

INTEGRATED SERVICES REDUCE RECIDIVISM AMONG HOMELESS ADULTS WITH SERIOUS MENTAL ILLNESS IN CALIFORNIA

Fall 2001/Revised Winter 2004

The recent report, *Effectiveness of Integrated Services for Homeless Adults with Serious Mental Illness*, submitted to the California state legislature establishes the impressive results of California’s broadened support of its Community Mental Health Treatment Program, known in shorthand as AB 2034, that serves adults with severe mental illness who are homeless or at risk of homelessness or incarceration. It is summarized here to make the results more easily accessible to a wider audience.

The pilot programs that are the subject of AB 2034 are being used to provide comprehensive services to adults who have severe mental illness and who are homeless, at risk of becoming homeless, recently released from a county jail or state prison, or others who are untreated, unstable, and at significant risk of incarceration or homelessness unless treatment is provided to them.

The goal is to get the target group off the street and into permanent housing, into treatment and recovery, or to provide access to veterans’ services that provide for treatment and recovery. State funds for this program provide for outreach programs and mental health services along with related medications, substance abuse services, supportive housing or other housing assistance, vocational rehabilitation, and other nonmedical programs necessary to stabilize this population. The integrated services approach, involving close collaboration at the local level among mental health and social service providers, law enforcement, and veterans’ services agencies, combined with the practice of tailoring services to meet the individual needs and preferences of program enrollees, has amply demonstrated its merits.

As these programs have reduced recidivism, in terms of both hospitalization and incarceration (see Table 1 above right and Table 2 over), significant cost avoidance has been realized at both state and county levels. Further, as these

programs have increased the number of clients able to gain and keep employment, they offer a broadly successful model to which other programs serving adults with serious mental illness may be urged to follow.

Three County Data at a Glance (Annualized)

| | 12 Months Prior to Enrollment | Since Enrollment* |
|-------------------|-------------------------------|-------------------|
| Days Homeless | 205,992 | 63,764 |
| Days Incarcerated | 60,438 | 9,287 |
| Days Hospitalized | 10,906 | 2,435 |
| * (Annualized) | | |

Table 1. From Effectiveness of Integrated Services for Homeless Adults

The report finds, “Integrated services offer an expanded array of service components, such as housing, employment, life skills coaching, and social support in addition to treatment. In addition to these program improvements, the model offers the capacity to respond quickly with an extensive service package suited to individual client needs and preferences.

“Important fiscal impacts also appear to result from this service model. With daily jail costs ranging from \$50 to \$60 for the general jail population, and a range of \$300 to over \$400 for the medical/psychiatric jail population, the decrease in the number of jail days among these clients has produced an important local savings and/or cost avoidance.

“For both earlier and newly funded programs, the budgeted cost per client still differs among the pilots. The factor most influencing the budgeted cost per client continues to be the degree to which programs are geared to provide housing for homeless clients. Other factors known to have impacted the cost per client are the extent of outreach efforts required in the cost of enrolling clients and the amount of startup costs

The National GAINS Center for People with Co-Occurring Disorders in the Justice System is a national center for the collection and dissemination of information about effective mental health and substance abuse services for people with co-occurring disorders who come in contact with the justice system. The GAINS Center is a partnership of the Substance Abuse and Mental Health Services Administration’s two centers—the Center for Substance Abuse Treatment (CSAT) and the Center for Mental Health Services (CMHS)—and is operated by Policy Research Associates of Delmar, New York.

