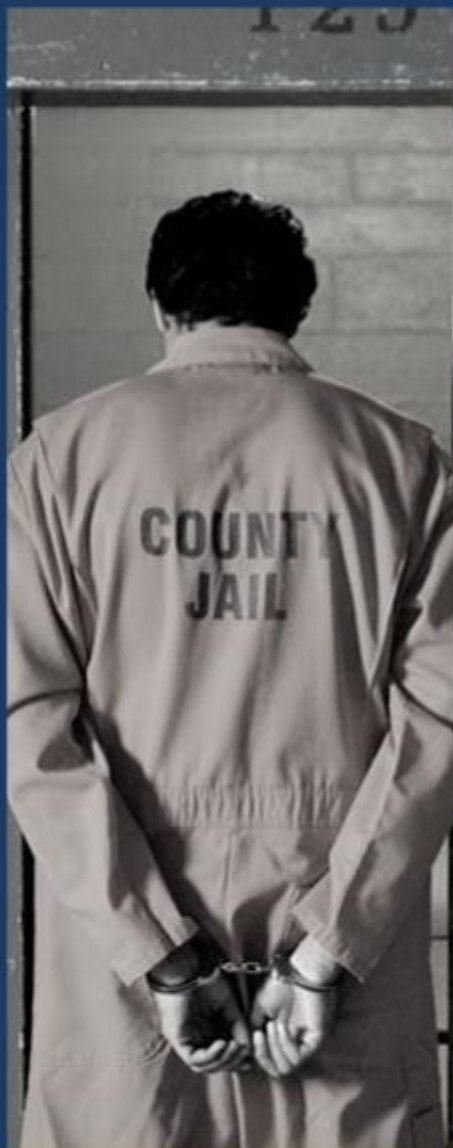

DIVERSION TO WHAT?

Evidence-Based Mental Health Services That Prevent
Needless Incarceration



ESSENTIAL COMMUNITY-BASED SERVICES

Investing in community-based mental health services provides numerous benefits, including a reduction in law enforcement intervention and incarceration. These services also promote the integration of people with mental health disabilities into their communities, allowing them to have opportunities to work, a place to call home, and support throughout the day.

This fact sheet describes essential and effective community services that should be part of every community's mental health system. It also describes the evidence that these services decrease the incarceration and institutionalization of individuals with mental health disabilities. When communities provide these services in sufficient amounts and ensure that there is ongoing coordination between the criminal and mental health systems, they will dramatically reduce the damaging and costly cycling of people with mental health disabilities in and out of jails, emergency rooms, hospitals, and shelters.

Assertive Community Treatment (ACT)

What is ACT?

- ACT is an individualized package of services and supports effective in meeting the day-to-day needs of people with serious mental illness living in the community. ACT is designed to meet the needs of individuals with the most significant conditions and greatest needs.
- ACT teams help people with serious mental illness navigate the day-to-day demands of community living, including staying in treatment, maintaining stable housing, securing and maintaining employment, and engaging in community activities. It helps individuals build skills, manage their illness, and recover.
- An ACT team is composed of a multi-disciplinary group of professionals, including a psychiatrist, a nurse, an employment specialist, a housing specialist, a substance use disorder specialist, a peer support specialist, and often a housing specialist and a social worker. As needed, the team may include a physical therapist, or an occupational therapist. Among the services ACT teams provide are case management, assessments, psychiatric services, substance use disorder services, housing assistance, and supported employment.
- The team is on call 24 hours a day to address the individual's needs and any crises that may arise.

ACT helps prevent needless incarceration.

