

Co-Occurring Disorders and Prisoner Reentry

Co-Occurring Disorders and Prisoner Reentry

By

Paul E. Tracy and Danielle Marie Carkin

Cambridge
Scholars
Publishing



Co-Occurring Disorders and Prisoner Reentry

By Paul E. Tracy and Danielle Marie Carkin

This book first published 2019

Cambridge Scholars Publishing

Lady Stephenson Library, Newcastle upon Tyne, NE6 2PA, UK

British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

Copyright © 2019 by Paul E. Tracy and Danielle Marie Carkin

All rights for this book reserved. No part of this book may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the copyright owner.

ISBN (10): 1-5275-3903-2

ISBN (13): 978-1-5275-3903-7

TABLE OF CONTENTS

List of Tables.....	vii
List of Figures.....	ix
Chapter One..... Introduction	1
Chapter Two..... Reentry Risk Factors	16
Chapter Three..... Screening, Assessment, and Treatment	30
Chapter Four..... Experimental Study: Data and Methods	59
Chapter Five..... Validating the Screening Instrument	70
Chapter Six..... Comparing Experimental vs. Control Groups	82
Chapter Seven..... Experimental Group Failure	99
Chapter Eight..... The Reentry Process	112
Chapter Nine..... Punishment Pendulum	123
Chapter Ten..... Prisoner Reentry	149

Chapter Eleven	168
Summary	
References	186
Index	198

LIST OF TABLES

Table 1-1.	Cumulative Percent of Recidivism
Table 1-2.	Recidivism Percent Across Nine-Year Follow-Up Period
Table 1-3.	Number and Percent of Recidivism Arrests
Table 1-4.	Second Chance Act Grants: 2009-2017
Table 1-5.	Second Chance Act COD Grants: 2010-2017
Table 2-1.	Substance Use Disorders Age 12 and Over: 2014
Table 2-2.	Substance Use / Abuse: Prison and Jail Inmates
Table 2-3.	Mental Health Disorders in Adults: 2014
Table 2-4.	Mental Health Disorders in Prisons and Jails
Table 2-5.	Co-Occurring Disorders in Adults: 2014
Table 2-6.	Co-Occurring Disorders in Prisons and Jails
Table 4-1.	Results of Co-Occurring Disorders Screening
Table 4-2.	Race/Ethnicity of Subjects
Table 4-3.	Marital Status
Table 4-4.	Mean Years of School Completed, Age at Intake, and Age at Release
Table 4-5.	Mean Criminal History Measures
Table 4-6.	Commitment Offense
Table 4-7.	Mean Co-Occurring Disorder Measures
Table 5-1.	Descriptive Statistics
Table 5-2.	Poisson Regression: Count of Prior Arrests
Table 5-3.	Poisson Regression: Count of Prior Convictions
Table 5-4.	Logistic Regression of Recidivism Status
Table 5-5.	Poisson Regression: Count of Recidivism Arrests
Table 5-6.	Poisson Regression: Count of Recidivism Convictions
Table 6-1.	Overall Recidivism
Table 6-2.	Technical Recidivism
Table 6-3.	Arrest Recidivism
Table 6-4.	Conviction Recidivism
Table 6-5.	Recidivism Offense Type
Table 6-6.	Quantitative Recidivism Measures
Table 6-7.	Logistic Regression of Overall Recidivist Status
Table 6-8.	Logistic Regression of Technical Violation Status
Table 6-9.	Logistic Regression of Arrest Status
Table 6-10.	Logistic Regression of Conviction Status

- Table 6-11. Poisson Regression of Arrest Count
- Table 6-12. Poisson Regression of Conviction Count
- Table 6-13. OLS Regression of Recidivism Scale
- Table 6-14. OLS Regression of Time to Failure (Days)
- Table 7-1. Mean LS/CMI Scores for Experimental Group
- Table 7-2. Mean Criminal History Scores for Experimental Group
- Table 7-3. Mean Co-Occurring Disorder Scores
- Table 7-4. Mean CAAPE Drugs of Abuse Scores
- Table 7-5. Mean CAAPE Mental Health Disorder Scores
- Table 7-6. Case Manager Assignments
- Table 7-7. Number of Service Goals
- Table 7-8. Mean Number of Goals, Goals Achieved, and Percent Achieved
- Table 7-9. Poisson Regression of Convictions and LS/CMI Score for Experimental Group
- Table 7-10. Poisson Regression of Convictions and LS/CMI Subscales for Experimental Group
- Table 7-11. Poisson Regression of Convictions on CAAPE Scores for Experimental Group
- Table 7-12. Poisson Regression of Convictions on CAAPE Drug Scores for Experimental Group
- Table 7-13. Poisson Regression of Convictions on CAAPE Disorders for Experimental Group
- Table 9-1. Prison Population and Sentencing Reform
- Table 9-2. Federal Bureau of Prisons Recidivism Data

LIST OF FIGURES

- Figure 1-1. Number of Births: 1940-1994
- Figure 1-2. Annual Imprisonment Rate: 1978-2016
- Figure 1-3. Annual Prison Population: 1978-2016
- Figure 1-4. Annual Prison Releases: 1978-2016
- Figure 3-1. Mental Health Screening Instruments
- Figure 3-2. Screening Instruments for Substance Use
- Figure 3-3. Screening Instruments for Co-Occurring Disorders
- Figure 3-4. Assessment Instruments for Mental Health
- Figure 3-5. Assessment Instruments for Substance Use
- Figure 3-6. Assessment Instruments for Co-Occurring Disorders
- Figure 8-1. COD Program Partners

