

Participant Re-engagement with Law Enforcement & Crisis Stabilization Units

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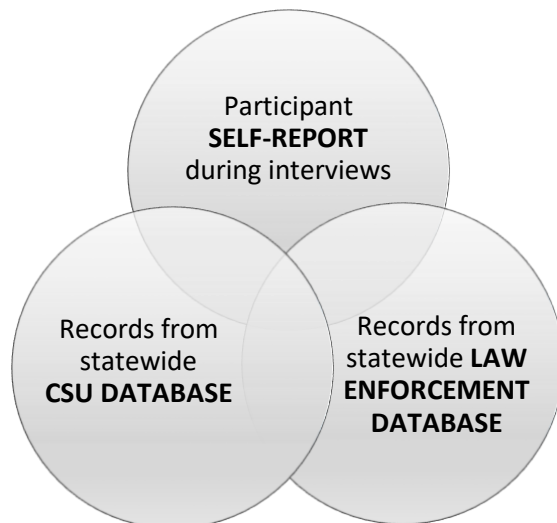
When police meet individuals in crisis in the field, often their available options are to arrest them, deflect them to a treatment facility, or attempt to mitigate the crisis themselves on scene. In many states, police have the ability to involuntarily transport someone in crisis to a Crisis Stabilization Unit (CSU) under a psychiatric hold. Individuals who enter CSUs typically receive 2 – 14 days of care (depending on the local city/county and state laws). However, CSUs are temporary places of care and do not provide ongoing or long-term treatment. While individuals leave stabilized and with follow up resources, finding and sustaining ongoing treatment may be difficult due to transportation, financial or a lack of resources available. Without this ongoing aftercare, individuals may be more likely to return to crisis and experience ongoing police contact.

In our study investigating how CSU aftercare can help individuals, we recruited individuals treated at a CSU following a police officer determined involuntary psychiatric hold and delivered a mobile aftercare intervention. We randomly assigned recruited participants to either receive the intervention or not. *Our results have been broken-down into three groups:*

GROUP 1 -referred to as the **Mobile Aftercare** group, received our mobile aftercare intervention,

GROUP 2 - referred to as the **Standard Services** group, received standard services for aftercare offered by the CSU.

GROUP 3 - was assigned to the Mobile Aftercare group but did not attend treatments and therefore did not receive our intervention, we are referring to this group as the **No Services** group. *Detailed descriptions of our intervention and more information about this study can be found here.*

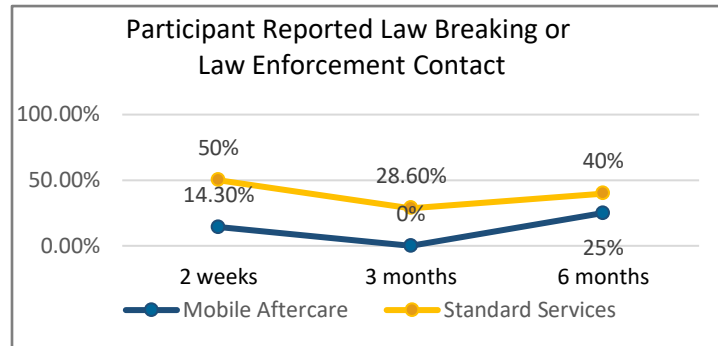


After assigning participants, we were most interested to learn the rate in which each group re-engaged with police and CSUS.

We used three sources of data to learn more about these subsequent interactions: interviews with participant, records from a statewide CSU admission database, and a statewide law enforcement report database.

Self-Reported from Interviews

Participants in the Standard Services group consistently reported more engagement with law enforcement or law-breaking activity in the 6-month window following recruitment.



Statewide Record Databases

GROUP 1: Mobile Aftercare

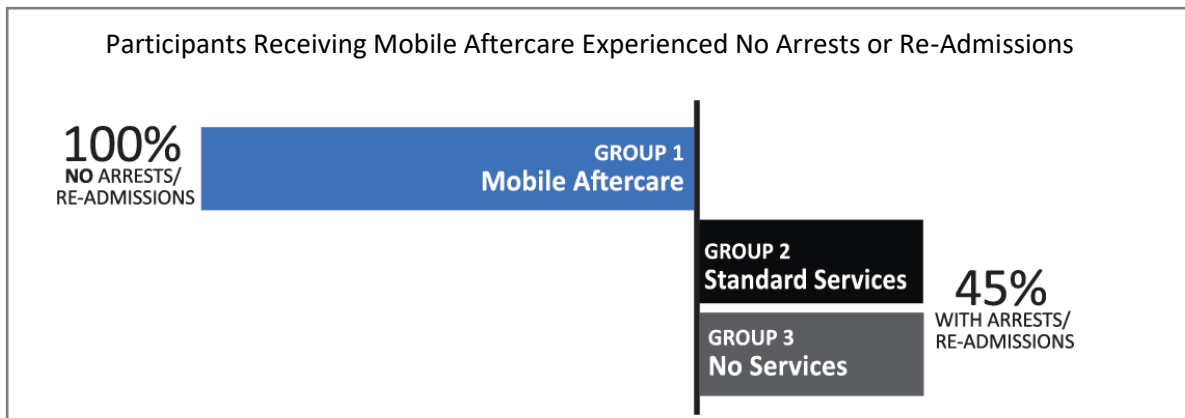
- **100%** of individuals who received more than one mobile aftercare intervention **did not experience an arrest and were not re-admitted to the CSU** during the follow up period.

GROUP 2: Standard Services

- **18%** experienced **one arrest**.
For these participants the arrest occurred at about 5 months or 7 months following initial recruitment into the study.
- **9%** experienced **five arrests**.
For this participant the arrests occurred at about 2 months, 3 months, 4 months, and 7 months post recruitment.
- **18%** experienced **re-admittance into the CSU**, and one of these individuals experienced two readmissions into a CSU following recruitment into the study.
Readmission into the CSU at about the 3 month and 5-month mark following recruitment. Readmission into the CSU 3 days after recruitment.

GROUP 3: No Services

- **27%** experienced **a new arrest**, and each individual was arrested **two times**.
50% of these arrests occurred within 7 weeks of recruitment, 33.3% of arrests occurred at 7 months or beyond, and 16.67% of arrests occurred at the 5-month mark.
- **18%** experienced **re-admittance into the CSU**, and re-admittance occurred **one time**.
These admissions occurred between 20 days – 1 month following initial recruitment to the study.





Final Thoughts

Overall, participants who received Mobile Aftercare reported less contact with law enforcement, less engagement in law breaking activities, fewer arrests, and fewer readmissions into the CSU.

These findings emphasize the positive impact of implementing a mobile aftercare program to sustain stabilization services with individuals after treatment at a CSU. **In fact, of the 37% participants who experienced a re-admittance into the CSU, majority of them were re-admitted *within six weeks* of their initial CSU discharge.** These findings suggest that individuals are most at risk for returning to the CSU shortly after discharge, emphasizing the need for comprehensive aftercare services, like the mobile aftercare intervention, from the very point of CSU discharge onward.

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