



PAROLE ESSENTIALS: PRACTICAL GUIDES FOR PAROLE LEADERS

4

# Special Challenges Facing Parole

**U.S. Department of Justice  
National Institute of Corrections  
320 First Street, NW  
Washington, DC 20534**

**Morris L. Thigpen**  
*Director*

**Thomas J. Beauclair**  
*Deputy Director*

**George M. Keiser**  
*Chief, Community Corrections Division*

**Cathy Banks**  
*Project Manager*

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**National Institute of Corrections**  
*www.nicic.gov*

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## Foreword

Paroling authorities play a critical role within correctional systems across the nation, making thousands of decisions about the timing of release from prison for a significant number of offenders each year. They set conditions of release and respond to violations of postrelease supervision for many thousands more. Recognizing this critical role, the National Institute of Corrections (NIC) is engaged in a major initiative to develop practical resources useful to parole board chairs, members, and their executive staff. In 2008, this initiative sponsored the development of the *Comprehensive Framework for Paroling Authorities in an Era of Evidence-Based Practices* by Nancy Campbell (Washington, D.C.: U.S. Department of Justice, National Institute of Corrections, 2008). This *Framework* provides a broad overview of how parole's role is, and should be, changing to meet the challenges facing corrections as it looks forward to the second decade of the 21st century. Training curricula and delivery, along with technical assistance, have also been made available.

As part of this initiative, NIC has commissioned the development of a series of five papers, entitled *Parole Essentials: Practical Guides for Parole Leaders*. This series builds upon the *Framework*, providing concrete guidance toward implementing the principles it outlines. The series is envisioned as an informative set of products focused on the unique challenges facing parole leaders and designed to assist them in honing their skills further, defining roles and responsibilities, and supporting effective practice. This document, *Special Challenges Facing Parole*, is the fourth of the series, and is intended to provide basic contextual information that will be helpful to parole board members as they address challenging populations and transition/reentry issues.

**Morris L. Thigpen**

*Director*

National Institute of Corrections



# Preface

This paper is the fourth in a series of five resource documents developed under the sponsorship of the National Institute of Corrections (NIC). The series, entitled *Parole Essentials: Practical Guides for Parole Leaders*, is intended to provide practical information and guidance for paroling authority chairs, members, executive staff, and the officials charged with appointing them. Titles in the series include:

1. *Core Competencies: A Resource for Parole Board Chairs, Members, and Executive Staff.*
2. *Evidence-Based Policy, Practice, and Decisionmaking: Implications for Paroling Authorities.*
3. *Paroling Authorities' Strategic Planning and Management for Results.*
4. *Special Challenges Facing Parole.*
5. *The Future of Parole as a Key Partner in Assuring Public Safety.*

These papers are being developed as part of a larger NIC initiative to provide current information and guidance to paroling authorities. This initiative includes the broad context defined by *Comprehensive Framework for Paroling Authorities in an Era of Evidence-Based Practices* by Nancy Campbell (Washington, D.C.: U.S. Department of Justice, National Institute of Corrections, 2008). Additionally, the initiative includes the development, piloting, and delivery of a training curriculum for paroling authority members entitled *Orientation for Parole Board Members: Integrating Evidence-Based Principles into Parole Board Practices*, developed by Betty Gurnell and Susan Yeres. These resources are accessible on the NIC website at [www.nicic.gov](http://www.nicic.gov). The reader is referred to these other documents as additional resources in pursuing excellence in carrying out paroling authorities' considerable responsibilities in the criminal justice system.



# Acknowledgments

This paper was authored by Peggy Burke, Principal; Rachelle Giguere, Program Associate; and Leilah Gilligan, Senior Manager, Center for Effective Public Policy.

## Advisory Group Members

**Pat Anderson**, Executive Director, Wyoming Board of Parole

**Patricia Biggs**, Member, Kansas Parole Board

**Robert Cherkos**, Consultant

**Alex Holsinger**, Associate Professor of Criminal Justice, University of Missouri—Kansas City, Department of Criminal Justice and Criminology

**Garland Hunt**, Chairman, Georgia State Board of Pardons and Paroles

**Michael Jacobson**, Director, Vera Institute of Justice

**Catherine McVey**, Chairman, Pennsylvania Board of Probation and Parole

**Cranston Mitchell**, Parole Commissioner, United States Parole Commission

**Beth Oxford**, Director of Parole, Georgia State Board of Pardons and Paroles

**Ed Rhine**, Deputy Director of the Office of Policy and Offender Reentry, Ohio Department of Rehabilitation and Correction

**Ralph Serin**, Associate Professor, Carleton University, Department of Psychology



# Introduction

Parole boards, releasing authorities, and parole executives make a variety of critical decisions concerning the timing of release, conditions to be imposed, and supervision strategies for thousands of offenders each year. As the development of this series of papers progressed and guidance was sought from its advisory group, a number of challenging topics surfaced. One had to do with certain subpopulations of offenders who present unique challenges for parole boards. Another had to do with the intractable issue of identifying appropriate housing for offenders returning to the community. The feeling among the advisory group was that new parole board members—or even more senior members—would benefit from an easily accessible source of information on these topics. They envisioned a document that would lay out the context, summarize the key issues, highlight the recent research, and provide suggestions about where to find more extensive and detailed resources.

To accomplish that goal, the paper presents basic and current information about populations identified by the project advisory group:

- Inmates who have committed sex offenses.
- Those who have significant mental health or substance abuse issues.
- Female offenders.
- Aging or geriatric offenders.
- Youthful offenders incarcerated in the adult correctional system.

This publication includes, where possible, examples of practices adopted in various jurisdictions to address these populations. A final section provides a framework for considering housing issues from the perspective of paroling authorities.

Clearly, a single document cannot present all there is to know on these topics. The current document is intended to provide a solid grounding in these issues that is relevant to the perspective of parole board members and to point the way to more extensive resources on these topics.

Although this paper addresses a set of issues that may appear, at first, to be somewhat unrelated, a clear pattern emerges from the following discussion. First, it highlights the specialized knowledge that parole leaders are required to master. Given the limited and staggered terms typical of paroling authority members, continuing training, self-education, and peer consultation are critical. With respect to the particular populations and challenges discussed in this paper, paroling authority members often have little direct authority over the types of assessments or programs that are available in correctional institutions or in the community. This underlines the continuing importance of building strong, collaborative partnerships with other correctional stakeholders to create support for strong, evidence-based assessments and interventions and for their targeted deployment. Finally, the issues addressed in this paper may be very closely related, even in the context of a single case. Substance abuse, sexual offending, and mental illness, for example, all can be exhibited by a single offender, whether male or female, young or old. Hopefully, the information in this paper will assist paroling authority members as they work to address these challenges, however they present themselves.





# Sex Offenders

**S**ex offenders pose a unique dilemma for paroling authorities. The potential longstanding consequences of sex crimes for victims, combined with the public's fear of these offenders, intense media and public scrutiny regarding sex offense cases, and special laws designed to restrict sex offenders' movement and behavior (e.g., registries, zoning restrictions) create significant challenges for paroling authorities who must consider the release of and appropriate community supervision conditions for this offender population. Given all of these factors, some paroling authority members are, understandably, reluctant to grant discretionary release and are concerned about appropriate conditions if (discretionary or mandatory) release is imminent.

One important factor to consider, however, is that the vast majority of sex offenders will be released to the community at some point, regardless of whether the parole board elects to grant them discretionary parole. The real question is how this release can be planned and managed to minimize the likelihood that future victimization will occur. The information in this chapter presents the results of research indicating that a combination of supervision and treatment is effective in reducing sexual and general criminal recidivism with this population. Paroling authorities should consider how they can collaborate with their criminal justice partners to use these strategies to protect the community.

Fortunately, a wealth of information about how to manage sex offenders in a way that reduces their risk to reoffend has begun to emerge and gain credibility in the mainstream criminal justice system. This has important implications for both parole board decisionmaking and community supervision policies and practices.

## Sex Offenders Under Correctional Supervision

An estimated 265,000 sex offenders are currently under some form of community supervision in the United States (Greenfeld 1997). For those sex offenders who are sentenced to a period of

incarceration, and who are not civilly committed, the vast majority will ultimately return to our nation's communities. In fact, between 10,000 and 20,000 sex offenders are released to the community annually (Center for Sex Offender Management [CSOM] 2007). Although some sex offenders will be released without the action of a parole board, most are released in systems where parole boards have authority over the timing of release, the conditions of release, or both. A parole board, well versed in what the research reveals about strategies to reduce the likelihood of reoffending among this population, will be able to assist in protecting the community against sexual victimization.

## Characteristics of Sex Offenders

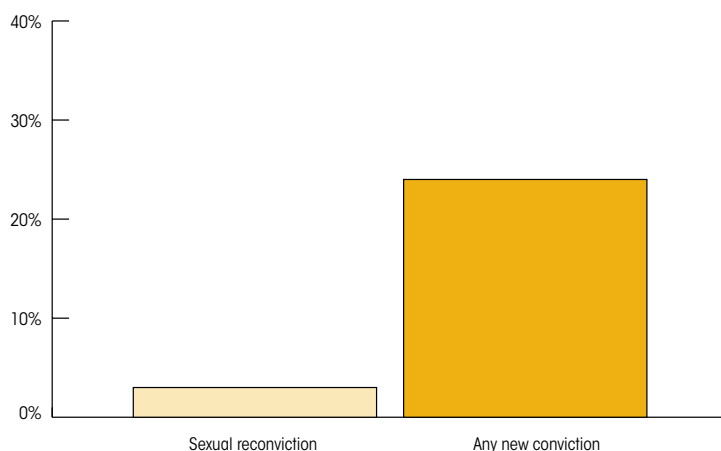
Although the term "sex offender" suggests a homogenous group, sex offenders are a varied population. Research shows that the individuals who commit sex offenses vary in many ways, including their demographics, backgrounds, offense types and patterns, motivations, and risk of reoffending. Sex offenders can be male or female, adult or juvenile, young or old. They also vary in terms of their level of education, marital status, and family ties. They may offend against adults or children, males or females, or several or all of these groups. They may have a long criminal history or none at all. Their crimes can range from noncontact offenses (e.g., exhibitionism or "flashing") to contact offenses (e.g., fondling, rape). The reasons they commit these offenses are

different in every case.<sup>1</sup> No single factor or combination of factors can fully explain why someone offends sexually, though some factors may combine to increase a person's tendency to offend. Because of these and other circumstantial factors, the kind of interventions sex offenders need in order to try to stop offending vary in every case. In other words, sex offenders present myriad levels and types of risk, and this should be taken into account when considering release and/or fashioning the conditions of release and supervision.

## Sex Offender Recidivism

Just as the reasons for sex offending differ, so too does a sex offender's risk to reoffend. Although it is commonly perceived by many that all or most sex offenders will reoffend, a recent Department of Justice study found that approximately 5 percent of sex offenders were rearrested for another sex crime within 3 years of release (Langan, Schmitt, and Durose 2003). Other, longer term recidivism studies suggest that between 12 and 24 percent of sex offenders are rearrested or reconvicted for a new sex crime.<sup>2</sup> In fact, as exhibit 1–1 shows, sex offenders who reoffend criminally postrelease are much more likely to commit a nonsexual offense than another sex crime (Langan, Schmitt, and Durose 2003), which is why both specialized sex offender risk-assessment tools and general risk-of-recidivism assessment tools should be used with sex offenders.

**Exhibit 1–1: Types and Prevalence of Recidivism Among Adult Sex Offenders**



Source: P.A. Langan, E.L. Schmitt, and M.R. Durose, *Recidivism of Sex Offenders Released from Prison in 1994* (Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2003).

## A Comprehensive Approach to Sex Offender Management

Responding effectively to the complex dynamics of sex offending behavior requires a specialized and thoughtful approach to sex offender management. Collaboration among the entities charged with sex offender management, specialization among the disciplines who treat and monitor sex offenders, and a shared goal of promoting public safety by reducing the risk offenders pose to the community are all integral components of successful sex offender management efforts. The Comprehensive Approach to Sex Offender Management is one framework that has been developed to encourage a strategic and collaborative response to managing sex offenders and reducing recidivism (CSOM 2008a). This approach enumerates and connects several core components into an integrated model for sex offender management and promotes the goal of ensuring victim and community safety.

The core components of this approach are:

- Investigation, prosecution, and disposition.
- Assessment.
- Treatment.
- Reentry.
- Supervision.
- Registration and notification.

Parole board members have a critical role to play in several of these areas—in particular, assessment, treatment, reentry, and supervision—and it is important for board members to know how the entire criminal justice system bears responsibility for managing this population.

### Assessment

Because sex offenders represent such a diverse population, one standard approach to responding to their behavior is generally not effective. The Comprehensive Approach defines assessment as an ongoing process that provides practitioners not only with basic information about an offender's level of risk and criminogenic needs, but also about treatment progress, supervision compliance, the presence of community and other prosocial

supports, and access to victims, among other issues (CSOM 2008a). The four types of assessments that are central to considering how best to manage a sex offender population are:

- **Risk assessments**, to estimate recidivism potential at given points in time.
- **Criminal justice assessments**, conducted by court or correctional personnel to inform initial decisions in the management process, particularly about legal sentencing requirements.
- **Clinical assessments**, conducted by treatment professionals to guide the specifics of treatment.
- **Ongoing, multidisciplinary assessments**, which involve gathering and sharing cumulative information to focus and refine case management strategies over time (CSOM 2008b).

Determining which kind of treatment and other interventions are required, what risk an offender poses to reoffend, how suitable an offender is for release, and how a particular offender should be supervised postrelease should be done in the context of comprehensive assessment information from each of these categories. Ideally, this information will reflect both static (unchangeable) and dynamic (variable) factors that can affect an offender's intervention needs and risk of reoffense.

## Risk Assessment

Assessing sex offenders' risk to reoffend sexually is becoming increasingly guided by the use of actuarial, sex offender-specific tools. Although such tools cannot predict conclusively whether an individual offender will reoffend, research demonstrates clearly that predictions based on these tools are significantly more accurate than those based on expert opinion alone. A number of such tools have been developed in recent years that can guide decisionmaking in a way that was not previously available. Some examples of commonly used sex offender risk assessment tools include:

- Rapid Risk Assessment for Sexual Offense Recidivism (RRASOR) (Hanson 1997).
- STATIC-99 (Hanson and Thornton 1999).
- Sex Offender Risk Appraisal Guide (SORAG) (Quinsey et al. 2006).

## PENNSYLVANIA'S APPROACH TO INFORMED RELEASE DECISIONMAKING

The Pennsylvania Board of Probation and Parole is committed to an informed release decisionmaking process. The board uses actuarial risk assessment tools, treatment progress reports, and stakeholder input to inform their release decisions. Offenders are typically released when there is evidence that risk to reoffend has been reduced. The following data and information inform the release decision:

**Risk assessment data.** The board uses the STATIC-99 to assess the level of risk of sexual reoffense. Level of Service Inventory—Revised (LSI-R) data provide an assessment of risk of general reoffense as well as an understanding of an offender's criminogenic needs.

