

C J A C

SALT LAKE COUNTY CRIMINAL JUSTICE ADVISORY COUNCIL

Salt Lake County Government Center, Room N2003
Wednesday, April 9, 2014
Noon

- I. Welcome & Introductions
- II. Introduction of New Board Member
- III. Approval of Minutes
- IV. Early Case Resolution Program Evaluation
 - a. Year II Report UCJC/Audrey Hickert
- V. 2012-2014 Implementation Plan & Current Initiative Update
 - a. Early Case Resolution Mike Postma
 - b. Pre-Trial Risk Screen C.B. Stirling
 - c. Better Futures Initiative David Litvack
- VI. Council of State Governments ~ Justice Center (Partnership Opportunity) Hallie Fader-Towe
- VII. Next Meeting of CJAC Full Committee
August 13, 2014

CRIMINAL JUSTICE ADVISORY COUNCIL (CJAC)
Wednesday, April 9, 2014
MINUTES

Present:

David Litvack	Pam Lofgreen	Scott Fisher
Lori Bays	Judge Royal Hansen	Jim Bradley
Irene Brown	Patrick Anderson	Max Burdick
Jeannie Eden	Blair Kendrick	Judge John Baxter
Pat Fleming	Chief Robbie Russo	Dave DelQuadro
Scott Fisher	C.B. Stirling	Tim Whalen
Gary Dalton	Rep. Eric Hutchings	Judge John Baxter
Wendy Horlacher	Blair Kendrick	
Jill Deveraeux, Mentor Works		Cliff Harmon, Mentor Works

1. Welcome and Introductions

David Litvack, CJAC Director, welcomed all and excused Mayor McAdams. A roll for attendance was sent around.. Sherry Craig, Administrative Secretary, was excused due to illness.

2. Approval of minutes

Minutes were reviewed but not approved as there was not a quorum present. The January 8, 2014 minutes will be placed on the next agenda with the April 9th minutes for approval.

3. Introduction of New Board Member

David recognized Chief of Police, Robbie Russo, from Cottonwood Heights, who will sit on CJAC as the LEADS representative.

4. Early Case Resolution Program Evaluation---Year Two Report

Audrey Hickert from the Utah Criminal Justice Center gave an overview of the second year report on ECR. Some discussion ensued but because a number of members of CJAC has seen the presentation in other settings, there was limited dialogue.

Audrey was asked to keep CJAC informed, however, of the workings of ECR and the potential for 'good and bad' that might emanate from its efforts..

5. 2012-2014 Implementation Plan and Current Initiative Update

David asked three people to report on various elements of CJAC initiatives. They were: Mike Postma, DA's Office, on Early Case Resolution; C.B. Stirling, CJS, on the implementation of the Salt Lake Pretrial Risk Instrument (SLPRI); David Litvack, CJAC, reported on the current state of the Better Futures Initiative (handout provided).

Page two, cont.

All three reports were well received and information for future meetings will be sought.

6. **Council of State Governments---Justice Center (handouts were provided)**

David introduced Hallie Fader-Towe who gave an overview of the Council of State Governments and their desire to partner and collaborate on Social Impact issues as it relates to the criminal justice system and the courts. They have done this work in other jurisdictions with great outcomes and a benefit to all who participated.

David will work with her on setting up some additional meetings and helping strategize how their efforts could improve our local system.

7. **Next meeting of the full CJAC Committee** will be on August 13, 2014. The meeting was adjourned at 1:15 p.m.

CRIMINAL JUSTICE ADVISORY COUNCIL (CJAC)
JANUARY 8, 2014
MINUTES

Present:

David Litvack	Jackie Biskupski	Ben Thomas/Palantir
Padma Veeru-Collings	Lori Bays	Judge Royal Hansen
Mayor JoAnn Seghini	Irene Brown	Patrick Anderson
Jeannie Edens	Brad Kendrick	Judge John Baxter
Judge Brendan McCullagh	Rick Schwermer	Pat Fleming
Jon Thelen	Rob Butters	Jennifer Loeffler-Cobia
Dave Delquadro	Scott Fisher	Geri Miller-Fox
Lisa Ashdown	Tim Whalen	Clair Webster
Gary Dalton	Mayor Ben McAdams	Sen. Luz Robles
Rep. Eric Hutchings		

1. Welcome and Introductions

Mayor McAdams welcomed all and ask for introductions. Sherry Craig, Administrative Secretary, was excused due to illness.

