



Suffolk County Voter

www.lwv-suffolkcounty.org

April 2008

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Wed. April 16

LWVSC Board Meeting—Riverhead Library 10:00am-Noon

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Early Prevention Pays: Preventive Action Mitigates Costs

A Report to the Suffolk County Legislature Bi-Partisan Panel
re: Potential 2009 Revenue Shortfalls

Submitted by the League of Women Voters of Suffolk County, February 25, 2008

Suffolk County Executive Steve Levy, in his recent *State of the County* address, made preventive healthcare a priority as a way to mitigate health care costs and promote healthier lives. **The League of Women Voters of Suffolk County (LWV) urges Mr. Levy and our Legislature to embrace and encourage and protect Suffolk County's public and private efforts in early intervention for the mentally ill as well as those subject to costly county incarceration.**

Early Prevention Pays:

Suffolk County has experienced a reduction in Juvenile Delinquent placements as a result of the evidence-based practices that the Probation Department has utilized in 2007, with a gross savings of over \$6 million. In the Mental Health/Juvenile Justice Project (MH/JJDP), the majority of JD's were screened for mental illness and substance abuse problems. In addition, the TASTE (Thinking Errors, Anger Management, Social Skills and Talking Empathy), After-TASTE, Home Base (Family Service League), the Long Island Advocacy Center, Restorative Alternative to Placement (RAP), and the Nextus Programs all work in several ways with troubled youth, their families, and sometimes friends and neighbors, to assist them to construct more positive lives and to avoid detention, the most expensive and least productive alternative.

Placement of young people does little to reduce the likelihood of re-offending (research indicates an 80% recidivism rate among youths placed in residential facilities). Courts lack viable community alternatives to placement, which is extremely costly to taxpayers, often over \$100,000 annually per child. The programs listed above aim to find realistic alternatives to placement by bringing together professional and community resources to help these young people reintegrate in their natural communities. **We strongly advocate for increased support for these vital and important programs.**

Why should Suffolk County support Mental Illness Early Intervention Programs?

Mental illnesses are common; an estimated 1 in 4 adults have a diagnosable mental disorder in a given year. These disorders are the leading cause of disability in the US for ages 15-44. More than 90 % of people who die by suicide have a history of mental illness. Untreated mental illnesses increase costs on the public and private sectors.

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People with mental illness report a delay of nearly a decade from the onset of symptoms until their first contact with the treatment system, and those delays increase the likelihood of disability and negative social outcomes. On the other hand, the early treatment success rates for mental illnesses are 60-80 %, well above the approximately 40-60% success rates for common surgical treatments for heart disease. Mental health is key to overall physical health.

Housing is Key, and Cost-Effective:

In his address, Mr. Levy committed to work in conjunction with the Nassau-Suffolk Coalition for the Homeless to end homelessness in Suffolk County within ten years. LWV applauds this initiative, to the establishment of a homeless hotline, and to his commitment to support homeless veterans.

Governmental and non-profit agencies provide supportive housing for persons with mental illness. The need, though, is far above what has been provided to date. Only one in five persons needing such placements is able to obtain supportive housing.

LWV recommends review of a program outside our County, set up to provide housing for mentally ill people, for those who may also suffer from substance abuse, and who are homeless. Housing First, and Pathways to Housing began in New York City several years ago, pioneered by Dr. Sam Tsemberis. Because of the outstanding successes it has achieved, it has now taken hold in many cities across the nation, most notably in Washington, D.C. Housing First is notably cost-effective. It is also a shining example of a reasonable initial series of investments and commitment mitigating costs to government and the community in future years.

Adapt Best Practices from Others' Successes:

California made the decision to reformulate its mental health system in 2005. They recognized having a *fail first* system of waiting for people to hit rock bottom. Years of hospitalizations, incarcerations, out of home placements, etc. are the norm, with only 50% eventually getting needed services.

California determined to move from fail first to *help first*, to give everyone the right care at the right time in the right place. It seeks to end the delays in getting services, supports programs that see people earlier in the onset of mental illness, and treats moderate conditions in schools.

Its efforts connect primary care and mental health services to recognize and treat mental illness at primary care settings in order to reduce the stigma that keeps people from utilizing mental health services. Its key objective is to reduce the average duration of untreated mental illness (DUMI).

