

# Two Legislatively Established Programs

## Mentally Ill Offender Community Transition Program, 1998

- Pilot project, Seattle, N=64
- Lower-level felony offenders, many drug-or alcohol-involved (90%)
- Designated residential facility
- Methods applied to DMIO Program

## Dangerous Mentally Ill Offender Program (DMIO)

- Statewide program, outcome N=172
- Lower risk, higher stakes
- Statewide agencies, local offices
- Community mh providers

Both passed after high-profile event

Both applied Community Trnstrn Study

# DMIO Legislative Intent

To improve the process of identifying and providing additional mental health treatment for mentally ill offenders who are being released from the Department of Corrections, who pose a threat to public safety, and agree to participate in the program

## MAJOR PROGRAM ELEMENTS

- Prerelease identification of participants, interagency task force & case teams
- Medicaid eligibility waivers
- Prerelease contact by mh providers in prisons
- Supplemental funding per participant

# Criminal Recidivism Outcomes

- 172 DMIOs released 1999 – 2003  
matched to 172 MIOs 1996-2000;  
MIOCTP, N=64, same pool
- Three-year felony recidivism of  
DMIOs=27%, matched controls = 43%  
MIOCTP, 23% vs. 42% (2-yr)  
MIOCTP any offense: 41%, 61%

# Recidivism Continued

- DMIO, no significant differences for "any new offense" or for violent felonies
- WSIPP Benefit-Cost Ratio: \$1.24/1.00
- Risks vs. Stakes:
  - Rare Events
  - No robust prediction model for high-stakes offenses

# Access to Social Services

- 100 DMIOs released 1999 – 2002 vs. 287 CTS subjects (WIMIRT)
- DMIOs, 59% seen w/in 1 week of release vs. 14% of CTS subjects
- Steady mh Tx 1<sup>st</sup> year, 76% vs. 15%
- 9 billed hrs per month of service vs. 2.5 (MIOCTP, 25 hrs/month)
- Rapid access, more intensive services

# Program Costs & Expenditures

- Two-year follow-up, 114 DMIOs, 7/1/02 – 12/31/03
- Program costs averaged 80% of possible total costs
- 82% for housing, 11% personal expenses, 6% supplementary clinical svcs (CD, sex offender Tx)

# Use of Funds Continued

- Non-Medicaid Eligible: 121 hrs of mh SVC
- Medicaid-Eligible: 424 hrs (mostly supported by state/Medicaid funds)
- Summary: DMIO program funds filled gaps in service

# Case Management Study: 48 CTS, 45 DMIO

	DMIO	CTS
Pre-Release DOC - Social Service Contacts	4.8	2
Post-Release Contacts	14.2	6.9
First-Year CD Tx (pct)	53%	19%
Illegal Drug Abuse	14%	60%
Became homeless (N)	4	12

## Case Management Study (N=48 CTS, 45 DMIO)

- MH Provider Surveys & Summaries
- DOC Case Mgt Narratives
- Two different stories:
  - in CTS, lack of system support a factor in 40% of cases; not an issue for DMIOs
  - DOC case mgrs better informed
  - w few exceptions, active engagement efforts by mh case managers

## Case Studies: Transition Issues

- Drug and alcohol abuse: severe obstacles despite case management efforts
- Mental health breakdowns required supervision & intervention, new felonies in only 4 out of 12 cases
- Brain damage & developmental disability clients: no new felonies

# Transition Issues Continued

- Decompensating in jail (7 cases):
  - discontinued medication
  - increased agitation due to confinement
- Use of hospitalization an issue in 8 cases
  - hospital on release from prison
  - transfers from jail to hospital
  - attempts at commitment

## Control Variables for Recidivism Study

1. Past Felonies (+)
2. Residential mh time in prison (-)
3. Past drug offenses (+)
4. Person of color (+)
5. Index Violent Offense (-)
6. Age at release (-)
7. Annual infraction rate (+)
8. Female (-)

# Rationale for Methods

- Funding, systems operations, ethical issues w random prospective design
- Felony recidivism rate of control pool=53%, matched controls 43%
- Risks vs. stakes
- Application of Gagliardi et al., 2004

# Conceptual and Ethical Issues

## Bright line around serious mental illness

- Recidivism predictors overlap
- Are critical needs defined by diagnosis
- Who is left out by “medical necessity”
- Mental hlth, addiction, neglect, abuse, loss

