MENTALLY ILL OFFENDER TREATMENT AND CRIME REDUCTION ACT OF 2004: A POLICY ANALYSIS

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INTRODUCTION

- The United States incarcerates more people than any other country at a rate of 1 in every 100 people, or 2.3 million people overall (Rich et al., 2011).
- Jails have become the primary warehouse for persons with mental illness (American Civil Liberties Union [ACLU], 2014).
- Persons with mental illness are most likely to be arrested for minor misdemeanor offenses (Etter et al., 2008).
- Nationally, nearly two million people with mental illness were processed into jails and prisons every year; or 35,000 people on any given week (Steadman et al., 2009).
- Over half of the prison and local jail inmate population reported mental health problems (James & Glaze, 2006).
- Once in jail or prison, inmates with mental illness were subject to higher rates of assault, abuse, and suicide than the general prisoner population (ACLU, 2014).
Social Work Resonance

- Social workers have an opportunity to assist those adversely impacted by the criminal justice system, can intervene to reduce criminal behavior of individuals with mental illness, and alleviate the burden on multiple systems.
- Interdisciplinary collaboration is one of the primary goals of the policy, and it is also an ethical standard in social work practice.
- Effective diversion programs depend on a strong and supported mental health system, and social workers can greatly enhance public health by providing effective treatment to reduce recidivism and foster community care.
- As advocates for social justice, social workers have a vested interest in concerning themselves with the criminal and juvenile justice system and people with chronic severe mental illness.
- Social workers must continue to advocate for basic and fundamental needs of all people with mental illness and co-occurring mental illness and substance use disorders, and that these needs are addressed in their community.
State-run psychiatric institutions that once were the primary resource to treat and house people with mental illness increasingly closed their doors, leaving patients vulnerable to adverse social conditions and arrest.

- In 1955, at the peak of institutionalization, there were 339 beds in state institutions for every 100,000 people in the general population (Chaimowitz, 2012).
- In 2002, after deinstitutionalization, there were only 22 beds for every 100,000 people in state institutions, and jails and prisons were holding about 708 people out of every 100,000 (Lamb & Weinberger, 2005).
- Between 1980 and 2010, the number of people incarcerated rose by more than 600% during the national War on Drugs policy, which included people with mental illness (Raphael & Stoll, 2013).
- States and the federal government failed to adequately fund community mental health centers, which contributed to a downward spiral of recidivism, further criminalization, and exacerbation of mental illness (Etter et al., 2008).
  - States decreased their share of funding for mental health services from 60% in 1956 to 23% in 2001, and federally funded Medicare and Medicaid programs provided limited support for outpatient mental health centers (Davis et al., 2012; Frank and Glied, 2006).
METHODS

- This study used a modified version of David Gil’s (1992) policy analysis framework, which provided a set of standards to understand a policy’s impact on society. These standards included:
  - The nature, scope, and distribution of the issues and problems that the policy addressed.
  - The policy’s overt and covert objectives, values, and the consequences of the policy on the intended and unintended population targeted.
  - Implications and impact of the policy, including changes in resources and ongoing political forces involved in promoting or resisting the policy.

- Primary sources of data included public records and government and legislative documents. Legislative documents included the policy itself and congressional testimony. Secondary sources included peer-reviewed journal articles, textbooks, and government reports and statistical data.
POLICY ANALYSIS

Policy Objective

- The Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA) of 2004 authorized $50 million annually in federal funding for community-based collaborative diversion programs to keep mentally ill juvenile and adult offenders out of the criminal justice system.

Nature, Scope, and Distribution of Issues

- Offenders with mental illness and a criminal record had difficulty reintegrating back into society due to stigma and loss of eligibility for many needed public benefits and social supports.
- Many of these individuals were responsive to medical and psychological interventions that provided treatment, rehabilitation, and support services, though when left untreated, they were arrested and jailed for minor nonviolent offenses.
- The criminal justice system did not have the resources to manage and treat people with mental illness.
Overt and Covert Objectives and Values

- Increase public safety by providing access to treatment and supportive services and provide training for law enforcement and other providers.
- Facilitate community collaboration and communication.
- Save taxpayer money and law enforcement resources.
- Reduce recidivism and decrease incarceration rates.
- Policy values were recovery, local autonomy, and personal responsibility.
Policy Analysis (cont.)

- Consequences on the Intended and Unintended Population
  - Adult and juvenile offenders were diverted from incarceration through various community interventions, and had increased access to effective treatment services.
  - MIOTCRA facilitated collaboration, communication and cross-training among the criminal justice, juvenile justice, mental health treatment, and substance use systems.
  - However, shortages remain for community mental health treatment, particularly for people without criminal records.

- Changes in Resources and Implications
  - Grant funding was used to plan, implement, and expand diversion programs that were formed through partnerships with providers and local government agencies.
  - During 10 years of implementation, MIOTCRA had provided 321 grants across 49 states (Counsel or State Governments Judicial Center, 2014).
  - Numerous government and community agencies received planning and technical guidance on evidence-based diversion programs and trainings.
  - Cost-savings in corrections, reduction in jail and prison populations, and reduced recidivism rates.
STRENGTH AND CHALLENGES OF POLICY

Strengths

- Ensured that local communities had funding to treat persons with mental illness and substance use disorders, and divert them from incarceration.

Challenges

- Only qualified offenders could receive treatment and diversion funded by MIOTCRA.
  - People convicted of a violent crime were not qualified to receive treatment in programs funded by the policy, regardless of how much an offender needed services or the severity of his/her mental illness;
  - Crimes must be the result of a mental illness;
  - Crimes solely involving substance use were excluded;
  - People with undiagnosed mental illness were excluded;

- Funding was prioritized for low-level offenses and high risk of recidivism
REFERENCES


