

ACT 195: potential impacts on the Designated Agency system of care.

Outpatient departments in the DA system are the most likely to be impacted by implementation of Act 195. These programs can provide front line services, including screening and assessment as well as treatment to people in pretrial services. Increasingly, outpatient programs provide community based services, case management and care coordination to individuals involved with criminal justice. We see people throughout the five points of the sequential intercept model, from initial involvement with police to community programming at the point of re-entry. Thus, we are well positioned to provide the services that will be needed as this law is being implemented. An example of the type of program that has been developed is the Collaborative Systems Integration Project (CSIP) at WCMHS. However, there are parallel services in other Designated Agencies such as the Sparrow Project in Windsor County and the Criminal Justice Programs at the HowardCenter in Burlington. Below is a brief description of CSIP.

Overview of the Project

The Collaborative Systems Integration Project (CSIP) provides a wide range of community based services through outreach and case management to an unconnected and disenfranchised segment of our community population. CSIP provides a variety of services targeted for individuals who are at risk of involvement with the Department of Corrections or are currently involved with DOC. The program provides an Intensive Outreach Case Manager to provide therapeutic case management using the APIC model (Osher, Steadman and Barr, 2003) calling for an *assessment* of clinical and social needs, *planning* for those needs, *identification* of programs for these services, and finally the *coordination* of those needs. The case manager meets clients in the community or correctional facility, relationships are built and goals are established along with the strategies to meet these goals. The client and case manager work together to establish routines, formal (e.g., referrals to psychiatric, psychological, and substance abuse providers, as well as providers who promote financial stability) and informal connections (e.g., peer support groups), and skills that promote the clients' health and success in the community.

Intensive outreach is provided to clients at homeless shelters, community meals, probation offices, motels, homeless 'tent cities' and police departments in an effort to connect individuals with mental health and substance abuse services or community supports through community providers. Services are provided in collaboration with community partners specific to the client's needs and the services these community partners provide. Utilizing the Sequential Intercept Model (Griffen and Munetz, National Gains Center, 2009) CSIP offers supports for those simply "on the radar" through re-entry into the community from prison, on probation and even those who are no longer under any supervision of any kind. CSIP clients include a number of Severely Functionally Impaired (SFI) designated individuals. Clients are engaged wherever they are located, feel comfortable or secure, whether that is in their home, the community shelters, community meals or prison.

Referrals are welcomed from any source, whether it's a community partner agencies, another client, or a self-referral. The program recognizes a 'no wrong door' approach to accessing services thus eliminating a potential barrier for clients. Referral sources include The Department of Probation and Parole, police departments, local churches, homeless shelters, WCMHS

Emergency Screeners, Mental Health clinicians, Community Action, various local attorneys, level 3 community care homes, Central Vermont Hospital (CVH) and Central Vermont Substance Abuse Services (CVSAS), among others.

The CSIP Re-entry House was developed in order to support individuals leaving prison and re-entering the community. The residence supports up to three clients, in a positive, pro-social supportive environment with twenty-four hours/day, seven days/week staffing.

An ongoing open men's discussion group meets weekly at a local church. The group discusses issues impacting participants - their interpersonal relationships, stress and anger management issues, and their involvement with the criminal justice system. The group averages five to six men attending each week and have had twenty six different men attend at least one group during the last fiscal year.

Currently, the program is developing the capacity to offer CSIP clients the opportunity to pursue wellness and self-care by opening a fitness center/weight room at our Summer Street location.

During FY 2014 68 men were referred to CSIP and attempts were made to connect with everyone. Fifty-eight were successfully contacted and 42 engaged in the program services.

Intercept Point

Over 95% of fully engaged clients had experienced prior involvement with the criminal justice system, as did 86% of all clients engaged in any level of treatment. Information was collected from participants regarding their intercept point. Upon initiation of services, 32% of fully engaged men were from intercept point 5, probation or community supervision; 14% from point 2, and 14% from point 4. This year there was a thirty-six percent increase in clients from an older demographic than previously encountered who had been involved in the criminal justice system in their past and were now struggling to remain in the community without any type of supervision. Only one client had no involvement with the criminal justice system at all.

All of the clients engaged in the CSIP Program had co-occurring mental health and substance abuse disorders. Among the diagnoses were included but not limited to Generalized Anxiety Disorder, Major Depressive Disorder, Post-Traumatic Stress Disorder, Schizophrenia, Bipolar Disorder, Personality Disorders, Borderline Personality Disorder, Anti-Social Personality Disorder, Oppositional Defiant Disorder, Attention Deficit Disorder, Opioid and Alcohol Dependence, and Borderline Intellectual Functioning.

Outcomes

Seventy-two percent of engaged clients demonstrated increased independence in self-management as measured by the Self Sufficiency Matrix. One individual (2%) received new charges, and two (4%) had violations of conditions of release.

During this fiscal year July 1-December 31 there have been 46 new referrals. Contacts were made with all referrals. Twenty-nine referrals engaged. As of December 23 individuals were on the intensive case management case load.

CSIP and its sister programs in Chittenden and Windsor County are slated for a 100% cut in the coming fiscal year.

In the Adult Outpatient Program at WC between 20-25% of our clients are self-pay. They either have no insurance or high deductible plans that require that they pay out of pocket for all but catastrophic care. The population described above are in need of an array of services that the DA's are structured to provide. However, if our funding is cut, the very services that make CSIP and programs like it unique and successful will not be available.

Margaret Joyal, Director
Outpatient Services, WCMHS
Co-Chair, Adult Outpatient Group
Council of Developmental and Mental Health Services