ACT has proven extremely effective in reducing criminal involvement and hospitalization for individuals with mental health disabilities. For example:

- A 2017 study examining forensic ACT (FACT), which is specifically designed to serve people involved with the criminal justice system, found that participants receiving FACT over the course of a year spent significantly fewer days in jail than similar participants not receiving FACT (21.5 vs 43.5) and were less likely to incur new convictions.¹
- An Illinois study found an 83% decrease in jail days over the course of a year for participants in Thresholds' Jail Linkage ACT program, which reduced jail costs by \$157,000.² That same community also saw an 85% reduction in the number of inpatient hospital days, which reduced hospital costs by \$917,000 that year.³
- A California study found that over 12 months, jail bookings for individuals enrolled in ACT were 36% lower than those for similarly situated individuals not enrolled in ACT, and the group not enrolled in ACT spent 48% more days in jail.⁴
- A New York study found that over the course of one year, individuals enrolled in ACT had fewer arrests and spent approximately half the number of days in jail as individuals in a

¹ J. Steven Lamberti et al., *Forensic Assertive Community Treatment: Preventing Incarceration of Adults with Severe Mental Illness*, 55 PSYCHIATRIC SERVICES 11, 1285-1293, 1289 (2004).

² *Gold Award: Helping Mentally Ill People Break the Cycle of Jail and Homelessness The Thresholds, State, County Collaborative Jail Linkage Project, Chicago*, 52 PSYCHIATRIC SERVICES 1380 (2001).

³ *Id.*

⁴ Karen J. Cusack et al., *Criminal Justice Involvement, Behavioral Health Service Use, and Costs of Forensic Assertive Community Treatment: A Randomized Trial*, 46 Community Mental Health J. 356 (2010).

control group receiving enhanced “treatment as usual.”⁵

- Individuals who received ACT for the first time in Oklahoma in 2007 spent 65% fewer days in jail and 71% fewer days in inpatient hospitals than they had during the prior year.⁶

Learn more:

- SAMHSA Evidence-Based Practices KIT, [*Assertive Community Treatment*](#) (2008)
- SAMHSA Evidence-Based Practices KIT, [*The Evidence: Assertive Community Treatment*](#) (2008)
- Case Western Reserve Center for Evidence-Based Practices, [*Assertive Community Treatment*](#)
- University of Rochester Medical Center, *Keeping Mentally Ill Out of Jail and in Treatment: Rochester Model Works in Breakthrough Study* (June 1, 2017)

⁵ J. Steven Lamberti et al., *A Randomized Controlled Trial of the Rochester Forensic Assertive Community Treatment Model*, 68 PSYCHIATRIC SERVICES 1016 (2017).

⁶ Oklahoma Department of Mental Health and Substance Abuse Services, *Program of Assertive Community Treatment (PACT), One Year Pre- and Post Admission Comparison* (last modified June 16, 2010), <https://www.ok.gov/odmhsas/documents/one%20year%20pre%20and%20post%20admission%20comparison.pdf>.

Supported Housing

What is Supported Housing?

- Supported housing is a comprehensive set of services including a housing subsidy and social support for being a successful tenant. It allows people with serious mental illness to live in their own apartments and homes within their community. Tenancy rights should not be conditioned on participation in treatment or compliance with any other criteria.
- In addition to a housing subsidy and help with securing and maintaining housing of a person's choice, individuals in supported housing have access to a flexible and comprehensive package of services designed to address each person's individual needs. These services may include case management, independent living skills training, medication management, substance use disorder treatment, help securing and maintaining employment, help maintaining housing, and home health aide services. Supported housing recipients can also receive ACT, mobile crisis, or other team-based services if they need them.
- Supported housing units are typically scattered in buildings throughout the community—a practice that promotes greater integration than housing in developments exclusively or primarily designated for individuals with disabilities.⁷

Supported Housing helps prevent needless incarceration.