## Concept of Entitlements

- Based on medical necessity
- Rights and limitations of benefit-cost analysis

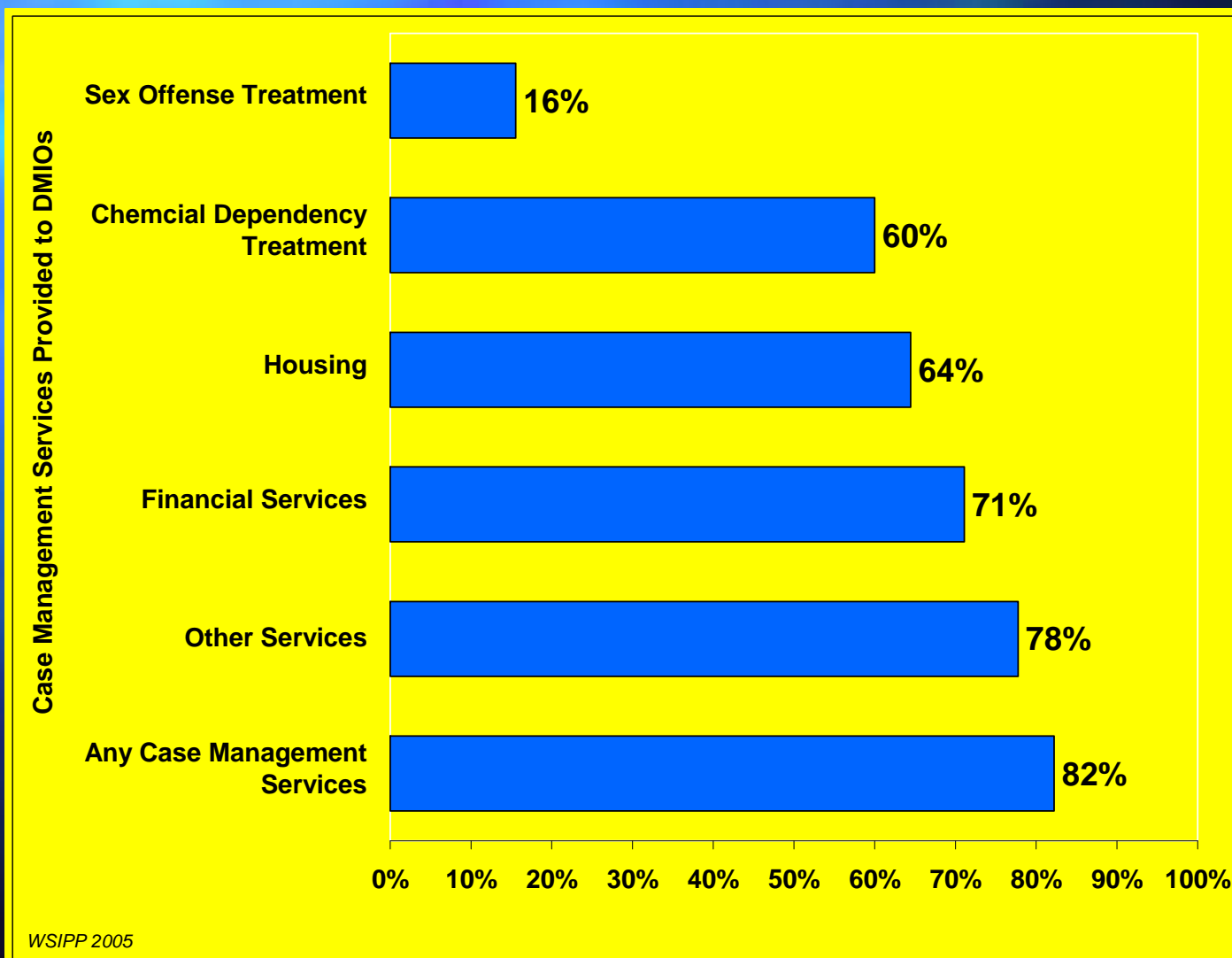
# Differences in services

	<b>DMIO</b>	<b>CTS</b>
1 <sup>st</sup> year service months (avg)	9.3	3
Total hours, 1 <sup>st</sup> 3 months	30.5	5.5
Total hours, in prison	12.9	0.7
1 <sup>st</sup> yr avg hrs per svc month	9	2.5
Days to 1 <sup>st</sup> community mh svc	15	185
DOC-soc svc provider contacts	19	9

# Service Eligibility Outcomes

	DMIO	CTS
Immediate GAU enrollment	46%	1%
Immediate Food Stamps	34%	0%
Immediate MH Svcs	59%	14%

# Mental Health Provider DMIO Case Mgt



# Community Supervision Violations

- 80 DMIOs w community placement, vs. 56% CTS
- 47 (60%) DMIOs w violations, 56% CTS
- 37 DMIOs (out of 45) in case mgt study, 22 (59%) returned to jail or prison at least once
- 4.23 violations per violator
- Violations far more frequent than new offenses—what does this mean?