

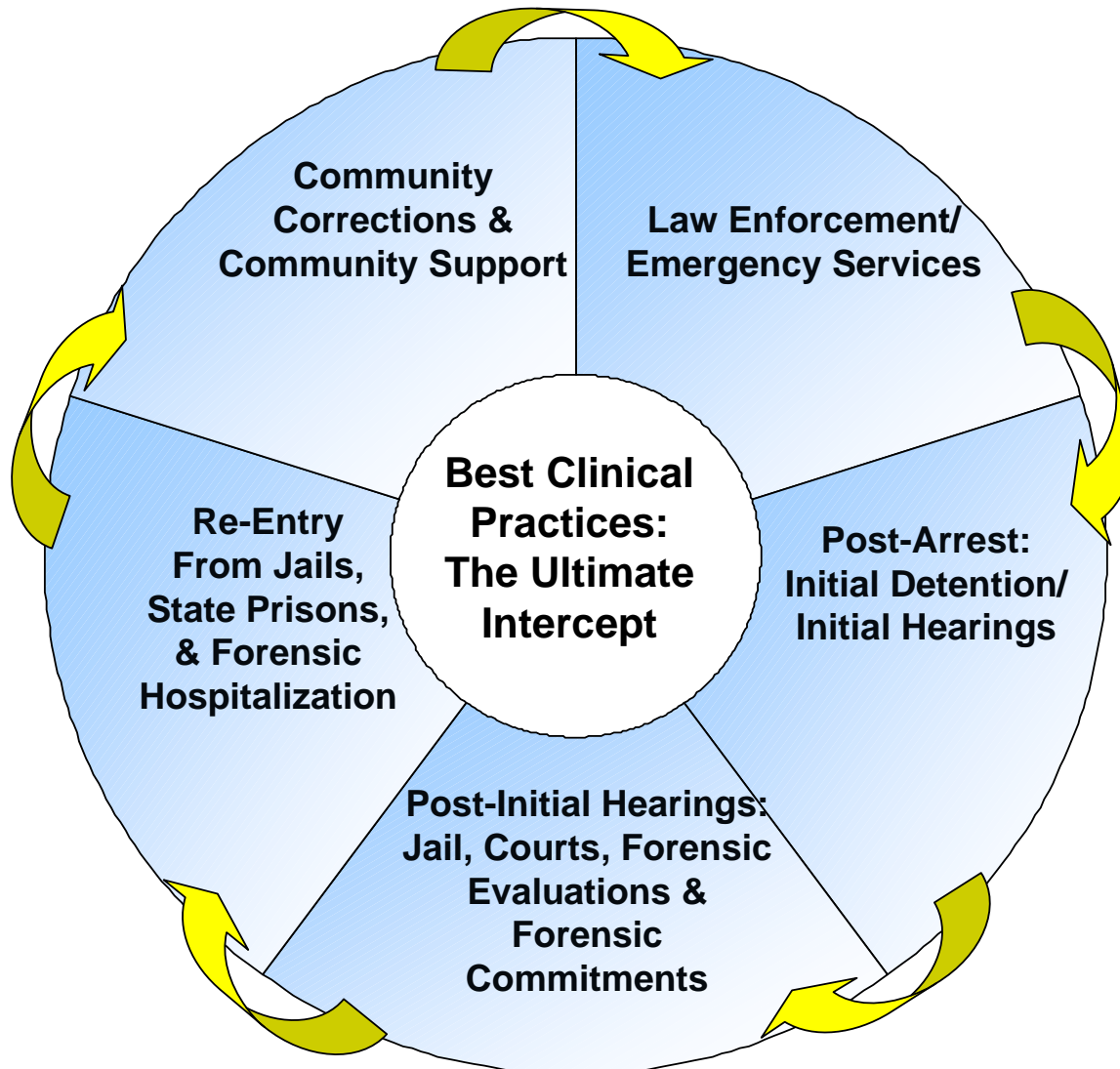
Mark Giuliano, LMSW
Director of Community Support
Westchester County
Department of Community Mental Health