**Additional assessment information.** Also available for consideration by the board are results from in-depth sex offense-specific evaluations that are conducted by the commonwealth's Sex Offender Assessment Board (SOAB). SOAB conducts evaluations for the court to determine if sex offenders meet the statutory construct of a sexual predator and if they are required to register. SOAB also conducts risk assessments for the board and considers relevant issues related to treatment and management.

**Treatment progress assessment.** The board requires all offenders interested in parole release to participate in institutional treatment if they are assessed as needing treatment. Offenders receive an evaluation from institutional treatment staff of their level of therapeutic engagement and treatment progress.

**Community and victim input.** The board considers information from victims, prosecutors, and judges regarding specific cases when making release decisions; this input provides an additional means of informing release decisions. Should parole be granted, this information is also used to consider specific release conditions.

**Specialized parole conditions.** The board differentiates between subpopulations of offenders by imposing different sets of specialized, clinically driven release conditions. A protocol was developed to guide the consistent use of specialized conditions (e.g., computer access restrictions, prohibitions of unsupervised contact with children).

**Specialized parole supervision.** In all parole districts across the commonwealth, offenders released to the community are under the supervision of parole officers who are specially trained in the supervision and management of sex offenders. Caseloads average 50 offenders per agent.

**Transparency.** The board endorses a transparent approach to decisionmaking; their decisionmaking instrument will soon be available to the public on their website.

Source: Center for Sex Offender Management, *Twenty Strategies for Advancing Sex Offender Management in Your Jurisdiction*. (Silver Spring, MD: Center for Sex Offender Management, 2009).

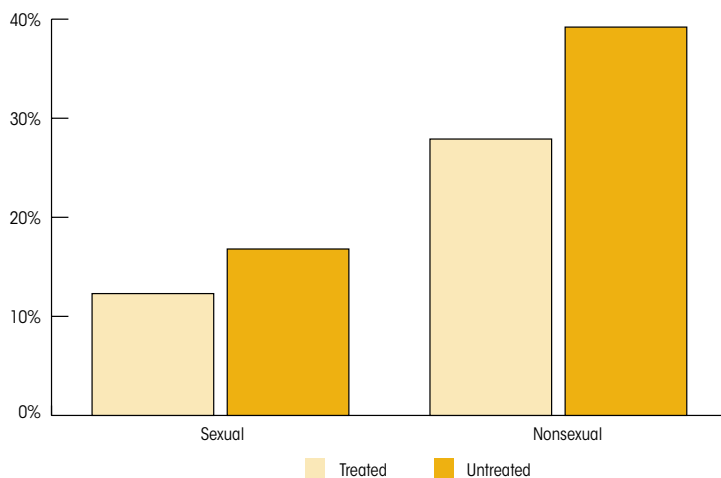
- Minnesota Sex Offender Screening Tool Revised (MnSOST–R) (Epperson et al. 2000).
- Vermont Assessment of Sex Offender Risk (VASOR) (McGrath and Hoke 2001).

Risk and other key assessment information can provide critical information for parole board members as they consider release decisions and the need for particular specialized terms and conditions of supervision after an offender is released, enabling treatment and supervision professionals to target the most intensive resources to those offenders deemed most likely to reoffend. For an example of one state parole board’s approach to deciding whether or not to release sex offenders, see “Pennsylvania’s Approach to Informed Release Decisionmaking” (pg. 3).

## Treatment

Research has demonstrated that sex offender treatment can reduce both sexual and nonsexual recidivism, as indicated in exhibit 1–2.<sup>3</sup> As such, sex offender-specific treatment should be a cornerstone of any sex offender management approach. Because of the varying risk and needs posed by offenders, treatment interventions should be driven by formal assessments and appropriately individualized to the client’s needs (CSOM 2006).

**Exhibit 1–2: Sexual and Nonsexual Recidivism: Treatment Effectiveness**



Source: R.K. Hanson, A. Gordon, A.J.R. Harris, J.K. Marques, W. Murphy, V.L. Quinsey, and M.C. Seto, “First Report of the Collaborative Outcome Data Project on the Effectiveness of Psychological Treatment for Sex Offenders,” *Sexual Abuse: A Journal of Research and Treatment* 14(2002):169–194.

Quality sex offender treatment programs generally:

- Teach individuals to develop the skills needed to avoid reoffense in the future.
- Are cognitive-behavioral in nature and most often group-based.
- Provide offenders with guidance toward being prosocial, productive members of the community.
- Feature limited confidentiality and promote information-sharing with supervision agencies so that all parties involved in the offender’s management have the same information about an offender’s progress or lack thereof.
- Outline and document treatment goals and progress toward those goals.
- Are comprehensive or holistic in that problem sexual behavior is not the only criminal or problematic behavior addressed.

Sex offender treatment varies from typical “therapy” approaches in that it is usually driven by a criminal justice system mandate and, as a result, offenders may be reluctant to attend. Therefore, mandating that parolees attend and complete an approved sex offender-specific treatment program is critical. In many jurisdictions, the local supervision agency develops and maintains an approved list of qualified sex offender treatment providers that meet certain generally accepted criteria. These providers are typically accustomed to working with supervision agencies and complying with requirements unique to working with a correctional population (i.e., they may offer sliding scale fees and agree to limited confidentiality).

## Reentry

Transitioning from prison back into the community can be difficult for many offenders, and particularly for sex offenders. The stigma and public fear associated with sex offending and the challenges posed by housing and zoning restrictions, legislative mandates including registration and community notification, and complications in securing appropriate employment and housing represent considerable reentry obstacles with this population. Paroling authorities can promote more successful reentry practices by:

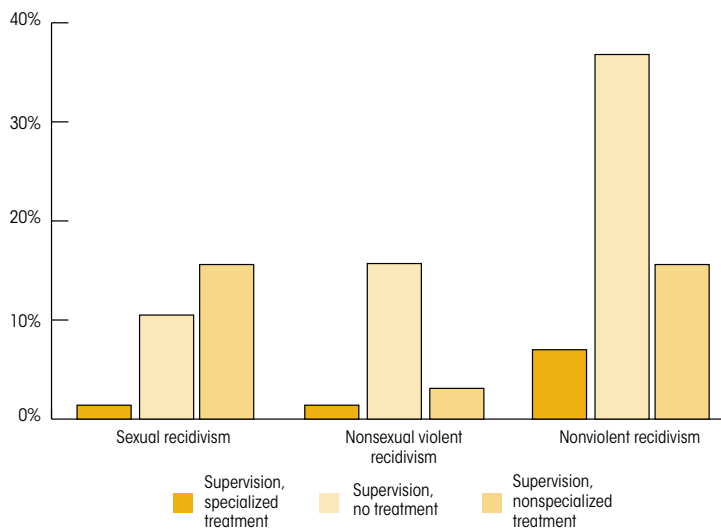
- Using their discretionary authority to assist offenders in making a structured and supervised transition back into the community.
- Encouraging early and specialized reentry planning.
- Imposing specialized terms and conditions of parole, including sex offender-specific treatment, that are based on sound sex offender-specific assessments.
- Responding appropriately (based on individual risk and other case factors) to parole violations.

For an example of promising practices with respect to sex offender reentry in one state, see “Sex Offender Reentry in Texas.”

## Supervision

Sex offender-specific supervision is central to contemporary sex offender management efforts. Because research has demonstrated that supervision coupled with sex offender-specific treatment can result in marked reductions in recidivism (Aos, Miller and Drake 2006), both supervision and treatment are considered essential components of sex offender management. Exhibit 1–3 illustrates that sex offenders who receive specialized sex offender treatment coupled with supervision show lower levels of all categories of reoffending as compared with those who receive no treatment or nonspecialized treatment.

**Exhibit 1–3: Sex Offender Recidivism: Supervision Versus Supervision With Treatment**



Source: R.J. McGrath, S.E. Hoke, and J.E. Vojtisek, “Cognitive-Behavioral Treatment of Sex Offenders: A Treatment Comparison and Long-Term Follow-up Study,” *Criminal Justice and Behavior* 25(1998): 203–225.

## SEX OFFENDER REENTRY IN TEXAS

In recent years, the Texas Department of Criminal Justice (TDCJ) and the Texas Board of Pardons and Paroles have taken great strides toward developing and implementing a number of promising practices with respect to sex offender reentry, including the following:

- The Rehabilitation and Reentry Programs Division of TDCJ oversees specialized sex offender treatment programming within the prison system. Separate program tracks are in place: a longer term, more intensive treatment program for higher risk sex offenders, and a short-term psychoeducational program for lower risk sex offenders. Entry into the programs is prioritized based on the offender’s assessed level of risk using the STATIC–99 and the offender’s anticipated release date. Consistent with contemporary models of treatment, the institutional treatment program is based on a cognitive-behavioral and relapse-prevention framework. The final phase of treatment emphasizes community reintegration, including the establishment of community supports and understanding of postrelease supervision expectations.
- With respect to release decisionmaking, the Texas Board of Pardons and Paroles has adopted a research-based set of parole guidelines that take into account offense severity and risk assessment data. Included are static factors (e.g., prior criminal history), dynamic factors (e.g., completion of prison-based rehabilitative programs and services), and the results of sex offender-specific risk scores from the STATIC–99. In addition, the release decisionmaking process takes into account victim impact statements. For those sex offenders who are paroled, the board can impose a number of specialized conditions, including community-based sex offender treatment requirements, employment and travel restrictions, prohibitions involving sexually explicit materials, polygraph examination requirements, and allowances for parole officers to conduct computer searches.
- The Parole Division of TDCJ is responsible for the critical postrelease supervision and monitoring component. Specialized caseloads with reduced offender-to-officer ratios have been implemented, and all parole officers are specially trained to understand the unique dynamics, risk factors, and supervision approaches for this population. Risk levels as assessed by the STATIC–99 are used as the baseline for establishing the level and intensity of parole supervision, informing scheduled and unscheduled field contacts, and determining the use of electronic monitoring or GPS. Over time, supervision approaches are modified based on stability, adjustment, and progress (or lack thereof) in the community. Close collaboration between the parole officers, treatment providers, and polygraph examiners has become a mainstay of the postrelease management of sex offenders.

Source: Center for Sex Offender Management, *Managing the Challenges of Sex Offender Reentry* (Silver Spring, MD: Center for Sex Offender Management, 2007).

## EFFECTIVE COMMUNITY SUPERVISION IN OHIO

The Ohio Adult Parole Authority uses a specialized approach to supervising sex offenders in the community. The following are key elements of this approach:

**Specialized units.** In its most urban areas, the state has established specialized supervision units.

**Specialized training.** Specialized training is often conducted by the agency's sex offender specialists, who are regionally based staff at the supervisory level with extensive experience and knowledge of sex offender management. Opportunities to participate in specialized training at state and national conferences are provided as well.

**Caseload sizes.** Guidelines are being developed to establish caseloads and caseload size limits based on the risk levels and identified needs of offenders. These guidelines will result in reduced caseloads for officers who work with higher risk/higher need offenders.

**Individually tailored case management plans.** Individualized plans are developed to guide postrelease supervision efforts for each offender. These plans take into account the perspectives of the parole officers and others who have worked with the offenders in the community and are tailored to address the risk levels and unique needs of each offender. The STATIC-99 risk assessment tool is used, along with a general offender risk assessment tool that has been validated on Ohio offenders, at the outset of the community supervision process to help determine the necessary intensity of supervision. Throughout the supervision process, officers can add or remove conditions in response to changes in risk level and criminogenic needs.

Source: Center for Sex Offender Management, *Twenty Strategies for Advancing Sex Offender Management in Your Jurisdiction*. (Silver Spring, MD: Center for Sex Offender Management, 2009).

**Collaboration.** Officers work closely with stakeholders who have a role in managing or supporting the offenders, including sex offense-specific treatment providers, other program/service staff, employers, and family members, to ensure that strategies are well informed and that all parties are operating from consistent information. To enable officers to engage in more collaborative efforts in the community and to provide greater opportunities for field contacts with offenders and others during nontraditional business hours, the agency allows officers to use flex time.

**Success-oriented supervision strategies.** Promoting offender success is emphasized because offender success is directly linked to community safety. Some officers are trained in motivational interviewing and other effective offender-interaction techniques that are designed to promote offenders' engagement and internal motivation. The agency is also implementing a case management process that focuses on the nature and quality of officer interactions with offenders and their family members rather than strict contact standards.

**Responding to violations.** A research-based, progressive sanctioning grid is used to guide responses to noncompliance with supervision expectations and to ensure that these responses are individualized, timely, proportional, and consistent. In addition to violation responses, officers can provide incentives and rewards (e.g., removing certain conditions, reducing supervision intensity or contact expectations) to reinforce compliance and progress.

### Specialized Conditions

Sex offender-specific terms and conditions provide an important foundation for effective supervision practices. Certain traditional supervision conditions (e.g., limiting drug and alcohol use, requiring employment) may also be appropriate for sex offenders, but parole boards should also consider imposing conditions that address factors unique to sex offenders. Some jurisdictions have developed a set of sex offender-specific conditions that are typically applied to all sex offenders; others allow for differences between those offenders whose victims are primarily adults and those whose victims are children. Ideally, an assessment of a particular offender's individual circumstances should be used to tailor conditions to meet his or her individual risk and needs—and should be adjusted over time, based on the offender's progress, and informed by input from the offender's sex offender treatment provider. Some of the most common specialized conditions suggested for this population include:

- Agreeing to limited confidentiality (so that case information can be shared between supervision agencies and treatment providers).
- Prohibiting contact with victims and minors.
- Participating in sex offender-specific treatment.
- Limiting access to the Internet and other communications technology.
- Establishing employment, residence, and travel restrictions and/or curfews that limit access to potential victims.
- Submitting to polygraph examinations (when appropriate).

In some cases, adjunctive surveillance (GPS, electronic monitoring, etc.) may also be used. Because these interventions have

not to date been proven conclusively to reduce recidivism and because they demand a significant resource investment, it may be prudent to reserve these adjunct types of surveillance for the offenders assessed to be at the highest risk to reoffend. For an example of effective community supervision in one state, see “Effective Community Supervision in Ohio.”

### Specialized Qualifications and Duties of Supervision Staff

Ideally, parole board members and staff who are charged with supervising sex offenders should possess specialized training and knowledge about sex offenders. Parole agents who supervise sex offenders should also have a caseload small enough to be able to dedicate the time necessary to supervise this population of offenders and the authority to supervise them with more flexibility than may be traditionally permitted (i.e., officers should be able to make frequent field and home visits, and to make unannounced home and computer checks). Staff with greater understanding of sex offender issues may also be better able to assess an offender’s dynamic risks to reoffend and modify case management plans accordingly.

### Implications for Paroling Authorities

Managing sex offenders effectively demands a thoughtful and specialized response from the criminal justice system. The implications for paroling authorities are found throughout the preceding section. In sum, however, it is important to keep in mind that not all sex offenders are alike—in terms either of their potential victims, the precursors that led them to such behavior, their likelihood of reoffending, or the strategies for managing them. To be effective, a comprehensive approach to sex offender management must be tailored and targeted to each offender. Paroling authorities can play a critical role in targeting appropriate treatment and supervision as offenders transition to the community. But perhaps of most significance is that paroling authorities have the ability to plan the timing of release for sex offenders to assure a period of supervision and appropriate treatment after release and before the end of an offender’s sentence, rather than allowing the offender to return to the community at the end of his or her sentence with no supervision or treatment. Ideally, all offenders who will ultimately be released to the community should be granted some appropriate period of community supervision before the expiration of their sentence.

