CASES

Nathaniel ACT ATI Program:
ACT or FACT?

Over the past 10 years, the Center for Alternative Sentencing and Employment Services (CASES) has received national recognition for the Nathaniel Project[1]. Initially established as a case management diversion program for adults with serious mental illness convicted of non-violent and violent felonies, the Nathaniel Project achieved significant reductions in recidivism for consumers who had committed very serious crimes. In 2003, the program converted to a Medicaid reimbursable Assertive Community Treatment (ACT) team licensed by the New York State Office of Mental Health (OMH) and contracted with the New York City Department of Health and Mental Hygiene (DOHMH) to provide ACT services. While the change from case management to ACT altered the program model, it continued to be successful with the target population.

The Nathaniel ACT program combines ACT services (engagement of individuals with serious mental illness in treatment) and alternative to incarceration (ATI) services (jail diversion and supervision of individuals who have engaged in criminal behavior to improve and promote public safety). The model produces positive effects for the individual as well as the mental health and criminal justice systems. This program brief describes the essential elements of Nathaniel ACT and program outcomes.

Defining the Nathaniel ACT ATI Program

The most common model of diversion for people with serious mental illness in New York City is a Specialty Mental Health Court. This model invests resources in a court-based team that identifies participants and links them to existing community treatment resources monitored by the mental health court judge. In contrast, CASES delivers its felony diversion through a non-specialty court approach. Fifteen Supreme Court judges successfully monitor Nathaniel ACT recipients. Nathaniel ACT is an ATI program designed to furnish the most effective and efficient treatments, rehabilitation and support services as an integrated package to criminal defendants with serious mental illness. While similar in purpose to the mental health court model, this strategy creates new treatment resources and does not rely on specialized court staff. The approach also responds to a clearly defined group—individuals eligible for ACT.

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The Nathaniel ACT ATI program is built on the fundamentals of the ACT model. ACT provides evidence-based treatment, high-intensity rehabilitation, case management and support services delivered by a mobile, multi-disciplinary team. The model offers low clinical staff to recipient ratios, community locus, collaboration with support systems and continuous primary treatment responsibility. The combination of these components reduces consumers' reliance on hospitals to meet their health and social needs. Nathaniel ACT also aims to prevent arrest and incarceration. CASES has expanded the basic NYC ACT model for 68 consumers by enriching the program with additional staffing and practices to respond to the needs of individuals at risk of continued detention in the City's jail or State forensic hospitals, and incarceration in a State prison.

As an ATI, Nathaniel ACT differs from the traditional ACT model in a number of key aspects, including:

- Criminal Justice Partners and Practices
- Eligibility and Admission Process
- Population Served
- Staffing, and Range and Intensity of Services
- Citywide and Time-limited Services
- Outcomes

[1] 2002 Special Achievement Award, APA, 2002 American Probation and Parole Association's President's Award, and 2002 Thomas M. Wernert Award for Innovation in Community Behavioral Healthcare.

The 'Forensic' in Nathaniel ACT

New York County Supreme Court justice partners rely on Nathaniel ACT to provide a safe alternative for defendants who are humanely and effectively served by treatment and supervision in the community. The integration of ATI services adds a very different twist to the organization of the ACT program, but does not diminish the role of the team as therapeutic agents of recovery. Nathaniel ACT works to ensure the ATI process offers "procedural justice," that is, recipients are active in the legal process, give informed consent to participate, understand the conditions of the ATI plea agreement and experience transparent communication between justice partners and the team. This is a complex, and at times challenging, issue for the team.