- Supported housing “leads to more housing stability, improvement in mental health symptoms, reduced hospitalization and increased satisfaction with quality of life, including for participants with significant impairments, when compared to other types of housing for people with mental illnesses.”⁸
- Supported housing reduces rates of incarceration. A large study in New York City of homeless individuals with serious mental illness receiving supported housing demonstrated

⁷ See Substance Abuse and Mental Health Service Administration, *Permanent Supportive Housing Evidence-Based Practices (EBP) KIT* (2010), <http://store.samhsa.gov/shin/content/SMA10-4510/SMA10-4510-02-HowtoUseEBPKITS-PSH.pdf>; Department of Justice, Justice Department Obtains Comprehensive Agreement to Ensure New York City Adult Home Residents with Mental Illness Are Afforded Opportunities to Live in the Community (July 23, 2013), <http://www.justice.gov/opa/pr/2013/July/13-crt-830.html>; North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, DOJ Settlement - Transition to Community Living Initiative (Aug. 23, 2012), <https://www2.ncdhhs.gov/mhddsas/providers/dojsettlement/nc-settlement-olmstead.pdf>.

⁸ Bazelon Center for Mental Health Law, *A Place of My Own: How the ADA is Creating Integrated Housing Opportunities for People with Mental Illnesses* (March 2014), at 6, <http://www.bazelon.org/wp-content/uploads/2017/01/A-Place-of-my-Own.pdf>.

⁸ Dennis P. Culhane, et al., *The Impact of Supportive Housing for Homeless People with Severe Mental Illness on the Utilization of the Public Health, Corrections, and Emergency Shelter Systems: The New York, New York Initiative*, HOUSING POLICY DEBATE 13.1 (2002), at 137-38.

⁹ Fairmount Ventures Inc., *Evaluation of Pathways to Housing PA* (January 2011), at 3, https://c.ymcdn.com/sites/www.philanthropynetwork.org/resource/resmgr/research_reports/pathways_to_housing_report.pdf

¹⁰ Matthew Makarios et al., *Examining the Predictors of Recidivism Among Men and Women Released From Prison in Ohio*, *Criminal Justice and Behavior* 37:12 (2010).

that these individuals experienced significant reductions in shelter use, hospitalizations, duration of hospital stays, and incarceration.⁸

- A Philadelphia pilot involving Pathways to Housing, which provides supported housing to formerly homeless individuals with serious mental illness and substance use disorders, found that participants' incarceration rates fell by 50 percent.⁹
- An Ohio study found that individuals in supported housing who had been incarcerated were 40% less likely to be re-arrested and 61% less likely to be re-incarcerated.¹⁰

Learn more:

- Bazelon Center, [*A Place of My Own* \(2014\)](#)
- Bazelon Center, [*Supported Housing: The Most Effective and Integrated Housing for People with Mental Disabilities*](#)
- National Council on Disability, [*Home and Community-Based Services: Creating Systems for Success at Home, at Work and in the Community, Appendix A, Supported Housing for People with Psychiatric Disabilities* \(2015\)](#)
- National Council on Disability, [*Inclusive Liveable Communities for People with Psychiatric Disabilities* \(2008\)](#)
- Anne O'Hara, *Housing for People with Mental Illness: Update to a Report to the President's New Freedom Commission* (July 1, 2007)
- Deborah K. Padgett et al., *Housing First Services for People Who are Homeless with Co-occurring Serious Mental Illness and Substance Abuse* (2006)

¹⁰ Jocelyn Fontaine, et al., *Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project*, Urban Institute (Aug. 2012), <https://www.urban.org/sites/default/files/publication/25716/412632-Supportive-Housing-for-Returning-Prisoners-Outcomes-and-Impacts-of-the-Returning-Home-Ohio-Pilot-Project.PDF>.

Mobile Crisis Services

What are Mobile Crisis Services?

- Mobile crisis services are typically provided by teams of mental health professionals trained to de-escalate individuals in mental health crises. Mobile crisis teams should include at least one peer specialist and one on-call psychiatrist.
- In some communities, these teams make arrangements with police departments to respond to particular emergency situations. In others, these teams are hired by police departments to assist law enforcement officers or include both police and mental health professionals.¹¹
- Mobile crisis teams respond as quickly as possible to individuals in crisis, assess them, and utilize a variety of techniques to de-escalate the situation.
- By providing timely intervention directly to a person in crisis, teams can help divert individuals from hospitalization or arrest and incarceration.
- Teams should be available 24 hours per day, 7 days per week to respond to individuals needing crisis services. The team should provide services until the crisis subsides, and also up to a week following the onset of the crisis if needed to connect the individual with ongoing services.
- Mobile crisis teams should have access to community crisis apartments where individuals can stay for a short period as an alternative to hospitalization, incarceration, or stays in costly and hospital-like crisis facilities. Crisis apartments should be operated with sufficient clinical support and peer staffing.

