

ALTERNATIVES TO HOSPITALIZATION

Research Overview, 1973-2013



Overview

Since the signing of the Community Mental Health Act in 1963, numerous community-based settings have emerged to provide emergent mental health crisis services as an alternative or compliment to inpatient psychiatric services. With over 40 years of research demonstrating their efficacy, these alternatives to hospitalization are garnering attention and accolades as cost-efficient and effective methods of care that boast high client satisfaction.

This overview of research articles, initially compiled by TBD Solutions in 2018, intends to provide a snapshot into the body of research around alternatives to hospitalization while encouraging providers, payers, and system administrators to consider the impact subacute crisis stabilization services can have in their communities.

Factor	Meaning
Cost	Cost of Treatment
Outcomes	Clinical Outcomes
Satisfaction	Client Satisfaction
Accessibility	Timely Access to Care
Diversion	Diversion from Psychiatric Hospitalization / E.R.
L.O.S.	Shorter Length of Stay
F	Favorable Effect
S	Same or Similar Effect
U	Unfavorable Effect

Study	Location	Program Type	Contributors	Population	Cost	Outcomes	Satisfaction	Accessibility	Diversion	L.O.S.
<p>A Comparison of Two Crisis Housing Alternatives to Psychiatric Hospitalization (1989) <i>Gary R. Bond, Thomas F. Witheridge, Daniel Wasmer, Jerry Dincin, Shirley A. McRae, John Mayes, Rebecca S. Ward</i></p> <p>Summary This study compared outcomes for demographically matched clients four months after their admission to two short-term crisis programs. The programs provided crisis housing and case management services as alternatives to psychiatric hospitalization for clients with severe and persistent mental illness. One program met housing needs by purchasing shelter in hotels and boarding houses, and the other provided lodging in an eight-bed crisis house. In both programs, two-thirds of the clients avoided hospitalization during four-month follow-up, and both programs were effective in stabilizing clients' housing and financial situations. Client costs were similar in both programs. There was a higher staff turnover in crisis housing.</p>	Illinois	Short-term crisis programs	Conducted by Illinois Department of Mental Health and Developmental disabilities	Black males avg. 32.1 years old	F				F	
<p>A Model to Replace Psychiatric Hospitals (1976) <i>Paul R. Polack, Michael W. Kirby</i></p> <p>Summary</p>	Denver, CO	Crisis Intervention	Published by Journal of Nervous and	White men and women			F		F	

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<p>A comprehensive system of community treatment in southwest Denver has reduced the need for adult psychiatric inpatient beds to less than 1/100,000 population. Six small, community-based therapeutic environments, crisis intervention, home treatment, social systems intervention, and rapid tranquilization comprise the essential components of this total community care system. The system operates within the framework of citizen participation and community control, the elimination of formal staff offices, and a focus on working in real-life setting of the client and his family. To evaluate the effectiveness of community care, patients about to be hospitalized were randomly assigned to a psychiatric hospital or to community alternative treatment. Outcome measures at discharge and at follow-up completed by the client himself, treatment staff, and family members indicate that community treatment was more effective than psychiatric hospitalization.</p>			<p>mental Disease by the Williams and Wilkins Co</p>							
<p>A Randomized Study Comparing the Treatment environment in Alternative and Hospital-Based Acute Psychiatric Care (2009) <i>William B. Hawthorne, Elizabeth E. Green, David Folsom, James B. Lohr</i></p> <p>Summary Programs that offer alternatives to hospital-based acute psychiatric care have reported promising results of lower costs, equivalent or superior outcomes, and greater patient outcomes. This study supplements previous research that compared the outcomes, satisfaction, and cost of hospital-based care and one such alternative program, short term acute residential treatment (START), with an analysis of patient and staff perceptions of the treatment environments.</p>	<p>California</p>	<p>Alternative Care, short term acute residential treatment</p>	<p>Grant funded through the Health Services Research and Development Service of the Veterans Health Administration</p>	<p>Veterans</p>			<p>F</p>			
<p>Patient Outcome After Treatment in a Community-Based Crisis Stabilization Unit (2009) <i>Charlotte L. Adams, Rif S. El-Mallakh</i></p>	<p>Louisville, KY</p>	<p>Crisis Stabilization Unit</p>	<p>Published by Journal of Behavioral</p>		<p>F</p>		<p>F</p>			