Eligibility and Admission Process

The Nathaniel ACT ATI is for adults with serious mental illness[2] convicted of felony crimes and at risk of at least one year of incarceration. The average sentence faced by program participants is 4.5 years in state prison. The ACT Intake Specialist (funded by the New York City Office of the Criminal Justice Coordinator) conducts the clinical screening interview of individuals referred by defense attorneys, prosecutors, judges and the Kirby Forensic Psychiatric Center. The program psychiatrist has a critical role in the admissions process. Prospective recipients are assessed while still in jail by the team psychiatrist for risk. The psychiatrist makes risk management and psychopharmacological recommendations for the community treatment services. Approximately 90 defendants are interviewed annually and about 30 percent are admitted to the program. Recipients are detained for 249 days, on average, after arrest and it takes 73 days from referral, on average, to enroll the individual in the program.

In 2008, Nathaniel ACT began monthly screening interviews at the Kirby Forensic Psychiatric Center to intercept suitable individuals at risk of the revolving door of repeated findings of incompetence during pre-trial detention. In July 2009, after consultation with OMH and the defense bar, Kirby and CASES signed a memorandum of understanding that defined the standards of these screening activities. Last year, 52 percent of consumers admitted to Nathaniel ACT had been found incompetent after their arrest.

Advocacy with prosecutors and judges is central to the screening process to secure approval for defendants to participate in the program. Advocacy includes meetings with prosecutors and judges, and the submission of reports outlining the treatment plan. As appropriate, CASES seeks Assisted Outpatient Treatment (AOT)[3] orders for eligible recipients during the screening process to support judges' and prosecutors' approval of the diversion plan. Nineteen percent of recipients are currently subject to AOT.

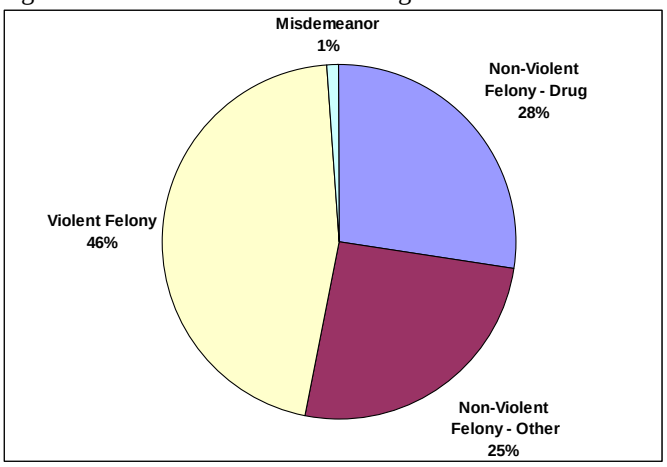
Population Served

Recipients served in ACT programs throughout New York City have difficulty engaging in treatment and are at risk of poor outcomes. When compared to other ACT recipients, Nathaniel ACT participants have higher rates of co-occurring substance use disorders, homelessness and criminal justice involvement. The characteristics of the population have remained consistent over the life of the program. The average age of recipients is 43 years old, and they are predominantly male (84%), African American (60%) and diagnosed with schizophrenia (79%). The most frequent intake conviction is Assault in Second Degree, followed by Criminal Sale of a Controlled Substance and Robbery in Second Degree. Forty-six percent of recipients enter the program because of a violent felony conviction (see Figure 1), 34 percent have previously served a state prison sentence and 56 percent have a history of jail sentences. Recipients have an average of nine lifetime arrests before their admission to the program.

[2] In order to be eligible for ACT an individual must have had four psychiatric admissions or four emergency room visits or one psychiatric hospitalization of 90 days or more.

[3] AOT provides a legally binding mechanism to mandate the diverted recipient to treatment not available through criminal proceedings.

Figure 1: Nathaniel ACT Intake Charges



Staffing, and Range and Intensity of Services

The prevailing commonly-voiced logic of diversion programs for people with serious mental illness assumes participants should receive mental health treatment, and that treatment will result in fewer arrests, less violence and improved public safety. However, experts state that mental health treatment alone does not support these outcomes, and that programs such as Nathaniel ACT should include interventions that target modifiable risk factors in order to prevent criminal recidivism among high-risk recipients (Erickson, et al, 2009).