2. Approval of minutes

Minutes were reviewed and approved. Motion by Gary Dalton; Second by Patrick Anderson.

3. Introduction of New Board Members

Mayor McAdams welcomed new board members. CJAC will be joined by Senator Liz Robles and Representative Eric Hutchings. Both have been involved in criminal justice activities as members of committees and panels previously. CJAC welcomed them and look forward to their insights.

4. IJIS Update

Mr. Ben Thomas from Palantir gave a presentation on the current status of the Probation Portal and countywide use of the various Palantir products. Law Enforcement currently uses various sites that produce 'offender summary information". CJAC is excited to see this product and would like to get the MOU's for collaborative use completed and in place.

David Litvack gave a brief presentation on the current state of 2014 goals and the necessary data needed to sustain the goals.

5. Correctional Program Checklist Pilot Report and Recommendations

Dr. Bob Butters from the Univ. of Utah's Criminal Justice Center gave an update on the work being done with the Correctional Program Checklist. Current 'testing' of this

product and process is underway with a jail site, a criminal justice services' site, and a treatment provider. All have undergone phase one and will now be a part of the follow-up recommendations for improvements.

The committee welcomed the report and is anxious to see additional vendors/providers engage in the CPC in the future. The courts would like to see a roster or resource book of vendors that are 'tried and true' to the evidence-based practices as identified in the CPC. It would be nice to eventually have all providers and referral resources become approved---"Gephart approved"---for use in the system.

6. Medicaid Expansion Update

Pat Fleming and Jeannie Eden reviewed the current state of the Medicaid Expansion plans for Utah. The Governor has yet to make his recommendation and the legislature will weigh in during the upcoming session.

7. 2014 Proposed Meeting Schedule

David Litvack handed out the 2014 schedule of meetings and asked everyone to calendar these. Some room changes may be necessary and he will notify committee members of any changes in the future.

8. Training Opportunity

The committee was notified that the Utah Assoc. of Counties was hosting a Recidivism Workshop at the Salt Palace on January 17, 2014 starting at 8:00 a.m. Those with an interest in the subject matter were encouraged to attend. Information will be found at www.uacnet.org

9. Next meeting of the full CJAC Committee will be on April 9, 2014. The Mayor thanked all for their attendance and the meeting was adjourned at 1:10 p.m.

BETTER FUTURES EXPLORATORY COMMITTEE

Purpose of Committee:

- Is to drive the assessment/exploratory process:
 - Assess whether there is value and interest in adapting the Better Futures model in Salt Lake County
 - Determine if there is adequate leadership in key sectors (govt. and community) to launch and operate the model
 - Assess potential for financing model through pay for success

Steve Thomas	Better Futures Minnesota
Fraser Nelson	Community Foundation of Utah
Lloyd Pendleton	Department of Workforces Services/Housing Advocate
Chief Pam Lofgreen	SLCo Sheriff's Office
Pat Fleming	SLCo Behavioral Health Director
Carlton Christensen	SLCo Mayor's Office – Director of Office of Regional Development
Mike Gallegos	SLCo Community & Resource Development
Russ Wall	SLCo Public Works Director
Jim Bradley	SLCo County Council
Patrick Leary	Township Executive
JoAnn Seghini	Mayor of Midvale City & Council of Governments
Anna Brower	ACLU
Alan Pruhs	Association of Utah Community Health
Rob Butters	Utah Criminal Justice Center (U of U)
C.B. Stirling	Criminal Justice Services
Adam Cohen	Odyssey House, Executive Director
Janis Dubno	Voices for Utah's Children
Sam Granato	Salt Lake County Council/Local Business Community
George Coon	ProStar Fulfillments / Local Business Community
Lewis Hower	Sorenson Center for Global Impact Investing
Patrick Mullen	Sorenson Center for Global Impact Investing
Anrico Delray	US Probation Office, Utah Defendant Offender Workforce Development
Henri Sisneros	Community Member (Previously worked for Federal Courts in Alt. to Inc)
Daniel Chesnut	Dept. of Corrections; AP&P, Region III
Craig Burr	Dept. of Corrections
Wendy Horlacher	Dept. of Corrections; AP&P, Region III