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<p>Summary Community-based residential treatment for acute psychiatric crisis has been proposed as an alternative to inpatient hospitalization, but there is a dearth of adequate outcome studies. The authors examined naturalistic symptomatic and treatment outcomes in patients admitted to a residential crisis treatment program. Nonetheless, community-based crisis stabilization units appear to be cost-effective alternatives to inpatient hospitalization for selected patients.</p>			Health Services and Research							
<p>An Emergency Housing Program as an Alternative to Inpatient Treatment for Persons with Severe Mental Illness (2001) <i>Renee Goodwin, John S. Lyons</i></p> <p>Summary This study evaluated the feasibility and effectiveness of an emergency housing program as a step-down program after inpatient care, as a step-up program from community-based living, and as an alternative to inpatient care for individuals with serious mental illness who sought treatment at an urban medical center. This study included those who were placed in an emergency housing, some met criteria for hospital admission and some did not meet criteria for hospital admission.</p>	Columbia University (New York City) and Northwestern University (Chicago)	Alternative to Inpatient Treatment, step-up and step-down used as comparison	Published by journal: Psychiatric Services	White men and women (mostly men), lower-middle class		F				
<p>Treatment of Acute Psychosis Without Neuroleptics: Two-Year Outcomes from the Soteria Project (2003) <i>John R. Bola, Loren R. Mosher</i></p> <p>Summary Soteria treatment resulted in better 2-year outcomes for patients with newly diagnosed schizophrenia spectrum psychoses, particularly for completing subjects and for those with schizophrenia. In addition, only 58% of Soteria subjects received antipsychotic medications during the follow-up</p>	University of Southern California (Los Angeles) and Soteria Associates (San Diego)	Residential treatment in the community w/ minimal use of antipsychotic	Published by the Journal of Nervous and Mental Disease, Funded by grants from the national Institute of Mental Health	Individuals diagnosed with schizophrenia		F				

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period, and only 19% were continuously maintained on antipsychotic medications.										
<p>Crisis Residential Programs <i>California Mental Health Planning Counsel</i></p> <p><u>Summary</u> Crisis residential programs reduce unnecessary stays in psychiatric hospitals, reduce the number and expense of emergency room visits, and divert inappropriate incarcerations while producing the same, or superior outcomes to those of institutionalized care. As the costs for inpatient treatment continue to rise, the need to expand an appropriate array of acute treatment settings becomes more urgent. State and county mental health systems should encourage and support alternatives to costly institutionalization and improve the continuum of care to better serve individuals experiencing an acute psychiatric episode.</p>	Sacramento, CA	Crisis residential programs	Published by the California Mental Health Planning Council		F	F		F		F
<p>Community psychiatry without Mental Hospitals-The Italian Experience: A Review (1985) <i>Michele Tansella</i></p> <p><u>Summary</u> This article talks about the transition from hospital center psychiatry to community-based psychiatry in Italy. The study covers three well-established psychiatric case registers. The study also noted that studies of community-based care varied because communities implemented care differently. In Italy, Law 180 states that hospitalization should not be the first resort to care.</p>	University of Verona, Italy	Community Psychiatry	Published by the Journal of the Royal Society of Medicine	People residing in Italy				F	F	
<p>Community Residential and Partial Hospital Care: Low-Cost Alternative Systems in the Spectrum of Care (1994) <i>Richard D. Budson</i></p> <p><u>Summary</u></p>	Belmont, MA	Community Residential Care	Published by the Psychiatric Quarterly		F			F		F