Doing so allows for a period of adjustment, monitoring, and support to sex offenders released into the community that may be instrumental to a more seamless and successful transition from prison.

For more indepth information about effectively responding to and managing sex offenders, see [www.csom.org](http://www.csom.org).

### Notes

1. See [www.csom.org/pubs/needtoknow\\_fs.pdf](http://www.csom.org/pubs/needtoknow_fs.pdf).
2. Because a proportion of sex offenses go unreported, these figures are understood to be underestimates. See Hanson and Morton–Bourgon 2005; Harris and Hanson 2004.
3. See, for example, Aos, Miller, and Drake 2006; Gallagher et al. 1999; Hanson et al. 2002; Lösel and Schmucker 2005; Reitzel and Carbonell 2006.

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## Additional Resources

Center for Sex Offender Management website, [www.csom.org](http://www.csom.org), accessed June 9, 2010.



# Offenders Who Have Significant Mental Health Concerns

It will come as no surprise to members of paroling authorities that the prevalence of mental illness among the offender population is significant. Indeed, the federal government reports that the prevalence of mental illness among state prison and jail populations is three to four times that of the general population (Ditton 1999).

On June 30, 2000, a survey of the Nation's 1,558 State public and private adult correctional facilities reported that 1,394 of these facilities provide mental health services to their inmates. Nearly 70% of facilities housing State prison inmates reported that, as a matter of policy, they screen inmates at intake; 65% conduct psychiatric assessments; 51% provide 24-hour mental health care; 71% provide therapy/counseling by trained mental health professionals; 73% distribute psychotropic medications to their inmates; and 66% help released inmates obtain community mental health services.

One in every 8 State prisoners was receiving some mental health therapy or counseling services at midyear 2000. Nearly 10% were receiving psychotropic medications (including antidepressants, stimulants, sedatives, tranquilizers, or other anti-psychotic drugs). Fewer than 2% of State inmates were housed in a 24-hour mental health unit (Beck and Maruschak 2001).

As paroling authority members pursue the development of clear policy and undertake individual decisionmaking regarding this population, it will be helpful to become familiar with the treatment available in their own correctional system, both within institutions and in the community, including capacity, access requirements, funding, and the degree to which services comport with accepted standards and have been evaluated through sound research initiatives. It will also be helpful to understand the assessments that are routinely conducted, and to seek orientation as to the interpretation and use of these assessments.

This chapter outlines some of the basic information regarding this population that is of interest and assistance to paroling authority members and suggests further resources to consult.

## Understanding the Offender With Mental Health Considerations

Studies of the prison population have indicated that fully 16 percent of all state prison inmates report either a mental health condition or having had an overnight stay in a mental hospital (Ditton 1999). In terms of absolute numbers, given a 2008 prison population nationwide greater than 1.6 million, this would translate to a daunting total of more than 257,000 individuals in state facilities with mental illness (Sabol, West, and Cooper 2009). A number of factors make individuals with mental illness highly visible to law enforcement authorities and subject to arrest and processing through the criminal justice system (Prins and Draper 2009). First, individuals with serious mental illness may often act in public in ways symptomatic of those illnesses—causing public disturbances or nuisances. Second, individuals with mental illness are at much greater risk of developing substance abuse disorders than the general population. In addition, nearly one-third of those who experience homelessness in the United States have serious mental illness. Of course, as with many challenging populations in the criminal justice system, members of this population exhibit great diversity, both in terms of the nature and severity of their illnesses, and in the extent to which these illnesses translate to greater risks for future criminal behavior.

Historically, mental illness was considered volitional and under the control of the individual. The research evidence available today indicates that mental illnesses are genuine neurobiological diseases of the brain and that effective treatments for mental illnesses are now available. The causes of mental illness are thought to be a combination of biological, physiological, and social factors. Further, a genetic link has been demonstrated for almost all psychiatric conditions (Osher and Levine 2005).

## Understanding the Symptoms of Mental Illness

The symptoms of these diseases can be categorized in four areas: anxiety, disturbances in perception and thinking, disturbances of mood, and disturbances of cognition. Anxiety-type symptoms may be associated with physical phenomena such as trembling and rapid heart rate, and are common among a group of disorders including posttraumatic stress disorders, which are receiving increased attention among veterans returning from combat deployments. Osher and Levine (2005) report that disturbances in perception and thinking—including hallucinations, delusions, and schizophrenia—are the most flagrant and serious symptoms of mental illness. These may be accompanied by agitation and loss of motivation or initiative. Disturbances in mood are among the most common symptoms of mental illness and include depression on one end of the spectrum and mania on the other. A person with bipolar disorder typically cycles between episodes of mania and depression. Disturbances of cognition impair the ability to organize, process, and recall information. These may be associated with progressive deterioration from alcoholism, Alzheimer's disease, or dementia.

## Diagnosing Mental Health Disorders Among Offenders

The American Psychiatric Association's *Diagnostic and Statistical Manual, Fourth Edition (DSM-IV)* defines a mental health disorder as:

... a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. In addition, this syndrome

or pattern must not be merely an expectable and culturally sanctioned response to a particular event (American Psychiatric Association 2000).

Competent diagnosis of mental illness requires a careful assessment conducted by a mental health professional—a psychologist or psychiatrist. When a recognizable pattern of symptoms exists with sufficient frequency, a mental health professional may identify a "syndrome." In other cases, personality traits that consistently stand in the way of someone's normal functioning may constitute a personality disorder. Antisocial personality disorder is a frequent diagnosis among individuals involved in the criminal justice system, as one of the diagnostic criteria is involvement in criminal activity.

## Assessing the Risk of Reoffending by Mentally Disordered Offenders

Evidence suggests that the factors associated with the likelihood of future offending for individuals with mental illness are essentially the same as for nondisordered individuals (Bonta, Law, and Hanson 1998). A history of acute mental illness, on its own, may not be a reliable predictor of recidivism—and in some studies is considered protective. However, the coexistence of two or more psychiatric disorders—especially antisocial personality disorder and substance abuse—in the same person has more predictive significance (Bonta, Law, and Hanson 1998). Individuals diagnosed with acute Axis I disorders (severe mental illness), especially those who present certain psychotic symptoms such as those related to threat perception, have an increased risk of violent behavior.<sup>1</sup> A number of assessment tools are available to predict risk of violence among mentally disordered individuals, including the Violence Risk Appraisal Guide; the Historical, Clinical, Risk Management-20 (HCR-20); and the Short-Term Assessment of Risk and Treatability (START).<sup>2</sup>

It is important that members of paroling authorities inform themselves about the diagnostic practices and capabilities within their correctional systems and the best ways in which to access and seek advice regarding the specific factors of concern, particularly among those offenders assessed at medium to high risk of reoffending. In addition, they need to understand how mental illness in those offenders is related to criminogenic needs.

Research indicates that a small percentage of offenders exhibit characteristics that categorize them as "psychopathic." Although

the research is evolving on this population, it is generally recognized that there are a lack of effective treatment approaches that are empirically proven to result in reduced recidivism in this group (Harris and Rice 2006). It is important that paroling authorities work with partners in their state to understand the degree to which this population can be identified, whether sufficient treatment approaches are available, or—in the absence of such approaches—how to fashion a strategy of custody and control for those offenders who will at some point be released to the community to minimize the potential for harm.

## Treating Offenders for Mental Illness

To the extent that paroling authorities encourage treatment of individuals whose mental illness may exacerbate their risk of reoffending, it is important that they know about the characteristics of treatment that meet currently accepted standards. In his summary of the guiding principles of quality mental health care, Dr. Fred Osher identifies a number of evidence-based practices that demonstrate through research the likelihood of positive outcomes. He identifies the following “evidence-based practices for people with serious mental illnesses” (Osher and Levine 2005):

- Assertive Community Treatment (ACT)—coordinated by a multidisciplinary team with high staff-to-client ratios that assumes around-the-clock responsibility for case management and meeting the treatment needs of its clients.
- Psychotropic medications—medications designed to reduce anxiety, depression, or psychosis by acting on the chemistry of the brain.
- Integrated services for co-occurring mental illness and substance use disorders—practices through which providers trained in both substance abuse and mental health services develop a single treatment plan that addresses both sets of conditions and interact consistently to reassess and treat the client.
- Supported employment—a practice that matches and trains people with serious mental disabilities to jobs where their specific skills and abilities make them valuable assets to employers.
- Family psychoeducation—providing information and education regarding mental disorders and their treatment to

offenders, their families, and significant others to enhance involvement of those who may be essential in assisting a client to maintain treatment and to recover.

- Illness self-management—teaching offenders skills and techniques to minimize the interference of psychiatric symptoms in their daily activities.

## Strategies for Supervising Mentally Ill Offenders During Transition to the Community

For paroling authorities considering individuals with mental illness who have been assessed at medium to high risk of reoffending, it is important to do the following:

- **Use parole release and conditions as incentives for treatment.** In cases where the paroling authority has discretion over the timing of release, use the possibility of parole release and the conditions of release as incentives for offenders to participate in appropriate mental health and risk-reduction programming at a sufficient duration and intensity level to have an impact on those factors driving risk and to address the offender’s mental health and criminogenic needs.
- **Consider the sequencing of treatment interventions.** Where mental illness itself is not identified as a criminogenic need, it may still be appropriate to control its symptoms sufficiently to allow the offender to participate in cognitive-behavioral programming focused on criminogenic needs.
- **Assure continuity of care from institution to the community.** Continuing treatment upon release is important to the continued stabilization of mentally ill individuals. It is particularly important to facilitate, in any way possible, the continuation of needed medication during the transition process from prison to the community, perhaps by developing memoranda of agreement with community mental health providers and engaging in active communication with supervising agents and other community stakeholders. Providing supportive housing for this population can also be an important element in their successful transition. Although mentally ill offenders need not be symptom-free to be good candidates for release, it is important to consider how to assure continuity of care and supportive services for this population.

## INNOVATIVE APPROACHES TO THE CHALLENGE OF MENTAL ILLNESS IN THE OFFENDER POPULATION

Following are examples of efforts to create a specialized focus of service and attention on offenders with mental illness. They illustrate the types of initiatives that paroling authority members nationwide may want to use and encourage in their own states.

**Washington’s Dangerous Mentally Ill Offender Program.** Passed in 1999, the state of Washington’s Dangerously Mentally Ill Offender law created a coordinating body to identify mentally ill inmates at risk of future crime upon release from prison and designed a collaborative, intensive service model that provided funding for treatment planning prior to release, housing costs, personal living expenses, mental health treatment, and supplementary treatment in the areas of substance abuse and sex offender treatment.<sup>1</sup> The effort was evaluated through a matched comparison group outcome analysis, and outcome results demonstrated that over a 4-year-followup period the program generated a 42-percent reduction in felony recidivism and a 36-percent reduction in violent felony recidivism.<sup>2</sup> In addition, the study found that the citizens of Washington gained \$1.64 in benefits for every dollar of expenditures in program costs and saw \$55,463 in benefits for every program participant.<sup>3</sup> Although Washington state no longer has discretionary parole for current inmates, this model has clear implications in states where discretionary release is still in place, and, of course, in all states where the setting of release conditions could facilitate participation in such an initiative.

**Texas Correctional Office on Offenders with Medical or Mental Impairments.** Texas has also taken a proactive approach to the needs of offenders with diagnosed mental illness. As early as 1987, when the Texas legislature created the Texas Correctional Office on Offenders with Medical or Mental Impairments, the correctional system began building partnerships with other agencies at the state and community level.<sup>4</sup> As a result of this effort, the Texas Board of Pardons and Paroles, which is part of the advisory committee to the office that is appointed by the Governor, has access to mental health diagnoses and can place paroled offenders on special mental health case loads. Care is also taken to review cases of parole violations to prevent revocations related to the offender’s mental illness.<sup>5</sup>

**Iowa’s Mental Health Reentry Program.** Iowa’s Sixth Judicial District has developed a Mental Health Reentry Program (MHRP). MHRP is designed to provide a high level of service, intensive supervision, and support to clients diagnosed with mental health disorders who are reentering the community from an institutional setting. These clients participate in a more intensive supervision program that also encourages them to actively participate in treatment. In addition to treatment programming, the assigned parole agent addresses other issues that arise, which often include housing and social support network issues. The focus of supervision is to address the community safety needs and the regulations that are stipulated in the individual’s parole agreement, but the program also works to connect the clients with supports and resources within the community that will continue to exist after the client is discharged from correctional supervision.<sup>6</sup>

### Notes

1. D. Lovell and J. Mayfield, *Washington’s Dangerous Mentally Ill Offender Law: Program Costs and Developments*. (Olympia, WA: Washington State Institute for Public Policy, 2007), [www.wsipp.wa.gov/rptfiles/07-03-1901.pdf](http://www.wsipp.wa.gov/rptfiles/07-03-1901.pdf), accessed April 30, 2010.

2. J. Mayfield, *The Dangerous Mentally Ill Offender Program: Four Year Felony Recidivism and Cost Effectiveness* (Olympia, WA: Washington State Institute for Public Policy, 2009), [www.wsipp.wa.gov/rptfiles/09-02-1901.pdf](http://www.wsipp.wa.gov/rptfiles/09-02-1901.pdf), accessed April 30, 2010.

3. Ibid.

4. Texas Correctional Office on Offenders with Medical or Mental Impairments, “The Biennial Report of the Texas Correctional Office on Offenders with Medical or Mental Impairments,” report submitted to the Texas Board of Criminal Justice, January 2009, pp. 2–10.

5. Dee Wilson, former Director, Texas Correctional Office on Offenders with Medical or Mental Impairments, personal communication, January 2010.

6. Malinda Lamb, Ph.D., LISW, CCJP, CCDP–D, Clinical Services Director, Sixth Judicial District, unpublished presentation, February 2010.

- **Treat violations of release conditions appropriately.** When responding to violations of conditions with this population, take into account both the severity of the violation and risk to the community. This is particularly important as parole board members are fashioning a violation response that will address the offender’s mental health needs to the extent that they are involved in compliance difficulties.
- **Collaborate with other agencies and stakeholders.** As with other challenging populations, it will be important to establish good working relationships and communication with the agencies and individuals within the corrections system who are conducting psychological assessments and providing mental health treatment. While paroling authority members should not be expected to conduct assessments in the course of the parole review or interviews, it is critical to consider information derived from mental health assessments. Working with those who conduct those assessments in order to understand their implications for community safety and treatment needs in the community is vital. Collaborating with community supervision and community treatment providers—allowing them to work with offenders in the 3 to 6 months prior to release—is becoming a more accepted practice.

For examples of innovative practices devised by several states to address the needs of mentally ill offenders while maintaining public safety, see “Innovative Approaches to the Challenge of Mental Illness in the Offender Population.”

