Mapping addresses of released offenders in relation to mental health service providers

10/22/2013

Criminal Justice Analysis Center
North Carolina Governor's Crime Commission

Mapping addresses of released offenders in relation to mental health service providers

CRIMINAL JUSTICE ANALYSIS CENTER
NORTH CAROLINA GOVERNOR'S CRIME COMMISSION

PURPOSE

This study aimed to map the location of released Division of Adult Correction (DAC) inmates in relation to re-entry service providers in North Carolina. Despite efforts to create a continuum of services for offenders being reintegrated into society, coverage tends to be inconsistent and uncoordinated. These patchwork services often lead to inefficiencies in providing services to this population. Ultimately, by mapping this information, the Criminal Justice Analysis Center (CJAC) aimed to identify gaps of services in terms of both location and life areas which could improve efficiency in targeting re-entry programming efforts.

BACKGROUND

Re-entry is the transition process from custodial care in a prison or jail incarceration or community corrections supervision back into local communities without supervision. An estimated 700,000 inmates were released to their communities across the nation in 2007 (Gideon & Sung, 2010). In the 12 month period ending June 30, 2013, 22,455 state inmates were released from adult correctional institutions (N.C. Department of Public Safety, 2013a). The number of inmates incarcerated in North Carolina's prisons has risen from 27,052 in June 1995 to 37,653 on August 31, 2013. Of those offenders who entered the prison system between July 1, 2012 and June 30, 2013, 40.5 percent were new admissions, while 49.8 percent were re-admissions (N.C. Department of Public Safety, 2013a). With increased incarcerations there will be increases in the number of inmates released back to local communities. Appropriate programs and services must be in place to assist in their reintegration to help prevent recidivating.

> "Re-entry success or failure has implications for public safety, the welfare of children, family unification, growing fiscal issues, and community health. Our country's high recidivism rates translate into thousands of new crimes committed each year, at least half of which can be averted through improved prisoner re-entry efforts. State taxpayers went from spending approximately $9 billion a year on corrections in 1982 to $60 billion in 2002. Yet, the likelihood of a former prisoner succeeding in the community upon his or her release is no better today than it was 30 years ago. It is clear that re-entry affects each one of us and must be addressed with a comprehensive and common sense approach."
>
> -Rep. Robert Rortman, U.S. House of Representatives, (R-OH)

The Bureau of Justice Statistics Correctional Survey from 2002 indicates that 1 in 32 adults were in jail, prison, or on probation or parole in 2002. Approximately 2 out of 3 people released from prison are rearrested

within 3 years of release (Langan & Levin, 2002). Nearly 1 in 3 released inmates have indicated some degree of physical or mental disability (Harlow, 2003) and 75 percent have some level of a substance abuse problem with only a small percentage ever receiving any treatment while incarcerated (Ditton, 1999; Hammett, Roberts, & Kennedy, 2002). Nearly 70 percent lack a high school diploma and 40 percent have neither a GED nor other high school equivalency diploma. Only one in three ever complete vocational training while incarcerated (Harlow, 2003). Many communities lack the necessary resources to assist individuals transitioning from any level of custodial care to the community and the ability to bring together diverse groups to assist in this transition. In addressing reentry programming, the National Research Council (2007) stated:

> In addition to the effects of improved access to appropriate drug treatment programs, jobs and job training, and family support services, reentry programming shows promise in addressing issues and situations that may cause offenders to cycle in and out of prison. Reentry services and programs for releases focus on immediate needs, such as developing an individualized plan for the first few weeks and months after release; working with a case manager in the community; meeting housing, physical health, and mental health needs; and providing mentoring programs for support.

In March of 2012 in a statement to Congress seeking fiscal year 2013 budget allocation, Director Charles E. Samuels said, "most inmates need assistance with things such as job skills, vocational training, education, substance abuse treatment, and parenting skills if they are to successfully reenter society." About 66 percent of inmates have substance abuse or dependency issues, 24 percent have mental illness issues and approximately 50 percent of former inmates are not able to obtain employment within 7 to 10 months of release (Government Accounting Office, 2012).