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<p>The treatment of serious mental illness in private psychiatric hospitals is under- going radical change. Instead of costly, long-term inpatient hospitalization, low- cost alternatives are emerging as a vital part of a new "system of care." These alternatives include a range of community residences and partial hospitalization. The creation of these facilities enables a psychiatric hospital to meet the new health care economic realities by containing the cost of treating the most seriously ill patients. Simultaneously, these services provide more adequate treatment for such patients and sustain a core value system of clinical rehabilitation.</p>										
<p>Comparison of Outcomes of Acute care in Short-Term Residential Treatment and Psychiatric Hospital Settings (1999) <i>William B. Hawthorne, Elizabeth E. Green, James B. Lohr, Richard Hough, Peggy G. Smith</i></p> <p>Summary The study compared the demographic and diagnostic characteristics of clients and the outcomes of treatment in five short-term acute residential treatment programs and two acute hospital-based psychiatric programs.</p>	San Diego, California	Short-Term acute residential treatment programs	Funded by San Diego County Mental Health Services, Community Research Foundation and grants from the Vista Hill foundation	White men and women	F	S			S	U
<p>Cost and Cost-Effectiveness of Hospital vs Residential Crisis Care for Patients Who Have Severe Serious Mental Illness (2002) <i>Wayne S. Fenton, Jeffrey S. Hoch, James M. Herrell, Loren Mosher, Liza Dixon</i></p> <p>Summary This study evaluates the cost and cost-effectiveness of a residential crisis program compared with treatment received in a general hospital psychiatric unit for patients who have serious mental illness in need of hospital-level care and who are willing to accept voluntary treatment.</p>	Bethesda, MD	Residential Crisis Program	Published by the Arch Gen Psychiatry, American Medical Association, Grant funded by the Community Support Program, Center for	White men and women, 32% nonwhite population	F	S				F

Study	Location	Program Type	Contributors	Population	Cost	Outcomes	Satisfaction	Accessibility	Diversion	L.O.S.
			Mental Health Services, Substance abuse, and mental Health Services Administration, and The Natural Sciences and Engineering Council of Canada, Ottawa, Ontario							
<p>Crisis Intervention Alternatives to Hospitalization: Why So Few? (1985) <i>David J. Rissmeyer</i></p> <p>Summary Research has shown that psychiatric hospitalization can be detrimental to patients. In an effort to combat the institutional syndrome, a number of community-based alternative stabilization programs have been developed. Studies have shown that these programs can be preferable to hospitals. In this overview article, the author will describe the common treatment elements of both hospitals and alternatives as well as contrast the settings of each in an effort to explain the seemingly greater value of alternative programs. Finally, the author will discuss some possible reasons for the continuing high populations in state hospitals and relatively small numbers of community-based alternatives. Article compares models of hospital use of medical model vs. CRU's emphasis on psychosocial model. The article explains how there was a financial default to psychiatric hospitals which</p>	Staunton, VA	Community-Based Alternative Stabilization programs	Published by Psychosocial Rehabilitation Journal				F			

Study	Location	Program Type	Contributors	Population	Cost	Outcomes	Satisfaction	Accessibility	Diversion	L.O.S.
creates a funnel towards the hospital instead of an alternative setting.										
<p>Residential alternatives to acute psychiatric hospital admission: systematic review (2009) <i>Brynmor Lloyd-Evans, Mike Slade, Dorota Jagielska, Sonia Johnson</i></p> <p>Summary Reducing use of hospital wards and improving their quality are central aims of mental health service policy. However, no comprehensive synthesis is available of evidence on residential alternatives to standard acute psychiatric wards. More research is needed to establish the effectiveness of service models and target populations for residential alternatives to standard acute wards. Community-based residential crisis services may provide a feasible and acceptable alternative to hospital admission for some people with acute mental illness.</p>	London, UK	Residential Alternatives	Published by The British Journal of Psychiatry		F	S	F			
<p>A Randomized Trial of a Mental Health Consumer-Managed Alternative to Civil Commitment for Acute Psychiatric Crisis (2008) <i>Thomas K. Greenfield, Beth C. Stoneking, Keith Humphreys, Evan Sundby, Jason Bond</i></p> <p>Summary This experiment compared the effectiveness of an unlocked, mental health consumer-managed, crisis residential program (CRP) to a locked, inpatient psychiatric facility (LIPF) for adults civilly committed for severe psychiatric problems. Following screening and informed consent, participants (n = 393) were randomized to the CRP or the LIPF and interviewed at baseline and at 30-day, 6-month, and 1-year post admission. Outcomes were costs, level of functioning, psychiatric symptoms, self-esteem, enrichment, and service satisfaction. Treatment outcomes were compared using hierarchical linear models. Participants in the CRP experienced significantly greater</p>	Emeryville, CA	Crisis residential program	Published by the American Journal of Community Psychology	Young, racially diverse, men and women	S	F	F			