**SLCo Better Futures Exploratory Committee
Project Work Plan**

Project Title: SLCo Better Futures Exploration & Assessment				
Start Date:	February 26, 2014	Projected End Date:	August 31, 2014	Actual End Date:
Purpose of this Project:				
<ol style="list-style-type: none"> 1. Assess whether there is value and interest in adapting the Better Futures model to Salt Lake County 2. Determine if there is adequate leadership in key sectors to launch and operate the model 3. Determine the level of commitment (e.g., funding, services, political leadership, business partnerships, etc...) among elected, administrative, and community leaders to adapting the Better Futures model to Salt Lake County 4. Assess potential for financing the model 				
Expected Results:				
<ol style="list-style-type: none"> 1. The Exploratory Committee will shepherd the assessment process and produce a summary of its work: what was learned, what are the opportunities and challenges? What are the recommendations to take advantage of the opportunities and address the challenges? 2. Determine if it is feasible to move forward with launching and adapting the Better Futures model in Salt Lake County financed mostly with pay for success contracting and earned business income. 				
<p><i>If the Committee determines there is adequate support and commitment for moving forward, the following documents will be produced:</i></p> <ol style="list-style-type: none"> 1. A business plan outlining strategies for launching and implementing a Better Futures model in Salt Lake County including an overview of how the model will be operated and financed through a mix of startup grant funds, pay for success contracting, and earned business income. 2. A memorandum of understanding that outlines the roles, responsibilities, and commitments for the team of leaders who will be responsible for launching and implementing the model. 				
Key Tasks				
	Start	End	Lead Person	Notes
<ol style="list-style-type: none"> 1. Introduce the Better Futures model to key sectors and gauge their appetite for the model. <ul style="list-style-type: none"> • Prepare briefing documents for introducing the Better Futures model, its potential benefits and impact for the participants and the community. 				

<ul style="list-style-type: none"> • Outline the resources and relationships needed to launch the model and summarize the key roles and responsibilities of essential partners. • Prepare criteria for assessing the level of interest and potential support among the people interviewed. 				
<p>2. Identify and brief high quality providers and determine their level of interest in serving as a partner in a Better Futures-like model; target exceptional agencies in these sectors:</p> <ul style="list-style-type: none"> • Housing/Supportive housing • Education • Job training, Workforce Development and Job Placement • Primary Health Care • Behavioral Health Care • Parenting and Family Support/Reunification • Life Coaching • Mentoring • Volunteers 				
<p>3. Identify and brief key elected and high level administrative officials to determine level of interest in supporting and financing a Better Futures-like model. For some of these individuals, determine their willingness to serve in a governance or advisory role. Target officials at the City, County and State levels in these sectors:</p> <ul style="list-style-type: none"> • Public safety • Courts • Corrections 				

<ul style="list-style-type: none"> • Probation and Parole • Environmental services • Health & Behavioral Health • Housing and Community Development • Economic and Workforce Development • Mental health and Trauma-informed care • Public Health • Key Elected Officials 				
<p>4. Meet with key private individuals, corporate and foundation representatives to assess their level of interest and willingness to fund the development and launch of a Better Futures model.</p>				
<p>5. Meet with key players to determine the level of interest and support for <i>pay for success</i> contracting as a way to finance the Better Futures model: Identify and assess potential sources and mechanisms for financing pay for success contracting; Identify and assess the systems, protocols, and entities needed to manage and operate a <i>pay for success</i> initiative.</p>				
<p>6. Identify and meet with potential customers for crew labor and waste recycling lines of business; determine potential for securing their business. For some of these individuals, determine their willingness to serve in a governance or advisory role.</p>				
<p>7. Identify changes in policy and practice that may be required to facilitate the success of a Better Futures enterprise in Salt Lake County. Meet with key officials to review proposed changes and assess the viability for making the changes. Develop strategies for securing and implementing these changes.</p>				

Improving Outcomes for People with Mental Illnesses Involved with New York City's Criminal Court and Correction Systems

