

# MINNESOTA DEPARTMENT OF CORRECTIONS



## *Does Release Planning for Serious and Persistent Mental Illness (SPMI) Offenders Reduce Recidivism? Results from an Outcome Evaluation*

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The Minnesota Department of Corrections (DOC) recently completed an evaluation that assessed the impact of release planning for serious and persistent mental illness (SPMI) offenders on recidivism. The evaluation analyzed the effects of receiving SPMI release planning among offenders released from Minnesota prisons between 2004 and 2011. The average follow-up period for the offenders in this study was five years.

### **KEY FINDINGS**

- Offenders who received SPMI release planning had slightly lower rates of rearrest (66%) and reincarceration for new offense (28%) than the comparison group (67% for rearrest and 29% for new offense reincarceration).
- The comparison group offenders had slightly lower rates of reconviction (53%) and revocation for technical violations (40%) than the SPMI group (54% for reconviction and 43% for technical violation revocation)
- Overall, SPMI release planning did not have a significant effect on recidivism.
- These results are consistent with prior research indicating that mental health interventions shown to improve clinical outcomes are seldom very effective in reducing recidivism.

Offenders in state and federal prisons and local county jails have relatively high rates of mental illness, and existing research has shown that mental illness is associated with higher recidivism rates for offenders released from prison. Nevertheless, mental health interventions that have proven successful in improving clinical outcomes like reduced hospitalizations have not been especially effective in lowering recidivism when they have been adapted to correctional populations. In general, the literature suggests that mentally ill offenders tend to have a greater recidivism risk largely because they disproportionately experience risk factors that have been shown to increase reoffending (e.g., living in disadvantaged neighborhoods, unemployment, greater history of victimization, lengthy substance abuse histories, and associating with criminal peers).

This evaluation examined the impact of release planning services provided to offenders designated as SPMI. SPMI release planning is a pre-release transitions service that attempts to connect offenders with needed services in the community following release. This study assessed the effectiveness of the SPMI release planning by comparing recidivism outcomes among 796 offenders released from Minnesota prisons between 2004 and 2011. Propensity score matching (PSM) was used to individually match the offenders who received release planning services with a comparison group of SPMI offenders who did not. Multivariate statistical analyses were used to determine whether receiving release planning services had an impact on recidivism.

### **Recidivism Results**

The results reveal modest differences between the two groups of offenders. The SPMI release planning group had slightly lower rates of rearrest (66%) and reincarceration for new offense (28%) than the comparison group (67% for rearrest and 29% for new offense reincarceration). Conversely, the comparison group offenders had slightly lower rates of reconviction (53%) and revocation for technical violations (40%) than the SPMI group (54% for reconviction and 43% for technical violation revocation). Results from the multivariate statistical models showed that SPMI release planning did not have a significant effect on any of the four recidivism measures.

### **Summary**

This study did not examine whether the release planning provided in the institution produced positive intermediate outcomes in the community such as participating in mental health treatment or taking prescribed medications. As a result, it is unclear not only whether the institutional release planning was effective in connecting SPMI offenders with needed services, but also whether increased access to these services reduced recidivism. Still, even if the release planning provided had increased the extent to which SPMI offenders were able to obtain income support or receive psychiatric treatment, there is reason to suspect, based on prior research, that greater access to these services would not significantly improve recidivism outcomes.

Mental health interventions considered evidence-based because they improve clinical outcomes have, for the most part, not been very successful in reducing recidivism. Thus, while greater access to mental health programming in the community would presumably lead to more favorable clinical outcomes such as fewer hospitalizations, it would not necessarily lower recidivism for SMPI offenders because untreated mental illness is not—according to the empirical evidence—a strong predictor of future criminal behavior. In other words, because mental illness is not a criminogenic need, treating its symptoms will not reduce recidivism.

One strategy to improve recidivism outcomes for SPMI offenders could entail allocating greater programming resources for the offenders with the greatest risk and needs. Pre-release planning services could still be provided to lower risk and need offenders. For the high risk and need offenders, however, programming would focus not only on improving access to needed community services, but would also deliver services in both the institution and community that appropriately target their criminogenic need areas.