



## **Transitional Case Management: A Promising Diversion Model**

Over the past 10 years, the Center for Alternative Sentencing and Employment Services (CASES) in New York City has received national recognition for the Nathaniel Project, a diversion program for adult offenders with severe and persistent mental illness convicted of non-violent and violent felonies. CASES was easily able to identify eligible participants in Supreme Court and provide the services they needed to live in the community and achieve crime-free lives. The program sustained its operations and converted to a Medicaid reimbursable Assertive Community Treatment (ACT) team. From its inception, it achieved significant reductions in recidivism for consumers that had committed very serious crimes.

CASES' first program for misdemeanants with serious mental illness was the EXIT Program, which operated from 2002 until 2005. EXIT demonstrated that a short three-hour, court-ordered assessment session could facilitate engagement in case management services for a period of up to eight months. However, it left some questions unanswered, such as how diversion for people with serious mental illness fits into the local continuum of mental health services and what were reasonable recidivism outcomes for the population.

In order to help answer these questions, CASES applied the expertise it gained from running the Nathaniel Project and EXIT to develop a new diversion model, Transitional Case Management (TCM), for defendants repeatedly arrested for misdemeanor offenses.

### **The Transitional Case Management (TCM) Program**

CASES launched the TCM program in Manhattan Criminal Court in July 2007. The TCM pilot was funded by a 30-month Bureau of Justice Assistance (BJA) Justice and Mental

Health Collaboration Program Planning and Implementation grant, through the New York City Department of Correction (DOC), and funds from the Mayor's Office of the Criminal Justice Coordinator and the van Ameringen Foundation.

### **Eligibility**

TCM is for people with serious mental illness arrested for misdemeanor crimes and facing jail sentences. TCM was initially developed as the mental health screening and voluntary case management expansion to CASES' Day Custody Program (DCP). DCP is a three-day alternative sentence for repeat misdemeanants at risk of short jail sentences. DCP participants report to a secure DOC facility each day, where they perform community service and receive counseling and referrals to community providers. DCP court representatives administer the Brief Jail Mental Health Screen (BJMHS) in arraignments before defendants are sentenced to DCP by the judge. The TCM program coordinator (psychologist) and social worker conduct the clinical interview to determine whether DCP participants screened positive by the BJMHS have a serious mental illness. Eligible participants are offered voluntary case management services for 2-3 months after they complete the DCP mandate to provide access and linkage to mental health and substance abuse treatment, housing and other needed supports, such as entitlements. TCM monitors participants' progress in the community and provides support to prevent their further involvement with the criminal justice system.

TCM evolved to also accept individuals under a court mandate directly from arraignments and criminal court parts because of low voluntary enrollment of DCP participants into the program. This change enabled defense attorneys to refer defendants ineligible for DCP. In arraignments, judges mandate defendants to three case management sessions with TCM, or five if they are designated a higher-risk Operation Spotlight defendant (three prior misdemeanor convictions in the previous twelve months). TCM participants released from arraignments are at risk of receiving jail sentences ranging from five days to one-year. The criminal court mandates in post-arraignment cases have ranged from one case management session to eleven months of

judicial monitoring. The upper limit of judicial monitoring was used only in a few cases for individuals that had felony arrests reduced to misdemeanors and were at risk of receiving a one-year jail sentence. The program also offers community case management services for 2-3 months after participants complete the court mandate.

### Stakeholders Group

CASES and DOC convened a group of stakeholders from 26 agencies representing the criminal justice, mental health, consumers and advocacy communities to monitor the implementation of TCM. National diversion expert Dr. Henry Steadman was hired to provide consulting support to the stakeholders and the program.

### Screening

TCM operates in New York County, one of the nation’s busiest criminal court systems where 75,882 misdemeanor cases were arraigned in 2007. Even given the high prevalence of people with serious mental illness found in the justice system (14.5 percent for men and 31.0 percent for women)<sup>1</sup>, the high volume of cases in the Manhattan criminal court system presents challenges identifying individuals appropriate for diversion.

In the absence of the ideal screening system used in some smaller jurisdictions to match defendants against state and local mental health databases, TCM had to develop a screening protocol that could be successfully integrated into the criminal court, without slowing down the flow and timely adjudication of cases. In the arraignment court parts, the program had a short window (an average of 21.7 hours from arrest to arraignment)<sup>2</sup> to screen defendants and advocate for their release.