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improvement on interviewer-rated and self-reported psychopathology than did participants in the LIPF condition; service satisfaction was dramatically higher in the CRP condition. CRP-style facilities are a viable alternative to psychiatric hospitalization for many individuals facing civil commitment										
<p>A Randomized Trial of Short-Term Acute Residential Treatment for Veteran (2005) <i>William B. Hawthorne, Elizabeth E. Green, Todd Gilmer, Piedad Garcia, Richard L. Hough, Martin Lee, Linda Hammond, James B. Lohr</i></p> <p>Summary A variety of alternatives to acute psychiatric hospital care have been developed over the past several decades. including San Diego’s short-term acute residential treatment (START) program, now comprising a certified and accredited network of six facilities with a total of 75 beds. This study compared outcomes, patient satisfaction, and episode costs for a sample of 99 veterans who received acute care either at an inpatient unit at a Department of Veterans Affairs (VA) hospital or at a START facility</p>	San Diego, California	Short-Term acute residential treatment programs	Grand funded by Health Services Research and Development Service of the Veterans Health Administration	Mostly male Veterans			F		S	S
<p>In-patient and residential alternatives to standard acute psychiatric wards in England (2009) <i>Sonia Johnson, Helen Gilbert, Brynmore Lloyd-Evans, David P.J. Osborn, Jed Boardman, Morven Leese, Geoff Shepartd, Graham Thornicroft, Mike Slade</i></p> <p>Summary The aims of this study were to identify all in-patient and residential alternatives to standard acute psychiatric wards in England, to develop a typology of such services and to describe their distribution and clinical populations. Alternatives to standard acute psychiatric wards represent an important, but previously undocumented and unevaluated, sector of the</p>	England	Residential Alternatives	National Institute for Health Research (NIHR) Service Delivery and Organisation Programme	White				F		

Study	Location	Program Type	Contributors	Population	Cost	Outcomes	Satisfaction	Accessibility	Diversion	L.O.S.
<p>mental health economy. Further evidence is needed to assess whether they can improve the quality of acute in-patient care. The study describes the services offered in England but does not discuss findings or comparisons to psychiatric hospitals. Meaning, the study acknowledges the benefits of expanded crisis continuum but does not offer exploratory research in how crisis residential services compare to other settings.</p>										
<p>Mental Hospitals and Alternative Care (1982) <i>Charles A. Kiesler</i></p> <p><u>Summary</u> In spite of a national policy of deinstitutionalization and outpatient care, the episodic rate of hospitalizing mental patients has increased in the last 20 years. This article reviews 10 studies in which serious psychiatric patients were randomly assigned to either inpatient care or some alternative mode of outpatient care (non-institutionalization). In no case were the outcomes of hospitalization more positive than alternative treatment. Typically, the alternative care was more effective regarding such outcome variables as psychiatric evaluation, probability of subsequent employment, independent living arrangements, and staying in school, as well as being decidedly less expensive. In aggregate, the studies provide clear evidence of the self-perpetuation of hospitalization in mental patients. Hospitalized patients were more likely to be readmitted to the hospital than were alternative care patients ever to be admitted. Implications for non-institutionalization as public policy seem clear. Various limitations of this work for policy may be overcome by more extensive research oriented specifically to the policy issues.</p>	Pittsburg, PA	Alternative Care	Published by the American Psychologist	Varied between studies	F	S			F	
<p>The cost of treatment of psychiatric emergencies: a comparison of hospital and community services (1996) <i>S. Merson, P. Tyrer, D. Carlen, T. Johnson</i></p> <p><u>Summary</u></p>	London, UK	Community services	Academic Department of Community Psychiatry, St.	Mostly young to middle aged, single white	F	S				