To achieve public safety outcomes and ensure effective responses to recipients based on risk and need, Nathaniel ACT essential core services include housing procurement, integrated dual disorder treatment, criminal justice liaison services, cognitive interventions and supported employment. Nathaniel ACT includes four staff positions that are not included in a traditional New York City ACT team and are not funded under the standard ACT model: Intake Specialist, Housing Specialist Social Worker, Supported Employment Coordinator and Court Liaison Specialist Social Worker.

Homelessness is a significant risk factor for recidivism (Osher & Steadman, 2007). The ***housing specialist social worker*** coordinates access to safe and appropriate supportive housing for the 63 percent of recipients who are homeless on release from jail. Prior to the implementation of the position, the average length of recipient homelessness was 243 days. This figure was reduced by 60 percent to 97 days after the position was added to the team. The team also managed a transitional apartment for homeless male recipients. In 2010, CASES started the DOHMH-funded Nathaniel High Service Needs I Supported Housing Program with capacity to house eight ACT recipients in scattered site housing.

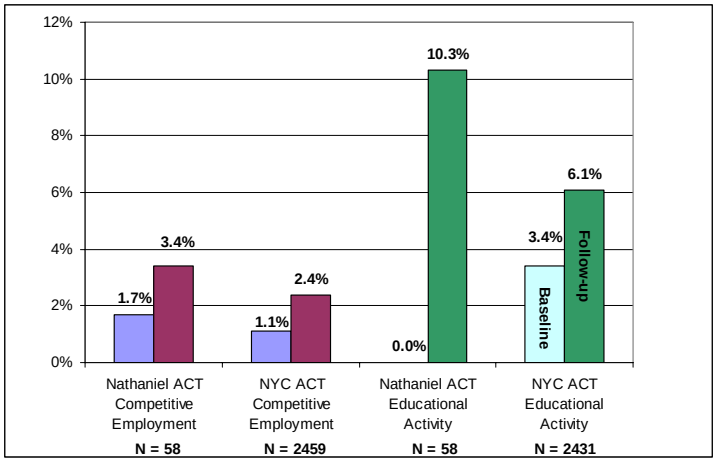
Nathaniel ACT provides ***integrated dual disorder treatment*** (IDDT) for the 84 percent of recipients with co-occurring substance use disorders. The program offers weekly group and individual treatment using a ***Stages of Change Model*** to support substance use reduction and progress towards abstinence for a prolonged period. Integrated dual disorder treatment is essential to program operations and responds to the expectations of justice partners and the needs of the majority of recipients. The continuous education of justice partners, together with rapid response to relapse and the close monitoring of recipients, helps support the program to manage the challenges and possible negative legal consequences of substance use during ATI participation.

In 2009, CASES secured funding from the New York State Office of Probation and Correctional Alternatives (OPCA) to implement ***supported employment*** and train program staff in ***Reasoning and Rehabilitation (R&R)*** cognitive behavioral therapy group work. R&R teaches six specific cognitive techniques to support offenders to develop the skills and attitudes necessary for successful community living. The program was effectively implemented in the Manhattan Psychiatric Center STAIR Unit with positive reductions in re-arrest and re-conviction rates (Robinson, 2004). Nathaniel ACT has not been able to implement three group sessions per week, as specified by the model, because staff resources have been prioritized to provide the level of in-vivo based community treatment required by ACT licensing and contracting standards. However, the training developed staff competence on how to use cognitive interventions to address criminogenic needs.

Employment problems are criminogenic needs, which if successfully addressed, are associated with changes in recidivism (Bonta, 1997). In 2009, Nathaniel ACT implemented supported employ-ment using the ***Individual Placement and Support***

(IPS) Model. When asked in a survey to state where they would like to see themselves one year from now, 57 percent of consumers reported they wanted to work. The employment specialist and supported employment coordinator were trained by OPCA as Offender Workforce Development Specialists and have run groups using the ***Ready, Set, Work Curriculum*** for offender populations. Last year, seven recipients found employment. For those consumers who did not find work, were employed for only short periods or were not interested in competitive work, the program observed increases in recipient enrollment in education, vocational training and volunteering. Figure 2 shows the differences in competitive employment and education activity rates at baseline and follow up for Nathaniel ACT compared to all NYC ACT teams.

