A NATIONAL STRATEGIC RESEARCH FRAMEWORK TO DECRIMINALIZE MENTAL ILLNESS

A SELECTIVE ANNOTATED BIBLIOGRAPHY REPRESENTING THE STATE OF KNOWLEDGE

Amy C Watson
Leah G Pope
Michael T Compton
Kellan McNally
Ashnee Patel

Sozosei Foundation®
Otsuka

December 2025

This annotated bibliography is intended to be representative of the research related to the involvement of people with serious mental illnesses in the criminal legal system, and interventions designed to reduce involvement. It is not intended to be exhaustive of all relevant research. It covers literature published through March 2024.

The bibliography is organized by three questions as indicated below.

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ANNOTATED BIBLIOGRAPHY—QUESTION #1

What is the nature of the involvement of people with mental illnesses in the criminal legal system and what is the relationship between mental illness and offending?

Calhoun, S. (2018). "That's just the tip of it because it goes deeper than that": A qualitative exploration into the role of mental illness in offending onset and subsequent offending behavior. Criminal Justice Policy Review, 29(4), 341–364. https://doi.org/10.1177/0887403416633267

Calhoun conducted a qualitative study to investigate how psychiatric symptoms contributed to the initial onset and continued offending in a sample of 28 parolees with mental illness. Findings were grouped based on what point in the life course the first offense took place: child-onset offending, adolescent-onset offending, and adult-onset offending. Common themes related to child-onset offending were problems in family functioning and complicated friendships. For adolescent-onset offending, unstable home life was a consistent theme, and while mental illness was perceived to play a role by some, others said it played no role. For adult-onset offenders, mental illness was perceived to have to play a role in offending by three out of five participants. The author concluded that overall, the findings indicate mental illness did not play a direct role in offending behavior, but rather a more indirect role.

KEYWORDS: life course, offending onset

METHOD: Qualitative, thematic analysis

Comartin, E. B., Nelson, V., Smith, S., & Kubiak, S. (2021). The criminal/legal experiences of individuals with mental illness along the Sequential Intercept Model: An eight-site study. Criminal Justice and Behavior, 48(1), 76–95. https://doi.org/10.1177/0093854820943917

This study focuses on the experiences of people with mental illness involved in the criminal legal system across the Sequential Intercept Model. Individuals included were tracked across eight counties and had established mental health diversion interventions for 3 or more years. Findings indicate longer stays in jail, low rates of treatment engagement and enrollment in specialty courts, and poorer diversion outcomes for individuals with SMI compared to those without SMI. There were notable differences between urban and rural geographic areas. In comparison with metropolitan and urban counties, rural counties identified a smaller proportion of individuals with SMI, were less likely to promptly connect individuals to mental health services, were more likely to sentence individuals to jail or prison and were more likely to return individuals to jail for technical violations. The results call for increased access to and engagement in mental health treatment as an alternative to jail.

KEYWORDS: Sequential Intercept Model, jail, treatment engagement, specialty courts, diversion, rural geography

METHOD: Quantitative, naturalistic, t test, chi square, logistic regression

Compton, M. T., Zern, A., Pope, L. G., Gesser, N., Stagoff-Belfort, A., Tan de Bibiana, J., Watson, A. C., Wood, J., & Smith, T. E. (2023). Misdemeanor charges among individuals with serious mental illnesses: A statewide analysis of more than two million arrests. *Psychiatric Services, 74(1), 31- 37.* **https://doi.org/10.1176/appi.ps.202000936**

This study aimed to identify the most common charges that people with mental illness are arrested for. The authors analyzed all arrests in New York State between 2010 and 2013. Medicaid data (billing records for mental health services) and state hospital admission and discharge data were used to create an indicator of serious mental illness. Findings indicate that people with mental illness are most commonly arrested for misdemeanors (specifically class A). Criminal trespass was among the most common charges in arrests involving individuals with the SMI indicator. Authors discuss how both the criminalization hypothesis and criminogenic risk perspective provide insight on the overrepresentation of people with mental illness in the criminal legal system, and how individuals with serious mental illness are at high risk for behavior qualifying as criminal offenses and the criminal legal system readily uses its processes to control those behaviors that the community or complainants insist be controlled.

KEYWORDS: misdemeanor arrest, felony arrest, criminal trespass

METHOD: Quantitative, retrospective cohort design, chi square

Compton, M. T., Graves, J., Zern, A., Pauselli, L., Anderson, S., Ashekun, O., Ellis, S., Langlois, S., Pope, L., Watson, A. C., & Wood, J. (2022). Characterizing arrests and charges among individuals with serious mental illnesses in public-sector treatment settings. ***Psychiatric Services, 73(10), 1102*–1108. https://doi.org/10.1176/appi.ps.202000581**

In this study, 240 patients at inpatient psychiatric facilities were recruited and gave consent to access their criminal history. Approximately 71% had been arrested, and number of arrests were associated with lower educational attainment, Black or African American race, the presence of substance use disorder, the presence of mood disorder, and female sex. The timing of arrests over the life course was examined. Common early charges included marijuana possession, driving under the influence of alcohol, and burglary and shoplifting. Common recent charges included probation violations, failure to appear in court, officer obstruction–related charges, and disorderly conduct. These findings suggest that the nature of criminal justice involvement varies over time and point to a need for integration and policy and program development across the legal system, mental health system, and social service sector.

KEYWORDS: life course, misdemeanor arrests

METHOD: Quantitative, retrospective, Poisson regression

DeHart, D., Lynch, S., Belknap, J., Dass-Brailsford, P., & Green, B. (2014). Life history models of female offending: The roles of serious mental illness and trauma in women's pathways to jail. ***Psychology of Women Quarterly, 38*****(1), 138–151. https://doi.org/10.1177/0361684313494357**

DeHart *et al.* sought to understand pathways to offending in jailed women with and without mental illness through a mixed-methods study. Life history interviews were conducted with 115 women from five U.S. states. Most women met lifetime criteria for substance use disorder, and approximately half had PTSD and/or met criteria

for one form of serious mental illness. Sexual violence victimization had been experienced by 86% of women in the sample, and various forms of traumatic victimization played an important role in the onset of offending. Authors used event-history modeling to examine predictor variables of interest. Women with serious mental illness were at greater risk for onset of substance abuse at each time point, greater risk of running away, and greater risk for drug offending. The study highlights how different types of offending may derive from pivotal life experiences.

KEYWORDS: jail, women, trauma, victimization, substance use, drug offending

METHOD: Mixed method; quantitative (regression analysis), qualitative (interviews)

Engel, R. S., & Silver, E. (2001). Policing mentally disordered suspects: A reexamination of the criminalization hypothesis. *Criminology, 39(2), 225*–252. https://doi.org/10.1111/j.1745-9125.2001.tb00922.x

This study examines the relationship between an individual's mental disorder and officer arrest decisions using data from the Project on Policing Neighborhoods (POPN) and Police Services Study (PSS). In both POPN and PSS, data collection was via systematic social observation. Arrest was defined as taking a person into custody to charge them with a criminal offense. Mental disorder was recorded in both the POPN and PSS studies based on field observers' perceptions. Multivariate results show that police were not more likely to arrest mentally disordered suspects. Several limitations are noted. This piece challenged earlier findings by Teplin and colleagues.

KEYWORDS: criminalization, arrest

METHOD: Quantitative, systematic observation and multivariate analysis

Fisher, W. H., Banks, S. M., Roy-Bujnowski, K., Grudzinskas, A. J., Simon, L. J., & Wolff, N. (2010). Categorizing temporal patterns of arrest in a cohort of adults with serious mental illness. *The Journal of Behavioral Health Services & Research, 37(4), 477*-490. https://doi.org/10.1007/s11414-009-9188-9

This study uses trajectory analysis, a methodology widely employed by criminologists exploring patterns of desistance in offending, to examine patterns of criminal justice involvement in a cohort of mental health service recipients. Data for this study is from a statewide cohort of individuals who received services from the Massachusetts Department of Mental Health in 1991 (N=13,876) and whose arrests were followed for roughly 10 years. Data on arrests were obtained from the Criminal Offender Record Information (CORI) system maintained by the Massachusetts Trial Court. Bivariate analyses were conducted to assess the relationship between cluster membership and demographic, service use, and offense-type characteristics. Analysis applied to cohort members having two or more arrests identified five trajectories with widely varying arrest patterns. Group I (29.6%) averaged one arrest in the first year and declined to less than one arrest per year thereafter; Group II (39.9%) and Group III (15.1%) were stable across time (averaging one arrest every two years and one arrest per year respectively). Group IV (11.1%) and Group V (4.5%) showed evidence of greater intensity of arrest early on followed by a trend toward desistance. Four offense categories were found in significantly different proportions across groups: misdemeanor crimes against persons, "sex-related' crimes (excluding forcible rape and including mainly charges associated with prostitution), "drug-related" offenses, and assault and battery on a police officer. Service use did not differ among the different groups. Future efforts should combine administrative data with other, more comprehensive clinical and socio-environmental data to obtain a broader view of factors that shape the observed trajectories. Having

described a set of temporal patterns, the next step is to identify factors that better differentiate between the trajectory-based groups.

KEYWORDS: arrest, service use, arrest trajectories

METHOD: Quantitative, longitudinal cohort design, Poisson modeling, bivariate analysis

Fisher, W.H., Silver, E., & Wolff, N. (2006). Beyond criminalization: Toward a criminologically informed framework for mental health policy and services research. *Administration and Policy in Mental Health, 33(5):544-57.* https://doi:10.1007/s10488-006-0072-0

This paper proposes a reconceptualization of the relationship between criminal justice involvement and mental illness. The authors challenge the idea that criminalization due to inadequate mental health services can explain justice involvement for people with serious mental illness and suggest that the persistent attention to therapeutic intervention and inadequate services diverts attention from other key perspectives that explain criminal offending. They review several theories that help explain criminal behavior: life course/developmental perspective (ACEs, trauma), routines and activities/lifestyle perspective (i.e., the community the offender resides in), and local life circumstances perspectives (i.e., housing insecurity). They reference Hiday's heuristic categorization of people with SMI who commit crimes into three groups: people who commit survival crimes (homelessness, substance use, etc.); people who offend who have serious mental illness but whose propensity to offend may have more to do with underlying antisocial tendencies that co-occur with, but are independent of, serious mental disorder; and individuals who commit acts of violence as a direct result of their psychiatric symptoms. This paper highlights the complexity of criminal legal system involvement of people with mental illnesses and how it results from a confluence of social, legal, political and clinical issues.

KEYWORDS: criminalization, criminological frameworks, life course, ACES, routine activities, local life circumstances

METHOD: Conceptual, theory development

Fisher, W. H., Simon, L., Roy-Bujnowski, K., Grudzinskas, A., Jr, Wolff, N., Crockett, E., & Banks, S. (2011). Risk of arrest among public mental health services recipients and the general public. *Psychiatric Services, 62(1), 67-72.* https://doi.org/10.1176/ps.62.1.pss6201_0067

This study compared arrest rates on a broad range of offenses in a cohort of public mental health service recipients and in the general population (data from 1992). The service use cohort members' odds of experiencing at least one arrest in any charge category were significantly higher than those of the general population [OR = 1.62]. Odds ratios varied by offense, ranging from 1.84 for drug-related offenses to 5.96 for assault and battery on a police officer. Aside from the crime of assault and battery on a police officer, the largest ORs were associated with misdemeanor crimes against persons and property and with public-decency crimes. ORs associated with felony charges, while significant, tended to be slightly smaller in magnitude.

KEYWORDS: Arrest, service use, misdemeanors

METHOD: Quantitative, cross-sectional design, odds ratio comparison

Hall, D., Lee, L.-W., Manseau, M. W., Pope, L., Watson, A. C., & Compton, M. T. (2019). Major mental illness as a risk factor for incarceration. ***Psychiatric Services, 70(12), 1088*****-1093. https://doi.org/10.1176/appi.ps.201800425**

This research sought to measure the prevalence of arrestees in New York State who were treated for a major mental illness in the year before their arrest and to assess whether these individuals had a disproportionate rate of incarceration. A major mental illness diagnosis was associated with more than a 50% increase in the odds of a jail sentence for misdemeanor arrestees, after the analyses controlled for the other case characteristics. While a diagnosis of major mental illness was associated with incarceration among misdemeanor arrestees, it was not related to the likelihood of a prison sentence among felony defendants.

KEYWORDS: misdemeanor, felony, arrest, jail, prison, incarceration

METHOD: Quantitative, retrospective cohort study, logistic regression

Lemieux, A. J., Leclair, M. C., Roy, L., Nicholls, T. L., & Crocker, A. G. (2020). A typology of lifetime criminal justice involvement among homeless individuals with mental illness: Identifying needs to better target intervention. ***Criminal Justice and Behavior, 47(7), 790-807.*** **https://doi.org/10.1177/0093854819900305**

Research was conducted with participants in a demonstration project that consented to researchers accessing their criminal records. Two thirds of the sample had a criminal history, with an average of 21 lifetime charges. For 45%, their first criminal charge preceded their first episode of homelessness. The most frequent charges were for acquisitive property crimes (28.9%), administration of justice charges (23.1%) and assaults (13.7%). Latent class analysis resulted in a five-class model: 1-Fewer needs, 2- Needs associated with homelessness, 3- Extensive criminogenic needs, 4-Acute and extensive criminogenic needs, 5-Needs associated with drugs Class 1 included individuals with less complex psychosocial histories, and greater educational achievement, employment stability, and lesser criminal involvement compared with the four other groups Classes 2 and 5 were characterized by greater social precariousness relative to the other classes, illustrated by longer periods of homelessness and more difficulty with employment coupled with moderate rates of general criminal involvement. Classes 3 and 4 were most likely to have encounter the justice system prior to their first episode of homelessness and be charged with violent and mischief/public order offenses, suggesting that criminal justice involvement may be indicative of antisocial trait. None of the profiles identified significantly differed in terms of psychiatric characteristics.

KEYWORDS: Homelessness, criminal behavior, criminogenic needs, drug use

METHOD: Quantitative, cross-sectional design, latent class analysis

McCabe, P. J., Christopher, P. P., Druhn, N., Roy-Bujnowski, K. M., Grudzinskas, A. J., & Fisher, W. H. (2012). Arrest types and co-occurring disorders in persons with schizophrenia or related psychoses. ***Journal of Behavioral Health Services Research, 39(3), 271-284.*** **https://doi:10.1007/s11414-011-9269-4**

This study examined the patterns of criminal arrest and co-occurring psychiatric disorders among individuals with schizophrenia or related psychosis who were receiving public mental health services and had an arrest history. The sample was obtained from a statewide cohort of adults (age 18 or older) who received inpatient, case management, or residential services from the Massachusetts Department of Mental Health (DMH) between July 1, 1991, through June 30,

1992. Individuals who had been arrested at least once between 1991-2000 were identified by merging the DMH cohort with criminal offense data stored in the Massachusetts Criminal Offender Record Information (CORI) system, which includes data on arrests. DMH data was used to look at inpatient hospitalizations for a diagnosis of schizophrenia, schizoaffective disorder, and other non-organic psychosis; delusional disorder; and transient organic psychotic condition from 1991-2006. The category "co-occurring disorders" was operationally defined to include all additional axis I or II disorders during any inpatient DMH hospitalization throughout the 15-year clinical observation period. Within a 10-year period, 65% of people were arrested for crimes against public order, 50% for serious violent crimes, and 45% for property crimes. The presence of any co-occurring disorder increased the risk of arrest for all offense categories. For nearly all offense types, antisocial personality disorder and substance use disorders conferred the greatest increase in risk for arrest. Among anxiety disorders, post-traumatic stress disorder was associated with a greater risk of arrest for serious violent crimes but no other offense types.

KEYWORDS: co-occurring disorders, substance use disorders, antisocial personality disorders, PTSD

METHOD: Quantitative, retrospective cohort study, regression analysis

Morgan, V. A., Morgan, F., Valuri, G., Ferrante, A., Castle, D., & Jablensky, A. (2013). A whole-of-population study of the prevalence and patterns of criminal offending in people with schizophrenia and other mental illness. *Psychological Medicine, 43(9), 1869*-1880. https://doi.org/10.1017/S0033291712002887

This study used a whole-of-population design to examine the prevalence, type and pattern of offending across all psychiatric diagnoses, including schizophrenia, compared to the general population in Western Australia. The study used record linkage between two administrative databanks, the psychiatric case register and the arrestee database, with a study population of people born between 1955-1969 (looking at arrests between 1985-1996). Diagnoses in the psychiatric case register were clinician rated and based on ICD-9-CM. The period prevalence of arrest for people with any psychiatric illness was 32.1%. The highest arrest prevalence, by diagnostic category, was for substance use disorders (59.4%); the prevalence for schizophrenia was 38.7%. Co-morbid substance use disorders significantly increased the risk of arrest in people with schizophrenia. The prevalence of mental illness among offenders was 11.1%: 6.5% of offenders had substance use disorders and 1.7% had schizophrenia. For most offenders with a psychiatric illness, first arrest preceded first contact with mental health services; for schizophrenia only, this proportion was increasing over time. Compared to non-psychiatric offenders, offenders with schizophrenia were more likely to offend alone, offend in open places, and to target strangers.

KEYWORDS: Co-occurring disorders, substance use, schizophrenia

METHOD: Quantitative, retrospective design, epidemiological

Penney, S. R., Prosser, A., & Simpson, A. I. F. (2018). Age onset of offending and serious mental illness among forensic psychiatric patients: A latent profile analysis. *Criminal Behaviour and Mental Health, 28(4), 335–349.* https://doi.org/10.1002/cbm.2069

Penney *et al.* aimed to test whether forensic psychiatric patients can be classified according to age of onset of SMI and offending, and, if so, whether subtypes differ by sex. Two latent classes were identified based on earlier age of illness onset and offending or later age of illness

onset and offending. Those with a younger age of onset of serious mental illness and offending were characterized by higher levels of static risk factors and criminogenic need than those whose involvement in mental health and criminal justice systems was delayed to later life. Patterns were similar for men and women. A major limitation to note is the sample was drawn from hospitalized patients only.