| COUNTIES Programs | Incarcerations, Probation and Parole | | | | | | | | |
|--------------------|--------------------------------------|---|---|---|--|---|---|---|--|
| | Number of consumers currently | Number of consumers on probation at any time in 12 mos prior to | Number of consumers on parole at any time in 12 mos prior to enrollment | Number of unduplicated consumers incarcerated in 12 mos | Number of incarcerations in 12 mos prior to enrollment | Number of days incarcerated in 12 mos prior to enrollment | Number of unduplicated consumers incarcerated | Number of incarcerations since enrollment | Number of days incarcerated since enrollment |
| SACRAMENTO | | | | | | | | | |
| El Hogar | 92 | 21 | 0 | 29 | 44 | 1,254 | 12 | 19 | 147 |
| Turning Point | 80 | 24 | 0 | 44 | 97 | 999 | 17 | 42 | 520 |
| Total | 172 | 45 | 0 | 73 | 141 | 2,253 | 29 | 61 | 667 |
| STANISLAUS | | | | | | | | | |
| Families First | 3 | 1 | 0 | 1 | 2 | 10 | 1 | 1 | 7 |
| Telecare | 65 | 7 | 3 | 22 | 53 | 639 | 16 | 33 | 682 |
| Total | 68 | 8 | 3 | 23 | 55 | 649 | 17 | 34 | 689 |
| LOS ANGELES | | | | | | | | | |
| Didi Hirsch | 26 | 1 | 2 | 22 | 31 | 2,511 | 1 | 1 | 47 |
| Exodus | 39 | 10 | 18 | 13 | 16 | 1,666 | 1 | 2 | 15 |
| Hillview | 90 | 35 | 28 | 50 | 54 | 10,753 | 16 | 20 | 1,989 |
| LAMP | 81 | 9 | 17 | 52 | 65 | 8,077 | 14 | 19 | 1,073 |
| MHALA Village | 130 | 10 | 20 | 61 | 108 | 5,959 | 20 | 26 | 1,199 |
| Pacific Clinics | 82 | 11 | 46 | 48 | 53 | 6,781 | 11 | 20 | 943 |
| Portals | 28 | 5 | 11 | 13 | 13 | 2,549 | 2 | 2 | 531 |
| SCHARP | 90 | 19 | 34 | 53 | 71 | 5,503 | 22 | 28 | 1,509 |
| SFVCMHC | 54 | 23 | 29 | 45 | 45 | 8,477 | 18 | 24 | 1,464 |
| Telecare 4 | 19 | 0 | 0 | 15 | 23 | 1,563 | 3 | 3 | 167 |
| Telecare7 | 47 | 4 | 13 | 15 | 23 | 2,042 | 8 | 13 | 732 |
| Tri-City | 10 | 1 | 2 | 5 | 6 | 379 | 1 | 1 | 22 |
| Verdugo | 15 | 2 | 3 | 9 | 9 | 1,276 | 7 | 8 | 562 |
| Total | 711 | 130 | 223 | 401 | 517 | 57,536 | 124 | 167 | 10,253 |
| Grand Total | 951 | 183 | 226 | 497 | 713 | 60,438 | 170 | 262 | 11,609 |

Table 2. From Effectiveness of Integrated Services for Homeless Adults

required to increase the service capacity among providers. As important as costs, are the savings and cost avoidance these programs generate. In the areas of acute hospitalization and incarceration alone, the past year's investment (annualized at \$14.1 million) produced an estimated annual savings/cost avoidance of \$7.3 million. For hospitalization/physician costs, this is derived from a daily hospital/physician cost of \$500 (using an average of recent costs in Los Angeles) applied to the decrease in the number of hospital days over twelve months (8,471) for all three county programs, which yields \$4.23 million. For incarceration costs, this is calculated at \$60 per day for 51,151 fewer days yielding \$3.07 million annually."

Effectiveness of Integrated Services for Homeless Adults with Serious Mental Illness, was authored by Gray Davis, Governor of California; Grantland Johnson, Secretary of the California Health and Human Services Agency; and Stephen W. Mayberg, Ph.D., Director of the California Department of Mental Health. The full report is available on the Internet at http://www.dmh.cahwnet.gov/press/docs/Homeless-Mentally-Ill-Leg_rpt.pdf.

The suggested citation for this fact sheet is National GAINS Center for People with Co-Occurring Disorders in the Justice System. (2001) *Integrated services reduce recidivism among homeless adults with serious mental illness in California*. Fact Sheet Series. Delmar, NY: Author.

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