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<p>This study aimed to compare the costs of treatment by community-based and hospital-based psychiatric services. Their use of a range of items of service was recorded and disaggregated costings of these items of service was calculated. The use of non-psychiatric services was similar for both groups, but the use of psychiatric services differed, with the hospital group making greater use of in-patient beds and the community group employing more frequent home-based interventions. The total cost of treatment for the community group was much lower than for the hospital group, although the median patient cost was 50% higher in the community group, and a greater portion of the community expenditure was due to failed contacts. Taken together with clinical outcome, which showed no advantages for the hospital-based service over the community-based service, our findings suggest that this form of community psychiatry service is a cost-efficient alternative to hospital-based care for this group of patients.</p>			Mary's Hospital Medical school and St. Charles Hospital London,	women. Varied population						
<p>Guest Experiences of Maytree During and After Their Stay (2012) <i>Stephen Briggs, Hannah Linford, Anna Harvey</i></p> <p>Summary The study was designed to measure the guest experience while staying at the Maytree. Data was mixed between quantitative and qualitative interviews. The Maytree found favorable experiences at the Maytree. Most participants had reduced suicidality, and many had no longer suicidal feelings. Some participants (14%) were still suicidal or had no change in their suicidality.</p>	UK	Overnight Respite, single service study	University of East London and Tavistock Clinic, UK	Mostly females. All participants in Maytree program		F	F			
<p>Randomized Trial of General Hospital and Residential Alternative Care for Patients with Severe and Persistent Mental Illness (1998)</p>		Residential Alternative Care	American Journal Psychiatry	Mostly white females		S	S			U

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<p><i>Wayne S. Fenton, Loren R. Mosher, James M. Herrell, Crystal R. Blyler</i></p> <p>Summary The authors report a prospective randomized trial to test the clinical effectiveness of a model of acute residential alternative treatment for patients with persistent mental illness requiring hospital-level care. Hospitalization is a frequent and high-cost consequence of severe mental illness. For patients who do not require intensive general medical intervention and are willing to accept voluntary treatment, the alternative program model studied provides outcomes comparable to those of hospital care.</p>										
<p>Residential Crisis Units. Are We Missing Out on A Good Idea? (2004) <i>Laura McCabe, Dale Butterill, Paula Goering</i></p> <p>Summary This paper reviews the RCU literature base and finds good evidence of the ability of RCU's to function as alternatives to hospitalization for many consumers with equivalent effectiveness and for significantly less cost. Using two crisis units as case examples as well as key informant interviews, this paper explores factors affecting the lack of dissemination and potential barriers to the growth of the CRU model. The two units are the Seneca House and the Gerstein Centre. Other research is used to explore the complexity of RCU's and the political involvement behind them.</p>	Toronto, Canada	Short term support, Residential Crisis Units	Canadian Journal of Community Mental Health		F	S	S			
<p>Deinstitutionalization of Psychiatric Patients, a Critical Review Study (1981) <i>P Braun, G Kochansky, R Shapiro, S Greenburg, J Gudeman, S Johnson, and M Shore</i></p> <p>Summary</p>		Review of Studies	American Journal Psychiatry		F					

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<p>The authors performed a critical review of experimental studies on the outcomes for psychiatric patients of 1) alternatives to hospital admission, 2) modifications of conventional hospitalization, and 3) alternatives to continued long-term hospitalization. Experimental alternatives to hospital care of patients have led to psychiatric outcomes not different from and occasionally superior to those of patients in control groups. This conclusion is best supported for alternatives to admission and for modifications of conventional hospitalization.</p>										
<p>Cost-Effectiveness of Providing Insurance Benefits for Posthospital Psychiatric Halfway House Stays (1990) <i>Coursey, R., Ward-Alexander, L., and Katz, B.</i></p> <p><u>Summary</u> A model insurance benefit package for post- hospitalization psychiatric halfway house care was developed and administered to 32 hospitalized mentally ill persons. The therapeutic and cost effectiveness of providing a 120-day benefit package was examined over a 14-month posthospitalization period This was compared with the effectiveness of hospitalization benefits alone for the same patients over the 42 months prior to halfway house admission. In terms of therapeutic efficacy, there was no significant deterioration after hospitalization release in either the symptom or behavioral coping scales, except for an increase in somatization. Yearly hospital recidivism rates fell from 79% to 29%, and the average yearly length of hospital stay per patient fell from 83 days to 18 days. In terms of cost-effectiveness, halfway house benefits saved the insurers 59% of their hospitalization costs. The implications of these findings are discussed</p>	Maryland, US	Post-hospital psychiatric halfway houses	Blue Cross Blue Shield of Maryland		F				F	

