AN EXPERT’S OPINION ON HOW TREATMENT FOR MENTALLY ILL OFFENDERS AFFECTS RECIDIVISM RATES

A Project

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by
Danilo Edward Hughes

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Division of Social Work
Abstract

of

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The purpose of this project is to strengthened communities by advocating for services for the mentally ill offenders in the greater Sacramento area. This project aimed to show a positive correlation between mental health treatment and recidivism rates among the mentally ill offender population. The target population is parolees that have been determined to have mental health issues while in prison and include all ages, genders, races, and cultural backgrounds. This project gathered information from experts in the field of mental health treatment for mentally ill offenders and used a qualitative design to analyze, compare, and contrast the findings. The findings of this study suggest that mental health treatment for mentally ill offenders may contribute to a possible reduction in recidivism rates.

_______________________, Committee Chair
Dale Russell, Ed.D., LCSW

_______________________
Date
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There is one person that has helped me through the entire process of completing graduate school. I would like to acknowledge Dr. Marvin Ali for all the support he has given me over the past five years. He has helped me in my professional life and in my personal life. Dr. Ali provided me with a lot of help in choosing which field I should pursue. After countless hours of engaging in conversations over the course of two years, it came apparent that I should pursue a career as a clinical social worker. Dr. Ali was supportive in my decision and encouraged me to pursue my Masters in Social Work, which is a degree he holds. Upon being accepted at California State University, Sacramento, he was there to offer me an internship for my first year of field study. He held me to a high standard and pushed me in my first year. Unlike other first year MSW students, Dr. Ali felt confident that I could handle the role of a clinical therapist. He taught me a lot about theoretical frameworks that he utilizes in therapy sessions and in turn, I was able to learn new techniques that were not in my school’s curriculum. After my first year internship, Dr. Ali was also very helpful with this project. He allowed me to interview clinicians at his agency for the purpose of this project and helped me develop questions that could provide a discussion on the topic. Overall, Dr. Ali has been a big help in getting me to where I am at today; a graduate student in the field of study that I love and appreciate. I am happy that Dr. Ali is in my life; as a mentor, colleague, and most importantly, a friend.
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Chapter 1

INTRODUCTION

There is a growing concern for the mentally ill offender population in the state of California. With more inmates being diagnosed with a mental disorder than ever before, it is clear that the type of treatment offered after release among this population will affect recidivism rates. Clinicians in the prison system are starting to see many inmates’ exhibit patterns of committing crimes due to the nature of their mental disorder. Whether it is a psychotic, mood, substance, or personality disorder, the focus clinicians have is to identify what services are needed to stop these inmates from going in and out jail over the course of their live. This study focuses on what type of treatment is available for the mentally ill offender population and if it helps reduce recidivism. By looking at an expert opinion’s on current treatment and its affect on recidivism, data could support the theory that more mental health services equals less incarceration time for mentally ill offenders.

Background of the Problem

This study affects many aspects of social work. The mentally ill offender population is comprised with individuals mainly from lower socio-economic backgrounds and outside the dominant culture. This is one of the main populations that affect families and communities within the field of social work practice. This study can potentially strengthen communities by helping mentally ill offenders obtain treatment they need to support their families and be productive citizens in society. The stigmatization of being an offender with a mental illness holds many negative repercussions within a community. It often limits a person’s ability to re-integrate into a
community especially when mental health services are not being offered or utilized. Mentally ill offenders are generally released to a community without adequate services and resources that promote a chance for positive re-integration.

**Statement of the Research Problem**

The mental health population has been one of the most oppressed populations in our society today. Mentally ill people often fall victim to little or no treatment due to limitations in resources provided by their communities. This often leads to incarceration due to committing crimes upon release, which becomes a pattern of behaviors that continue to persist.

Once these individuals are out of custody, they now have the stigma of being a mentally ill offender. Reintegration into the community as a mentally ill offender holds many more issues like the limitation of resources and being in the hands of the criminal justice system to obtain help. Currently, a mentally ill offender receives mental health services while out of custody at a limited basis. Within the California Department of Corrections and Rehabilitation (CDCR), a clinical social worker and psychiatrist see a mentally ill offender once a month for mental health services once released into the community. The type of services these clinicians provide are limited to individual therapy and medication monitoring while other aspects like group therapy, drug counseling and treatment, benefits acquisitions services, job assistance, and educational counseling are not a part of the treatment being offered. Without complete mental health services, mentally ill offenders successful re-integration into the community could be limited. In addition, with the mentally ill offender population rising, mental health
caseloads are becoming larger for clinicians that work with this population in the community. With higher caseloads, services that are provided could be limiting which could case an increase in recidivism rates. The research problem then becomes focused on the type of treatment being offered to mentally ill offenders and how it affects recidivism.

**Study Purpose**

The California prison system has seen an influx of people being diagnosed with a mental disorder while in custody. Criminal institutions have seen a growing epidemic of mentally ill offenders each year; however, the limited amount of resources upon release has continued to stay the same. Mental health clinicians have seen their caseloads rise, which affects the types of services and resources their mentally ill offenders can receive. Without these needed services and resources, these clinicians have seen their clients go in and out of custody through the years. The recidivism rates among mentally ill offenders seem to be affected by the limited amount of resources. This is the most important problem that needs to be addressed. This study looks to examine the link between mental health treatment and its affect on recidivism.

By examining an expert’s opinion on how treatment affects recidivism, we could begin to focus the attention towards services versus incarceration. This study will focus on a mental health professional’s opinion on how treatment affects recidivism rates among mentally ill offenders. The professionals being questioned provide services through a non-profit mental health parole outpatient clinic that is funded by CDCR. This study will ask professionals how treatment services have affected recidivism rates among
the mentally ill offender population. The purpose of this study is to suggest that without adequate mental health services for mentally ill offenders who re-integrate into the community; the committing of crimes and corresponding recidivism rates will continue to rise.

**Theoretical Framework**

This study emphasizes an importance on providing respectful treatment and alternatives to incarceration for the mentally ill offender population. The theoretical framework used in this study is the restorative justice approach. This approach emphasizes a focus on the needs of the victims and offenders and involves the community in finding alternatives to punitive actions. The purpose of a restorative justice approach is to bring together a community and show offenders, with a high level of respect, that their actions are unacceptable. It does this by offering treatment to the offender instead of utilizing punitive measure like incarceration. The restorative justice approach offers solutions to undesirable behaviors by encouraging treatment and bringing in the community to help offenders understand what behaviors are desirable.

The research problem suggests that more mentally ill offenders recidivate every year due to the lack of treatment. A restorative justice approach that emphasizes the need for treatment instead of incarceration for this population could ultimately reduce recidivism rates. This study aims to find consistencies between treatment and the likelihood for these individuals to recidivate. The restorative justice approach is the underlying theoretical framework that is used for this study.
Offering treatment lead by the community in efforts to provide treatment and help this population gain the services they need to stay out of custody is what this study aims to show. Currently, the restorative justice model is not being used when looking at how communities look to incarcerate individuals rather than provide treatment for them. When the focus becomes on the treatment of this population, rather than punitive measures, the community could see a better outlook on recidivism rates. This could be empowering to not only the community, but to the mentally ill offenders.