## Implications for Paroling Authorities

Individuals with significant mental health needs are found in large numbers in the criminal justice system and among the cases that paroling authorities consider for release and revocation. Coordinated assessment protocols and strong collaborative partnerships with the other professions involved in diagnosing and treating mental illness are essential to sound and effective parole decisionmaking.

## Notes

1. Individuals with psychotic symptoms that involved perceived threat and internal control override were found more likely to engage in violent behavior than individuals without those symptoms. See Swanson et al. 1996.
2. For comparisons of various violence risk assessment instruments, see Campbell, French, and Gendreau 2009 and Douglas, Yeomans, and Boer 2005. For more information about the HCR–20, see Webster et al. 1997. For the findings of a validation study of the START instrument, see Nicholls et al. 2006.

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## Additional Resources

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## Offenders Who Have Significant Substance Abuse Problems

**S**ound information regarding the substance abusing population is extremely important to paroling authorities as they carry out their individual decisionmaking, policymaking, and strategic planning responsibilities. First, the extremely high prevalence of substance abuse and addiction in the offender population makes it of paramount interest. It is also important to understand the relationship of substance abuse to criminal behavior, the role that treatment can play in preventing future crime and relapse into substance abuse, and how this information can support efforts to prevent future victimization and crime. Paroling authority members need to work with other stakeholders in the criminal justice system to ensure that current knowledge about substance abuse is widely shared among all partners in the system and that effective practices with respect to assessment, treatment, and aftercare are in place. Further, they will want to collaborate with their partners not only to assure the availability of effective treatment resources, but also to target the use of these resources toward offenders at medium and high risk to reoffend and whose substance abuse has been identified as a significant criminogenic need and contributes to their risk to reoffend.

### Understanding Substance Abuse in the Offender Population

Between 1980 and 2001, the percentage of offenders incarcerated with substance abuse offenses as their most serious offense doubled to 20 percent of the total inmate population (Stemen, Rengifo, and Wilson 2005). Scholars attribute this to the increasing arrest rates and greater likelihood of incarceration of these types of offenders, along with lengthening sentences (Stemen, Rengifo, and Wilson 2005). So this is a population that paroling authorities see with increasing frequency.

### The Connection Between Drug Use and Crime

The significant proportion of individuals incarcerated specifically for substance abuse-related offenses presents only part of the picture—the connection between drug abuse and crime is well

known. Between 70 and 80 percent of individuals moving through the criminal justice system have a substance abuse disorder, and research demonstrates that for 30 percent of men and 50 percent of women, the severity of their disorder indicates the need for intensive treatment services (Taxman et al. 2007). The severity of substance abuse problems and the types of drug-related crimes committed by offenders can vary significantly. Some offenders may be involved in the possession or sale of illegal substances—and may have been incarcerated for these drug offenses—whether or not they have a substance abuse disorder. They may commit crimes to support a substance abuse habit, or their abuse may put them in contact with a lifestyle predisposed to criminal activity through association with other offenders or with illicit markets. The National Institute of Drug Abuse's (NIDA's) research indicates that "[i]ndividuals who use illicit drugs are more likely to commit crimes, and it is common for many offenses, including violent crimes, to be committed by individuals who had used drugs or alcohol prior to committing the crime, or who were using at the time of the

offense” (NIDA 2006). In sum, a history of substance abuse is quite common among the populations seen by paroling authorities, but the reasons for substance abuse disorders, their severity, their relationship to criminal activities, and potential strategies for addressing them are quite varied.

## Understanding Models of Addiction

Throughout much of the last century, scientists studying drug abuse labored in the shadows of powerful myths and misconceptions about the nature of addiction. When science began to study addictive behavior in the 1930s, people addicted to drugs were thought to be morally flawed and lacking in willpower. Those views shaped society’s responses to drug abuse, treating it as a moral failing rather than a health problem, which led to an emphasis on punitive rather than preventive and therapeutic actions (NIDA 2007). This is what can be called the “moral model” of addiction. Scientists have since conducted enough research on substance abuse to understand that it has complex biological, psychological, and social aspects and is, as NIDA concludes, a brain disease that affects behavior: “Pharmacological interventions for opioid addiction are highly effective; however, given the complex biological, psychological, and social aspects of the disease, they must be accompanied by appropriate psychosocial treatments” (Kosten and George 2002).

NIDA’s publication, *Principles of Drug Abuse Treatment for Criminal Justice Populations* (NIDA 2006), provides the following characterization of addiction as:

- A chronic brain disease.
- Expressed as compulsive behavior.
- Expressed within a social context.
- Prone to relapse.
- Treatable.

The scientific and public policy communities have moved past the moral and strictly medical models of addiction to an understanding that addiction has biological, psychological, and social dimensions, all of which should be addressed in treatment and management strategies.

## Effectiveness of Substance Abuse Treatment

There is little question among researchers and criminal justice leaders that effective substance abuse treatment approaches exist and that, properly implemented, they can reduce the incidence of substance abuse and crime. Simply stated, drug abuse treatment can work. According to studies, treatment can reduce drug abuse and criminal activity by 40 to 60 percent and increases employment by 40 percent (NIDA 2006). But what exactly constitutes effective substance abuse treatment? The following principles, according to NIDA, begin to outline an effective approach to treatment (NIDA 2006):

- Effective treatment proceeds from an understanding that drug addiction is a brain disease that affects behavior.
- Recovery from drug addiction requires effective treatment, followed by management of the problem over time.
- Treatment must last long enough to produce stable behavioral changes.
- Assessment is the first step in treatment.
- Tailoring services to fit the needs of the individual is an important part of effective drug abuse treatment for criminal justice populations.
- Drug use during treatment should be carefully monitored.
- Treatment should target factors that are associated with criminal behavior.
- Criminal justice supervision should incorporate treatment planning for drug-abusing offenders, and treatment providers should be aware of correctional supervision requirements.
- Continuity of care is essential for drug abusers reentering the community.
- A balance of rewards and sanctions encourages prosocial behavior and treatment participation.
- Offenders with co-occurring drug abuse and mental health problems often require an integrated treatment approach.
- Medications are an important part of treatment for many drug-abusing offenders.



- Treatment planning for drug-abusing offenders who are living in or reentering the community should include strategies to prevent and treat serious, chronic medical conditions, such as HIV/AIDS, hepatitis B and C, and tuberculosis.

## Relapse as a Characteristic of Substance Abuse

Relapse rates associated with drug addiction are similar to the rates associated with other chronic medical conditions, including Type I diabetes, hypertension, and asthma. With addiction, relapse stems from complex and persistent effects on the brain and behavior. As with any chronic medical condition, relapse does not mean that treatment has failed or cannot be successful. On the contrary, relapse in drug addiction demonstrates the importance of continuing to provide treatment (NIDA 2006).

## Offender Substance Abuse Assessment

An important part of the information to be considered in making decisions about preparation for and timing of release, setting of conditions, and responding to violations is the nature and severity of an offender's substance abuse problems. A good assessment, using a research-based, reliable instrument should be conducted as part of an offender's case management and will be an important part of the information to be considered. In its guidance on substance abuse in the criminal justice population, NIDA cites the TCU Drug Screen, developed by researchers at Texas Christian University, and the Addiction Severity Index (ASI), developed by the Treatment Research Institute, as important assessment tools to consider.

## Information About Substance Abuse Assessment and Treatment in Individual Jurisdictions

Paroling authority members and their staff will want to inform themselves as to the availability and quality of assessment and treatment practices available within correctional institutions in their jurisdictions and familiarize themselves with how individual case files present information on these matters. They should look for consistency with the principles outlined by NIDA, explore available evaluation research conducted on specific programs

and their effectiveness, and inform themselves as to any special capabilities of programs, such as competence with women offenders or with offenders with co-occurring mental illness. Similarly, they will want to inform themselves about the availability, accessibility, and quality of treatment programs in the community as they are considering offenders for release and the setting of conditions.

## Strategies for Dealing With Substance-Abusing Offenders Before and After Release

Paroling authority members are encouraged to focus, in particular, on medium- and high-risk offenders, for whom substance abuse has been identified as a criminogenic need. For these offenders:

- **Use potential release as an incentive for treatment.** When considering offenders for release, use the motivation of potential release to enhance the likelihood that these offenders participate in appropriate substance abuse treatment, for an appropriate length of time (e.g., 3–12 months), in a timely manner, prior to a potential release.
- **Use release conditions to facilitate appropriate aftercare.** When considering the imposition of conditions, focus on using conditions to facilitate aftercare that will take place immediately upon release, be consistent with the treatment approach and stage experienced prior to release, and comport with the principles of effective treatment.
- **Take into account individual risk factors and the availability of treatment in the community.** When considering individuals for release who have not yet completed substance abuse treatment, it will be important to take into account their level of risk, the degree to which substance abuse is a driving criminogenic need, and the availability/accessibility of appropriate treatment in the community. It may not be necessary to require treatment to be completed within the correctional institution prior to release, particularly where appropriate substance abuse treatment can be accessed while under supervision.
- **Respond appropriately to parole violations.** When called upon to respond to a parole violation, especially one involving relapse in substance abuse, retain the perspective that relapse is a frequent occurrence in dealing with the

chronic disease of substance abuse, and fashion problem-solving responses to the role that substance abuse plays in the offender's criminal behavior.

- **Collaborate with other agencies.** Paroling authorities, unless they are responsible for parole supervision, have no direct authority over assessment or treatment of substance-abusing offenders, so it is critical to build collaborative partnerships to secure the information required for good decisionmaking and to develop shared strategies for securing appropriate resources and targeting and utilizing them effectively.

## Implications for Paroling Authorities

Substance abuse among correctional populations is widespread and diverse, and it has varied and complex implications for parole decisionmakers. However, a growing body of research provides helpful guidance regarding the role and effectiveness of treatment, and strategies for targeting limited resources. Additional resources are listed at the end of this chapter, and readers are encouraged to visit the NIDA website, in particular the page that addresses substance abuse and the criminal justice system, [www.nida.nih.gov/drugpages/cj.html](http://www.nida.nih.gov/drugpages/cj.html).

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## Additional Resources

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## Women Offenders

**A**lthough women offenders represent only about 7 percent of the U.S. prison population (Sabol, West, and Cooper 2009) and 17 percent of the total population under criminal justice supervision (including probation and parole supervision) (Glaze and Bonczar 2009; Sabol, West, and Cooper 2009), the number of incarcerated women is growing faster than that of incarcerated men. From 2000 to 2008, the number of women in state and federal prisons increased by 23 percent, while the rate for men rose 15 percent (Sabol, West, and Cooper 2009). This increase can be attributed in part to changes in state and national drug policies that mandate prison terms for even relatively low-level drug offenses (Lapidus et al. 2004).

At the same time, most correctional policy has been designed and implemented to address the challenges of managing a predominantly male offender population. This male-driven focus stems from the fact that men have historically represented the vast majority of offenders in correctional institutions and on community supervision. However, as the population of women offenders has grown, so has an appreciation for the differences between male and female offenders.

### Differences Between Male and Female Offenders

There are important differences between male and female offenders in terms of offending histories, risk factors, and life circumstances.

#### Differences in Violent Offending

Women typically commit fewer violent crimes than men and are less violent in prison.

- Women are convicted primarily of property and drug offenses (Greenfeld and Snell 1999).
- Women are less likely to have been convicted of a violent crime (with the majority of these convictions being simple assault) (Greenfeld and Snell 1999).
- They are less likely to use a gun or other weapon in the commission of a crime (Greenfeld and Snell 1999).

- Further, female offenders as a whole are at lower risk of serious and violent institutional misconducts and reoffending in the community than male offenders (Hardyman and Van Voorhis 2004; Wright et al. 2009).

### Differences in Histories of Sexual and Physical Abuse

Women under correctional supervision are more likely to have experienced physical and sexual abuse and experience more of it over their lifetimes.

- Approximately one-third to one-half of female offenders experienced physical or sexual abuse prior to sentencing, compared to up to one-tenth of males (Browne, Miller, and Maguin 1999; Greenfeld and Snell 1999).
- The duration of abuse is also different: while the risk of abuse for males drops after childhood, the risk of abuse for females continues throughout their adolescent and adult lives (Covington 2002).
- Research also indicates high levels of physical and sexual abuse among female substance abusers (Lapidus et al. 2004).

### Differences in Incidence and Types of Mental Disorders

Female inmates suffer from mental illness at a higher rate than male inmates and are diagnosed with different disorders more often than male inmates.

- Seventy-three percent of women in prison exhibit mental health problems in comparison to 55 percent of men in prison (James and Glaze 2006).
- Women are more likely to be diagnosed with depression, anxiety disorders, and eating disorders and are less likely to experience substance abuse or antisocial personality disorders (Bloom, Owen, and Covington 2003; Kassebaum 1999; World Health Organization 2010).
- Posttraumatic stress disorder (PTSD) is more common among women.<sup>1</sup>

## Differences in Substance Abuse Histories

Although both male and female offenders can suffer from substance addiction, histories of substance abuse vary between the sexes (Karberg and Mumola 2006):

- Women begin drug use suddenly and usually for a specific reason (such as dealing with depression or a family problem).
- Women are more likely to be introduced to drugs by a male sexual partner and continue to use drugs to maintain the relationship.
- Women who abuse drugs report higher rates of childhood physical and sexual abuse than men.
- The prevalence of co-occurring substance abuse disorders and mental illness among women is of particular concern (Bloom, Owen, and Covington 2003).

## Differences in Economic Status

Poverty and economic marginalization are also of particular concern for females involved in the criminal justice system (Greenfeld and Snell 1999).

- A greater percentage of women (37 percent) than men (28 percent) had incomes of less than \$600 per month prior to their arrest.
- Most of the women were employed in low-wage, entry-level positions, and two-thirds earned a maximum wage of \$6.50 per hour.

- Most women offenders are financially responsible for children, which is not often the case with men offenders.

## Factors Common to Women Offenders

Although the many differences between men and women offenders suggest that women's experiences leading to criminal justice system involvement are distinct from those of men, the factors that have emerged as common, and often interdependent, in the lives of women offenders include:

- Exposure to violence and physical/sexual abuse.
- An increased likelihood to be at an economic disadvantage due to poor education or a lack of employment skills.
- The selling of and/or addiction to drugs and alcohol.
- The experience of mental illness, including anxiety, depression, and PTSD.<sup>2</sup>

## Emotional and Relationship Considerations in Dealing With Women Offenders

In addition to the differences in life circumstances and risk factors for offending discussed above, women offenders show differences from men in their emotional and family relationships that parole authorities need to consider when assessing, supervising, and designing and implementing programs in the community for female offenders:

- Women are more greatly motivated by their connections with others and develop their self-worth from the relationships they hold (Bloom, Owen, and Covington 2003).
- The majority of women offenders are mothers, and they are generally the primary caregivers for their children.

## The Importance of Relationships in Women Offenders' Lives

To provide effective correctional services to women offenders, criminal justice professionals, including correctional and parole professionals, must understand **relational theory**. That theory recognizes that relationships are critical to women's involvement

with crime (Bloom, Owen, and Covington 2003; Covington 2002). Whereas a male's identity and self-worth are typically defined through his achieving autonomy and independence, a female's identity and self-worth are more typically defined by and through relationships with others (Bloom, Owen, and Covington 2003; Covington 2002). Because of the high incidence of abuse, trauma, and neglect experienced by female offenders, their ability to achieve healthy and empowering relationships is often limited. In fact, the criminal experiences of many women might be best understood in the context of unhealthy relationships (Berman 2005).