CHAPTER ONE

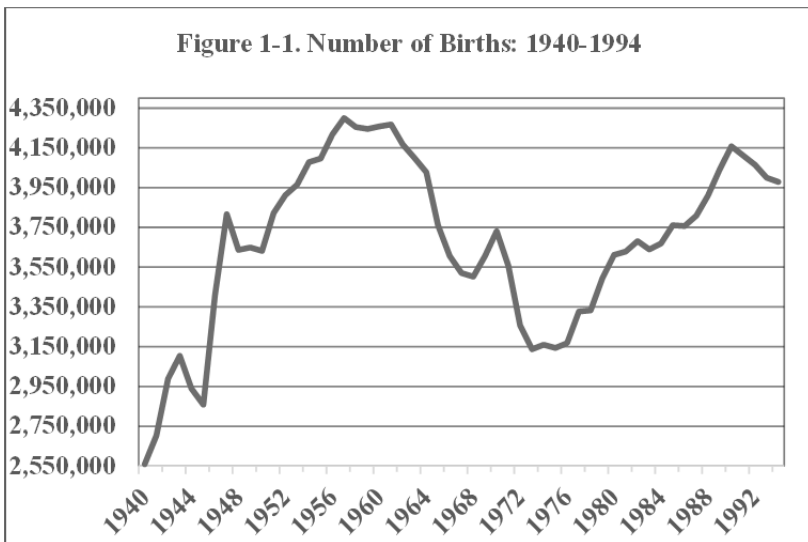
INTRODUCTION

Beginning in 1999, public policy concern and research interest in the United States started to focus on the issue of offender reentry back into society. Petersilia was among the first to call attention to the issue of prisoner reentry when she noted that there had been virtually no systematic, comprehensive attention being paid by policy makers to address the problems offenders must confront after they are released from custody (1999, 2001). While it is true that Petersilia's observation pertained mostly to the many thousands of offenders who were being released on parole, the issue becomes even more manifold when one considers that many jurisdictions had abolished parole in favor of determinate sentences, and these offenders are released without any community supervision whatsoever. Jeremy Travis, the Director of the National Institute of Justice, raised this point specifically when he noted that concerns about offender reentry came at a time when traditional mechanisms for managing reentry had been significantly weakened because 14 states had abolished discretionary parole and the parole boards that had historically overseen the processes of reentry (2000). Indeed, Ditton and Wilson (1999) indicated that approximately 20 percent of state prisoners leave prison with no post-release supervision. Even Janet Reno, the Attorney General at the time referred to reentry as "one of the most present problems we face as a nation, the reentry of offenders from prison back to the communities where the problem started in the first place" (2000).

Trends

It is surprising that serious concern over prisoner reentry did not arise and take hold until 1999. The seeds of the reentry problem were established long before 1999, and available data clearly indicated a reentry problem that likely would not only continue, but also, would increase significantly. One of the significant factors behind the reentry problem was the American "baby boom" phenomenon (Bouvier, 1980). The so-

called baby boom began in 1945 and lasted until 1964. More babies were born in 1946 than ever before—3.4 million, 20 percent more than in 1945. In 1947, another 3.8 million babies were born; 3.9 million were born in 1952; and more than 4 million were born every year from 1954 until 1964, when the boom finally tapered off. By then, there were 76.4 million “baby boomers” in the United States. They made up almost 40 percent of the nation’s population. Figure 1-1 depicts the baby boom phenomenon (Bureau of Census). It also depicts what is referred to as the “baby boom echo.” Because baby boomers delayed having children well beyond the ages that their parents had children, another upsurge in births occurred in 1977 and continued with annual increases in the number of births until 1990.



The relationship between age and crime is a well-established topic in criminology. We know that the prevalence of crime starts increasing at around age 15, continues to rise until the mid-20s, and then declines. We also know that crime rates began increasing in 1960 and increased every year until 1980. Is it a coincidence that 1960 is the year at which point the first of the baby boomer cohorts, born in 1945, reached the age of 15? A few researchers investigated the relationship between the baby boom and rise in crime rates in the early 1960s. Sagi and Wellford (1968), reported to the President’s Commission on Law Enforcement and the Administration of Justice that shifts in the age composition of the

population were a likely explanation. Specifically, Sagi and Wellford (1968) explored the contribution that the post-World War II baby boom generation was making on the crime wave of the 1960s. They reported two major findings. First, during the early 1960s, individuals born in the early years of the baby boom hit peak criminal offending ages (i.e., their late teens and early 20s) and the population increase in these young ages between 1958 (the low point of national crime rates in the late 1950s) and 1964 (the most recent year's data available at the time of the Sagi and Wellford study) accounted for 24 percent of the increase in FBI Index (or UCR Part I) offenses. Second, Sagi and Wellford further demonstrated that the baby boom effects on population and place of residence accounted for 46 percent of the increase in crime rates between 1958 and 1964. Wellford (1973) followed up the previous study and extended the time series to include annual index crime rates through 1969. He found that the rate of violent crimes rose more than that of property crimes among youth during this period. He also reported other disturbing results showing that, with one exception, each cohort born during the baby boom was exhibiting crime rates higher than the one before.