Another theoretical framework used in this study is the empowerment approach. Offering treatment as an alternative to incarceration empowers individuals to take responsibility for their actions and offers them a chance to change. The empowerment approach is a theoretical framework that emphasizes individual’s need to feel they have power over their own life. Treatment services often empower their clients by showing them alternatives to past behaviors and give them the power to make the change they want to see. The empowerment approach is used when defining the research problem because it allows mentally ill offenders the opportunity to obtain treatment that empowers them as individuals. Treatment offers these individuals the power to make alternative choices and hopefully stop recidivating.

**Definition of Terms**

California Department of Corrections and Rehabilitation (CDCR)- this department is responsible for the handling of state prisons and parole operations. Prisons are often where mentally ill offenders are labeled with mental disorders.
Probation- an offender who is released from a prison or local jail confinement term is placed under supervision known as probation; this is type of supervision is held by the county for which the offender is released to. Probation is granted to those who can be released early from a confinement term.

Parole- an offender who is released from a prison confinement term is placed under supervision known as parole; this is type of supervision is held by the state for which the offender was sentenced in. Parole is granted to those who can be released early from a confinement term.

Dual Diagnosis- often referred as “co-occurring” or “co-morbid” disorder, is when a person is diagnosed with a mental illness and co-morbid substance abuse disorder.

Mentally ill offender- an offender who has been screened positive for a mental illness.

Recidivism- a relapse in previous behaviors; for the purpose of this project it refers to the relapse in previous criminal behaviors.

Consortium for Community Services (CCS) - This is a Sacramento community based mental health outpatient program designed by CDCR for mentally ill parolees. It is comprised of multiple clinicians that provide group/individual therapy, day programs, benefits acquisition services, vocational services, and AOD services. There are 10 such programs in the state of California.

Expert- Throughout this project, the words expert, practitioner, and clinician are used interchangeably. They are all used to refer to the mental health professionals that
work mentally ill offenders. The educational backgrounds for these individuals include: Masters in Social Work, Masters in Psychology, Masters in Counseling, PhD, PsyD, and EdD. They also include students that are either earning their degree or working towards their hours in those fields and are currently being supervised by a fully licensed therapist whom is registered with the California Board of Behavioral Sciences.

Assumptions

The assumptions to be considered for this study include: 1.) Consortium for Community Services (CCS) employs mental health professionals that are fully capable of providing adequate services for mentally ill offenders; 2.) CCS mental health professionals have been serving the mentally ill offender population long enough to give an opinion on how treatment affects recidivism rates; 3.) CCS mental health professionals have been educated on what is needed for the mentally ill offender to re-integrate productively into communities; 4.) CCS empowers their clients by showing them respect and an overall quality of life.

Social Work Research Justification

This study examines the possibility that perhaps more mental health resources are needed to reduce recidivism rates among the mentally ill offenders. The reason for helping this population is not only to benefit the individuals but also to strengthen communities and save taxpayer dollars. The cost of a mentally ill offender in prison is double the cost of a regular inmate (CDCR website). By spending more money on mental health services, perhaps money could be saved due to less incarceration time among the mentally ill offender population. If money is spent in a way to prevent this
population from reoffending, this oppressed population can begin to re-integrate into the community and obtain treatment that could reduce recidivism.

**Study Limitations**

This study is being conducted to only gain the perspectives of practitioners whom work within the mentally ill offender population. The study looks to find if practitioners believe that treating mentally ill offenders constitutes lesser recidivism rates. The study does not look to see if treatment outcomes that utilize certain theoretical frameworks or evidence-based practices are effective in reducing recidivism rates. The study is limited to gaining an understanding if practitioners believe that the services they provide directly affect recidivism. This study does not aim to identify alternatives to already allotted treatment services for mentally ill offenders nor does it critique current services that are being performed.

**Summary**

This chapter included the statement and background of the problem, purpose of the study, theoretical framework, assumptions, social work research justifications, study limitations, and key terms/acronyms. Chapter two will discuss the literature that was found on the topic of treatment for mentally ill offenders. Chapter three will discuss the methodology this project used in doing research. Chapter four will describe and analyze the results of the study. Chapter five will be a discussion on the issue and the implications it has on social work practice.
Chapter 2

REVIEW OF THE LITERATURE

This literature review will be divided into several sections. The first section will identify the problem that mentally ill offenders face when re-integrating into the community and look at the current needs among this population. For the purpose of this review, the term mentally ill offender will used to refer to those individual who are released from custody either on parole or probation. The literature will look into what research has shown regarding the need for alternative measures in the treatment of mentally ill offenders and look at what the research says in reducing recidivism. Further review on the literature will analyze what current treatment is in place and how effective it is. This will lead into the institution and implementation of mental health courts, which serve as a problem-solving system in providing services for mentally ill offenders. Finally, with more research suggesting that mentally ill offenders often carry a co-occurring substance abuse diagnosis, research will be looked at to see what treatment is offered to that population and if it is helping in reducing recidivism. All of the literature being reviewed will be tied into the study questions that are being raised in this project.

Identifying the Problem

Mentally ill offenders who come out of custody and try to re-integrate into communities need more help. Reducing recidivism can be achieved by offering more services to the parole population. By looking at past research, we can see a strong correlation between offenders who receive treatment services and those who do not. Even those who do go back to jail after being offered a treatment program often are
arrested for a violation and not a new criminal charge (Perez, 2009). This can suggest that treatment programs that help offenders re-integrate into the community really affect the incarceration time in a positive way. Since new criminal charges often lead to more incarceration time as oppose to violating parole, we can see how treatment programs may reduce the possibility of offenders’ committing new crimes. These programs are imperative to reducing lengths of time in custody for mentally ill offenders and overall significantly lowering recidivism rates. This study measures a program’s effectiveness to reduce recidivism and strengthen the mentally ill parole population. By looking at what the Consortium for Community Services (CCS) has done for this population, we can further our understanding as to how programs can help reduce recidivism.

CDCR has seen an increase in needed mental health services among parolees. The lack of services has created barriers for mentally ill offenders to re-integrate into communities. Owens et al (2011) suggest that, “significant rates of mental health problems and histories of traumatic events exist” when talking about the parole population (Owens et al, p.37, 2011). This gives us an understanding that mental health services are limited among this population and the need is certainly there. We owe the mental health population more chances to positively re-integrate into the community because statistics prove that two-thirds of parolees will become re-incarcerated within three years (New York Times, 2011). This number is unacceptable and represents a need for services to help reduce recidivism. Research suggests there is an importance placed on services for mentally ill offenders and supports the study questions asked in this project.
Offenders coming out of the prison or jail system are either placed on parole or probation in order to be supervised during transition into the community. Looking at the prevalence of mentally illness among this population is limited in research studies. This could cause an increase in recidivism rates among such population. One research that aimed to do a literature review among offenders on probation concluded that there was a high prevalence of mental illness with the probation population being studied (Sirdifield, 2012). Although his study had limitations, it did conclude that the issue of mental illness among offenders re-integrating into the community is prevalent and should be researched more. Studies like these show that there is a growing concern among mental illness and the probation/parole population. If this were a concern, then the next appropriate step would be to look into current treatment that is provided and if it affects recidivism. According to this study, it also aimed to raise awareness of the growing cases of those diagnosed with a mental illness that are on probation. Studies like these need to be further explored in order to better advocate for treatment among this population. If a link between is established in the research between rising mental health needs among the mentally ill offender population, then subsequent treatment should be offered. This project supports the notion that treatment of mentally ill offenders will reduce recidivism rates and directly impact local communities in a positive way.