KEYWORDS: Forensic patients, offending onset, criminogenic needs

METHOD: Quantitative, cross-sectional, latent profile analysis

Peterson, J., Skeem, J. L., Hart, E., Vidal, S., & Keith, F. (2010). Analyzing offense patterns as a function of mental illness to test the criminalization hypothesis. *Psychiatric Services, 61* (12), 1217-1222. https://doi:10.1176/ps.2010.61.12.1217

This study tested the criminalization hypothesis, which states that untreated symptoms are the main source for criminal behavior and linkage to psychiatric services is a solution. The study sample included 111 parolees with serious mental illness (SMI) and 109 without serious mental illness in Los Angeles. Participants were interviewed and classified into one of five groups based on their lifetime pattern of offending: psychotic, disadvantaged, reactive, instrumental, or gang or drug related. The results of this study provided only limited support for the criminalization hypothesis. Only 7% of offenders with SMI fell into the psychotic (5%) and disadvantaged groups (2%); 90% fell into the reactive group (which also captured most offenders without mental illness – 68%). This suggests that criminal behavior for both groups chiefly was driven by hostility, disinhibition, and emotional reactivity. While psychiatric service linkage remains a key step in recidivism reduction for the group of people whose symptoms are a direct or leading cause of criminal behavior, services that improve clinical outcomes may not translate into reduced recidivism for other groups. Rather, interventions that target criminogenic needs and have been shown to reduce recidivism for general offenders may impact recidivism among people with mental illness.

KEYWORDS: Criminalization, criminogenic needs, patterns of offending, offender typology

METHOD: Quantitative, cross-sectional design, statistical comparison

Peterson, J. K., Skeem, J., Kennealy, P., Bray, B., & Zvonkovic, A. (2014). How often and how consistently do symptoms directly precede criminal behavior among offenders with mental illness? *Law and Human Behavior, 38*(5), 439-449. https://doi.org/10.1037/lhb0000075

In this study of 143 offenders with mental illness, the authors used data from intensive interviews and record reviews to examine how often and how consistently symptoms lead directly to criminal behavior. Crimes rarely were directly motivated by symptoms, particularly when the definition of symptoms excluded externalizing features that are not unique to a major psychiatric illness. Specifically, of the 429 crimes coded, 4% related directly to psychosis, 3% related directly to depression, and 10% related directly to bipolar disorder (including impulsivity). Second, within offenders, crimes varied in how directly motivated they were by symptoms. The authors conclude that effective mental health treatment may prevent a minority of crimes from occurring (~18%) but would likely not improve criminal justice outcomes for the majority of offenders with mental illnesses. These findings suggest that programs will be most effective in reducing recidivism if they expand beyond psychiatric symptoms to address strong variable risk factors for crime like antisocial traits (for example, cognitive-behavioral treatment focused on criminal cognition or

services that target variable risk factors for high-risk offenders).

KEYWORDS: Criminalization, criminogenic needs, patterns of offending, offender typology

METHOD: Mixed methods, interviews, records review, thematic and inferential statistical analysis

Prins, S. J., Skeem, J. L., Mauro, C., & Link, B. G. (2015). Criminogenic factors, psychotic symptoms, and incident arrests among people with serious mental illnesses under intensive outpatient treatment. *Law and Human Behavior, 39*(2):177-188. https://doi:10.1037/lhb0000104

Prins *et al*. aimed to understand how criminogenic risk factors versus untreated symptoms of mental illness influence justice involvement for people with mental illness. The study included 183 participants with serious mental illness, in outpatient treatment facilities in the Bronx and Queens. Of 183 participants, 109 had been arrested before the study. Measures included criminogenic risk factors, measured by 60 items from the Composite International Diagnostic Interview (CIDI), and psychotic symptoms, measured by the Structured Clinical Interview for DSM Diagnoses (SCID); the outcome was each subject's arrests during follow-up through official arrest records. It was found that the antisocial sub-scale and male sex were associated with increased arrest rates, whereas psychosis and age were associated with decreased arrest rates. Criminogenic factors (chiefly, arrest history) and psychotic symptoms had comparable predictive utility.

KEYWORDS: Criminogenic risk, psychosis, arrest, age

METHOD: Quantitative, longitudinal cohort design, Poisson regression, factor analysis, logistic regression

Skeem, J. L., Manchak, S., & Peterson, J. K. (2011). Correctional policy for offenders with mental illness: Creating a new paradigm for recidivism reduction. *Law and Human Behavior, 35(2), 110*-126. https://doi.org/10.1007/s10979-010-9223-7

Skeem *et al*. propose a framework to advance research, articulate policy, and improve practice to reduce recidivism for people with mental illness. They suggest that the criminalization remains viable as one component of a policy model because there is evidence that criminal behavior is directly attributable to mental illness for a small subgroup of offenders. However, alternatives must be considered since: (a) incarceration rates for this population cannot be explained by the availability of psychiatric services, but instead seem to have risen alongside those of offenders without mental illness as a function of ''get tough on crime'' policies; (b) the strongest predictors of violence and crime are the same for offenders with and without mental illness; and (c) offenders with mental illness have more of these general risk factors than their relatively healthy counterparts. The authors hypothesize that the effect of mental illness on criminal behavior reflects moderated mediation (i.e., the effect is direct in the case of one subgroup, but fully mediated in another); whether the effect is direct or mediated varies across subgroups of offenders. The authors also suggest that the effect of mental illness on criminal behavior may differ from its effect on recidivism, since available evidence suggests that recidivism is partially mediated by system bias (officers' stigma, close monitoring, paternalism, etc.) Three priorities are identified: (1) identifying offenders for whom mental illness directly causes criminal

behavior; (2) expanding the focus to incorporate evidence-based corrections; (3) assessing and addressing system bias.

KEYWORDS: criminalization, criminogenic needs, mediation, recidivism, stigma

METHOD: Conceptual, literature review

Swartz, J. A., & Lurigio, A. J. (2007). Serious mental illness and arrest: The generalized mediating effect of substance use. *Crime and Delinquency, 53(4), 581-604.* https://doi.org/10.1177/0011128706288054

This study examined the generality of the relationships among psychiatric disorders, substance use, and arrests for violent, nonviolent, and drug-related offenses using data collected for the 2001 and 2002 National Survey on Drug Use and Health (NSDUH). The full analytic sample for this study consisted of 73,579 adult participants, 18 years of age and older, who completed either the 2001 (N = 37,624) or the 2002 (N = 35,955) NSDUH questionnaire. Two scales to assess SMI are embedded in the 2001 and 2002 NSDUH survey questions, a truncated version of the Composite International Diagnostic Interview Schedule – Short Form (CIDI-SF), and the K6 Screening scale. To better identify individuals with SMI who are likely to be criminally involved, the researchers constructed a second set of CIDI-SF diagnoses by factoring in responses to additional questions in the NSDUH questionnaire that assess the degree of functional impairment caused by the psychiatric symptoms. For this more restricted set of diagnoses, 6% of the sample (n = 4,475) met the criteria for any past-year disorder with moderate to severe functional impairment, and 3% (n = 2,328) met the criteria for two or more past-year disorders. Substance use was assessed through DSM-IV criteria in the NSDUH 2001 and 2002. NSDUH participants are asked a series of questions about their lifetime and past-year involvement with the criminal justice system. The questions covered arrests for any offense and for specific types of offenses, such as burglary, robbery, homicide, drug possession, and prostitution. Logistic regression models showed that for violent offenses, the statistical association between serious mental illness (SMI) and arrest across psychiatric diagnoses was substantially but only partially mediated by substance use. The strength of this effect was larger for nonviolent and drug-related offenses than for violent offenses; individuals with SMI were no more likely to commit property and drug-related offenses than were individuals without SMI after substance use was considered. For violent offenses, however, the association between SMI and arrest remained significant even after accounting for substance use. This result suggests that SMI has an independent effect on the propensity to commit violent acts that cannot be attributed to drug use. These findings suggest that co-occurring substance use increases the chances a person with any SMI, not just schizophrenia, will be arrested for any offense, not just violent offenses, but that the magnitude of this relationship varies by offense type and, to a lesser extent, by disorder.

KEYWORDS: Co-occurring disorders, substance use, arrest

METHOD: Quantitative, logistic regression

Van Deinse, T. B., Cuddeback, G. S., Wilson, A. B., Edwards, D., & Lambert, M. (2021). Variation in criminogenic risks by mental health symptom severity: Implications for mental health services and research. *Psychiatric Quarterly, 92(1), 73-84.* https://doi.org/10.1007/s11126-020-09782-x

This study examines the relationship between criminogenic risk and intensity of self-reported symptoms of mental illnesses among 201,905 individuals on probation from a large southeastern state. Self-report measures of symptoms of mental illnesses were categorized as low,

moderate or high and criminogenic risks were compared among the following three groups: (1) those with no or low self- reported symptoms of mental illness; (2) those reporting moderate levels of symptoms; and (3) those reporting high or elevated levels of symptoms. There were five scales measuring criminogenic risks: self-control, antisocial personality traits, antisocial values, dysfunctional family history, and substance use. Data analysis was conducted with analysis of variance and multivariate regression models by criminogenic scale and mental health symptomatology. Findings suggest that the strength of relationships between symptoms of mental illnesses and criminogenic risks varies by type of criminogenic risk. There was a stronger relationship between mental health symptoms and antisocial values and a weaker relationship between mental health symptoms and history of family dysfunction. Intensity of mental health symptoms was also associated with higher levels of criminogenic risks.

KEYWORDS: Criminogenic risk, mental health symptoms, probation

METHOD: Quantitative, observational design, chi square and multiple regression

ANNOTATED BIBLIOGRAPHY — QUESTION #2

What factors increase or decrease the risk of criminal legal system contact/ involvement for people with serious mental illnesses?

Ballard, E. & Teasdale, B. (2016). Reconsidering the Criminalization Debate: An Examination of Predictors of Arrest Among People with Major Mental Illness. *Criminal Justice Policy Review, 27*(1), 22-45. https://doi.org/10.1177/0887403414561255

Ballard and Teasdale examine the disproportionate arrest rates of individuals with diagnosed psychiatric conditions. Their study explores competing hypotheses of criminalization, which suggest either structural social forces or criminal behavior increase the likelihood of arrests. Analyzing data from individuals recently released from psychiatric hospitals and a comparison community sample, the study finds evidence supporting both perspectives. The results indicate that both extralegal factors related to mental disorder and legally relevant factors like prior criminal history and substance use contribute to higher arrest rates. Their findings suggest policies can reduce disparities by considering both criminalization and criminality perspectives, and by incorporating interventions that address both symptom-linked behaviors and the broader criminogenic risk factors associated with mental disorders.

LEVEL: Individual, policy

RISK: Criminogenic individual and structural risk factors

METHOD: Quantitative, comparison cross-sectional design, multivariate logistic regression

Barrenger, S. L., Draine, J., Angell, B., & Herman, D. (2017). Reincarceration risk among men with mental illnesses leaving prison: A risk environment analysis. *Community Mental Health Journal, 53(8), 883*-892. https://doi.org/10.1007/s10597-017-0113-z

Qualitative interviews were conducted with 28 men participating in a larger study of Critical Time Intervention within six months of their leaving prison to explore interpersonal and environmental factors that increased risk of reincarceration. Risk factors identified included interpersonal factors (need to contribute financially, emotional conflicts) and environmental factors (denial of public benefits, outstanding warrants, difficulty finding work, access to drugs, opportunities to engage in crime). Potential protective factors included "having someone on your side," prosocial ties, employment, and mental health treatment.

LEVEL: Social/community

RISKS: Interpersonal conflict, financial stressors, employment difficulties, access to drugs and opportunities to engage in crime, criminal justice system entanglements. Protective factors—prosocial supports/ network, employment and mental health treatment

METHOD: Qualitative, interviews, thematic analysis

Bolaños, A. D., Mitchell, S. M., Morgan, R. D., & Grabowski, K. E. (2020). A comparison of criminogenic risk factors and psychiatric symptomatology between psychiatric inpatients with and without criminal justice involvement. *Law and Human Behavior, 44(4), 336*–346. https://doi.org/10.1037/lhb0000391

This study examined the Central Eight criminal risk factors and psychiatric symptomatology among a sample of acute psychiatric inpatients (N=142) with (n=74) and without (n=68) CJ involvement histories. Measures included the Demographic and History Questionnaire (DHQ), Measures of Criminal Attitudes and Associations (MCAA), Multidimensional Scale of Perceived Social Support (MSPSS), Self-Appraisal Questionnaire (SAQ), Independent Living Skills Survey (ILSS), and Brief Symptom Inventory (BSI). Multivariate analysis of variance and discriminant function analysis indicated significant differences between the Big Four and Central Eight criminal risk factors when classifying CJ and non-CJ groups. The Big Four risk factors correctly classified 85.9% of participants, and the Central Eight correctly classified 99.3% of participants into CJ and non-CJ groups. However, psychiatric symptoms only correctly classified 57.7% of participants into CJ and non-CJ groups. Criminal risk factors appear to be more strongly associated with CJ involvement among PMI than psychiatric symptomatology.

LEVEL: Individual

RISKS: Central eight: History of anti-social behavior, antisocial personality, anti-social attitudes, anti-social peers, family/martial problems, school/employment difficulties, absence of positive leisure activities, substance abuse. Psychiatric Symptom Severity. (Bolded indicates strongest effects)

METHOD: Quantitative, survey, multivariate analysis of variance

Bonta, J., Blais, J., & Wilson, H. A. (2014). A theoretically informed meta-analysis of the risk for general and violent recidivism for mentally disordered offenders. *Aggression and Violent Behavior, 19(3), 278–287.* https://doi.org/10.1016/j.avb.2014.04.014

This meta-analysis evaluated the predictive validity of the risk/need domains of the General Personality and Cognitive Social Learning Perspective along with clinical variables for criminal recidivism among offenders with mental disorders. 126 studies reporting on 96 unique samples were included. All domains of the Central Eight risk factors were significant for general recidivism, with substance abuse, pro criminal attitudes and cognition, and anti-social personality pattern being the strongest predictors. Among clinical variables, only personality disorders (unspecified), antisocial personality/psychopathy, and having an intellectual disability were significant. Psychosis, mood disorder, prior admissions, psychiatric treatment were not predictive of general recidivism. Similarly, all domains of the Central Eight predicted violent recidivism, with the strongest predictors being Antisocial Personality Pattern, Pro criminal Attitudes and Cognitions and Criminal History. Among the clinical variables, only personality disorders (unspecified) and antisocial personality/ psychopathy were predictive of violent recidivism.

LEVEL: Individual

RISKS: Central Eight Risk Factors

METHOD: Quantitative, meta-analysis

Davis, L., & Brekke, J. S. (2013). Social networks and arrest among persons with severe mental illness: An exploratory analysis. *Psychiatric Services, 64(12), 1274-1277.* https://doi.org/10.1176/appi.ps.201200443

This study examined the impact of social network size and frequency of contact on arrests among 119 people with severe mental illnesses involved in psychosocial rehabilitation services. Information on the size of participant's current social network was gathered using the Community Adjustment Form (CAF), which is a semi structured clinical interview. Lifetime arrest was the outcome variable. 66% of the sample had been arrested at least once since the age of 18. Results of hierarchical logistic regression analysis indicate lifetime substance use disorder, male gender, size of current friendship network and frequency of contact were related to the likelihood of lifetime arrest. Having a larger friendship network was negatively related to lifetime arrest, while high frequency of contact was positively related to lifetime arrest.

LEVEL: Individual/social

RISKS: Substance use disorder, frequent contact with friendship network, smaller friendship network

METHOD: Quantitative, logistic regression

DeHart, D., Lynch, S., Belknap, J., Dass-Brailsford, P., & Green, B. (2014). Life history models of female offending: The roles of serious mental illness and trauma in women's pathways to jail. *Psychology of Women Quarterly, 38(1), 138*-151. https://doi.org/10.1177/0361684313494357

Dehart *et al*. sought to understand pathways to offending in jailed women through a mixed-methods study. Most women met lifetime criteria for substance use disorder (85%), half met criteria for PTSD and half (51%) met criteria for serious mental illness. 86% had experienced sexual violence. Event-history modeling was used to examine predictor variables' (SUD; PTSD; caregiver, partner, non-familial and sexual violence; witnessing violence and childhood non-victimization adversity) relationship to risk trajectories for substance use and offending for women with and without SMI. Serious mental illness was associated with higher risk for childhood running away, and across the lifespan risk of substance use and drug offending. Substance use disorder was associated with driving under the influence and commercial sex work. Traumatic victimization played an important role in the onset of offending, with different types of victimization associated with different patterns of offending.

LEVEL: Individual over the life course

RISKS: Substance Use, Traumatic victimization

METHOD: Mixed method; quantitative (regression analysis), qualitative (interviews)

Deza, M., Maclean, J. C., & Solomon, K. T. (2020). Local access to mental healthcare and crime. National Bureau of Economic Research. https://www.nber.org/papers/w27619

This study examined the effect of variation in the number of mental healthcare offices at the county level on crime rates over fifteen years. Uniform Crime Report (UCR) data was used to track crime from 1999-2014. The U.S. Census Bureau's County Business Patterns (CBP) data was used to proxy local access to office-based mental health care. The National Survey on Drug Use and Health (NSDUH) was used to examine characteristics of individuals who receive office-based mental health care. Findings suggest increases in office-based mental healthcare providers reduce crime rates. More specifically, an extra ten mental healthcare provider offices in a county lead to a 0.5% reduction in the overall county crime rate.