The effect of baby boomers on crime was further explored through the 1970s and 1980s. For example, Greenberg (1985) concluded that among the baby boom cohorts there were high crime-prone cohorts of offenders who likely will not exhibit decreasing crime propensities throughout their life course. Cohen and Land (1987) and Steffensmeier and Harer (1987) reexamined the impact of age composition on crime trends.

Cohen and Land (1987) conducted an analysis of crime trends in the United States through the mid-1980s based on a time-series regression analysis for a somewhat longer post-World War II period, 1946 through 1984, to determine the extent to which changes in the age structure influenced the crime trends. They focused specifically on homicide and motor vehicle theft rates and controlled for other social forces affecting crime rates: trends in business cycles as well as in criminal opportunity and the rate of imprisonment. They first identified the peak ages of offending for homicide and motor vehicle theft, 15 to 29 and 15 to 24, respectively. Using graphical analyses, Cohen and Land demonstrated that the homicide and motor vehicle trends mirrored the trends in age structure for these two youth groups.

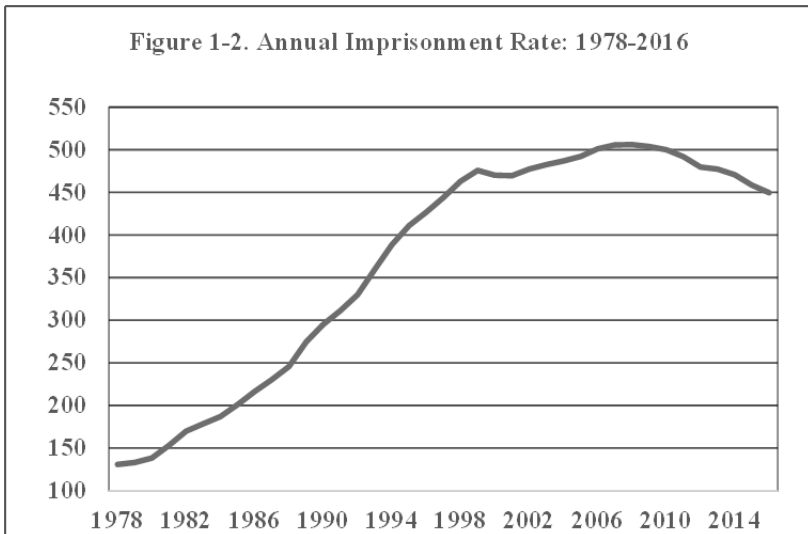
Steffensmeier and Harer (1987) used age-specific estimates of the U.S. population produced by the Bureau of the Census through the end of the 20th century to forecast reductions in the nation's crime rate from 1980 to 2000. The forecasts assumed that age-specific offending rates would remain constant into the future and thus were based solely on changes in

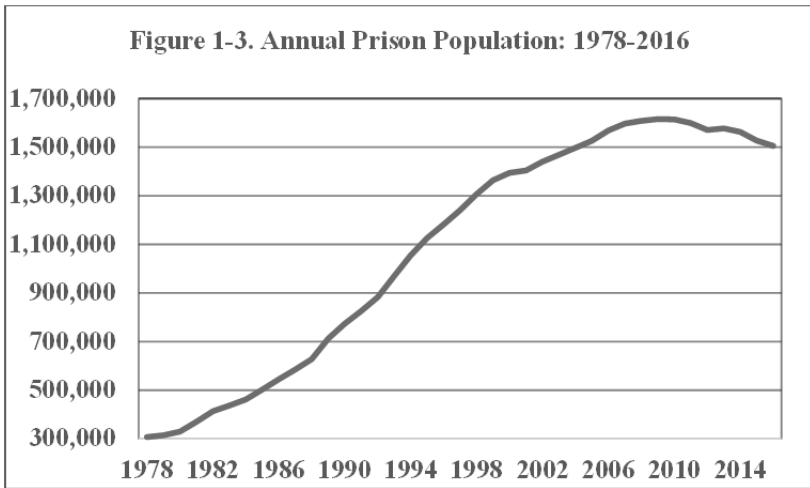
age composition. Specifically, they noted that the proportion of young people (ages 15-24), those at high risk for property crime, was estimated to decline sharply into the early 1990s and the proportion of youth and young adults (ages 15-35), those at high risk for person crime, was expected to decline steadily. They found that the age composition accounted for approximately 30 to 70 percent of declines in property and robbery crime rates, since the baby boomers had aged past the property crime-prone ages of adolescence and the early twenties. However, violent crimes had not experienced such a large decline as the baby boomers had not quite reached the ages where the violent criminal offending tends to drop—that is, the late 20s and early 30s (1987).

These studies illustrated that the baby boom phenomenon did have an effect on increased crime rates. Consequently, one can expect there to be similar effects on incarceration rates, size of the prison population, and the volume of inmates being released back into society. These data are depicted in Figures 1-2, 1-3, and 1-4 (Bureau of Justice Statistics: National Prisoner Statistics Program, 1978-2016). The data depicted in the charts indicate a clear trend which frames the reentry issue over time. Figure 1-2 shows the imprisonment rate (per 100,000 population) from 1978 to 2016. The rate at which criminals were imprisoned started at 131 per 100,000 in 1978 and rose each and every year, reaching its peak of 506 per 100,000 in 2008. This represents 31 consecutive years of increased use of prison as a form of punishment. From 2009 to 2016 the imprisonment rate declined to a low of 450 per 100,000 in 2016, a rate which is still over 3.5 times higher than in 1978. Figure 1-3 shows the effect on the size of the prison population of the annual increases in the imprisonment rate. In 1978, the prison population was 307,276 inmates. The prison population increased unabated from 1978 to 2010 at which point there were 1,613,083 inmates in prison. This constitutes a 425 percent increase in the prison population. The prison population declined slightly between 2011 and 2016 and reached a low of 1,505,396 in 2016.

