

STATE OF CALIFORNIA HIGHLIGHT: MENTALLY ILL OFFENDER CRIME REDUCTION GRANT (MIOCRG) PROGRAM

Background

The Mentally Ill Offender Crime Reduction Grant (MIOCRG) program was implemented to reduce recidivism of mentally ill offenders who cycle through jails in California. The program was begun in 1999 and funded 30 grants in 26 counties across California (Leg. Report 7). The MIOCRG program was created “to enable counties to learn how best to improve service delivery, support offenders' crime-and-drug-free return to the community, reduce mentally ill offenders' repeat crime and thereby enhance public safety while also saving the dollars currently spent on arresting, adjudicating and housing offenders who recidivate because of their mental illness.” (Leg. Report 7).

The legislation establishing MIOCRG required that all grantees form a Strategy Committee consisting of law enforcement, corrections, and service providers, to identify failings in the local system of care for the people with serious mental illness. (Spaite 42). This committee was to develop a needs assessment for connecting discharged mentally ill offenders with appropriate community services and a development plan for addressing service gaps. (Spaite 42). Because the legislature provided that the counties would have flexibility to tailor the programs to fit local needs, there was a wide variety of programs that evolved. Regardless of their design, all the MIOCRG programs delivered enhanced services that typically included:

- assistance in securing disability entitlements, housing, vocational training, and employment
- residential and out patient mental health treatment
- individual and group counseling
- substance abuse education and counseling
- life skills training
- medication education/management/support
- transportation services
- socialization training and support
- advocacy
- crisis intervention

(Leg. Report 7-8).

Effectiveness of MIOCRG Programs

A major goal of the legislation that created MIOCRG was the evaluation of the projects' effectiveness at reducing crimes committed by mentally ill offenders. To meet this goal, the MIOCRG program collected data for evaluation at six-month intervals for two groups: one receiving “enhanced treatment” (ET) under the MIOCRG program and the other receiving “treatment as usual” (TAU). (Spaite 42)

Analysis of the data found that the ET individuals, when compared to TAU individuals, were: “1) more comprehensively diagnosed and evaluated regarding their mental functioning and therapeutic needs; 2) more quickly and reliably provided with services designed to ameliorate the effects of mental illness; 3) provided with more complete after-jail systems of care designed to ensure adequate treatment and support; and 4) monitored more closely to ensure that additional illegal behavior, mental deterioration, and other areas of concern were quickly addressed.” (Overview 4). The effects of these results of ET were compared to TAU and analyzed using 14 criminal justice and quality of life variables. (Overview 4).

Criminal Justice Outcomes: The statewide research examined the impact of the projects on eight criminal justice variables: 1) any booking; 2) mean bookings; 3) bookings for felonies; 4) any conviction; 5) mean convictions; 6) convictions for felonies; 7) any jail time; and 8) mean jail days. The results indicate that participants receiving ET were booked less often, convicted less often, and convicted of less serious offenses than participants receiving TAU. In addition, fewer ET individuals served time in jail and, when they did, were in jail for fewer days than TAU individuals. (Overview 4).

Quality of Life Outcomes: The statewide research examined the impact of the projects on six quality of life variables: 1) drug problems; 2) alcohol problems; 3) GAF score improvement; 4) homelessness; 5) unemployment; and 6) economic self-sufficiency. The results show that the ET individuals had fewer instances of drug and alcohol problems, had greater improvements in GAF scores, were less likely to be homeless and were more economically self-sufficient. The only quality of life variable in which ET individuals did not show a statistically significant improvement was unemployment. (Overview 5).

Highlights of What Worked

The case studies required in counties' final evaluation reports and project staff assessments indicate that the following 10 strategies worked best in reducing recidivism among mentally ill offenders.

- Interagency Collaboration
- Intensive Case Management
- Involvement of the Courts
- Mental Health Courts
- Assistance Securing Benefits
- Assistance Arranging Housing
- Medication Management
- Use of a Center or Clinic
- Assistance with Transportation
- Peer Support

(Overview 8).

Challenges

The projects' final evaluations also indicated several areas which proved challenging to the success of the programs, these included:

- The random assignment of participants
- Changes in the services available to those receiving treatment as usual
- The eligibility of offenders with violent charges or violent histories
- Interagency collaboration
- Staffing
- The availability of services for offenders with co-occurring disorders
- The availability of housing for mentally ill offenders
- Involving clients' families in program activities

(Leg. Report 13).

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