LEVEL: Systems/policy

RISKS: Remote of mental healthcare offices (negatively associated with crime)

METHOD: Quantitative, two-way mixed effects modeling

Edalati, H., Nicholls, T. L., Crocker, A. G., Roy, L., Somers, J. M., & Patterson, M. L. (2017). Adverse childhood experiences and the risk of criminal justice involvement and victimization among homeless adults with mental illness. *Psychiatric Services, 68(12), 1288-1295.* https://doi.org/10.1176/appi.ps.201600330

This study utilized data from a Canadian Housing First study and demonstration project to examine the association between adverse childhood experiences (ACES) and criminal justice involvement among 1,888 homeless adults with mental illness. 50% of the sample reported more than four types of ACES, 19% reported three or four types, 19% reported one or two types, and 12% reported no ACES. Rates of criminal justice involvement in the six months prior to entering the study were higher among participants with any type of ACE, with the strongest effects for childhood parental separation and divorce and an incarcerated household member. In logistic regression models, the impact of ACES became insignificant when PTSD and substance dependence were entered into the model.

LEVEL: Individual/family

RISKS: ACES, PTSD, Substance dependence

METHOD: Quantitative, logistic regression modeling, chi-square test

Engel, R. S., & Silver, E. (2001). Policing Mentally Disordered Suspects: A Reexamination of *the Criminalization Hypothesis. Criminology, 39(2), 225–252.* https://doi.org/10.1111j.1745-9125.2001.tb00922.x

This study examines the relationship between an individual's mental health and officer arrest decisions using data from the Project on Policing Neighborhoods (POPN) and Police Services Study (PSS). In both POPN and PSS, data collection was via systematic social observation. Arrest was defined as taking a person into custody for the purpose of charging them with a criminal offense. Mental disorder was recorded in both the POPN and PSS studies based on field observers' perceptions. Multivariate results show that police were not more likely to arrest mentally disordered suspects. Several limitations are noted. This piece challenged earlier findings by Teplin and colleagues.

LEVEL: System

RISKS: Presence of mental illness did not increase likelihood of arrest

METHOD: Quantitative, systematic observation and multivariate analysis

Evans, L., Ioannou, M., & Hammond, L. (2015). A predictive model of criminality in civil psychiatric populations. *Journal of Criminal Psychology, 5(1), 1*-12. https://doi.org/10.1108/JCP-10-2014-0015

This study sought to develop a predictive model of criminal risk in civil psychiatric populations, by determining the relative impacts of 1) psychopathy, 2) drug use, 3) impulsivity and 4) intelligence on levels of criminality. A two-factor model of psychopathy was used. Factor 1 reflects the interpersonal and affective traits expressed through psychopathy, including callousness, deceitfulness, remorselessness, and egocentricity,

while Factor 2 focuses on anti-social lifestyle. The sample consisted of 871 civil psychiatric patients, selected from the MacArthur Violence Risk Assessment Study, who had been diagnosed with a mental illness or personality disorder, and hospitalized less than 21 days. Each participant was administered the Hare Psychopathy Checklist Screening Version (PCL:SV), Barratt Impulsiveness Scale (BIS-11), and the Wechsler Adult Intelligence Scale (WAIS-R). Bivariate analysis indicated significant positive relationships between past arrests, psychopathy, impulsivity, and drug use. Intelligence was negatively related to past arrests. Multiple regression identified a significant main effect for Factor 2 psychopathy (anti-social lifestyle) on past arrests when controlling for all covariates, but not for Factor 1 psychopathy, intelligence or impulsivity. Present findings suggest that impulsivity and intelligence fail to predict criminal behavior in a civil psychiatric sample unless they are considered alongside psychopathy, which has notable implications for risk assessment in psychiatric institutions.

LEVEL: Individual

RISKS: Psychopathy (interpersonal/affective and anti-social lifestyle), impulsivity, intelligence, drug use

METHOD: Quantitative, Pearsons correlation and multiple regression

Fisher, W. H., Packer, I. K., Simon, L. J., & Smith, D. (2000). Community mental health services and the prevalence of severe mental illness in local jails: Are they related? *Administration and Policy in Mental Health, 27(6), 371-381*. https://doi.10.1023/a:1021321824606

This study examines the prevalence of severe mental illness in two jails situated within catchment areas featuring different levels of community mental health services. These settings were used to test the hypothesis that greater levels of services in a community are associated with lower prevalence of severe mental illness in the community's jail. The research is focused on the inmate populations of two county Houses of Corrections, (HOCs), one in Western and the other in Central Massachusetts. County HOCs in Massachusetts conform in general to the standard definition of "jails" used by the U.S. Department of Justice. Mental illness was identified in two stages with the Referral Decision Scale (RDS) and Diagnostic Interview Schedule, Version III (DIS). During the 6-month data collection period, 996 individual (i.e., non-duplicate) detainees were screened with the RDS at the two jails (493 at Worcester, and 503 at Hampden). Of the 996 screened detainees, 801 (80.4%) did not meet RDS criteria for a major mental illness. Of the remaining 195 (19.6%), 39 (20.9%) either were released or transferred before they could be given the full DIS or refused further participation. At the Hampden HOC, which operates in the far better resourced Western Massachusetts system, the prevalence of severe mental illness was slightly higher than in the Worcester County HOC, which operates in the less well resourced, adjacent Central Massachusetts area. The hypothesis that greater levels of mental health resources in a community would be associated with lower prevalence of mental illness in the community's jail was not supported. These findings suggest that community-based mental health services by themselves do not affect the prevalence of mental illness in jail.

LEVEL: System/policy

RISKS: Availability of community mental health services

METHOD: Quantitative, epidemiological

Fisher, W. H., Silver, E., & Wolff, N. (2006). Beyond criminalization: Toward a criminologically informed framework for mental health policy and services research.

***Administration and Policy in Mental Health and Mental Health Services Research, 33(5), 544–557.* https://doi.org/10.1007/s10488-006-0072-0**

This paper argues that the criminalization perspective is not sufficient to achieve reduction of persons with mental illness involved in the criminal legal system. Arguing for the need to develop a services research framework that identifies a broader range of risk factors for arrest, three potentially useful criminological frameworks are described, the life course, local life circumstances, and routine activities perspectives. The life course/developmental perspective includes distal factors, such as early childhood experiences and socialization processes, as well as social-structural factors related to the changing location of individuals relative to institutions and societal opportunity structures, that influence a person's behavior. The local life circumstances perspective includes month-to-month life changes occurring during the one-to-three-year period preceding an episode of offending (i.e., homelessness). And the routines activities/lifestyles perspective includes the community or environment an offender is in or the determinants of health present in given community. Examples include unemployment, lack of structure in life, and lack of social contact/negative social network. Utilizing perspectives such as the ones listed can address some of the shortcomings of the current criminalization perspective being currently used in the research. This is a theoretical piece, not an empirical study.

LEVEL: Individual/family, social/community

RISKS: Exposure or informal social controls across the life course

METHOD: Theoretical, concept development

Gao, Y. N. (2021). Relationship between psychiatric inpatient beds and jail populations in the United States. *Journal of Psychiatric Practice, 27(1), 33-42.* https://doi: 10.1097/PRA.0000000000000524

This study examines the relationships between large changes in local psychiatric bed capacity, local jail populations, and the psychiatric burden at local general hospitals from 1985-2015. Psychiatric bed and admission data were obtained from the American Hospital Association Survey, the Medicare Provider of Services, and the National Inpatient Sample. This data was aggregated to the hospital referral region (HRR)-level and matched to hospitals by ZIP code and county. The outcome of interest was the number of people in jail by HRR-level by year, and this data was obtained from the Annual Survey of Jails or Census of Jail Inmates. Decreases in local psychiatric bed capacity were associated with an average increase of 256.2 people in jail, and increases in psychiatric bed capacity were associated with a decrease of 199.3 people in jail, therefore suggesting decreases in local psychiatric bed capacity appear to be associated with subsequent increases in local jail populations. The lack of psychiatric beds is a possible risk factor for people with serious mental illness and their likelihood of involvement in the criminal legal system.

LEVEL: System/policy

RISKS: Local psychiatric bed capacity

METHOD: Quantitative, regression analysis

Han, W. (2020). Effect of behavioral health services and neighborhood disadvantages on recidivism: a comparison of mental health court and traditional court participants. *Journal of Experimental Criminology, 16(1), 119–140.* https://doi.org/10.1007/s11292-019-09402-0

This study used data from the MacArthur Mental Health Court Study to examine the impact of behavioral health services and neighborhood disadvantage on recidivism among 741 offenders (misdemeanor and felony) with mental illness.

Differences between the MHC participants and treatment as usual groups were examined. Among MHC participants, those receiving substance use treatment were more likely to be arrested. Across the full sample, those with more days of drug use were more likely to be re-arrested, and those living in more disadvantaged neighborhoods were more likely to recidivate compared to those in less disadvantaged areas.

LEVEL: Individual, social/community

RISKS: Substance use, Neighborhood disadvantage

METHOD: Quantitative, binomial regression

Harris, M. N. & Teasdale, B. (2021). The prediction of repeated violence among individuals with serious mental disorders: Situational versus dispositional factors. *Journal of Interpersonal Violence, 36*(1-2), 691-721. https://doi.org/10.1177/088626051773

This study investigated why individuals with mental illnesses are prone to repeated violence, using data from the MacArthur Violence Risk Assessment Study to examine both situational and dispositional influences. The results revealed that life changes, stress, substance use, and specific personality traits such as low agreeableness and conscientiousness significantly predicted recurrent violent behavior. Additionally, researchers found unexpected correlations with marriage, race, and socioeconomic status, and noted distinct predictors for violence compared to general patterns. The research highlights the complexity of violence prediction for people diagnosed with psychiatric disorders and emphasizes the importance of including mental health diversity in criminology studies, while also suggesting a potential moderating role of the criminal legal system in altering violence.

LEVEL: Individual

RISK: Situational (i.e., life changes) and dispositional (i.e., personality traits) risk factors

METHOD: Quantitative, longitudinal cohort design, multilevel logistic regression

Herring, C., Yarbrough, D., & Marie Alatorre, L. (2020). Pervasive penality: How the criminalization of poverty perpetuates homelessness. *Social Problems, 67(1), 131-149.* https://doi.org/10.1093/socpro/spz004

This mixed-methods study, conducted in San Francisco, examines how anti-homeless laws produce various forms of police interactions that fall short of arrest yet have wide-ranging impacts on the urban poor. The analysis draws on a citywide survey of people who are experiencing homelessness currently and recently, along with 43 in-depth interviews conducted by peer researchers. The second phase of research involved the examination of data and policy memos from city agencies, including the police, recreation and parks, public works, and the court, gathered through public records requests. The goal was to examine and reveal the mechanisms through which consistent punitive interactions, including move-along orders, citations, and destruction of property, systematically limit people experiencing homelessness access to services, housing, and jobs, while damaging their health, safety, and well-being. Findings suggest that anti- homeless laws and enforcement fail to reduce urban disorder but create instead a spatial churn in which homeless people circulate between neighborhoods and police jurisdictions rather than leaving public space. These laws and their enforcement, which affected most study participants, constitute a larger process of pervasive penalty— consistent punitive interactions with state officials that rarely result in arrest, but that do material and psychological harm. This process not only reproduces

homelessness, but also deepens racial, gender, and health inequalities among the urban poor. While this paper does not focus on people with mental illness, it includes a group of individuals susceptible to mental illness or lower quality of life given their circumstances.

LEVEL: Policy

RISKS: Punitive policies (move along orders, citations, destruction of property) impacting people who are unhoused increase punitive interactions with state officials

METHOD: Mixed methods; quantitative (surveys), qualitative (interviews)

Hiday, V. A., & Wales, H. W. (2011). The criminalization of mental illness. In E. Vingilis & S. State (Eds.), ***Applied Research and Evaluation in Community Mental Health Services: An update of key research domains*** **(pp. 80–93). Montreal, Canada: McGill-Queen's University Press.**

This chapter explores links between severe psychiatric disorders and the criminal legal system, emphasizing how various developments in the latter half of the twentieth century, including deinstitutionalization, civil rights movements, and policy changes, resulted in more individuals diagnosed with severe psychiatric disorders encountering law enforcement instead of accessing mental health services. These authors suggest a psychiatric diagnosis alone does not directly lead to criminal behavior; rather, a combination of psychiatric disorders with social and environmental risk factors often precipitates offending, arrest, and incarceration. The chapter identifies five categories of individuals engaged by mental health services based on the nature and causes of their offenses, from those whose actions are directly influenced by their psychiatric conditions to those whose criminal behavior is independent of a psychiatric condition. This perspective advocates for tailored interventions, with some individuals benefitting from diversion to mental health services and others requiring comprehensive approaches that address underlying social, economic, and substance use issues in addition to psychiatric treatment.

LEVEL: Individual

RISK: Social and environmental factors acting in combination with mental health factors

METHOD: Qualitative, theoretical synthesis

Jacobs, L. A., & Panichelli, M. (2020). From criminalized patients to risk-exposed agents: Reconceptualizing carceral involvement among individuals with psychiatric diagnoses. ***Deviant Behavior, 41(12), 1540***-1558. https://doi.org/10.1080/01639625.2019.1631067

This article first discusses two dominant perspectives on the drivers of the overrepresentation of people with serious mental illnesses in the criminal legal system-criminalized patients and high risk/needs offenders. Life course theory/longitudinal approaches and the risk environment framework are presented as alternative conceptualizations. The need to elevate the perspectives of people most impacted, justice involved individuals with SMI, is highlighted. The authors present findings from qualitative interviews with clients (19) and staff (4) of a program serving justice involved individuals with serious mental illness. An inductive approach was utilized to understand circumstances of arrests and factors that are most salient to participants. Themes emerging from participant arrest narratives and life experiences related to institutional entrenchment, mental status (deliberation, intoxication, psychiatric symptoms), interpersonal conflict, and socio-economic mar-

ginality. The authors suggest "The participant-informed approach taken here promotes a new orientation for understanding those with SMD, moving from criminalized patients or high risk/need offenders to risk-exposed agents."

LEVEL: Individual, social/community

RISKS: Early institutional entrenchment, deliberation, interpersonal conflict, socio-economic marginalization

METHOD: Qualitative, inductive thematic analysis

Kerridge, B. T., Chou, S. P., Huang, B., & Harford, T. C. (2020). Sociodemographic characteristics, adverse childhood experiences, and substance use and psychiatric disorders among adolescent-limited, adult-onset, life-course-persistent offenders and nonoffenders in a general population survey. *Crime & Delinquency, 66(12), 1729*-1753. https://doi.org/10.1177/0011128720915697

This study compared sociodemographic characteristics, adverse childhood experiences (ACEs), and substance use and psychiatric disorders between adolescent-limited (AL), adult-onset (AO), life-course-persistent (LP) and nonoffender (NO) groups using a large U.S. general population survey. The sample was based on the 2012–2013 NESARC-III, which asks about offending and ACEs. Substance use and psychiatric disorders were measured by the Alcohol Use Disorders and Associated Disabilities Interview Schedule— Fifth Edition (AUDADIS-5). The prevalence of AL, AO, and LP offenders were 1.8%, 8.4%, and 2.2%, respectively. The prevalence of each ACE was greater among AL, AO, and LP offenders than NOs and greater among AL and LP offenders than AO offenders. Each offender group generally experienced greater substance use and psychopathology than NOs, whereas LP offenders experienced more substance use and psychopathology than AO and AL offenders.

LEVEL: Individual

RISKS: Adverse Childhood Experiences (ACES), psychiatric disorder, substance use, low education, low income, male, urbanicity, region

METHOD: Quantitative, logistic regression

Leverso, J., Ferraro, A.C., Fernandes, A. D., & Herting, J. R. (2023). Life course statuses of justice-involved youth transitioning to adulthood: Differences and change in offending and mental health. *Journal of Developmental and Life-Course Criminology, 9, 273-302*. https://doi.org/10.1007/s40865-023-00226-1

This study investigated three key areas using longitudinal data on justice-involved youth from the Northwestern Juvenile Project (NJP): (1) the correlation between offending and mental health and physical health over time, (2) whether mental health disrupts the ability of life course variables to alter offending patterns, and (3) the impact of both positive and negative life course statuses (e.g., work, marriage, family, gang membership, and homelessness) on mental health and offending. Two dependent variables were modeled in this study: mood disorders and offending. Mood disorders are measured from clinical diagnosis of major depression, mania, hypomania, or dysthymic disorder within the last year through the Diagnostic Interview Schedule for Children Version IV (DISC IV). Self-report measures of criminal offending are used to assess involvement in crime. Life course statuses, susceptibility towards offending, and basic demographic and controls were the independent variables. Findings suggest that mood disorders and offending are positively associated across time, and various life course statuses are associated with offending over time,

net of mental health problems. Conversely, the same life course statuses had little impact on mood disorders during this period, which were more related to early events such as maltreatment, individual functioning, and mental health histories, with observed differences by sex.