The combined effects of rising crime rates and increased imprisonment lead to a dramatic rise in the prison population. The effect on inmate reentry would start to become clear. The concerns raised by Petersilia and Travis take on even greater significance when recent reentry data are examined. The sheer size of the reentry population warrants increased attention. In 2010, 708,677 inmates were released back to their communities (Guerino, Harrison, and Sabol, 2010), and in 2011, 688,384 offenders, approximately 1,885 individuals per day, were released from state or federal custody (Carson and Sobel, 2012). We can be even more definitive concerning the inmate release data. Figure 1-4 indicates that

142,665 inmates were released back into society in 1978 (about 390 inmates per day). From 1978 to 2008 the number of inmates released from state and federal prisons increased annually and reached a peak of 735,651 inmates released which is a 415 percent increase in the reentry population. According to Hughes and Wilson (2002), at least 95 percent of state inmates will ultimately be released. When we include the approximately nine million offenders released from jails annually (Beck, 2006), we realize that offender reentry actually involves orders of magnitude well beyond state and federal prison releases. Given the magnitude of the reentry issue, policymakers, and the general public alike, now expect corrections to “do a better job” by developing evidenced-based practices and programs to facilitate reentry and prevent recidivism. The task will be daunting as evidenced by studies on recidivism.



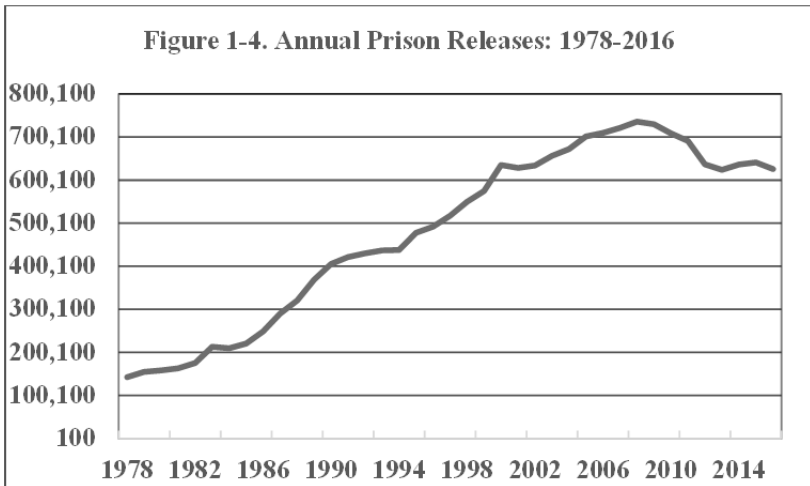


Recidivism

Whatever the original criminogenic factors surrounding the offender's criminal history may have been, community reentry can exacerbate these factors. For example, offenders enter prison with limited marketable work experience, low levels of educational or vocational skills, and many health-related issues, ranging from mental health needs to substance abuse histories and high rates of communicable diseases. Upon release from prison, these challenges persist and affect neighborhoods, families, and society at large (Urban Institute, 2006). The revolving door of prison, release, recidivism, then back to prison is increasingly concentrated in communities that are often already deprived of resources and are not equipped to meet the challenges the reentry population presents (Vigne and Kachnowski, 2003).

Research generally indicates that two-thirds of released prisoners are rearrested within three years of release (Durose, Cooper, and Syder, 2014; Langan and Levin, 2002) and approximately 76 percent will recidivate within five years (Langan and Levin, 2002). Although instructive, there are a few problems with this kind of recidivism data.

First, the samples are usually small and not representative of all inmates being released from prison. So whatever recidivism is found, may be just a function of the kind of cases used.



Second, another problem is that the follow-up period is censored and false negatives are entirely possible. That is, with a short follow-up period like one, two or three years, a released prisoner would be classified as a non-recidivist. But, if the clock was allowed to run longer, then more reliable estimates of recidivism would be possible.

Third, although many of these recidivism studies do indicate the time-specific prevalence of recidivism, they fail to indicate the incidence of recidivism across the follow-up period. Thus, we know how many recidivists there are, but not how frequently they are rearrested.

Fortunately, there is a very recent study from the Bureau of Justice Statistics (BJS) which eliminates all these problems and provides definitive data on post release recidivism. The BJS study by Alper and Durose (2018) examined the post-release offending patterns of former prisoners and their involvement in criminal activity both within and outside of the state where they were imprisoned. They employed a very rigorous research design with sophisticated sampling to study 67,966 prisoners who were randomly sampled to represent the 401,288 state prisoners released in 2005 in 30 states. The sample is representative of the 30 states, both individually and collectively. In 2005, these 30 states were responsible for 77 percent of all persons released from state prisons nationwide. The Alper and Durose findings are highly pertinent to the present investigation because they provide longitudinal data on post-release recidivism across all the major demographic characteristics of

released prisoners and a very long, nine-year follow-up period. We provide below tables that were extracted from their report.

