



**Mental Health Fact Sheet**

**Substance Abuse and Treatment Branch (SATB),**

**Community Supervision Services**

**Re-Entry and Sanctions Center (RSC),**

**Office of Community Justice Programs**

**Adult Probationers / Parolees with Mental Illness in the  
Criminal Justice System**

The National Institute of Mental Health reports that “26.2 percent of Americans 18 and older, about one in four adults, suffer from a diagnosable mental disorder in a given year.” According to Teplin, Abram and McClelland (1996) serious mental disorders such as schizophrenia, bipolar disorder and major depression are more than three times as prevalent in correctional populations as in the general population. Although probation and parole agencies were not designed to meet the unique challenges of the mentally ill offender, community correctional agencies throughout the United States have developed specialized supervision units to address the needs of special populations (i.e., mentally ill, sex offender, domestic violence, substance abuse, etc.).

The Court Services and Offender Supervision Agency (CSOSA) is a federal community corrections agency that supervises and manages parolees and probationers who reside in the District of Columbia. The Community Supervision Services Division (CSS) provides community supervision to offenders through its general supervision and specialized units. The Substance Abuse and Treatment Branch (SATB) is the specialized unit that directs CSOSA’s mental health referrals and supervises offenders with mental illnesses and co-occurring disorders. The Community Justice Programs Division operates a Re-Entry and Sanctions Center (RSC), which performs comprehensive assessments of offenders with co-occurring disorders. The outcomes of these assessments are used to develop prescriptive plans that target the offenders’ treatment and supervision needs.

## SATB Overview

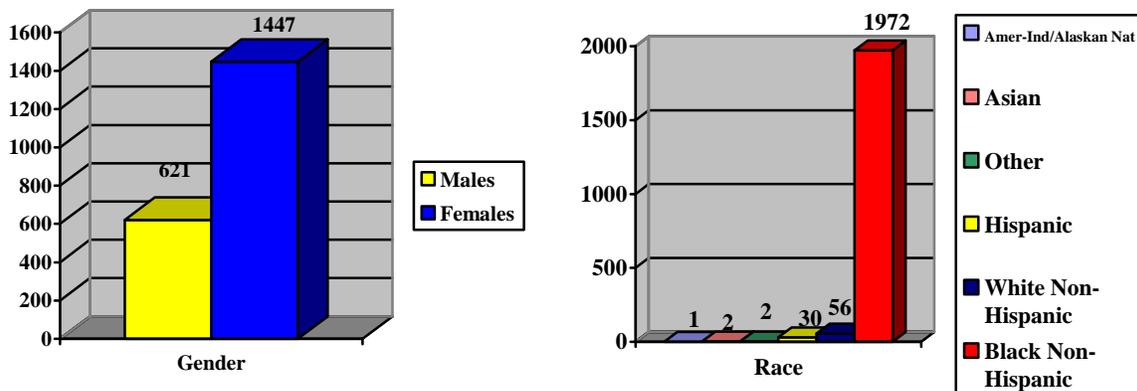
Through its six supervision teams, SATB coordinates screening, assessment and referral services for offenders identified with or presenting mental health signs and symptoms. The mental health supervision teams identify and address the challenges that impede the effective case management of offenders with mental health conditions. Community Supervision Officers (CSOs) assigned to mental health supervision teams identify offenders with acute and chronic mental health conditions; ensure that the identified offenders receive timely and appropriate referrals for mental health assessments and treatment; and meet regularly with treatment providers in order to help the offender successfully comply with his/her treatment and supervision plans.

CSOSA's Mental Health Supervision Teams work together with community based resources such as the District of Columbia Department of Mental Health (DMH) and its Core Service Agencies. Located throughout the District of Columbia, the Core Service Agencies provide routine mental health care to offenders in his/her communities. The Comprehensive Psychiatric Emergency Program (CPEP) provides emergency psychiatric care for all offenders who reside in the District of Columbia.

## Population Demographics of the Mentally Ill Offender

Currently, SATB supervises 2,068 adult offenders (see Figure 1) ranging in age from 18 - 77 years with a variety of mental health conditions such as: **bipolar disorder, major depression, schizophrenia, post-traumatic stress disorder, impulse control disorder, anxiety disorder and attention deficit hyperactivity disorders.**

Figure 1. Mental Health Offender Demographics



Since 2000, the number of offenders identified by the SATB with a mental health condition has increased by forty percent (40%). More than 34% of the mentally ill offender population has co-occurring disorders of substance abuse. Roughly 21% of this mentally ill offender population does not have a permanent place of residence and reside in a homeless shelter, halfway house, residential treatment facility, hotel, or with relatives/friends. In addition to the homeless population, military veterans that are supervised by SATB represent approximately 3% of the mentally ill offender population.