Mobile Crisis Services help prevent needless incarceration.

- Mobile crisis teams prevent needless incarceration because they can resolve emergency situations involving individuals with mental disabilities without intervention by law enforcement. Mobile crisis teams have been shown to be effective in diverting individuals from the criminal justice system.¹²
- Studies have found that mobile crisis teams resulted in arrest rates ranging from 2% to 13% of clients, with an average of less than 7%, in contrast to an arrest rate of 21% for typical contacts between police officers and individuals with psychiatric disabilities.¹³
- A new mobile crisis team in Verde Valley, Arizona stabilized crises in the community in 55% of the calls it received from first responders. Without the intervention of the mobile crisis team, 90 of the 109 calls received would have resulted in arrest or an emergency department visit.¹⁴

¹¹ H. Richard Lamb, et al., *The Police and Mental Health*, 53 *Psychiatric Services* 1266, 1268 (Oct. 2002), <https://ps.psychiatryonline.org/doi/pdf/10.1176/appi.ps.53.10.1266>.

¹² *Id.*

¹³ *Id.*

¹⁴ Cheri Frost, *Spectrum Healthcare's Mobile Crisis Team Partnership Program*, Verde Independent, Sept. 12, 2016, <https://www.crisisnetwork.org/wp-content/uploads/2016/09/The-Verde-Independent--Spectrum-MobileTeam-Partnership.pdf>.

- Mobile crisis services also decrease hospitalization rates. One study found that mobile crisis team intervention led to an 8% decrease in hospital admissions, and that people hospitalized as a result of a crisis were 51% more likely to be hospitalized within 30 days of the crisis than those who used mobile crisis services.¹⁵
- In DeKalb County, Georgia, mobile crisis services were found to have prevented hospitalization 55% of the time compared to only 28% for regular police intervention.¹⁶
- Both consumers and law enforcement prefer mobile crisis teams to police involvement and find them to be more effective.¹⁷

Learn more:

- SAMHSA, [*Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies*](#) (2014)
- Eddy D. Broadway and David W. Covington, National Association of State Mental Health Program Directors, [*A Comprehensive Crisis System: Ending Unnecessary Emergency Room Admissions and Jail Bookings Associated with Mental Illness*](#) (August 2018)
- Jeffrey J. Vanderploeg et al., Children and Youth Services Review, [*Mobile crisis services for children and families: Advancing a community-based model in Connecticut*](#) (Dec. 2016)

¹⁵ Shenyang Guo et al., *Assessing the Impact of Community-Based Mobile Crisis Services on Preventing Hospitalization*, 52 PSYCHIATRIC SERVICES 2, 223-228 (Feb. 2001).

¹⁶ Roger Scott, *Evaluation of a Mobile Crisis Program: Effectiveness, Efficiency, and Consumer Satisfaction*, 51 PSYCHIATRIC SERVICES 9, 1153-6 (Sept. 2000).

¹⁷ *Id.*

Supported Employment

What is Supported Employment?

- Supported employment is a package of services and supports aimed at helping people with serious mental illness get and keep a job in the mainstream workforce. Supports are not time limited and are focused on the individual's vocational goals and preferences.
- Employment is widely viewed as an essential part of mental health recovery.
- Individual Placement and Support (IPS) is the most successful model of supported employment for individuals with serious mental illness.¹⁸ IPS has a proven track record of helping individuals with serious mental illness secure employment and of ensuring that employment is sustained over a period of time.¹⁹
- IPS uses a rapid job search approach to help individuals obtain jobs rather than focusing on lengthy assessments, training, and counseling. Individuals are not excluded from IPS on the basis of readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability, or involvement with the criminal justice system.²⁰

Supported Employment helps prevent needless incarceration.