Table 1-1 provides data (adapted from Alper and Durose, 2018, Table 2) on the percentage of released inmates who recidivated across the nine-year period. The findings are worthy of serious consideration.

First, by the end of the nine years, 83.4 percent of the cases had recidivated at least once. Thus, a prison sentence to punish these criminals and exercise specific deterrence had failed to deter future criminality for 8.3 out of every 10 inmates.

Second, Table 1-1 also provides a year-by-year accounting of the recidivism. These results point to the serious problem surrounding community reentry. That is, 43.9 percent of the sample had been rearrested during the first year of release from prison. In year two, another 17.8 percent had been rearrested which brought the cumulative recidivism total to 60.1 percent. Thus, six out of 10 of the cases had become criminals once again by the end of the second year. This figure rises to 68.4 percent by the end of year three.

Table 1-2 (adapted from Alper and Durose, 2018, Table 3) provides nine-year recidivism data across the major demographic characteristics. Usually in criminological research these data, whether it be the prevalence or incidence of crime, or even the severity, vary considerably across these factors. The researcher must consider the differential criminogenic influences underlying the different factors. Simply, research shows very different crime patterns for males v. females, across younger age groups v. older, and across race/ethnicity categories. This time, however, the results shown in Table 1-2 are remarkably consistent. Females only trail males by less than 8 percent. Similarly, across race/ethnicity categories, the highest recidivism percent for African Americans (86.9%) is only greater than the lowest score for Asians, Native Hawaiians, and other Pacific Islanders (79.4%) by 7.5 percent. Usually, the age categories show very disparate differences because crime varies strongly by age. But Table 1-2 indicates that the most crime prone age group of age 24 or younger, only differs by 3 to 5 percent for all other ages except for the oldest category of age 40 or older for which the difference is 13.6 percent. Clearly, the recidivism data across these demographic factors strongly indicate that all released prisoners, regardless of sex, age, or race/ethnicity, exhibit substantial and consistent recidivism over time.

Table 1-3 (adapted from Alper and Durose, 2018, Table 4) provides findings concerning the incidence or extent of post-release recidivism across a nine-year period following release back into the community. Overall, these criminals committed a total of 1,994,000 offenses during the

nine years. Further, although over 40 percent were committed in the first three years after release, 31 percent were committed in years four through six, while 28.6 percent were committed in years seven through nine. Thus, sixty percent of these recidivist crimes occurred across a lengthy time span, thus indicating that prior punishment was a minor deterrent, and that reentry was an abysmal failure.

Taken together, the results of the BJS study are instructive. First, 830 out of every 1,000 inmates released back into the community were rearrested. Second, the substantial percentage of recidivism is evident across both sexes and across all age groups and race/ethnicity categories. Last, the criminality of these recidivists was extensive as 1,994,000 arrests were recorded across the nine-year follow-up period.

Table 1-1. Cumulative Percent of Recidivism

Year After		Cumulative Percent	
Release	Total	Arrested	Not Arrested
1	100	43.9	56.1
2	100	60.1	39.9
3	100	68.4	31.6
4	100	73.5	26.5
5	100	77.0	23.0
6	100	79.4	20.6
7	100	81.1	18.9
8	100	82.4	17.6
9	100	83.4	16.6

Source: Alper and Durose, 2018, Table 2

Table 1-2. Recidivism Percent across Nine-Year Follow-Up Period

Characteristic	Within 9 years	Specific Year of Recidivism								
		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9
All released prisoners	83.4%	43.9%	16.2%	8.3%	5.1%	3.5%	2.3%	1.7%	1.3%	1.0%
Sex										
Male	84.2%	44.9%	16.3%	8.3%	5.1%	3.4%	2.3%	1.7%	1.3%	0.9%
Female	76.8	35.1	15.7	8.5	5.5	4.2	2.5	2.2	1.7	1.4
Age at release										
24 or younger	90.1%	51.8%	17.0%	7.7%	4.8%	3.4%	2.0%	1.7%	1.0%	0.7%
25–39	85.3	44.9	16.7	8.6	5.2	3.6	2.3	1.7	1.4	0.9
25–29	87	45.9	16.8	8.8	5.5	3.8	2.5	1.5	1.3	0.9
30–34	84.3	43.9	16.5	8.2	5.3	3.5	2.3	1.9	1.7	1
35–39	84.3	44.6	16.8	8.7	4.9	3.4	2.2	1.7	1.2	0.9
40 or older	76.5	37.8	15.1	8.1	5.1	3.5	2.5	1.9	1.4	1.2
Race/Ethnicity										
White	80.9%	40.2%	15.8%	8.4%	5.2%	3.8%	2.6%	2.2%	1.5%	1.2%
Black/African American	86.9	46	17.4	8.6	5.5	3.4	2.3	1.6	1.2	0.9
Hispanic/Latino	81.3	47.3	14.3	7.2	4.2	3.1	2.2	0.9	1.3	0.7
Other	82.4	44.1	16.4	8.8	4.5	3	1.3	2.1	1.3	1.1
American Indian Alaska Native	85	43.5	16.3	9.5	4.8	3.6	1.6	2.7	1.6	1.4
Asian, Hawaiian, Other Pacific Islander	79.4	45	16	8.3	4	1.3	1.3	1.3	1.2	1

