

Corrections

Understand Their Perspective

There are three basic types of corrections agencies: jails, prisons, and community corrections. Jails, which are almost always run locally, are used to detain people after arrest while they await trial, and for short sentences (generally less than one year). Prisons, usually run by states, provide long-term incarceration (generally one year or longer) for more serious crimes. And community corrections agencies, such as probation and parole, supervise people in the community, either in lieu of or in addition to jail and prison time. While the contexts in which these corrections agencies encounter people with mental illness vary, they all struggle to provide adequate services to the growing number of people with mental illness under their supervision. Some of the obstacles corrections agencies face are described below:

Jails

- >> Because most people stay in jail for a relatively short time, the jail staff has difficulty identifying those detainees with mental health needs before they are released.
- >> The rate of suicide in jails in one state is as much as five times as high as in the general population, and jails there spend considerable resources on 24-hour supervision for detainees on suicide watch.²⁷
- >> For many jail detainees, advance notice of their discharge comes, if at all, only days or even hours before their release. With such short notice, jail officials struggle to develop adequate connections to mental health treatment providers and other resources to help detainees successfully reenter the community.



²⁷ Unpublished statistics courtesy of the Ohio Department of Corrections, Bureau of Adult Detention, 2002.



Prisons

- >> To maintain safety and order, prisons are rule-driven, restrictive environments. Due to their condition, individuals with mental illness (especially untreated mental illness) may have trouble adhering to prison regulations; this leads to frustration among corrections officers who may lack the training to recognize this behavior as the signs and symptoms of mental illness.
- >> The unusual behavior that many people with mental illness exhibit can draw the attention of other inmates who may take advantage of their perceived weakness, thus undermining the fundamental mission of a corrections administrator: maintaining a safe and secure institution.
- >> Because of their treatment needs (and longer average stays), people with mental illness are considerably more expensive to incarcerate than other inmates. One state estimates that inmates with mental illness cost nearly twice as much per day.²⁸

Probation / Parole

Although probation and parole are often combined under the heading of “community corrections,” their functions are significantly different. Parole is typically a state function; in some states, it is an independent state agency, and in others it is part of the department of corrections. Someone on parole typically has served part of his or her sentence in prison, and is now finishing the sentence on community supervision. Probation is typically administered at the local level, often as part of the court system. Someone sentenced to probation rarely was released from prison. If anything, he or she was released to probation from jail.

Community Corrections

- >> Community corrections officers typically have large caseloads and little time to provide extra support to individuals with mental illness who have difficulty adhering to the many conditions of community supervision.
- >> People with mental illness on probation or parole are usually required to participate in some form of mental health treatment. Effective supervision thus requires community corrections officers to work together with mental health providers, which makes supervision for people with mental illness more complicated and more costly.
- >> When people with mental illness violate conditions of their supervision, community corrections officers feel caught between two extreme options—doing nothing (and risking a more serious crime later on) or sending the person back to jail. Community corrections agencies often lack intermediate sanctions, especially options that are tailored to people with mental illness.



²⁸ Unpublished statistic courtesy of John Shaffer, Ph.D., Pennsylvania Department of Corrections.



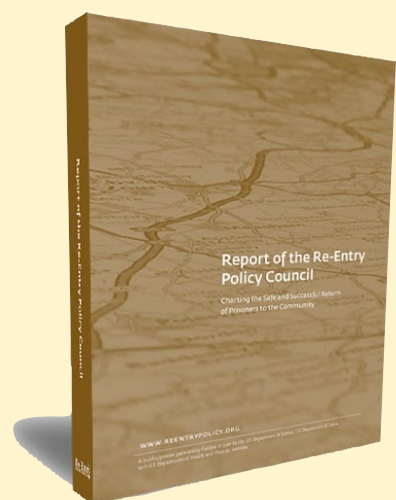
Explain Why Addressing the Issue Is in Their Interest

Although the settings in which jail, prison, and community corrections agencies encounter people with mental illness vary, many of the same reasons for improving their response to people with mental illness may appeal to these agencies. Four such reasons are described below:

- >> **Improve public safety**—Identifying people with mental illness when they come under the supervision of corrections agencies, ensuring they receive appropriate treatment, and preparing them for reintegration into society will help to prevent future crimes and thus improve public safety. Studies show that as few as 30 percent of people with mental illness leaving correctional facilities receive mental health services upon their release.²⁹
- >> **Improve officer and inmate safety**—People with untreated mental illness are more likely to commit infractions and to be preyed upon by other inmates.³⁰ This can cause unrest and tension in the general population and jeopardize the safety of both corrections officers and other inmates.
- >> **Lower costs**—People with mental illness require extensive treatment and medication in jails and prisons, stay longer than other inmates, and sometimes need costly 24-hour supervision. Reducing the percentage of people with mental illness in jails, prisons, and in community corrections caseloads can help lower costs for corrections agencies, whose budgets are being squeezed at the local and state level.
- >> **Reduce recidivism**—Corrections agencies are increasingly being measured

Learn More

For more on improved facility-based treatment and transition planning for people with mental illness, advocates should consult the *Report of the Re-Entry Policy Council*. Providing a series of recommendations for improved reentry from an individual's admission to the facility through their supervision in the community, the report has information specifically focused on people with mental illness. The Re-Entry Policy Council, like the Consensus Project, is coordinated by the Council of State Governments. For more information, visit <http://www.reentrypolicy.org/>.



²⁹ Washington State Institute for Public Policy Study, cited by Reggie Wilkinson in Congressional testimony.

³⁰ The Council of State Governments, *Criminal Justice/Mental Health Consensus Project* (New York: Council of State Governments, 2002); American Psychiatric Association, *Psychiatric Services in Jails and Prisons* 59 (2d ed. 2000).



on how well they prevent people under their supervision from returning to the criminal justice system. Attending to the specific needs of people with mental illness can help lower the astronomical recidivism rates for this population.

Propose an Initiative

There are many options that should appeal to corrections administrators seeking to improve their response to people with mental illness, including, but not limited to, those described below:

>> **Jail diversion**—Jail diversion programs, which identify people with mental illness soon after they are booked into jail and connect them to community-based treatment services in lieu of incarceration, have been one of the most successful tools for advocates working in the corrections system.

Most jail diversion programs are restricted according to clinical and legal criteria (i.e., only those with certain types of illness and charges are eligible) and require participants to adhere to treatment and other conditions for a certain amount of time, after which their charges are dismissed. (See sidebar, “Language Matters.”)

>> **Improved screening and assessment**—Many jails, prisons, and community corrections agencies lack even basic information about the mental health needs of those under their supervision. To respond to this lack of knowledge, some advocates have encouraged agencies to improve their screening and assessment protocols, which also entails developing better communication mechanisms with the mental health system and other criminal justice agencies.

The Importance of Training

Mental health issues are rarely covered during pre-service or in-service training for law enforcement, courts, or corrections professionals. Likewise, education for mental health providers on the criminal justice system and how to work with criminal justice-involved individuals is unusual.

Advocates should promote training as an important first step for any of their partners in these systems, as it is relatively inexpensive, helps build familiarity with the issues, and is an area where advocates can provide direct assistance through contributing their own time and expertise. Cross-training, through which criminal justice and mental health professionals educate each other about their priorities and concerns, is particularly important.

Familiarity with cultural issues is also critically important to ensure that every criminal justice and mental health professional who comes in contact with a person with mental illness is well-prepared to recognize cultural clues in the person’s presentation and response to offered services. Likewise, training is always enhanced if informed by the experiences and perspectives of individuals with mental illness and family members. So, while training is not mentioned as a potential initiative in every section of Step Three, it should always be a strategy promoted by advocates.



>> **Better transition planning**—Advocates have been at the forefront of the recent push to enhance the services that corrections agencies provide to help people with mental illness who are incarcerated reintegrate into the community. These services include providing mental health treatment while the person is incarcerated, connecting them with a service provider in their community before they are released, assisting with the application for and enrollment in federal benefit programs, and facilitating access to housing.

>> **Specialized caseloads**—Some probation and parole agencies have established small, dedicated caseloads for people with mental illness staffed by specially trained officers. These specialized caseloads help to ensure that affected individuals receive the support they need, and that community supervision is closely coordinated with mental health treatment.