LEVEL: Individual

RISKS: Mental health, Life course statuses: marriage/cohabitation, education/ employment, homelessness, children; gang activity, drug use, childhood ADHD, functional impairment, childhood abuse

METHOD: Quantitative, longitudinal cohort design, linear modeling

Link, N. W., Ward, J. T., & Stansfield, R. (2019). Consequences of mental and physical health for reentry and recidivism: Toward a health-based model of desistance. *Criminology, 57(3), 544–573.* https://doi.org/10.1111/1745-9125.12213

This paper aims to advance a health-based model of desistance in which both mental and physical dimensions of health affect life chances in the employment and family realms and ultimately recidivism. This issue was investigated with longitudinal data from the Serious and Violent Offender Reentry Initiative (SVORI) and structural equation models to discover overall support for the health-based model of desistance. Health, barriers to reintegration, and recidivism were measured. Results indicate several significant pathways through which both manifestations of health influence employment, family conflict, financial problems, and crime and reincarceration. Overall, the present research findings implicate both physical and mental health for reentry success and recidivism and are in line with Mallik-Kane and Visher's (2008) call for "a new paradigm that recognizes health as a universal rather than a special needs concern among returning prisoners." Insights yield the following two avenues to improve reentry outcomes: 1) bettering health (and not damaging it) during incarceration and 2) focusing on health-informed reentry services. The model also more broadly highlights the importance of healthy development for adult role fulfillment and offending generally, holding implications for life-course criminology.

LEVEL: Individual

RISKS: Mental Illness (Depression) & Physical Health Limitations, Employment, Family Conflict, Financial Problems

METHOD: Quantitative, longitudinal cohort design, structural equation modeling

Littman, A. (2021). Jails, sheriffs, and carceral policymaking. *Vanderbilt Law Review, 74*(4), 861-950. https://scholarship.law.vanderbilt.edu/vlr/vol74/iss4/6

Littman examines the critical yet overlooked role that jails and their administrators play in the context of mass incarceration in the United States. The text highlights how jails, which confine more individuals annually than prisons, have been influenced by the expansive pursuits of sheriffs and commissioners. These officials push for more jail bedspace based on projected needs that fail to consider potential policy changes. Sheriffs, positioned at the intersection of carceral supply and demand, facilitate the growth of jails without advocating sufficiently for carceral restraint. Their actions are driven not only by their views on criminal legal policy but also by their interests as bureaucrats and employers seeking expansion. The text suggests that judicial and administrative interventions, along with local electoral and budgetary advocacy, may be effective in challenging the incentives that contribute to the proliferation of mass incarceration.

LEVEL: Policy

RISK: Institutional, bureaucratic, economic incentives

METHOD: Conceptual, literature review

Lowder, E. M., Desmarais, S. L., Rade, C. B., Coffey, T., & Van Dorn, R. A. (2017). Models of protection against recidivism in justice-involved adults with mental illnesses. *Criminal Justice and Behavior, 44(7), 893-911.* https://doi.org/10.1177/0093854817710966

This study explores associations between protective factors, risk factors, and recidivism in adult offenders. Five models describing these associations have been proposed and tested: (a) Compensatory, (b) Buffer, (c) Challenge, (d) Protective-Protective, and (e) Mediation, in research with adolescents. This study evaluated these models of protection against recidivism in a sample of justice-involved adults with mental illnesses (N = 550). Authors conducted secondary analysis of administrative records on clients participating in mental health jail diversion programs in a large, metropolitan county in the southern United States. Data for this study were drawn from primarily misdemeanor and felony post booking, pretrial jail diversion programs. Risk and protective factors were operationalized using Short-Term Assessment of Risk and Treatability (START) assessments. Results showed consistent evidence for the Compensatory model, where risk and protective factors were independently associated with recidivism. In contrast, results failed to provide evidence supporting the other four models. The Compensatory model describes protective factors and risk factors as having direct and independent effects on negative outcomes.

LEVEL: Individual

RISKS: Psychosocial functioning, Mental Illness and Substance Use, Treatment (Direct effects of both risk and protective factors on recidivism)

METHOD: Quantitative, binomial regression analysis

McCabe, P. J., Christopher, P .P., Druhn, N., Roy-Bujnowski, K. M., Grudzinskas, A. J., & Fisher W. H. (2012). Arrest types and co-occurring disorders in persons with schizophrenia or related psychoses. *Journal of Behavioral Health Services Research, 39(3): 271-284.* https://doi:10.1007/s11414-011-9269-4

This study examined the patterns of criminal arrest and co-occurring psychiatric disorders among individuals with schizophrenia or related psychosis that were receiving public mental health services and had an arrest history. The sample was obtained from a statewide cohort of adults (age 18 or older) who received inpatient, case management, or residential services from the Massachusetts Department of Mental Health (DMH) between July 1, 1991, through June 30, 1992. Individuals who had been arrested at least once between 1991-2000 were identified by merging the DMH cohort with criminal offense data stored in the Massachusetts Criminal Offender Record Information (CORI) system, which includes data on arrests. DMH data was used to look at inpatient hospitalizations for a diagnosis of schizophrenia, schizoaffective disorder, and other non-organic psychosis; delusional disorder; and transient organic psychotic condition from 1991-2006. The category "co-occurring disorders" was operationally defined to include all additional axis I or II disorders during any inpatient DMH hospitalization throughout the 15-year clinical observation period. Within a 10-year period, 65% of people were arrested for crimes against public order, 50% for serious violent crimes, and 45%

for property crimes. The presence of any co-occurring disorder increased the risk of arrest for all offense categories. For nearly all offense types, antisocial personality disorder and substance use disorders conferred the greatest increase in risk for arrest. Among anxiety disorders, post-traumatic stress disorder was associated with a greater risk of arrest for serious violent crimes but no other offense types.

LEVEL: Individual

RISKS: Substance use disorder, anti-social personality disorder, PTSD (for violent crime), any co-occurring disorder

METHOD: Quantitative, regression analysis

Monterastelli, S. (2017). Every hand's a loser: the intersection of zero-tolerance policies, mental illness in children and adolescents, and the juvenile justice system. *Law and Psychology Review, 41, 209-228.*

This piece explores the zero-tolerance policy in schools and how that further leads into the school-to-prison pipeline for youth attending schools with a heavy police presence, and how this is especially harmful for youth with mental illness. The authors explore the growth of zero tolerance policies in some schools around the U.S., and how they are even designed to punish students for minor infractions which is beyond their original intent. For the argument in this paper, the focus is on externalizing behaviors, which is a grouping of behavior problems that are manifested in children's outward behavior and reflect the child negatively acting on the external environment. Externalizing behaviors are relevant here because they are highly likely to bring students within the ambit of a zero-tolerance policy. The authors argue that zero-tolerance policies are hugely problematic for a variety of reasons. They strengthen the link between schools and prisons and perpetuate the school-to-prison pipeline by providing a direct route from schools to the juvenile justice system, even for the most minor of offenses. Furthermore, they disproportionately and discriminatorily target children of color and children with disabilities. Some commentators would argue that zero-tolerance policies ultimately do not achieve anything. One of the major problems with zero-tolerance policies seems to be they focus only on punishment and leave no room for rehabilitation or restorative justice. Further research should explore how zero tolerance policies in schools function as a risk factor for certain individuals with mental illness and their involvement in the criminal legal system.

LEVEL: System/policy

RISKS: Zero tolerance policy

METHOD: Qualitative, case study, conceptual

Morgan, J. N. (2021). Rethinking disorderly conduct. *California Law Review, 109*, 1637-1702. https://doi.org/10.15779/Z38KD1QM20

Morgan critically examines disorderly conduct laws, arguing they extend beyond the policing of behavior that is considered disruptive. She argues, instead, these laws perpetuate discrimination by reinforcing societal norms biased against certain behaviors and individuals, particularly those from historically marginalized groups. Morgan suggests that the dichotomy of "order" versus "disorder" constructed by these laws is embedded with racism, sexism, and ableism, serving to exclude specific groups from community norms and access to public spaces. By granting law enforcement and citizens broad discretion, these laws regulate the behavior of these groups, contributing to their exclusion from "public" spaces and reinforcing community boundaries along discriminatory lines. Morgan advocates for a re-evaluation of disorderly conduct enforcement to

reduce the harm caused by these laws and calls for models of democratic participation to address the deeper societal issues these laws exacerbate within the criminal legal reform discourse.

LEVEL: Policy

RISK: Systemic oppression and social policing of groups that are non-conforming

METHOD: Conceptual, literature review

Murrie, D. C., Gardner, B. O., & Torres, A. N. (2022). The impact of misdemeanor arrests on forensic mental health services: A state-wide review of Virginia competence to stand trial evaluations. *Psychology, Public Policy, and Law, 28(1), 53-66.* https://doi.org/10.1037/law0000296

In this study, researchers reviewed a state-wide sample of Virginia competence evaluation reports to understand the potentially disproportionate role of misdemeanor arrests on competency services. A sample of competency reports (1126) was reviewed to compare defendants facing only misdemeanor charges to defendants facing felony charges. Defendants facing only misdemeanor charges were more often opined incompetent to stand trial than were defendants facing felony charges (44.0% vs. 31.2%), perhaps due to the greater prevalence of psychotic symptoms among defendants facing only misdemeanor charges (34.5% vs. 15.9%). Those facing only misdemeanor charges appeared to suffer greater psychiatric illness, and the defendants with the least serious charges (a single nonviolent, misdemeanor charge) appeared even more ill and more in need of more services.

LEVEL: System/policy

RISKS: Competency system

METHOD: Quantitative, descriptive statistics

Ramakrishnan, A. & Fry, C. E. (2023). Equity implications of the Affordable Care Act among people with past-year criminal legal interactions. *Psychiatric Services, 75(1), 76–80.* https://doi.org/10.1176/appi.ps.20220260

These researchers investigated the impact of the Affordable Care Act (ACA) on insurance coverage and the behavioral health treatment of adults with past-year criminal legal interactions. Using National Survey on Drug Use and Health (NSDUH) data, their study found that before the ACA, individuals with criminal legal interactions were less likely to have insurance or receive behavioral health treatment compared to those without such interactions. The ACA expansions improved insurance coverage for this group but did not significantly change behavioral health treatment use. Findings highlight that, despite ACA expansions, disparities in insurance coverage and access to treatment persist for individuals with criminal legal involvement, suggesting a role for policies that connect this vulnerable population to coverage and treatment services.

LEVEL: Individual, policy

RISK: Access to treatment

METHOD: Quantitative, difference-in-differences

Shepherd, S. M., & Purcell, R. (2015). What are the factors associated with criminal behaviour for young people with mental health problems? *Psychiatry, Psychology and Law, 22*(6), 869-879. https://doi.org/10.1080/13218719.2015.1015399

This study examined salient risk markers associated with police contact in a cohort of 802 young people (aged 12-25 years) seeking help from youth mental health services in Australia. This study uses baseline data from a longitudinal cohort study examining predictors of illness progression in young people seeking help at

Headspace services for emerging or established mental health problems. In addition to gender, the selected independent variables were substance use, adverse life events, social support, childhood maltreatment, victimization, employment/education, psychotic symptoms, anxiety, and family history of mental disorder. For statistical analysis, specific groups that were compared on the measures were: (1) ever charged by police vs. never charged by police; and (2) charged for a violent offense vs. charged for a non-violent offense. The results indicated that male gender, not being engaged in education, employment or training, frequent drug use and having experienced multiple adverse life events were related to police contact. This study indicates that the risk factors for offending commonly found in the general criminological literature are also those associated with offending in young people with mental health problems.

LEVEL: Individual

RISKS: Gender, substance use, adverse life events, social support, childhood maltreatment, victimization, employment/education, psychotic symptoms, anxiety, and family history of mental disorder

METHOD: Quantitative, longitudinal cohort design, regression analysis

Silver, E. (2006). Understanding the relationships between mental disorder and violence: The need for a criminological perspective. *Law and Human Behavior, 30(6), 685-706.* https://doi.10.1007/s10979-006-9018-z

Silver argues for incorporating criminological concepts—such as social learning, stress, control, rational choice, and social disorganization—into research on the relationship between mental disorders and violence. By integrating these perspectives, the author suggests a deeper understanding can be reached of factors that influence violent behavior among people living with mental disorders. This approach aims to support the development of interventions for reducing violence by considering within-person changes over time and examining a broad range of criminological risk factors alongside mental health issues. Silver emphasizes the need for longitudinal research to identify dynamic risk factors and design effective case management strategies, ultimately contributing to community integration for individuals with mental disorders and histories of violence.

LEVEL: Individual

RISK: Within-person, longitudinal

METHOD: Conceptual, literature review

Silver, E. & Teasdale, B. (2005). Mental disorder and violence: An examination of stressful life events and impaired social support. *Social Problems, 52*(1), 62-78. https://doi.org/10.1525/sp.2005.52.1.62

Silver and Teasdale explored the influence of stressful life events and impaired social support on the relationship between mental disorder and violence, using data from the Durham site of the National Institute of Mental Health's Epidemiological Catchment Area Surveys. They found that when factors like stressful life events and social support deficits are accounted for, the link between mental disorder and violence significantly diminishes. This study suggests that the association between mental disorder and violence may not be solely rooted in the clinical symptoms of mental disorders but also in the broader social and interpersonal contexts of individuals' lives. This shift in perspective encourages future research to incorporate a broader range of social factors in understanding the dynamics between mental disorder and violence, moving beyond a focus on clinical characteristics alone.

LEVEL: Individual, social

RISK: Relationship factors, isolation, inadequate social support

METHOD: Quantitative, cross-sectional design, regression analysis

Sparks, T. (2018). Reproducing disorder: The effects of broken windows policing on homeless people with mental illness in San Francisco. *Social Justice, 45(2/3), 45-74.* https://www.jstor.org/stable/26677656

This article draws from and extends work on the consequences of order-maintenance policing by foregrounding its effects and implications for unhoused people with mental illness by using San Francisco as a case study. Order-maintenance policies, in general, disproportionately impact the visibly poor and homeless, and these trends are especially pronounced in the case of unhoused people with mental illness. In San Francisco, approximately 35% of those who lack housing also struggle with mental health issues. The author draws upon government documents, media reports, and survey and interview data collected by the San Francisco Coalition of Homelessness to illustrate the effects of order-maintenance policing on unhoused people with mental illness. This shows how displacement caused by order-maintenance policing, combined with a chronic deficit of shelter and services, deprives people with mental illness of the spaces and resources they require to lead safe, stable lives. From within these geographies of deprivation and displacement emerges the destabilized and disheveled individual that beckons public outcry and police intervention. The author suggests the tactics of order-maintenance policing not only fail to reduce but actively reproduce the very disorderly bodies they aim to remove.

LEVEL: Policy

RISKS: Order maintenance policies

METHOD: Qualitative, content analysis

Swartz, J. A., & Lurigio, A. J. (2007). Serious mental illness and arrest: The generalized mediating effect of substance use. *Crime and Delinquency, 53(4), 581-604.* https://doi.org/10.1177/0011128706288054

This study examined the relationships among psychiatric disorders, substance use, and arrests for violent, nonviolent, and drug-related offenses using data collected for the 2001 and 2002 National Survey on Drug Use and Health (NSDUH). The full analytic sample for this study consisted of 73,579 adult participants, 18 years of age and older. Two scales to assess SMI are embedded in the 2001 and 2002 NSDUH survey questions, a truncated version of the Composite International Diagnostic Interview Schedule – Short Form (CIDI-SF), and the K6 Screening scale. To better identify individuals with SMI who are likely to be criminally involved, the researchers constructed a second set of CIDI-SF diagnoses by factoring in responses to additional questions in the NSDUH questionnaire that assess the degree of functional impairment caused by the psychiatric symptoms. For this more restricted set of diagnoses, 6% of the sample (n = 4,475) met the criteria for any past-year disorder with moderate to severe functional impairment, and 3% (n = 2,328) met the criteria for two or more past-year disorders. Logistic regression models showed that for violent offenses, the statistical association between serious mental illness (SMI) and arrest across psychiatric diagnoses was substantially but only partially mediated by substance use. The strength of this effect was larger for nonviolent and drug-related offenses than for violent offenses; individuals with SMI were no more likely to commit property and drug-related offenses than were individuals without SMI after substance use was considered. For violent offenses, however, the association between SMI and arrest remained significant even after accounting for substance use.

LEVEL: Individual

RISKS: SMI and substance use

METHOD: Quantitative, logistic regression

Tansey, A., Brown, K. P., & Wood, M. E. (2022). Characteristics and outcomes for defendants charged with misdemeanors referred for court-ordered competency evaluations. *Psychological Services, 19(2):252-260.* https://doi:10.1037/ser0000535

This study was designed to analyze the characteristics of, and rearrest outcomes for, defendants charged with misdemeanors ordered to undergo competency to stand trial (CST) evaluations in a large metropolitan area. It included consecutive court-ordered forensic mental health evaluations for 241 unique defendants charged with misdemeanors in a large metropolitan area between 2010 and 2019. Archival data for this study were coded from written reports documenting court-ordered evaluations of CST. Defendants opined incompetent to stand trial (IST) were more likely to have a psychotic disorder, a history of psychiatric hospitalization, and greater abnormalities in thought content relative to their competent counterparts. Of concern, defendants opined IST, and especially those referred for crisis evaluations upon dismissal of the charges, were significantly more likely to be re-arrested than their counterparts. Demographically, the current sample was mostly male and African American, consistent with statewide data (TDMHSAS, 2019). Most defendants in this sample were diagnosed with a psychotic disorder (71%), which was strongly associated with competence opinion, consistent with prior research documenting a strong relationship between psychosis and competency. The competency system itself may be a risk factor for people with mental illness.