Source: Alper and Durose, 2018, Table 3

Table 1-3. Number and Percent of Recidivism Arrests

Year After Release	Number of Arrests	Percent of Arrests	Cumulative Number	Cumulative Percent
All Years	1,994,000	100%		
1 to 3				
1 to 3	804,000	40.3%		
1	306,000	15.4	306,000	15.4
2	260,000	13	567,000	28.4
3	238,000	11.9	804,000	40.3
4 to 6				
4 to 6	620,000	31.1%		
4	219,000	11	1,024,000	51.3
5	210,000	10.6	1,234,000	61.9
6	190,000	9.6	1,425,000	71.4
7 to 9				
7 to 9	570,000	28.6%		
7	196,000	9.8	1,620,000	81.2
8	194,000	9.7	1,814,000	91
9	180,000	9	1,994,000	100

Source: Alper and Durose, 2018, Table 4

Second Chance Act

The United States Congress took notice of the reentry recidivism problem (as it was documented at the time) and on 9 April 2008 passed H.R. 1593 “The Second Chance Act of 2007: Community Safety Through Recidivism Prevention,” also known as Pub. L. 110-199. The *Second Chance Act* was a comprehensive effort to identify and remediate the issues preventing the successful reentry of prisoners back into society. The purposes of the Act were as follows:

- To break the cycle of criminal recidivism, increase public safety, and help states, local units of government, and Indian Tribes, better address the growing population of criminal offenders who return to their communities and commit new crimes;

- To rebuild ties between offenders and their families, while the offenders are incarcerated and after reentry into the community, to promote stable families and communities;
- To encourage the development and support of, and to expand the availability of, evidence-based programs that enhance public safety and reduce recidivism, such as substance abuse treatment, alternatives to incarceration, and comprehensive reentry services;
- To protect the public and promote law-abiding conduct by providing necessary services to offenders, while the offenders are incarcerated and after reentry into the community, in a manner that does not confer luxuries or privileges upon such offenders;
- To assist offenders reentering the community from incarceration to establish a self-sustaining and law-abiding life by providing sufficient transitional services for as short of a period as practicable, not to exceed one year, unless a longer period is specifically determined to be necessary by a medical or other appropriate treatment professional; and
- To provide offenders in prisons, jails or juvenile facilities with educational, literacy, vocational, and job placement services to facilitate reentry into the community (H.R. 1593, p.2).

The Second Chance Act also identified specific programs which might foster and facilitate successful reentry that could be funded under the act, such as the following:

- Providing offenders in prisons, jails, or juvenile facilities with educational, literacy, vocational, and job placement services to facilitate reentry into the community;
- Providing substance abuse treatment and services (including providing a full continuum of substance abuse treatment services that encompasses outpatient and comprehensive residential services and recovery);
- Providing coordinated supervision and comprehensive services for offenders upon release from prison, jail, or a juvenile facility, including housing and mental and physical health care to facilitate

reentry into the community, and which, to the extent applicable, are provided by community-based entities (including coordinated reentry veteran-specific services for eligible veterans);

- Providing programs that encourage offenders to develop safe, healthy, and responsible family, and parent-child relationships; and involve the entire family unit in comprehensive reentry services;
- Encouraging the involvement of prison, jail, or juvenile facility mentors in the reentry process and enabling those mentors to remain in contact with offenders while in custody and after reentry into the community;
- Providing victim-appropriate services, encouraging the timely and complete payment of restitution and fines by offenders to victims, and providing services such as security and counseling to victims upon release of offenders;
- Protecting communities against dangerous offenders by using validated assessment tools to assess the risk factors of inmates and developing or adopting procedures to ensure that dangerous felons are not released from prison prematurely (H.R. 1593, p.5).

The responsibility for the administration of the *Second Chance Act* lies with the Bureau of Justice Assistance (BJA), Office of Justice Programs, U.S. Department of Justice. BJA began awarding grants for demonstration projects in 2009, the first federal fiscal year after the act was passed. Table 1-4 displays BJA's grant awards from 2009 through 2017. BJA awarded 150 grants to state, local, and tribal units of government, the total funds awarded amounted to \$90,554,503. This level of funding is evidence that prisoner reentry is a significant policy issue and BJA is making funds available under the *Second Chance Act* to impact the problem.

In this study, we are focusing on a particular aspect of the prisoner reentry problem. We are concerned with the co-occurrence or comorbidity of two risk factors: (1) substance abuse disorders; and (2) mental health disorders. Table 1.5 indicates that BJA has made a concerted effort to fund programs which address the combination of the two risk factors which alone pose serious risks of recidivism, and when they occur together, pose a very high likelihood of post release recidivism. BJA awarded 100 grants and a total of \$57,501,975 to address reentry for offenders with co-occurring disorders (COD). This book is an outgrowth

of a partnership between the School of Criminology and Justice Studies, University of Massachusetts Lowell, and the Essex County, Massachusetts, Sheriff's Department. Our role was to conduct an evaluation using an experimental design of Essex County's program for Adult Offenders with Co-occurring Disorders through funding from the Bureau of Justice Assistance's *Second Chance Act Reentry Program for Adult Offenders with Co-Occurring Substance Abuse and Mental Health Disorders* (BJA grant #: 2014-RW-BX-0001).