Study	Location	Program Type	Contributors	Population	Cost	Outcomes	Satisfaction	Accessibility	Diversion	L.O.S.
<p>The Relationship between Residential Treatment and Supported Housing in a Community System of Services (1990) <i>Fields, S.</i></p> <p>Summary A full range of residential treatment programs and the widespread availability of affordable, permanent supported housing are both essential elements of a fully delineated system of community services for individuals with psychiatric disabilities. Residential treatment programs are not housing resources. Each level of residential treatment is designed to prevent the use of institutional care for clients who would otherwise remain in hospitals, skilled nursing facilities, or jails. This article discusses the role of residential treatment services in a system of care which includes supported housing.</p>	San Francisco and Napa counties, CA, US	Residential treatment programs	Progress Foundation						F	
<p>The Growth and Specialization of Emergency Psychiatry (1995) <i>Fields, S and Weisman, G.</i></p> <p>Summary This article reviews La Posada an alternative to psychiatric hospitalization. It offers insight into the role of alternatives and how they operate or provide care.</p>	La Posada, San Francisco, CA, US	Alternatives to psychiatric hospitalization	Progress Foundation		F	F			F	F
<p>Public and Professional Myths about Mental Hospitalization: An Empirical Reassessment of Policy-Related Beliefs (1982) <i>Keisler, C.</i></p> <p>Summary This article focuses on national data relevant to the following questions: (a) To what extent is mental hospitalization effective? (b) How many people are hospitalized for mental disorders yearly? (c) Has the rate of mental hospitalization been stable or rising in recent years? (d) What is the length of an</p>		Psychiatric Hospitals			F	S				

Study	Location	Program Type	Contributors	Population	Cost	Outcomes	Satisfaction	Accessibility	Diversion	L.O.S.
<p>inpatient episode and is it changing? (e) Has the rate of rehospitalization been rising? (f) What proportion of total hospital days are for mental disorders? The article suggests that a set of beliefs or myths about mental hospitalization exists that is not supported by national data. The article is an overview of hospital trends in the 1960s and 1970s. As for crisis residential, the article speaks on behalf of a lack of a mh continuum of care. The article proposes that there are successful alternative treatments. It was written before any successful and comprehensive studies had been conducted on alternatives.</p>										
<p>Alternatives to Psychiatric Hospitalization: Why has Research Failed to be Translated into Practice? (1983) <i>Mosher, L.</i></p> <p><u>Summary</u> This article reviews why the MH world has not attached itself to crisis residential or hospital alternatives even if they have better outcomes. The article would be good to use to understand barriers in the 1980s to a transition into hospital alternatives.</p>					F	S				
<p>Community Residential Treatment for Schizophrenia: Two Year Follow Up (1978) <i>Mosher, L. and Menn, A.</i></p> <p><u>Summary</u> The study compares Soteria House, a nonmedical, psychosocial program to short stay crisis oriented in patient service in a CMHC. The main difference is the models used (non-medical vs. medical) and the use of antipsychotic drugs (Soteria using minimal drugs vs. control group having medications as primary treatment).</p>	Palo Alto, CA, US	Soteria House		Young, newly diagnosed, unmarried, patients with Schizophrenia		F			S	U
<p>Characteristics of non-professionals serving as primary therapists for acute schizophrenics (1973) <i>Mosher, L., Reifman, A. and Menn, A.</i></p>	California	Soteria House				F			F	