The Re-Entry Policy Council (2005) recommends collaborations to maximize the value of existing funding, integrating systems, measuring outcomes and educating the public. The report indicates that communities should develop policies and programs that:

1. Provide smart release and community supervision decisions
2. Provide support for victims
3. Provide safe places for released inmates to live
4. Provide substance abuse programs
5. Provide services for physical and mental illness
6. Provide meaningful relationships (Mentoring and networking)
7. Provide training, education and jobs

North Carolina has many programs that provide offender reentry services including pre and post release services for incarcerated offenders. As part of the Second Chance Alliance, the North Carolina Justice Center provides numerous state and national resources for programs and offenders. Project Re-entry programs promote the reduction of probation and post-release supervision violations by providing high-risk/high-need offenders with evidence-based counseling/treatment. They also provide related support services that can help them maintain crime-free living. Program services are provided both inside North Carolina prisons and in the community in collaboration with community partners: Cabarrus County Sheriff's Office, City of Statesville Housing Authority, Goodwill Northwest North Carolina, and Tri-County Industries, Inc. Project Re-entry assists former offenders returning to the community after serving prison sentences to avoid the potential pitfalls associated with life after incarceration. The mission of the program is to improve the reintegration of ex-offenders, reduce criminal justice costs and increase public safety (Piedmont Triad Regional Council, 2012).

Though these programs strive to help former offenders, it remains unclear if the appropriate programs are situated in the best geographical areas to assist those former offenders. Even programs offering the best services aren't able to effectively help the community if those needing the services are unable to reach them due to travel constraints. Due to staffing and time restrictions, the CJAC limited the current mapping to solely look at the locations of mental health service providers in Durham and Wake counties as compared to the reported address of offenders requiring mental health services post-release.

METHOD

The CJAC requested data from the NC DAC on inmate release data, including the residential address they reported to be their destination post-release. After completion and review of an NC DAC IRB (Institutional Review Board) application packet, this project was deemed to be exempt from IRB review and the inmate dataset was subsequently sent in September of 2013. All personally identifying information, such as the offender's name, was redacted. Included in this dataset was the mental health status of the offenders.

Additionally, as the result of the Governor's StreetSafe Task Force efforts, a database of county resources was created by the NC DAC. This database is updated and managed by the Office of Transition Services within the N.C. Department of Public Safety and is mainly intended for use by ex-offenders and their respective case managers and probation officers. As part of the inmate database, NC DAC sent a dataset of these county resources in both Durham and Wake Counties, including full address and type of resource (substance abuse treatment, housing, counseling, etc.).

The inmate data was first sorted by county code. Inmates that indicated they would be living in Durham or Wake counties post-release were then imported into a new spreadsheet. These inmates were sorted by their mental health status. The NC DAC had classified the inmates as having one of five mental health statuses during their time in prison. It should be noted that this classification indicated their status while in prison, not necessarily what is required or recommended post-release.

Table 1.
Mental health status levels of NC DAC inmates.

Mental health status level	Description
1	No mental health intervention currently
2	Intervention with psychologist or clinical social worker, usually outpatient
3	Intervention with psychiatrist, psychologist or clinical social worker, usually psychopharmacology, usually outpatient
4	Intervention with psychiatrist, psychologist or clinical social worker, psychopharmacology, usually long term residential setting
5	Intervention with psychiatrist, psychologist or clinical social worker, psychopharmacology, acute care inpatient setting

The inmates were then sorted by mental health status level. Those classified as level 1 were excluded from further analysis, under the assumption that they would not require the services of any mental health providers in the community. Those with the levels 2-5 were included in the mapping.

Service providers were also sorted by county code, and those with Durham or Wake County addresses were then imported into a new spreadsheet. Some service providers provide multiple services and were listed in the NC DAC dataset multiple times with a unique row for each service. For example, United Way of the Greater Triangle provides many services, including emergency housing and credit repair; as a result of this, this one provider is repeated seven times in the dataset. The CJAC examined each service provider and each service listed. Those services that fell into the mental health category (counseling, behavior modification, public mental health services, private mental health services, etc.) were retained; all other types of services were removed. Further, if a given provider provided several different kinds of mental health services, only one listing (and therefore, one address) for that provider was retained.

Before mapping occurred, further data cleaning was undertaken. Despite having the code for Wake or Durham County, some of the addresses for offenders and providers indicated that they were outside those counties (for example, addresses in Asheville, NC, Wilmington, NC and Brooklyn, NY were listed). These addresses were deleted. Additionally, inmates that only indicated "Wake County" or "Wake County – homeless" as their post-release destination, with no specific address, were excluded.

