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Statement and Recommendations to the
Illinois State Commission on Criminal Justice and Sentencing Reform

Thank you for the opportunity to speak with you this afternoon. I am the Vice President of Public Policy at Thresholds, a community-based mental health agency that provides treatment services to over 7,000 people living with a serious mental illness. We are very excited about the work of the Commission and the opportunity it presents to reduce the thousands of people who wind up in our state's prisons because of crimes committed, typically crimes of survival rather than violent crimes, due to an untreated serious mental illness.

The Illinois Department of Corrections reports that about 20 percent of the state's prison population has a mental illness. If the Rauner Administration's goal of reducing the prison population by 25 percent by 2025 is to be reached, approximately 7,000 people currently in the prison system who have a mental illness will need community-based treatment upon release, based on the Commission's Initial Report. Without treatment upon release, these individuals will lose the ability to manage their mental illness, be unable to hold down a job or maintain family and social relationships because of disorganized or irrational thinking, and be unable maintain stable housing. Therefore, they are highly likely to return to prison. A strong mental health treatment sector is required to prevent this path. This is the right thing to do and makes fiscal sense.

Illinois has never invested in a robust community mental health treatment system despite the overwhelming evidence that treatment works. This is why Illinois has such a high percentage of people in our prison system who are there for low-level crimes, such as multiple misdemeanors for crimes of survival, such as trespassing to find a place to sleep or theft of life's basic necessities. Most people with mental illnesses in our state's prison system are there not because they are violent, but because their mental illness has gone untreated, causing severe disability, multiple psychotic episodes, irrational thinking and behavior, and a life of poverty on the streets, to ultimately end up in the justice system. Cook County Sheriff Tom Dart often refers to the Cook County Jail as the largest mental health facility in the state. A jail or a prison is a correctional facility, not a place for treatment of a serious illness.

The way we treat mental illness in this state and in this country is unconscionable. It takes an average of 10 full years to get a diagnosis for a serious mental illness. We would never tolerate someone with cancer going without treatment and winding up in prison, where treatment was available. If we treated other serious medical conditions the way we do mental illnesses, most people would simply die.

The goal of reducing the prison population by 25 percent will require the state to significantly invest in the community mental health treatment infrastructure and rental subsidies that enable affordable housing. There is no question that this makes fiscal sense. According to the Commission's Initial Report, the average annual cost per inmate of prison in Illinois is $37,102. The average annual cost of the most intensive level of evidence-based community treatment (Assertive Community Treatment) for a serious mental illness is approximately $10,432 (and not every person requires this level of care).

Someone with a serious mental illness typically lives on Social Security Income (SSI) alone because their mental illness causes them to be disabled, meaning they have just $721 in income a month. This makes it extremely difficult to afford housing (and is why homelessness and justice involvement occur with this population). A rental subsidy modeled after the state's Bridge Subsidy Program costs $9,800 annually. **Accordingly, treatment plus housing combined costs approximately $20,232, which is far less expensive than prison, not to mention far more humane.**

The Commission's Initial Report suggests that the Medicaid Expansion and the Affordable Care Act will translate into an expansion of capacity within the mental health treatment sector. This is incorrect. Coverage does not mean mental health providers have the ability to expand capacity. The public mental health sector has been drastically underfunded since its inception and has suffered cuts over multiple years. In a three-year period between FY09-FY11, the state cut over $113 million in mental health funding. Medicaid rates don't come close to covering cost (and is why state grant funding is so critical), and prohibit most mental health providers from growing to serve the Medicaid Expansion population. Without reform/increased investment that allows providers to expand capacity, Medicaid coverage alone will not translate into increased capacity to meet the existing need, let alone the prison reduction population with significant mental health needs.

Following are a few recommendations to reducing the prison population with mental illnesses:

1. Medicaid rate reform for community mental health treatment services and increased state investment in mental health treatment services, with a focus on early intervention (*e.g.*, interventions at the first signs of a mental illness or upon an individual's first episode). Illinois' mental health system is crisis-based, meaning services typically are not available until the person is disabled by their mental illness. If the state invested far earlier to prevent the progression of the illness, disability, and all that goes along with it, including criminal justice involvement, could be prevented. Minnesota and New York are states that have made recent strides.

2. Monitoring and enforcing the mental health parity laws would also prevent individuals showing early signs of a mental illness from becoming disabled. Most mental illnesses manifest prior to age 24. Most children and young adults are covered by private insurance. The parity laws require most commercial insurance plans to cover mental health benefits on par with other medical benefits. If individuals are able to get treatment at an early stage in their illness, poverty and criminal justice involvement could be prevented, curbing the arc into the state's prison system.

3. State investment in rental subsidies for individuals who have a mental illness who are at risk of homelessness and at high-risk of recidivism in the prison system. A rental subsidy plus treatment costs far less than the average annual cost of a prison stay. The state's Bridge Subsidy Program run by the Department of Human Services-Division of Mental Health is a good model.

4. Most individuals with a mental illness leaving prison will be eligible for Medicaid. However, the Medicaid system and the prison system are largely disconnected from each other despite significant overlap of the populations. We strongly recommend developing quality metrics in the Medicaid system that the state (for Medicaid fee-for-service enrollees) and Medicaid managed care organizations (for Medicaid enrollees in managed care) are required to track. Without such quality metrics, there is no incentive in the Medicaid system to reduce recidivism through the justice system due to an untreated mental illness or substance use disorder.

Thank you again for your work and we look forward to working with the Commission on its recommendations to reducing the prison population living with significant mental health needs.