

Executive Summary

OVERVIEW

The number of people under correctional supervision has reached unprecedented levels, and the vast majority of these individuals are supervised in the community by probation or parole agencies.¹ Within the context of this overall growth, probation and parole officers are coming into contact with high numbers of people with mental illnesses (most of whom have co-occurring substance use disorders). Facing staggeringly large caseloads, traditional probation and parole agencies are often unable to meet the broad treatment, service, and supervision needs this population requires.² Perhaps as a result, people with mental illnesses are more likely than others under community supervision to have their community sentences revoked,³ deepening their involvement in the criminal justice system in a manner that has implications for public safety, public health, and public spending.

Community corrections officials and their counterparts in the mental health system understand that their target populations are increasingly overlapping and that the need for new approaches has never been greater. Across the country, probation and parole officials are working with jail and prison administrators, judges, prosecutors, defense attorneys, and community-based treatment providers to develop strategies that maintain public safety while improving outcomes for people with mental illnesses under community corrections supervision. But all too often, these responses are not backed by research, and as a result, may be less successful than initiatives that incorporate empirically sound interventions. This in turn limits the political support for and sustainability of these efforts.

Corrections and mental health professionals need to design and implement interventions that are informed by the latest evidence about what works, for whom, and under what circumstances. Toward that end, this guide draws on three different literatures—research on community corrections supervision strategies, mental health treatment strategies, and integrated supervision and treatment strategies.

METHODOLOGY

The authors of this guide conducted an extensive literature review, in close consultation with nationally recognized experts, on community corrections and mental health responses to people with mental illnesses. The literature review was designed to address common questions that policymakers have about these issues. The authors then submitted a draft of this guide to members of an advisory group comprising leading researchers, practitioners, and policymakers.

In May 2008, the advisory group convened for a day-long meeting to review the research cited in this guide, develop consensus about the conclusions that could be drawn from this research, and discuss the implications of these conclusions for policy, practice, and future research. Feedback from the meeting was incorporated into this document.

CONCLUSIONS

Distilling conclusions from multiple research efforts in disparate fields is challenging. In this instance, the community corrections literature contained an abundance of research on general community corrections strategies, but not on community corrections strategies specifically for people with mental illnesses. The mental health treatment literature contained an abundance of research on general treatment strategies, but not on treatment strategies specifically for people with mental illnesses under community corrections supervision. Only a small body of research on coordinated/integrated community corrections/mental health strategies for this population exists. With these limitations in mind, the authors and advisory group drew the following conclusions:

...about the extent and nature of the problem...

People with mental illnesses, most of whom have co-occurring substance use disorders and face significant clinical, legal, and socioeconomic challenges, are **overrepresented among probation and parole populations**.

These individuals are **twice as likely** as people without mental illnesses to have their **community supervision revoked**.

The **best predictors of probation or parole revocation for people with mental illnesses are similar to predictors of revocation for people without mental illnesses** (for example, criminal history, substance use, problematic circumstances at home), **but people with mental illnesses have more of these risk factors**. In addition, people with mental illnesses face unique risk factors related to their clinical conditions (for example, some may have functional impairments).

Traditional community corrections agencies have limited resources to effectively respond to people with mental illnesses as a result of large caseload size and the time-consuming needs of this population. Certain traditional officer strategies, such as threats of incarceration and other negative pressures to enforce compliance, may be related to higher rates of probation and parole revocation for this population.

...about strategies to improve outcomes for people with mental illnesses under community corrections supervision...

A number of **evidence-based programs have been shown to reduce recidivism** for the general population under community corrections supervision, but the effectiveness of these programs has not been examined for people with mental illnesses. Features of these programs include:

- Adherence to the risk-needs-responsivity model, a set of principles designed to maximize the effectiveness of community corrections interventions. Programs that focus on the dynamic risk factors associated with criminal behavior (that is, criminogenic risks) are particularly effective.
- Cognitive-behavioral treatment interventions, which involve a type of therapy that addresses the irrational thoughts and beliefs that can lead to anti-social behavior.
- Drug treatment in the community.

A number of **general officer strategies and techniques show promise in reducing the recidivism, or increasing the use of services**, of people with mental illnesses under community corrections supervision. These include:

- “Firm but fair” relationships, or relationships between community corrections officers and the people under their supervision that are characterized by caring, fairness, trust, and an authoritative (not authoritarian) style. These types of relationships reduce supervisees’ risk of recidivism.
- Problem-solving strategies and positive pressures to encourage compliance with the terms of community supervision, which involve officers working with the people under their supervision to identify obstacles to compliance, resolve these problems, and agree on compliance plans. Using these strategies and avoiding threats of incarcerations or other negative pressures reduces supervisees’ risk of recidivism.
- Boundary-spanning skills, in which officers actively coordinate and work on teams with treatment and service providers. Use of these skills increases supervisees’ use of services.

Six evidence-based mental health treatment practices have been shown to improve clinical outcomes for people with serious mental illnesses, but the effectiveness of these practices has not been examined for people with mental illnesses under community corrections supervision. These include:

- Assertive community treatment (ACT), a service delivery model in which a multidisciplinary team of mental health professionals provides individualized treatment.*
- Illness self-management and recovery, in which people learn skills to monitor and control their own well-being.
- Integrated mental health and substance use services, in which specific treatment strategies and therapeutic techniques are combined to address mental illnesses and substance use disorders in a single contact or series of contacts over time.⁴
- Supported employment, in which people with mental illnesses are employed in competitive, integrated work settings with follow-along supports.
- Psychopharmacology, in which medications are used to treat mental illnesses.
- Family psychoeducation, in which people with mental illnesses and their families learn about mental illnesses, symptom management techniques, and stress reduction.

* It is important to note that ACT is one treatment modality that *has* been studied for people with mental illnesses under community corrections supervision, often in the form of Forensic Assertive Community Treatment, or FACT. Although ACT and FACT have been associated

with reductions in psychiatric hospitalizations and symptoms and increases in functionality, community corrections outcomes have not always been positive when ACT or FACT is employed, as the program does not seem to have an impact on recidivism.

Two promising mental health treatment practices may improve clinical outcomes for people with mental illnesses and, though untested for people with mental illnesses under community corrections supervision, are particularly relevant to the challenges this population faces:

- Supported housing, such as “Housing First,” in which people with mental illnesses gain quick access to housing in addition to case management and other supports.
- Trauma interventions, in which people with mental illnesses and extensive histories of trauma (especially among women), including physical and sexual abuse, receive targeted interventions.

A variety of program models integrate, to varying degrees, community corrections supervision with mental health treatment, and preliminary evidence suggests that these programs may reduce the risk of arrest and revocation and improve linkages to treatment and other services. One of these models, specialized mental health probation caseloads, is a promising practice for improving clinical and legal outcomes for people with mental illnesses under probation supervision.

...about the implications of current research on policy and practice...

Although promising strategies to improve the response to people with mental illnesses under community corrections supervision exist, **important questions remain that should form a research agenda on these issues.**

In order to achieve the outcomes demonstrated by the existing body of research, **policymakers must consider a number of key implementation issues:**

- Screening and assessment
- Cross-agency collaboration
- Program implementation
- Performance-based contracting and funding
- Organizational culture and leadership

Federal, state, and local policymakers are focused on improving outcomes for people with mental illnesses under community corrections supervision. Program models and principles are being developed, refined, and evaluated. **With sustained attention to these issues, a wide range of strategies that improve public health and public safety outcomes for this population is within reach.**