The number of mentally ill inmates has been on the rise over the past decade. It is unclear if this has always been the case or if it is a new phenomenon, however it is irrelevant at this point to find out how long it has been going on. This influx of mentally ill inmates has caused an increasing need for treatment within the prison health systems.
One literature review on the subject suggested that inadequate care is being provided at the prison level, which could cause rising recidivism rates (Brandt, 2012). Identifying and treating mental illness at the prison level is the first step in combating the issues of recidivism rates among the mentally ill offender population. It all begins with adequate treatment at that level and then transitioning the services to another agency once re-integration into the community commences. Research has shown that mental illness is rising among the prison population and that mental health services have failed to keep up. Adequate treatment for this population must begin at the prison level and continue on through probation or parole in order to reduce recidivism rates. This project looks to support this notion and points out the growing concern of inmates being diagnosed with mental health issues. It is hypothesized that community based treatment for mentally ill offenders will reduce recidivism rates, which will ultimately lower prison populations.

In a research done by Serowik and Yanos (2013), it was estimated that approximately 14% of prison inmates carry a mental illness (Serowik and Yanos, 2013). The article also pointed out that among this population 78% will recidivate during their lifetime. One of the reasons that explored this phenomenon was the lack of community services that are available upon release from custody. The article also looked at homelessness, persons receiving community services, and adequate treatment planning. It found that length of homelessness predicted recidivism by suggesting that the longer one is homeless, the faster they would re-offend. This suggests that treatment planning for mentally ill offenders released into the community should emphasize first on housing, and then focus on mental health treatment. The treatment planning stage just before
release is an imperative piece in reducing recidivism. By planning ahead and knowing where the released offender is going to stay and what mental health treatment they will engage in; recidivism should decrease. Research has shown that preparing and planning for a mentally ill offenders release into the community could affect recidivism if treatment is put in place. Without such treatment planning, continued high recidivism rates would remain consistent. This is a growing concern that is directly portrayed in the study question of this project. With a high recidivism rate among mentally ill offenders, it is only possible that more treatment services could reduce the revolving prison door that most this population faces. This project acknowledges the high recidivism rates among the mentally ill offender population and proposes that treatment helps reduce it.

Advocating for mental health services among the mentally ill offender population continues to show up in research. One study advocates for prison staff to be competent in identifying mental illness before hospitalization (Mullins, 2012). The study was based on identifying the needs of inmates that come to hospitals will severe mental illness and transferring them to the appropriate treatment. It also stated that prison was not a sustainable setting for providing adequate mental health treatment. Studies like these show the importance of identifying and treating mentally ill offenders as soon as possible. It assumes that without treatment, this population is a risk to themselves and others. Once the determination of mental illness is prevalent in an inmate, and then linkage to the correct services can be done. Advocating for services and treatment for mentally ill offenders is one of the main purposes of this project. By identifying research literature
that supports the advocacy for treatment for mentally ill offenders, the projects purpose is validated.

A current article in the New York Times (2013) highlights the importance of pushing mentally ill offenders towards treatment and not jail (New York Times, 2013). The article stated that inmates with a mental illness spend nearly twice as long in jail when compared to those who do not suffer from such illness. In New York, the move towards granting judges the authority to push these offenders towards community-based treatment programs is on the table in efforts to reduce recidivism rates and help this vulnerable population. The article stated that an ideal criminal justice system would allow people who commit minor offenses that are no real danger to others a chance to be referred to community-based treatment. Moves like these from within the mentally ill criminal justice system are becoming more apparent and adopted as the need for treatment increases. Also, the over crowding of jails plays an important role due to research suggesting that more people incarcerated suffer from a mental illness. If studies are showing an influx of mental illness in prison and jail populations, then subsequent community based mental health treatment is needed. The topic of this project looks to validate that argument by showing how treatment directly affects recidivism rates. The article done by the New York Times illustrates the importance this research topic has by acknowledging that treatment and not jail is the solution to the mentally ill offenders high recidivism rates.

The literature that was reviewed in this section shows the growing epidemic of mental illness among offenders. The implications it has on this project have to deal with
the advocacy and awareness that should be brought to this vulnerable study. The studies that were reviewed showed insight into how treatment could affect recidivism rates in a positive way. These studies support this project’s hypothesis, which projects that treatment for mentally ill offenders reduces recidivism rates.

**Current Programs and Treatment Outcomes**

Looking at current treatment outcomes and programs offered could give insight as to how services can help reduce recidivism. Treatment for the mentally ill population needs to be continuous and stable in order for positive re-integration into the community (Bello, 2012). When looking at the treatment of mentally ill offenders, it is imperative that services become not only available but also consistent. Releasing mentally ill parolees into the community with limited and unstable services can cause recidivism rates to rise. One study, that uses cognitive-skills interventions, has seen consistent positive results in the reduction of recidivism (Clarke et al, 2010). Programs like the one in this study reach out to the mentally ill by improving cognitive skills and social interactions, which leads to a more successful re-integration into the community. The limited amount of programs that have been available has seen successful treatment outcomes. However, consistency and longevity among these programs have been limited due to budget cuts even though treatments programs have seen to be effective. The implications the study by Bello (2012) has on this research project are consistent with what this study aims to prove; that recidivism rates will lower if more treatment in the community is available. This project looks at treatment for mentally ill offenders and its affect on recidivism rates.
Research in the area of treatment outcomes is imperative to provide federal and local governments justifiable means for funding. The mental health community understands that treatment for mentally ill populations, especially criminal populations, is highly necessary in order to promote health living and alternative coping strategies. In the area of social work, providing mental health services is a part of our code of ethics as we fight for social justice, social change, and the social well being of all people. However, representatives at the government level are not educated in the field of mental health therefore it is up to the practitioners to bridge the gap between the needs of the mental health population and what measures the government can take to provide services for the population. Providing research that suggests that there is a positive correlation between services rendered to mentally ill offenders and its effect on recidivism is needed in order for governments to put in place effective policies. The research will justify government’s advancement in policy regarding the treatment for mentally ill offenders. Current research has shown to be effective in advocating for these mental health services among the criminal population. This research project serves as a tool for the advocacy of the mentally ill offender population. Its goal is to suggest that treatment is the answer to rising recidivism rates and offer a more human approach in helping the mentally ill offender population.

Research is highly needed to determine whether community-based treatment affects recidivism among the mentally ill offender population. A study conducted by DeMatteo et al (2013) found that community-based programs in lieu of incarceration are an effective strategy for treating mentally offenders (DeMatteo et al, 2013). The study
was a literature review that examined problem-solving courts, diversion, and re-entry into the community. It concluded that there was not enough research to determine that these community-based programs were empirically supported therefore suggesting more empirical research should be done. This is consistent with other studies that look at utilizing community-based programs as an alternative for incarceration. However, the research does show that the criminal justice system is taking into consideration an alternative in the treatment of mentally ill offenders due how overrepresented they are. Research may not show empirically supported evidence that community-based programs are effective in reducing recidivism, however it does show a paradigm shift in how the criminal justice system is working with mentally ill offenders. This shift is an important step towards offering solutions in reducing recidivism rates among this population. This literature review holds the same values that this research project does. It focuses the attention towards treatment in the community in efforts to reduce recidivism rates among the mentally ill offender population. Research that suggests this form of a solution validates this projects assumption that treatment in lieu of incarceration will directly help this oppressed population by reducing recidivism.