No other state now has such extensive prevention and early intervention services as California. Its system has the potential to reduce other costs by reducing the necessary intensity and duration of treatment. The savings of California's new mental health system are already apparent

LWV recommends, although California's is a statewide system, that Suffolk County utilize appropriate parts to our own citizens' and government advantage. Could our County be on the forefront of "changing the ways things have been in the past" in its mental health system?

In Summary:

LWV congratulates County Executive Steve Levy for his ongoing commitment in areas of LWV concern and advocacy: increasing workforce housing, to open space protection, and to other protective environmental issues (as presented in his fine "State of the County Address").

LWV strongly encourages this bi-partisan committee to study the cost-effectiveness of public and private early-intervention and preventive programs in Suffolk County. **We support allocations in the budget which will lead to benefits of lower costs due to early intervention services.**

Thank you.

Katherine Hoak & Lisa Scott
Co-Presidents, LWV of Suffolk County

Additional Resources follow on pages 3-5 of this document.

Reduction in Juvenile Delinquent Placements from 2006 to 2007 and Gross Savings

Total JD's Placed	OCFS Placements	In State	Out of State
229	195	23	11
	195 * \$127,000	23*\$90,000	11*\$180,000
Total \$28,815,000.	= \$24,765,000	+ \$2,070,000	+ \$1,980,000

2007 Total JD's Placed	OCFS Placements	In State	Out of State
182	153	23	6
	153* \$127,000	23*\$90,000	6*\$180,000
Total \$22,581.00	= \$19,431,000	+ \$2,070,000	+ \$1,070,000

Total Gross Savings \$6,264,000. = \$28,815,000-\$22,581,000

The reduction in Juvenile Delinquent placements can be attributed to evidenced based practices that the Suffolk County Probation Department has developed in the year 2007.

1. Mental Health/Juvenile Justice Project (MH/JJDP)

In 2007 the majority of JD's were screened for mental health illness

Purpose: To provide early detection and treatment of Mental Health and/or Substance Abuse problems to those who have made an admission to a delinquency petition and have been referred for a Pre-Sentence Investigation so that the Court and the Probation officer may act accordingly.

Target Population: All JD youth at the Pre-Sentence Investigation phase or those youth placed on supervision and have not been evaluated.

Special Features: Enhanced intake services based on a strengths and weakness in the areas of individual/family/school and peers; Referrals to interim treatment such as case management through the Home Base Program, or interventions via the Long Island Advocacy Coalition Program (LIAC) or other appropriate agencies.

Referral Process: The Pre-sentence investigative Probation Officers refer most cases. The Pre-Sentence Investigation is conducted simultaneously with the MHJJDP. Supervising Probation Officers may also refer cases as well as a Family Court Judge.

Staff- The MHJJDP staff is comprised of clerical staff, licensed psychologists and social workers.

2. Thinking Errors, Anger Management, Social Skills and Talking Empathy (TASTE). In 2007 TASTE was expanded to include the out east population

Purpose: To provide early psycho-educational services for juvenile delinquents and their parents or those youth who are been directed to the Court as a condition of an Adjudgment in Contemplation of Dismissal (ACOD).

Target Population: All JD who have been placed on probation supervision or have directed to participate in the program as a condition of an Adjudgment in Contemplation of Dismissal (ACOD).

Special Features: A four-week psycho-educational program that exposes the youth and their parents to evidence based cognitive behavioral practices. Each session has an assignment the final one being an apology letter to the Victim (which is not sent). The program also acts a screening device for other appropriate referrals such as After-Taste, Restorative Justice, individual therapy, mentoring and Home Base.

Referral Process: At Probation Orientation, all JD youth and their parents are directed to appear at the TASTE program. In the event the youth has not participated in the program, the supervising probation officer can refer the JD youth to the program.

Staff- The staff is comprised of clerical staff, licensed psychologists, social workers and psychiatric nurse practitioners.

3. After-Taste

This program did not exist in 2006

Purpose: To provide follow-up psychological services to those JD youth who have participated in the TASTE program.

Target Population- JD youth who have finished the TASTE program who cannot receive therapeutic services within the community and require such services.

Special Features- The curriculum expands the teachings of the TASTE and allows for greater participation and process of these principals of TASTE

Referral Process- The TASTE staff and a supervising probation officer can make a referral to the group.

4. Home Base (Family Service League)

In 2007, additional homebase workers were made available

Purpose: To provide early-enhanced case management services for JD youth who have been placed on probation.