## Women Offenders as Mothers

For mothers in the criminal justice system, children often play a critical role in their motivation to be successful once they return to the community. The majority of women (71 percent) under correctional supervision have at least one child under the age of 18, with an average of 2.11 children (Greenfeld and Snell 1999). They were most likely the primary caretakers of their children before incarceration (Mumola 2000) and have plans to return to that role upon release (Hairston 2002). While they are incarcerated, their children are often cared for by grandparents or other relatives, and less often are taken in by the foster care system (Mumola 2000). Many women are constantly concerned with their children's welfare and the potential loss of legal custody while they are incarcerated (Jacobs 2001).

Before coming to prison, only a small percentage of women inmates have relied on legitimate employment to support themselves and their children (Mumola 2000). Some have a history of receiving public assistance or being involved in criminal enterprise (e.g., drug sales) for income (Owen and Bloom 1995). To assist women in assuming the care of their children upon release, corrections professionals must aid women in acquiring the necessary education, skills, and support to become self-sufficient.

## Gender-Responsive Classification and Assessment Tools

Classification and risk and need assessment tools are commonly used in institutional and community settings. Within institutions, classification systems rely on empirically based assessments of offenders' likelihood for escape, violence, and misconduct. This approach guides assignment to custody levels and housing, and

is a critical tool to assure safety and security within institutions. In community supervision, assessments of risk to abscond, failure to comply with conditions, or commit a new crime have been used for many years to establish a level of supervision—targeting more intensive supervision towards offenders with higher levels of risk. Paroling authorities have for many years used risk assessment tools to gain insight into the likelihood of future offending among individuals being considered for discretionary release. In practice today, these tools have been expanded to include dynamic factors, assess criminogenic needs, and guide the targeting of treatment interventions and programming.

Although these tools provide much needed information to criminal justice system actors—including paroling authority members—about how to supervise offenders and address their criminogenic needs, traditionally these tools have been developed for male correctional populations and have not been validated on women.

## Institutional Classification and Assessment Tools

A recent survey of state classification systems revealed that the static, offense-related classification tools in use in many systems are not valid for women, either because they have not been validated on a female offender population or because they ignore important aspects of women's lives relevant to their institutional behavior (Hardyman and Van Voorhis 2004).<sup>3</sup> A particular concern is overclassification, where classification tools prescribe higher and more restrictive custody levels than women's behaviors warrant. Overclassification may occur for several reasons, one of which may be that correctional staff cite women more often for minor infractions than they do men, which results in a higher number of misconducts and an assignment to a higher classification level, even if their infractions are nonviolent and/or minor.

Another concern with traditional male-based assessment tools is a lack of focus on women-specific needs. These tools may not identify the needs most relevant to women's criminality, such as victimization, concerns about children, unhealthy relationships, substance abuse, and mental health issues (including PTSD) (Hardyman and Van Voorhis 2004).

The use of these male-based classification and assessment tools may serve as a barrier to successful reentry for women.

## GUIDING PRINCIPLES FOR A GENDER-RESPONSIVE CRIMINAL JUSTICE SYSTEM

The National Institute of Corrections has spearheaded a major initiative to build a foundation for successful approaches to women offenders based on empirical research and practitioner expertise regarding women involved in crime and the criminal justice system.<sup>1</sup> One of the major conclusions from that initiative is that “the consideration of the differences in male and female pathways into criminality, and their differential response to custody and supervision...can lead to better outcomes for both men and women offenders in institutional and community settings...”<sup>2</sup>

It is the act of considering these differences and adjusting strategies and practices in ways that appropriately respond to these differences that ensures a **gender-responsive** correctional system.

Recognizing the potential for enhancing better outcomes for women, the initiative developed the following guiding principles:

*Guiding Principle 1: Acknowledge that gender makes a difference.* Women enter crime and the criminal justice system in a different way and exhibit different characteristics and challenges than men. To develop successful approaches, it is important to acknowledge these differences.

*Guiding Principle 2: Create an environment based on safety, respect, and dignity.* A major condition to foster behavior change in women is to create a safe, consistent, and supportive environment. At least in part because of many women offenders’ experiences of physical, sexual, and emotional abuse, such an environment is particularly important to their success in becoming law abiding citizens. And, because of their lower levels of violent crime and lower levels of risk to public safety, women offenders can and should be managed in settings with minimal restrictions (i.e., as appropriate to their risk level).

*Guiding Principle 3: Develop policies, practices and programs that are relational and promote healthy connections to children, family, significant others, and the community.* Given the importance of healthy relationships to women’s identity and self-worth, strengthening relationships with their families, children, partners, and

prosocial others is important to behavior change and successful transition to the community.

*Guiding Principle 4: Address substance abuse, trauma, and mental health issues through comprehensive, integrated, and culturally relevant services and appropriate supervision.* It is important to ensure that treatment interventions and community supervision strategies address this range of issues in a comprehensive, integrated, and culturally sensitive way.

*Guiding Principle 5: Provide women with opportunities to improve their socioeconomic conditions.* Most women offenders are poor, undereducated, and unskilled. For the majority who are mothers, their feelings of parental stress are significant contributors to their criminality. The logical response to this need is to enhance their ability to earn a living wage and care for their children by ensuring that they have access to educational and vocational opportunities.

*Guiding Principle 6: Establish a system of community supervision and reentry with comprehensive, collaborative services.* To ensure that women are not set up for failure by the demands of multiple service agencies, and that the complex set of challenges facing women is met, case management approaches must ensure that essential services are available and well coordinated. That is, the organizations providing substance abuse, public health, employment, child welfare, and/or housing services must work with corrections agencies to provide “wraparound services” for assisting women who are reentering the community from prison.

### Notes

1. A seminal product resulting from this initiative is the following NIC publication: B. Bloom, B. Owen, and S. Covington, *Gender-Responsive Strategies: Research, Practice, and Guiding Principles for Women Offenders* (Washington, DC: U.S. Department of Justice, National Institute of Corrections, 2003), [www.nicic.gov/pubs/2003/018017.pdf](http://www.nicic.gov/pubs/2003/018017.pdf).

2. *Ibid.*, p. vi.

Inappropriately high custody levels may limit access to reentry and community release programs for some women, and the lack of gender-specific assessment tools may make it difficult to identify the factors that may be criminogenic for women. Discussions and collaborative planning that include paroling authority members and the leadership of institutional corrections may be helpful in clarifying the degree to which current classification tools are appropriate and provide insight about women offenders.

### Risk and Need Assessment Tools

The same concerns with tools relating to institutional custody and classification may apply to assessments tasked with identifying an offender’s risk to reoffend in the community. These tools are often developed and validated on populations that are largely male, and may not provide an accurate picture of women’s risk to reoffend or their treatment needs. A recent study of more than 6,000 women conducted for the Georgia Board of Pardons and Paroles found that many of the risk factors for men



were also relevant for women, but that their weights and predictive values differ significantly for men versus women. The study also confirmed that the same instrument—normed on men but used on women—would overstate women’s risk rather significantly (see “Findings From the Georgia Study on Risk Assessment for Women Offenders”). Fortunately, in recent years, a number of gender-responsive risk and need assessment tools have been developed (or are under development) based specifically on research with women offenders (see “New Gender-Responsive Assessment Tools”).<sup>4</sup>

Preliminary data from the implementation of these gender-responsive tools supports the notion that although women exhibit much higher levels of need than men, they still as a group pose lower levels of risk to reoffend. Further research on this topic is clearly warranted. In the meantime, it is safe to say that women identified, even by gender-responsive tools, as at higher levels of risk to reoffend than their fellow women prisoners do not represent the same level of risk as do the “higher risk groups” among male offenders. Intervention strategies for women in the higher risk groups should focus even more directly on criminogenic needs, and likely do not warrant the higher levels of control and custody typical for male offenders.

Furthermore, a critical finding from recent validation studies on gender-responsive instruments for women offenders suggests that although traditional predictors of criminal behavior may still have instructional value for working with women offenders,

## NEW GENDER-RESPONSIVE ASSESSMENT TOOLS

- The Women’s Risk Needs Assessment, a stand-alone tool developed by the University of Cincinnati in collaboration with the National Institute of Corrections (NIC), has been validated on a sample of women in Missouri.
- “The trailer,” a supplement to existing gender-neutral risk and needs assessments also designed by the University of Cincinnati/NIC, was designed for use with current tools such as the Level of Service Inventory and the Northpointe Correctional Offender Management Profiling for Alternative Sanctions (COMPAS), and has been implemented in Hawaii, Minnesota, Missouri, and Rhode Island.
- The Service Planning Instrument for Women (SPIN-W) was developed by Orbis Partners of Ottawa, Canada.
- Some of Northpointe’s COMPAS applications now include gender-responsive risk factors.

women-specific factors heighten their power in predicting prison misconduct and recidivism (Van Voorhis et al. 2009, 2010). This suggests that parole boards might:

- Consider the results of gender-responsive risk and needs assessments—including such gender-responsive factors as trauma and abuse; unhealthy relationships; parental stress; depression; physical, sexual, and emotional safety; and personal strengths—when making release decisions regarding women offenders (Van Voorhis et al. 2009, 2010).
- Consider that addressing substance abuse, educational deficits, and employment deficits among women offenders

## FINDINGS FROM THE GEORGIA STUDY ON RISK ASSESSMENT FOR WOMEN OFFENDERS

Following are some of the findings of the Georgia study on risk assessment for women offenders that illustrate that risk factors for reoffending vary across genders.

Factors significant in one gender only included the following:

- Males serving for a theft offense had a 23-percent increased risk for reoffending but this offense had no risk-increasing effect on females.
- A history of chronic illness reduced a female’s risk by 15 percent but had no effect on male risk.
- Enrolling in an educational program reduced the risk to reoffend by 17 percent for males but had no effect on female risk.
- Women increased their risk to reoffend by 8 percent with each unexcused absence from a cognitive skills training program but unexcused absences had no effect on males’ risk scores.

Factors affecting genders at different levels included the following:

- Prison admission for parole or probation revocation raises the risk score twice as much in women (29 percent) as men (13 percent).
- A history of mental health treatment more than doubles a female’s risk to reoffend (51 percent) but increases male risk by 20 percent.
- Enrollment in a cognitive restructuring program lowers a male’s risk to reoffend by 10 percent in this population, but doubles that reduction in women to 20 percent.

These findings illustrate that differences across genders are to be expected; however, the specific findings about the factors should not be generalized to all male and female populations.

Source: John Prevost, Georgia Board of Pardons and Paroles, personal communication, June 2010.

may be even more important to their success than addressing antisocial attitudes and behavior (Van Voorhis et al. 2009, 2010).

- Formally partner with institutions and community corrections agencies to implement gender-responsive risk and need assessments and to share this information throughout the offender reentry process.
- Remember that women are **high-need, low-risk** and therefore require distinct management strategies.

## Case Management for Women Offenders

However limited the thinking in the field about case management, it is largely focused upon the need to manage male offenders—whose numbers predominate in the system. However, there is a growing recognition that gender does matter—both in terms of assessing risks and needs, and in terms of a case management approach. A major innovation is a new gender-specific case management model, which has been under development for a number of years—with support from the National Institute of Corrections. For an example of a new gender-specific case management model, see “A Model of Case Management for Women.”

### A MODEL OF CASE MANAGEMENT FOR WOMEN

A new model of case management with women called the Women Offender Case Management Model (WOCMM)<sup>1</sup> is being implemented in Maine, Iowa, New Jersey, and Colorado. This model outlines a dynamic, seamless process that starts at sentencing and continues beyond discharge from prison and/or community supervision until women are stabilized in their communities. The process includes a case management team working collaboratively with women offenders to define their individual needs and strengths, and find mutually agreed-upon goals. The team also utilizes a common framework to monitor progress and update outcomes as women transition through the criminal justice system. Parole boards are potentially important partners in implementing more gender-responsive approaches that can underpin a similar seamless approach.

#### Note

1. Orbis Partners, Inc., *Women Offender Case Management Model* (Washington, DC: U.S. Department of Justice, National Institute of Corrections, 2006), <http://nicic.gov/Downloads/PDF/Library/021814.pdf>.

## Considerations for Decision-making Regarding Granting Parole to Women Offenders

The following discussion presents gender-specific considerations that parole boards and paroling authorities need to consider when deciding to release women offenders back into the community, setting the conditions of their supervision, and working with community agencies and programs and the women themselves to facilitate their reentry into the community.

### Release Decisionmaking

Based on research with women offenders, parole boards will want to consider the following as they develop, update, and refine their decisionmaking tools, policies, and practices:

- Risk and needs assessment tools developed on a primarily male population may not have similar levels of validity and reliability with women offenders. Parole boards should explore the availability, development, and use of gender-responsive assessment tools for women offenders, as discussed in the section on risk and needs assessment tools above.
- Because institutional misconduct and custody classification may be considered in making parole release decisions, it will be important to understand whether current institutional classification and disciplinary practices accurately reflect the severity and risk of women’s behavior while incarcerated or whether they may tend to overstate those dimensions.
- As community safety is considered during a release decisionmaking process, it will be helpful to keep in mind the lower levels of risk typically presented by women offenders and the degree to which required programming and treatment might be provided in lower cost community settings after release.

### Setting Conditions of Supervision

Women respond differently to community supervision than men in that they may pose unique and multiple needs and “less dangerous dispositions” (Salisbury et al. 2009). Parole boards, as they fashion conditions of release and supervision for women offenders, might do the following:

- Set conditions for women that are consistent with their needs as defined by gender-responsive risk and needs



assessment tools. This may warrant a heavier focus on the brokering of services than on meeting standard supervision conditions.

- Consider whether the use of financial penalties and/or supervision fees for women (given their economic marginalization, lower earnings, and number of dependents) may create conditions that contribute to women's lack of success under supervision.
- Consider directing women specifically to those treatment programs that understand and are designed to address gender-responsive needs.<sup>5</sup>
- Take care in explaining supervision conditions and expectations, as well as consequences, to ensure that women see sanctions as fair and predictable—something that the research indicates is critical to their compliance and success.

## Reentry of Female Offenders

Parole boards can play a critical role in ensuring that women's needs are addressed and that their risk to reoffend is appropriately managed upon release to the community. Consider the following:

- In addition to gathering information during parole interviews, board members might consider motivational interviewing methods to encourage behavior change. When working with women, it is important to build trust and a respectful relationship. By listening to women, parole board members will help to engage the women in their own recovery. Furthermore, the parole interview should include an emphasis on the woman's strengths and achievements.
- As with male offenders, relapse and failure is common. Parole boards should recognize that for women, whose issues are so interrelated, relapse in one area may result in relapse in another (e.g., a woman who resumes an unhealthy relationship with a significant other may return to a life of drug abuse).
- Ensure that housing plans consider the safety needs of the women (e.g., whether they will be free from domestic violence by a romantic partner, whether the housing option endangers their sobriety) and accommodates their children.