**Mental Health Courts**

The cases of mentally ill offenders over the past few decades have raised a concern as to what should be done to help these individuals. Mental health courts began to expand over the U.S. in efforts to provide an alternative solution to incarcerating mentally ill offenders. These courts play a role in determining whether offenders should be placed into custody or released with subsequent community based treatment. Hughes
Hughes and Peak (2013) suggested that these mental health courts give an opportunity for mentally ill offenders to participate in community-based programs in lieu of incarceration (Hughes and Peak, 2013). The study they conducted was based on what types of services were provided and what role did psychotropic medications play in treatment. Mental health courts push mentally ill offenders out of custody and into treatment programs that often require psychotropic medications. Although the study was designed to raise legal and ethical questions regarding mandating treatment and psychotropic medications, it did suggest that there is a growing concern among the abundance of mentally ill offenders. The study did take a stance that mental health courts are a big step in the direction of utilizing therapeutic interventions to reduce recidivism instead of punishment. This makes a strong argument for this project's emphasis on providing treatment for mentally ill offenders due to its possible correlation towards reducing recidivism rates. Since mental health courts have been growing due to the need to offer solutions towards reducing recidivism rates, this project's purpose and study become validated.

The purpose and development of mental health courts was to keep mentally ill offender out of custody by offering them community-based treatment. It utilizes a problem-solving approach to reduce recidivism among this population by offering mentally ill offenders the opportunity to get therapeutic treatment in the community rather than in custody. It is apparent that mentally ill offenders recidivism rates will continue to grow if community-based treatment is not offered. Mental health courts are put in place to identify the needs of this population and offer alternative to incarceration. Providing mentally ill offenders treatment in lieu of incarceration is this project's main
focus. Looking at research that suggests community-based treatment programs offers a solution to raising recidivism rates further demonstrates the importance of this project. If the common theme of research suggests that treatment reduces recidivism rates among the mentally ill offender population, then the project would become more valid. This research regarding implicating mental health courts offers a correlation between the projects purpose (treatment reduces recidivism) and the literature being reviewed.

A study that looked at the impact that mental health courts have on mentally ill offenders access to treatment found that they were more likely to obtain treatment quicker (Keator et al, 2013). The study went on to state that people enrolled with the mental health courts had longer stays, quicker access, and more intensive therapeutic treatment than those who were not enrolled. Although quicker access and longer stays in treatment were a great benefit that the mental health courts provided, the study did conclude that there was no correlation toward reducing arrests or incarceration. This does not prove that mental health courts are accomplishing their goal of linking mentally ill offenders to community-based treatment in lieu of incarceration. The goal is to provide treatment options rather than punishment in hopes that recidivism rates will fall among the mentally ill offender population. This is the exact purpose of this project, to find a link between treatment and recidivism rates among mentally ill offenders. The studies done on mental health courts have shown that a push towards treatment as a solution for reducing recidivism rates.

Juvenile courts have also adopted the idea of linking mental health services to offenders. A study done by Stout and Holleran (2012) showed that although there was
not a significant difference between incarceration rates and treatment outcomes, the
courts did place a big emphasis on linkage to mental health services (Stout and Holleran,
2012). This push towards treatment in the community rather than punishment is starting
to become the rule instead of the exception. This strategy will become the driving force
behind reducing recidivism rates because of the awareness it brings toward treating
mentally ill offenders. The future is geared towards identifying such behaviors and
treating it in the community rather than in custody. With the criminal justice system
leaning towards this model, perhaps the future will show mentally ill offenders having
lower recidivism rates due to treatment being provided in the community. If anything,
these studies show the importance of offering community-based treatment in lieu of
incarceration. More extensive research needs to be done to see if these treatment
programs are effective, however in reference to this project, it is apparent that treatment
for mentally ill offenders could reduce rising recidivism rates when looking to the future.

More cases of mental illness in the prison and jail system are surfacing which
emphasizes the need for treatment. Continuing to incarcerate these individuals instead of
offering treatment pose a risk to the community. One study that looked at 150 detainees
in a jail found that 75% of them were screened and found to have symptoms of a mental
illness (Ogloff, 2013). The same study sampled 614 individual detainees at a jail and
found that 33% of them were screened positive for a mental health condition. In the
same sample, 70% reported having a substance abuse issue. Studies like these show the
importance of linking individuals to community-based treatment programs upon release
from incarceration. Perhaps the more treatment that is made available, the lesser criminal
activity among this population will occur. It may take time for the treatment to show that it reduces criminal activity, which is why the availability to services should continue to be there. Mental health courts should get involved once a person is screened to have a mental health issue upon arrest and incarcerated. Studies like this one exhibit the importance of getting mental health courts involved once a person is screened positive in the jail setting. This could begin the path towards treatment instead of incarceration, which could reduce recidivism rates.

This section aimed to suggest that treatment versus incarceration is becoming a common theme in the treatment of mentally ill offenders. The growing number of mental health courts enforces the research that suggests a growing concern for the mentally ill offender population. The implication this has on this project’s hypothesis is that if more offenders are being pushed toward treatment rather than incarceration, then treatment seems to be the answer to lowing recidivism rates. This directly correlates to the hypothesis that treatment for mentally ill offenders positively affects recidivism rates.

**Co-occurring Disorders within Mentally Ill Offender Populations**

The mental health population among parolees is often suffering from co-occurring disorders. It estimated that 42% of inmates in prison currently suffer from a co-occurring disorder (Sacks et al, 2012). In one study, a group of offenders were released with therapeutic services that treated their co-occurring disorder. The results showed a great reduction in recidivism (Sacks et al, 2012). The same study utilized a strategy that incorporated a treatment program that started in custody and continued upon release. The purpose of the study was to examine how the treatment of offenders with co-occurring
disorder could reduce recidivism. The findings suggest that programs designed to help mentally ill parolees with co-occurring disorders help reduce recidivism and promote healthy re-integration into the community. This project’s goal is to find common themes among treatment for mentally ill offenders and how it positively affects recidivism rates. The study mentioned above gave some insight into how treatment and recidivism rates are correlated. Although this study looks at mentally ill parolee’s with co-occurring disorder, it can be linked to this project due to the growing number of individuals who carry both a mental health and substance abuse disorder. A mentally ill offender with a substance abuse disorder could benefit from the same type of treatment that this project is advocating for. The expert’s opinion in this project will further reinforce the notion that treatment programs are designed to reduce recidivism rates.

The need for services among the parole population suffering from co-occurring disorders is there. Studies have found that 35% of crimes being committed have been done by people under the influence of drugs, which leads to the suspicion that we have a growing problem among offenders (Webster et al, 2010). This statistic represents a need to help treat offenders. One study looked at co-occurring disorders as predictors of parole time to rearrested and found that this population of people re-offended faster than regular parolees (Wood, 2011). Mental health parole populations often suffer from co-occurring disorders. When under treated, the recidivism rates will continue to grow. Research has shown that effective evidence-based programs have reduced recidivism rates among this population. Specifically participants in cognitive-behavioral therapy and therapeutic communities have seen lower rates of criminal activity and drug use (Bahr et
al, 2012). This suggests that treatment for parolees with co-occurring disorder can reduce re-incarceration rates. These implications suggest that this project will find similar outcomes due to the similar types of therapeutic interventions being used at the agency being studied.