LEVEL: System

RISKS: Competency system

METHOD: Quantitative, retrospective cohort design, regression analyses

Thordarson, H., & Rector, T. (2020). From trauma-blind to trauma-informed: Re-thinking criminalization and the role of trauma in persons with serious mental illness. *CNS Spectrums, 25(5), 577-583.* https://doi:10.1017/S1092852920001169

This is an article that explores the role trauma plays in how and why individuals with serious mental illness (SMI) become entangled in the criminal justice system. There is discussion on the prevalence of trauma, the impact of trauma, specifically childhood trauma, how unrecognized trauma leads to poor outcomes, and the criminalization hypothesis and trauma. A growing body of literature suggests the standard criminalization hypothesis does not wholly account for the large number of SMI in the criminal justice system, and that purely untreated mental illness only accounts for 5% to 10% of those individuals. The paper suggests that criminalization occurs in an ongoing manner, not only at the time of first law enforcement contact, but well into the custodial and treatment phases. Additionally, trauma may underlie other risk factors contributing to criminalization, such as drug use and homelessness and their connection to traumatic life experiences. This paper urges other researchers to explore and incorporate trauma in their model more fully, rather than addressing in a small portion.

LEVEL: Individual

RISKS: Trauma

METHOD: Conceptual, literature review

Tolliver, D. G., Bath, E., Abrams, L. S., Barnert, E. (2021). Addressing child mental health by creating a national minimum age for juvenile justice jurisdiction. *Journal of the American Academy of Child & Adolescent Psychiatry, 60*(11), 1337-1339. *https://doi.org/10.1016/j.jaac.2021.02.019*

Tolliver *et al*. advocate for establishing a national minimum age for juvenile justice jurisdiction to protect children's mental health and promote racial equity. They emphasize the disproportionate criminalization of Black children and children with disabilities through policies like the school-to-prison pipeline. They note the United Nations recommendations for a minimum age of criminal responsibility and the variability of juvenile justice age laws across U.S. states. The authors argue that behaviors leading to criminal legal involvement often point to unmet behavioral health needs. They call on child and adolescent psychiatrists to advocate for establishing a minimum age of at least 12 years, in line with international standards and recommendations from professional health organizations, to reduce child arrest and prosecution and improve mental health support in schools.

LEVEL: Policy

RISK: Institutional

METHOD: Conceptual, literature review

Vogler, J. (2020). Access to healthcare and criminal behavior: Evidence from the ACA Medicaid Expansions. *Journal of Policy Analysis and Management, 39(4), 1166-1213.* https://doi.org/10.1002/pam.22239

In this study, the researcher investigated the causal relationship between access to healthcare and crime following state decisions to expand Medicaid coverage after the Affordable Care Act. Annual, state-level crime data were obtained from the FBI's Uniform Crime Reports (UCR) for the years 2009 through 2018. Through a difference-in-differences design, findings indicate that states that expanded Medicaid have experienced a 5.3% reduction in annual reported violent crime rates relative to states that did not expand. This effect is explained by decreases in aggravated assaults and corresponds to 17 fewer incidents per 100,000 people. The estimated decrease in reported crime amounts to an annual cost savings of approximately $4 billion. This suggests increasing access to healthcare leads to crime-reducing benefits and billions in social-cost savings.

LEVEL: System/policy

RISKS: State level non-expansion of Medicaid

METHOD: Quantitative, difference-in-differences analysis

Watts, D., Moulden, H., Mamak, M., Upfold, C., Chaimowitz, G., & Kapczinski, F. (2021). Predicting offenses among individuals with psychiatric disorders—A machine learning approach. *Journal of Psychiatric Research, 138, 146*–154. https://doi.org/10.1016/j.jpsychires.2021.03.026

This study aimed to develop a machine learning model to predict the type of criminal offense committed in a large trans-diagnostic sample of forensic psychiatry patients at an individual level. Machine learning algorithms were applied to a representative and diverse sample of 1240 patients in the forensic mental health system. Clinical, historical, and sociodemographic variables were considered as potential predictors and assessed. Separate models were created for each type of criminal offense, and feature selection methods were used to improve the interpretability and generalizability of our findings. Sexual offenses can be predicted from nonviolent and violent offenses at an individual level with a sensitivity of 82.44% and specificity of 60.00%, using only 36 variables. In a binary classification model,

sexual and violent offenses can be predicted at an individual level with 83.26% sensitivity and 77.42% specificity using only 20 clinical variables. Non-violent and sexual offenses can be individually predicted with 74.60% sensitivity and 80.65% specificity using 30 clinical variables. The current results suggest that machine learning models can show greater accuracy than gold-standard risk assessment tools (AUCs 0.70-0.80). However, unlike existing risk tools, this approach allows for the prediction of cases at an individual level, which is more clinically useful. Despite these findings, there are limitations in the study that are expected to improve with further refinement of the models.

LEVEL: Individual

RISKS: Predictors of sexual, nonsexual violent, and nonviolent offenses varied

METHOD: Quantitative, machine learning algorithmic

Summary of Risk Factors Identified

Items in **bold** represent Central Eight Risk Factors

Gender	› Gender
ACES/Trauma	› Adverse Childhood Experiences (ACES) › childhood maltreatment › Traumatic victimization › Victimization
Substance Use	› **Substance Use**/Substance Use Disorder › Drug use
Mental Illness	› Mental Illness › PTSD (for violent crime) › **Anti-social personality pattern** › Anxiety › Co-occurring disorder › childhood ADHD › functional impairment › psychiatric disorder › Psychopathy › Psychosocial functioning, › psychotic symptoms › Physical Health Limitations › Intelligence › Impulsivity › **Anti-social attitudes** › Family history of mental disorder

Education/Employment	› **Education** › **Employment** › Financial Problems › Socio-economic marginalization
Peer Group	› **Anti-social peers** › Frequent contact with friendship network › Gang activity › Interpersonal conflict › Life course statuses
Family	› **Family/Marital Factors** › Smaller friendship network. › Social support › Children
Leisure	› **Lack of pro-social leisure activities** › Exposure or informal social controls
History of institutional entrenchment	› **History of antisocial behavior** › Criminal justice system entanglements › Early institutional entrenchment
Housing/Neighborhood	› Homelessness › Opportunities to engage in crime › Neighborhood disadvantage
Competency System	› Competency System
Treatment Availability/Access	› Treatment › Local psychiatric bed capacity › Availability of community MH services › Number of mental healthcare offices › State level non-expansion of Medicaid
Punitive policies	› Punitive policies (move along orders, citations, destruction of property) › Order maintenance policies › Zero tolerance policy
Urbanicity	› Urbanicity, region

ANNOTATED BIBLIOGRAPHY — QUESTION #3

What do we know about interventions designed to prevent criminal legal system contact and or divert/deflect people with serious mental illnesses away from the criminal legal system?

Bailey, K., Lowder, E. M., Grommon, E., Rising, S., & Ray, B. R. (2022). Evaluation of a police–mental health co-response team relative to traditional police response in Indianapolis. *Psychiatric Services, 73(4), 366–373.* https://doi.org/10.1176/appi.ps.202000864

The study examines criminal justice and emergency medical service (EMS) outcomes for individuals experiencing a behavioral health crisis who received a response from a co-responder team (CRT) or usual response from the police after a 911 call. The CRT is a self-dispatching unit consisting of a police officer, a master's-level mental health clinician, and a local EMS paramedic that responds to relevant 911 calls for service heard over police dispatch radio. A separate Behavioral Health Unit (BHU) consisting of a CIT-trained officer and mental health clinician contacts individuals following emergency behavioral health incidents within 48 hours to provide additional support (e.g., connection to treatment or community services, obtaining medications); this team can provide follow up for the CRT as well as for traditional police responses. Using a quasi-experimental design, data from the CRT pilot in Indianapolis were examined from August to December 2017. Findings indicate individuals in the CRT group were less likely than those in the usual-police-response group to be arrested immediately following the 911 incident [OR = .48] and were more likely to experience any EMS encounter at 6- and 12-month follow-up [OR = 1.71,1.85 respectively]. Trends in EMS encounters were largely driven by White participants, who had higher rates of EMS contact in the CRT condition compared to Whites in the treatment-as-usual condition. Response type was not associated with likelihood of emergency detention or with jail bookings at 6 or 12 months. However, Black participants had lower rates of rearrest at 12-month follow-up in the CRT condition. A separate analysis was performed comparing CRT versus treatment as usual without any follow-up services from the BHU. Again, there were no differences in arrest at 6- or 12-month follow up, but CRT participants were more likely to have any EMS contact at both follow-up time points. CRT responses may reduce short-term incarceration risk but not long-term EMS demand or risk of justice involvement.

LEVEL: Individual, community

KEYWORDS: Co-Responder team, EMS, emergency detention, jail, arrest, racial disparities

METHOD: Quantitative, quasi-experimental, multivariate modeling

Blais, E., & Brisebois, D. (2021). Improving police responses to suicide-related emergencies: New evidence on the effectiveness of co-response police-mental health programs. *Suicide & Life-Threatening Behavior, 51(6), 1095-1105.* https://doi.org/10.1111/sltb.12792

This study evaluates the effect of a co-response police-mental health program introduced by the Laval Police Department in Quebec, Canada to improve interventions in suicide-related calls. In this program, an officer can contact a Social Emergency Division psychosocial worker to evaluate suicide risk and provide the officer with information about options for triage, treatment, management, and preventive interventions. The study relied on propensity score matching to approximate the conditions of a randomized controlled trial. Data were collected from two sources—files from the Social Emergency Division information system and the Laval Police Department information system. The probability of being "treated" by the co-response team (versus usual response) was lower for individuals under the influence, those with previous suicide attempts, and interventions involving serious/imminent danger; it was higher for interventions triggered by marital conflict or those involving individuals already enrolled in a treatment program or being followed for mental health issues. The treatment group consisted of 251 suicide-related interventions conducted between February 1, 2016, and January 31, 2018. The effect of the co-response police-mental health program was assessed on six outcome variables: police use of force, transport to the hospital against one's will, arrest, whether the person was transported to the hospital, being managed by one's social network, and whether the person was referred to or placed in a community resource. Results indicate that the co-response program was associated with significant decreases in police use of force and transport to hospital. Increases were observed in referrals to community resources, and individuals managed through their social network. The risk of arrest, which was very low overall, was not affected. Results indicate that police co-response mental health programs can be effectively adapted to improve interventions in suicide-related crises.

LEVEL: Individual, community

KEYWORDS: Co-response, suicide, use of force, hospital transport

METHOD: Quantitative, propensity score matching

Bondurant, S. R., Lindo, J. M., & Swensen, I. D. (2018). Substance abuse treatment centers and local crime. *Journal of Urban Economics, 104,* 124-133. https://doi.org/10.1016/j.jue.2018.01.007

This study examined the impact of expanding access to substance use treatment on local crime rates. Using county-level data on treatment facility openings and closings from 1999 to 2012, the researchers identify the effects of these facilities on various types of crime. The findings indicated that the presence of substance use treatment facilities significantly reduced both violent crimes, such as homicides and aggravated assaults, and financially motivated crimes, including robbery and motor vehicle theft. The effects were particularly pronounced for serious crimes and were more significant in highly populated areas, providing strong evidence that an expansion in treatment facilities can enhance public safety.

LEVEL: Community

KEYWORDS: Substance use treatment, facilities, access, crime, local effects

METHOD: Quantitative, quasi-experimental design, fixed effects regression

Bonfine, N., Wilson, A. B., & Munetz, M. R. (2020). Meeting the needs of justice-involved people with serious mental illness within community behavioral health systems. *Psychiatric Services, 71(4), 355-363*. https://doi.org/10.1176/appi.ps.201900453

This non-empirical review article presents a new framework for understanding and meeting the needs of people with serious mental illnesses who become involved with the criminal justice system. The article first sets out the criminalization hypothesis, which posits that policy changes that shifted the care of people with serious mental illnesses from psychiatric hospitals to an underfunded community treatment setting resulted in their overrepresentation within the criminal justice system. This framework has driven the development of interventions to connect people with serious mental illness to needed mental health and substance use treatment ("first-generation criminal justice interventions"), a critical component for people in need. However, the criminalization hypothesis is a limited explanation of the over-representation of people with serious mental illnesses in the criminal justice system because it downplays criminogenic risk factors as well as social and economic forces that have contributed to justice system involvement. The authors propose a four-quadrant model that classifies clients based on high and low needs for both mental health and substance use and call for an integrated community behavioral health system that can target clinical mental health needs, substance use needs, and criminogenic needs.

LEVEL: Community

KEYWORDS: Criminogenic needs, substance use, intercept 0, Sequential Intercept Model, criminalization hypothesis

METHOD: Conceptual, literature review

Bronson, J., & Washington, L. (2022). *An evaluation of the Grand Response Access Network on Demand model (Grand Model): Evidence of effective outcomes.* NRI: Analytics Improving Behavioral Health. https://www.nri-inc.org/our-work/nri-reports/an-evaluation-of-the-grand-response-access-network-on-demand-model-grand-model-evidence-of-effective-outcomes/

This report presents the findings of an independent evaluation of GRAND model (Grand Response Access Network on Demand model), with the purpose of establishing the evidence base for producing the following outcomes: reduce inpatient hospitalizations among adult GRAND clients, increase service utilization among adult GRAND clients, produce cost savings from decreased inpatient hospitalizations and to law enforcement. GRAND is a Certified Community Behavioral Health Clinic (CCBHC) that provides integrated mental health, physical health, and substance abuse services to adults and children in northeast and north-central Oklahoma (a predominantly rural area). The GRAND Model's three parts are: 1) Urgent Recovery Centers (URC) that provide 24/7 crisis stabilization services; 2) iPads with the GRAND Model integrated support access app that are distributed to GRAND patients, first responders, hospitals, and other community partners in order to provide instant access to a GRAND therapist anytime, anywhere; and 3) all iPad and crisis calls are answered by fully trained, engaged, clinicians who are on-site at a URC. The methodology for the program evaluation consisted of documents review, interviews with GRAND leadership and staff, and secondary data analysis and verification. The evidence from this evaluation shows that the GRAND Model has been effective at reducing inpatient hospitalizations, increasing outpatient service utilization, and producing cost savings for GRAND and law enforcement. In the first year (2015–2016), 31.5% fewer patients had

inpatient hospitalizations and by 2021, there was a 93.1% reduction in the number of clients who went inpatient. This produced estimated cost savings of $62 million. Additional cost savings were experienced by law enforcement for saved mileage and office time. GRAND served nearly three times as many clients by 2021 as it did in 2015 (in part due to expansion to new counties). Also, as GRAND serves a predominantly rural population, the GRAND Model shows strong evidence that it works for rural communities' unique needs.

LEVEL: Individual, community

KEYWORDS: CCBHC, integrated care, crisis stabilization, mobile technology, inpatient hospitalization, cost savings

METHOD: Mixed methods, program evaluation

Cadoff, B., Jones, K., Chauhan, P., & Rempel, M. (2023). *Lower-Level Enforcement, Racial Disparities & Alternatives to Arrest: A review of research and practice from 1970 to 2021.* Data Collaborative for Justice, John Jay College of Criminal Justice. https://datacollaborativeforjustice.org/wp-content/uploads/2023/02/A2AReport.pdf

The Data Collaborative for Justice reviewed policy, practice, and research to date concerning five key models: 1.) Citations involving releasing people to appear in court on their own later in lieu of a traditional arrest in which police officers take the individual into custody. 2.) Diversion programs that involve pre-arrest social service participation where a case is never booked if individuals complete their diversion obligation. 3.) Legalization (in which conduct becomes permissible under the law) and decriminalization (in which conduct remains illegal but is moved to the civil legal system). 4.) Police-involved crisis response models that can either involve trained officers acting alone or in tandem with mental health professionals to respond to people in mental health crisis without resorting to an arrest (e.g., by sending a person to treatment or services). 5.) Non-police response models in which social workers, paramedics, or other non-police agencies respond to certain calls for service or criminalized conduct without the presence of law enforcement. The report synthesizes research regarding their potential efficacy in reducing arrest, recidivism, or racial disparities; discusses additional considerations in the literature; and concludes with recommendations for research and policy. The review provides some evidence that citation, decriminalization, and legalization models significantly reduce the prevalence of criminal arrests; that diversion programs tend to reduce arrest on the case, reduce recidivism, and produce cost savings; that results are mixed regarding the effectiveness of police-involved crisis response programs; and that research on non-police models has produced positive findings regarding their ability to reduce unnecessary police activity on low-level matters. The report also notes a dearth of literature examining the impact of alternatives to arrest on reducing racial disparities. Suggested research questions for the future are included.

LEVEL: Individual, community, policy

KEYWORDS: Citations, diversion, decriminalization, legalization, crisis response, racial disparities

METHOD: Systematic review

Carr, J. B., & Koppa, V. (2020). Housing Vouchers, Income Shocks and Crime: Evidence from a Lottery. *Journal of Economic Behavior & Organization, 177,* 475-493. https://doi.org/10.1016/j.jebo.2020.05.021

This study investigated the effects of Section 8 housing vouchers on arrests of adult household heads using data from a randomized lottery

in Houston, Texas. The researchers found that receiving a housing voucher had no significant impact on the overall likelihood of arrest. However, among those who eventually used vouchers, there was an increase in arrests for violent crimes, especially among individuals with prior criminal histories and males. These results suggested the income boost from housing vouchers does not reduce financial pressures enough to decrease criminal behavior broadly and may inadvertently provide resources that facilitate participation in violent crimes for certain subgroups.

