



The Nathaniel Project: An Alternative to Incarceration Program for People with Serious Mental Illness Who Have Committed Felony Offenses

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Background

As growing awareness of the needs of people with co-occurring disorders in the justice system has led to the development of diversion models, the vast majority of efforts have focused on defendants who are charged with non-violent, low-level misdemeanor offenses. The reasons for this are obvious: releasing low-level offenders to treatment is easier to build consen-

sus around, politically safer, and less likely to lead to outraged headlines if a program participant re-offends. While diversion focused exclusively on people accused of low-level offenses is a critical need of the justice system, it does not address the needs of the many people with serious mental illness charged with felony level offenses. These offenders are often sentenced to lengthy prison

or jail terms at considerable cost to the city and state, only to return again to the community even less prepared to lead stable lives. This program brief describes New York City's Nathaniel Project, an innovative two-year alternative to incarceration program for people with serious mental illness who have committed felony offenses.

The Program

Started in January 2000 by the Center for Alternative Sentencing and Employment Services (CASES, Inc.), New York City's oldest and largest alternative to incarceration agency, the Nathaniel Project has received funding from the New York City Council, the van Ameringen Foundation, New York Community Trust, the Schnurmacher Foundation, the Cummings Foundation, and the United Way.

Eligibility Criteria

The Nathaniel Project is exclusively for people with psychiatric disabilities who have been indicted on a felony offense and are facing a lengthy sentence in New York State prison, usually for terms of three to six years. The program will consider any defendant regardless of offense, including violent offenses. Aside

from being prison-bound, clients must have seriously impaired functioning due to an Axis I psychiatric disability and motivation to engage in treatment.

Intake Process

Unlike many mental health programs that collect extensive information from referral sources and base intake decisions on this information, Nathaniel Project staff often begin an intake with no information beyond a call from a defense attorney who suspects that a client may have psychiatric problems. Clients are referred any time after arrest and prior to disposition. The majority of referrals come from defense attorneys, but some come from community mental health workers and family members, and a growing number

from judges and prosecutors. Regardless of referral source, the program interviews potential clients only with the permission of the defense attorney.

Virtually everyone screened for the program is incarcerated at the time of referral due to inability to make bail. Nathaniel Project staff interview clients either in the jail or in the holding pens at the courthouse. Screening consists of a semi-structured interview that is about an hour long, where staff not only gather information about the individual's psychiatric, substance abuse, and housing histories and assess risk, but also educate the potential client about what will be expected of them if they choose to be part of the Nathaniel Project. They also talk to the client about what their goals are,

who the important people in their lives are, and how they think the program can best work with them and support their recovery. Staff typically make intake decisions after this first interview, and continue to gather information about the client

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by requesting medical records and reaching out to the client's family and friends, as well as mental health providers (both in the community and the jail) who know the client.

The Nathaniel Project has never rejected a potential client because of the severity of the offense or because the individual has a history of violence. The project is careful to draw the distinction between criminal charges and actual risk to public safety. Each case is closely evaluated, and those that pose a real public safety risk are screened out.

The Project's staff believes that it is by serving clients charged with violent crimes that the program makes the greatest system impact by demonstrating to both the criminal justice system and community mental health providers that these individuals can be treated safely in the community. Moreover, community safety itself is improved by linking to treatment those offenders most

likely to commit violent offenses who have previously failed in treatment. Approximately 50 percent of the clients in the program were charged with violent offenses, including burglary, robbery, assault, sexual assault, arson, and bank robbery, and 75 percent have histories of violence. The clients who committed nonviolent offenses were almost all involved in drug sales.

When the program rejects potential clients, the most common reason is that after assessing their legal situation, it appears that they are not actually prison bound. Because the Nathaniel Project is an intrusive, two-year program, as well as a scarce resource, its services are reserved for prison-bound felons. The Nathaniel Project will not accept clients who, although they would benefit from the program's services, would receive non-incarcerative or short jail sentences in the normal "marketplace" of the criminal justice system.