- Link women with substance abuse issues to treatment immediately upon release (i.e., set up appointments ahead of time, share information from institutionally based programs with community treatment providers) to ensure continuity of care and prevent relapse.
- Assist women in working toward job opportunities that provide a living wage for their families (and that provide independence from relationships that may jeopardize their success and safety).
- Collaborate with institutional staff to make legal assistance and transportation available to women who must meet obligations to the child welfare system to gain or keep custody of their children.
- For women—as with men—who suffer from mental illness, it is critical that parole boards work with their partners to ensure continuity of care as women transition to the community: critical medical information must be passed on to community providers, appointments set up prior to release, and enough medication provided. Although parole boards' authority typically does not extend directly to these arenas, these may be topics around which parole boards can develop partnerships that could improve practice.

For an illustration of the types of gender-responsive strategies and evidence-based practices implemented by a pilot program that has improved outcomes for female parolees reentering the community, see "New Jersey's Female Offender Reentry Group Effort" (pg. 26).

## Implications for Paroling Authorities

Parole boards play a key role in managing the reentry of prisoners to the community. As they work with a growing number of women offenders, gaining knowledge and expertise about women's unique risk concerns, criminogenic needs, and experiences in the criminal justice system becomes critical. Clearly, parole boards know that they cannot do this work alone. Only by collaborating with their institutional and community supervision partners can paroling authorities be part of a corrections system that, as a whole, can better meet the needs of women and assist them in a successful transition to the community.

## NEW JERSEY'S FEMALE OFFENDER REENTRY GROUP EFFORT

In January 2004, the New Jersey State Parole Board (NJSPB) launched the Female Offender Reentry Group Effort (FORGE), a gender-specific pilot project in Essex County, New Jersey. FORGE was designed to improve the outcomes for women parolees through the use of evidence-based practice, gender-responsive strategies, and collaboration among multiple state-level agencies and community stakeholders. FORGE began with a vision to increase the socio-economic status of women offenders and reduce the rate of recidivism.

FORGE offers women parolees:

- Assignment to an all-female caseload, supervised by a parole officer with gender-responsive skills and expertise.
- A resource center at the local community college to assist them with obtaining birth certificates and other forms of identification necessary for employment and housing; and by connecting them with job training, education, food, housing, and medical assistance.
- Participation in Parole Accountability Conference Team (PACT) support group meetings.

Run by NJSPB in a neutral setting such as a church or other community-donated space, PACT meetings function as a peer-to-peer mentoring group to increase women parolees' self-esteem and accountability. Topics addressed during these meetings include legal barriers, parenting and family reunification, advice about finding housing, and other common challenges.

PACT meetings routinely involve an NJSPB member, the parole officer supervising the all-female caseload, a faith-based community member, and guest speakers. A unique feature of these meetings is the opportunity for the participating parole board member to interact with the women under supervision, learn about the challenges they are facing, and engage with the women parolees alongside their community partners.

A recent evaluation by Rutgers University indicates that FORGE is having a positive impact on women parolees:

- Placement on the female-only caseload is associated with an 83-percent decrease in recidivism (i.e., an arrest for a new crime or return to custody for a parole violation).
- Women parolees who attend PACT meetings are 72 percent less likely to recidivate.

Since its pilot in Essex County, FORGE has expanded into Mercer, Passaic, and Camden counties.

Sources: New Jersey State Parole Board, *FORGE: Small Cost, Big Return (Abstract)*. (Trenton, NJ: New Jersey State Parole Board, 2010); Rutgers University, *How Does FORGE Affect Recidivism: A Summary of Quantitative Findings* (New Brunswick, NJ: Economic Development Research Group, School of Management and Labor Relations, 2009).

## Notes

1. The lifetime prevalence for the general population is 8 percent; see Sacks and Ries 2005.
2. For information on women's pathways to crime, see Blanchette and Brown 2006; Bloom, Owen, and Covington 2003; Chesney-Lind 1997; Daly 1992; Dehart 2005; Green et al. 2005; Lapidus et al. 2004; Salisbury 2007.
3. A recent validation study of a gender-responsive assessment tool provides additional support to the finding that traditional custody classification tools based on static, offense-related variables are less predictive of future offending than gender-responsive factors (Van Voorhis et al. 2010).
4. See the "Additional Resources" section in the "References" for this chapter for more information on gender-responsive risk assessment tools.
5. For descriptions of promising gender-responsive programs, see Gehring and Bauman 2008; Van Voorhis et al. 2009.

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## Websites for More Information on Gender-Responsive Risk Assessment Tools

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## Aging or Geriatric Offenders

The average age of the incarcerated population in the United States is growing, and paroling authorities are increasingly confronted with questions about how to respond to this population most effectively. Literature and documented experience concerning this population is not extensive. This chapter, however, summarizes what is currently known and highlights some of the issues that parole board members may find helpful in their work.

### Changes in Offender Population Demographics

For many years, the population of U.S. prisons has been growing as a result of changes in sentencing and parole practices, and the proportion of offenders who might be defined as elderly has also been growing. In 1992, responding to emerging concerns about this population, the National Institute of Corrections (NIC) commissioned a study that developed a set of recommendations for corrections agencies regarding this population that included (1) the need for specialized assessments of the medical and psychological needs of older inmates, (2) the advisability of facilitating accessibility and adaptation of the physical environment to allow older inmates to function more easily, (3) the importance of medical efforts to prevent conditions typical with an aging population and to begin early treatment, and (4) the potential of involving community organizations in providing services to elderly inmates before release and followup services after release (Morton 1992).

By the late 1990s, greater attention began to be focused not only by corrections agencies themselves but also by state legislatures on the presence and special needs of the elderly inmate population. The number of these offenders was growing rapidly, the average age of the prison population was increasing, and the proportion of incarcerated offenders over the age of 55 was, as might be expected, also increasing. In 1998, the Southern Legislative Conference of The Council of State Governments conducted a survey of its 16 member states to determine the degree to which the inmate population was changing in terms of age makeup and to see what challenges and special provisions were in place (Edwards 1998).

In terms of the offender population itself, one state, Florida, reported that in 1987 it had 1,350 inmates 50 and older in its prison population and had predicted that by the year 2000 it would have almost 3,100 inmates of that age. Instead, in just 10 years—by 1997—the population older than 50 had grown to almost 4,000—a 195-percent increase, surpassing the state's estimates for 2000 (Edwards 1998). In 1987, the 16 states in the Southern Legislative Conference region together reported a total population of only 4,490 inmates age 50 and older. By 1997, the total inmate population age 50 or older among these states had grown to 26,404—an increase of 480 percent over 10 years. During that time period, the total prison population increased by just 147 percent (Edwards 1998). Rates varied among states, reflecting differences in sentencing laws and practices, but these changes were fairly typical across the region.

As of 1998, most of the southern states did not have specific policies responding to age-related issues. A few did, however, have provisions for parole for terminally ill inmates, two states did provide routine annual physical examinations for inmates over the age of 50, and some had provisions for lighter duty work assignments for older inmates. There was a growing incidence of special housing for older inmates, and for provision of hospice care if compassionate release was not possible because of the sentence or nature of the crime (Edwards 1998).

In summary, corrections agencies were beginning to focus on the fact that with age, the incidence of serious physical and mental health conditions increases, accessibility problems present themselves, and the need for specialized assistance to navigate the normal activities of living also increases. These changes were creating significant challenges with respect to:

- Staff capabilities.
- Current architecture and physical space.
- Treatment resources.
- Budgets.

## Current State Policies Regarding Release of Geriatric Offenders

Since the 1990s, when the issue of aging inmates first appeared in the literature, states' attention has expanded beyond changes that can be made within correctional institutions to manage this

population better to the implementation of wider use of geriatric release. This responds to concerns about the limited ability of correctional institutions to respond to the medical and geriatric needs of this population, as well as research that suggests much lower recidivism rates for this older group of offenders. A 1998 study found that only 3.2 percent of offenders 55 and older returned to prison within a year of release, compared with 45 percent of offenders 18 to 29 years old (Holman 1998).

Major concerns about the high and increasing costs of providing medical and palliative care for this population have also driven support for geriatric release. A recent study conducted by the Vera Institute of Justice reports that at the end of 2009, 15 states and the District of Columbia had provisions in their statutes for geriatric release.<sup>1</sup> The study also finds, however, that states with these provisions use them only rarely, and it identifies four factors that appear to explain the somewhat limited use of the provisions. These include (1) political considerations and public opinion, (2) narrow eligibility criteria, (3) procedures that discourage inmates for applying for release, and (4) complicated, lengthy referral processes (Chiu 2010).

There is some indication that states are beginning to address the procedural and referral process barriers in order to facilitate the use of these provisions and to expand the proportion of the eligible population actually considered for geriatric release. The Vera Institute of Justice study reports examples from two states where attempts have been made to streamline the process (Chiu 2010). In Alabama, a discretionary furlough program was created by the legislature and placed under the authority of the Department of Corrections after unsuccessful attempts to change the parole process (Ricks 2009). For another example of a geriatric release program, see "Texas' Experience With Geriatric Release."

As state budget shortfalls increase, it is possible—in addition to procedural streamlining—that political and public tolerance for geriatric release may grow. And if that support grows, legislatures could broaden eligibility criteria, allowing more individuals to be considered for geriatric release.

The previously cited Vera Institute study details a number of recommendations that, if heeded by state legislatures and correctional agencies, could serve to expand geriatric release. These recommendations include (1) more careful and comprehensive estimates of cost savings to tax payers that could result from these practices; (2) more attention to measuring the impacts of these practices; (3) more careful design of processing

### TEXAS' EXPERIENCE WITH GERIATRIC RELEASE

In 1991, the Texas legislature created the Medically Recommended Intensive Supervision program to allow for the early release of nonviolent offenders who are "elderly, physically disabled, mentally ill, terminally ill, or mentally retarded" and to recommend their cases to the Board of Pardons and Paroles. After it was learned that insufficient staff resources were delaying the process, the Texas Correctional Office for Offenders with Mental or Medical Impairments contracted with the Department of Aging and Disability Services for case management services. These services include prerelease interviews; coordination of federal benefits; and postrelease services, including placement in nursing homes, hospices, or other facilities. In addition, physicians within correctional institutions now have a more active role in initiating referrals.

These changes, communicated in a report to the Texas Legislature in 2007, have served to target appropriate inmates for release and streamlined the release process. The Vera Institute of Justice study of states' policies regarding release of older offenders observes that "Few states regularly examine their use of parole for elderly offenders and modify procedures based on continual analysis. Those that do—Texas is one example—are in a better position to maximize their use of release mechanisms for older prisoners."<sup>1</sup>

#### Notes

1. T. Chiu, *It's About Time: Aging Prisoner, Increasing Costs, and Geriatric Release* (New York, NY: Vera Institute of Justice, 2010), [www.vera.org/download?file=2973/Its-about-time-aging-prisoners-increasing-costs-and-geriatric-release.pdf](http://www.vera.org/download?file=2973/Its-about-time-aging-prisoners-increasing-costs-and-geriatric-release.pdf), accessed April 30, 2010.

Source: Texas Correctional Office on Offenders with Medical and Mental Impairments, "The Biennial Report of the Texas Correctional Office on Offenders with Medical and Mental Impairments," submitted to the Texas Board of Criminal Justice, February 2007, [www.dbhds.virginia.gov/documents/Adm/070201-Texas-TCOOMMI-Biennial-Report.pdf](http://www.dbhds.virginia.gov/documents/Adm/070201-Texas-TCOOMMI-Biennial-Report.pdf), accessed April 30, 2010.

to eliminate delays and barriers; (4) development and validation of risk and needs assessment instruments specifically for the aging population; (5) strategies to allow older, but not infirm, individuals to be considered for release—and accompanying development of housing options; (6) effective transition and reentry procedures and programs tailored specifically for aging offenders; and (7) consideration of lowering the age at which inmates might be considered for release (Chiu 2010).

## Implications for Paroling Authorities

The population of aging prisoners, the costs of incarcerating this population, and greater tolerance for geriatric release are all, clearly, continuing to grow. It is only logical to expect that legislative provisions for such release will become even more widespread, along with the expectations of their wider application and use. Experience to date indicates that existing paroling authorities are most often designated as the decisionmaking entities to handle consideration for geriatric release. This would suggest that paroling authorities, in addition to seeing more elderly prisoners during the course of routine parole release consideration, will also be increasingly called on to consider candidates for geriatric release.

What, then, are the implications for paroling authorities as policymaking bodies and as individual decisionmakers?

First, in line with the guidance and strategies outlined in the third paper of this series, *Paroling Authorities' Strategic Planning and Management for Results*, it is important to consider this issue and its possible implications as part of a paroling authority's strategic planning process. Paroling authorities need to identify existing and planned changes in state legislation, review the state's experience to date with the release of older offenders, and make plans to meet any new responsibilities articulated for it under current or planned changes. It is also important to understand the older inmate population in a paroling authority's own state—size, growth pattern, and incidence of physical and mental health needs—and determine the capacity of corrections and other systems to respond to this population. National trends may provide context, but it will be important to understand exactly how these trends manifest themselves in individual states.

Second, in line with the principles articulated in the second paper of this series, *Evidence-Based Policy, Practice, and Decisionmaking: Implications for Paroling Authorities*, it is

important to keep abreast of emerging research on this population. The Vera Institute study cited earlier in this chapter is a recent and thoughtful review of current practices and implications for the future. However, it is likely that further information and research will emerge that will be helpful to review.

Third, it is important to reach out to other stakeholders and partners involved in assessing potential candidates for geriatric release to identify procedural and processing methods to identify and resolve potential roadblocks and delays. Texas' experience is instructive in that the involvement of another agency, with specific expertise in assessing and managing the needs of elderly individuals, was a critical component of improved practice (see "Texas' Experience With Geriatric Release").

Fourth, if geriatric release is to be considered on the basis of age—and not exclusively on the existence of physical incapacitation or terminal illness—it will be helpful to have available risk and needs assessment tools developed and validated specifically for this population. The research is clear that as the offender population ages, recidivism rates for the population as a whole decrease. However, having research-based tools will equip decisionmakers to assess the risk of recidivism much more accurately than by relying on individual judgment.

Fifth, a paroling authority should consider how its decisionmaking policies and practices will address the issues of just punishment and community safety with respect to this population—as they do with all populations. Likely in the context of a larger strategic planning discussion, and as a paroling authority develops its policies with respect to release decisionmaking in general, it is important to consider how the goals of just and even-handed punishment can be met and community safety can be protected in the context of considering offenders for geriatric release. It is recommended that this issue be considered, not simply in the context of individual cases, but as a larger discussion of a parole board's values and norms for decisionmaking for this population in general.

