



### POLICY BRIEF: RECOVERY WORKS

The Recovery Works program is managed by the Indiana Family and Social Services Administration’s Division of Mental Health and Addiction. The program allows criminal justice agencies to refer adults arrested on felony charges to treatment with certified community providers if the adult has a substance use disorder and/or mental illness, is below the federal poverty line, and is uninsured. These services complement community supervision strategies that aim to decrease the likelihood of a person returning to the criminal justice system. Recovery Works’ target population is individuals with mental health and/or substance use disorder—a population that is disproportionately involved in the criminal justice system<sup>i</sup> (See Table 1)— and there is a significant amount of research to support the claim that it is more cost-effective to provide treatment and services, when appropriate, in lieu of incarceration.

**Table 1. Estimated proportion of adults with mental illness and substance use disorders in the U.S. and under correctional control and supervision**

	General Public	State Prisons	Jails	Probation and Parole
Serious Mental Illness	5%	16%	17%	7-9%
Substance Use Disorders	16%	53%	68%	35-40%

### Recidivism

Recovery Works aims to treat issues that contribute to criminal behavior in an effort to reduce the likelihood that offenders will end up back in the criminal justice system.<sup>ii</sup> In a recent evaluation of the Recovery Works program conducted by the Center for Health and Justice Research, just 13 percent of all Recovery Works clients were in prison during the 2-year follow-up period reviewed.<sup>iii</sup> Looking at only those who were previously incarcerated in prison—a more conservative recidivism rate—21 percent had been re-incarcerated after program enrollment. Moreover, less than 7 percent of those Recovery Works clients were incarcerated as the result of new criminal charges; most were the result of technical violations. As illustrated in Table 2, the conservative recidivism rate for those enrolled in Recovery Works is significantly lower than recent national averages, which are notably similar to those reported by the Indiana Department of Corrections.<sup>iv</sup>

**Table 2. Recidivism rate of people who returned to prison after release**

	2 years	3 years
Recovery Works Evaluation <sup>a</sup>	21%	N/A
National Estimates (Pew Charitable Trusts) <sup>b</sup>	32%	37%
Indiana Department of Corrections <sup>c</sup>	N/A	38%

Research suggests that persons with a serious mental illness and/or substance use disorder experience significantly higher rates of recidivism without treatment.<sup>v,vi,vii</sup> Given that those conditions are requirements for eligibility into Recovery Works, it makes the differences in recidivism outcomes among those who receive treatment through the program all the more striking. In addition to an acute mental health and/or substance addiction issue, these populations are also more likely to face additional risk factors such as difficulty maintaining housing and employment, loss of social connections, and stigma associated with their condition and being ex-offenders.<sup>v,vi</sup> These risk factors are reflected among Recovery Works clients. Nearly half of program participants were unemployed and did not have insurance. Nearly one-third had not completed high school and lived in temporary housing. Meanwhile, all participants were at 200 percent of the federal income poverty line and were involved in the criminal

justice system.<sup>vii</sup> These characteristics make the recidivism results in Table 2 particularly notable. Moreover, those results are very likely due to the positive impacts of Recovery Works engagement that have been reflected in the evaluation completed by the Center for Health and Justice Research in 2018. For example, during the first 4–8 months in Recovery Works clients saw improvements in obtaining employment, insurance, and housing, with reductions in self-reported criminal behaviors and illegal drug use.<sup>vii</sup>

## Cost Effectiveness

A review of more than 400 research studies conducted in the United States and Canada looking at the impact of programs on reducing criminality, found that every \$1 spent on non-prison treatment programs saved taxpayers an average of \$8.87 through reduced incarceration time.<sup>viii</sup> Similarly, the National Institute on Drug Abuse estimates that \$1 spent on addiction treatment results in a \$4 to \$7 return by reducing crime, incarceration, and related costs.<sup>ix</sup> Another example of cost savings that comes more directly from state policy is California's Proposition 36, the Substance Abuse and Crime Prevention Act. Prop 36 used substance abuse treatment and parole to divert non-violent offenders. Studies suggest that this program saved the state \$2,317 per offender during a 30-month post-conviction period. With an enrollment rate of 42,000 individuals, the program saved the state nearly \$97 million over the 30-month period.<sup>x</sup> Given Recovery Works' 2-year recidivism rate and promising short-term outcomes, Indiana should expect a return on its investment, particularly considering the very high-risk, high-need population served by this program. For example, applying the conservative average cost savings estimated by NIDA, Recovery Works has an expected \$80 million to \$140 million savings per year given the \$20 million budget.