Figure 2: Nathaniel ACT vs. NYC ACT Competitive Employment and Education Activity Rates



Annually, the ***court liaison specialist social worker*** accompanies recipients to about 150 court progress hearings and writes comprehensive court reports for each. The court liaison works with recipients using cognitive interventions that focus on understanding their offending behavior and risk factors, managing the stressors related to justice involvement and skill development to address recidivism. As described earlier, risk assessment is a component of the program's ACT comprehensive assessment. To standardize the assessment of recipients' criminal recidivism risk levels and criminogenic needs, Nathaniel ACT plans to use the ***Level of Service/Case Management Inventory (LS/CMI)***, a validated tool that measures the risk and need factors of offenders.

Citywide and Time-limited Services

Although almost all program intakes are from the Supreme Court in New York County, Nathaniel ACT services are provided citywide because of the high prevalence of homeless recipients. The in-vivo program model covers the five boroughs. To deliver effective citywide services, the program depends on mapping systems, transportation and mobile field communication tools. The citywide spread is a major challenge for the team to deliver at least 80 percent of contacts in the community as required by State and City standards.

On average, recipients are enrolled in Nathaniel ACT for 2.9 years. The majority of recipients are discharged to step down intensive case management and clinic services. Planning for discharge begins at admission, with orientation about successful exit from the justice system, recovery goals and active participation in normal adult roles. The team begins to examine readiness for discharge when the recipient has completed the ATI supervision.

Outcomes

Public safety. Overall, 58 percent of recipients complete the ATI supervision. Nathaniel ACT has achieved statistically significant reductions in arrests and convictions for all recipients (all that were enrolled in the program regardless of whether they successfully completed). The mean arrest rates for a cohort of 158 recipients 24-months pre-Nathaniel ACT admission was compared to mean arrest rates 24-months post-program admission. Across the cohort, there was a ***70 percent reduction*** in the mean number of arrests in the two years following program admission compared to the two years before (see Figure 3). The reduction is consistent for recipients with violent felony intake convictions as well as those subject to AOT or found incompetent to stand trial (CPL 730).

Figure 3: Change in Arrests

	Pre-Intake Arrests (2 years) N = 158	Post-Admission Arrests (2 years) N = 57	Change
Any Arrests	100%	36%	-64%
Arrests (Mean)	2.30	0.70	-70%

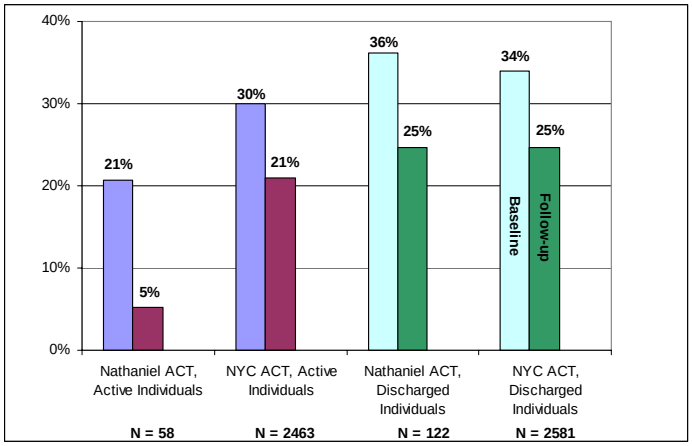
The data in Figure 4 show that Nathaniel ACT also effectively protects public safety. Less than three percent of recipients are arrested on violent charges once enrolled in the program.