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<p>Summary The authors of this article review the characteristics of staff working at Soteria House, a community-based alternative to a CMHC that serves consumers with Schizophrenia.</p>										
<p>Day Hospital/Crisis Respite Care versus Inpatient Care, Part I: Clinical Outcomes. (1996) <i>Sledge, W., Tebes, J., Rakfeldt, J., Davidson, L., Lyons, L., and Druss, B.</i></p> <p>Summary The authors investigated the clinical feasibility and the outcomes for patients of a program designed as an alternative to acute hospitalization.</p>	New Haven, CT, US	Day Hospital/Crisis Respite				S			S	
<p>Day Hospital/Crisis Respite Care Versus Inpatient Care, Part II: Service Utilization and Costs (1996) <i>Sledge, W., Tebes, J., Wolff, N., and Helminiak, T.</i></p> <p>Summary The authors compared service utilization and cost for acutely ill psychiatric patients treatment in a day hospital/crisis respite program or in a hospital inpatient program.</p>	New Haven, CT, US	Day Hospital/Crisis Respite			F					
<p>The Fairweather Mental Health Housing Model—A Peer Supportive Environment: Implications for Psychiatric Rehabilitation (2007) <i>Haertl, Kristine</i></p> <p>Summary The Fairweather mental health housing model’s basic tenets of peer support, empowerment, community, and productive work align well with recovery models. This article outlines the major principles of the model, recent research, fidelity standards, and outcomes supporting the model. A case site example is presented, along with a discussion regarding implications for future research and development of the model.</p>		Peer Support				F	F		F	

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This article would be helpful to guide program development using peers and the Fairweather model.										
<p>The Residential Care Alternative for the Acutely Psychotic Patient (2011) <i>Lichtenberg, P</i></p> <p><u>Summary</u> This article reviews history of MH policy and how its evolution led to programs like Soteria. Various programs and their histories are reviewed. Models differ from program to program but all programs are alternatives to hospitalization. The research is mostly a qualitative review of programs and their models and histories.</p>		Alternatives to Hospitalization			F	S				
<p>Residential alternatives to acute in-patient care in England: satisfaction, ward atmosphere and service user experiences (2010) <i>Osborn, D., Lloyd-Evans, B., Johnson, S., Gilbert, H., Byford, S., Leese, M., Slade, M.</i></p> <p><u>Summary</u> The authors in this study compared satisfaction and experience of admission in residential alternative services and standard services in England. Patient satisfaction, ward atmosphere and perceived coercion were evaluated using validated measures.</p>	UK	Alternatives to in-patient services					F			
<p>Effectiveness and cost-effectiveness of admissions to women's crisis houses compared with traditional psychiatric wards: pilot patient -preference randomized controlled trial (2010) <i>Howard, L., Flach, C., Leese, M., Byford, S., Killaspy, H., Cole, L., Betts, J., Sharac, J., Cutting, P., McNicholas, S., and Johnson, S.</i></p> <p><u>Summary</u> The authors in this study examine the effectiveness and cost-effectiveness of women's crisis houses using a patient-preference randomized controlled trial of women presenting in</p>	UK	Women's Crisis Houses vs. Psychiatric wards		Women	F	S	F			

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crisis who would either be admitted to a crisis house or a psychiatric hospital.										
<p>Clinical and Cost-Effectiveness of Acute and Subacute Residential Mental Health Services: A Systematic Review (2013) <i>Thomas, K., Rickwood, D.</i></p> <p>Summary This article is a systematic review of literature. Outcomes from quantitative studies and themes from qualitative studies were collected.</p>		Alternative Services			F	S	F		S	
<p>Long-term outcomes of psychodynamic residential treatment for severely disturbed young adults: A naturalistic study at a Swedish therapeutic community (2011) <i>Werbart, A., Forsstrom, D., Jeanneau, M.</i></p> <p>Summary The purpose of this study was to evaluate the effectiveness of a highly specialized and intensive treatment approach, integrating milieu therapy and inpatient long-term psychodynamic psychotherapy for young adult patients with severe personality disorders.</p>	Sweden	Psychodynamic residential treatment				F				