## Notes

1. T. Chiu, *It's About Time: Aging Prisoners, Increasing Costs, and Geriatric Release* (New York, NY: Vera Institute of Justice, 2010), [www.vera.org/download?file=2973/Its-about-time-aging-prisoners-increasing-costs-and-geriatric-release.pdf](http://www.vera.org/download?file=2973/Its-about-time-aging-prisoners-increasing-costs-and-geriatric-release.pdf), accessed April 30, 2010. The 15 states include Alabama, Colorado,

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## Youthful/Juvenile Offenders in the Adult Correctional System

It was not until 1899, when the first juvenile court was convened in Chicago, that the justice system in this country made deliberate distinctions based on the age of individuals involved in violation of the criminal law. By creating such a court, the justice system acknowledged that juveniles, by definition, are at a different developmental stage than are adults, and warrant a consideration of both their rehabilitation potential and their accountability for unlawful acts. Over the ensuing century, juvenile courts were established in all jurisdictions across the nation.

Debate continued, however. One side focused on serving the best interests of the child—having the state acting in loco parentis (in the place of the parent) and, thus, dispensing with some of the formality and due process protections afforded in an adult court. The idea was to take into account the particular circumstances of a child and his or her development and to craft responses that would increase the likelihood of successful rehabilitation and growth to adulthood. Another perspective developed, concerned that dispensing with some of the formalities of the adult court ran roughshod over the rights of the child—including the presumption of innocence and procedural protections. This side of the debate sought to introduce more characteristics of the adult court process, including due process protections, into juvenile courts (Bilchik 1999).

More recently, the debate has returned to the issue of whether all juveniles should, indeed, be handled in the juvenile justice system. This perspective, fanned by an increase in juvenile crime, led many states during the 1980s and 1990s to place more juveniles in the adult correctional system. The argument has been that, in a growing proportion of instances, the severity of youth crimes and the need to hold youthful offenders accountable argues for greater “adultification” of some of their number. During the mid-1990s, 43 states and the District of Columbia made significant changes to their statutes, targeting juveniles involved in serious crime and providing, under certain circumstances, for their transfer to adult courts and correctional systems (Austin, Johnson, and Gregoriou 2000). By 1997, every state in the union had some procedure by which to try juveniles in their adult court systems (Strom 2000).

### Defining Youthful Offender Populations

Two groups make up the youthful/juvenile offender population in the adult correctional system, each with its own set of issues and concerns:

- Juveniles under 18 adjudicated as adults.
- Youthful offenders ages 18 to 24, who are legally adults.

As noted below, these populations overlap in that many offenders who enter adult prisons before age 18 remain there well after their 18th birthday. They are, however, dramatically different in size: juveniles make up considerably less than 1 percent of the adult prison population, but 18- to 24-year-olds constitute a third of all prisoners,

### Juveniles Adjudicated as Adults

A 1997 survey of juveniles incarcerated in adult prisons across the nation indicated that adult prisons then housed about 5,400 youth younger than 18, three-quarters whom were age 17 (Bureau of Justice Statistics 1999). This represented less than 1 percent of the total prison population of 1.2 million individuals reported by the Bureau of Justice Statistics to be incarcerated that year (Beck and Gilliard 1998). However, given the changes in state laws allowing some juveniles to be adjudicated in adult courts and housed in adult correctional facilities, members of adult paroling authorities are likely to see at least some

offenders under the age of 18, albeit infrequently, given their relatively small number.

## Youthful Offenders Ages 18 to 24

When it comes to those one might term “youthful” offenders, the situation is somewhat different. Another survey in 1998–99 found that roughly 450,000 individuals ages 18 to 24 were incarcerated in adult prisons nationwide (Mears and Travis 2004). This represents one-third of the almost 1.4 million prisoners reported in state and federal adult correctional facilities in 1999 (Beck 2000). According to Austin, Johnson, and Gregoriou (2000), juvenile offenders (under 18) admitted to adult prisons in 1997 had an average minimum sentence of 44 months and an average maximum sentence of 82 months, suggesting that a large portion of these offenders are still incarcerated after they reach the age of 18. In essence, the relatively small number of juvenile offenders admitted to state prisons before they are 18 are typically experiencing lengths of stay that equate to their spending many months in the prison environment during their youth, contributing to that one-third of the population between the ages of 18 and 24.

## Key Issues Facing Paroling Authorities

Parole authorities face two critical sets of issues in dealing with juvenile and youthful offenders:

- Young offenders may be at a different developmental level than older adult offenders, and many may have been incarcerated for a significant portion of their lives, further arresting their development.
- Juvenile and youthful offenders are more likely to be in prison for more serious and violent offenses, and less likely to be eligible for parole, than the general prison population.

## Age and Developmental Issues

For paroling authorities, the situation outlined in the previous section raises some significant challenges:

- They may be called on to make decisions regarding a small number of individuals under the age of 18. Even though they have been waived to adult court for purposes of adjudication and sentencing, and are adults in the eyes of the law, these

individuals may still be at a very different level of development than are adult offenders.

- They are faced with a large population of youthful offenders (ages 18–24), constituting up to a third of prison populations nationwide. Many of these youth are still involved in the transition from youth to adulthood and may also be at a different level of development than older adult offenders.
- At least some of this population of youthful offenders—and even some of those older than 24—may include individuals who were adjudicated as juveniles and who, since then, have spent significant time in custody. Given the average minimum and maximum sentences reported in the survey above, some of this group will have first been incarcerated as juveniles and will have remained incarcerated through a significant time period extending through youth and, possibly, into young adulthood and beyond.

It is safe to assume that many members of this population are still undergoing developmental transitions—physical, cognitive, emotional, and social—that distinguish them from older inmates within the correctional system. They are experiencing the very differences in development and functioning that sparked the creation of the juvenile court initially. Their risk levels, criminogenic needs, and appropriate interventions may be quite different from the adult offenders typically seen by paroling authorities.

## Offense Profiles

At the same time, many juveniles waived to the adult system are involved in very serious and violent offenses. In a 1997 survey, Austin, Johnson, and Gregoriou (2000) reported that 57 percent of the youth housed in state prisons had been convicted of person crimes, as opposed to 44 percent of adult offenders.

More recent data provided by the Georgia Board of Pardons and Paroles (exhibit 6–1) also contrasts youthful offenders’ (24 and under) presence among the parolee population with their presence in the inmate population. In this group, inmates under the age of 25 make up 16 percent of the incarcerated population, but only 5 percent of the parolee population—suggesting that they are less likely to be paroled than their older counterparts. It may be that these youthful offenders are serving sentences with significant mandatory minimum requirements and/or that they are considered poor candidates for parole release precisely because of the severity and violence of their offenses. These individuals may ultimately be considered for

**Exhibit 6–1: Male Inmates and Parolees Younger Than 25 by Crime Type Compared to the Overall Offender Population in Georgia**

Crime Type	Inmates				Parolees			
	24 and Younger		All		24 and Younger		All	
	N	%	N	%	N	%	N	%
Violent	4,093	52.9	22,607	45.9	303	20.6	4,713	22.9
Property	1,841	23.8	9,230	18.7	513	34.9	5,190	25.2
Drug Sales	342	4.4	3,794	7.7	213	14.5	4,973	24.1
Drug Possession	526	6.8	3,843	7.8	293	19.9	3,782	18.3
Habitual Violators/DUI	8	0.1	102	0.2	2	0.1	100	0.5
Sex	618	8.0	7,593	15.4	17	1.2	330	1.6
Other	309	4.0	1,979	4.0	124	8.4	1,382	6.7
Unknown	6	0.1	84	0.2	7	0.5	143	0.7
<b>Total</b>	<b>7,743</b>		<b>49,232</b>		<b>1,472</b>		<b>20,613</b>	

Source: Georgia State Board of Pardons and Paroles, 2010.

discretionary parole after serving significant periods of time in prison. Others may be released to mandatory parole—also after serving significant periods of time—or released without supervision at the end of their sentences. This is a population, then, that may have spent critical developmental phases of their youth, adolescence, and/or young adulthood in the prison environment, which raises significant questions about their risk to reoffend once released, and the particular challenges they will face and needs that will have to be met during a period of transition to and supervision in the community.

### Accepted Models for Approaches to Parole for Youthful Offenders

For youthful offenders—those who are potentially being considered for parole while still in their youth and/or adolescence—parole authorities can turn to the research and treatment models that are emerging around youth reentry more broadly defined. Two models have been developed within the juvenile justice community that rely on a comprehensive case management approach to providing young offenders with the support and

developing the resources, both internal and external, that they need to return successfully to their families:

- The Intensive Aftercare Program (IAP) developed by the Office of Juvenile Justice and Delinquency Prevention (OJJDP).
- The Reintegration Approach.

### OJJDP’s Intensive Aftercare Program

A gathering of policymakers at the Urban Institute roundtable, *The Dimensions, Pathways, and Consequences of Youth Reentry* (Mears and Travis 2004), reported favorably on the potential of IAP, which emphasizes a case management approach with five components (Altshuler and Armstrong 1994):

- Assessment, classification, and selection of high-risk youth.
- Individual case planning incorporating a family and community perspective.
- A mix of surveillance and services.
- A balance of incentives and graduated sanctions coupled with the imposition of realistic, enforceable conditions.

- Service brokerage with community resources and links with social networks.

The guiding principles that underlie this approach include:

- Preparing youth for progressively increased responsibility and freedom in the community.
- Facilitating youth-community interaction and involvement.
- Working with both the offender and targeted community support systems (e.g., families, peers, schools, employers) on qualities needed for constructive interaction and the youth's successful community adjustment.
- Developing new resources and supports where needed.
- Monitoring and testing the youth and the community on their ability to deal with each other productively (Altshuler and Armstrong 1994).

Such an approach benefits from collaborative case management, with institutional and field supervision, mental health, substance abuse, and youth development agencies working together to craft successful strategies for youth based on their risks and needs. The participants at the Urban Institute's recent policy discussion observed that these principles draw heavily on the research on effective interventions with youth, including the importance of relying on reliable risk and needs assessment information, and cognitive-behavioral interventions that focus on the specific needs of each youth and take into account their learning styles, strengths, and limitations. The roundtable discussion concluded with the observation that community involvement, support, and resources are absolutely critical components of supporting successful reentry for youth as they move from correctional institutions into the community. For youth and young adults transitioning from adult prisons—where programming specifically designed for young people may be quite limited—creating connections with community resources as young offenders transition from prison to the community on parole will be even more critical.

## The Reintegration Paradigm

As reported by David Altshuler and Rachel Brash in a special issue of *Youth Violence and Juvenile Justice* in January 2004, another promising approach with youthful offenders draws upon what the authors term a "reintegration paradigm" (Altshuler and Brash, 2004). This approach—which has many similarities to IAP—includes:

- Preparing offenders for reentry into the specific communities to which they will return.
- Establishing the necessary arrangements with a full range of public and private sector organizations and individuals in the community that can address known risk and protective factors.
- Ensuring the delivery of prescribed services and supervision in the community.

The implications for paroling authorities in this situation are similar to those involving other special populations. The paradigm relies heavily on paroling authority members collaborating with their partners within correctional institutions and in the community to develop a clear understanding regarding how to interpret specialized assessments, keep abreast of the services and resources available for youthful offenders returning to the community, and encourage the development of individualized plans for release and reentry. These plans can then be reinforced by the setting of release and supervision conditions. A paroling authority has a unique ability to create incentives for young offenders' involvement and cooperation with these efforts, and the opportunity to enhance motivation through its interaction in the parole hearing setting.

This approach also encourages attention to seven "domains" of concern for youthful offenders reentering the community: family and living arrangements, employment, peer groups, substance abuse, mental/behavioral/physical health, education and schooling, and leisure/recreation. The discussion goes on to emphasize that targeting resources by risk level is an important aspect of the strategy with this population.

## Approaches to Parole for Longer Term Youthful Offenders Incarcerated During Development

The other category of youthful offenders—those who have served lengthy periods of incarceration, perhaps beginning during childhood and adolescence—raises the same questions as does consideration of any individual with a history of serious criminal involvement, lengthy incarceration, and little recent record of ability to remain crime-free in the community. A careful assessment of risk and needs—using good, empirically based, and validated assessment instruments—will be an important

foundation for decisionmaking. Also, these types of cases warrant the development of a thorough reentry case plan, and the identification of specific programming requirements that would need to be completed prior to parole, highlighting those that would be important to continue during the early phases of supervision in the community.

One of the basic principles of evidence-based practice—that of targeting effective interventions to high-risk offenders according to their criminogenic needs—is important to observe here. If assessment of an offender in this subpopulation does reveal medium- to high-level risk, then it will be important to address the criminogenic needs driving that risk, both in institutional programming and in community aftercare. And, if appropriate assessments indicate that an individual in this group is at extremely high risk, then it will be important to incorporate a strong monitoring and surveillance component into the release plan whenever release to the community does occur. It may also be important to identify housing options with some level of structure, to allow these individuals to adjust to adult life in the community, as it will be their first experience of independent adult living, having been incarcerated since their youth.

## Understanding the Youthful/ Juvenile Offender Population and Its Challenges State by State

Populations of youthful offenders in adult prisons will vary significantly from state to state, based on sentencing structures, prosecutors' practices in terms of waiving juveniles to adult court, and the structure of parole discretion in a given state. The first step a paroling authority might want to consider in this arena would also be a key element of its broader strategic planning process—gathering available information on the offender population in the paroling authority's own state and in the offender categories the paroling authority will be addressing. Among those eligible for release consideration, setting of conditions, and responding to violations—how many are juveniles (under 18) or youthful offenders (18–24)? How long are such individuals likely to serve prior to eligibility for parole consideration?

Armed with a better understanding of this population, it will next be helpful to understand current policy, practices, tools, and resources. Are specialized assessments available? Are specialized services available for younger offenders? Are juvenile offenders housed and managed separately? Are security and disciplinary

procedures applied in such a way as to accommodate their different level of development? What are those special procedures and services? For this group, it will be important to understand how developmental issues and an offender's offense history may require specialized assessment, programming, or case management. Are such assessments currently available? If not, what steps might be taken to put such assessments in place?

Second, there are significant numbers of offenders who will some day be eligible for parole consideration who were convicted at an early age and who will be spending significant periods of time incarcerated prior to their eligibility. This is a particularly difficult population, having spent significant portions of their adolescence in the structured correctional environment. They will require careful planning in terms of their potential transition back to the community, including understanding their criminogenic needs.

Having determined the nature and extent of these populations, paroling authorities will then want to determine what resources exist in terms of specialized capacities within corrections, or within other agencies that currently, or might in the future, provide assessment, treatment, case management, and support services to these groups. Some researchers in the field observe that the involvement of community resources of various types is particularly important in planning for and supporting the release and transition of this population (Spencer and Jones-Walker 2004). As youthful offenders and young adults transition from prison to the community, they will need to establish external ties with systems of support, and in particular those that can support their developmental transition to an adult identity as well as their transition from prison to the community.

## Implications for Paroling Authorities

Juvenile and youthful offenders present particular challenges for paroling authority members—particularly in determining whether and how decision tools, policies, and practices might need to be adapted to accommodate the stage of development of these populations. As part of a board's strategic planning process, it will be important to:

- Define the size, location, and characteristics of youthful populations they consider.
- Explore the degree to which decisionmaking tools—particularly risk and needs assessments, substance abuse

assessments, and mental health assessments—are currently suitable for this population. Given the large number of youthful offenders typically in the incarcerated population, it may be that assessment tools currently in use are, indeed, valid for the youthful population at interest. If, however, that is not the case, it would be important to explore with other correctional stakeholders and research partners a strategy to adapt or develop risk and needs assessment tools appropriate for this age group.

