CSG Justice Center Guide Translates Research to Improve Community Corrections Supervision

The Council of State Governments (CSG) Justice Center has released a guide designed to help policy makers, program administrators, and practitioners improve outcomes for people with mental illness who are under correctional supervision in the community. It summarizes current findings in three research areas—supervision strategies in community corrections, treatment approaches for people with mental illness, and integrated supervision and treatment strategies—with the goal of ensuring that interventions are informed by the latest evidence on what works, for whom, and under what circumstances.

The number of people under correctional supervision in the community has reached unprecedented levels—about one in 45 adults are on probation or parole. Community corrections officers, who face staggeringly large caseloads, are increasingly required to supervise people with serious mental illnesses, most of whom have co-occurring substance use disorders. Traditional probation and parole agencies are not set up to employ the supervision strategies required to meet the broad treatment and service needs of these individuals. Although some agencies have implemented special responses to this population, all too often these approaches are not backed by research and therefore may be less sustainable, politically potent, efficient, and successful than those that incorporate empirically sound interventions. Thus it is not surprising that people with mental illnesses are twice as likely as others under community supervision to have their community sentences revoked, which returns them to prison or jail and deepens their involvement in the justice system.

The 44-page publication, *Improving Outcomes for People With Mental Illnesses Under Community Corrections Supervision: A Guide to Research-Informed Policy and Practice*, uses a reader-friendly layout to organize the contents around policy makers' common questions about people with mental illnesses who are under correctional supervision and about the type and effectiveness of services and treatments for this population. Each question is followed by a brief response and a summary of research findings that support the response. The guide is divided into three sections. The first section provides information on the scope of the problem—how people with mental illness enter the justice system and typical outcomes for them there. It explains why traditional supervision strategies are less effective for this population.

The second section, which reviews findings from the three research areas, begins with a two-by-two matrix—high and low criminogenic risk and high and low functional impairment—for considering appropriate supervision and treatment approaches for people with mental illnesses. Interventions and strategies that have been shown to improve outcomes and reduce recidivism for the general population of persons on probation or parole are reviewed. They include adherence to the RNR model (risk-needs-responsivity), which matches the intensity of supervision to the level of risk of recidivism, targets changeable risk factors by addressing needs, and matches modes of service to a person's abilities and styles. Other evidence-based approaches in this area include cognitive-behavioral treatment, which addresses irrational thoughts that lead to anger and antisocial behavior, and drug treatment in the community. Research also supports certain strategies for use by corrections officers: "firm-but-fair" relationships, compliance strategies that favor problem solving over threats of incarceration, and boundary spanning, in which officers develop knowledge about mental health and community resources, maintain relationships with clinicians, and advocate for services. Boundary spanning has been shown to increase linkages to treatment, but not to reduce recidivism, for people with mental illnesses on probation.

Several evidence-based approaches and supporting research are described to answer the question "Which mental health treatment interventions improve clinical outcomes for people with mental illnesses?" Assertive community treatment (ACT), illness self-management and recovery, integrated mental health and substance use services, supported employment, psychopharmacology, and family psychoeducation are all briefly outlined. Supported housing and trauma interventions are included as promising practices.

A much smaller body of literature has examined the effectiveness of integrated community supervision strategies and mental health treatment strategies. They include specialized probation caseloads, forensic ACT, forensic intensive case management, parole outpatient clinics for people with mental illnesses, and the Partnership for Active Community Engagement (PACE). Specialized caseloads composed exclusively of people with mental illnesses are smaller than traditional caseloads; officers receive significant training in mental health issues and collaborate with community-based service providers. Research findings for forensic adaptations of ACT have been mixed; although hospital stays and recidivism are reduced for many participants, enhanced oversight sometimes leads to higher revocation rates. Forensic intensive case management, which is less resource intensive than forensic ACT, has been shown to reduce recidivism, but clinical outcomes do not appear to be affected. Parole outpatient clinics that aim to reduce symptoms of people with mental illnesses have been studied in California and have been found to reduce participants' return to prison. PACE, a collaborative project in Colorado operated by a multidisciplinary team and designed as an alternative to probation, has shown promise in reducing jail time.