Finally, the addresses for both offenders and providers were merged into a new dataset with a column that indicated address type of offender or provider. The data from this new dataset was then imported into the online mapping software Batchgeo (batchgeo.com). This online application parses data from spreadsheets, recognizing streets, cities, and states and maps each address into a map. It recognizes categories of addresses, using categories provided by the user (in this case, offender or provider address) as it does this. The resulting map allows the user to see clustering of addresses and patterns in the data points.

RESULTS AND DISCUSSION

The graphical display of offender homes versus locations of mental health service providers can be seen below. Offenders are indicated by the blue dots and service providers by the red dots. As is to be expected, the vast majority of service providers are located in the downtown areas of Durham and Raleigh, and indeed, several offender locations are also clustered in these areas. However, this map also shows a fair amount of offenders that will be moving to more rural areas of both counties post-release, with no mental health service providers close to them. This appears to be particularly true in southwestern and northeastern Wake County. Further, the map indicates mental health service providers in the Wake Forest and Clayton areas, but none of the offenders moving to those areas required mental health services (they were listed as level 1s in the dataset, and are therefore not reflected in the map).

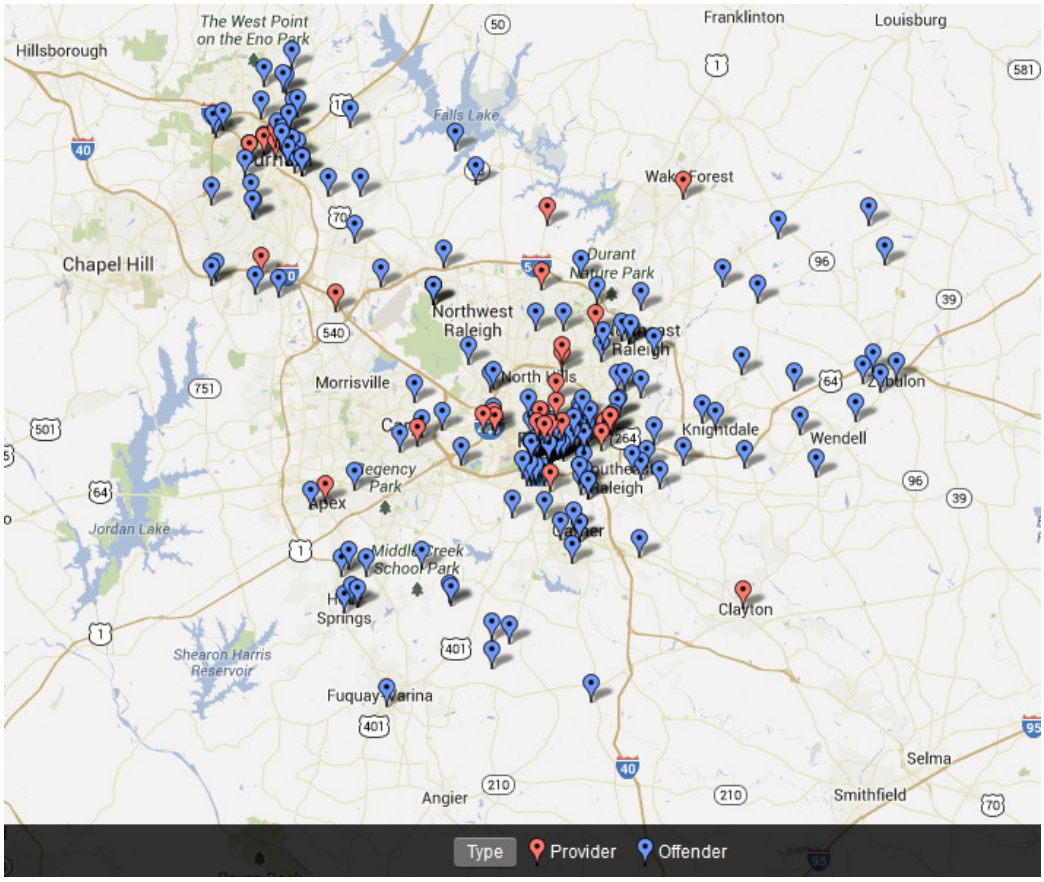

Figure 1.
Map showing distribution of offenders' indicated address post-release compared to locations of mental health service providers in Durham and Wake Counties.

