

Programming for High Need Individuals

{ The Benefits of Serving Individuals in the Least
Restrictive Setting

Quality of Life

Better Outcomes

Prevents Loss of Jobs

Prevents Loss of Housing

Lower Cost

Serving Individuals with Serious and Persistent Mental Illness

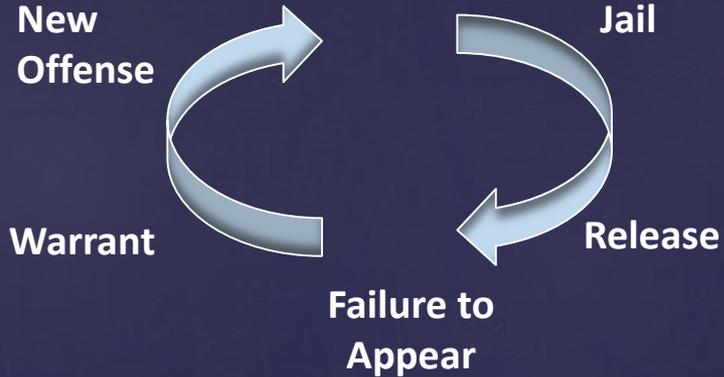
SAMHSA Supported Evidence Based Treatment Services

John

Homeless
Schizophrenia
Off medications
Self-medicating

Typical Offenses

Possession
Trespass
Shoplifting



52 bookings
1600 days in jail
Multiple Hospital Stays

JDOT

An assertive community outreach
“like” team - VBH

- 1:10 staff/patient ratio
- 24/7 availability
- Hospital without walls
- LCSW, APRN, RN and case managers
- Transport to Court, Doctor, etc.
- Access to supportive housing units with dedicated case management and home visits

CORE

Dual Diagnosis Residential Treatment
Facility (SMI & SUD) - VBH

- 16 Bed Residential Program
- Coordinated discharge from jail
- ATI transport to facility
- Access to an assertive community outreach team program when needed
- Access to supportive housing units with dedicated case management and home visits

Two years later – 1 new charge booking

Alternatives To Incarceration Report

Programs Evaluated: JDOT and CORE I

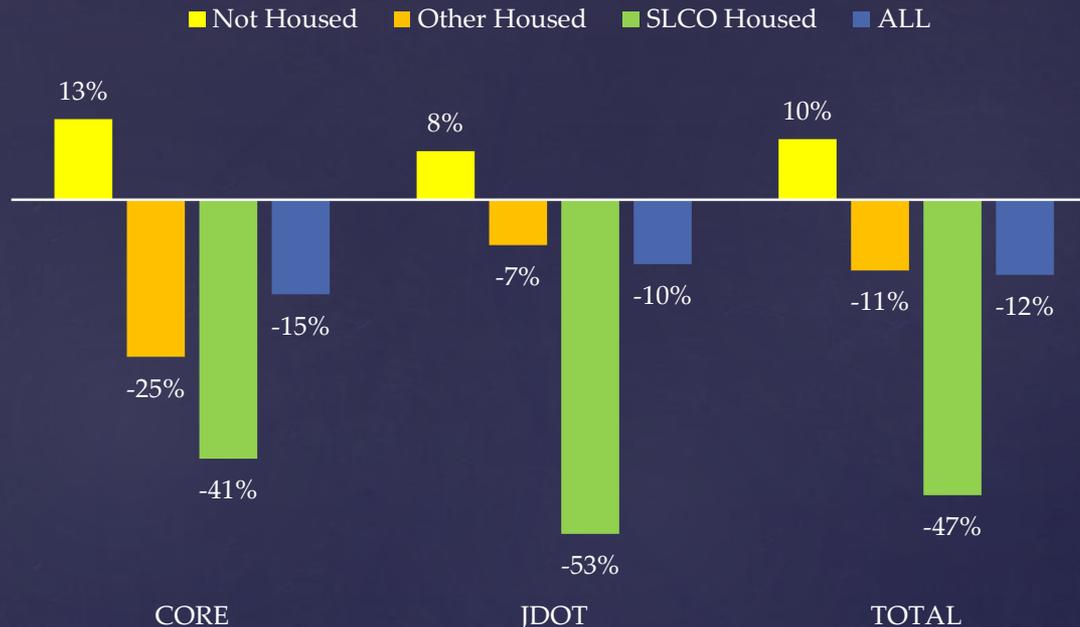
{ Cohort: July 1, 2011-June 30, 2012

{ Encompasses individuals currently engaged and those no longer engaged

{ Recidivism Study: 3 years pre & post program engagement

{ Does not include prison or “out of county” incarceration data

% Reduction in New Charge Bookings (3yrs)