Telephone: (914) 995-5239

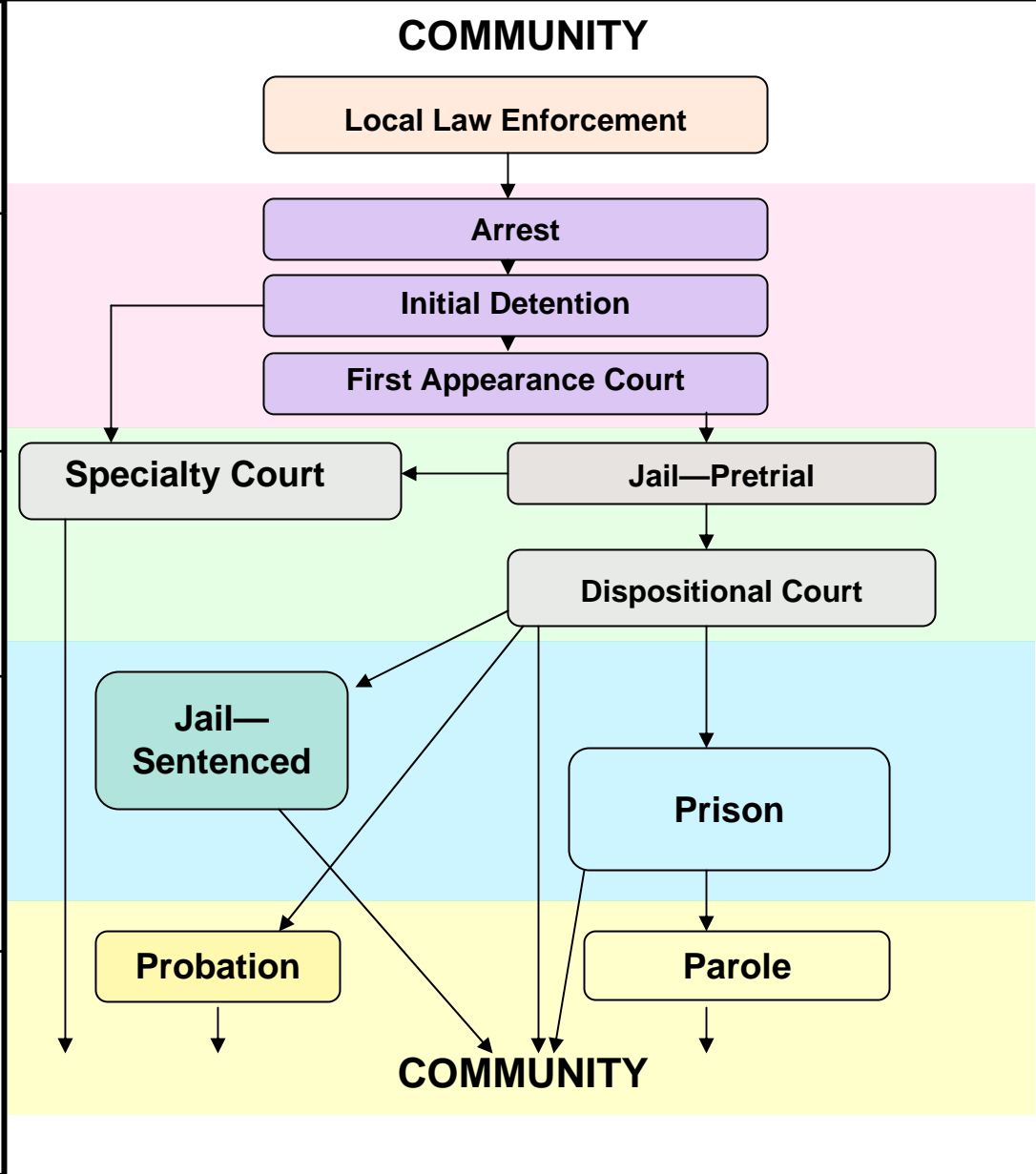
Fax: (914) 995-5872

Email: mrg3@westchestergov.com

SEQUENTIAL INTERCEPT MODEL: A CIRCULAR VIEW



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| Intercept 1 Law Enforcement Emergency Services |
| Intercept 2 Initial Detention Initial Court Hearing |
| Intercept 3 Jails/Court |
| Intercept 4 Re-Entry |
| Intercept 5 Community Corrections |



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| Intercept 1 Police MH Training Police MH Outreach St.Vincent's Crisis Team |
| Intercept 2 Suicide Prevention Crisis Intervention in County Jails and Police Lockups IMH Data Exchange |
| Intercept 3 CMHS Mental Health Court MHATI |
| Intercept 4 Probation MHU Transitional Services Medication Grant |
| Intercept 5 Forensic SCM Homeless Outreach Community Placement Team |

GOALS OF COLLABORATION

- The goals that we've informally established in our collaborative efforts include:
 - Increase community safety
 - Increase safety for people in crisis
 - Promote recovery for people with mental illness and co-occurring disorders

UNDERLYING THERAPEUTIC PRINCIPLES THROUGHOUT THE SEQUENTIAL INTERCEPT MODEL

- **Person Centered Approach**
 - Plans not only help the person comply with judicial mandates but incorporate the person's goals, hopes, and dreams
- **Motivational Interviewing**
 - Interventions create an environment that creates an appetite for change by resolving ambivalence, instilling hope and supporting self efficacy