Table 1-4. Second Chance Act Grants: 2009-2017

Year	Number of Awards	BJA State/Local	BJA Tribal	Total
2009	15	\$7,732,726		\$7,732,726
2010	52	\$26,862,343	\$462,200	\$27,324,543
2011	23	\$12,139,765		\$12,139,765
2012	11	\$5,861,603		\$5,861,603
2013	15	\$8,628,011		\$8,628,011
2014	8	\$5,097,359	\$694,560	\$5,791,919
2015	10	\$7,091,609	\$682,549	\$7,774,158
2016	6	\$4,997,302	\$997,179	\$5,994,481
2017	10	\$8,307,297	\$1,000,000	\$9,307,297
Total	150	\$ 86,718,015	\$ 3,836,488	\$ 90,554,503

<https://csgjusticecenter.org/nrrc/second-chance-act-innovations-in-reentry-initiative/>

Table 1-5. Second Chance Act COD Grants: 2010-2017

Year	Number of Awards	BJA State/Local	BJA Tribal	OJJDP State & Local	Total
2010	22	\$9,291,018	\$407,114	\$2,007,723	\$11,705,855
2011	17	\$8,980,972			\$8,980,972
2012	9	\$5,320,710			\$5,320,710
2013	17	\$7,023,158		\$2,977,252	\$10,000,410
2014	12	\$7,052,909			\$7,052,909
2015	10	\$5,389,258	\$650,000		\$6,039,258
2016	5	\$2,587,645	\$650,000		\$3,237,645
2017	8	\$4,514,216	\$650,000		\$5,164,216
Total	100	\$50,159,886	\$2,357,114	\$4,984,975	\$57,501,975

<https://csgjusticecenter.org/nrrc/second-chance-act-co-occurring-disorder-treatment-grant-program/>

CHAPTER TWO

REENTRY RISK FACTORS

In addition to the usual deficits in areas like education, employment, vocational skills, etc., areas which represent significant criminogenic factors affecting recidivism, successful prisoner reentry is further compromised by the fact that significant proportions of offenders have substance abuse histories, mental health issues, and most importantly, co-occurring disorders. There is evidence, which continues to grow, that these risk factors affect sizable proportions of returning offenders. Below we review the evidence concerning the prevalence of these three risk factors among justice-involved persons. In order to put the criminal justice venue in proper perspective, we begin each section by reviewing the prevalence of the risk factor among the general population. This provides a baseline with which to examine the criminal justice context.

Substance Abuse

General Population

Table 2-1 provides national data concerning behavioral health trends in the United States (from the 2014 National Survey on Drug Use and Health from the Center for Behavioral Health Statistics and Quality, the Substance Abuse and Mental Health Services Administration (SAMHSA, 2015). These data are the most recent and best source of information concerning national level estimates of substance abuse disorders. The substance use disorder questions used in the survey to classify people as having a substance use disorder in the past 12 months are based on criteria specified in the Diagnostic and Statistical Manual of Mental Disorders (American Psychological Association, 2000). A substance abuse disorder occurs when the recurrent use of alcohol or other drugs (or both) causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home (SAMHSA, 2015: 22).

Table 2-1 indicates that among persons 12 years old and older, 21.5 million people, or 8.1 percent, were classified as having a substance use disorder (SUD). The results further showed that 17 million people (6.4%) had an alcohol use disorder, while 7.1 million people (2.6%) had an illicit drug use disorder.

The last column in Table 2-1 provides the percentages using the SUD sub-population as the base. Among those with a substance use disorder, 79 percent had an alcohol use disorder and 32.9 percent had an illicit drug use disorder. Thus, alcohol contributes more than drug use to the substance disorder phenomenon.

It must be noted that the national estimates of SUDs in Table 2-1 (8.1%, 6.4%, and 2.6%) are artificially lower than they probably should be. That is, the data include persons under age 18 in the calculations. It is a certainty that children from 12 to 17 years old do not have anywhere near the prevalence of SUDs as do adults. Consequently, children do not contribute as much to the numerator as do adults. Yet, the 12-18 age group disproportionately contributes to the denominator. The estimated percentages would be higher if only adults were counted. This is a prime example of how important data are not reported in a form that are as usable as they might otherwise be to researchers and to policy makers.

Table 2-1. Substance Use Disorders Age 12 and Over: 2014

	Number in Millions	Percent of Population	Percent of SUD Pop.
Substance Use Disorders	21.5	8.1	100
Alcohol Use Disorder	17	6.4	79
Illicit Drug Use Disorder	7.1	2.6	32.9
Alcohol & Drug Use	2.6	0.9	12.1
Alcohol Only	14.4	5.4	66.9
Illicit drugs Only	4.5	1.7	20.9

Source: SAMHSA, 2015

Criminal Justice Context

It is evident that information about substance use, and particularly substance abuse disorders among justice-involved people, varies across studies. First, some studies provide data on substance involvement, while others address substance use disorder (i.e., under the influence of alcohol

or other drugs at the time of their offense, stole money to buy drugs, were substance abusers, violated alcohol or drug laws, or share some combination of these characteristics). Second, some studies provide data on certain sectors of criminal justice like jails and prisons, while others are reporting results for persons arrested. Third, there are a few studies which are cited by subsequent studies. But, along the way other researchers are not citing the original study, but rather, they are citing the second-order authors who cited the original article. This gives the impression that numerous studies are providing substance abuse results.