- Supported employment prevents needless institutionalization and incarceration by promoting mental health recovery and keeping people with mental health disabilities successfully employed in their communities.
- IPS has consistently impressive outcomes in employment for people with mental illness,²¹ with some studies showing 60% of individuals receiving IPS becoming employed, compared to 23% for traditional vocational services, and high employment rates 10 years after receiving IPS services.²²
- In one study, individuals receiving IPS decreased their use of mental health services by 41% over one year, with fewer inpatient hospitalizations and emergency room visits.²³

¹⁸ IPS Employment Center, *What is IPS?*, <https://ipsworks.org/index.php/what-is-ips/>.

¹⁹ See Bazelon Center for Mental Health Law, *Getting to Work: Promoting Employment of People with Mental Illness* (Sept. 2014), at 5-6, <http://www.bazelon.org/wp-content/uploads/2017/01/Getting-to-Work.pdf> (citing Gary R. Bond et al., *An Update on Randomized Controlled Trials of Evidence-Based Supported Employment*, 31 *PSYCHIATRIC REHABILITATION JOURNAL* 280, 284 (2008), and Michelle P. Salyers et al., *A Ten-Year Follow-Up of a Supported Employment Program*, 55 *PSYCHIATRIC SERVICES* 302, 305 (2004)); see also David Salkever, U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation Office of Disability, Aging, and Long-Term Care Policy, *Toward a Social Cost-Effectiveness of Programs to Expand Supported Employment Services: An Interpretive Review of the Literature* (Dec. 2010), <http://aspe.hhs.gov/daltcp/reports/2010/supemplr.pdf>.

²⁰ IPS Employment Center, *What is IPS?*, <https://ipsworks.org/index.php/what-is-ips/>.

²¹ David Salkever, Westat, *Toward a Social Cost-Effectiveness Analysis of Programs to Expand Supported Employment Services: An Interpretive Review of the Literature* (Dec. 2010), at 27-28, https://www.ssa.gov/disabilityresearch/documents/MHTS_Final_Report_508.pdf.

²² Gary R. Bond et al., *An Update on Randomized Controlled Trials of Evidence-Based Supported Employment*, 31 *Psychiatric Rehabilitation Journal* 280, 284 (2008); Michelle P. Salyers et al., *A Ten-Year Follow-Up of a Supported Employment Program*, 55 *Psychiatric Services* 302, 305 (2004).

²³ Sally Rogers, et al., *A Benefit-Cost Analysis of Supported Employment Model of Persons with Psychiatric Disabilities*, 18 *EVALUATION AND PROGRAM PLANNING* 2, 105-115, 113 (1995).

- A Washington State study found that individuals with serious mental illness receiving supported employment had lower arrest rates than similarly situated individuals not receiving it.²⁴
- Securing employment is particularly challenging for individuals with criminal justice involvement. Two controlled trials found significantly better competitive employment rates for individuals with criminal justice involvement receiving IPS than for individuals receiving traditional vocational services.²⁵

Learn more:

- SAMHSA Evidence-Based Practices KIT, [*The Evidence: Supported Employment*](#) (2009)
- Case Western Reserve University, Center for Evidence-Based Practices, [Supported Employment/Individual Placement & Support](#)
- Bazelon Center, [*Advances in Employment Policy for Individuals with Serious Mental Illness*](#) (Oct. 2018)
- Bazelon Center, [*Getting to Work: Promoting Employment of People with Mental Illness*](#) (Sept. 2014)

²⁴ Z. Joyce Fan et al., *Improving Employment Outcomes For People with Mental Health Disorders in Washington State* (June 2016), <https://www.dshs.wa.gov/sites/default/files/SESA/rda/documents/research-11-230.pdf>. The supported employment services studied were not required to be IPS.

