



Vermont's Designated Community Mental Health System

A Close Up of HCRS' Criminal Justice Programs

January 31, 2017



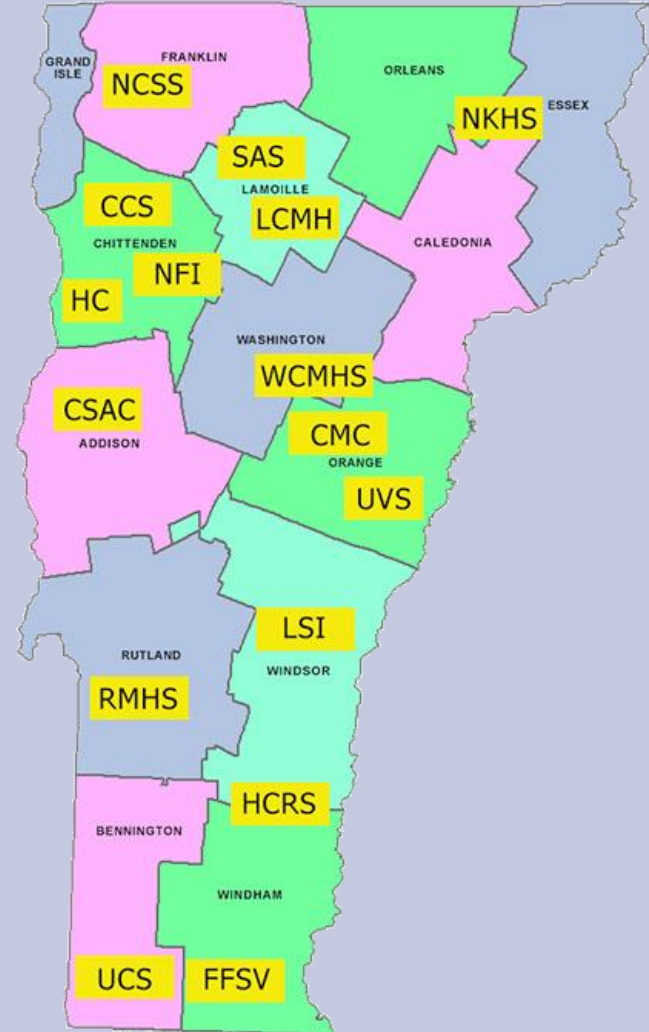
Designated & Specialized Service Agencies

Designated Agencies

Clara Martin Center (MH only)
Counseling Services of Addison County
Health Care and Rehabilitation Services
Howard Center
Lamoille Mental Health Services
Northwest Counseling and Support Services
Northeast Kingdom Human Services
Rutland Mental Health Services
United Counseling Services
Upper Valley Services (DS only)
Washington County Mental Health Services

Specialized Service Agencies

Champlain Community Services (DS only)
Families First (DS only)
Lincoln Street Inc. (DS only)
Northeast Family Institute (MH youth only)
Sterling Area Services (DS only)



Size & Scope of DA System

- 13,412 Vermonters work for the Agencies as either employees or contractors
- In FY15 Agencies had a total cost of \$262,498,664 for employees and in-state contractors
- Agencies directly serve approximately 35,000 clients and “touch” at least 50,000 through all of our programs even though some are not registered as clients

Community Programs

| Program | Description |
|---|---|
| Adult Outpatient (AOP) | Provides services for adults who do not have prolonged serious disabilities but who are experiencing emotional, behavioral, or adjustment problems severe enough to warrant professional attention |
| Community Rehabilitation and Treatment (CRT)* | Provides services for adults with severe and persistent mental illness |
| Developmental Disabilities Services * | DDS provides comprehensive supports for children and adults who meet Vermont's definition of developmental disability and a funding priority as identified in the State System of Care Plan. Services may include home supports, respite, employment and community supports, clinical services, transportation, and/or family support. Service coordination ties all services and support needed by an individual |
| Children and Families (C&F)* | Provide services to children and families who are undergoing emotional or psychological distress or are having problems adjusting to changing life situations. |
| Emergency Services | Serves individuals who are experiencing an acute mental health crisis. These services are provided on a 24-hour a day, 7-day-per-week basis with both telephone and face-to-face services available as needed. |
| Advocacy and Peer Services | Broad array of support services provided by trained peers (a person who has experienced a mental health condition or psychiatric disability) or peer-managed organizations focused on helping individuals with mental health and other co-occurring conditions to support recovery |

Challenges We Face

For the people we serve

- Social factors leading to criminal justice involvement
 - Poverty
 - Homelessness
 - Unemployment
 - Lack of transportation
- Mental health, developmental disability, and substance abuse issues
- Access to health care/dental services
- Aligning with healthy peer supports
- Stigma/discrimination