POLICE MENTAL HEALTH COORDINATION AND OUTREACH

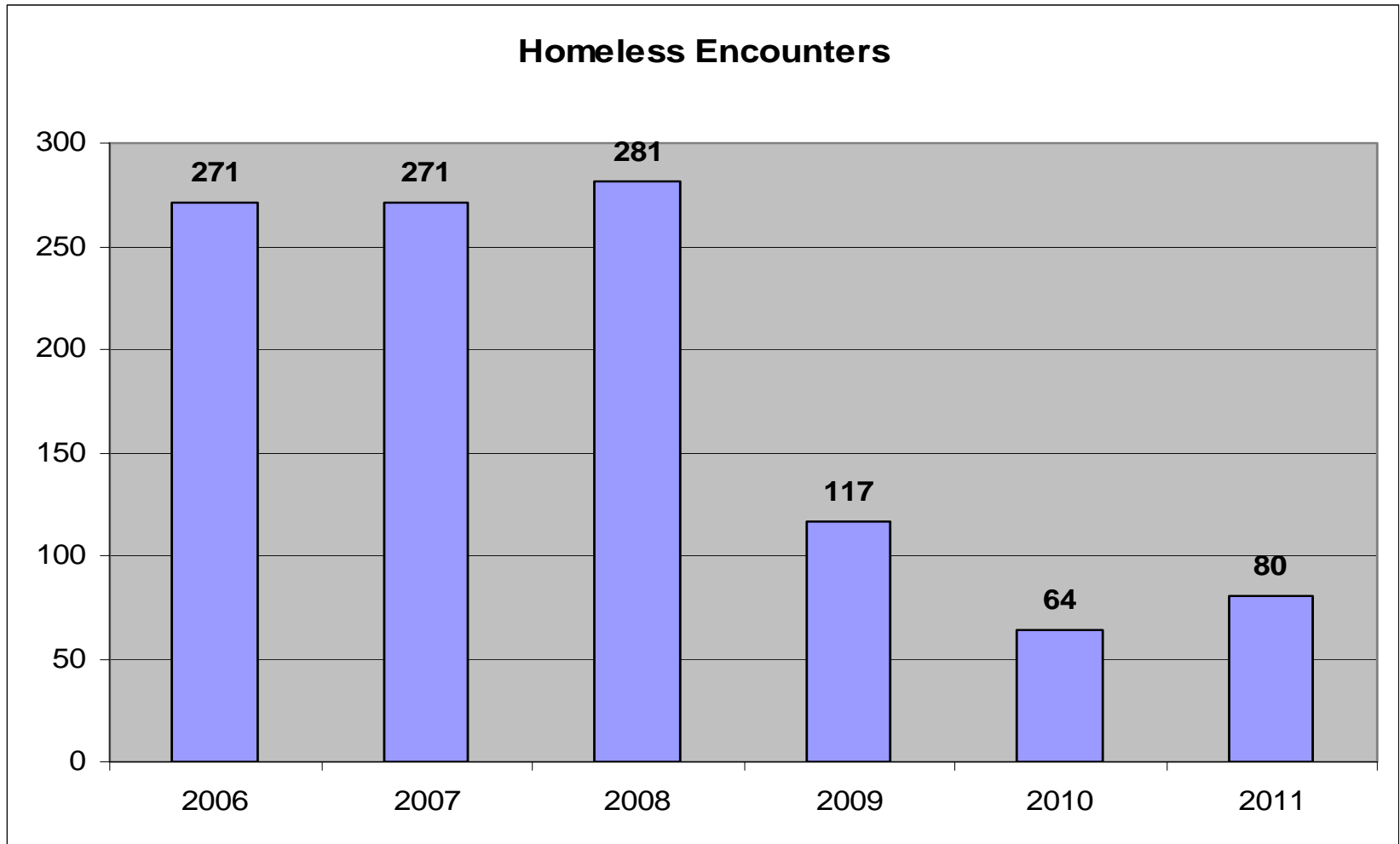
- The Westchester County Department of Community Mental Health has developed a collaborative partnership with the City of White Plains Office of Public Safety and the City of Yonkers Police Department 4th Precinct to intervene in the lives of people who may be considered emotionally disturbed.
- The core elements of intervention promote both officer safety and the safety of people in crisis and include:
 - Law enforcement training
 - Partnership with mental health resources
 - A new role for law enforcement officers as well as mental health professionals

White Plains Police Mental Health Outreach Team

- Since the formation of the Mental Health Outreach Team, encounters with people who were homeless have diminish
- There has been a shift in the perception of people who were homeless from “suspects” to people in crisis.
- Calls for service remained consistent but the police had to intervene only once on most occasions, therefore more people received intervention