LEVEL: Individual

KEYWORDS: Section 8 housing vouchers, crime, income shocks, randomized lottery, adult household heads

METHOD: Quantitative, randomized controlled trial, generalized estimating equations

Collins, S. E., Lonczak, H. S., & Clifasefi, S. L. (2019). Seattle's law enforcement assisted diversion (LEAD): program effects on criminal justice and legal system utilization and costs. *Journal of Experimental Criminology, 15(2), 201–211.* https://doi.org/10.1007/s11292-019-09352-7

This study evaluated a pre-booking law enforcement assisted diversion (LEAD) program (i.e., initial diversion from the criminal justice system paired with harm-reduction case management and legal assistance to individuals with repeated, low-level drug or prostitution offenses) on criminal legal system utilization and associated costs. LEAD comprises three primary components. First, after arrest and prior to booking, potential participants were offered a one-time diversion from the criminal justice and legal systems to the LEAD program. Next, officers introduced interested individuals to a case manager who conducted an informed consent process and began provision of time-unlimited, harm-reduction-oriented case management. Finally, the prosecuting attorney's office, program leads, and case managers engaged in higher-level coordination of subsequent legal system involvement to maximize LEAD participants' community health and safety. A nonequivalent-groups longitudinal quasi-experimental field trial design in which participants received either the pre-booking LEAD program or the comparison condition (i.e., booking and prosecution as usual) was used. Eligible participants were recruited via arrest or via social contacts (i.e., known drug or prostitution recidivists suspected of recent drug or prostitution outcomes). Outcomes for LEAD (n = 202) versus comparison (n = 114) participants on criminal justice and legal system utilization and associated costs were examined. After evaluation entry, LEAD participants had 1.4 fewer average yearly jail bookings, spent about 41 fewer days in jail per year, and had 88% lower odds of prison incarceration relative to comparison participants. There were no significant effects on the number of misdemeanor cases, but LEAD participants showed significant decreases across average yearly felony cases. LEAD participants also showed significant pre-to-post reductions in legal costs (-$2,100), whereas comparison participants showed cost increases (+$5,961).

LEVEL: Individual, community

KEYWORDS: Pre-booking diversion, law enforcement assisted diversion, harm reduction, drug use, prostitution

METHOD: Quantitative, quasi-experimental

Constantine, R. J., Robst, J., Andel, R., & Teague, G. (2012). The impact of mental health services on arrests of offenders with a serious mental illness. *Law and Human Behavior, 36*(3), 170-176. https://doi.org/10.1037/h0093952

This study investigates the effect of mental health services on the arrest rates of offenders with serious mental illness (SMI) in Pinellas County, Florida, and Harris County, Texas. Using a retrospective cohort design, the study analyzed data from 3,769 offenders in Pinellas County and 7,755 offenders in Harris County. The researchers employed generalized estimating equations to assess the associations between mental health service receipt and subsequent arrests over multiple quarters. Results indicate that outpatient services reduced the likelihood of arrests in both counties, with the effect diminishing over time. Conversely, emergency department/inpatient services were associated with an increased risk of arrests shortly after discharge. The study underscores the importance of timely outpatient mental health services in mitigating arrest risks among offenders with SMI.

LEVEL: Individual

KEYWORDS: mental health services, arrest, serious mental illness, medical outcomes, post-discharge

METHOD: Quantitative, retrospective cohort design, generalized estimating equations

Dean, K., Singh, S., & Soon, Y.-L. (2020). Decriminalizing severe mental illness by reducing risk of contact with the criminal justice system, including for forensic patients. *CNS Spectrums, 25(5), 687–700.* https://doi.org/10.1017/S109285292000125X

The aim of this review is to understand how to best identify risk and effectively intervene to prevent both initial and repeat criminal legal system contact in those with mental illness, particularly for forensic patients. This paper reviews reoffending rates for forensic patients and risk factors for reoffending following release from secure care. Reported rates of reoffending for forensic patients released from secure settings are relatively low, possibly due to the service intensity and the supervision/monitoring framework. Two main risk factors for reoffending are a recorded co-morbid diagnosis of personality disorder and substance use problems. The paper suggests that the interpersonal and emotion regulation problems and the persistence of substance use problems are targets for forensic mental health services that aim to reduce post-release reoffending.

LEVEL: Individual

KEYWORDS: Forensic patients, violence, substance use, personality disorder

METHOD: Systematic review

Dee, T. S., & Pyne, J. (2022). A community-response approach to mental-health and substance-abuse crises reduced Crime. *Science Advances,* 8 eabm2106. https://doi:10.1126/sciadv.abm2106

This study evaluated the Denver STAR pilot and presents evidence on the impact of an innovative "community response" pilot in Denver that directed targeted emergency calls to health care responders instead of the police. The Support Team Assistance Response (STAR) program in Denver provides a mobile crisis response for community members experiencing problems related to mental health, depression, poverty, homelessness, and/or substance abuse issues. The STAR response consists of two health care staff (i.e., a mental health clinician and a paramedic) in a specially equipped van, who provide rapid, on-site support to individuals in crisis and direct them to further appropriate care including requesting police involvement, if necessary. Operators responding to 911 calls for assistance dispatched STAR staff to eligible incidents that were in the designated police precincts and during the program's hours of operation. The impact of STAR was identified on STAR-related and STAR-unrelated measured crime using "dif-

ference in differences" (DD) and "difference in difference in differences" (DDD) designs that effectively rely on before-after comparisons across treated and comparison precincts (i.e., along with the evidence from several complementary robustness checks and alternative estimation procedures). All criminal offenses reported by the City and County of Denver through data collected as part of their participation in the federal National Incident-Based Reporting System (NIBRS) was considered. These data include calls for police assistance that escalated to offenses reported by the police regardless of whether they led to formal charges (including arrest) or whether the STAR team was dispatched or responded to the call (December 2019 to November 2020). Comparative estimates suggest that the service reduced the number of STAR-related offenses in treated precincts by 34% over the 6 months of the pilot phase (with little change in unrelated offenses over the treatment period in the same police precincts). The evidence from this study indicates that the STAR community response program was effective in reducing police-reported criminal offenses. The estimated effect reflects two distinct mechanisms: (1) STAR responders providing health care to individuals in crisis and thus not recording them as low-level offenders subject to arrest or citation; and (2) actual reductions in crime. The findings of no increase in serious or violent offenses also challenges broken windows theory, which suggests that less enforcement of low-priority violations will lead to more serious and violent criminal offenses.

LEVEL: Individual, community

KEYWORDS: Community response, substance use, crime, homelessness

METHOD: Quantitative, quasi-experimental

Ellsworth, J. T. (2022). Housing and criminality: the effect of housing placement on arrests among chronically homeless adults. *Journal of Social Distress and Homeless, 31*(2), 130–141. https://doi.org/10.1080/10530789.2021.1897935

This quasi-experimental study examined changes in the rate of arrests among a sample of 131 homeless adults transitioning into housing provided by a Housing First program. Program data along with jail intake data from the local county sheriff's department was extracted, and arrests were tabulated by month and converted to rates. Paired sample t-tests were used to examine differences in arrest rates in the 12 months prior and 36 months following housing first placement. 87 participants had prior histories of arrests/jail intakes. For this group, comparison using a paired sample t-test indicated a significant reduction in arrests following entry into the housing first program. The comparison of cumulative sums suggests that the reduction in arrests did not manifest immediately. The pronounced differences emerge at the six-month post entry point and continue to decline until 18 months, at which point arrests/jail entries no longer accumulate.

LEVEL: Individual

KEYWORDS: Housing First, jail entry, chronic homelessness

METHOD: Quantitative, quasi-experimental, paired-sample t-test

Evans Cuellar, A., McReynolds, L. S., & Wasserman, G. A. (2006). A cure for crime: Can mental health treatment diversion reduce crime among youth? *Journal of Policy Analysis and Management, 25*(1), 197-214. https://doi.org/10.1002/pam.20162

This study explored the effectiveness of mental health treatment diversion programs in reducing youth crime. The researchers examined the im-

plementation of a Texas program that targeted youth with mental disorders to receive treatment instead of further court processing. The research indicated that diversion programs can effectively delay or prevent recidivism, highlighting a significant reduction in re-arrest rates among participants. The study underscores the importance of therapeutic jurisprudence and coordinated efforts between criminal legal and social service agencies in improving outcomes for legal system-involved youth with mental disorders.

LEVEL: Individual, system

KEYWORDS: mental health diversion, youth crime, recidivism, inter-institutional coordination

METHOD: Quantitive, quasi-experimental, regression modeling

Frank, R. G., & McGuire, T. G. (2010). Mental health treatment and criminal justice outcomes. In *Controlling Crime: Strategies and tradeoffs* (pp. 167-207). University of Chicago Press.

In this chapter, Frank and McGuire examined the complex relationship between mental illness and crime, exploring whether expanding mental health services can effectively reduce crime and lower criminal justice costs. The authors highlighted the high prevalence of mental illness among incarcerated individuals, raising questions about the role of mental illness in criminal behavior and the potential benefits of mental health treatment. They emphasized the importance of targeting high-risk populations such as individuals with severe mental illnesses. The chapter discussed various interventions, including mental health courts and mandated community treatment, assessing their effectiveness and cost-efficiency. Despite some positive findings, the authors noted the challenges of establishing causal links between mental illness and crime due to confounding factors and stressed a need for comprehensive evaluations that consider both mental health and criminal legal outcomes.

LEVEL: Community

KEYWORDS: Criminal legal outcomes, voluntary and involuntary services, criminal behavior, mental health courts

METHOD: Literature review

Gilbert, A.R., Moser, L.L., & Van Dorn, R.A.,. (2010). Reductions in arrest under Assisted Outpatient Treatment in New York. *Psychiatric Services, 61*, 996-999. https://doi.org/10.1176/ps.2010.61.10.996

This study examined arrest rates for people with serious mental illnesses receiving assisted outpatient treatment (AOT) in New York compared to those not yet on AOT or who signed a voluntary service agreement. Individuals were interviewed between February 2007 and October 2008. Arrest records were obtained from November 1, 1999 – February 28, 2008. Because individuals may move through AOT and voluntary treatment at different times, five groups were compared (pre-AOT and pre-voluntary; current AOT; current voluntary; post AOT; and post voluntary). Compared with people who received AOT, a larger proportion of individuals with a voluntary agreement had a primary diagnosis of major depressive disorder and resided outside of NYC. Odds of arrest in any month for individuals currently receiving AOT were nearly two-thirds lower than odds for participants in the pre-AOT and pre-voluntary agreement group. No significant differences were found between those with a current voluntary agreement and those in the pre-AOT/pre-voluntary category. The adjusted odds of arrest in any given month were 3.7% for pre-AOT/pre-voluntary, 1.9% for individuals currently on AOT, and 2.8% for individual currently under a voluntary agreement. Odds of arrest for

those in the post-AOT and post-voluntary groups were not significantly different from those in the pre-AOT/pre-voluntary group. The authors suggest that the absence of difference for individuals under a voluntary agreement, which also involves oversight and intensive services, could suggest additional benefits from court orders. Alternatively, arresting police officers may be more likely to refer known AOT individuals back to the mental health system instead of making an arrest.

LEVEL: Individual

KEYWORDS: AOT, assisted outpatient treatment, involuntary outpatient commitment, court order, voluntary treatment, arrest

METHOD: Quantitative, quasi-experimental, multivariate logistic regression

He, Q, Barkowski, S. (2020). The effect of health insurance on crime: Evidence from the Affordable Care Act Medicaid expansion. *Health Economics, 29,* 261–277. https://doi-org.ezproxy.cul.columbia.edu/10.1002/hec.3977

This study argues that there should be an anticipated decrease in time devoted to criminal activities in response to expansion of Medicaid through the Affordable Care Act (ACA). The researchers validated this argument empirically using a difference-in-difference framework, estimating the expansion's effects on panel datasets of state- and county-level crime rates. Estimates suggest that the ACA Medicaid expansion was negatively associated with burglary, vehicle theft, homicide, robbery, and assault. The effects were generally stronger for violent crimes and the weakest effect was on larceny. The authors estimate the value of this reduction in crime is more than $10 billion per year. These crime-reduction spillover effects represent an important offset to the government's cost burden for the ACA Medicaid expansion.

LEVEL: Policy

KEYWORDS: Health insurance, Medicaid expansion

METHOD: Quantitative, difference-in-differences

Heilbrun, K., DeMatteo, D., Yasuhara, K., Brooks-Holliday, S., Shah, S., King, C., Dicarlo, A. B., Hamilton, D., & Laduke, C. (2012). Community-based alternatives for justice-involved individuals with severe mental illness: Review of the relevant research. *Criminal Justice and Behavior, 39(4), 351–419.* https://doi.org/10.1177/0093854811432421

This paper reviews the current empirical evidence of community-based alternatives to conviction and imprisonment for adult offenders with severe mental illness, and the authors use the sequential intercept model as a guide to summarize the existing research. There were multiple key findings from this review looking at research on CIT, diversion programs, specialty courts, assertive community treatment (ACT) and intensive case management (ICM) programs, and specialty probation/parole. Outcomes of interest include arrest, linkage to services, service use, substance use, mental health, crime, quality of life, jail days, and housing. The authors highlight several conclusions. First, public safety does not appear adversely affected, and often may be enhanced, when considering the criminal justice outcomes such as rearrest and re-incarceration for those who go through specialized interventions. Second, although there are limited data on the cost of specialization, it appears that diversion and post incarceration specialized reentry services for individuals with mental illness may be revenue neutral to somewhat more costly than traditional approaches (depending on variables such as intensiveness of services, level of staffing, and size of caseload) in the community but less expensive than residential placements such as jails, prisons, and forensic hospitals. Third, there can be little

doubt that the services provided to individuals with mental illness as part of such specialized initiatives are appropriate to their needs and better meet their liberty interests when delivered in the community. One conclusion at each of the intercepts was that the number of available studies was too limited to allow the authors to draw firm scientific or policy conclusions. If this were to change through further research over the next decade, then the field could begin to conduct meta-analyses that allow the gauging of effect sizes more broadly. This review is helpful in pointing out where the gaps currently are and informing the development of new studies and interventions.

LEVEL: Individual, community

KEYWORDS: CIT, diversion, specialty court, ACT, intensive case management, specialty probation, specialty parole, public safety, service use, substance use

METHOD: Systematic review

Hodulik, J. (2001). The drug court model as a response to "broken windows" criminal Justice fo the homeless mentally ill. *The Journal of Criminal Law and Criminology, 91(4), 1073.* https://doi.org/10.2307/1144156

This piece examines the criminalization of homeless people and its impact on those with mental illnesses. The author argues that drug treatment courts provide the best model for a balance between the "Giuliani approach" (Rudolph Giuliani, former mayor of NYC) to individuals who are homeless and have a mental illness and opposing civil rights arguments. The basic process of the drug court allows a criminal defendant to opt out of a criminal trial for low level, drug-related offenses, with the consent of the prosecuting attorney. The premise of the drug court system rests upon the notion that nonviolent drug offenses are victimless crimes and those who commit them lack the necessary self-control to avoid violating the law, therefore, drug offenders do not deserve to be incarcerated. The author notes that research on drug courts has demonstrated lower costs in the short term (from reduced incarceration, reduced criminality, and reduced recidivism) and lengthens the time before re-arrest. The author therefore argues how a system like drug courts could assist individuals who are homeless and have a mental illness in addressing their unique needs. Notably, this paper was written when few mental health courts existed in the U.S., which may explain his use of drug courts as an example.

LEVEL: Individual

KEYWORDS: Homelessness, drug courts

METHOD: Conceptual, literature review

Huey, L., Andersen, J., Bennell, C., Ann Campbell, M., Koziarski, J., & Vaughan, A. D. (2021). Caught in the currents: Evaluating the evidence for common downstream police response interventions in calls involving persons with mental illness. *FACETS, 6, 1409-1445.* https://doi.org/10.1139/facets-2021-0055

This paper explores initiatives in Canada that address police and people with mental illness. The interventions included are mental health screening tools, situation tables/hub models, non-escalation and de-escalation training, and crisis intervention and co-response models. In each section a brief overview of the intervention, program, or tool is provided. Then evidence is reviewed for each, including presenting a discussion of what the relevant literature reveals in terms of the relative strengths and weaknesses of a given response model or tool. A snapshot of what is both known about a model, as well as areas in which future research is critically needed is provided. Finally, based on an analysis of the data and research gathered, a series of recom-

mendations for policymakers and practitioners is presented.

LEVEL: Individual, community

KEYWORDS: Police response, de-escalation, crisis intervention, co-response, COVID-19

METHOD: Conceptual, literature review

Kisley, S.R., Campbell, L.A., & O'Reilly, R. (2017). Compulsory community and involuntary outpatient treatment for people with severe mental disorders. *Cochrane Database of Systematic Reviews, 3(Art. No. CD00408).* http://doi.org/10.1002/14651858.CD004408.pub5

The objective of this review is to examine the effectiveness of compulsory community treatment for people with severe mental illness with respect to service use, clinical outcomes, and social functioning. The Cochrane Schizophrenia Group's Study-Based Register of Trials was reviewed for relevant RCTs that compared compulsory community treatment with standard care. Three studies were included, two based in the U.S., and one based in England. Overall results from the three studies suggest that compulsory community treatment shows no difference in service use (e.g., hospital readmission, medication compliance), social functioning (e.g., arrest, homelessness), or satisfaction with care/perceived coercion compared to voluntary care or brief supervised discharged. However, people receiving compulsory community treatment were less likely to be victims of crime (violent and non-violent). Evidence was considered low-to-moderate quality and only three relatively small trials were reviewed.

LEVEL: Individual

KEYWORDS: Assisted outpatient treatment, compulsory community treatment

METHOD: Quantitative, systematic review

Leclair, M. C., Deveaux, F., Roy, L., Goulet, M.-H., Latimer, E. A., & Crocker, A. G. (2019). The impact of Housing First on criminal justice outcomes among homeless people with mental illness: A systematic review. *Canadian Journal of Psychiatry, 64(8), 525-530.* https://doi.org/10.1177/0706743718815902

This systematic review examined the impact of the Housing First (HF) model on criminal justice outcomes among people with mental illness experiencing homelessness. Electronic databases were searched for randomized and non-randomized studies of the HF model published between 2000 and 2018, with samples composed of homeless individuals with at least half having a serious mental disorder, that reported at least one criminal justice related outcome. Five studies representing a total of 7,128 participants were included. The two RCTs were assessed as having low risk of bias. Among the nonrandomized studies, one was assessed as having moderate, and two were assessed as having serious risk of bias. The two RCTs found no effect for HF on arrests, with both groups experiencing similar decreases. The non-randomized studies compared HF to other programs, or compared configurations of HF, and found reductions in criminal justice system involvement among HF participants. The authors suggest the need to integrate forensic mental health approaches that target criminogenic factors into HF.

