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The Newsletter

Housing and Employment Outcomes for Mental Health Self-Direction Participants

In self-direction, participants control individual budgets, allocating service dollars according to needs and preferences within program parameters to meet self-defined recovery goals. Mental health self-direction is associated with enhanced wellness and recovery outcomes at lower or similar cost than traditional service arrangements. This study compared outcomes of housing independence and employment between individuals who participated in self-direction and those who did not.

Methods:

This quasi-experimental study involved administrative data from 271 self-directing participants. Using coarsened exact matching with observed demographic, diagnostic, and other characteristics, the authors constructed a comparison group of non–self-directing individuals (N=1,099). The likelihood of achieving positive outcomes between first and last assessments during the approximately four-year study period was compared for self-directing and non-self-directing individuals.

Results:

Self-directing participants were more likely than nonparticipants to increase days worked for pay or maintain days worked at 20 or more days in the past 30 days (number needed to treat [NNT]=18; small effect size) and maintain or attain independent housing (NNT=16; small effect size), when analyses controlled, to the extent possible, for observed individual characteristics.

Conclusions:

Based on data from the nation's largest and longest-standing program of its kind, results suggest that mental health self-direction is associated with modest improvements or maintenance of positive outcomes in employment and housing independence. This research adds to the literature examining self-direction in the context of mental health and begins to fill the need for a greater understanding of self-direction's relationship to outcomes of interest to service users and families, providers, and system administrators.

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Self Directed Support
Empowerment through choice

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Baltimore Police Add Crises Response Team

For the past six weeks, a Baltimore police officer has been taking a social worker on calls that involve people in the throes of a mental health crisis in an effort to calm situations that can easily move from tense to violent. The pair make up a crisis response team that has answered 85 calls as part of a pilot program that officials eventually plan to take citywide. The goal is to improve relations with the public and reduce use of jails and emergency rooms for people who would be better served in treatment. "They literally are riding in the same car," said Kevin Davis, Baltimore's police commissioner, who called the program long overdue during a news conference Thursday. "This will inevitably have more positive results."

New city police recruits have for years undergone some crisis intervention training, but a report last summer from the U.S. Department of Justice found that not all Baltimore officers have learned to de-escalate situations, and there is no policy requiring that a trained officer respond to calls for a person with mental health problems. The result, the report found, was that officers "routinely use unreasonable force against those with mental health disabilities or those experiencing a crisis." The report cited several examples, including a case in 2011 where an officer used his taser five or six times on an intoxicated man who had been involved in a domestic dispute and said he wanted to die, though he did not appear to be a threat to his wife or officers. In another case, up to nine officers tried to handcuff a man who was naked and yelling; they ended up using a taser multiple times to subdue him. Neither man was charged with a crime. A consent decree associated with the Justice Department report requires that all Baltimore officers be trained to better handle such situations. Others officially designated as crisis intervention officers will require more training.
The agreement does not require mental health professionals to serve on the crisis response teams, but Davis said the teams will nonetheless improve safety for police and for the public and better serve people who need help. Such crisis intervention programs have been around since 1988, when police in Memphis, Tenn., launched what's become a model program. There are now approximately 3,000 similar efforts in jurisdictions around the country, said Amy C. Watson, a social work professor in the University of Illinois at Chicago who has studied the programs. She said at least 10 percent of police calls are estimated to involve people with serious mental illness, though such calls are not well tracked, and the percentage is likely higher in many cities.
Police are often called when people "are acting bizarrely or seem threatening," Davis said — even when the people don't have a weapon and are not likely a threat. There often is not anyone else who will respond, he said. As in other national programs, the Baltimore team will try to steer people in need of mental health care to community programs if they are available and offer followup. The $150,000 pilot in the Central District is being funded through grants to Behavioral Health System Baltimore, the behavioral health authority for the city, from the Leonard and Helen R. Stulman Charitable Foundation and the Morton K. and Jane Blaustein Foundation. Officials also are trying to determine how much a citywide program would cost and how to fund it.

Christa M. Taylor, president and CEO of the behavioral health authority, said how police respond "is critical to the overall health of the city. Local mental health advocates agree, including the National Alliance on Mental Illness, to which the crisis response team is referring families and others after calls.Luciene Parsley, who manages the mental health unit at Disability Rights Maryland, said his group wants to see that people in distress are not threatened, injured or jailed, but rather are connected to treatment programs. The Justice Department "pointed to an overresponse to people with disabilities," said Parsley. The report was issued after the riots that followed the death of Freddie Gray, who died as a result of injuries suffered in police custody in 2015. Parsley and Dan Martin, senior director of public policy for the Mental Health Association of Maryland, said they hear anecdotal evidence of people who end up being harmed or taken to jail when their conditions are misunderstood or they can't seem to follow police instructions. A 2015 study by the ACLU of Maryland tried to put numbers to the stories. It found that of 109 people who died during police confrontations in the state from 2004 to 2014, 38 percent were likely people with disabilities or mental health or substance abuse issues. Martin said a 2005 Maryland law formed the Mental Health and Criminal Justice Partnership among advocates, law enforcement agencies and health providers to help devise ways to improve services for those with mental health problems who become entangled in the criminal justice system. As a result, most jurisdictions in Maryland now have some kind of crisis intervention program, with more populous counties able to send trained police officers to a scene at any time, he said. He didn't believe any of those programs paired police officers with mental health professionals. "This is innovative and exciting," Martin said of the city's pilot effort. "We applaud the police for taking responsibility and dealing with residents living with mental health needs."

Baltimore police Sgt. Azalee Johnson, who has been paired with social worker Morgan Gregg, has not taken anyone to jail after a crisis call. Some who were deemed emergency cases have been taken to a hospital or referred for community care.
Taylor and Gregg said they make follow-up calls to ensure people have gotten help they need.
"We go on calls, and we introduce ourselves, and we find out what is going on with them," Taylor said. "As a team, we decide what to do."
Gregg, whose position is funded by

Behavioral Health System Baltimore, works for Baltimore Crisis Response Inc., a nonprofit that provides services to those with mental health and substance use disorders. She said Taylor makes sure the situation is safe for her before she approaches the subject of their call.
She said she hopes to get the message out to the public, "We are there to help."
An earlier version misstated the names of Azalee Johnson and Morgan Gregg. The Sun regrets the error.

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