BACKGROUND

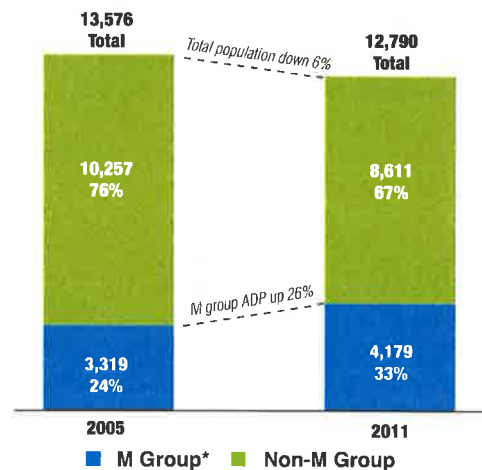
- In March 2011, New York City Mayor Michael R. Bloomberg asked the U.S. Department of Justice's Bureau of Justice Assistance to help facilitate a study to understand why individuals with mental illnesses were increasingly represented in the City's jail population, even as crime in New York has decreased and the overall jail population has declined.
- The Mayor convened the Citywide Justice and Mental Health Initiative Steering Committee, comprising major executive stakeholders from the Mayor's administration, the Department of Correction, the Department of Health and Mental Hygiene, the Department of Homeless Services, the Department of Probation, and the Administration for Children's Services; members of the City Council; judges, district attorney's offices, and defense organizations; representatives of community-based organizations; and representatives of alternatives to detention and alternatives to incarceration providers across the City's five boroughs.
- In December 2012, with support from the Langeloth Foundation and the Bureau of Justice Assistance, the Council of State Governments Justice Center released *Improving Outcomes for People with Mental Illnesses Involved with New York City's Criminal Court and Correction Systems*. This report was developed in close collaboration with the Mayor's Citywide Justice and Mental Health Initiative Steering Committee and presents the results of an unprecedented analysis of the mental health needs, risk of reoffense, and risk of failure to appear in court for individuals admitted to the New York City Department of Correction.
- The report's findings show important distinctions in outcomes for those with mental illnesses entering the New York City jail system and are based on tens of thousands of records from city, state, and nonprofit agencies and more than 20 focus group meetings with stakeholders in the City's justice and health systems.¹

KEY FINDINGS

- **People with mental illnesses booked into the DOC had an average length of stay (ALOS) of 112 days, almost double the ALOS for those without mental illnesses (61 days) even though both populations shared similar profiles in terms of criminal charge, risk of rearrest, and actual rearrest rates.** Furthermore, the disparity in ALOS between people with mental illnesses and without mental illnesses existed regardless of a person's gender, race, age, or the borough where his/her case was processed.
- **Individuals with mental illnesses were less likely to make bail and stayed in jail considerably longer before making bail.** The majority of admissions (80 percent) to DOC were pretrial detainees who had bail set but were not able to not make bail at arraignment. While people with mental illnesses admitted to DOC had minimum bail amounts set that were comparable to those without mental illnesses, only about 12 percent of individuals with mental illnesses made bail post admission,

Average Daily Jail Population (ADP) and ADP with Mental Health Needs (2005-2011)

With total average population declining (-6%) and the sub-population with mental health needs (M group) increasing (+26%), a greater proportion of the average daily jail population has mental health needs.



*The M group consists of people identified with mental health needs and people who received mental health services while incarcerated.

Source: The City of New York Department of Correction

¹ The findings in this report are based on an analysis of data for just over 48,000 individuals in the adult criminal justice system admitted into the DOC in 2008 with a length of stay greater than three days. A focus on the 2008 cohort ensured that researchers could follow people released from jail for at least two years and examine outcomes for those at risk of rearrest for the same period of time. To focus on the subset of people in the adult criminal justice system with mental illnesses, CSG Justice Center researchers used the Department of Correction and Department of Health and Mental Hygiene's (DOHMH) mental health indicator ("M indicator"), which is assigned to individuals who have been incarcerated in city jails for at least 24 hours and who, during their confinement, received treatment for mental illnesses. DOHMH staff identified the portion of the study cohort that met the New York State Office of Mental Health criteria for Serious Mental Illness (SMI).