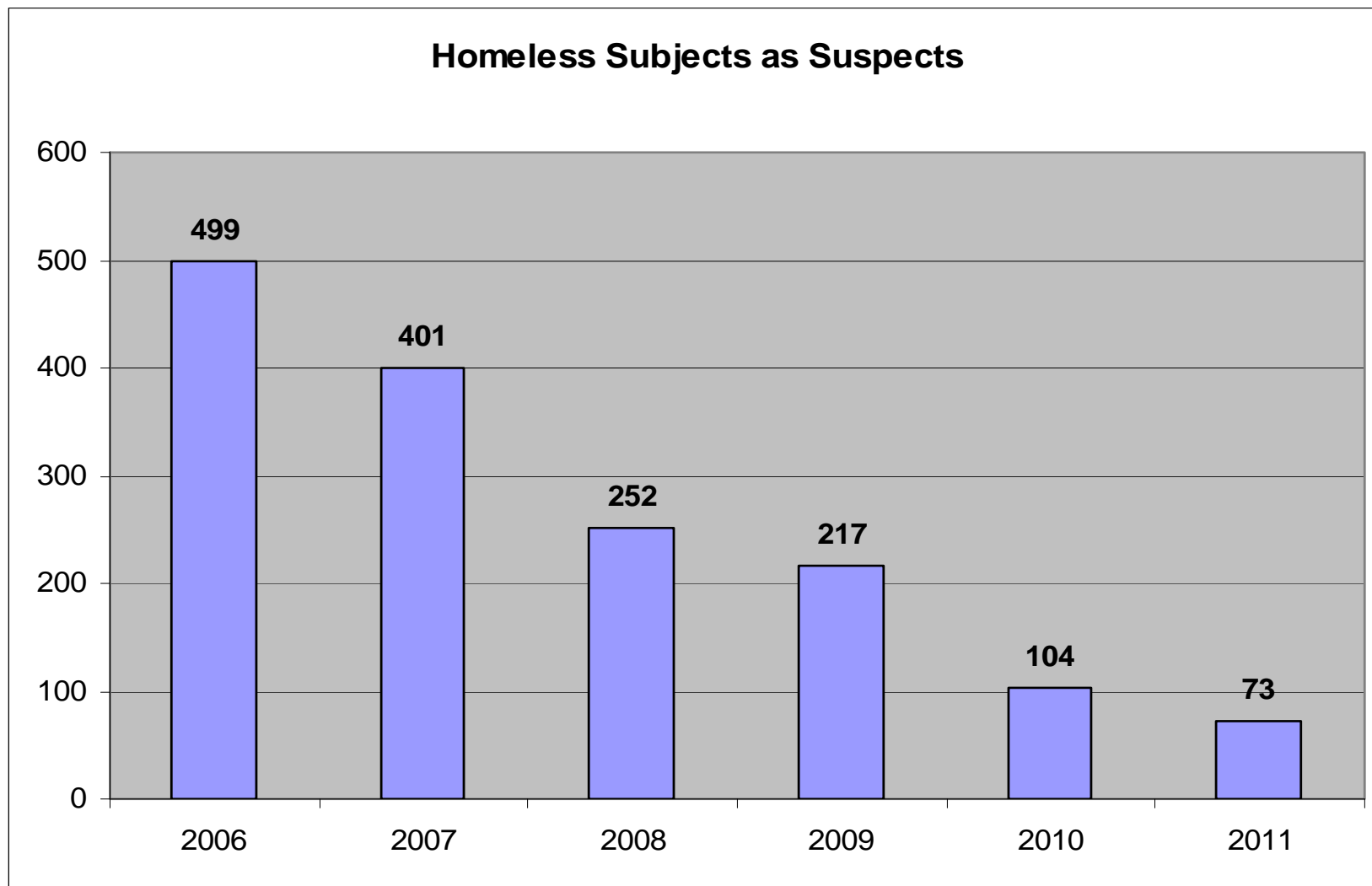
Street Encounters with Homeless

2006 – 271 2007 – 271 2008 – 150 2009- 248 2010 -64 2011-80



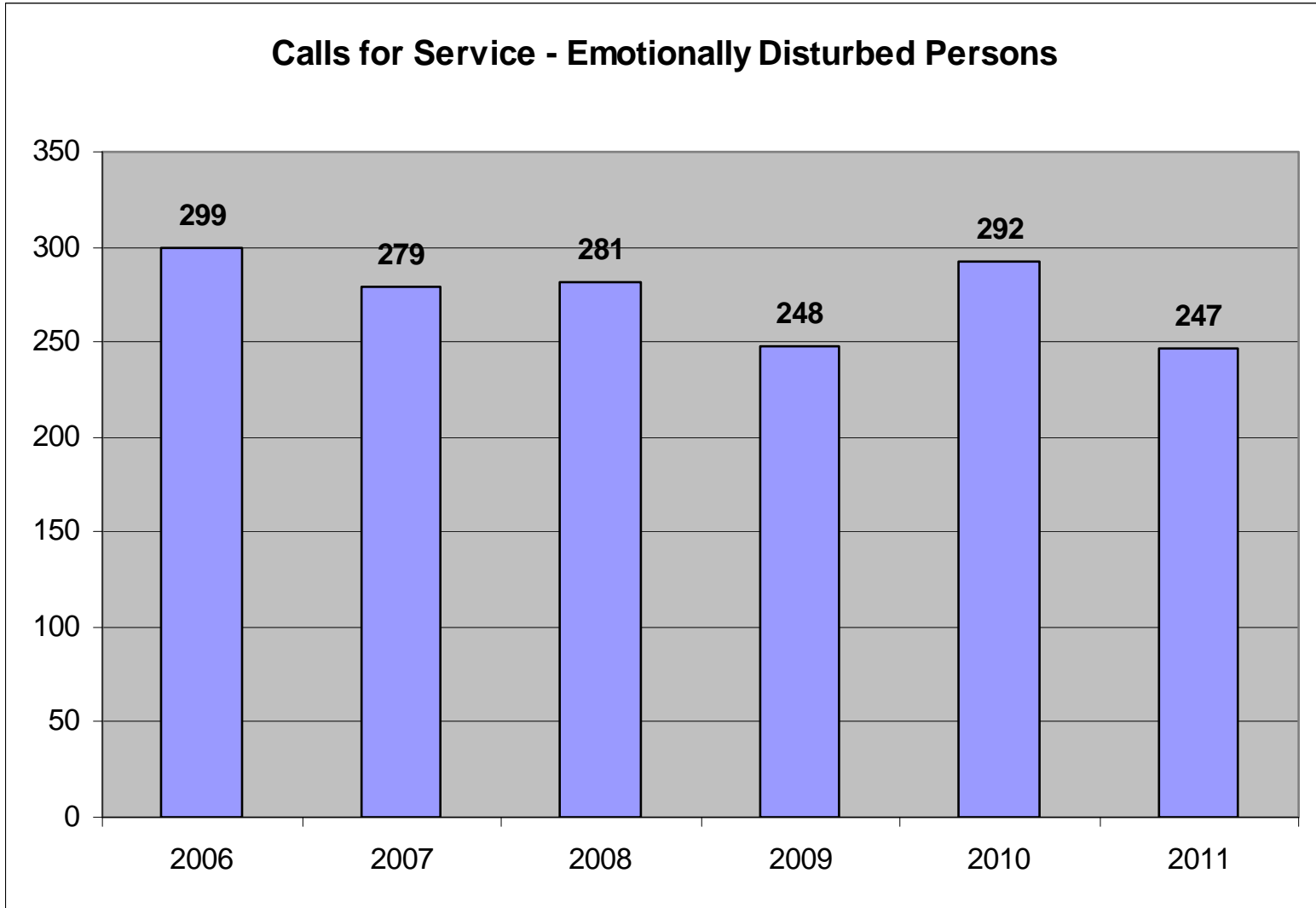
Homeless Subjects as “Suspects”