Mental health and substance abuse disorders are often co-occurring and research suggests that it is more common than ever before. A research study by Proctor and Hoffmann (2012) that interviewed 176 substance-dependent incarcerated males found that over half suffered from a co-occurring mental health disorder (Proctor and Hoffmann, 2012). This research suggests that co-occurring disorders should be of concern when providing adequate treatment for mentally ill offenders. If there is a high prevalence of substance abuse among mentally ill populations, then treatment for such issues should be present. It is important that these issues be identified before treatment is rendered because it could impact recidivism rates. Treatment for co-occurring disorders must be taken in consideration when working with the mentally ill offender population because an oversight of such a prevalent issue could be the determining factor in regards to why this population is re-offending. This is the prominent theme of this project; to provide support and advocacy for the treatment of mentally ill offenders. Among this population are individuals who suffer from a co-occurring disorder who could benefit from treatment, which could lead to lower recidivism rates.

In a study done by Bright and Martire (2013), which looks at coerced treatment of substance-using offenders and recidivism, it was found that there is not enough research done to prove that mandatory treatment affects recidivism rates (Bright and Martire,
2013). A proposed reason for this conclusion comes with the ignorance of implementing such programs that forget to acknowledge mental health as an issue that often comes with substance abuse. Forcing offenders into any type of treatment has shown to be unaffected if all issues are not addressed. The limitations in current research among mentally ill offenders who carry a co-occurring substance abuse disorder needs to be address in order to combat recidivism. Forcing offenders into a “one size fits all” treatment model has been seen to be ineffective due to it not affecting recidivism. The research mentioned above places an important emphasis on how treatment for one illness and not the other is detrimental. This project includes asking questions to experts about their services and if they include substance abuse treatment. Experts will then be given the opportunity to expand on their answers in relations to how they think providing substance abuse treatment affects recidivism.

Ignoring the issue of co-occurring disorders among the prison population could cause a rise in recidivism rates. In a study that sampled mentally ill inmates at a state correctional facility, it was found that the risk of misbehavior was high for those that suffered from a co-occurring disorder (Houser et al, 2012). The study analyzed inmates with a single mental health disorder, no disorder, and co-occurring disorder against patterns of misbehavior. Inmates with co-occurring disorders can be seen through this study as a population with specific needs to be addressed. If we see this population causing issues while incarcerated it is can be generalized that the same is expected once out in the community. Effective treatment programs that incorporate mental health and substance abuse issues are needed once this population enters the community. If such
programs were put in place perhaps recidivism rates among this population would go down.

The prevalence of co-occurring disorders among the mentally ill offender population is becoming a common theme. This portion of the literature review gave insight into current research that studies the link between treatment and recidivism rates. The literature showed that there is a growing concern for the mentally ill offender population because a good majority of them are suffering from a co-occurring substance abuse disorder. This implications this literature has on this project is that research shows some level of agreement that treatment does affect recidivism, which confirms the hypothesis in this study.

**Summary**

In this chapter, relevant literature was reviewed in efforts to support the project. The topics of this chapter covered current needs, research suggestions, mental health courts, treatment outcomes, and the prevalence of co-occurring disorders among this population. In the next chapter, the methods used to conduct this study are described.
Chapter 3

METHODS

Study Objectives

The objective for this study is to find correlations and common themes that experts in the field mental health treatment have in regards to treating mentally ill offenders and its effect on recidivism rates. This methods section will discuss what design was used, sampling procedures, how data was collected, instruments used, and how the data was analyzed.

Study Design

For this study, a qualitative design approach is used by gathering expert’s opinions on the possible positive correlation between mental health treatment and recidivism rates among the mentally ill offender population. This study looks at the quality aspect of the reports that experts give on their own experience with the treatment for mentally ill offenders. The research aims to explore linking the two variables being measured. By using qualitative measures, expert’s opinions can be analyzed by the researcher to see if there are positive correlations between the variables.

This study is will be an exploratory study because it looks to explore a possible relationship between variables. It will determine if experts in the field of mental health treatment believe that such intervention affect recidivism rates among the population being studied.

A disadvantage to the study design is that there are a limited amount of participants. With only five experts being interviewed, external validity may be an issue.
The study would be hard to generalize to the greater population with the limited amount of expert’s opinions. However, if the study does confirm the hypothesis, then it could be used in future studies that could sample a larger population of people

**Sampling Procedures**

The subjects being interviewed in this study will be from a local community-based mental health treatment program that works with mentally ill parolees. The subjects will be clinicians that hold credentials at a masters or PhD level and have a job classification as a therapist or any other clinical mental health position. The subjects being interviewed are working at the agency under either their own license from the state board of behavioral sciences or under someone who supervises them. This researcher will work with the clinical director at the agency in efforts to identify those who meet the requirements.

**Data Collection Procedures**

Data will be collected at the agency once the human subjects board approves this study (see appendix C). Once the approval has been granted, this researcher will take the names of those identified as meeting the requirements for this study, write their names on a piece of paper, and randomly draw five names from a hat. The remaining names will be discarded and the five drawn names will be given the informed consent form to fill out. After the informed consent is filled out, the questionnaire will be administer and the subjects will have six days to return the questionnaire to this researcher.
**Instruments**

A questionnaire will be utilized in this study (see appendix B). The questionnaire is in the form of open and closed ended questions. The questions are designed to allow the expert to give their opinion on how treatment affects recidivism. The will be given the opportunity to explain their experience with the population being studied.

**Data Analysis**

The data will be analyzed by using qualitative measures. This researcher will compare and contrast the subject’s responses to the questionnaire in efforts to find common themes among the research topic. Data analysis of the questionnaires will include describing whether the subjects believe that treatment for mentally ill offenders is directly affecting recidivism. This researcher will compare the subjects against each other and summarize the findings to explore possible correlations.

The findings of this study can determine if there is a positive correlation between mental health treatment and recidivism rates. The data analysis should prove that experts believe that treatment directly affects the amount of time mentally ill offenders serve incarcerated in a positive way. I predict that the hypothesis will be confirmed and that the information gathered from this study can be used to help advocate for more services for mentally ill offenders.

**Protection of Human Subjects**

An application to the Internal Review Board for human subjects was submitted and approved (See appendix C). The process began with filling out an application to the IRB that showed what population was being studied, who would be responding to the
questionnaire, methodology used, and if the study had any risk to the subjects. The application was approved with recommendations that were taken into consideration.
Chapter 4

STUDY FINDINGS AND DISCUSSIONS

The findings of this study are based on expert’s opinions who have worked with the mentally ill offender population. The main objective of the study was to determine if experts that work with the mentally ill offender population believe that community-based treatment helps reduce recidivism rates. The study hypothesized that experts would confirm that community-based treatment is effective in reducing recidivism rates. The findings of this study will be presented in a narrative form and discussions regarding the common themes of the expert’s opinions are discussed in relation to the topic. Although restorative justice was not defined in the questionnaires given, the findings will explore the answers the experts gave to determine if they fall in line with such theoretical framework. The questionnaires allowed experts to give their opinion on how current treatment is rendered, utilized, and limited to the mentally ill offender population. The questionnaire allowed for the experts to expand on the details of treatment that is offered and utilized in efforts to gain insight into how community-based treatment affects recidivism rates. Overall and specific findings to the questionnaires will be discussed in further detail below.