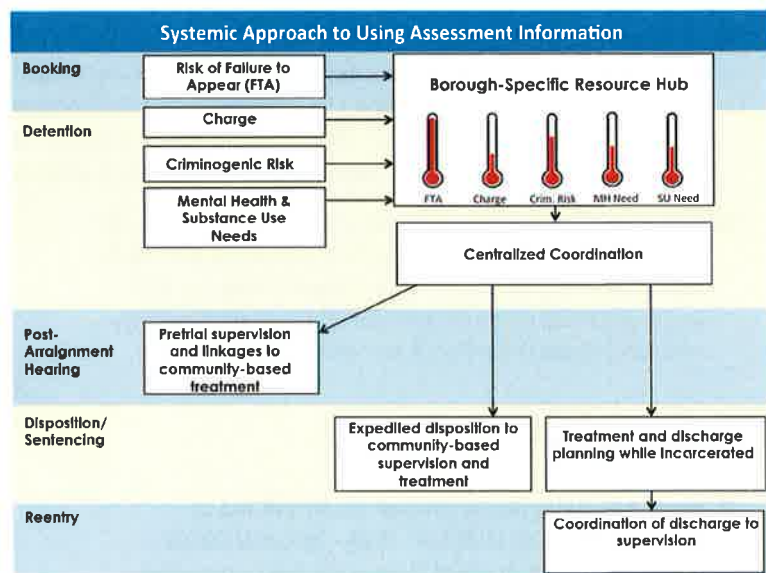
compared to about 21 percent of those without mental illnesses. Furthermore, people with mental illnesses took five times as long to make bail as those without mental illnesses (48 days vs. 9 days). This is likely the case because individuals with mental illnesses in the DOC tend to have fewer financial resources and/or family/friends willing to post their bail.

- **Average length of stay varied based on severity of mental illness.** Individuals with serious mental illnesses (SMI) had a shorter ALOS than those with mental illnesses who did not meet the criteria for SMI (128 vs. 91 days), however, both groups had significantly longer ALOS than those without mental illnesses (61 days).
- **Individuals with mental illnesses experienced delays in case processing for many reasons, including limited community-based options and limited information available to key decision makers.** Judges, prosecutors, and defense counsel reported that the availability of alternatives to detention (ATD) and alternatives to incarceration (ATI) is extremely limited, and that information about risk of reoffense and behavioral health needs is rarely available to key decision makers.

RECOMMENDATIONS

- **Determine levels of risk and needs** for individuals entering the DOC in order to identify appropriate considerations for community-based supervision and treatment.
- **Provide appropriate pretrial, plea, and sentencing options** for people with mental illness, including pretrial alternatives to detention, alternatives to incarceration, and sentences that include post-incarceration supervision to ensure a safe transition to the community for those at the greatest risk of reoffense.
- **Establish centralized hubs to coordinate and communicate assessment information and community-based supervision and treatment options** to ensure that individuals are efficiently and consistently linked to appropriate community-based services, while allocating system-wide resources effectively.

Coordinating Assessment, Case Processing, and Community-Based Services



POLICY OUTCOME

Based on this study's recommendations, New York City has allocated nearly \$10 million over three years to create "Court-based Intervention and Resource Teams" (CIRTs) to serve over 3,000 clients with mental health needs annually. These resource hubs will collect and quickly transmit accurate information about a defendant's risk of flight, risk of reoffense and mental health and substance abuse care needs in order to ensure objective pretrial, plea, and sentencing decision making and to facilitate timely connection to appropriate community-based supervision and treatment.

Read the complete report at http://consensusproject.org/jc_publications/improving-outcomes-nyc-criminal-justice-mental-health. For more information on this report, contact Emily Turner at (646) 383-5722 or eturner@csg.org.

This study was funded by the U.S. Department of Justice's Bureau of Justice Assistance and the Jacob and Valeria Langeloth Foundation. The Council of State Governments Justice Center is a national nonprofit organization that serves policymakers from all branches of government at the local, state, and federal levels. The Justice Center provides practical, nonpartisan advice and evidence-based, consensus-driven strategies to increase public safety and strengthen communities.

Adults with Behavioral Health Needs under Correctional Supervision:

A Shared Framework for Reducing Recidivism and Promoting Recovery

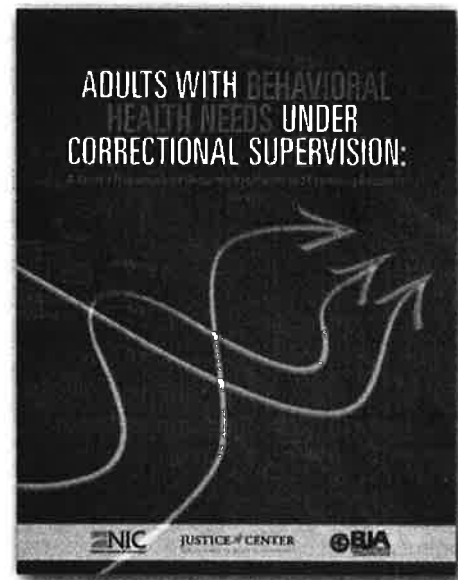
It's no secret that the majority of people churning through our country's jails and prisons and struggling to comply with conditions of probation and parole have impairments related to substance abuse, mental illness, or both.

