

Assertive Community Treatment provides jail diversion

by Elizabeth Edgar, NAMI director for state health care

The American Jail Association estimates that as many as 700,000 people with mental illnesses are incarcerated each year. When released from jail, many of these people have no place to stay, only a few days' supply of medication, and no plan for treatment.

Around the country, there is a movement afoot to treat—rather than jail—people with severe and persistent mental illnesses. Growing numbers of police organizations are providing their officers with specialized training in mental illness issues, which is often called crisis intervention training (CIT). More and more communities are establishing “mental health courts” to divert people with severe mental illnesses from jail into treatment.

However, special police training and alternatives to incarceration can only be successful if effective community treatment programs are in place. When people are diverted from jail, NAMI asks, what are they being diverted to?

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Assertive community treatment (ACT) is one answer to that question, and it's evidence based. ACT is an intensive psychiatric and substance abuse treatment program that can help some offenders who have severe mental illnesses. Using teams of mental health workers, ACT provides support

24 hours a day, seven days a week. Staff help consumers find housing and employment and provide comprehensive treatment, rehabilitation, and other services to consumers in their homes and other community settings. ACT staff help the people they work with get to probation appointments and meet other legal obligations.

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Madison, Wisconsin, has had an ACT program since 1991 that works with offenders who are severely mentally ill and who have been diverted or released from jail with Community Treatment Alternatives (CTA) as a condition of their probation. CTA has a strong track record of success. Dave Delap, the program director, reports the following statistics:

- The program has reduced time in jail by 77 percent, when comparing second and third years before admission with second and third years after admission.
- More than 60 percent of CTA participants were employed in the year before data collection.
- Only 13 percent required hospitalization for psychiatric treatment during their first year of participation.
- Seventy-seven percent of the program participants live in their own apartment.



Dave Delap, right, Community Treatment Alternatives program director, and Todd White, program participant.

- Eighty-nine percent of consumers who complete their legal requirement to participate in CTA voluntarily decide to continue with the program. Program participant Todd White came to CTA after being hospitalized and incarcerated. He has used CTA services for several years. According to White, CTA helped arrange his release from jail, made sure he met his probationary requirements, helped him find employment and an apartment, and gave him hope for the years ahead.

Programs such as CTA are proving that diversion is a viable alternative to incarceration for people with severe mental illnesses and, in the long run, perhaps the best hope for true rehabilitation. ☺

For more complete information about PACT, please visit www.nami.org/about/pact.htm on the NAMI Web site or call the NAMI National PACT Technical Assistance Center, toll free, at 1-866/229-6264. Those interested in starting a PACT program can order The PACT Model of Community-Based Treatment for Persons with Severe and Persistent Mental Illnesses: A Manual for PACT Start-Up (\$19.95) from this Web site by clicking “Education” and then “NAMI Store” in the cascade menu or by calling 1-888/780-4167 to request a NAMI Resource Catalog with ordering information.