- Build collaborative partnerships with potential providers of age-appropriate services and interventions, both within correctional facilities and in the community, to facilitate access to these for the youth population—particularly those youth assessed at high risk to reoffend.

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## The Challenge of Housing for Offenders Released From Prison

**T**hus far, this document has been structured around the challenges that paroling authorities face with respect to special populations. This chapter focuses on a challenge that can arise with respect to any individual being considered for parole—access to suitable housing. With more than 600,000 individuals returning from prison to the community each year, even the estimated 10 percent of that population that is thought to be homeless represents 60,000 individuals (Travis and Roman 2004). In some jurisdictions, the threat of homelessness is much more likely. A 2001 Urban Institute study found that between 30 and 50 percent of parolees released in major urban areas such as San Francisco and Los Angeles were estimated to be homeless (Travis, Solomon, and Waul 2001). As more individuals are released, it is possible that this number will continue to grow. Because these returning offenders tend to be concentrated within certain neighborhoods and sections of urban areas, resources in those areas—including housing resources—can quickly be depleted by the demand.

The reasons for offender housing problems are complex. Returning offenders often have limited financial resources or employment that would generate income to afford housing. Policies limiting access to public housing and to subsidized housing based on a criminal record are common. Until recently, there has been little focused or concerted effort to address the problem. As a consequence, most offenders' options for housing rely on their connections to family and friends, which can prove problematic. Families may not welcome a returning offender because of his or her criminal history or for other reasons. Even when the personal dynamics are supportive, the family residence may be in public housing with policy barriers for individuals with criminal backgrounds. In other instances, available housing options are in communities where contact with associates prohibited by parole conditions may be unavoidable. Even beyond these basic difficulties regarding housing, many individuals being released from prison have significant mental illness, chronic substance abuse problems, physical disabilities, and/or health problems that can necessitate housing arrangements that provide access to needed services.

### Parole Boards' Interests in Housing for Offenders Returning to the Community

Members of state paroling authorities have identified housing for offenders returning from prison to the community as a special challenge for a number of reasons:

- As parole boards consider offenders for potential release, the release and parole planning process typically calls for identifying suitable housing so that offenders can be supervised appropriately and community safety protected. Without stable housing, a major concern is that the community will be at risk of further crime and victimization.
- If such housing is not available, parole boards may be inclined to delay release, perhaps even granting parole but not authorizing actual release, until suitable housing is identified. This can have a domino effect of increasing prison population and costs, which may in turn create pressure on the paroling authority to grant release.

- If offenders are released even in the absence of stable housing, their likelihood of violating the conditions of their parole and absconding has been shown to increase in some populations—enhancing the likelihood that they may be returned to prison, even absent new criminal activity (Travis, Solomon, and Waul 2001).
- Significant numbers of returning offenders experiencing homelessness—especially if concentrated in particular neighborhoods and communities—adds to the burden of instability among the communities affected even if they do not engage in criminal behavior.

Potentially, assuring stable housing for returning offenders has a number of significant benefits:

- Access to suitable housing can encourage and support successful reentry into the community, contributing to a basic level of stability that can allow returning offenders to reengage their networks of prosocial support, avoid exposure to high-risk situations, and facilitate their return to a law-abiding lifestyle—in turn helping to prevent additional crime and victimization.
- Suitable housing is likely to provide better access to employment and health care, further encouraging stability and successful reentry, along with enhancing the quality of life for an offender and his or her family and the community at large.
- Even where such housing is subsidized with public funding, the costs of supportive community housing are significantly less than the costs of incarceration. Therefore, access to suitable housing can also be considered a cost-effective alternative to continued incarceration, or to reincarceration resulting from failure on community supervision.
- If supportive housing is available—with its accompanying services—it can provide a response to the difficulties of mental illness, substance abuse problems, and other deficits found in the returning offender population.
- *Private market rental housing/living with family members.* Some individuals being considered for parole and reentry into the community have the wherewithal to find and pay for a room or apartment on the private market, and many have family with whom they can reside. Many do not.
- *Shelters.* By definition, shelters provide only temporary housing and do not provide the kind of stability and supportive environment that can be important to offenders as they transition back to the community and attempt to establish employment, relationships with prosocial support, and needed services. Some have observed that the correctional system has relied too heavily upon shelters in the past, and are encouraging correctional leaders to work to develop other housing options.
- *Public housing and housing vouchers.* Many communities maintain subsidized housing stock for low-income residents—funding is provided by the federal Department of Housing and Urban Development. Waiting lists can be long, and in many instances, there are restrictions facing individuals with criminal records, especially those with a record of drug-related crime. Although these prohibitions are not uniform across the nation, and are subject to a good deal of local control, these barriers remain significant in many jurisdictions.
- *Privately owned affordable housing.* Some housing is developed and maintained by private foundations and nonprofits specifically to meet the needs of low-income individuals in need of housing. Also, federal tax credits and state housing finance agencies make funding, tax credits, and subsidies available for private developers, thus stimulating the development of low-cost, affordable housing.
- *Halfway houses and community corrections residential facilities providing some programming and structure.* Although halfway house placement—as a transition prior to full release—is fairly common in the federal system, it is much less so among states. It is estimated that less than 1 percent of all state inmates are released to a halfway house facility (American Correctional Association 2000).
- *Supportive housing.* This is a specialized form of housing being offered increasingly by nonprofit organizations. Services are provided, often under a case management model, to assist with community stability needs around mental health, employment readiness, substance abuse treatment, and

## Housing Options for Returning Offenders

Following is a summary of some of the more common housing options that may be available to offenders returning to the community in a given state (Travis, Solomon, and Waul 2001):



other services. This is, perhaps, one of the most promising developments on the housing front, as many individuals returning from prison have needs for mental health services, substance abuse treatment, employment services, life skills, and other support services (Cho et al. 2000).

## Recent Progress in Collaborative Efforts Regarding Housing

In recent years, in recognition of the importance of suitable, stable housing in the lives of offenders as they transition back to the community from prison, correctional leaders have become heavily involved in encouraging the availability of affordable, stable, and supportive housing.

## NIC Collaboration With State Housing Authorities

As part of the National Institute of Corrections (NIC) Transition from the Prison Community (TPC) initiative, NIC has encouraged the formation of statewide, cabinet-level policy teams that include state housing officials. Task groups of these policy teams have focused on housing issues, working to modify exclusionary policies that bar former prisoners from access to public housing and encouraging efforts of nonprofit and faith-based organizations to develop and operate supportive housing options. In Iowa, for instance, the Sixth Judicial District's own foundation has secured funding for and developed housing resources that include supportive services. In Georgia, an effort growing out of the TPC initiative has resulted in significant new housing options being made available to individuals whom the parole board was prepared to release—but only in the presence of suitable housing. The efforts of the state's TPC policy team created an innovative solution to the problem (see "Uncovering Gaps in the System in Georgia").

## Efforts to Coordinate Housing and Other Services to Offender Populations

The need for suitable housing has evolved from being considered the concern of individual offenders to being recognized as an issue that warrants correctional system attention and the assistance of other stakeholders that specialize in housing policy and services. There is a growing recognition that community

safety is served when suitable housing is available and accessible to the offender population. There is also a growing understanding that affordable housing is a cost-effective public investment, lowering corrections and jail expenditures, and freeing up funds for other public safety investments (Petteruti et al. 2007).

Major progress in the housing arena includes the following:

- *A focus on housing as a reentry case plan management issue.* There is a growing understanding that the vast majority of offenders will, eventually, return to the community from prison—either by way of a discretionary parole, mandatory parole, or end-of-sentence release. Housing and other basic needs will need to be addressed, and a great deal of routine attention is now being paid to the issue of housing. It is being included in case plans, and steps are being taken in some jurisdictions to move offenders to institutions close to the communities they will eventually reenter to facilitate planning for housing and other issues.
- *Collaborative efforts to qualify returning offenders for benefits prior to release from prison.* Individuals with disabilities who

## UNCOVERING GAPS IN THE SYSTEM IN GEORGIA

The reentry policy team in Georgia—chartered as part of its participation with the National Institute of Corrections and its Transition from Prison to the Community (TPC) initiative—determined that a significant number of offenders who were eligible for release on parole were not being released because of the absence of an appropriate housing plan. In some cases, offenders could not identify a suitable location and efforts by staff had been unproductive. Select members of the policy team from several individual agencies formed a special group—the Reentry Partnership Housing team—and began to develop a variety of innovative solutions to these housing issues in collaboration with the Georgia Interagency Homeless Coordination Council. Working cooperatively, the State Board of Pardons and Paroles and the Georgia Department of Community Affairs are implementing the Georgia Reentry Partnership Housing (RPH) Project. In 2006, the program provided housing placements to 133 parolees, utilizing 28 approved housing providers. Through RPH, the state avoided over \$4 million in incarceration costs (based on costs from release date to max out date) and parolees have obtained safe transitional housing.

Sources: P. Burke. 2008. *The TPC Reentry Handbook: Implementing the NIC Transition from Prison to the Community Model*. Washington, DC: National Institute of Corrections, p. 103; Georgia Interagency Homeless Coordination Council. 2006. *2006 Annual Progress Report*. Atlanta: Georgia Interagency Homeless Coordination Council, p. 5.

are homeless can gain access to the Social Security Administration's benefit programs for people with physical and/or mental disabilities—Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) (Dennis et al. 2007). Efforts to establish eligibility and access these funds have been undertaken in a systematic fashion by some states and communities—both as a way of accessing services for individuals, and of expanding the capacity of agencies to serve individuals with complex needs. It is often difficult for individuals with disabilities to apply for and secure benefits on their own—they may be unaware of the benefits or have difficulty completing applications, among other issues. By engaging in sustained, collaborative efforts on the part of corrections agencies, service providers, and other stakeholders, communities can assist individuals and avert the overall costs and impact of homelessness (see "Prerelease Outreach in Multnomah County, Oregon").

## Increasing the Availability of Housing for Offenders

Efforts by advocates of supportive housing have generated system change and increased the availability of services in many

communities across the nation. The Corporation for Supportive Housing, a national nonprofit housing advocacy and service organization, initiated a Returning Home Initiative in 2006 with private foundation funding. Its efforts, in partnership with public and private agencies in cities across the nation, has created more supportive housing capacity, and has identified special populations such as "frequent users of housing service" to target for access to housing. In addition, its efforts and those of others have succeeded in encouraging the inclusion of housing as an eligible use of reentry authorized and appropriated funding under the Second Chance Act, encouraged changes in Department of Housing and Urban Development administrative policy including the expansion of the definition of "homeless" to people who are in public institutions (jail) for less than 90 days, and contributed to changes in federal legislation passed in 2009 (Homeless Emergency and Rapid Transition to Housing [HEARTH] Act) that broadens the definition of homelessness to include more of the reentry population (Burt, Fontaine, and Roman 2009).

The corporation's work has also illustrated important lessons in the field around how to generate system change to address housing issues for the reentering population, including—

- Having a "champion" within the corrections system.
- Framing the issue in terms of cost savings and public safety.
- Negotiating with housing authorities to increase access.
- Building collaborative partnerships with public and private stakeholders.
- Building public understanding, awareness, and support for these efforts.

## Implications for Paroling Authorities

The Sixth Judicial District of Iowa Department of Correctional Services (DCS) has developed an innovative approach to address the challenges of assuring stable housing for reentering offenders. DCS used its own nonprofit foundation—the Community Corrections Improvement Association (CCIA)—to create "Home to Stay" in Cedar Rapids, IA. This new, 24-unit apartment complex will target families with children who have a member reentering the community from a correctional facility or with a criminal record that excludes them from other low-income

### PRERELEASE OUTREACH IN MULTNOMAH COUNTY, OREGON

Joint Access to Benefits (JAB) was started to initiate the Social Security Administration (SSA) disability application process for individuals who are being released from incarceration in Multnomah County, OR, or who have been released and are homeless. JAB is a collaborative project among the Multnomah County Department of Community Justice's Transition Services Unit, the State of Oregon Departments of Corrections and Human Services, the Multnomah County Sheriff's Office, the Multnomah County Department of Human Services, and the SSA district office. Much of JAB's work is done inside correctional facilities. To ensure a complete application, the application development process is begun 4 months prior to release (though the application itself can be submitted no more than 30 days before the individual is expected to be released). JAB staff work with corrections counselors inside the correctional facilities to complete the application by phone. The application is then flagged as a JAB file and expedited through the process so that the applicant can begin receiving benefits as soon as he or she is released. To facilitate this process, JAB has developed relationships with the county, the Social Security Administration, and Disability Determination Service staff.

Source: Dennis, D., Y. Perret, A. Seaman, and S.M. Wells. 2007. *Expediting Access to SSA Disability Benefits: Promising Practices for People Who Are Homeless*. Delmar, NY: Policy Research Associates.

housing. CCIA used home funds, tax credits, and some private funds to develop Home to Stay.

The good news for paroling authorities is that, although housing issues remain difficult, there are many partners willing to come to the table to address the issue, and there is increasing experience on which to build. Paroling authorities will want to consider:

- Supporting efforts of institutional staff to include housing as an important component of reentry case management and release planning.
  - Entering into collaborative partnerships with correctional and noncorrectional stakeholders to encourage that existing public and low-income housing be made available to returning offenders, and modifying whenever possible prohibitions against their access to public and subsidized housing.
- Working in partnership with other stakeholders to encourage the development of low-income housing through the private development market, including the use of tax credits as an incentive for such development; and to encourage the development of supportive housing.
  - Supporting efforts to prequalify offenders with physical and/or mental disabilities for SSI and SSDI prior to release to support the costs of supportive housing once in the community.
  - Reviewing their own decisionmaking practices to ensure that conditions of supervision are not creating unnecessary barriers for offenders as they seek suitable housing.

## HOME TO STAY

This four-building complex offers six 1-bedroom units, six 2-bedroom units, ten 3-bedroom units, and two 4-bedroom units. Additionally, a 2,500 square-foot community service building will include a large community room with a kitchen, conference room, computer lab, and restrooms. Also, three offices will be available for support service staff and a probation/parole officer. The layout of the building permits visibility to all tenant dwelling entrances, main property entrance, and the secured play area, thus increasing security for tenants and property.

A comprehensive supportive service program will be available to all tenants. A full-time supportive service coordinator will assist them in developing a family service plan and making referrals to appropriate service providers. Additionally, the Sixth Judicial District of Iowa Department of Correctional Services will have a probation/parole officer on site to provide immediate access to services/supervision and provide an additional level of security for the tenants.

The Sixth Judicial District of Iowa Department of Correctional Services has worked with the Iowa Department of Corrections and Parole Board to create a housing reentry program. The program identifies inmates in prison and their families in the community. The partners have developed a prison in-reach program preparing offenders for reintegration and simultaneously working with the families in the community to prepare all parties for unification in affordable housing.

Source: Sixth Judicial District of Iowa Department of Correctional Services, Cedar Rapids, IA, [www.iowacbc.org/ccia/initiatives.html](http://www.iowacbc.org/ccia/initiatives.html), accessed September 8, 2010.

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