But deep and enduring budget cuts—and significant disconnects between the corrections, mental health, and substance abuse treatment systems—have hampered efforts to reduce stubbornly high rates of reoffending and relapse among this population.

With mounting research that demonstrates the value of science-based tools to predict individuals' likelihood of committing a new crime, criminal justice leaders are increasingly using these tools to focus limited resources on subgroups under correctional supervision most likely to recidivate. At the same time, mental health and substance abuse administrators are working with service providers to prioritize their scarce treatment resources for those individuals with the most acute and serious behavioral health needs.

Although many corrections and community-based behavioral health agencies have made important advances in how they triage their limited resources within their own systems, there has not been a shared decision-making structure to integrate their independent approaches in ways that advance mutual health and public safety goals. **The Criminogenic Risk and Behavioral Health Needs Framework** addresses that gap.

With support from the National Institute of Corrections, the Bureau of Justice Assistance, and the Substance Abuse and Mental Health Services



Studies reveal large numbers of individuals under corrections control have behavioral health problems:

- Nearly 70 percent of adults entering jails and more than 50 percent in state prisons have a substance abuse disorder.¹
- Approximately 17 percent of adults entering jails and state prisons have a serious mental illness.²
- Large numbers of adults on probation and parole have a need for behavioral health treatment.³
- Community-based treatment providers see these individuals in large numbers. The criminal justice system is the single largest source of referral to the public substance abuse treatment system.⁴ Given the prevalence of mental illness among the 650,000 state prisoners released each year⁵ and the more than 9 million from jails,⁶ the same can be said for mental health providers.⁷

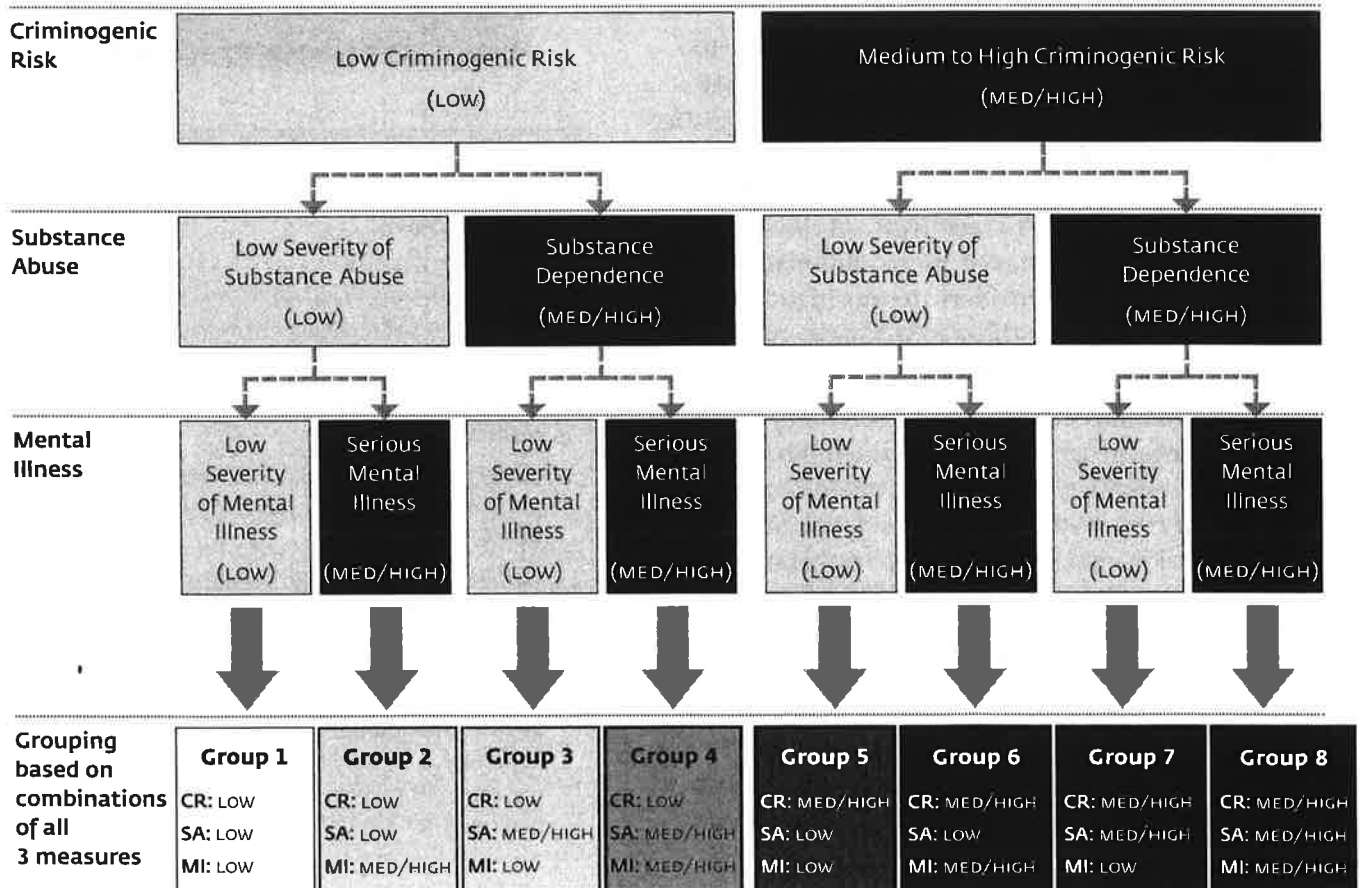
Administration, the Council of State Governments (CSG) Justice Center has developed a framework for this population in partnership with the