Figure 4: Post-admission Violent Arrests by Intake Charge

	Violent Felony N = 72	Non-Violent Felony N = 84	Misdemeanor N = 2
Number of Post-admission Violent Arrests	2 (3%)	1 (1%)	0 (0%)

Once recipients are in the community, they are also less likely to engage in any of the twelve harmful behaviors tracked by State and City mental health officials for ACT recipients, such as: creating a public disturbance; expressing suicide threat; physically harming self and/or attempting suicide; verbally assaulting another person and wandering or running away. Figure 5 shows the differences in rates of any harmful behavior at baseline and follow up for Nathaniel ACT compared to all NYC ACT teams.

Figure 5: Nathaniel ACT vs. NYC ACT Any Harmful Behavior Rates for Active and Discharged Consumers



Individual outcomes. Nathaniel ACT performs just as well as, or better than, other NYC ACT teams as measured by increases in the rates of recipient employment and education activity, and decreases in rates of psychiatric hospitalization, homelessness and harmful behaviors. The exception is that for Nathaniel ACT recipients, the change in the rate of psychiatric ER visits increases while for NYC ACT recipients, the change in the rate of psychiatric ER utilization decreases. Nathaniel ACT recipients have only a 10 percent baseline rate of psychiatric ER visits, which may be related to their involvement in the criminal justice system. In contrast, the NYC ACT baseline rate is 48 percent. The rate for Nathaniel ACT increases to 14 percent at follow up (33 percent increase) compared to the NYC ACT rate of 22 percent at follow up (54 percent decrease).

Discussion

One of the Nathaniel ACT program's most significant challenges is blending and integrating funding to have the appropriate staffing model and resources to provide effective treatment, supervision and support services. Despite a record of improving public safety and individual outcomes, Nathaniel ACT has run into fragmented systems as well as certification, audit and funding challenges, which place additional burdens on the program. For example, NYS certification and NYC contracting standards for ACT services do not fully cover all of Nathaniel ACT's program components. Traditional ACT teams receive their intakes from the Single Point of Access (SPOA) referral and therefore do not need to devote any resources to screening and admission. In contrast, Nathaniel ACT relies on its intake specialist and psychiatrist to identify and enroll individuals that are eligible for services. Currently, these services are funded by a performance-based contract through FY 2012. Future funding for this essential program element is contingent upon CASES' ability to respond to a competitive request for proposal—a revenue source that is not guaranteed.

Nathaniel ACT serves consumers with serious functional impairments and high service needs. For instance, the prevalence of homelessness among Nathaniel ACT recipients requires more extensive case management related to housing, entitlements and other immediate needs. Without additional resources, this may mean less time is spent delivering the treatment and rehabilitation services required for Medicaid reimbursement. In addition, case management needs typically extend far beyond the six monthly treatment contacts available in the standard ACT model.

To address these resource needs, OMH and DOHMH recently worked together to secure Projects for Assistance in Transition from

Homelessness (PATH) funds for Nathaniel ACT's housing specialist social worker position.

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This will reduce, in part, the fluctuations in staff that have been dependent on the ability of CASES to compete for competitive and private funding to support the core staffing required for the model. Adequate well-trained staff are essential for the success of the program. Nathaniel ACT has to ensure it has the structures in place to support its clinicians to be competent in ACT, as well as ATI and evidence-based responses to risk and criminal behavior.

While the Nathaniel ACT model costs more than traditional ACT, Nathaniel ACT achieves the core ACT outcomes as well as success in reducing recidivism and protecting public safety. In laying out the workings of Nathaniel ACT, CASES has sought to disseminate the core components of comprehensive and effective diversion for individuals with serious mental illness whose needs are not met by traditional service delivery approaches. The delivery of ACT as a diversion program raises important and interesting questions for state and local mental health and criminal justice agencies about how to provide institutional support to solidify and help grow the field of effective interventions for high-risk, justice-involved individuals with high service needs.