated community corrections supervision strategies and mental health treatment strategies? Do these integrated approaches improve criminal justice and clinical outcomes for people with mental illnesses under community corrections supervision?

a. A variety of program models integrate, to varying degrees, community corrections supervision with mental health treatment. Some empirical evidence supports the widely held belief that coordinated, integrated interventions improve outcomes for people with mental illnesses under community corrections supervision, and for one program model (*), the evidence is strong.

- **Specialized probation caseloads***
- **Forensic Assertive Community Treatment**
- **Forensic Intensive Case Management**
- **Parole outpatient clinics for people with mental illnesses**
- **Partnership for Active Community Engagement**

- **Specialized probation caseloads (see also the Key Features sidebar on page 28)** integrate community corrections supervision strategies with community-based mental health treatment and services through a variety of methods. Research strongly suggests that people with mental illnesses under specialized probation supervision may be *less likely* to have their sentence revoked and *more likely* to receive mental health treatment and other services than they are under traditional community corrections supervision.
  - In an ongoing study based on a matched sample of more than 350 people with mental illnesses under specialty and traditional probation supervision, researchers found after one year that compared with people under traditional supervision, people under specialty supervision: 1) received significantly more mental health services, 2) were less likely to be arrested (26 percent vs. 34 percent), and 3) were less likely to have their probation revoked (9 percent vs. 26 percent). The relationship between specialty supervision and positive criminal justice outcomes was partially mediated by "firm but fair" relationships and avoidance of threats and other negative pressures.[90]
  - In a study that included 800 participants and was administered by an independent research firm of the IMPACT program in Orange County, California, people with mental illnesses under specialty probation supervision received significantly more mental health services and filled more prescriptions than the individuals in randomized control groups. However, they were no less likely to be booked into jail throughout the follow-up period (see the "Increased Scrutiny" sidebar on page 28).[91]

Some research suggests that other types of collaborations between community corrections agencies and mental health treatment providers can reduce probation/parole violations:

- Researchers tracked 16 people with mental illnesses who participated in a collaborative program between a mental health treatment provider and a federal community corrections agency in Baltimore. Participants' rate of violation before entering the program was higher (56 percent) than their rate of violation after participation in the specialty supervision program (19 percent).[92]

- **Forensic Assertive Community Treatment (FACT)** is distinguished from ACT (see page 24 for more on ACT) in four ways: participants have criminal justice histories, preventing arrest and incarceration are explicit outcome goals, the majority of referrals come from criminal justice agencies, and supervised residential treatment is incorporated into the program.[93] Although FACT is derived from the ACT model, research on the modified program has yielded mixed results to date. Some studies show that program participants have fewer jail and hospital stays, while other studies show higher revocation rates, which may be due in part to enhanced oversight.[94]
- **Forensic Intensive Case Management (FICM)** is the criminal justice adaptation of Intensive Case Management (ICM). ICM mirrors ACT, but is less resource-intensive than ACT because caseloads are managed by single case managers, services are not available 24/7, and access to mental health treatment is brokered (not provided in-house).[95] The Substance Abuse and Mental Health Services Administration conducted a jail diversion study that evaluated the effectiveness of FICM at nine sites throughout the country. Findings indicate that FICM improved criminal justice outcomes (e.g., fewer jail days) but did not affect, negatively or positively, clinical outcomes (e.g., symptoms).[96]
- **Parole outpatient clinics (POC) for people with mental illnesses** have been studied in California, where they are an extension of the California Department of Corrections and Rehabilitation's Division of Adult Parole Operations. The POC's goal is to reduce the symptoms of mental illnesses among people under parole supervision by providing timely and cost-effective mental health care services. In a 2004 analysis based on a large study of people released from prison, researchers found that the more contacts the individuals had with POC, the less likely they were to return to prison.[97]
- **Partnership for Active Community Engagement (PACE)** is a collaborative project in Colorado involving the chief judge, the sheriff, the probation department, the mental health center, the public health department, and the local community justice services department. PACE is an alternative program to probation, administered by a co-located team from across disciplines. Internal program evaluations indicate a significant reduction in jail time (73–90 percent) for participants following program admission.[98] Although this model is promising, there is not yet sufficient research to suggest these reported positive outcomes can be replicated.

When Specialized Responses Lead to Increased Scrutiny of Technical Violations

THOUGH RESEARCH ON SPECIALIZED RESPONSES shows positive trends regarding recidivism reduction and increased access to services, some research has begun to show that implementing any type of specialized community supervision program can actually increase the amount of time people with mental illnesses spend in jail—the opposite outcome these types of initiatives are designed to achieve. This seems to happen for at least two reasons.

First, specialized supervisors are typically responsible for fewer individuals than traditional supervisors, and, as a result, they can spend more time with each supervisee in community settings. This may make it more likely for them to observe behaviors that constitute technical violations of the release conditions, such as forgetting to take medications or missing an appointment with a service provider.

Second, community-based mental health treatment providers partnering with a specialized community corrections program may inadvertently become monitors of compliance. A side effect of their otherwise desirable "boundary spanning" may be that they are more likely to report technical violations to the community corrections officer with whom they are collaborating.

What Are the Key Features of Specialized Probation Caseloads?

SPECIALIZED COMMUNITY CORRECTIONS CASELOADS are regarded as a promising practice for improving outcomes for people with mental illnesses under community corrections supervision. As with other innovative practices, specialized caseloads have emerged from the ground up. Agency administrators, staff, and other stakeholders make a logical and pragmatic—but largely anecdotal—case that specialized caseloads meet specific community needs. Typically, the move to specialized caseloads involves adapting program models developed in other jurisdictions.

To determine the defining features of the specialized caseloads that are emerging across the country, Skeem and colleagues conducted a national survey to compare them with traditional caseloads and found the following:[99]

- Specialized caseloads are **smaller** than traditional caseloads, averaging 45 people per probation officer (compared with more than 100 for traditional caseloads), and are **composed exclusively of people with mental illnesses**. As a result, probation officers can spend more time with each individual under their supervision and address his or her risks and impairments.
- Specialized probation officers receive **significant and sustained training** on mental health issues—averaging 20 to 40 hours per year.
- Specialized probation officers **collaborate extensively with community-based service providers,** integrating internal and external resources. They intervene directly with probationers and actively coordinate with external service providers, often working on a team with treatment providers and participating in case staffing.
- Specialty probation officers are likely to **employ problem-solving strategies** when individuals under their supervision do not comply with the conditions of their probation. They identify obstacles to compliance, resolve these problems, and agree on a compliance plan. They are less likely than traditional officers to use threats of incarceration and other negative pressures.