2006–499 2007–401 2008–252 2009 -217 2010-104 2011-73



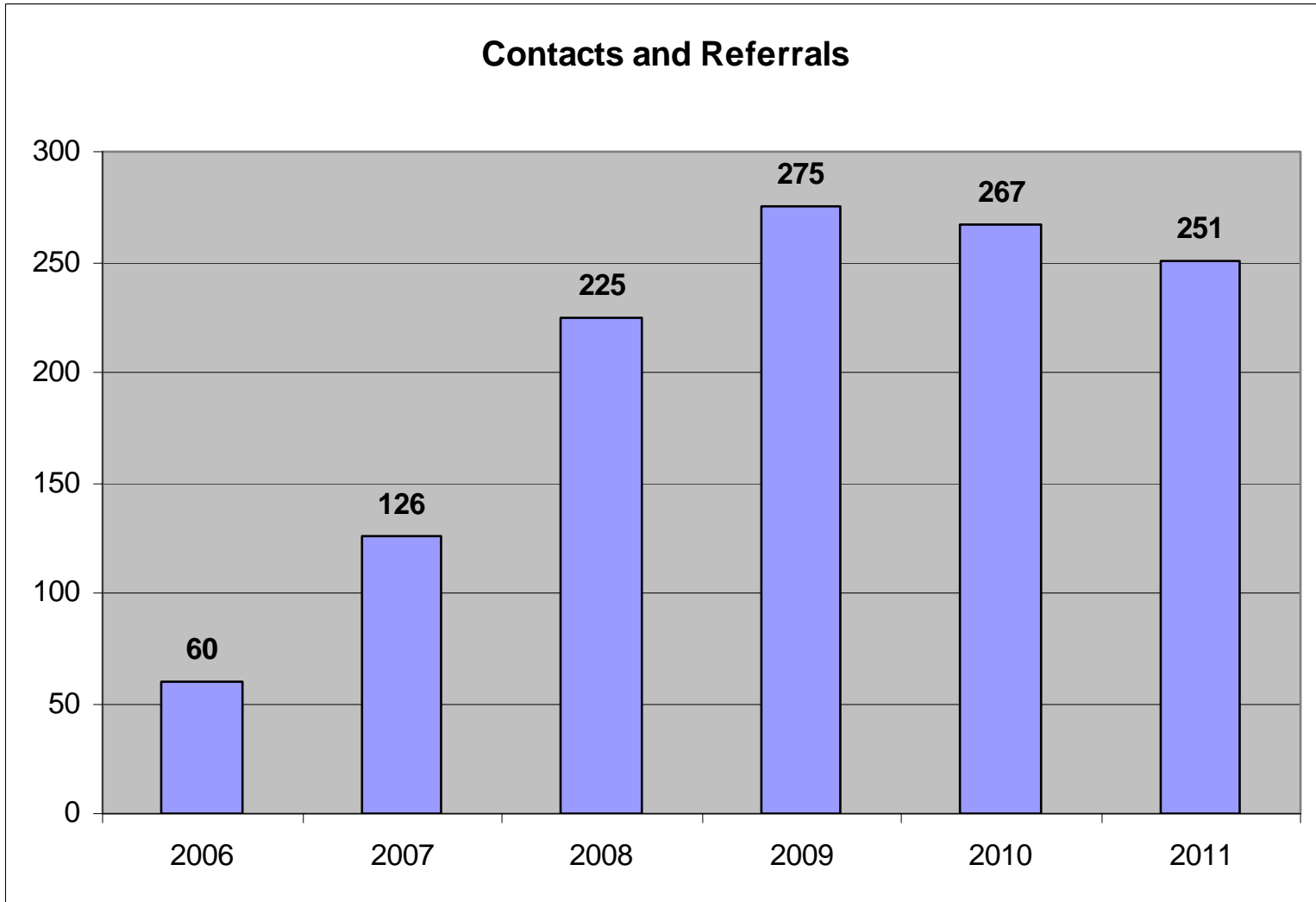
Calls for Service Involving Emotionally Disturbed Persons