Court Advocacy

Once a defendant is accepted by the Nathaniel Project, program staff advocate for the client with the judge, prosecutor, and defense counsel; educate them about the client's psychiatric needs; and work to convince these decision-makers that releasing the client to the Nathaniel Project would evince a better outcome for the client and the community than sending the person to prison. This can be an easy task or an extremely difficult one, depending on individual attitudes about mental illness, the political climate, and the nature of the client's offense and history. In some cases, staff have gone to court 10 times or more, submitted numerous written reports, and had lengthy meetings with prosecutors,

defense counsel, and judges to help them understand how the program works, why the client will benefit from treatment, what the Nathaniel Project plan will be for that client, and to address their concerns about public safety. These efforts are almost always successful in gaining a client's release to the program.

Pre-Release Planning

After there is an agreement that the client will be released to the Nathaniel Project, staff members arrange the components of the agreed-upon treatment plan prior to the client's release. Clients are typically released to the custody of the Nathaniel Project after pleading guilty; their sentencing is adjourned with the understanding that if they successfully complete the program, they will not be sentenced to incarceration, and, if they fail, they will be sentenced to a significant period in state prison.

The Nathaniel Project's plan for offering services to the client and the program's expectations of the client are set forth in a contract that both the client and Nathaniel Project staff sign and that is then shared with the judge, prosecutor, and defense and incorporated into the court record.

In most cases, the treatment plan includes a supervised housing or residential treatment program, not only because courts prefer to see clients in supervised settings, but also because the vast majority of clients are homeless (92 percent at time of intake) and suffer from co-occurring substance use disorders (88 percent). Nathaniel Project staff also advocate on behalf of the client with the jail-based mental health staff to ensure the optimal treatment for the

client prior to his/her release and that all other steps for pre-release are taken. At the same time, Nathaniel Project staff advocate with community treatment providers to accept the client for housing and other services.

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This has been difficult, both because of a general lack of services in New York City and because of the resistance many providers demonstrate toward working with clients with serious criminal justice involvement and/or histories of violence. A key to overcoming this barrier has been developing strong relationships with a few large providers and “selling” Nathaniel Project clients to providers based on the very intensive services that the program offers, with the promise that if the provider wishes to stop working with the client, Nathaniel Project staff will find an alternate placement immediately.

Post-Release Case Management and Supervision

Once a client is released to the Nathaniel Project, the real work begins. Staff members describe the Nathaniel Project model for work-

ing with clients, only half-jokingly, as “intrusive case management.” What this means in practice is that workers see the client in the community and at the office up to seven days a week (and a minimum of three days a week in the beginning), if necessary, and are on-call 24 hours a day, seven days a week. By accompanying clients to appointments, staff ensure that clients get all the services they need (including medication and treatment, benefits, and housing). They also escort clients to court dates (generally every one to three months) to report to the judge on the client’s progress in the program. Even more importantly, however, the staff member forms a relationship with the client. All staff members are master’s-level social service professionals skilled in therapeutic counseling, and their task is not just to meet the survival needs of clients, but to also to provide counseling. The goal of the counseling is to help clients to examine the circumstances and choices that have led them to this point in their lives, help them imagine alternatives, and guide them toward achieving the goals they have chosen.

Essential to the Nathaniel Project is the program’s treatment philosophy: staff members have high expectations for every client and will go to any lengths necessary to help each client succeed. This includes not giving up even if a client has multiple failures in treatment. When clients abscond from their treatment programs, Nathaniel Project staff members search for the client in places they are likely to be found, including the streets. If the Nathaniel Project is unable to locate a client, staff members notify counsel and appear before the judge to ask that a bench war-

rant be issued. Because of the relationship that develops between the client and the worker, however, clients who have absconded almost always get in touch with the program again; at that point, if the client wants another chance, staff escort the client to court voluntarily, educate the judge about the role of relapse in recovery and any special circumstances that mitigate the client’s behavior, and advocate for the client to be released to the program again. These efforts are usually successful.

After two years in the Nathaniel Project, clients return to court to have their charges reduced or dismissed, and their participation in the program ends. The goal of the program is for each client, by the end of the two years, to be connected with housing and mental health services that they will continue to participate in without

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court supervision.