### Screening Protocol

It took TCM over one year to develop an effective screening protocol in arraignments. This was achieved by educating arraignment

defense attorneys and judges about the need to refer defendants earlier and for the program to have at least 75 minutes to interview defendants without slowing down the arraignment process. TCM also had to address its internal bias to reject defendants with co-occurring disorders. We discovered that the program sometimes misdiagnosed defendants as having only substance use disorders when in fact they had a substance use disorder with a co-occurring bipolar disorder. The program now uses a streamlined screening protocol that includes the administration of the Texas Christian University Drug Screen II (TCUDS II) and the Mental Health Screening Form III (MHSF III), two validated and standardized instruments used in criminal justice settings.

### Participant Characteristics

TCM serves a high-need population with extensive involvement in the criminal justice system (see chart). On average, these individuals had 19.4 arrests over their lifetimes and an average of 3.8 arrests one year prior to program enrollment. The mean age was 40 years, and 78 percent were male. Fifty-three percent were African American, 26 percent were Hispanic/Latino, twelve percent were Caucasian, seven percent were Multi-Ethnic, and three percent were Asian. Eighty-six percent had co-occurring substance use disorders and 51 percent were homeless at program enrollment.

#### Participant Characteristics

| <b>Criminal History</b>                   | <b>Percent</b> |
|---|----------------|
| Prior Misdemeanor Convictions             | 90%            |
| Operation Spotlight                       | 45%            |
| Prior Felony Convictions                  | 53%            |
| <b>Intake Arrest Charge</b>               | <b>Percent</b> |
| Property Crime                            | 55%            |
| Drugs                                     | 24%            |
| Harm Against a Person (assault, menacing) | 15%            |

### Community Case Management Services

The TCM community case management staff consists of a social work supervisor, substance abuse case manager, and part-time forensic peer

<sup>1</sup> Steadman, H. et. al. (2009). *Prevalence of Serious Mental Illness Among Jail Inmates*. Psychiatric Serv. 60:761-765

<sup>2</sup> Criminal Court of the City of New York (2007). Annual Report.

specialist. This team provides intensive case management and peer support services to a high-need population with high rates of substance abuse and homelessness. Only 16 percent of those who enrolled in TCM were already participating in some form of treatment prior to their arrest. The average length of stay in the case management services was 118 days and the average number of case management sessions received was twelve sessions.

TCM case management services evolved during the pilot. The initial main focus was on care coordination to link participants to mental health and integrated treatment services as the main pathway to reduce criminal recidivism. However, participants who were either already enrolled in treatment on admission to TCM or linked to treatment by the program continued to get re-arrested. This suggested that treatment enrollment alone was not sufficient to minimize and prevent re-arrest.

### **Cognitive-Focused Case Management**

This finding led TCM to examine how the case management approach could be modified to increase its responsiveness to participants' risk factors for criminal recidivism. Starting at program orientation, TCM has infused and continues to work on the development of cognitive-focused case management to target criminal recidivism throughout the engagement, assessment, service-planning, and discharge phases of the services. Engagement includes staff reviewing with participants their criminal history, patterns and frequency of offending, and the risk factors for criminal behavior to help participants view offending behavior as a problem that should be worked on. Case management sessions focus on criminogenic risk and needs and offer cognitive responses to target the problems and develop skills. Discharge