LEVEL: Individual

KEYWORDS: Housing First, criminal justice system involvement, chronic homelessness, serious mental illness, systematic review

METHOD: Quantitative, systematic review

Link, B. G., Epperson, M. W., Perron, B. E., Castille, D. M., & Yang, L. H. (2011). Arrest outcomes associated with outpatient commitment in New York state. *Psychiatric*

Services, 2011, 62, 504-508. **https://doi: 10.1176/ps.62.5.pss6205_0504**

This study examines whether assisted outpatient treatment in New York is associated with reduced arrest rates. A quasi-experimental study was conducted that included individuals at high risk of violence attending outpatient treatment in NYC clinics between January 2003 and January 2006—86 who were assigned to AOT at some point in their lives and 97 who were never assigned to AOT. The risk of arrest was significantly higher during the period *before AOT than during the period of AOT, and risk of arrest went up slightly in the period after AOT, although this difference was not significant. Arrest rates of individuals never assigned to AOT were significantly higher than that of the AOT group while assigned to AOT. Notably, a majority (53%) of AOT participants were never arrested at all, suggesting that some were at very small or even no risk of arrest.*

LEVEL: Individual

KEYWORDS: AOT, involuntary outpatient commitment, court-mandated treatment, arrest

METHOD: Quantitative, quasi-experimental

Listwan, S. J., Hartman, J. L., & LaCourse, A. (2018). Impact of the MeckFUSE Pilot Project: Recidivism among the chronically homeless. *Justice Evaluation Journal (Online), 1(1), 96-108.* https://doi.org/10.1080/24751979.2018.1478236

This quasi-experimental study examined the Frequent User Systems Engagement (FUSE) model. The model uses a housing first and harm reduction approach to increase housing stability and reduce criminal recidivism and crisis service utilization among people experiencing chronic homelessness in Mecklenburg, NC. A quasi-experimental matched comparison group design was utilized to estimate the impact of FUSE involvement on arrests. Eligibility included history of four or more jail admissions and four or more homeless shelter admissions within the past five years. FUSE participants received intensive case management services, averaging four case manager contacts per month. The research team conducted face-to-face interviews and extracted arrest information from the Court Information Public Record System. FUSE and comparison group participants were followed from 2013 to 2017. Logistic regression results indicated that comparison group members were more likely to be arrested than the FUSE group participants.

LEVEL: Individual

KEYWORDS: FUSE model, Housing First, harm reduction, criminal justice system involvement, chronic homelessness

METHOD: Quantitative, quasi-experimental, logistic regression

Lowder, E. M., Grommon, E., Bailey, K., & Ray, B. (2024). Police-mental health co-response versus police-as-usual response to behavioral health emergencies: A pragmatic randomized effectiveness trial. *Social Science & Medicine, 345,* 116723. https://doi.org/10.1016/j.socscimed.2024.116723

Lowder *et al*. (2024) conducted a randomized controlled trial to evaluate the effectiveness of a police-mental health co-response team compared to traditional police responses to behavioral health emergencies. Over a period from January 2020 to March 2021, behavioral health emergency calls in Indianapolis were randomized to receive either a co-response or standard police response. The study found no significant differences in outcomes such as emergency medical services events, jail bookings, outpatient encounters, or emergency department visits between the two groups. Despite these results, the authors highlight the importance of identifying

realistic long-term goals for alternative response programs and suggest that systemic changes in community healthcare and emergency response procedures are necessary. They also note potential limitations, including the impact of the COVID-19 pandemic on event rates and the need for more comprehensive data to assess program effectiveness fully. This study underscores the complexity of addressing behavioral health crises and the need for ongoing research to optimize co-response team models.

LEVEL: Individual

KEYWORDS: Police response, co-response, behavioral health outcomes, alternative response, systemic change

METHOD: Quantitative, randomized controlled trial, logistic and binomial regression

Marcus, N., & Stergiopoulos, V. (2022). Re-examining mental health crisis intervention: A rapid review comparing outcomes across police, co-responder and non-police models. ***Health & Social Care in the Community, 30(5), 1665-1679.*** **https://doi.org/10.1111/hsc.13731**

The objective of this review was to examine, synthesize, and compare outcomes across police, co-responder, and non-police models of mental health crisis intervention internationally using a rapid review framework. Some key research questions were: (1) How do police, co-responder, and non-police crisis response models compare in terms of effectiveness? (2) What are the key outcomes being reported in the literature? (3) What is the quality of the evidence? (3) How effective are mental health crisis response interventions? (4) What does this information tell us about the current state of crisis intervention internationally? Articles published between 2010 and 2020 focusing on mobile crisis intervention were included. Sixty-two articles were included in the review: 15 on police-based models, 22 on no-police models, and 25 on co-response models. Outcomes reviewed included use of force, arrest rates, resource/referral, contact only, emergency department transport/presentation, efficiency, apprehension, hospital admissions, and police backup. Stakeholder experience and perspectives by model were also reviewed. Most studies were observational, lacking control groups and were of low-moderate quality with a high potential for bias. While CIT may improve referral to services and in some cases improve transport and linkage to care, there is little evidence to suggest that CIT models averted arrests, impacted use of force, or resolution of crisis calls on scene compared to standard policing. Evidence from co-responder models showed improvement in outcomes compared to police-only models; however, evidence was mixed. Non-police models varied significantly, and studies were usually too low of quality to make comparisons or draw conclusions, however, research on youth models and crisis resolution home treatment suggested positive outcomes. Significant gaps in the literature include a lack of research on culturally informed or culturally specific models (i.e., to meet the needs of BIPOC as well as LGBTQ+ individuals) and lack of rigorous study design, especially those that include service users.

LEVEL: Individual, community

KEYWORDS: Community mental health services, crisis intervention, emergency services

METHOD: Quantitative, rapid review

Martin, M. S., Dorken, S. K., Wamboldt, A. D., & Wootten, S. E. (2012). Stopping the revolving door: A meta-analysis on the effectiveness of interventions for criminally involved individuals with major mental disorders. *Law and Human Behavior, 36*(1), 1–12. https://doi.org/10.1037/h0093963

This meta-analysis synthesized findings from 25 studies to evaluate the effectiveness of interventions for criminally involved adults with major mental disorders, excluding studies that focused solely on antisocial personality, intellectual/cognitive, or substance use disorders. The interventions, ranging from medication to cognitive-behavioral therapy, modestly reduced criminal justice involvement but showed no significant effect on overall mental health outcomes. These analyses highlighted that voluntary and combined institutional-community interventions were more effective, while indicating that involuntary interventions had minimal impact. The study underscored the need for adaptive approaches and further research to better address the complex needs of client groups and reduce recidivism.

LEVEL: Individual

KEYWORDS: Mental health, criminal justice, interventions, voluntary and involuntary services

METHOD: Quantitative, meta-analysis

McDermott, B. E., Ventura, M. I., Juranek, I. D., & Scott, C. L. (2020). Role of mandated community treatment for justice-involved individuals with serious mental illness. *Psychiatric Services, 71, 656-662.* https://doi.org/10.1176/appi.ps.201900456

This study evaluated the impact of court-mandated treatment on outcomes for individuals found not guilty by reason of insanity (NGRI) and released to the community. A total of 261 patients participated in the study between 2002 and 2013 and had complete data, including 208 NGRI individuals and 53 individuals paroled to the state inpatient mental health system. Three groups of patients were examined: those discharged to conditional release and remaining on conditional release at the end of the study (n=49), those discharged to conditional release and then restored to sanity with no further court supervision (n=12), and those released from the hospital with no court-imposed conditions for remaining in the community (n=32). Almost half of patients (44%) released to the community without court-mandated treatment were arrested for another offense during the study period, compared to a very small percentage of patients released under mandated supervision. OR suggests that among individuals found to be NGRI, those released without mandated supervision were almost nine times more likely to reoffend than those released with supervision. Even after accounting for length of follow-up, analyses showed that receipt of mandated treatment had the strongest effect on whether the patient was arrested. Individuals restored to sanity experienced an increase in arrest rates once mandated supervision was discontinued.

LEVEL: Individual

KEYWORDS: NGRI, court mandated treatment, supervision

METHOD: Quantitative, longitudinal cohort study, logistic regression

Morris, P. A., Aber, J. L., Wolf, S., & Berg, J. (2017). Impacts of family rewards on adolescents' mental health and problem behavior: Understanding the full range of effects of a conditional cash transfer program. *Prevention Science, 18*(3), 326-336. https://doi.org/10.1007/s11121-017-0748-6

This paper examines the effects of Opportunity New York City-Family Rewards, the first holistic

conditional cash transfer (CCT) program evaluated in the USA, on adolescents' mental health and problem behavior as well as on key potential mechanisms of these effects. The Family Rewards program, launched by the Center for Economic Opportunity in the Mayor's Office of the City of New York in 2007, offered cash assistance to low-income families to reduce economic hardship. Family Rewards offered cash rewards in three key areas: education (e.g., meeting attendance goals in school, achievement levels), health care (e.g., obtaining age-appropriate preventive medical checkups), and parents' employment (e.g., sustaining full-time work). The sample for this study includes 511 adolescents from six low-income urban communities in the Bronx, Manhattan, and Brooklyn in New York City who were in 9th grade at baseline. Family Rewards had no statistically significant effects on adolescents' depression or anxiety or delinquent behavior but did show significant reductions in three of four areas of problem behavior (aggression, substance use, and peer substance use). The findings demonstrate that even though the program targeted schooling-related outcomes, adolescent's substance use and aggression, can be changed by CCT incentives offered by the Family Rewards program. Finally, this study points to one possible mechanism for the benefits (reductions) to children's problem behavior, time spent with peers, which might have been especially important for high-risk adolescents at this key developmental point in the transition to high school.

LEVEL: Individual, community

KEYWORDS: Cash transfer, adolescence, substance use, peers

METHOD: Quantitative, random assignment design

Morrissey, J. P., Domino, M. E., & Cuddeback, G. S. (2016). Expedited Medicaid enrollment, mental health service use, and criminal recidivism among released prisoners with severe mental illness. *Psychiatric Services, 67*(8), 842-849. https://doi.org/10.1176/appi.ps.201500305

This study examines the impact of Washington State's 2006 policy to expedite Medicaid enrollment for offenders with severe mental illness upon release from prison. Using a quasi-experimental design and linked administrative data, the study compared 895 offenders referred for expedited Medicaid with a control group of 2,191 offenders not referred. The results showed that expedited Medicaid significantly increased Medicaid enrollment and the use of community mental health and general medical services. However, there was no evidence that expedited Medicaid enrollment reduced criminal recidivism. The authors suggest that direct interventions targeting the underlying causes of recidivism are necessary to effectively support this population.

LEVEL: Individual, system

KEYWORDS: Expedited Medicaid, severe mental illness, criminal recidivism, community mental health services

METHOD: Quantitative, quasi-experimental, propensity weighted logit modeling

O'Campo, P., Stergiopoulos, V., Nir, P., Levy, M., Misir, V., Chum, A., Arbach, B., Nisenbaum, R., To, M. J., & Hwang, S. W. (2016). How did a Housing First intervention improve health and social outcomes among homeless adults with mental illness in Toronto? Two-year outcomes from a randomised trial. *BMJ Open, 6(9), e010581-e010581.* https://doi.org/10.1136/bmjopen-2015-010581

This study examined the impact of a housing first intervention on social outcomes, including arrest

among people participating in the Toronto site of the five-site At Home Chez Soi randomized trial of Housing First. 197 participants identified as high-needs were randomized to receive either the Housing First intervention, which included housing and support from an ACT team, or treatment as usual. Participants were interviewed every three months for two years. Overall, the Housing First/Assertive Community Treatment group spent more time stably housed than the treatment-as-usual group (95% CI 37.1 % to 54.4%, p<0.0001). In terms of arrest outcomes, the Housing First/ACT group experienced a rate reduction in arrests at 24 months compared to baseline that was significantly larger than that of the treatment-as-usual group (0.36, 95% CI 0.14 to 0.97, p=0.0426).

LEVEL: Individual

KEYWORDS: Housing First, mental illness, homelessness, arrest, randomized controlled trial

METHOD: Quantitative, randomized controlled trial

Palmer, C., Phillips, D. C., & Sullivan, J. X. (2019). Does emergency financial assistance reduce crime? *Journal of Public Economics, 169*, 34-51. https://doi.org/10.1016/j.jpubeco.2018.10.012

This study examined the impact of temporary financial assistance on criminal behavior among individuals experiencing economic shocks. Utilizing a quasi-experimental design, these researchers brought attention to the quasi-random variation in the availability of emergency financial assistance provided by Chicago's Homelessness Prevention Call Center. By comparing individuals who requested assistance when funds were available to those who called when funds were unavailable, the study assessed the effects on subsequent arrest rates. Results indicated that violent crime arrests decreased for individuals who received assistance, particularly among single individuals, while property crime arrests increased, especially among family heads. These findings suggested that financial assistance may have enhanced housing stability, thereby reducing violent crime. However, the increase in property crime may be attributed to families taking on financial obligations they later struggle to meet. These researchers argue that the social benefits of reduced violent crime outweigh the costs of increased property crime, making emergency financial assistance a valuable intervention.

LEVEL: Individual

KEYWORDS: Housing First, mental illness, homelessness, arrest, emergency cash assistance

METHOD: Quantitative, quasi-experimental design, regression analysis

Parisi, A., Wilson, A. B., Villodas, M., Phillips, J., & Dohler, E. (2022). A systematic review of interventions targeting criminogenic risk factors among persons with serious mental illness. *Psychiatric Services, 73(8), 897–909.* https://doi.org/10.1176/appi.ps.202000928

This systematic review synthesized research on interventions that target criminogenic risk factors and are delivered to justice-involved individuals with serious mental illness. Twenty-one studies were identified that evaluated nine interventions delivered to justice-involved individuals with serious mental illness. All identified programs targeted criminogenic risk factors, were group based, and used cognitive-behavioral strategies. Studies were appraised with the Mixed Methods Appraisal Tool, with 55% rated as having high methodological quality and 15% rated as having moderate methodological quality. Most studies included evaluated interventions adapted from correctional settings to address the specific needs

of justice-involved individual with mental illness and two studies examined FACT programs, which adapted a mental health service model to meet the needs of justice-involved individuals. Only two interventions were specifically designed for justice-involved persons with mental illness: the Community Reporting Engagement Support and Training (CREST) program and the Violent Offender Treatment Program (VOTP). Five studies evaluated the Reasoning and Rehabilitation program, which was designed for general offending populations and delivered to persons with serious mental illness without modification. Three outcomes represent the criminogenic risk factors of antisocial personality pattern, antisocial cognitions, and substance abuse. The remaining outcomes are related to recidivism, violence, mental health, and treatment completion. Only three studies evaluated mental health outcomes. Interventions were associated with improvements in recidivism, violence, and criminogenic risk factors. It was found that the most common approach to developing these interventions involved adapting existing evidence-based correctional interventions to accommodate the needs of those with serious mental illness. This approach is consistent with research that called on the field to leverage what is known about treating criminogenic risk factors generally when developing interventions for individuals with serious mental illness. This review highlights the need for RCTs and standardized measures to examine the efficacy of interventions delivered to justice-involved persons with serious mental illness.

LEVEL: Individual, community

KEYWORDS: Criminogenic risk, recidivism, cognitive-behavioral interventions

METHOD: Systematic review

Parker, A., Scantlebury, A., Booth, A., MacBryde, J. C., Scott, W. J., Wright, K., & McDaid, C. (2018). Interagency collaboration models for people with mental ill health in contact with the police: A systematic scoping review. *BMJ Open, 8*(3), e019312. https://doi.org/10.1136/bmjopen-2017-019312

This systematic scoping review identified existing evidence on interagency collaboration between law enforcement, emergency services, statutory services and third sector agencies regarding people with mental illness. Specifically, their objectives were to identify and map evidence on models/mechanisms for interagency collaboration, broad areas covered, and views/experiences of collaborative models. One hundred and twenty-five studies were included from eight countries. Most articles were of descriptions of models (28%), mixed methods evaluations of models (18%) and single service evaluations (14%). The most frequently reported outcomes (52%) were 'organizational or service level outcomes' (e.g., arrest rates). Most articles (53%) focused on adults with mental illnesses, whereas others focused on adult offenders with mental illnesses (17.4%). Thirteen models of interagency collaboration were described, each involving between 2 and 13 agencies. Frequently reported models were 'pre-arrest diversion' of people with mental illnesses (34%), 'co-response' involving joint response by police officers paired with mental health professionals (28.6%) and 'jail diversion' following arrest (23.8%). The scoping review identified 13 distinctive interagency collaboration models for people with mental illnesses in contact with the police, mainly from the USA, UK, and Australia. The area most covered was the relationship between the police and mental health services as this is a critical interface for the police service.