## **Profile of the Mentally Ill Offender**

The mentally ill offender often enters supervision with pronounced needs for various social resources that include housing, entitlements and treatment. The general profile of the mentally ill offender is:

- Misdemeanors (quality of life crimes) to serious criminal charges (i.e., disorderly conduct – murder)
- Other offenses (i.e., sex offenses, domestic violence)
- Repeat offenders
- Chronic mental illness consisting of one or more mental health diagnosis
- Substance abusers (34%)
- Trauma
- Homeless / indigent
- Low education
- Institutionalization (i.e., prison and/or mental health facilities)

Furthermore, CSOs working with the mentally offender coupled with co-occurring disorders may also present with behavioral and/or personality disorders which may include:

- Explosive temper tantrums
- Physical aggression (i.e., fighting, threats or attempts to harm others)
- Cruelty towards family or animals
- Intentional destruction of property or vandalism

## **Supervision Strategies and Case Management Model**

SATB has incorporated several innovative strategies to address the unique needs of mental health offender population:

- Direct partnerships with the District of Columbia Department of Mental Health and private community mental health agencies
- Agency wide mental health screening and referral services
- Substance abuse assessment and treatment referrals to include CSOSA's Re-Entry and Sanctions Center (RSC)
- Sanctions and cognitive-behavioral / psychoeducational groups provided by licensed and certified therapist.
- Multidisciplinary case staffing (with internal and external stakeholders) to address non-compliant behavior
- Participation in mental health treatment staffing with mental health providers
- One on one individualized supervision planning and case management
- Continuing education and training for CSOs in working with the mentally ill population

## **The Re-Entry and Sanctions Center**

Located in the historic Karrick Hall building on the grounds of the District of Columbia's General Hospital, the CSOSA Re-Entry and Sanctions Center (RSC) provides high-risk offenders and defendants with intensive assessment and reintegration programming. Offenders and defendants who violate the conditions of their release are also sanctioned to participate in the RSC's residential program. With an annual population of approximately 1,200 residents, the RSC's six units house 102 offenders/defendants each month. Two of the six units, a total of 30 beds, are dedicated to meeting the needs of dually diagnosed offenders/defendants.

The RSC has demonstrated that treatment readiness and appropriate transitional referrals enhances treatment and supervision success rates. Offenders with long histories of substance abuse require specialized assessment, treatment readiness and individualized case management services. Research has shown that the ability to impose prompt, meaningful and graduated sanctions improves the likelihood of successful supervision outcomes.

Offenders/defendants assigned to the RSC participate in a 28-day holistic and multi-disciplinary program that provides intensive assessment and treatment readiness programming. Treatment readiness and motivation is the focus of each of the interventions offered at the RSC. These interventions target high risk offenders and defendants, and are structured to address one or more of the following factors that challenge offenders/defendants successful reentry:

- Substance abuse
- Psychological disorders
- Cognitive /Academic Impairments
- Criminogenic Risks
- Post incarceration syndrome
- Protracted withdrawal
- Physical Illness
- Poor attachment/Social Bonding
- Complicated Bereavement
- Environmental Concerns (Financial Readiness, Support Systems, Housing)

RSC offenders/defendants receive counseling, a complete physical, psychological, and behavioral assessment; and a referral to inpatient, residential or daily outpatient substance abuse treatment programs. Upon completion of the program, offenders/defendants are equipped with the tools needed to prevent relapse, succeed in a treatment modality, adhere to supervision requirements, improve familial relationships and initiate productive community reintegration.

**The Re-Entry and Sanctions Center's  
Co-Occurring Disorders Units (COD)**

The Re-Entry and Sanctions Center's Co-Occurring Disorders units meet the ASAM PPC-2R criteria for a dual diagnosis capable program. As such, the units accept individuals who have

confirmed co-occurring mental health and substance-related disorders. In addition to meeting the criteria defined below, an offenders/defendant who is admitted to the program must be sufficiently stabilized (both psychiatric and medical) so that he may function independently in treatment readiness programming.

### **Admission Criteria**

- Male 18 years or older
- History of illicit substance abuse and/or dependence
- Medically stable and a current tuberculosis test (PPD)
- Minimum of 7 months remaining on supervision
- High risk (extensive criminal history, high criminality)
- Confirmed co-occurring Axis I disorder, or mental health history.
- Evidence of prior treatment or hospitalization for a co-occurring diagnosis
- When possible, proof of medical coverage/insurance, and a 30-day supply of medical/psychotropic medications

**Offenders/defendants are excluded from participating in the RSC's program when they are actively psychotic (i.e., delusional, hallucinating, paranoid); require medical attention beyond the level of care RSC offers; have history of arson, or have no history of mental illness.**

## References

National Institute of Mental Health (NIMH). *Statistics*. Retrieved September 21, 2009 from <http://www.nimh.nih.gov/health/topics/statistics/index.shtml>.

Teplin, L., Abram, K., & McClelland, G. (1996). Prevalence of psychiatric disorders among incarcerated women. *American Journal of Public Health*, 84, 290-293.

Testimony by Bernard Arons, Director, SAMSHA (Sept. 2000). "Mental Health and Criminal Justice."