UC Criminal Justice & Health Consortium

Policy Brief

Bringing health and healthcare solutions to criminal justice reform

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CASE MANAGEMENT HELPS PREVENT CRIMINAL JUSTICE INVOLVEMENT FOR PEOPLE WITH SERIOUS MENTAL ILLNESS

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Key Facts

- *People with serious mental illness (SMI) are at high risk for incarceration and recidivism.*
- *Case management can prevent incarceration for people with SMI but lacks adequate funding in California.*
- *Targeted case management legislation and additional statewide funding would greatly increase the number of Californians with SMI accessing adequate case management and, for many of them, prevent criminal justice involvement.*

Too many people with serious mental illness (SMI) in California become involved in the criminal justice system, often resulting in incarceration. When released, these individuals rarely receive adequate (if any) mental health treatment support, often leading to repeat arrest and incarceration. In the community, case managers play a critical role in the care of people with SMI by coordinating mental health services alongside healthcare, housing, transportation, employment, social relationships, and community participation. These are essential components for successful community reentry and integral in managing mental health symptoms. Currently, no statewide guidelines exist to ensure that Californians with SMI receive case management upon reentry. This missing link plays a key role in the vicious cycle of recidivism and inadequately treated mental illness. Providing case managers for people with SMI improves their quality of life and reduces their involvement in the criminal justice system with clear positive outcomes for public safety and public health in California.

Over the past 15 years, the number of people with serious mental illness (SMI) in California prisons has almost doubled.[1] In 2014, 45 percent of state prison inmates had been treated for SMI, which the CDCR defines as an illness or disease or condition that substantially impairs the person's thoughts, perception of reality, emotional process or judgment; or which grossly impairs behavior. Researchers estimate a range of 28 to 52 percent of those with SMI in the United States have been arrested at least once.[2] Upon release from jail or prison, all prisoners struggle to meet basic needs that are essential to successful community reentry, such as housing, healthcare, and employment. Among those with SMI, such challenges are often compounded. In the community, case managers play a critical role in the care of people with SMI by coordinating mental health services with health care, housing, transportation, employment, social relationships, and community participation. Case managers are often the first, and sometimes the only, providers to notice when a patient with

SMI starts to deteriorate, experiencing worse symptoms and a loss in function. As a result, it is often case managers that intervene to prevent hospitalization and/or events that often lead to criminal justice involvement. However, across California, guidelines and funding for case management for those with SMI is inadequate, leading to high rates of recidivism and avoidable exacerbation of psychiatric symptoms in this medically vulnerable population. With the bulk of the incarcerated in California now in county jails, there is a dearth of planning regarding reentry aimed at soon-to-be released prisoners with SMI.

How does case management work to prevent incarceration for people with SMI?

In California, county governments are largely responsible for funding and providing for the majority of mental health programs. Proposition 63 (the Mental Health Services Act), passed in November 2004, imposed a 1% tax on personal income in excess of one million dollars in order to expand mental health services for children and adults with SMI. Under Proposition 63, about 1.8 billion dollars are annually allocated to county and state mental health programs. In Los Angeles, Proposition 63 programs provide an array of services that included, in 2014, case management to 150,000 people. People in LA's case management program had a 50% reduction in their number of days spent in jail. [3]

With support from the federal Affordable Care Act (ACA) in 2012, Medi-Cal eligibility was expanded to include many individuals with SMI in the criminal justice system. This new policy has led to some increased engagement in mental health treatment for individuals with SMI, treatment in which case managers often play a key role. A recent review of multiple studies shows that such increased mental health treatment for former prisoners with SMI decreases recidivism. [4]

One successful case management model for individuals with SMI is the Thresholds Justice Program, a post-release program implemented in two Illinois' state prisons and the Cook County jail. The Thresholds model combines supportive housing (including rent subsidies and mental health treatment services) and case management to coordinate treatment, housing, and employment support. [5] Over 10 years of implementation, the model has shown an 89 percent reduction in arrests and an 86 percent reduction in jail time among people with SMI, as well as a drop in psychiatric hospitalizations. [6]

In California, analysis of Proposition 63 suggests that it has helped lower recidivism rates among Californians with mental health problems.[3] Given what is known about the capacity for case management to reduce recidivism among those with SMI, and thus reduce counties' jail bed occupancy rates, some of the 2.2 billion dollars of state money currently slated for county jail construction[7] could be re-distributed to establish statewide uniformity for transitional case management specific to the needs of former inmates with SMI.

We encourage consideration of the following recommendations to reduce criminal justice involvement among Californians with SMI by increasing funding and support of case management programs:

Recommendations

1. To reduce incarceration rates among people with SMI, **redirect some Proposition 63 funds to increase funding for case management programs in California.** This effort will build on the small successes of Proposition 63 evident in communities like Los Angeles by creating more, as well as more effective, case management programs for Californians at risk of criminal justice involvement.
2. Consider legislation to **redirect some state and federal dollars currently set aside to fund the construction of more jails and prisons to instead expand and enhance case management programs** to support those with SMI and prevent further involvement in the criminal justice system.

3. **Develop legislation to convene a task force to establish a statewide transitional case management model specific to the needs of former inmates with SMI** to be initiated prior to jail and prison release. The task force will address best practices for case management to reduce recidivism among individuals with SMI.

Conclusion

Timing is now optimal to make significant changes in the lives of people with SMI and criminal justice involvement at great benefit to California's public safety and public health. With the funds generated by Proposition 63 and with redirection of funds allocated for the building of additional jails and prisons, California is uniquely positioned to serve as a national leader in locally-based case management services to interrupt the costly cycle of repeat incarceration among individuals with SMI.

Footnotes

1. *Steinberg, D., Mills, D. and Romano, M. 2014. When did prisons become acceptalbe mental healthcare facilities? Three Strikes Project.*

2. *Fontanarosa, J., Uhl, J., Oyesanmi, et al. 2013.Interventions for adult offenders with serious mental illness. (No. 121). Comparative Effectiveness Reviews: Agency for Healthcare Research and Quality.*

3. *Scheffler, R., Felton, M., Brown, T., Chung, J., and Sun-Soon, C. 2010. Evidence on the effectiveness of full service partnership programs in california's public mental health system. Nicole C. Petris Center.*

4. *Olver ME, Stockdale KC, Wormith JS:. (2011). A meta-analysis of predictors of offender treatment attrition and its relationship to recidivism. Journal of Consulting and Clinical Psychology, 79, 6-21.*

5. *Http://Www.thresholds.org/our-work/programs/justice-program/.*

6. *Liebowitz Sea. Https://Www.aclusocal.org/wp-content/uploads/2014/07/JAILS-REPORT.pdf.*

7. *Respaut R. 2016. California prison reforms have reduced inmate numbers, not costs. Reuters. Available from: http://www.reuters.com/article/us-california-prison-budget-insight-idUSKBN0UK0J520160106.*

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About the Consortium

The UC Criminal Justice & Health Consortium is an emerging community of over 120 faculty and graduate students representing all 10 campuses of the University of California system and over 20 areas of study, including medicine, the law, criminology, public health, economics, and many others. The Consortium aims to develop and disseminate policy-oriented evidence for health-focused criminal justice reform and is generously funded by a grant from the office of UC President Janet Napolitano.

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