- Association of State Correctional Administrators (ASCA),
- National Association of State Mental Health Program Directors (NASMHPD),
- National Association of State Alcohol and Drug Abuse Directors (NASADAD),
- American Probation and Parole Association (APPA), and other organizations.

A Shared Framework for Reducing Recidivism and Promoting Recovery

outlines a structure for state and local agencies to begin building truly collaborative responses. It dispels myths about the link between mental illness and violence, underscores that recovery and rehabilitation are possible, and calls for the reallocation of resources where they will be most efficient and effective. It provides information on the principles, practices, and models that the three systems use to guide treatment and supervision resource-allocation decisions.

Although the distinct goals and constraints of the three systems sometimes lead to practitioners working at cross-purposes, there are jurisdictions in which professionals in the corrections and behavioral health systems are successfully collaborating to improve public safety and health. To build on this promising work, the Criminogenic Risk and Behavioral Health Needs Framework depicted below and detailed in the white paper illustrates how information



about risk of criminal activity, substance abuse treatment needs, and mental health treatment needs can be considered in combination.

The eight criminogenic risk/behavioral health needs framework groupings can facilitate tailored interventions to adults under correctional control and supervision. It can serve as a roadmap to effectively target higher-risk and higher-need populations to achieve the greatest impact on recidivism.⁸

The framework can help professionals in the corrections and behavioral health systems:

Advance collaboration and communication on challenging issues that each system has traditionally viewed differently by

- developing a shared language around risk of criminal activity and public health needs;
- establishing common priorities between criminal justice and behavioral health systems for individuals who are likely to commit future crimes and have treatment needs;
- underscoring the need for information sharing across systems; and
- creating a common “starting point” and then facilitating cross-systems support for policies, practices, and decision making.

Ensure that scarce resources are used efficiently by

- promoting the use of validated assessment tools to gauge individuals’ criminogenic risk and needs (i.e., those associated with the likelihood of committing a future crime) together with substance abuse and mental health needs;
- identifying the right people for the right interventions—those most likely to benefit from coordinated supervision and treatment strategies, and those that can do well with fewer interventions; and
- encouraging collaborative decision making among system leaders to determine how scarce treatment slots and intensive supervision services should be allocated to have the greatest impact, and then aligning and developing capacity to meet those needs.

Promote effective practices by

- matching individuals’ risk and needs to programs and practices associated with research-based, positive outcomes;
- ensuring consistency of coordinated approaches while allowing for individualization of treatment and case management strategies; and
- refocusing reentry and other efforts for individuals leaving prisons and jails, or who are on probation or parole, to equip them with the necessary skills and competencies to become law-abiding, healthy members of communities and families.