LEVEL: Community

KEYWORDS: Interagency collaborations, police-mental health, diversion, co-response

METHOD: Quantitative, systematic scoping review

Rampling, J., Furtado, V., Winsper, C., Marwaha, S., Lucca, G., Livanou, M., & Singh, SP. (2016). Non-pharmacological interventions for reducing aggression and violence in serious mental illness: A systematic review and narrative synthesis. *European Psychiatry, 34, 17-28.* https://doi.org/10.1016/j.eurpsy.2016.01.2422

This review examined the efficacy of non-pharmacological interventions in reducing violence among adults with serious mental illness (SMI) and personality disorders (PD). The authors searched five online databases and seven journals to identify 23 studies, comprising various experimental and quasi-experimental designs, including seven randomized controlled trials (RCTs). The findings indicate stronger evidence for Cognitive Behavioral Therapy (CBT) and modified Reasoning & Rehabilitation (R&R) for individuals with SMI, while Enhanced Thinking Skills showed short-term promise for those with PD. However, the evidence was inconclusive, particularly for non-psychological interventions, and highlighted the need for high-quality RCTs to establish more definitive long-term outcomes.

LEVEL: Individual

KEYWORDS: Forensic psychiatry, violence, psychotherapy, schizophrenia and psychosis

METHOD: Quantitative, systematic review

Raven, M. C., Niedzwiecki, M. J., & Kushel, M. (2020). A randomized trial of permanent supportive housing for chronically homeless persons with high use of publicly funded services. *Health Services Research, 55*(5), 797-806. https://doi.org/10.1111/1475-6773.13553

This study examined the impact of permanent supportive housing on use of acute care and other services among chronically homeless high users of publicly funded services in Santa Clara, CA. 423 participants were enrolled, 199 were randomized to permanent supportive housing and 224 to the control group. Service use for both groups was assessed from 2015-2019. While permanent supportive housing group members had lower rates of emergency department visits and shelter days, and higher use of ambulatory mental health services compared to controls, there were no differences between the groups in inpatient use, or jail days or jail stays.

LEVEL: Individual

KEYWORDS: Permanent supportive housing, chronic homelessness, high utilizer of services, randomized controlled trial

METHOD: Quantitative, randomized controlled trial, multiple regression

Simes, J. T., & Jahn, J. L. (2022). The consequences of Medicaid expansion under the Affordable Care Act for police arrests. *PloS One, 17*(1), e0261512-e0261512. https://doi.org/10.1371/journal.pone.0261512

This study examined the potential effect of Medicaid expansion under the Affordable Care Act (ACA) on arrests in 3,035 U.S. counties. County-level arrests were compared using FBI Uniform Crime Reporting (UCR) Program Data before and after Medicaid expansion in 2014–2016, relative to counties in non-expansion states. Difference-in-difference models were used to estimate the change in overall arrests, and violent, drug, and low-level arrests following Medicaid expansion. Although overall arrest rates increased on average in the period following ACA expansion (even in states that expanded Medicaid through the ACA), ACA Medicaid expansion was associated with a negative relative difference in arrests. Medicaid expansion produced a 20–32% negative difference in overall arrests rates in the first three years. The largest negative differences were found for drug arrests following Medicaid expansion (25–41% negative difference) compared to

non-expansion counties, and some negative difference was also found for arrests for violence and low-level arrests.

LEVEL: Policy

KEYWORDS: ACA, Medicaid expansion, arrest rates, drug-related arrests

METHOD: Quantitative, difference-in-differences

Swanson, J. W., Borum, R., Swartz, M. S., Hiday, V. A., Wagner, H. R., & Burns, B. J. (2001). Can involuntary outpatient commitment reduce arrests among persons with severe mental illness? *Criminal Justice and Behavior, 28(2), 156-189*. https://doi.org/10.1177/0093854801028002002

This study examined arrest outcomes in a 1-year randomized study of involuntary outpatient commitment (OPC) in 262 participants with serious mental illnesses in North Carolina. Participants were screened from a population of involuntarily hospitalized patients ordered to undergo OPC upon discharge. A total N = 1,039 sequential admissions were screened at four hospitals (one regional state psychiatric hospital, two psychiatric units at academic medical centers, and one psychiatric unit at a community general hospital). The baseline sample consisted of 331 participants. Participants assigned to the control group were released from OPC while participants in the experimental group received an initial period of OPC no longer than 90 days, after which the commitment order could be renewed. Structured interviews were conducted with each participant and with a family member or other informant who knew the respondent well. Medical records were reviewed for additional information regarding clinical history. After discharge, follow-up interviews were carried out every 4 months with the participant, case manager, and collateral informant. Data on outpatient services utilization, hospital admissions, and arrests were retrieved from institutional information systems. Measures included arrest, outpatient commitment, violence, history of dual system (mental health/criminal) recidivism, psychiatric symptoms, functional impairment, insight, social support, substance use, medication adherence, and outpatient services utilization. Multivariable analyses showed that the strongest demographic and clinical predictors for increased risk of arrest were prior criminal history, dual-system recidivism, being an African American recently victimized by crime, and abusing substances while not adhering to prescribed medication (marginally significant). On a bivariate level, no significant differences were found in arrest rates across the two groups. However, extended OPC was found to be significantly associated with reduced arrest probability (12% v. 45%) in a subgroup with a prior history of multiple hospitalizations combined with prior arrests and/or violent behavior. It is still unclear how this effect is achieved; however, reduction in violence appears to be a substantial factor and other analyses of these same data suggest that OPC reduces violence by improving medication adherence while decreasing substance abuse.

LEVEL: Individual

KEYWORDS: Involuntary outpatient commitment, prior criminal history, dual recidivism (mental health/criminal), substance abuse, medication adherence

METHOD: Quantitative, randomized controlled trial, multivariate analysis

Swartz, M.S., Bhattacharya, S., Robertson, A.G., & Swanson, J.W. (2017). Involuntary outpatient commitment and the elusive pursuit of violence prevention: A view from the United States. *The Canadian Journal of Psychiatry, 62(2), 102-108.*

This article reviews the background and context for the promotion of involuntary outpatient commitment (OPC) as well as the empirical evidence for the use of OPC for violence reduction. The results suggest that most research on OPC has focused on outcomes such as hospital recidivism and community functioning, not on interpersonal violence. The evidence reviewed points to the reduction of arrest through involuntary outpatient commitment but there is no evidence that involuntary outpatient commitment can reduce major acts of violence.

LEVEL: Individual

KEYWORDS: Involuntary outpatient commitment, assisted outpatient treatment, arrest, court mandate

METHOD: Conceptual, literature review

Van Dorn, R. A., Desmarais, S. L., Petrila, J., Haynes, D., & Singh, J. P. (2013). Effects of outpatient treatment on risk of arrest of adults with serious mental illness and associated costs. *Psychiatric Services, 64(9), 856–862.* https://doi.org/10.1176/appi.ps.201200406

This study examined whether having psychotropic medication and receipt of outpatient services reduce the likelihood of post-hospitalization arrest among adults with serious mental illness. A secondary aim was to compare service system costs for individuals who were involved with the justice system and those who were not. State of Florida Medicaid files were used to identify the study population. Individuals with schizophrenia or bipolar disorder who were enrolled in Medicaid at any point between July 1, 2004 and June 30, 2005 and who experienced a hospitalization during that period constituted the primary sample (N=4,056). Medicaid service and cost records and arrest records were reviewed between July 1, 2005 and May 31, 2012. Variables that were evaluated were: the likelihood of any arrest, any felony arrest, any misdemeanor arrest, frequency counts of these three variables, and criminal justice and service system costs. Twenty-two percent of the sample had a prior arrest and 31% was arrested at least once during the follow-up period. Monthly medication possession and receipt of outpatient services was associated with a lower likelihood of any arrests (misdemeanor or felony) and of misdemeanor arrests. Receipt of outpatient services was associated with a lower likelihood of misdemeanor arrests but not felony arrests. Possession of medications for 90 days after hospital discharge was also associated with a lower likelihood of arrest. Prior justice involvement, minority racial-ethnic status, and male sex increased the risk of arrest, whereas older age decreased it. Criminal justice and behavioral health system costs were significantly higher for the justice-involved group than for the group with no justice involvement.

LEVEL: Individual

KEYWORDS: Medication, outpatient services, hospital discharge, cost, misdemeanor, felony

METHOD: Quantitative, longitudinal cohort design, multivariable time-series analysis

Vogler, J. (2020). Access to healthcare and criminal behavior: Evidence from the ACA Medicaid expansions. *Journal of Policy Analysis and Management, 39(4), 1166*-1213. https://doi.org/10.1002/pam.22239

In this study, the researcher investigated the causal relationship between access to healthcare and crime following state decisions to expand Medicaid coverage after the Affordable Care Act. Annual, state-level crime data were obtained from the FBI's Uniform Crime Reports (UCR) for the years 2009 through 2018. Through a difference-in-differences design, findings indicate that states that expanded Medicaid have experienced

a 5.3% reduction in annual reported violent crime rates relative to states that did not expand. This effect is explained by decreases in aggravated assaults and corresponds to 17 fewer incidents per 100,000 people. The estimated decrease in reported crime amounts to an annual cost savings of approximately $4 billion. This suggests increasing access to healthcare leads to crime-reducing benefits and billions in social-cost savings.

LEVEL: System/policy

KEYWORDS: Access to care, state-level data, Medicaid expansion, violent crime rate

METHOD: Quantitative, difference in difference

Watson, A. C. (2021). "Redefining Police Interactions with People Experiencing Mental Health Crises: Models of Response." In *Oxford Bibliographies in Social Work.* Edward J. Mullen (Ed.). New York: Oxford University Press. https://www.oxfordbibliographies.com/display/document/obo-9780195389678/obo-9780195389678-0308.xml

This annotated bibliography includes sections covering research on models of police/mental health partnerships, the Crisis Intervention Team model, co-responder models, and stand-alone mental health training for law enforcement. There is some evidence of positive impacts of several models and training programs on officer knowledge/attitudes and on increases in linkages to mental health care and some evidence of decreased emergency department transports. Across models, there is very limited evidence of an impact on criminal justice involvement of people with serious mental illnesses.

LEVEL: Individual, organization, system

KEYWORDS: Law Enforcement, mental illness, Crisis Intervention Team, co-response, training

METHOD: Conceptual, literature review

Watson A. C., Compton, M.T. & Pope, L.G. (2019). *Crisis Response Services for People with Mental Illnesses or Intellectual and Developmental Disabilities: A review of the literature on police-based and other first response models.* New York: Vera Institute of Justice. https://www.vera.org/downloads/publications/crisis-response-services-for-people-with-mental-illnesses-or-intellectual-and-developmental-disabilities.pdf

This report reviews the literature on police-based, EMS-based, and Mobile Crisis Team (mental health system-based) responses to behavioral health crisis, with a section on the very limited research related to response to people with intellectual and developmental disabilities. Overall, there is evidence of positive impacts of several models and training programs on officer knowledge/attitudes and on increases in linkages to mental health care and some evidence of decreased emergency department transports. Across models, there is very limited evidence of an impact on criminal justice involvement of people with serious mental illnesses.

LEVEL: Individual, organization, system

KEYWORDS: Law enforcement, mental illness, intellectual and development disabilities, Crisis Intervention Team, co-response, mobile crisis teams, EMS-based responses, training

METHOD: Conceptual, literature review

Wilson, A. B., Farkas, K., Bonfine, N., & Duda-Banwar, J. (2018). Interventions that target criminogenic needs for justice-involved persons with serious mental illnesses: A targeted service delivery approach. *International Journal of Offender Therapy and Comparative Criminology, 62(14), 4677-4693.* http://doi.org/10.1177/0306624X18759242

This paper describes the development of a targeted service delivery approach (TSDA) that tailors the delivery of interventions that target criminogenic needs to the specific learning and treatment needs of justice-involved people with serious mental illnesses (SMI). This TSDA includes five service delivery strategies: repetition and summarizing, amplification, coaching, low-demand practice, and maximizing participation. The study focused on the development of the TSDA, not testing it. Three separate cycles of the Thinking for Change intervention were conducted to pilot the TSDA, including 24 participants (2 cycles were conducted in jail and one was conducted in a community mental health setting). The researchers explored ways to maximize participation and engagement with the content. The description of this TSDA and how it was developed contributes to the literature because it can inform other efforts to use group-based CBT interventions that target criminogenic needs with justice-involved people with SMI, thereby increasing the accessibility of these interventions for this population. Controlling the pace of content was found to be important during delivery. The study team also found that participants' engagement in the intervention was highest when facilitators remained focused on the therapeutic targets of the intervention. This piece discusses findings representing the earliest stage of intervention development, suggesting the need to examine the next stages of development and further examining the effectiveness of the early stage described in this study. Although the process focused on in this article is for a corrections-based intervention, the approach for adapting interventions to meet the needs of people with SMI, specifically, is useful.

LEVEL: Individual

KEYWORDS: Criminogenic needs, targeted service delivery approach, cognitive-behavioral interventions

METHOD: Qualitative, developmental process analysis

Yang, C. S. (2017). Does public assistance reduce recidivism? *American Economic Review, 107*(5), 551-555. https://doi. 10.1257/aer.p20171001

This paper investigates the impact of public assistance eligibility on recidivism rates among drug offenders. Utilizing administrative data from the National Corrections Reporting Program (NCRP) and a triple-differences research design, the study examines offenders released between 1971 and 2014 across 43 states. The research makes use of the federal public assistance restrictions under the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) and subsequent state-level opt-out laws. Yang finds that eligibility for welfare and food stamps significantly reduces the likelihood of returning to prison within a year. The findings underscore the importance of economic support in reducing recidivism, suggesting that public assistance plays a critical role in aiding ex-offenders' reintegration.

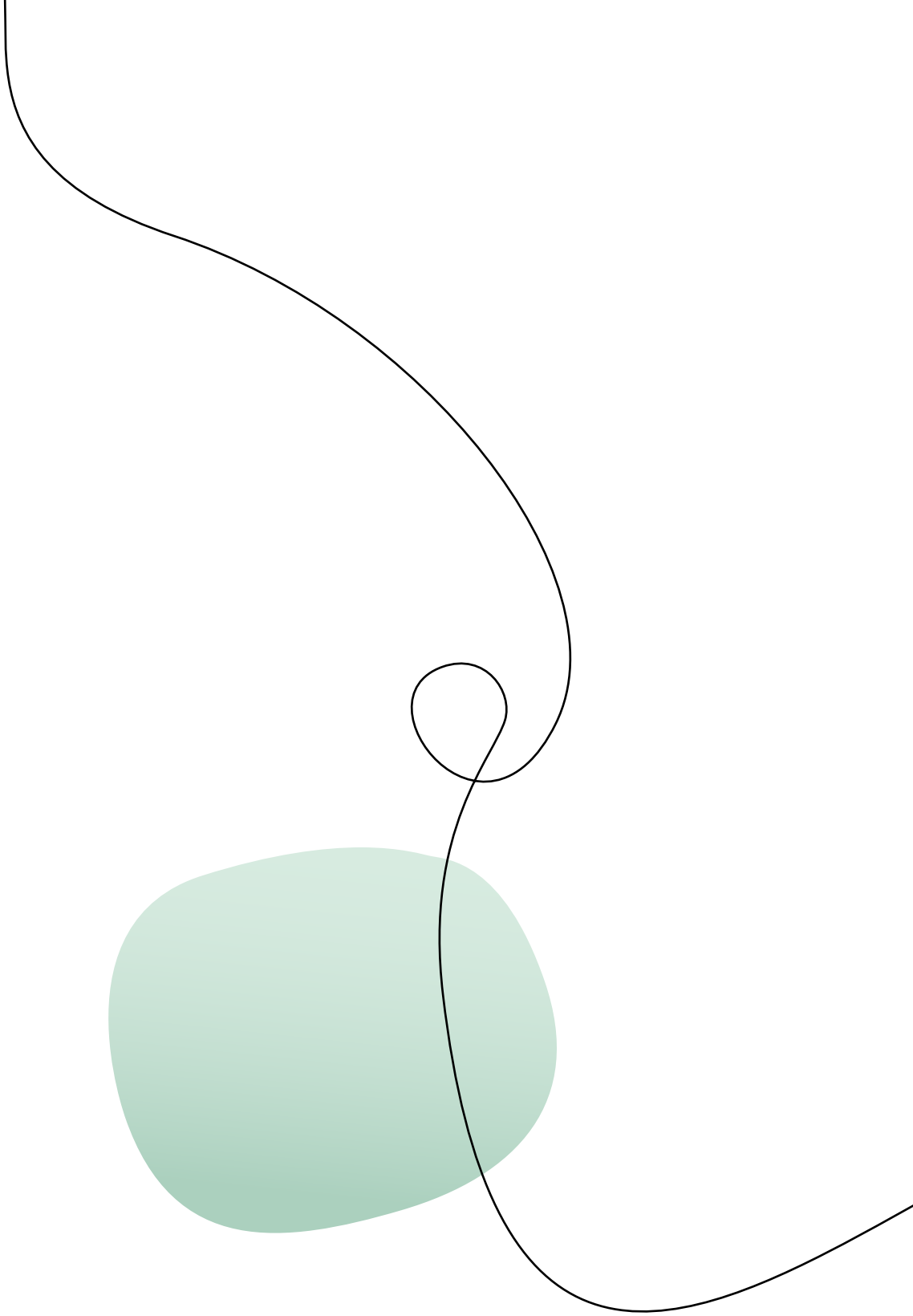
LEVEL: Individual, system

KEYWORDS: Public assistance, cash benefits, recidivism, drug offending

METHOD: Quantitative, triple-differences design, linear probability modeling

INTERVENTIONS REVIEWED:

- Arrest alternatives (legalization/ decriminalization, citations, other diversion models)
- Cash transfers
- Certified Community Behavioral Health Centers
- Criminogenic risk targeted interventions
- Drug court
- Emergency financial assistance
- Health insurance, Medicaid expansion through ADA
- Housing interventions
- Interagency collaborations
- Non-police based models
- Outpatient services
- Outpatient commitment
- Police-based models: CIT, co-response, LEAD
- Sequential intercept model, broader focus
- Substance use-specific interventions



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