Overall findings

This study included a total of five participants who were determined to be experts in the field of mental health treatment for mentally ill offenders. The participants were given a questionnaire that asked open and closed ended questions in regards to the types of services they provide for mentally ill offender. The participants were allowed to
expand on the closed ended questions to give their own take on how treatment affects recidivism and if treatment is the solution. The questions were based on several areas of mental health treatment that included: case management services, medication monitoring, community resources, group/individual therapy, and limitations to services available.

The overall opinions suggested a strong agreement that mental health services for mentally ill offenders are needed in helping in reducing recidivism rates. The common theme was that mentally ill offenders need services while in the community and that when those services are utilized, relapse into past criminal behaviors are lowered. The experts’ answers to the questionnaires were similar in that a big emphasis was on the need for community resources for mentally ill offenders and how when those services were utilized, they saw their clients become more aware of their past criminal behaviors. The expert’s opinion was in line with the hypothesis of this study. A definition of the restorative justice approach was not given nor directly asked in the questions, however, the common theme of the narratives were that the experts believed that treatment oppose to incarceration was the key to deterring future criminal behaviors. All the participants concurred with each other in stating that treatment for mentally ill offenders affects recidivism rates in a positive way. They were able to provide information regarding how they have seen treatment help this population find alternatives to past criminal behaviors. The experts were also able to discuss how mental health treatment was the key to success for mentally ill offenders.
Specific Findings

Specific findings are discussed below in a narrative form to provide insight into how the experts believe that certain areas of treatment are beneficial towards reducing recidivism. Several key areas were concurrently brought up between all the experts’ answers to the questionnaire given. The common theme of these key areas included an emphasis on treatment in the following: alcohol and other drug counseling, community housing options, medication monitoring, case management, and limited community resources. These specific findings were discussed by all participants in a way that gave insight into how these services helped in reducing recidivism rates.

Alcohol and Other Drug Counseling Services

A common theme that was brought up with all the participants was the need for concurrent AOD counseling. The agency from which the participants belonged to offers these services and the experts all suggested that this was a key component in reducing recidivism rates. The experts were able to identify that the mentally ill offender population (more often than not) has a co-morbid substance abuse problem that their agency was able to offer services for. They all believed that offering these services while in the community was effective in reducing recidivism rates. The underlying message was that offering community-based substance abuse counseling, in conjunction with mental health services, better served the mentally ill offender population. Even though the question of substance abuse services was not asked in the questionnaire, every participant brought up the same theme that substance abuse services was a very necessary component of their agency. They all stated that receiving these services was beneficiary
to the population and suggested that it engaged the clients more intensive treatment options. They reported that clients who self-medicated with illicit substances were more likely to re-offend, however their services allowed for the clients to engage in substance abuse counseling that helped deter them from that behavior. The participants eluded that utilization of these services was beneficiary and a much needed part of treatment.

**Medication Monitoring**

A question that all the participants agreed on in the questionnaire was number one, which talked about psychotropic medication regimen that clients are currently on (see appendix B). The common theme when looking at the explanations to this question was in regards to how important it was for the agency to make sure to monitor medications that their clients were prescribed. Monitoring these medications was defined as asking clients what medications they were on and making sure they were taking it as prescribed. It also included asking clients whether the medication were alleviating the symptoms of their mental health issues. The participants all believed that this was a big part in helping reduce recidivism rates because it allowed them as clinicians to identify non-compliance and self-medicating practices. If the clinicians believed that their clients were not medication compliant, they would be able to get them back on track by discussing the importance of psychotropic medications in therapy and alternatives to self-medicating practices. All the experts believed that this service was a big help in reducing recidivism rates because it allowed for the clinicians to get their clients back on track with treatment instead of slipping back to criminal behaviors. The practice of medication monitoring allowed the clients to be proactive in their treatment by being held
accountable to their treatment goals, which included taking prescribed psychotropic medications.

**Case Management Services**

Questions five and six in the questionnaire given to the experts asked if case management services helped avoid recidivism (see appendix B). The common theme among the participants with the topic of case management services was that it was necessary in reducing recidivism because it treated mentally ill offenders at different levels. All the participants stated that case management services were beneficial because it treated the client’s mental, physical, and social needs. It allows clients to gather importance resources that will help them achieve a standard of living. For example, making sure clients have the right kind of monetary benefits, housing assistance, health care, recreation, and community linkage options defines case management services. According to the expert’s opinions, these services help treat the client’s entire world and directly affect recidivism. Treating a client at this level allows for a better understanding of what is lacking in their life and what is needed to be successful in treatment. The theme of all the experts was that these case management services helped reduce recidivism rates.

**Housing Options**

A common theme of all the participants was the consistent prevalence of the issue of lack of housing options. According to the experts, lack of housing options for mentally ill offenders is a big part of recidivism. They stated it is hard to treat clients that have to deal with the stress of being on the streets. Being a mentally ill offender who
does not have consistent, affordable, safe housing affects re-offending rates. This was brought up in all of the questionnaires that were administered even though there was not a specific question relating to the topic. The experts stated that the lack of housing options directly affects recidivism rates and that more programs with these options are needed. Out of all the common themes, there was a big emphasis on this specific finding because the experts believe it plays a direct for recidivating. The experts often eluded towards not having a linkage to housing as a big problem area in the treatment of mentally ill offenders.

**Limited Community Resources**

Question eight asked if Sacramento County is currently under serving the mentally ill offender population (see appendix B). All of the participants answered “yes” to this question and expanded on it by suggesting that more programs are needed to serve this population. The common theme to this question was with the limited community resources for their clients. From housing resources to educational and vocational resources, every participant stated that there are limited community resources for mentally ill offenders. They stated there is a great need to serve this population with more comprehensive services oppose to just mental health treatment. Emphasizing the need for community resources was explained by some of the participants and a need that will help ensure total treatment and could suggest reducing recidivism rates. They stated that community resources help mentally ill offenders transition back into the community without re-offending behaviors. They believe this is because a mentally ill offender needs the help and support of the community to be successful.
Interpretations of the Findings

The overall findings support the hypothesis that experts believe treatment for mentally ill offenders affects recidivism rates. The findings suggest that experts have been able to see a difference in recidivism rates among the mentally ill offender population they serve. The treatment the participants provide for their clients have seen to be effective according the statements made regarding the use of case management services, therapy, and medication monitoring. The specific findings suggest a big importance in the area of substance abuse counseling, housing options, medication monitoring, community resources, and case management services. All of the participants stated that these services help reduce recidivism because it services the entire client oppose to just focusing on one area. The findings suggest that mental health treatment directly affects recidivism rates according the experts being questioned.