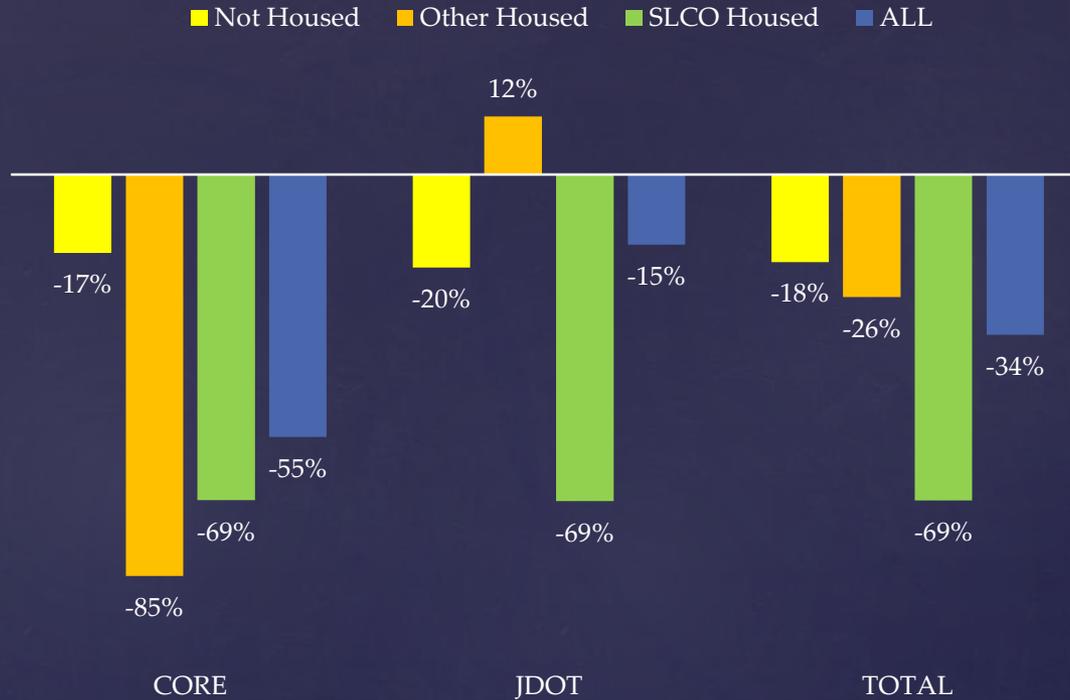


Reduction in New Charge Bookings

(3 years pre and post program engagement)

Other Housed = Private, Nursing/boarding/other institutions, and other supported housing programs (Section 8 etc.)
 SLCO Housed = RIO Housing, HARP Housing & Criminal Justice Services' Mental Health Court Housing

% Reduction in New Charge LOS (3yrs)



Reduction in Length of Stay From New Charge Bookings

(3 years pre and post program engagement)

The 12% increase in JDOT "other housed" was due to one outlier

UNI Crisis Services

John

Homeless
Schizophrenia
Off medications
Self-medicating

Typical Offenses

Possession
Trespass
Shoplifting

New
Offense

Jail

Warrant

Release

Failure to
Appear



52 bookings
1600 days in jail

Multiple Hospital Stays

Crisis Line & a Warm Line

MCOT

A team composed of a licensed MH professional and certified peer specialist

- Available 24/7
- Rapid response
- Face-to-face crisis assessment and resolution
- Follow-up

Receiving Center

An acute mental health crisis program for stays up to 23 hours

- Receiving facility for law enforcement & EMS
- Voluntary and involuntary
- Livingroom model
- Intensive crisis intervention, assessments, medication intervention, and other assistance

Wellness Recovery Center

A longer-term stay, up to 2 weeks, residential program for individuals in crisis.

- Livingroom model
- Staffed by nurses, social workers, psychiatric technicians, consulting psychiatrists and certified peer specialists.

UNI Crisis Services FY 15

Clients Served	Clients w/ Some Form of Insurance		Unfunded Clients (no Insurance)		# Insured w/ MCare/ MCaid		Diverted from Hosp.	Sent to Jail
Mobile Crisis Outreach Team								
2,979 (2,273 Adults, 706 Youth)	80.3%	2,393	19.7%	586	70%	1,673	90% (2,671)	0.27% (8)
Wellness Recovery Center								
534	90.8%	485	9.2%	49	90.8%	485	91.8% (531)	0.6% (3)
Receiving Center								
1,879	72.5%	1,363	27.5%	516	79.6%	1,085	90.6% (1,702)	0.16% (3)

Volunteers of America Social Detox Center

FY15	
Total Admits	752
Unduplicated Clients	521
Jail and Inpatient Diversion Rate	91.2% (686 individuals)
Total bed nights utilized	2,975
Average length of stay per client	3.96



BEHAVIORAL HEALTH
SERVICES