²⁵ IPS Employment Center, *Work for People with Justice Involvement*, Employment Works! Newsletter, Spring 2019, at 3, https://ipsworks.org/wp-content/uploads/2019/04/newsletter_spring2019-final.pdf.

Peer Support Services

What are Peer Support Services?

- The term “peer support services” includes a number of services designed to support people with mental illness. Peer support services are provided by trained specialists with “lived experience” in the mental health service system, who use that experience to build relationships of trust with people and provide needed support.
- Peer specialists may perform a variety of tasks, including helping individuals transition from a corrections or other institutional setting to the community, stay connected to treatment providers, build confidence, maintain or develop social relationships, and participate in community activities. Peer specialists may also staff crisis apartments or other crisis centers or serve on ACT, mobile crisis, or supported employment teams.
- Some peer support programs are specifically designed for individuals with mental illness who have been in the criminal justice system, with peers who themselves have also had criminal justice system involvement.

Peer Support Services help prevent needless incarceration.

- Peer support services prevent needless institutionalization and incarceration by assisting individuals to make decisions that promote their recovery. Individuals receiving peer support services report increased problem-solving capabilities, social connectedness, and ability to address stressors and crises.²⁶
- Early participants in a New York “peer bridger” program for individuals being discharged from psychiatric hospitals experienced 41% fewer re-hospitalizations over a two-year period. Ten years later, the program continued to help keep participants from being re-hospitalized 71% of the time.²⁷
- Pierce County, Washington helped reduce involuntary psychiatric hospitalizations for individuals in emotional crisis by 32 percent using peer support services.²⁸
- 24% of participants receiving peer support from a peer-run 23-hour crisis program in Louisville, KY (using a “Living Room” model) were diverted from hospitalization and 37% were diverted from jail in the first several months of the program.²⁹

²⁶ Phyllis Solomon, *Peer Support/Peer Provided Services Underlying Processes, Benefits, and Critical Ingredients*, 27 PSYCHIATRIC REHABILITATION JOURNAL 4, 392-401 (2004).

²⁷ New York Association of Psychiatric Rehabilitation Services, Inc., *Peer Bridger Project*, <http://www.nyaprs.org/peer-services/peer-bridger/> (last accessed May 31, 2019).

²⁸ Sue Bergeson, *Cost Effectiveness of Using Peers as Providers*, OPTUMHEALTH, (2011), at 11, http://www.fredla.org/wp-content/uploads/2016/01/Cost_Effectiveness_of_Using_Peers_as_Providers.pdf.

²⁹ Nat’l Association of Counties, *Supporting People with Mental Illnesses in the Community* (2018), <https://www.naco.org/sites/default/files/documents/SAMHSA%20Case%20Study%20Louisville-Jefferson%20Final.pdf>.

Learn more:

- SAMHSA Evidence-Based Practices KIT, [*The Evidence: Consumer-Operated Services*](#) (2011)
- SAMHSA, [*What Are Peer Recovery Support Services?*](#) (2009)
- Mental Health America, [*Evidence for Peer Support*](#) (Feb. 2017)
- Kevin Cleare, Policy Research Associates, [*Spotlight on Peers Working in Criminal Justice Settings: Reintegration, Family, and Peer Support*](#) (Sept. 17, 2018)
- Maureen Richey, Council of State Governments Justice Center, [*For the Formerly Incarcerated, Peer Mentoring can Offer a Chance to 'Give Back'*](#) (Aug. 14, 2015)

Sept. 26, 2019

This report was created with support from the Ford Foundation and from the John D. and Catherine T. MacArthur Foundation as part of its *Safety and Justice Challenge* initiative, which seeks to address over-incarceration by changing the way America thinks about and uses jails. Core to the Challenge is a competition designed to support efforts to improve local criminal justice systems in jurisdictions across the country that are working to safely reduce over-reliance on jails, with a particular focus on addressing the disproportionate impact of over-incarceration on low-income individuals, communities of color, and persons with mental illnesses and substance abuse disorders.

More information is available at:
www.safetyandjusticechallenge.org