After initial mapping, it became clear that although some offenders may live in Durham or Wake County, they might actually live closer to service providers in surrounding counties, and find it easier to access mental health services there instead. To allow for this type of situation, the locations of mental health service providers in seven counties physically touching Durham and Wake were then included in the mapping process. They were: Orange, Chatham, Johnston, Harnett, Franklin, Granville, and Person. The service providers in these counties

Figure 2.
Image of counties in North Carolina that surround Durham and Wake Counties.

were located using the county resource database maintained by NC DAC. Only those mental health providers with physical addresses in the seven selected counties were included in the mapping. These additional service providers were then included in the revised mapping in Batchgeo, shown below.

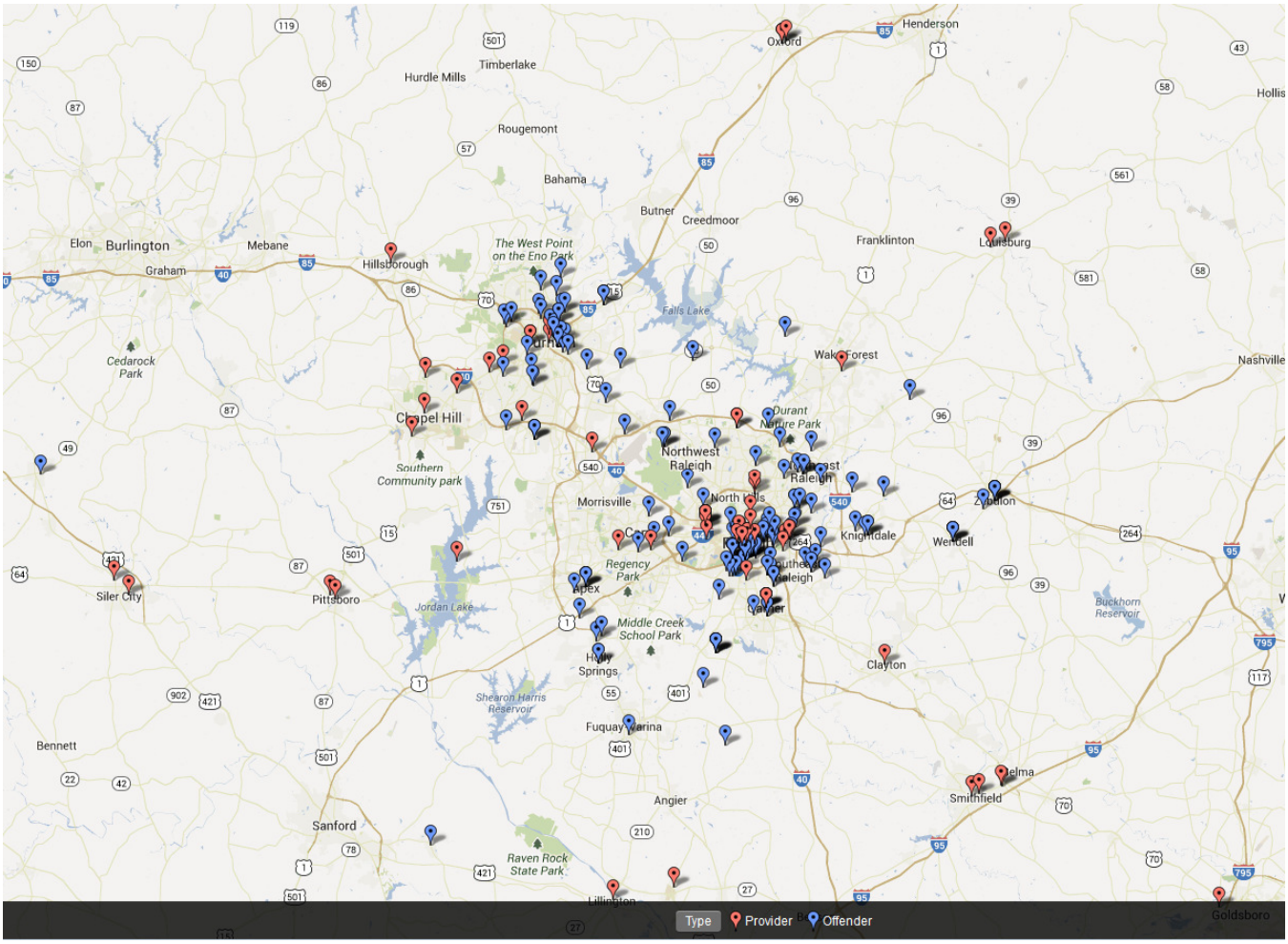

Figure 3.
Map showing distribution of offenders' indicated address post-release compared to locations of mental health service providers in Durham, Wake, and seven surrounding counties.