2006-299 2007-279 2008-281 2009-248 2010-292 2011-247



Mental Health Outreach Contacts and Referrals

2006-60 2007-126 2008-225 2009-275 2010-267 2011-251



Target Population

The Steering Committee we determined that we have two overlapping target populations:

- People who are in emotional crisis in the community.
 - Police/mental health co-response reduces the contact with law enforcement by providing referral and case work follow up to appropriate community resources
- People with mental illness that have repeated contacts with the police.
 - For this smaller group the use intensive outreach and case management model, embracing a person centered approach and with the availability of flexible service dollars and recovery mentors, reduces the need for police contact.

Critical Issues Identified

- Extensive contact with the justice system
- Extensive history of treatment and services through the mental health and substance abuse treatment systems
- High acuity of both mental illness and substance/alcohol use.
- Disconnection
 - Traditional shelter system
 - Professional support
 - Family support
- Many were struggling with issues around medication adherence.
- Many had a history of victimization or trauma.
- Many have medical concerns.

Care Coordination

- Care Coordination was developed to address the needs of people with mental illness and co-occurring disorders that are high end users of service.
 - Frequent contacts with emergency services
 - Frequent contacts the criminal justice system
 - Long term inpatient psychiatric care
- Participants in Care Coordination receive:
 - ICM level of intervention
 - Self Determination funding to purchase non-traditional items to support their recovery.
 - Recovery Mentor to help support their recovery.

A Comparison:

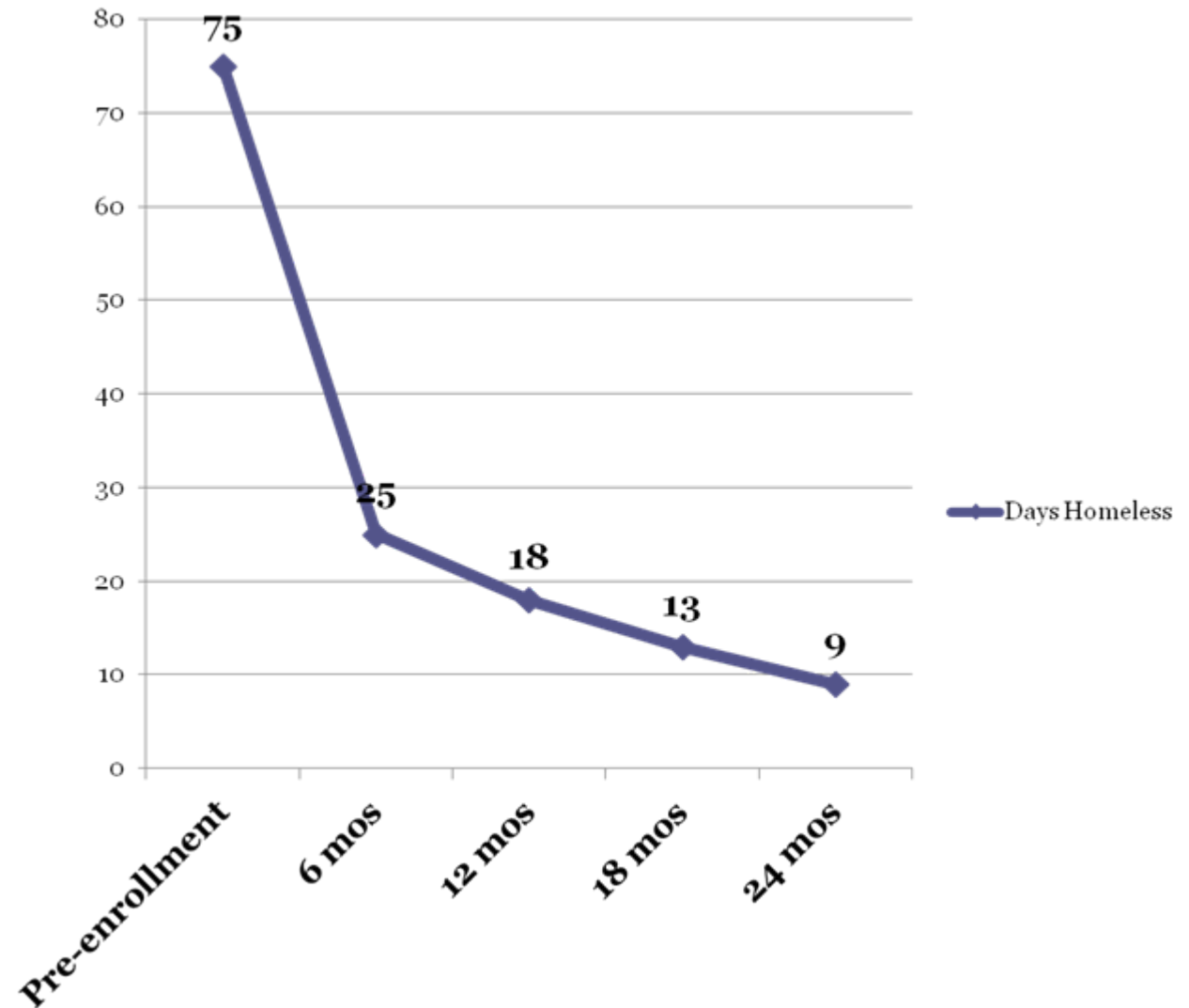
Pre-enrollment to 24 months

- This report looks at a total of 14 individuals who have been enrolled in Care Coordination for 24 months
 - **Tracked and charted:**
 - Days of Homelessness
 - Incarceration

Days of Homelessness

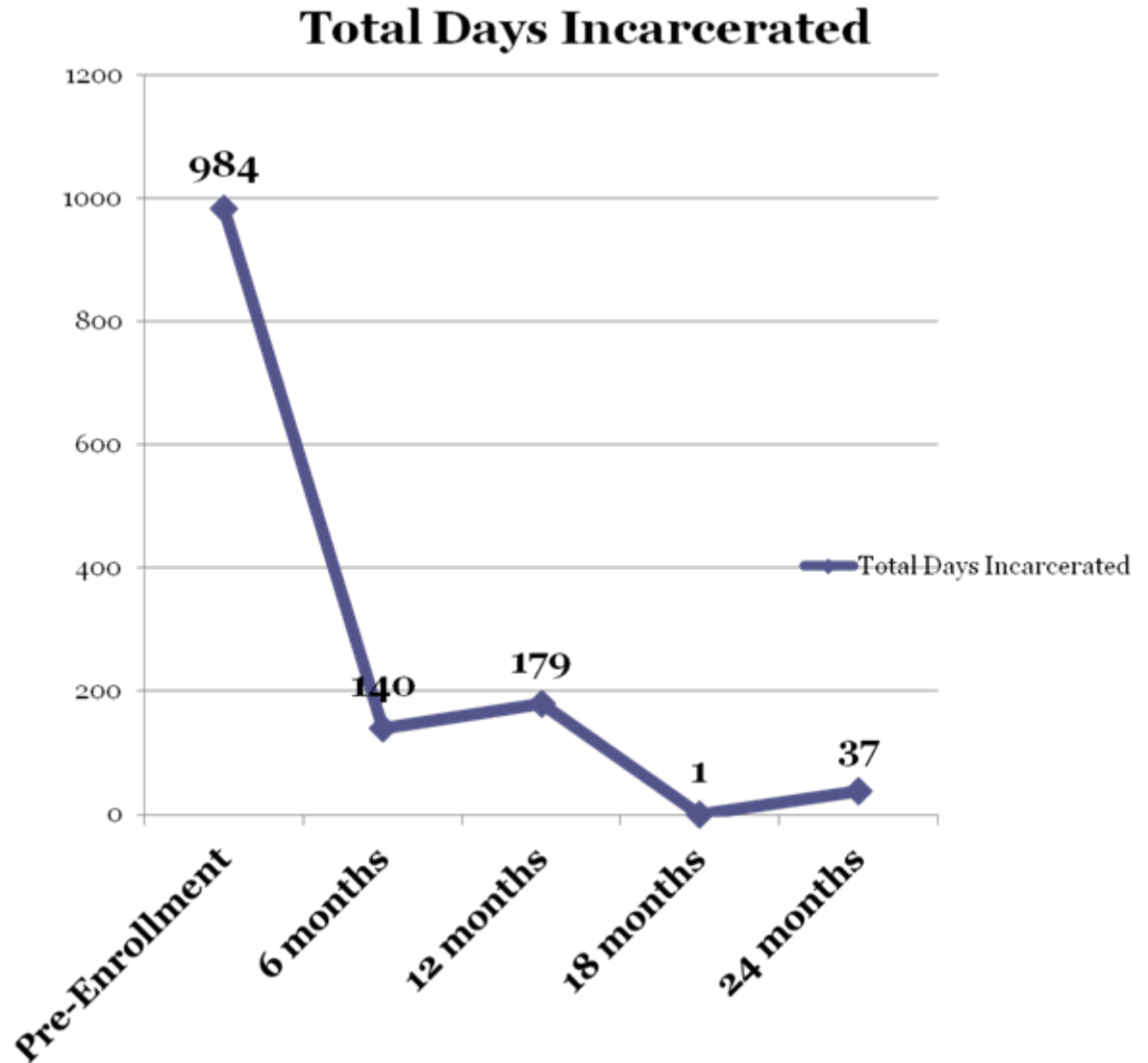
- Individuals enrolled in the Care Coordination Program show a drastic decline in the average # of homeless days
- During the 6 months prior to enrollment, the avg # of homeless days for the clients included in this report was 75.
- This number dropped significantly to 9 days for those individuals enrolled in the program for 24 months
- This represents a savings of \$71,837 in shelter costs