Challenges We Face

In our system

- Stable trained workforce
- Underfunded community mental health system
- Successful local projects not being appropriately funded
- Stigma/discrimination

Building Bridges Back to the Community



Statewide & Local Planning Efforts

- Tri-Branch Task Force
- Act 80 Advisory Board / Law Enforcement Training
- Team Two Training
- Commission on Offenders/Mental Illness
- Statewide Recidivism Reduction Grant Workgroup
 - Collaborative Re-entry Work for Furloughees
- Local Adult Interagency Teams – Re-entry Teams

On the Ground in Windsor County

Sequential Intercept Model – Criminal Justice Continuum

Level 1

Law Enforcement & Emergency Services (Pre-Charge)

- Public Inebriate Program
- Crisis Team
- Police Social Work Program

Level 2

Post Arrest: Initial Detention & Initial Hearings

- Sparrow Program
- Pre Trial Monitors

Level 3

Post Initial Hearings: Jail, Courts, Forensic Evaluations & Commitments

- Probation and parole
- Halls of Hope, Grafton, NH Mental Health Court

Level 4

Reentry from Jail, Prison, and Forensic Hospitalization

- Adult LIT / Re-entry Teams
- Moral Reconciliation Therapy

Level 5

Community Corrections and Community Supports

- Mental Health/Substance Abuse Treatment
- Dept. of Corrections / Probation & Parole
- Moral Reconciliation Therapy

HCRS' Police Social Work Program

- Police Liaison's, along with Crisis Team, provide co-response with 2 Vermont State police barracks, 2 sheriff's departments, and 10 municipal police departments
- Police Liaisons work alongside law enforcement officers to connect community members to services and supports
- Mobile outreach and response to critical incidents
- Screening for mental health, substance abuse, and social service needs
- De-escalation and early intervention
- Referral to community resources

Police Social Work Program Impact

- Mental health emergencies
- Substance related calls
- Domestic violence
- Child abuse and neglect in collaboration with DCF, Family Services
- Critical incident response and debriefing
- Homelessness
- School related Issues (bullying, absenteeism)
- 553 people served in FY16

“Your tireless work here has advanced the relationships/ collaboration that is the cornerstone of community policing.”

-Chief Phil Kasten, Harford Police Department

“The Police Social Worker was instrumental in helping [the Brattleboro Police Department] take second place in the International Association of Chief’s of Police’s annual community policing award.”

-Lt. Bob Perkins (Brattleboro Police Department)

Sparrow Project Court Program

- Based on a solid, collaborative framework with one goal – interrupt cycles of recidivism and less time involved in Corrections
- Post arraignment / pre sentencing
- Participants 18 and older
- Non-violent criminal charges
- Identified substance abuse and/or mental health issues
- Case management, support, referral, and advocacy
- Assist people to learn skills to make good decisions
- Participation in the program may be considered by the judge
- To date, 354 referrals
- Since funding has ended, looking to redesign program
- Continue to look at adapting to best practice standards

DUI Docket Court Program

- Collaborative model with courts, probation & parole, HCRS, and law enforcement
- 18-24 month intensive treatment program for high risk
- Post sentencing for individuals with DUI, 3, 4, and above
- Heightened supervision
- Meet eligibility – severe alcohol use disorder
- Help to interrupt the cycle of recidivism
- Incentives and sanctions
- 11 graduates since 2014
- 14 active participants with 3 new referrals
- Designed to help people redesign their lives

“Something just clicked this time, it was the right time and the help was there.”

-DUI participant

River House Program

- 2-bed shared living community for men on furlough
- Live in house manager
- Transitional housing, average 9-12 months
- DOC supervision
- Case management and therapy
- Build skills for independence
- 5 of 7 participants have successfully completed the program and are residing in the community
- 2 of the 5 participants continue to receive HCRS services post graduation

“This is the longest I have been able to keep it together, and it is because of the support that I get at the house.”

-River House resident

Moral Reconciliation Therapy

- Cognitive behavioral approach used in group counseling
- Seeks to decrease recidivism among criminal offenders
- Top 10 SAMHSA evidence-based practice
- Results: 2/3 decrease in recidivism after 6 months to 2 years
- Begins February 7 in Springfield

Community Success:

It Takes a Team



Strengths / Opportunities

- Vermont has been at the lead of innovative programming
- Wide array of successful pilot projects built on partnerships
- Tri-Branch Task Force and other efforts to build bridges between systems
- Community resources based on Recovery and coordinated systems
- Additional demand for services through law enforcement and court programs
- HCRS reduces risk of youth and adults becoming involved in criminal justice
- Services save the system dollars by keeping people in the community
 - Access to the right services
 - Removal of barriers to care

Thank you!

George Karabakakis, Ph.D., *CEO*

(802) 886-4560 ext. 2135

gkarabak@hcrs.org