Investments in interventions that do not yield positive outcomes cannot be sustained. States' spending on corrections is estimated to be nearly \$52 billion in a single year.⁹ Funding under the control of the state mental health authorities in the 50 states was reduced by at least \$3.49 billion between fiscal year (FY) 2009 and 2012,¹⁰ and the federal Substance Abuse Prevention and Treatment Block Grant (the cornerstone of the states' substance abuse systems) was cut by more than \$20 million from 2004–2008.¹¹ These systems simply cannot afford to invest in strategies that do not have the maximum impact on public safety and health. The approaches this framework encourages are desperately needed to increase effectiveness, create efficiencies, and improve accountability, and ultimately can provide better outcomes for each system and the individuals they serve.

The framework white paper, an FAQ, and other resources can be found at www.csgjusticecenter.org/mentalhealth/bhcorrframework.

The Council of State Governments Justice Center is a national nonprofit organization that serves policymakers at the local, state, and federal levels from all branches of government. The Justice Center provides practical, nonpartisan advice and consensus-driven strategies, informed by available evidence, to increase public safety and strengthen communities (see www.justicecenter.csg.org).

1. Karberg, Jennifer C., and Doris J. James, *Substance Dependence, Abuse, and Treatment of Jail Inmates, 2002* (Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2005); Mumola, Christopher J., and Jennifer C. Karberg, *Drug Use and Dependence, State and Federal Prisoners, 2004* (Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2006).
2. Steadman, Henry J., Fred C. Osher, Pamela Clark Robbins, Brian Case, and Steven Samuels, "Prevalence of Serious Mental Illness Among Jail Inmates," *Psychiatric Services* 60, no. 6 (June 2009): 761–765; Ditton, Paula, *Mental Health and Treatment of Inmates and Probationers* (Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 1999).
3. Seven to nine percent of adults on probation or parole have a serious mental illness, and 35 percent of parolees and 40 percent of probationers had drug or alcohol dependence or abuse "in the past year." Feucht, Thomas E., and Joseph Gfroerer, *Mental and Substance Use Disorders among Adult Men on Probation or Parole: Some Success against a Persistent Challenge* (Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality: 2011).
4. Substance Abuse and Mental Health Services Administration, *The TEDS Report: Characteristics of Probation and Parole Admissions Aged 18 or Older* (Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, March 3, 2011).
5. Guerino, Paul, Paige M. Harrison, and William J. Sabol, *Prisoners in 2010* (Washington, D.C.: Bureau of Justice Statistics, December 2011). For more on the prevalence of mental illness in prisons, see Ditton, *Mental Health and Treatment of Inmates and Probationers*, 1999.
6. Beck, Allen J., "The Importance of Successful Reentry to Jail Population Growth," presented at the Urban Institute's Jail Reentry Roundtable, Washington, D.C., June 27, 2006. For more on mental illness in jails, see Steadman, Henry J., et al., "Prevalence of Serious Mental Illness Among Jail Inmates," 2009.
7. See, e.g., Theriot, Matthew T., and Steven P. Segal, "Involvement With the Criminal Justice System Among New Clients at Outpatient Mental Health Agencies," *Psychiatric Services* 56 (2005): 179–185.
8. A study of prison and community corrections individuals revealed that more than 45 percent were classified as high risk or above. Latessa, E.J., P. Smith, R. Lemke, M. Makarios, and C. Lowenkamp, *Creation and Validation of the Ohio Risk Assessment System: Final Report* (Cincinnati, OH: University of Cincinnati School of Criminal Justice 2009). Note that there is not a universal cutoff score to determine "high risk" because instruments should be normed to specific populations. This study reflects one example of an assessment instrument used to predict criminogenic risk.
9. State correction spending was estimated at \$51.7 billion in FY 2011. National Association of State Budget Officers, *State Expenditure Report: Examining Fiscal 2009-2011* (Washington, D.C.: National Association of State Budget Officers, 2011).
10. Lutterman, Ted, *The Impact of the State Fiscal Crisis on State Mental Health Systems* (Falls Church, VA: NASMHPD Research Institute, 2011).
11. National Association of State Alcohol and Drug Abuse Directors, *Fact Sheet: Substance Abuse Prevention and Treatment (SAPT) Block Grant, 2009* (Washington, D.C.: National Association of State Alcohol and Drug Abuse Directors, January 2009).