We have tried to clarify the situation by the entries in Table 2-2. This table identifies the most often cited and most representative studies on substance use/abuse among prisoners. Further, we have provided type of results regardless of whether all the entries provide such measures. The five studies we have included do capture the state of our knowledge.

Table 2-2. Substance Use / Abuse: Prison and Jail Inmates

	Karberg and James 2005	Mumula and Karberg 2006	CASA 1998	CASA 2010	Bronson and Stroop 2017
Substance Involved	80%		80%	83.0%	
Substance Disorder	40%			64.5%	
Substance Use at Time of Crime	50%	State = 32%	17%	20.0%	State = 42%
		Federal = 26%			Jail = 37%
Substance Abuse					
All Inmates	68%		78.6%	84.8%	
Federal		45%	80%	86.2%	
State		53%	81%	84.6%	58%
Jails	50%		73.4%	84.7%	63%

The National Center on Addiction and Substance Abuse (CASA) has published two studies that have provided very important findings about substance abuse and crime.

In the first study, CASA reported that in 1996, four out of five of America's 1.7 million prison and jail inmates were substance involved (CASA, 1998). The CASA report also indicated that the prevalence of drug involvement was high regardless of the prison venue. The percentage for inmates regardless of location was 78.6 percent, while the scores for specific categories were 81 percent for state prisons, 80 percent for federal prisons, and 73.4 percent for jails.

Second, CASA replicated the study in 2010 and found that the problem had increased between 1996 and 2006. Of the 2.3 million adults behind bars, 1.9 million (83%) were substance involved—an increase from the 80 percent in 1996. CASA's second study (2010) has also indicated that the substance abuse problem among inmates had also increased across all correctional venues: 84.8 percent of all inmates (1.9 million) were substance involved, 86.2 percent of federal inmates (200,000), 84.6 percent of state inmates (1.1 million) and 84.7 percent of local jail inmates (600,000). CASA's 1998 study did not have the data necessary to determine whether the inmates met the DSM-IV medical criteria for alcohol and other drug use disorder. The 2010 study did, however, and CASA found that almost two-thirds (64.5%) met the medical criteria for an alcohol or other drug use disorder.

Third, in both studies, CASA also found that a non-trivial percent of the inmates, regardless of whether they met the DSM-IV medical criteria for alcohol and other drug abuse and addiction, were substance involved—that is, they were under the influence of alcohol or other drugs at the time of their offense, stole money to buy drugs, were substance abusers, violated alcohol or drug laws, or share some combination of these characteristics. The percentages were 17 percent in 1996 and 20 percent in 2006.

Between the two CASA studies, there were two Bureau of Justice Statistics report which corroborate the CASA results in significant respects. Karberg and James (2005, widely cited) found that 50 percent of jail inmates in 2002 were substance abusers. They also noted (like CASA) that 80 percent of jail inmates were substance involved and 40 percent had a substance use disorder. Similarly, Mumola and Karberg (2006) found that 45 percent of federal inmates and 53 percent of state inmates were substance abusers. These BJS studies also showed that substance abuse was proximate to the offense for which offenders were incarcerated. Karberg and James (2005) found that half of all convicted jail inmates were under the influence of drugs or alcohol at the time of offense and similarly, Mumola and Karberg (2006) found that almost one-third of state

and one-quarter of federal prisoners committed their offense under the influence of drugs.

Begum, Early, and Hodge (2016) is the most recent Bureau of Justice Statistics study and it reports data on state inmates and jail prisoners. They found lower percentages of drug abuse than did either CASA study (state = 58%; jail = 63%). They did, however, find the highest percentages of drug involvement at the time of the offense (state = 42%; jail = 37%).

The Substance Abuse and Mental Health Services Administration (SAMHSA, 2011) compared cases admitted to probation or parole that had no prior substance abuse treatment episodes with those who had three or more prior treatment episodes. The latter were almost twice as likely to have reported primary cocaine abuse (19.4% vs. 11.0%), almost four times as likely to have reported primary heroin abuse (16.8% vs. 4.9%), and about half as likely to have reported primary marijuana abuse (17.5% vs. 30.0%). Further, data from a national study in five major American cities shows that at the time of arrest, 63 percent to 83 percent of arrestees had drugs in their system, with marijuana and cocaine being the most common and that between 2000 and 2013, the percentage of arrestees with opiates in their system increased, with a couple of cities seeing significant increases in opiate presence, as well as methamphetamine (Center for Prisoner Health and Human Rights, 2016).

Mental Health Disorders

General Population

As we did for substance abuse disorders, we provide data concerning the prevalence of mental health disorders in the general population. These data are a necessary baseline for any discussion of this issue among justice-involved persons. Table 2-3 provides the results from national data concerning behavioral health trends in the United States (from the 2014 National Survey on Drug Use and Health from the Center for Behavioral Health Statistics and Quality, the Substance Abuse and Mental Health Services Administration, SAMHSA, 2015). These data are the most recent and best source of information concerning national level estimates of mental health disorders. SAMHSA provides estimates of any mental illness (AMI) and serious mental illness (SMI) for adults aged 18 or older. An adult with AMI was defined as having any mental, behavioral, or emotional disorder in the past year that met DSM-IV criteria (excluding developmental disorders and SUDs). Adults with AMI were defined as having SMI if they had any mental, behavioral, or emotional disorder that