Intensive Case Management as a Jail Diversion Program for People With a Serious Mental Illness

A Review of the Literature

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This article reviews the research on intensive case management (ICM) programs as a jail diversion intervention for people with a serious mental illness (SMI). The review includes two types of ICM programs: (a) general ICM programs that included an assessment of arrests and incarceration rates for people with an SMI and (b) ICM programs specifically implemented as a component of a jail diversion intervention for people with an SMI. Results indicate that general ICM programs (19) rarely led to reductions in jail or arrest rates over time, and these rates were similar to those found in standard mental health services. General ICM programs that included an integrated addiction treatment component (8) had mixed results but a trend toward reductions in rates of arrests and incarceration over time for individuals with an SMI and a co-occurring substance use disorder. Results were mixed for jail diversion interventions with an ICM program, but most ICM programs (8) led to significant reductions in arrests and incarcerations over time. Specific elements of effective ICM jail diversion programs are discussed.

Keywords: *case management; jail diversion; mental illness*

Several federal and state initiatives have been launched to promote the development of community-based interventions to help divert people with a serious mental illness (SMI) away from the criminal justice system and into the more appropriate behavioral health system (Council of State Governments [CSG], 2002; Mentally Ill Offender Crime Reduction Grant [MIOCRG] program, 2002; New Freedom Commission on Mental Health [NFCMH], 2004; Steadman et al., 1999). Intensive case management (ICM) has been recommended as an essential tool in achieving this goal (e.g., NFCMH, 2004) and has been used in a majority of jail diversion interventions that include a community services component (MIOCRG, 2002; Steadman, Morris, & Dennis, 1995). Despite the prevalence of and support for