Target Population: JD youth who are placed on probation supervision and need assistance accomplishing appropriate family goals that are barriers to growth.

Special Features: A Home base worker works with the family to receive certain services such as educational, and psychological interventions. Wrap around monies are also available to assist them acquire the requisite resources.

Referral Process: In a collaborative effort with the Family Service League, all JD youth who are evaluated by the MHJJ staff are screened for Home Base Services. The pre-investigative probation officer and the supervising probation officer can also make referrals.

5. Long Island Advocacy Center

In 2006, the Advocacy program did not exist

Purpose: To early identify those JD youth who require educational advocacy.

Target Population: JD youth who have been placed on probation or have received an adjournment in contemplation of dismissal.

Special Features: An educational advocate is in the courtroom daily to assist and screen any JD youth who require advocacy services. Advocacy services include case evaluation, representation at the Committee on Special Educational Services and Superintendent Hearings.

Referral Process: In a collaborative effort with the Long Island Advocacy Center (LIAC), a staff member of LIAC screens cases. The Mental Juvenile Justice Program, pre-sentence investigative probation officer and the Family Court Judge can also make referrals.

Staff- (1)Educational Advocates, (2) Staff attorneys

6. Restorative Alternative to Placement (RAP)

In 2006, RAP did not exist

Purpose: To prevent those high risk cases from going into placement

Target Population: JD who have a violation of probation pending and a homebase worker assigned to them.

Special Features: In a collaborative effort with Probation, Homebase and the Suffolk Coalition. A committee is convened to meet with the family and develop a plan to keep the child out of placements. The recommendations of the committee become additional conditions of the court.

Referral Process: Either the Court or the Probation Officer can make a referral to the Rap Program

7. Nextus Program

In 2007, Nextus did not exist

Target Population: JD who were not engaged in any prosocial behavior during the summer and were at risk for reoffending.

Special Features: A summer program that utilizes Adventure therapy and Cognitive Behavioral techniques by exposing the child to various outdoor community experiences for the purposes of engaging in prosocial behavior.

Referral Process: Either the Court or the Probation Officer can make a referral to the Nextus Program.

8 Out Patient Diagnostics- In 2006, this program did not exist

Target Population: JD's who were at risk for being placed for needing an in-patient diagnostic.

Special Features; In a collaborative effort with Hofstra University and Suffolk County Probation out patient diagnostic are made available.

Referral Process-: Either the Court or the Probation Officer can make a referral to the Nextus Program.

Source: Juvenile Delinquent Placements Report from Probation Department, Suffolk County NY

Additional Resources for these documents:

Mental Illnesses: Treatment Saves Money & Makes Sense Fact Sheet

<http://www.nami.org>

Housing

<http://www.pathwaystohousing.org/>

California's Mental Health System

<http://www.pathwaystohousing.org/>

Feb 20, 2008 ... A program, the Juvenile Justice Initiative, sends medium-risk offenders back to their families and provides intensive therapy

<http://www.nytimes.com/2008/02/20/nyregion/20juvenile.html>

Jan 5, 2008 ... Thanks to innovative policies, New York City has begun to reduce the number of low-level young offenders who are sent to state-run detention

<http://www.nytimes.com/2008/01/05/opinion/05sat4.html>

A promising way to fight homelessness. (GRAND FORKS, ND) Read Article Editorial, Grand Forks Herald. February 17, 2008.

<http://www.irp.wisc.edu/initiatives/outreach/dispatch/2008/02/dispatch02182008.htm>

Housing, hospitalization, and cost outcomes for homeless individuals with psychiatric disabilities participating in continuum of care and housing first programmes

<http://www3.interscience.wiley.com/cgi-bin/abstract/104524338/ABSTRACT?CRETRY=1&SRETRY=0>

COST BENEFIT ANALYSIS AND PROGRAM OUTCOMES REPORT. December 11, 2006. I. BACKGROUND:. The Denver Housing First Collaborative (DHFC) is a collaboration

<http://www.shnny.org/documents/FinalDHFCCostStudy.pdf>

Dec 27, 2007 ... This is where Gregory Hart lived for most of the past two years: down an alley alongside Ben's Chili Bowl on U Street NW, next to a trash

<http://www.washingtonpost.com/wp-dyn/content/article/2007/12/26/AR2007122601558.html>