In addition, the finding also suggested that experts agree on pushing treatment oppose to incarceration of mentally ill offenders. They suggested that this population is better served in the community and that an emphasis of treatment versus punishment should be utilized. This thought process concurs with the stance that this project takes on the utilization of the restorative justice approach in working this population. Although restorative justice was not brought up in the questions, the common theme was that mentally ill offenders need community-based treatment in efforts to reduce recidivism rates. They stated that treatment services in the community may reduce recidivism rates, which is what the restorative justice model emphasizes.
Another finding that was brought up more than any other topic in the questionnaire was that of the need for substance abuse services. This agency was fortunate in having offering substance abuse counseling. The findings suggested that majority of the clients these experts serve have a co-morbid substance abuse issue. If this is a common theme of all the participants being interviewed, then it should be necessary for substance abuse counseling to be offered to every mentally ill offender who is released into the community. If this agency suggests a need for these services and has stated that most of their clients are substance abusers, then these services should be considered in treatment for other mentally ill offenders. The experts believe that this issue plays a role in recidivism rates and that they have been able to offer the services and see how it impacts re-offending. They suggest that offering these services may reduce recidivism rates.

Summary

Overall, the above narrative of the responses that experts gave on the topic of treatment affecting recidivism rates confirmed the hypothesis of the study. The specific findings emphasized the common themes that all the experts agreed upon and even brought up without being asked directly in the questions. The specific findings included the benefits of having substance abuse counseling, case management services, and medication monitoring. Also, specific findings suggested that a lack of housing options and community resources adversely affects recidivism rates. The common theme was that treatment for the mentally ill offender population may directly affect recidivism rates in a positive way. The expert’s opinions suggested that treatment help reduce recidivism
and is necessary in promoting a restorative justice approach to the issue of mentally ill offenders recidivating.
Chapter 5
DISCUSSION

Summary of Study

This study was exploratory in nature because it aimed to find common themes among experts in the field treatment mentally ill offenders. The study questions looked to see if experts believed that treatment for mentally ill offenders affect recidivism rates. Questionnaires were given out to five experts from a Sacramento community based agency that worked with the mentally ill offender population. After looking at the responses to the questions, it was confirmed that experts do believe that treatment does affect recidivism in a positive way. The responses also suggested that more services are needed to treat this vulnerable population and doing so in the community is suggested. Although restorative justice was not directly asked in the questionnaires given to the experts, the common themes these participants suggested was that treatment versus punishment should be taken, which is what the theoretical framework of this study emphasizes. This study also showed the importance of offering substance abuse counseling to this population along with case management services in efforts to reduce re-offending.

This study utilized a questionnaire that had open and closed ended questions for the experts to give their opinion on. The previous chapter went over those specific findings and interpretations to the study. This chapter will discuss what the findings and the implications it has for social work. Also, this chapter will look into recommendations for future studies and the limitations this study possessed.
Implications for Social Work

This study has major implications for social work practice at the micro and macro levels. At the macro level, this study suggests that more efforts in developing policies that address the needs of the mentally ill offender. These policies should be written at the state and local levels to ensure that this population is given the opportunity to obtain community-based services upon release from custody. Providing programs and services for mentally ill offenders should start at the macro level by filling propositions for alternative to incarceration methods. Doing this at the governmental level, awareness of the needs for this vulnerable population can be determined and addressed. This study suggests that policies at the macro level should be written to assist mentally ill offenders while in the community. Pushing policies that offer housing, public assistance, mental health treatment, and drug counseling to this vulnerable population could show a decrease in recidivism rates. It could also prove to be a first step in moving towards a restorative justice model approach in working with the offender population.

The utilization of mental health courts and identifying the needs of mentally ill offenders while in custody are other implications this study has on social work. Currently mental health courts are being established due to the needs of the population. This study emphasizes the need for these mental health courts by suggesting treatment oppose to incarceration for mentally ill offenders. Mental health courts are used to identify the needs of the mentally ill offender population and to offer alternatives to incarceration, which includes community-based treatment. This study builds on that by
suggesting that treatment is the answer and that expert’s report lower recidivism rates for those who are receiving mental health treatment in the community.

On the micro level, this study implicates that social work practice with mentally ill offenders helps reduce recidivism. The utilization of community-based mental health programs by mentally ill offenders is directly affecting recidivism rates according to this study. This plays a role in how people on the macro level could raise awareness to the community that treatment is the answer to reducing recidivism rates. It can also empower clinicians by suggesting that these treatment programs are effective. This study suggests that clinicians who specifically work within the parole and probation population believe that community-based programs in lieu of incarceration are the key towards reducing recidivism.

Overall, this study has many implications for social work practice. It aims to drive the focus towards community-based treatment programs and the utilization of the restorative justice model. The implications can be used at the macro and micro levels of practice especially when looking at what mental health courts are doing today. The goal is to reduce recidivism rates and offer alternatives to incarceration for the mentally ill offender population. This study implies that treatment oppose to incarceration is the key towards reducing recidivism rates.

**Recommendations**

The development of future studies is imperative to goal of this study. Future studies should incorporate many topics that look for alternatives to incarceration and the implementation of the restorative justice model. It is recommended that other studies be
done on this topic by which it provides a greater sample size. This study only used a small number of subjects being sampled therefore a larger sample size could be utilized to gather more information regarding whether treatment is effective in reducing recidivism rates. The sample size could then incorporate clinicians from other communities across the state or even the country. It is recommended to gather a big sample size that is in different areas to come up with responses that could give insight into how treatment for mentally ill offenders is affecting recidivism rates. This study could have gained more knowledge if a larger sample size was studied.

Another recommendation for future studies is to take a look into how mental health courts have played a role in reducing incarceration rates. A study in this area could also see if these mental health courts are providing treatment for mentally ill offenders and if it is working. A lot of knowledge can be gained when studying specific findings that communities who utilize mental health courts. These studies could suggest that treatment does work and furthermore, early interventions can be effective. It could also look into other current community-based treatment programs and how the mentally ill offender population is utilizing them. Studying other treatment programs strengths and weaknesses could benefit the population and give insight into what is and is not working.

Expanding on this study to include how early interventions are being utilized today is also recommended. Looking at how early interventions, perhaps at the juvenile level, are affecting incarceration rates in certain areas could help promote a restorative
justice model. Early interventions that include treating mentally ill offenders before they begin a long criminal history record would benefit communities and should be studied.

Another recommendation to this study is be able to directly study the mentally ill offenders directly. Being able to study a mentally ill offender face to face could be beneficial to a study. It would allow for rich conversations on how they believe treatment they are or are not receiving is contributing towards incarceration. Bringing the questions directly to the subjects being studied is recommended for future studies.

There are several recommendations for future research to be done on this topic. Increasing the sample size and varying the communities being researched is highly recommended. Looking at what mental health courts provides for mentally ill offenders and if they are effective in reducing incarceration rates among the mentally ill offender population is also recommended. Researching current community-based mental health programs is also recommended in efforts to establish that treatment helps reduce recidivism rates.

Limitations

While this study did explore the benefits of community-based treatment and how it affects recidivism rates, it did have limitations. The biggest limitation to the study was due to the sample size. With only interviewing and questioning five experts, the study’s findings were imitating to the specific population in the research. Having such a small sample size, which only works within Sacramento county, limits the studies ability to generalize to the greater mentally ill offender population. The study will need to be built upon to include a wide range of experts from different communities.
The lack of exploring cultural and socio-economic considerations is also limiting. The study did not take into consideration what cultures or backgrounds these experts worked with. It also did not look at socio-economic statuses that could have played a big role in determining whether treatment did work. By not exploring these pieces, the study was too broad when gaining an expert’s opinions. Future research should incorporate cultural and socio-economic questions.

