



Effective Health Care

Correctional Programs, Facilities, and Interventions for Persons with Serious Mental Illness Involved with the Criminal Justice System Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Comparative effectiveness of correctional programs, facilities, and interventions for persons with serious mental illness who are involved with the criminal justice system will be considered for refinement as a systematic review. The scope of this topic, including populations, interventions, comparators, and outcomes, will be further developed in the refinement phase.
- When key questions have been drafted, they will be posted on the AHRQ Web site and open for public comment. To sign up for notification when this and other Effective Health Care (EHC) Program topics are posted for public comment, please go to <http://effectivehealthcare.ahrq.gov/index.cfm/join-the-email-list/>.

Topic Description

Nominators: Health care professional association and an organization

Nomination Summary: The nominators are interested in the comparative effectiveness of programs and interventions for those with serious mental illness (SMI) who are involved in the criminal justice system. The nominators expressed interest in a range of psychopharmacological and non-psychopharmacological treatments (e.g., cognitive behavioral therapy, assertive community treatment, trauma treatment) in addition to comparison of type of criminal justice program (e.g., reentry, specialized courts). The nominators are equally interested in understanding the effectiveness of these interventions when implemented in community settings and when implemented only in correctional settings.

Staff-Generated PICOS:

Population(s): Adolescents (juveniles) and adults involved with the juvenile and criminal justice systems who have a serious mental illness.

Intervention(s): (1) Case management (e.g., critical time intervention [CTI], strengths-based case management [SBCM], assertive community treatment [ACT], forensic assertive community treatment [FACT]), (2) modified therapeutic community (MTC), (3) cognitive behavioral therapy ([CBT], including criminal thinking curricula), (4) integrated dual disorders treatment [IDDT]), (5) trauma-informed interventions (e.g., Seeking Safety; Trauma Recovery and Empowerment Model [TREM]), (6) psychopharmacological therapies, and (7) family interventions (e.g., Multi-Systemic Therapy [MST], Functional Family Therapy ([FFT]) that are particularly relevant to juvenile justice populations.

Comparator(s): Usual care or one of the above interventions.

Outcome(s): Mental health outcomes include general and trauma-related psychiatric symptom stability, depression, anxiety, psychosis, functioning, reduction/abstinence in alcohol and drug use, indicators of violence (self-harm; harm to others), victimization. Other outcomes include quality of life, mortality, community integration (employment, housing), and service access and utilization (e.g., referral to appropriate services, reduced hospitalization, and medication compliance). In addition, for those studies reporting mental health outcomes, relevant criminal justice outcomes include arrest, technical violation (i.e., violation of probation or parole), incarceration, and for juveniles, out-of-home placement.

Setting(s): Community settings that include criminal justice and juvenile justice programming to ensure diversion or reentry from law enforcement or institutional settings (jail, prison, juvenile detention/placement) into community treatment and other services. These community-based programs within which the interventions may be implemented include (1) prebooking/law enforcement diversion from arrest; (2) pretrial/preadjudication programs including mental health and veterans courts, bond or general jail diversion; (3) post-adjudication diversion including specialty courts and probation-based programs such as Treatment Alternatives for Safer Communities (TASC), postrelease/reentry programs including reentry courts, and parole/probation/community supervision programs including TASC; and (4) institutional setting programs including jail-based residential treatment, and prison-based treatments with the goals of preparation for and linkage to postrelease community-based treatment.

**Key Questions
from Nominator:**

1. Comparative effectiveness of correctional programs, facilities, and interventions for people involved with the criminal justice system with serious mental illness
 - Compare the effectiveness of correctional programs vs. psychiatric treatment alone on outcomes such as community reentry among criminal offenders with mental illness.
 - Compare the effectiveness of crisis intervention teams, mental health courts, and mental health probation or parole on community adjustment, reductions in criminal recidivism, and costs.
 - For adults with SMI who are involved with the criminal justice system, compare the effectiveness of interventions that can prevent rearrest and reincarceration.
 - Compare the effectiveness of evidence-based correctional practices for persons with SMI (such as those targeting risk factors for crime, like antisocial attitudes, with cognitive behavioral techniques) with psychiatric treatment alone for their ability to promote community reentry.
 - Compare the effectiveness of forensically adapted assertive community treatment (FACT) with FACT plus cognitive behavioral therapy for criminogenic thinking on community adjustment, reductions in criminal recidivism, cost, and other relevant outcomes.
 - For adults with SMI who are involved with the criminal justice system, compare the effectiveness of supported employment and traditional job counseling on job placement, job retention, and criminal recidivism. It would also be useful to examine other outcomes that are more directly related to psychiatric illness and not look only at typical measures used in the criminal justice system such as recidivism.
 - Compare the effectiveness of various approaches to training the law

enforcement workforce to recognize that an individual may have an SMI and assist them in reaching an appropriate location where further evaluation can occur.

- Examine the comparative effectiveness of medications that are permitted in correctional settings (as these may be different from those in community-based settings), particularly in terms of knowing the effects of these medications on psychiatric symptoms, aggressive behaviors, time in solitary confinement/suicide watch, recidivism, and other outcomes.
- Compare the use of electronic monitoring in lieu of incarceration as a possible intervention in nonviolent offenders that would allow ongoing psychiatric treatment in the community.

Considerations

- The topic meets all EHC Program selection criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- Many adults and adolescents who have a serious mental illness (SMI), with or without co-existing drug or alcohol addictions, have contact at some point in their lives with the criminal justice system (i.e., courts, jails, prisons, community supervision). Therefore, the treatment and care of these patients is an important area of practice and research in the field of mental health. The majority of these individuals revolve between the community treatment systems and correctional institutions. Transitional support between these settings may offer individuals support to maintain medication and treatment continuity, as well as ensure benefits and housing/shelter. Without these interventions, a return to jail or prison is likely, along with other outcomes such as untreated infectious and communicable diseases, victimization, violence, and rehospitalization.
- Few clinical practice guidelines exist that address the full breadth of this nomination, and no systematic reviews exist that distinguish between studies of populations involved with the criminal justice system and populations that are not. Therefore, a review on this topic may help to fill existing gaps in knowledge and provide needed clinical and practice guidance on an important mental health topic.