The table at right presents client characteristics for the 53 individuals accepted and served by the Nathaniel Project since program inception. The majority of clients are male (72%), African-American (56%) or Latino (36%), and older (52% over age 36). The principal psychiatric diagnoses among

The Clients

clients are schizophrenia (33%), schizoaffective disorder (21%), major depression (21%), bipolar disorder (21%), and psychotic disorder (4%). The vast majority (85%) have a co-occurring substance use disorder. Half of the clients have health problems, and three-quarters of these have more than one health problem. By and large, these health problems have gone untreated during years of homelessness. Fifty-seven percent were homeless at arrest. The offenses for which clients are sent to the Nathaniel Project are serious and include drug sales (36%), assault (21%), robbery (13%), burglary (11%), and arson (6%). Most have at least one previous felony conviction (74%).

Table 1. Nathaniel Project Client Characteristics (n= 53)

Client Characteristic	Percent
Male	72%
Ethnicity	
African-American	56%
Latino	36%
White	8%
36 or over	52%
Principal psychiatric diagnosis	
Schizophrenia	33%
Schizoaffective disorder	21%
Major depression	21%
Bipolar disorder	21%
Psychotic disorder	4%
Co-occurring substance use disorder	85%
Health problem	50%
HIV positive	17%
Asthma	17%
Seizure disorder	9%
Diabetes	7%
Homeless at intake	92%
Most serious current charge	
Drug sale	36%
Assault	21%
Robbery	13%
Burglary	11%
Arson	6%
Other	13%
Prior felony convictions	74%

Results

The Nathaniel Project measures its success by four key indicators: public safety, retention, treatment, and housing. In each of these areas, the program has shown marked success.

Public Safety Participants in the Nathaniel Project demonstrated a dramatic decrease in arrests. The number of arrests dropped from 101 (35 misdemeanor and 66 felony) arrests

in the year prior to and including arrest on the charge that brought them into the program down to 7 (5 misde-meanor and 2 felony) arrests in the year since intake.

Retention The Nathaniel Project has tremendous success engaging clients who have previously repeatedly disengaged from treatment. At six months, the program has 88 percent retention of participants and 80

percent retention over the course of two years.

Treatment One hundred percent of participants are engaged in treatment.

Housing At intake, 92 percent of Nathaniel participants were homeless. After only one year, 79 percent of participants had permanent housing.

Emergent Principles

As a result of the experiences of the Nathaniel Project, a number of principles have emerged that can guide other programs:

- *First build the program, then build consensus.*
 - Assess the need.
 - Seek support (financial, political, operational) from the criminal justice and community mental health systems, but be prepared to move forward even if all stakeholders are not on board at the outset.
 - Design a program and offer it to the courts.
 - Build defendants' rights into program design.
- *Hire highly skilled workers.*
 - Engage only master's-level clinicians as case managers, those experienced in recovery work with high-risk/high-need populations.
 - Ensure that staff have combined criminal justice, mental health, and substance abuse expertise and commitment to the population.
- *Use simple intake criteria.*
 - Screen clients for SPMI, willingness to participate, felony-level offense, and prospect of significant prison time.
 - Ensure that program requirements are proportionate to risk of prison time.
- *Conduct ongoing education and advocacy with courts and service providers.*
 - Intervene and advocate for clients when system players seek to discharge or remand them.
 - Seek out and partner only with community-based programs responsive to the needs of this population.
- *Consistently engage clients.*
 - Maintain appropriate, manageable caseloads (1:10).
 - Be accessible 24 hours a day, seven days a week.
 - Deliver services wherever the client is.
 - Use a harm reduction approach.
 - Demonstrate to the client an unwillingness to give up.
- *Demonstrate program effectiveness.*
 - Collect data about criminal justice and community reintegration indicators.

Nathaniel Project Profile: Shawn

Shawn, a 26-year-old African-American man, was released to the Nathaniel Project after he was charged with a felony-level drug sale. In August 2002, Shawn completed the Project.