The research questions in this study were geared to look at an expert’s opinion on whether treatment for mentally ill offenders affects recidivism rates. Although the questions did ask that, they were limiting to the perspectives of the experts rather than true outcomes. This is limiting because an expert could say what ever they wanted in answering the questions and they could have had a false sense of what they have provided for clients in the past. The experts could have thought treatment helped but they had no hard data to support it. It is limiting to the study that the answers to the questions were not based on data but rather perspectives.

Another limitation to the study is whether the expert being questioned is truly an expert in the field of mentally ill offenders. The experts being interview could not have had much experience in the field and could have been new to the agency. Also, credentials were not check in this study, which could suggest that the experts were not fully qualified as an expert in the field of mental health. By not looking at an experts credentials, qualifications, and experience in the field, the study will be hard to generalize to the greater population, which is limiting to the study.
Essentially, there are many limitations to this study but there could be future studies that could build upon the research. Increasing the sample population and demographics is a recommendation for future research into this topic. Exploring cultural and socio-economic considerations could also benefit the research as well. Asking questions to the experts about specific treatment outcomes could also give more insight into how treatment affects recidivism rates. Doing this could provide insight into how treatment is directly affecting the mentally ill offender population.

**Conclusion**

Overall, this study aimed to explore the possibility that treatment for mentally ill offenders affects recidivism rates. The purpose of this study is to suggest that community-based mental health treatment is effective in reducing recidivism rates. The study emphasizes the importance of the restorative justice model but suggesting that treatment in lieu of incarceration would benefit the mentally ill offender population and reduce incarceration rates. This study looked to explore the expert’s opinion that work with this vulnerable population by asking questions regarding their experiences and how they have seen treatment be effective. Although there were limitations, future researchers could use this study as a foundation to explore the topic. The goal of this study was to advocate for the mentally ill offender population by suggesting that taking a restorative justice approach toward treatment could help reduce recidivism rates.
Appendix A

Letter of Consent from CCS to Interview Experts
April 10, 2013

California State University, Sacramento
Division of Social Work
Office of Graduate Studies
6000 J Street
Sacramento, CA 95819

RE: Danilo Hughes

To Whom It May Concern;

This letter shall serve as an approval for Mr. Danilo Hughes to conduct his Thesis research at Consortium for Community Services (CCS). The conditions of the approval are following:

- Human Subjects will be limited to Clinicians working at CCS and their opinion
- No client files or client information will be reviewed
- CCS Computer network or files will not be accessed.
- No access to any client data
- No reference to parolees by any indication
- No reference to CDCR will be used

Mr. Hughes is in agreement to restrict his questions to the approved 9 questions.

Should you require further explanation, please contact me at your convenience.

Marvin Ali, Ph.D., LCSW
Clinical Director
Appendix B

Interview Questions given to the Experts at CCS
Mental Health Treatment Questionnaire

The following is a list of questions that will be used in conducting research that explores your expert opinion about the mental health treatment you provide for mentally ill offenders and how it affects recidivism. For the purpose of this study, recidivism is defined using the Merriam-Webster dictionary which states it as “a tendency to relapse into a previous condition or mode of behavior; especially: relapse into criminal behavior.” This study expands on this definition by incorporating how the California Department of Corrections and Rehabilitation (CDCR) calculates recidivism which is: “The recidivism rate starts with a cohort of felons offenders who are released to parole in a given year. They are tracked for a period of three years to determine if they return to prison. The release cohort includes only offenders, who are paroled for the first time from prison on a new admission to prison or paroled for the first time following return to prison with a new court commitment. The recidivism rate does not include parole violators who are re-released.” The answers to these questions will be kept confidential and the identities of the participants remain anonymous. If at any point you feel the need to stop answering these questions due to any reason, please let the researcher know and further questioning will be stopped. Thank you for your participation.

1) Do you believe that psychotropic medication regiment helps in avoiding recidivism (i.e. new offense, or parole violation?) YES/NO (circle one)

How do you believe that psychotropic medication regiment helps your clients in avoiding recidivism?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
2) Do you have clients who are not compliant with psychotropic medication regiment?
YES/NO (circle one)

How does being non-compliant with prescribed psychotropic regimen contribute to recidivism?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

3) Does your agency use group and individual psychotherapy when treating clients?
YES/NO (circle one)

How do you believe individual and group psychotherapy helps your clients in avoiding recidivism?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

4) Do you have clients who are non-compliant with individual and group psychotherapy treatment plans? YES/NO (circle one)

How does being non-compliant with individual and group psychotherapy regiment contribute to recidivism?
5) Does your agency provide ancillary case management services (housing referrals, benefits entitlement such as General Assistance, CalFresh, SSI, AOD Counseling, Vocational and School/Training, and Community Linkages, etc.)? YES/NO (circle one)

How does providing ancillary case management services contribute to avoiding recidivism?

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

6) In your experience, have you had mentally ill offenders who had reported that in previous parole terms, they did not receive comprehensive community based mental health services (Psychotropic Medications, Group and Individual Therapy, ancillary clinical case management services (housing referrals, benefits entitlement such as
General Assistance, CalFresh, SSI, AOD Counseling, Vocational and School/Training, and Community Linkages, etc..)? YES/NO (circle one)

If yes, what was the reason(s) for the relapse or recidivism for the mentally ill offenders who did not receive comprehensive community based mental health services?

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

7) Do you believe that the mentally ill offenders that you are serving are less vulnerable to relapsing into criminal acts? YES/NO (circle one) Explain

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

8) Do you think the mentally ill parole population is being underserved in Sacramento County? YES/NO (circle one)

If so, how do you think the community can service this population to avoid recidivism?
9) What area do you feel the agency is most successful in reducing recidivism rates? Where does the agency struggle the most in helping the mentally ill parolees?
Appendix C

Human Subjects Review Approval Letter
To: Danilo Hughes

From: Committee for the Protection of Human Subjects

RE: YOUR RECENT HUMAN SUBJECTS APPLICATION

We are writing on behalf of the Committee for the Protection of Human Subjects from the Division of Social Work. Your proposed study, “Practitioner's Perspectives on treatment Outcomes for Mentally Ill Parolees and its effect on Recidivism.”

_X_ approved as  _X_ EXEMPT  ____ MINIMAL RISK

Your human subjects approval number is: 12-13-066. Please use this number in all official correspondence and written materials relative to your study. Your approval expires one year from this date. Approval carries with it that you will inform the Committee promptly should an adverse reaction occur, and that you will make no modification in the protocol without prior approval of the Committee.

Recommendations

Recommendation 1: Perhaps change title of research to “Service providers’ opinions on usefulness of mental health treatment of ex-offenders.”

Recommendation 2: Because it is an exempt study, remove the consent form and use implied consent instead

Recommendation 3: Change the research design from qualitative to combine quantitative and qualitative. If consent form is included, make sure to include Dr. Russell’s contact information on consent form. Also, need to remove “Signature of Witness.” You do not need a witness before someone consented to your research.
Recommendation 4: The Committee concurs with the approval letter by CCS that CDCR and CCS should not be used anywhere in your Project Report.

The committee wishes you the best in your research.

Professors: Maria Dinis, Jude Antonyappan, Teiahsha Bankhead, Serge Lee, Kisun Nam, Maura O’Keefe, Dale Russell, Francis Yuen

Cc: Russell
References


California Department of Corrections and Rehabilitation. (2012). [www.cdcr.ca.gov](http://www.cdcr.ca.gov)