Average Homeless Days



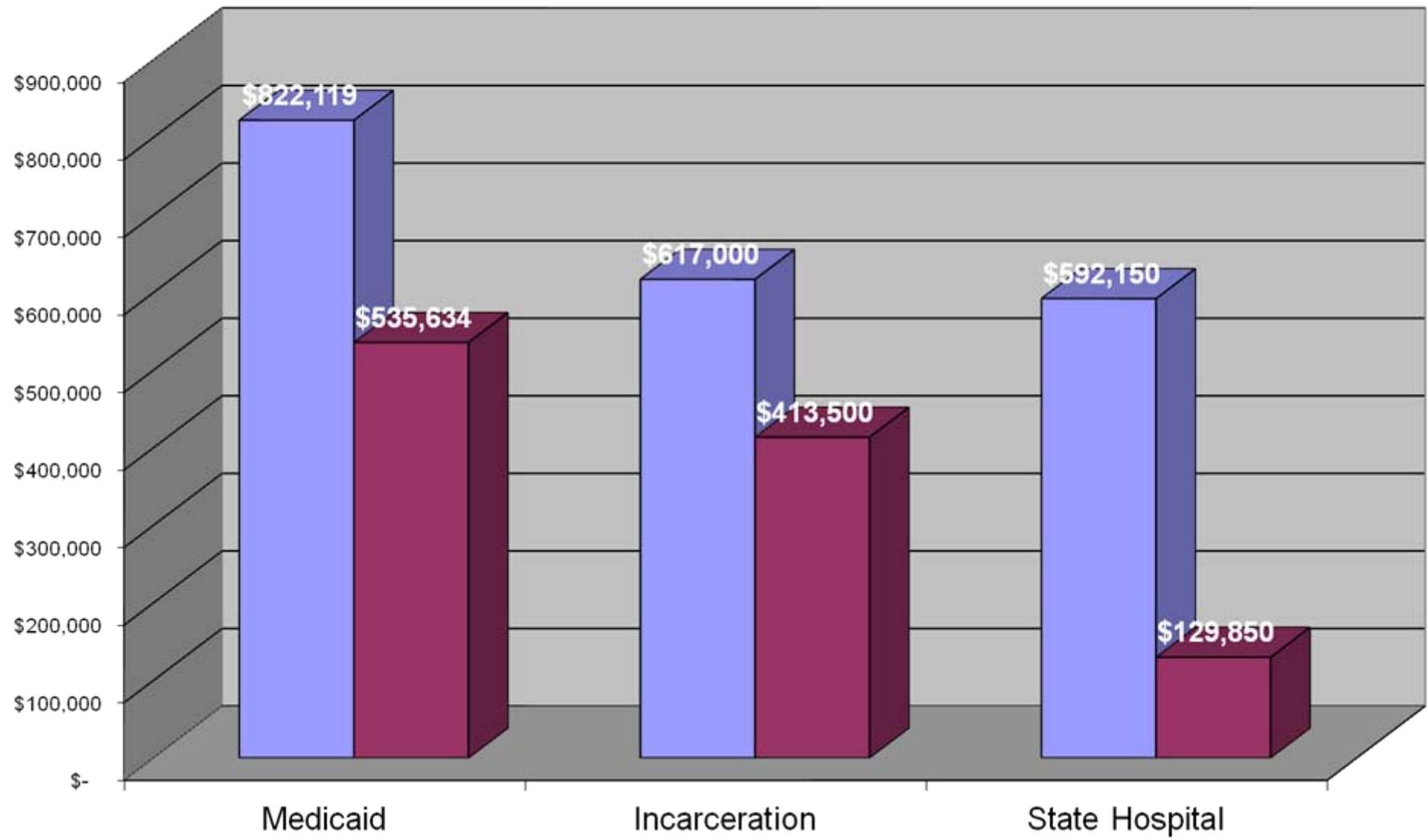
Incarceration data

*Clients enrolled in Care Coordination demonstrated a 96% decrease in their # of days incarcerated over a 24 month period. That represents a cost savings of \$236,750.



CARE COORDINATION COST SAVINGS

pre-enrollment post-enrollment



In my Own Words....

What services were particularly helpful or good from your Care Coordinator?

“All the services I receive are good and helpful. My Care Coordinator moved me out of the shelter into my apartment. Helps in any way I need. My Care Coordinator and I have a worthwhile and professional relationship. I am always aware that my Care Coordinator has my best interests at all times. I have confidence in my Care Coordinator and he is trusted by me. I have trust issues. I often have mood swings while my Care Coordinator deals with me as a human being without treating me as a mental health client”