This preliminary data indicates that more mental health service providers may be needed in the rural areas of both counties, and the mental health services provided in surrounding counties are also quite distant from offender addresses post-release.

There are limitations to this examination. First, only the distribution of offenders requiring mental health services in two counties in North Carolina was examined. Further, the levels and types of mental health services needed (for example, in-patient care versus out-patient counseling) in relation to specific types of mental health service providers were not examined. Additionally, some service providers may limit services to certain kinds of groups (for example, military veterans) and those restrictions were not considered here.

Further analyses should take this additional step in parsing out level of mental health needs and types of mental health providers as well as eligibility restrictions. Also, further analyses should examine the distribution of offenders with different kinds of needs, and in all regions of the state.

CONCLUSION

Though this data is preliminary, it gives a starting point for further analysis to be done in the state. With continuous reductions in funding, it becomes all the more important to target services exactly where they are needed in North Carolina communities to best benefit ex-offenders post release. These services are crucial to them successfully re-entering society without returning to their former criminal activities.

This project was supported by Grant No. 2012-BJ-CX-K002 awarded by the Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice. Points of view in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

REFERENCES

Dismas Charities, Inc. (2013). *Programs and services.* Retrieved from http://www.dismas.com/aboutdismas-programs-services.php

Ditton, P.M. (1999). *Mental Health Treatment of Inmates and Probationers*. Washington, DC: U.S Department of Justice, Bureau of Justice Statistics.

Gideon, L., & Sung, H. (2010). *Rethinking corrections: Rehabilitation, reentry, and reintegration.* Thousand Oaks, CA: SAGE Publications, Inc.

Government Accounting Office (2012). *Inmate Reentry Programs: Enhanced Information Sharing Could Further Strengthen and Coordinate Grants Management*. United States Government Accountability Office, Report to Congressional Committees, December 2012. GAO 13-93.

Grant Enterprise Management System (2013). Custom data reports generated between June 20 and June 26, 2013.

Hammett, T.M., Roberts, C. & Kennedy, S. (2002) Health Related Issues in Prisoner Reentry. *Crime & Delinquency, 47*(3): 390-409.

Harlow, C.W. (2003). *Education and Correctional Population*. (NCJ 195670). Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.

Langan, P.A. & Levin, D.J. (2002). *Recidivism of Prisoners Released in 1994*. (NCJ 193427)

Washington, DC. U.S. Department of Justice, Bureau of Justice Statistics.

National Research Council (2007). *Parole, Desistance from Crime, and Community Integration*. Washington, DC: The National Academies Press.

N.C. Department of Public Safety (2013a). *Automated System Query*. Retrieved October 7, 2013 from http://webapps6.doc.state.nc.us/apps/asqExt/ASQ.

North Carolina Department of Public Safety, Division of Adult Correction. (2013b). *Annual statistical report, Fiscal year 2011-12*. Retrieved from http://randp.doc.state.nc.us/pubdocs/0007070.PDF

N.C. Department of Public Safety (2013c). *Daily Unit Population Averages, 1992*. Retrieved October 8, 2013 from http://randp.doc.state.nc.us/pubdocs/0001770.PDF

Singer, J., Davis, J. Hayes, R.; Jayson, K., & McCloskey-Leary, C. (2013). *Governor's Crime Commission Funding Priorities: A Data Driven Approach, 2013*. N.C. Department of Public Safety, Governor's Crime Commission, Criminal Justice Analysis Center. Raleigh, N.C.

Piedmont Triad Regional Council. (2013). Project re-entry. Retrieved from http://www.ptrc.org/index.aspx?page=296

Re-Entry Policy Council (2005). *The Report of the Re-Entry Policy Council: Charting the Safe & Successful Return of Prisoners to the Community*. New York, NY: Council of State Governments Justice Center. Retrieved June 25, 2013 from http://csgjusticecenter.org/reentry/publications/thereport-of-the-re-entry-policy-council-charting-the-safe-and-successful-return-of-prisoners-to-thecommunity/

Samuels, C.E. (2012, February 16) *Statement of Charles E. Samuels, Director of the Federal Bureau of Prisons Before the U.S. Sentencing Commission.* Retrieved from http://www.ussc.gov/Legislative_and_Public_Affairs/Public_Hearings_and_Meetings/20120215-16/Testimony_16_BOP_Samuels.pdf

TROSA (2013). *Program services*. Retrieved from http://www.trosainc.org/index.php/services2/programservices