## Conclusion

The data clearly show that Indiana's Recovery Works program is resulting in positive outcomes for program participants leading to lower recidivism rates for these high-risk populations experiencing mental illness and addiction. Research suggests these positive outcomes should result in cost savings to the criminal justice system as program participants recidivate at much lower rates thanks to the much-needed treatment services they receive.

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<sup>i</sup> Fred Osher, D'Amora DA, Plotkin M, Jerrett N, Eggleston A. Adults with Behavioral Health Needs under Correctional Supervision: A shared framework for reducing recidivism and promoting recovery. Council of State Governments Justice Center Criminal Justice/Mental Health Consensus Project. 2012:1-82.

<sup>ii</sup> In research, measures of recidivism often vary between agencies and across states, making comparison difficult. Moreover, we have no direct comparison for Recovery Works clients as eligibility requires a felony arrest, rather than conviction. Thus, not all clients are returning inmates nor did they necessarily enroll in a community provider program immediately following release.

<sup>iii</sup> See here: [https://www.in.gov/fssa/dmha/files/Phase.II.Report\\_Recovery.Works\\_Sep.14.2018%20\(002\).pdf](https://www.in.gov/fssa/dmha/files/Phase.II.Report_Recovery.Works_Sep.14.2018%20(002).pdf)

<sup>iv</sup> Notes: The 3-year recidivism rate for Recovery Works is not complete and IDOC does not report 2-year recidivism rates. <sup>a</sup> Overall 13% of Recovery Works clients were sentenced to DOC and less than 7% were the result of a new arrest; 21% is actually the more conservative estimate of those who returned to DOC but also one that offers a better comparison to state and national estimates. Even then, it should be noted that Recovery Works start date does not necessarily coincide with prior release date; see [here](#). <sup>b</sup> Pew analysis is based on the National Corrections Reporting Program (NCRP); see [here](#) and [here](#). <sup>c</sup> Like Pew, IDOC measures return to incarceration and uses inmates released in 2012 (see [here](#)) while Recovery Works looks at enrollment after November 2015.

<sup>v</sup> Field G. Continuity of offender treatment: from the institution to the community. In: Knight K, Farabee D, editors. Treating Addicted Offenders: A Continuum of Effective Practices. Kingston, NJ: Civic Research Institute; 2004. pp. 33-1–33-9.

<sup>vi</sup> Shivy VA, Wu JJ, Moon AE, Mann SC, Holland JG, Eacho C. Ex-offenders reentering the workforce. *J Couns Psychol.* 2007;54(4):466–473.

<sup>vii</sup> Ray B, Gruenewald J. Recovery Works: phase one policy brief. Report to the Indiana Division of Mental Health and Addiction. Indiana University Public Policy Institute. October 2017:1-12.

<sup>viii</sup> Aos S, Phipps P, Barnoski R, Lieb R. The Comparative Costs and Benefits of Programs to Reduce Crime. *Costs and Benefits of Preventing Crime.* 2018:149-175. doi:10.4324/9780429501265-6.

<sup>ix</sup> Principles of Drug Addiction Treatment: A research-based guide. National Institute on Drug Abuse (NIDA). 2018; Third Edition:1-67.

<sup>x</sup> Anglin DM. Offender Diversion into Substance Use Disorder Treatment: Demographic Variation in the Economic Impact of California's Proposition 36. *Journal of Alcoholism & Drug Dependence.* 2013;01(07):1096-1102. doi:10.4172/2329-6488.1000140.