Although promising approaches are being evaluated, important questions remain, and the guide's final section

identifies priorities for a national research agenda in several areas, including screening and assessment, cross-agency collaboration, performance-based contracting and funding, and organizational culture and leadership. Development of the guide, which is part of a series designed to improve the justice system's response to people with mental illness, was supported by the John D. and Catherine T. MacArthur Foundation and the National Institute of Corrections of the U.S. Department of Justice. It is available on the CSG Web site at justicecenter.csg.org.

NEWS BRIEFS

Housing affordability crisis for people with disabilities: In 2008 the national average rent for a modest one-bedroom unit reached $749 per month, according to the U.S. Department of Housing and Urban Development (HUD). For the more than four million people with disabilities who rely on Supplemental Security Income (SSI), this figure exceeds their entire average monthly income of $668. Rising rents are not the only factor in the housing affordability crisis. Annual income for a person on SSI is $8,016, which has fallen to 18.6% of the national median income for a single-person household and is 30% below the federal poverty level for an individual. The crisis is described in a new report *Priced Out in 2008,* the latest in a series published every two years by the Technical Assistance Collaborative (TAC) and the Consortium for Citizens With Disabilities (CCD) Housing Task Force. In 1998, when the first report was issued, there were 44 housing market areas in 13 states where a person on SSI would have to pay more than his or her monthly income for a one-bedroom unit. Ten years later, this was the case in 219 housing market areas across 41 states. The report also describes signs of progress, including 2009 legislation that creates a new National Affordable Housing Trust Fund and that includes tens of billions of dollars in housing relief through changes to the Low Income Housing Tax Credit program and commitments of capital funds to public housing. The 47-page report, which was funded by the Melville Charitable Trust, is available at www.tacinc.org.

Kaiser brief on spending for the dually eligible population: Approximately 8.8 million Medicaid beneficiaries are also enrolled in Medicare. This dually eligible group consists of seniors and nonelderly people with disabilities, and because most are in poor health, it is a costly population to care for. To help state and federal governments with financing and management of these programs, the Kaiser Foundation has compiled a new issue brief (based on data for 2003, the most comprehensive data set available) that describes demographic and health characteristics of this population and patterns of service use and costs. Sixty-one percent of dual enrollees had incomes under $10,000, compared with just 9% of other Medicare enrollees. Even though dual enrollees accounted for less than a quarter of Medicare enrollees (7.1 million versus 30.2 million), total Medicaid and Medicare spending for this group was $147.9 billion, compared with $137.7 billion for all other Medicare beneficiaries. Per capita spending by the two programs for dual enrollees was nearly five times the amount for other Medicare enrollees—$20,902 compared with $4,553. Medicaid covered nearly 60% of total spending by the two programs for this population. The issue brief is available on the Kaiser Web site at www.kff.org.

Spending on child mental health care: In 2006 a total of $98.8 billion was spent for direct medical care and treatment of children. The five most costly conditions, ranked by cost, were mental disorders, asthma, trauma-related disorders, acute bronchitis, and infectious diseases. Total expenditures to treat mental disorders were $8.9 billion, $8.0 billion for asthma, $6.1 billion for trauma-related disorders, $3.1 billion for acute bronchitis, and $2.9 billion for infectious diseases. In terms of number of children treated for the five conditions, asthma was highest. Almost 13 million children were treated for asthma in 2006, followed by 12.8 million children for acute bronchitis, nearly seven million for trauma-related disorders, 4.6 million for mental disorders, and 4.5 million for infectious diseases. Mean expenditures per child for those with expenses were highest for mental disorders at $1,931. Trauma-related disorders averaged $910 per child, followed by $658 for infectious diseases, $621 for asthma, and $242 for acute bronchitis. These figures are from an analysis of the most recent data from the Medical Expenditure Panel Survey, which is summarized in a statistical brief available on the www.meps.ahrq.gov.

Bazelon fact sheet on supportive housing: The Bazelon Center for Mental Health Law has compiled a seven-page fact sheet that describes the principles of supportive housing for people with mental disabilities. It summarizes research showing that supportive housing is a key factor in recovery and community integration and that it reduces housing costs for this population. It calls on service systems to make supportive housing the primary option by replacing existing congregate settings with scattered-site housing—with housing units scattered either in a neighborhood or a single building. It also calls on public officials and stakeholders to ensure that services are not linked to housing and participants are not required to use services or supports to receive or keep their housing. The fact sheet can be downloaded from the Bazelon Center's Web site at www.bazelon.org.