Born in Queens to a 15-year-old mother, Shawn was raised primarily in foster care and group homes. He first received mental health treatment when he became suicidal at age 9. Treated with Ritalin and mood stabilizing medications throughout his childhood and adolescence, Shawn stayed in a total of seven group homes, and had very limited contact with his mother. As a teenager, he abused crack cocaine, alcohol, and other drugs. Later, while living in a residential school, Shawn was arrested for a robbery and was sent to a psychiatric hospital where he was diagnosed with schizophrenia. After he was stabilized on medications, he was returned to a group home.

Shawn became homeless when he was discharged from foster care. He moved between hotels, family, and friends, with no stable place to live and no way to support himself. He was hospitalized several times for acting bizarrely and responding to voices he heard telling him to kill himself; he also continued using drugs. He sometimes took medications, but remained stable only for brief periods of time.

The prosecutor and judge agreed to release Shawn to the Nathaniel Project due to vigorous advocacy on the part of his attorney and Project staff. Staff worked with Shawn on anger management and gave his treatment providers notice that he was working to control his rage. In addition to dealing with the emotional scars left by a childhood in foster care, Shawn had to deal with the physical wounds of gunshots he had suffered as a teenager. Staff willingness to accompany him to the hospital when one of his old wounds became infected demonstrated a level of care and involvement that was unfamiliar to him. The trust Shawn built in staff as a result of this experience soon spread to other areas of his life. He began to think that treatment could help him and willingly met with Project staff and treatment providers to discuss his progress.

Shawn made exceptional progress during his time with the Nathaniel Project. He has been free of illegal drugs and mentally stable, and graduated from a MICA residential treatment program. He lived for a year in a scattered-site supportive housing program and then moved into his own apartment, where he continues to receive services from a mental health housing provider. He has attended the same day treatment program for two years and will soon graduate. Upon completing day treatment, Shawn plans to attend a peer advocacy training program, so he can seek employment as a peer counselor and help other mental health consumers.

Challenges

The largest challenge faced by the Nathaniel Project was securing steady funding for the program. The project was initially funded by seed money from the New York City Council and several private philanthropic foundations. This money allowed the project to start operations and begin collecting data about program efficacy. However, it proved difficult to turn this into long-term funding streams. While all of the system players, whether city or state mental health or criminal justice agencies, saw the program as filling an important function, they viewed the responsibility for the program as lying in the others' camps. This conundrum was further exacerbated by limitations on the manner in which existing funding

streams could be spent.

Recently, this problem has been resolved. The Nathaniel Project will soon transition into a Forensic ACT (Assertive Community Treatment) Team licensed by the New York State Office of Mental Health, allowing the project to bill Medicaid for services. The Office of Mental Health will provide additional funding for the project. While this development will ensure that these felony-level offenders with serious mental illness will continue to be served, it will also mean a shift in the model that had been proven so successful. Presently the case management model is a hybrid of court-based diversion and therapeutic case management.

With the transition to ACT, the Nathaniel Project will be required to make staffing changes, bill for services, add new internal policies, and will be limited in the variety of programs to which the Project can refer clients. Ultimately, these adaptations will likely alter the culture of the program and may have an impact on the program's overall success. These continuing lessons learned from the Nathaniel Project will help other programs as they also seek to structure an appropriate program with stable funding streams.



About CASES...

CASES is New York's oldest and largest nonprofit that provides sentencing options to the justice system and programs that help offenders reintegrate to the community. Evolving out of two programs created in the 1960s and 70s, CASES' mission is to increase the understanding and use of community sanctions that are fair, affordable, and consistent with public safety. Last year, CASES' alternative sentencing programs served more than 4,500 offenders, including youth felony offenders, adult repeat misdemeanants, adult felony offenders with a mental illness, misdemeanor drug offenders and prostitutes, and parole violators. Recently, CASES has created a school for court-involved youth and school placement services for youth exiting detention and has taken the first steps to build housing for adult offenders with mentally illness. CASES continually seeks opportunities to develop innovative programs that address the justice system's need for a wide array of sentencing options and programs that meet the treatment and service requirements of special offender populations.

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