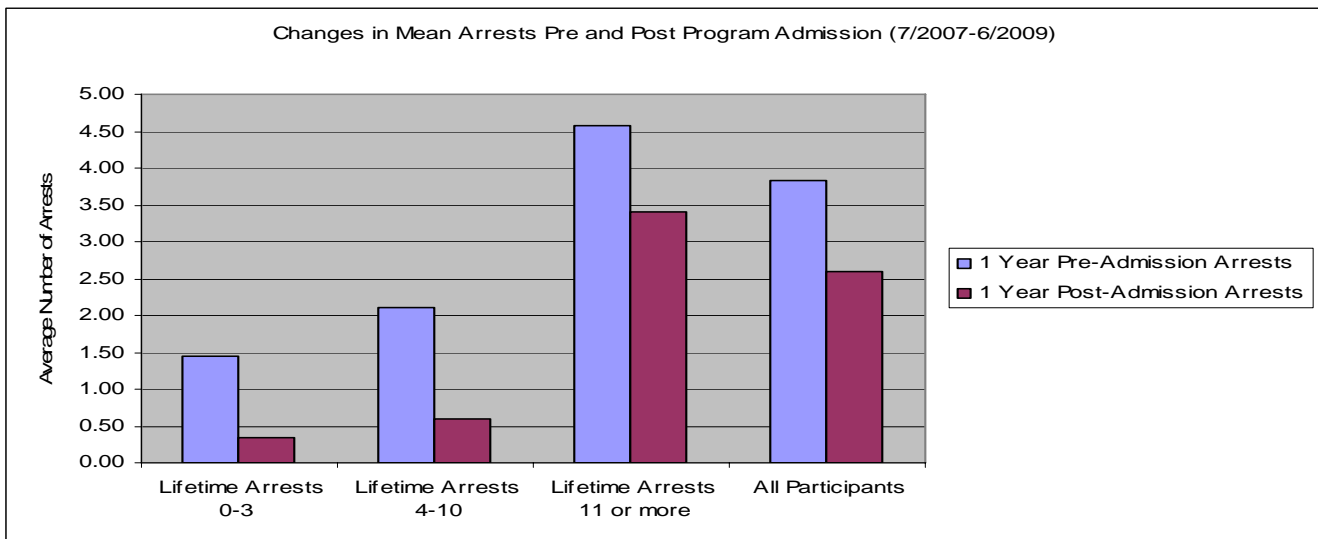
reinforces the awareness that offending could happen and helps participants understand the link between offending behaviors, such as substance abuse, and their ability to avoid committing new crimes.

## **Results**

TCM measures its success by three key indicators: public safety, retention, and treatment participation.

**Public Safety** Overall, 71 percent of participants released from arraignments and criminal court completed the court mandate. The groups with the highest court mandate completion rates were homeless participants and those charged with harm against a person offenses, at about 82 percent. TCM achieved statistically significant reductions in arrests for its participants (all those that enrolled in the program and received at least one community case management session, regardless of whether they successfully completed the court mandate). The mean arrest rates for a cohort of 104 participants 12-months pre-TCM admission was compared to mean arrest rates 12-months post-program admission. Across the cohort, there was a 32 percent reduction in mean arrests in the year following program admission compared to the year before.

Participants' criminal history was strongly correlated with the magnitude of the reduction in recidivism post-admission to the program. Participants with three or less lifetime arrests experienced a 77 percent decrease in mean arrests in the twelve months post-program admission and participants with a history of four to ten lifetime arrests experienced a 71 percent decrease, whereas individuals with eleven or more lifetime arrests experienced a 26 percent decrease over the same time period.



**Retention** Approximately 23 percent of DCP participants eligible for TCM case management services enrolled in voluntary case management services. Seventy-one percent of participants under a court mandate completed the required number of case management sessions. Sixty-three percent of the participants that completed the mandate subsequently enrolled in voluntary case management services.

**Treatment** During the three-year pilot, 38 percent of participants were linked to long-term treatment by the TCM program. Another 38 percent of participants were already linked to either treatment and/or support services when they entered TCM. Some participants refused linkage to long-term mental health and integrated treatment services and others were re-arrested before the treatment linkage could be completed.

### Discussion

The TCM program provides promising evidence that people with serious mental illness who frequently and repeatedly cycle through criminal court can be diverted from arraignments and post-arraignment criminal court parts and engaged in case management services. The main challenges include participants' unwillingness to engage in traditional mental health and substance abuse

treatment and the difficulty of devising effective responses within the case management services to address the risk factors that fuel participants' cycles of frequent and repeated offending.

To standardize the assessment of participants' criminogenic risks and needs, TCM plans to pilot the Level of Service/Case Management Inventory (LS/CMI). The LS/CMI is an assessment that measures the risk and need factors of late adolescent and adult offenders. We plan to implement a cognitive behavioral skills group using the problem-solving module of Reasoning and Rehabilitation<sup>3</sup> for those identified as high-risk. TCM also continues to train the case management staff to ensure all aspects of case management are infused with the cognitive interventions that target criminal recidivism.

The TCM program results provide evidence that the program is a promising arraignment and post-arraignment criminal court diversion model to reduce the involvement of high-risk persons with serious mental illness in the criminal justice system.

<sup>3</sup> Porporino, F. J., & Fabiano, E. (2000). *Program Overview of Cognitive Skills Reasoning and Rehabilitation Revised: Theory and Application*. Ottawa: T3 Associates.